A Heavy Happiness: A Phenomenological Study of Compassion Fatigue in Title I Rural School Counselors

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Department of Community Care and Counseling, 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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Abstract

The purpose of this transcendental phenomenological study was to describe Title I rural K–12 school counselors' lived experiences with compassion fatigue in Oklahoma. The research questions were: How do Title I school counselors in rural Oklahoma describe their experiences with compassion fatigue? How do participants describe the factors that contribute to their experience of compassion fatigue? How do participants describe the effects of compassion fatigue on their personal and vocational lives? The theory guiding this study was the compassion fatigue theory by Charles Figley (1995). Using a qualitative transcendental phenomenological design, Title I school counselors working in Oklahoma who experienced compassion fatigue were selected based on their scores on the burnout or secondary trauma scales of the Professional Quality of Life 5 scale (Stamm, 2010). Data was collected utilizing face-to-face semi-structured interviews, cognitive representations, an online focus group for member checks, and participant follow-up emails. Three themes emerged: *A counselor being overwhelmed leads to disheartenment, Compassion fatigue causes dissonance, and Compassion fatigue leads to disheartenment*. Implications include recommendations for graduate educators, rural administrators, and rural school counselors. The study concluded with a discussion of the study's limitations of the study and recommendations for future studies.

Keywords: compassion fatigue, burnout, secondary traumatic stress, rural school counselors, Title I, work stress, compassion stress.

Dedication

This dissertation is dedicated to the rural school counselors in Oklahoma, who work tirelessly to provide the best care to children and youth in rural areas, and to rural school counselors in every state—thank you for dedicating your life to those with significant needs. You are incredibly resilient, and I admire you. To those who participated in this study, I admire your courage to speak openly during a time when the stakes are high for you. Thank you for your bravery.

There are several poignant stories, phrases, quotes, and drawings in this study. I regret some are missing. There are some I want to highlight here. The title comes from a participant's quote. In describing compassion fatigue, Hailey stated, "It's similar to burnout, but I don't feel like it is necessarily burnout. You still enjoy your job. It's just a ***heavy happiness***." The cognitive representations are beautiful. One is a tornado that Cami drew. She said, "And here comes the tornado. Here comes the buildup. We don't know if that sucker's gonna hit or go around you. And then you're left with the aftermath. Is it a good aftermath? Or is your house totaled?" That represents the havoc compassion fatigue can bring if not interrupted.

This study described 11 rural school counselors' lived experiences with compassion fatigue but the end of the story is their tenacity to continue serving students and staff. When asking what helps them make it through, the explanations varied from faith or spiritual reasons to love of the students and community. While each was experiencing compassion fatigue, they were also examples of the indomitable spirit of human beings who believe in a cause and find solutions to the presenting problems.

Acknowledgments

The process of completing any degree relies upon one's support system and perseverance. While intellect and ability are required, one does not finish a graduate program alone. I am grateful for those who walked with me over the past few years. First and foremost, I am so appreciative of Dr. Fred Milacci, whom I met during his course. He offered to help me, being patient when I tried to rush, and offered the levity of humor. I learned a bit about qualitative work, but more than that, the lessons of pacing and developmental growth in education were invaluable. I am also thankful to Dr. Fred Volk, who bantered with and challenged me to use my critical thinking skills.

My gratitude extends to my family. My husband, Jeff, was patient and kind, fed me when I forgot to eat, and reminded me to sleep. More than that, he listened as I read every word aloud and gave him far more details than he was interested in hearing. To my sister, Connie, who gave me tremendous emotional support during times I wanted to quit and offered unending support. Thank you for sharing me.

There are friends and colleagues who supported me in so many ways. Thank you, Tim and Diane, for the encouragement, meals, and true friendship. To my best friend, Teri, I am grateful for how you always have my back. Michelle, I could not have completed this without your experience and knowledge, as well as your support. All of you called me to endure, and I am thankful for you. I truly love our Lord Jesus Christ, our heavenly Father for bestowed grace and forgiveness, and the Spirit who empowers me despite my human frailties.

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List of Abbreviations

American Association for Marriage and Family Therapy (AAMFT)

American School Counselor Association (ASCA)

Centers for Disease Control and Prevention (CDC)

Compassion Fatigue (CF)

Coronavirus disease caused by the SARS-CoV-2 virus in 2019 (COVID-19)

Institutional Review Board (IRB)

Kindergarten through 12th Grade (K–12)

National Center for Education Statistics (NCES)

Oklahoma State Department of Education (OSDE)

Post-traumatic Stress Disorder (PTSD)

Chapter One: Introduction

Overview

Compassion fatigue (CF) has become a growing concern in many professions. In 1998, there were approximately 24 publications about CF, but by 2020, over 6,000 research articles appeared (Lluch et al., 2022; Sweileh, 2020). While CF affects many people, burnout (BO) and secondary traumatic stress also impact education professionals (STS; Lawson et al., 2019). Due to the high turnover rates among teachers and school counselors, The White House (2022) issued a brief to address the concern. Kindergarten through 12th grade (K–12) school counselors are among those educators with CF (Rumsey et al., 2020). Professional K–12 school counselors provide counseling, education, and support to at-risk youth daily, acting as first responders during crises while managing the changing landscape of education (Mullen & Gutierrez, 2016; Rumsey, 2017). This work means providing care to children or adolescents, 50–60% of whom have experienced significant trauma, and up to 80% live in poverty with violence exposure (Centers for Disease Control and Prevention [CDC], 2019; Merrick et al., 2018). Caring for these children places school counselors at an increased risk of CF (Lawson et al., 2019; Parker & Henfield, 2012; Rumsey et al., 2020).

Among K–12 school counselors, those who work in Title I schools in rural settings face more complex roles because of increased poverty, childhood abuse, exposure to adverse events, and limited available mental health resources in rural areas (CDC, 2022; Chandler et al., 2018; Rumsey et al., 2020; Wilson et al., 2015). Research into how Title I rural K–12 school counselors experience and perceive CF, how they describe the factors that contribute to it, and how it affects their personal and vocational lives may be beneficial in retaining rural school counselors, implementing support systems, and embedding trauma literacy in graduate

counseling education for rural K–12 school counselors. This chapter provides an overview of the background of CF, including the historical, social, and theoretical context; describes the situation to self; identifies the problem and purpose of the study; describes the research questions for this study; and provides the significance of this study in empirical, theoretical, and practical ways.

Background

Many graduate counseling students desire to work with children or adolescents. The novice counselor enters the scene full of hope with a vision of changing the world (Limberg et al., 2017). While new therapists understand counseling demands intellectually, beginning counselors lack the practical experience of bearing the continuous weight of the counseling burden, the imposing tasks, the lack of resources, and the potential STS that awaits them (Poon et al., 2019). Understanding how CF has existed in helping professions throughout history, how it occurs in school counseling, and its conceptualization was essential to this study.

Historical Context

The BO concept was credited to the work of Freudenberger (1974), exploring the symptoms prevailing among psychologists. However, reports of occupational exhaustion were present in the literature, examining the experiences of physicians and air traffic controllers. Several deadly air collisions led to a study on work-related stress in 1973 before Freudenberger published his book (Samra, 2018). Ginsburg (1974) published an article about executive BO. Meanwhile, Maslach (1976) provided seminal research on BO, publishing her first study in 1976 and developing the *Maslach Burnout Inventory*, the most widely used instrument for measuring BO (Heinemann & Heinemann, 2017).

During the 1980s, Figley (1995) began working with families that he said were "traumatized by concern" (p. 5). There was no language to describe this distress, which later was

described as STS. Joinson (1992), an emergency room nurse observing her co-workers' depletion, described the experience as CF. Soon after, Figley recognized the same phenomenon in emergency first responders as STS but called it CF since that was a more palatable term. He defined CF as a state of mental exhaustion that arose from the tension and preoccupation with clients when professionals worked with people exposed to and affected by trauma (Figley, 1995). The research initially described CF in first responders and healthcare workers but eventually applied it as a syndrome experienced by other professionals (Rauvola et al., 2019). However, the research did not acknowledge CF and STS in school counselors (Rumsey, 2017). Until recently, stress and BO among school counselors had been the primary areas of concern, while CF was rarely mentioned (Bardhoshi et al., 2014; Beasley & Norris, 2021; Mullen et al., 2021). Studying the experiences may be helpful for school counselors working with children and youth.

Social Context

While K–12 school counselors derive joy from counseling students, the exposure to trauma and the interference of non-counseling tasks potentially decreases their job satisfaction (Hamelin et al., 2022; Kim & Lambie, 2018). The experience of CF varies among professional K–12 school counselors. Serving as emergency responders in school environments, the school counselor deals with traumatized students frequently (Fruetel et al., 2022; Fuller et al., 2022). Schools and administrators depend on school counselors to help foster student social development, which improves behavior, graduation rates, and achievement outcomes (Kearney et al., 2021). The conflict and ambiguity of role expectations increase school counselors' distress and impact the counselors' sense of well-being. School counselors often feel torn between performing the tasks assigned by well-meaning administrators and spending time with students in need (Bali-Mahomed et al., 2022; Smith, 2022).

Compassion fatigue affects rural K–12 school counselors because of the poverty levels, increased task demands, and lack of resources (Chandler et al., 2018). Approximately 20% of U.S. children attend rural schools where staff recruitment is challenging, with tight budgeting and limited resources (Johnson et al., 2022). According to the National Center for Education Statistics (NCES), a rural school is five to 25 miles from an urbanized center (Geverdt, 2019). Rural communities have limited access to mental health services and have lower socioeconomic status family groups, who depend upon public school services to meet the needs of children (Johnson et al., 2022). Managing complicated cases is essential for rural K–12 school counselors (Bright, 2018; Crumb et al., 2021).

The lack of peer support and counseling supervision leaves the rural school counselor at an increased risk of CF (Bright, 2018; Chandler et al., 2018; Grimes, 2020). In addition, the rural school counselor who works in a Title I school, which is a school designated to receive financial help from the federal government because of a high percentage of children attending the school coming from low-income families (U.S. Department of Education Office of Elementary & Secondary Education, 2022), is at further risk for BO and CF because of the increased rates of adverse childhood experiences (ACEs) that occur in these families, along with the increased exposure to violence (Beasley & Norris, 2021; Lawson et al., 2019; Rumsey, 2017).

Theoretical Context

Compassion fatigue has captured the attention of many around the globe, bringing curiosity, relief, and frustration to those interested in it, affected by it, and those who have studied it. There has been little disagreement that helpers are affected by their work with traumatized clients, but few have agreed on how this occurs (Coetzee & Laschinger, 2018). Even the term CF has been misleading (Rauvola et al., 2019). Figley (1995) initially viewed it as a

type of BO stress but has since stated that his view of it is primarily STS (Figley & Ludick, 2017). Valent (2002) saw it as chronic stress affecting a person's cognitive appraisals of their environment. Klimecki and Singer (2012) resisted the application of CF as a construct, citing social neuroscience research. However, others have viewed CF as BO or a negative response to a patient's suffering (Jenkins & Warren, 2012; Peters, 2018). Understandably, the conflation of terms has led to confusion and an inability to accurately determine the processes and treatment of CF (Coetzee & Laschinger, 2018; Rauvola et al., 2019).

The previously mentioned concepts were psychological perspectives of CF (Vaccaro et al., 2020). Sociologists have helped view CF in systemic ways. Viewing CF at a micro-sociological level, such as the consequence of interactions concerning work. This perspective relates to the degree of emotional labor, work overload, and the other factors mentioned by Maslach's BO paradigm (Leiter & Maslach, 1988; Maslach, 2017; Vaccaro et al., 2020). At a meso-sociological level, CF occurs because of the environmental factors within organizations and systems that are present and related to power dynamics (Vaccaro et al., 2020). For example, an ongoing struggle with the perception of school counselor roles between administrators, school counselors, and the American School Counselor Association (ASCA) is a systems issue occurring at a meso-sociological level (Mullen & Gutierrez, 2016). The other view sociologists have had of CF is macro-sociological, in which organizational and structural factors are critical in varying levels of CF in different individuals in various settings, such as a rural school counselor in a Title I school (Rumsey et al., 2020). Figley's (1995) CF resilience model encompasses a psychological, micro-sociological, and meso-sociological view of CF.

Situation to Self

My motivation for this research study was both personal and professional. Initially, I was motivated to complete research on CF because of my previous struggle, recovery, and passion for preventing CF. In 1998, I met one of Figley's doctoral students who was field-testing a rapid recovery program. My healing began with this rapid recovery program and continued throughout the years, leading me back to Figley's former student and certification in professional resilience. Healing led to the discovery of my career-sustaining narrative and strengthened my professional identity.

In my quest for where research was most needed, I did not realize it was sitting across the hall, in my classroom, and just a short drive down the road. I am an assistant professor of community counseling at a small university that serves students from rural communities. The graduate program attracts students who want to attend a small program from which they either wish to return to their rural communities seeking licensure or certification as community practitioners or school counselors. My direct supervisor and program director's former position was as a Title I rural K–12 school counselor for over 15 years. Oklahoma ranks fifth in the nation for children suffering from trauma, placing those who work with those children at risk for CF. In addition, more than half of Oklahoman students are from the poverty level or below, and many of the rural schools in Oklahoma qualify as Title I schools (Oklahoma State Department of Education [OSDE] Public Records, 2022). There is much work and study to do here.

My philosophical assumption was ontological, meaning I am concerned with how people live and view reality (Creswell & Poth, 2018). This philosophy practices openness instead of assuming only one truth or way of seeing reality (Sundler et al., 2019). While this was the philosophy I assumed, the epistemological framework I used was social constructivism. People

construct meaning about their lives as they live, reflect, and narrate those experiences to others who interact in a caring and meaningful way (Creswell & Poth, 2018). This rich source of research blossoms when humans share their experiences with a guttural response, a deepening sigh, or the solitary tear that drops from an eye. This interaction is the I–Thou relationship, to which Buber (1937/1958) referred, and a sacred moment shared as two people enter with openness and trust.

The axiological assumption of values was my experience with CF; it was not the same as another's, yet it was life-changing. Therefore, it presented challenges to interpreting data. This study required bracketing my views, preconceptions, and knowledge of CF and using self-reflection to ensure transcendence and subjectivity (Moustakas, 1994). This study of rural school counselors and their stories was critical. I had no prior relationship with the participants and adopted a curious mindset to learn how they experienced CF. Transcendental phenomenology was the research design for the study. As a researcher, I listened to the participants' descriptions of their lived experiences and brought the most essential yet holistic construct that symbolized all the voices in the study (Moustakas, 1994). To summarize, ontological, epistemological, axiological, and methodological approaches guided this study, focusing on the problem of CF in Title I rural school counselors.

Problem Statement

The risk of developing CF is greater for Title I rural K–12 school counselors because of frequent exposure to their student's traumatic events (Rumsey et al., 2020). Rumsey et al. (2020) claimed no previous studies have occurred on STS in K–12 school counselors. Beasley and Norris (2021) noted that Title I qualification was significantly related to STS, a component of CF, and remarked on the lack of studies on STS in school counselors. Title I rural K–12 school

counselors face tremendous pressure in managing multiple roles with limited available resources while facing exposure to traumatized students daily (Chandler et al., 2018; Rumsey et al., 2020; Smith, 2022). Grimes (2020) claimed that rural school counselors are missing from the conversation. There is currently a gap in the literature on rural Title I K–12 school counselors' lived experiences with CF, their view of what contributes to their CF, and how it affects them personally and professionally (Chandler et al., 2018; Fruetel et al., 2022; Rumsey et al., 2020; Smith, 2022). The problem was a lack of understanding of how rural Title I K–12 school counselors describe their lived experiences with CF, how they describe the factors that contribute to it, and how it affects their personal and vocational lives.

Purpose Statement

The purpose of this transcendental phenomenological study was to describe Title I K–12 school counselors' lived experiences with CF in rural Oklahoma. At this stage in the research, CF was defined as BO plus STS. The theory guiding this study was Figley's (1995) theory of compassion fatigue resilience model (CFRM).

Significance of the Study

There was a large amount of research available. Learning from the proliferation of research will be essential for the future. This phenomenological research study was meaningful and added significance in empirical, theoretical, and practical ways to the field of CF in general and Title I rural K–12 counselors' experiences with CF in particular.

Empirical

The research literature has tended to ignore rural education and those who work in those education settings (Bright, 2018; Johnson et al., 2022). While studies have focused on BO in school counselors, few have focused on CF or STS in Title I rural K–12 school counselors

(Fruetel et al., 2022; Mullen & Gutierrez, 2016; Rumsey et al., 2020). Rural school counselors have requested help (Bryen, 2021). Some studies have focused on school counselors, but few have focused on Title I rural K–12 school counselors experiencing CF (Rumsey et al., 2020; Smith, 2022). Researchers have stated the need to explore further the experiences and needs of school counselors in Title I schools, those counselors working in frontier areas or as lone counselors in rural areas, and how CF affects their personal and vocational lives (Fruetel et al., 2022; Grimes, 2020; Rumsey et al., 2020; Smith, 2022).

Theoretical

This study added further insight and clarification about CF in the field. The term CF needed more clarity. Sometimes, CF refers to BO alone, while other times, CF is used to describe STS or vicarious trauma (Coetzee & Laschinger, 2018; Rauvola et al., 2019). Thus, CF has been an imprecise term. This phenomenological study helped to bring clarity to the term. In addition, there has been controversy over the theory of an empathic-based model of CF (Coetzee & Laschinger, 2018). Other theories of CF exist that differ from Figley's CF resilience model. Coetzee and Klopper (2010) view CF as a progressive and cumulative process in which the energy used to support clients exceeds the available resources. In other words, there is a point at which the helper cannot recover to a pre-existent status. This concept differed from Figley's concept that recovery is possible. Klimecki and Singer (2012) stated that CF is a form of pathological altruism, and distress arises from the helper's inability to regulate their emotions. Klimecki and Singer (2012) also argued that compassion or empathy is not the cause but rather the helper's lack of empathy and need for self-satisfaction. The transactional model focuses on the ability of the helper to provide compassion, which might consider whether the patient is responsible for their condition (Fernando & Consedine, 2014). Finally, the professional and

compassion model includes professional identity as an essential feature and work-related stress, which Figley did not specify (Geoffrion et al., 2016). The lived experiences of Title I rural school counselors brought further insight into whether empathy is related to CF. This study could further develop empathy-related theories of CF or lead the field toward a different theoretical approach.

Practical

For those researchers interested in CF in Title I rural K–12 school counselors, this study provided an understanding of what influences retention in rural school counselors, information on novel options for consideration in self-care as school counselors shared their experiences, and fresh ideas for embedding trauma-informed information in graduate education. For administrators, staff, or policymakers, the study provided insight into creating sustainable plans for Title I rural school counselors. For the Title I rural K–12 school counselors, this study offered enlightenment and hope for their burdens and celebration of providing services to rural school children. The significance of this research added to an understanding of how Title I rural K–12 school counselors perceive CF, the factors that contribute to it, and how it affects their personal and vocational lives.

Research Questions

This research aimed to capture the essence of the collective experience of CF among Title I rural school counselors. This researcher developed the following research questions to guide this study. These research questions arose from the literature gap to address CF in Title I rural K–12 school counselors.

Research Question One

The first research question was: *How do Title I school counselors in rural Oklahoma describe their experiences with compassion fatigue?*

This research question addressed several concerns, but the overarching concern was the impact of CF on Title I rural school counselors (Beasley & Norris, 2021; Rumsey et al., 2020). This research question aimed to describe and understand the perceptions and lived experiences of Title I rural K–12 counselors of CF. Husserl (1913/1931) explained that one is intentional about perceiving or conceiving. This experience is the *noema* and the purpose of this research question. Participants responded in deeply reflective ways about their concepts or perceptions of CF to answer this question. Compassion fatigue affects people in different ways, sometimes in actions or for a brief time (Gentry, 2022). It can impact a person's physical, emotional, mental, spiritual, and professional self (Coetzee & Laschinger, 2018; Stamm, 2010).

Research Question Two

The second research question was: *How do participants describe the factors that contribute to their experience of compassion fatigue?*

Multiple factors that can contribute to the development of CF. According to Figley (1995), the primary factors include an empathic concern, empathic ability, exposure to a client, and a therapeutic response. Factors that mitigate or exacerbate CF include self-regulation, compassion satisfaction, support system, prolonged exposure, traumatic memories, and new or challenging life stressors (Figley, 1995). This second question explored whether these factors exist for the participants or if additional factors exist. Participants are considered experts at describing their experiences. As such, they are considered co-researchers in phenomenology (Moustakas, 1994). While the purpose of the study was not causative, the exploration of

contributing factors becomes essential insomuch as they shape the participants' experiences of CF and become part of the *noesis* (Rassi & Shahabi, 2015).

Research Question Three

The third research question was: *How do participants describe the effects of compassion fatigue on their personal and vocational lives?*

In Figley's (1995) model of CF, empathic distress is considered the primary cause of the development of CF. However, work-related factors, such as work overload, lack of reward, lack of control, absence of community, and mismatch of values, place the worker at risk (Maslach, 2017). This question allowed the school counselor to voice concerns about experiences contributing to their sense of CF.

Definitions

1. *Bracketing* – The process by which a researcher suspends previous suppositions, biases, judgments, assumptions, concerns, ideas, or theories to view a phenomenon with curiosity as participants describe it (Moustakas, 1994).
2. *Burnout* – A psychological work-related stress syndrome occurring because of a persistent response to ongoing interpersonal stressors, resulting in overwhelming exhaustion, disengagement from the job, and perceived low efficacy (Maslach, 2017).
3. *Compassion Fatigue* – The extreme psychological exhaustion resulting from the desire and pressure to be empathic toward people who are suffering; a form of post-traumatic stress disorder (PTSD) and an outcome of STS (Figley & Ludick, 2017).
4. *Empathy* – The sharing of an affective state from one person, who experiences a primary emotion and who elicits a similar affective response, from a second person, who can

maintain a self-other distinction and recognize the first person as the source of the emotion (Baldner & McGinley, 2016).

5. *Epoché* – The systematic effort to set aside preconceptions of the phenomenon of interest (Moustakas, 1994).
6. *Secondary Traumatic Stress, Secondary Trauma,* and *Secondary Traumatization* – Psychological symptoms like PTSD in individuals exposed to other people's trauma (Benuto et al., 2021).
7. *Transcendental Phenomenological Reduction* – Viewing an event or situation freshly, including perceptions, thoughts, feelings, and sensory experiences, without preconceived ideas and then reducing it to its purest, essential form (Moustakas, 1994).
8. *Vicarious Trauma* – The cognitive and affective changes that occur when working with individuals who have experienced trauma and affect the professional worker's sense of identity, well-being, and worldview (Cummings et al., 2021).

Summary

This chapter provided an overview of CF with a brief historical, social, and theoretical application to school counseling. The researcher introduced the increasing concern and rising cases of trauma, poverty, and caseloads affecting K–12 school counselors and how those challenges affect Title I K–12 school counselors in rural settings. This researcher explained her situation, motivation, and concerns for this study. Then, the chapter discussed the problem with the lack of research on CF in school counselors; the significant need for further research on Title I school counselors in rural Oklahoma; and the need for further research on school counselors working in rural areas where poverty is high, trauma is prevalent, and resources are limited. The researcher proposed the purpose of this study was to explore how Title I school counselors in

rural Oklahoma described their lived experiences with CF, the factors that contribute to their experience of CF, and the effects of CF on their personal and vocational lives. Thus, this chapter provided the purpose of the study, the research questions, and the significance of the study. Chapter Two will provide further information regarding the theoretical approaches, a review of the related literature with a critique, and how that applies to the problem.

Chapter Two: Literature Review

Overview

Chapter Two provides an overview of this research study's theoretical framework. The chapter proceeds with a comprehensive literature review of compassion fatigue (CF) in educators, administrators, kindergarten through 12th grade (K–12) school counselors, and Title I school counselors working in rural settings. Following the literature review, the chapter will demonstrate how the literature review revealed the problem and the research gap, thus showing this study's importance. Chapter Two also includes an explanation of Figley's theory of compassion fatigue resilience model (CFRM), how this framework applies to educational professionals and K–12 counselors, a review of the related literature on burnout (BO) and CF, and the need and urgency for research on Title I school counselors in rural Oklahoma.

Theoretical Framework

A counselor's most profound task is developing a career-sustaining narrative. The following is an example: I am here to witness suffering, to walk with those who suffer, and to point the way to hope and healing (*New International Bible*, 1973/2011, Isa. 61:1–4). This endeavor is integral to the perseverance of a calling in counseling and becomes the foundation for theoretical approaches. The framework for this research study was crucial in understanding the current dilemma for education professionals, where the literature is lacking, where the interventions are leading or misleading, and where the field needs to focus in its future efforts. The theory informing this research study was Figley's (1995) theory of CFRM.

Theory of Compassion Fatigue Resilience Model

Figley (1983) initially considered CF as a type of BO resulting from caring for traumatized clients. Figley (1983) recognized that some people experienced trauma vicariously due to their work with others. He noticed this with families in disasters, during wartime, and especially with workers as they responded with empathic concern to those they helped. However, no language or diagnosis described this experience (Figley, 1995). As he continued his work in the area, he realized BO did not capture what professionals portrayed (Figley, 1983). During this time, the diagnosis of post-traumatic stress disorder (PTSD) was under review by the American Psychiatric Association (APA; 1994) as they were revising the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Figley (1995) noted the critical change from the *DSM-III* to the *DSM-IV* in Criterion A1: "learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associates" (APA, 1994, p. 424). This addition of exposure language alerted him to the missing piece in CF. Figley (1995) identified secondary traumatic stress (STS) as necessary. Compassion fatigue was not simply BO from caring for traumatized clients but a combination of BO *and exposure* to a client's trauma that resulted in an STS reaction (Figley, 1995).

As Figley (1995) compared the symptoms of STS to CF and compassion stress, he realized they were synonymous. The cost of caring required the following elements: exposure to a suffering client, empathic ability, empathic concern, and empathic response, followed by compassion stress. Figley and Ludick (2017) recognized the path and mediators to CF: 1) overwhelming empathic demands, 2) ongoing compassion stress, 3) prolonged trauma exposure, 4) traumatic memory recall from other client experiences, and 4) challenging life stressors (Figley & Ludick, 2017). This conceptualization became the original CF theory, which was the

conception that the energy used in the service of empathy toward people who suffer and exposure to a client's suffering causes CF (Figley, 2002). Initially, Figley's (2002) conception was two separate models. The first was developed as the compassion stress model (see Figure 1), and the second was the CF model (see Figure 2). The compassion stress model explained how compassion stress developed from six interacting variables: empathic ability, emotional contagion, empathic concern, and empathic response, which resulted in disengagement and a decreased sense of achievement (Figley, 1995).

Figure 1

Companion Stress Model

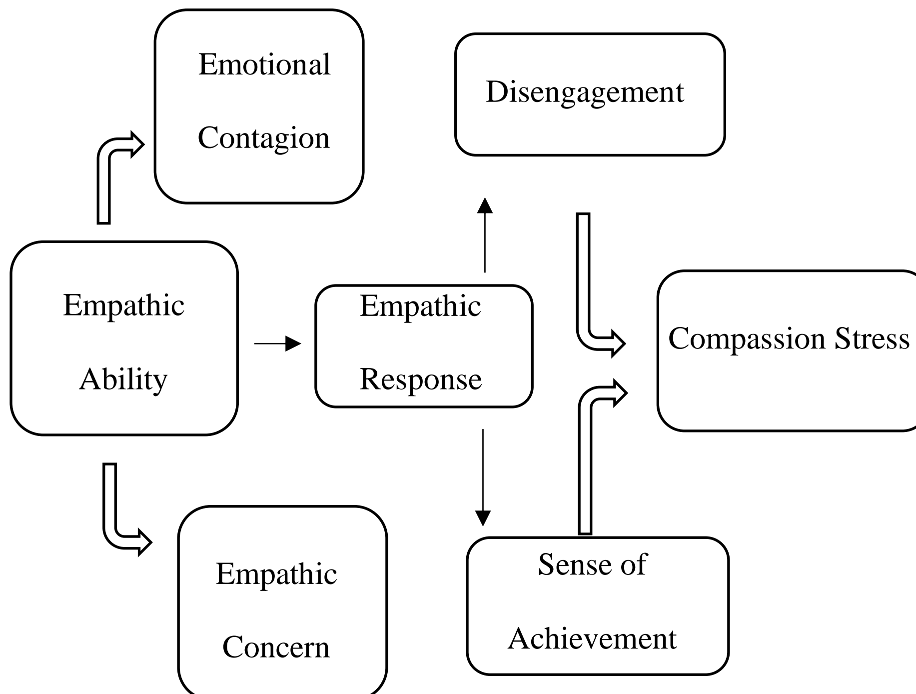
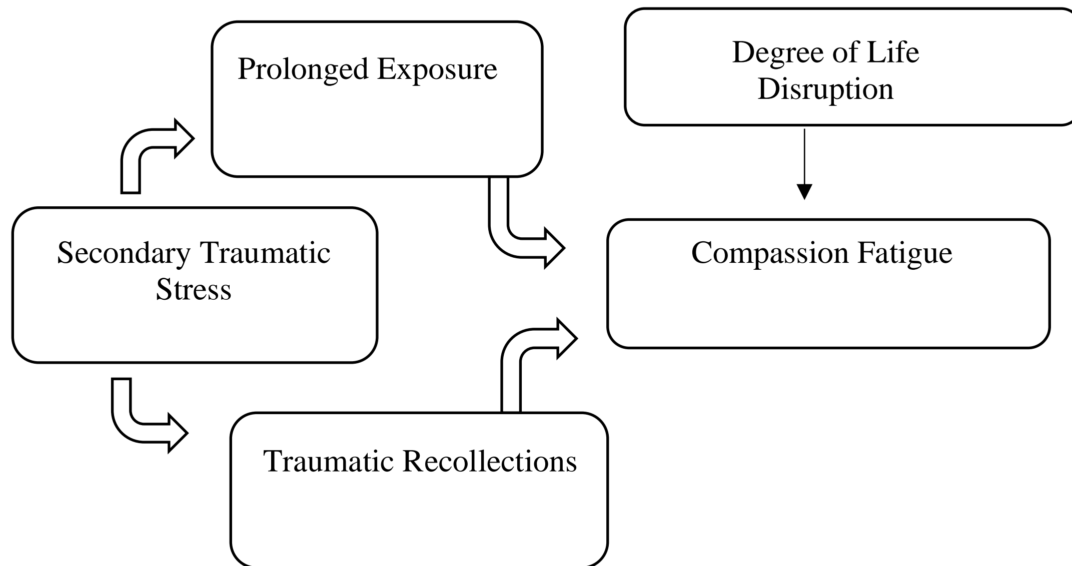


Figure 2

Compassion Fatigue Model



The second model addressed the development of CF. Figley (1995) emphasized that when the worker experienced STS through exposure to a client's traumatic expressions of material and then had prolonged exposure to clients, along with traumatic memories of that client or other clients and disruptive life stressors, the worker would develop CF. On the contrary, those helpers who experienced less compassion stress and were empathic and satisfied with their work, believing they helped the hurting person, did not develop CF. Compassion fatigue was mitigated by a sense of achievement (Figley, 1995).

In working with Figley (1995), Stamm (2010) updated the CF model by introducing the concept of compassion satisfaction to replace the sense of achievement. Figley (1995) developed a scale for STS and BO, but Stamm added the scale for compassion satisfaction. This instrument became the Professional Quality of Life Scale, or ProQOL (Stamm). Stamm's (2010) concept of CF was conceptualized as BO plus STS as mitigated by compassion satisfaction (see Figure 3).

Figure 3

Theoretical Path Analysis

Removed to comply with copyright.

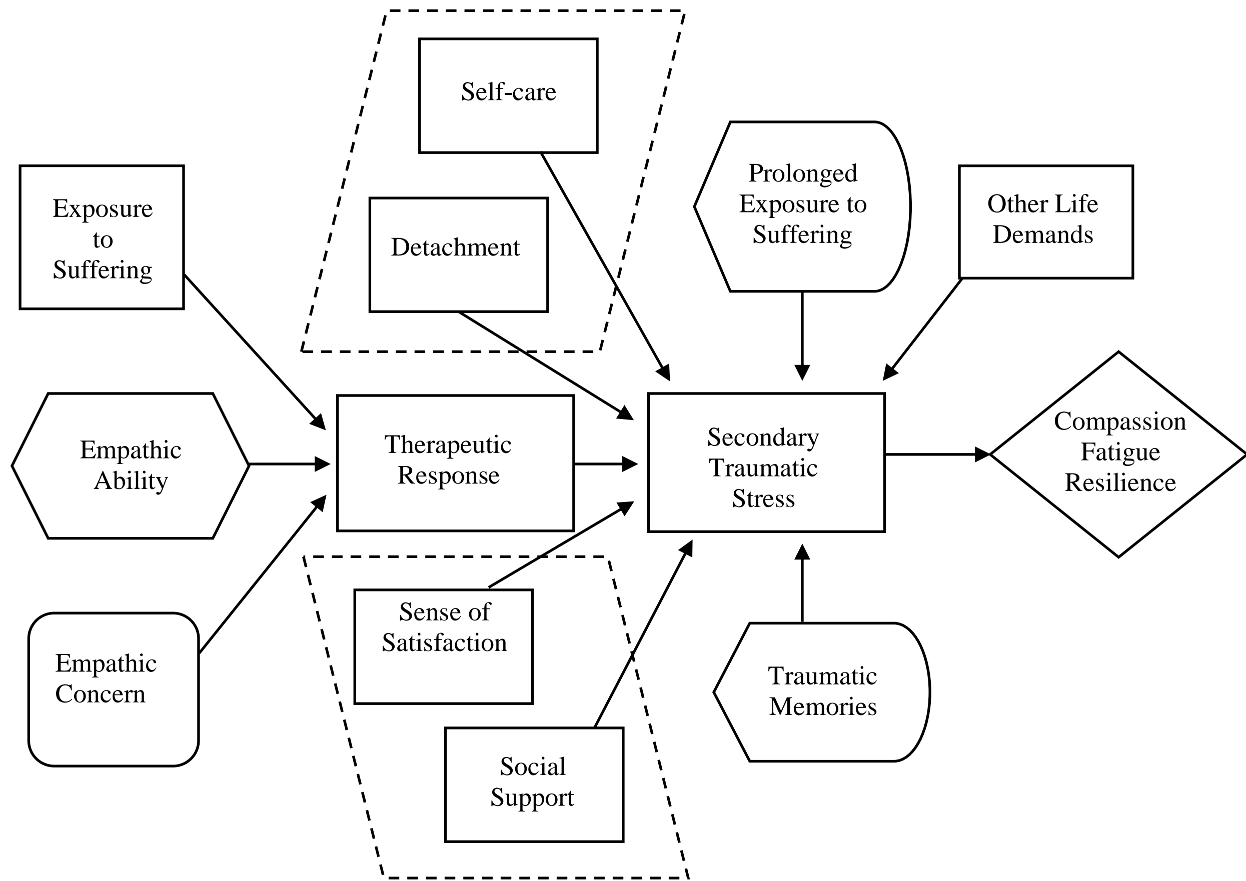
This model is found in the ProQOL Manual at:

https://proqol.org/proqol-manual

Figley (2002) continued to refine his CF model to an etiological model that was more complex, eventually leading to a CFRM. In this model, Figley and Ludick (2017) clarified that CF and STS share the same symptoms as PTSD. he model retains most of the interacting variables originally conceived by Figley but also includes understanding the skills needed to support the helper in sustaining resilience (see Figure 4; Figley & Ludick, 2017).

Figure 4

A Generic Model of Compassion Fatigue Resilience



Figley and Ludick (2017) recognized the path and mediators to CF: 1) overwhelming empathic demands occurring due to prolonged exposure to the client, 2) traumatic memory recall from other client experiences, and 3) challenging or new life stressors (Figley, 2014; Ludick & Figley, 2017). Thus, when a helper is unable to sufficiently self-regulate, does not have an adequate support system, experiences low compassion satisfaction, has difficulty managing traumatic memories, the work with their clients becomes intrusive, or they ruminate about work, and they have prolonged exposure to clients with trauma, they will develop CF. However, if the helper has sufficient self-regulation, support, and compassion satisfaction, they will manage the residual compassion stress. Then, when experiencing prolonged exposure to clients with trauma,

the degree to which they manage the traumatic memories of previous work with clients and new life stressors will determine the helper's CF resilience (Figley, 2014; Miller & Sprang, 2017). This model is Figley's CFRM, which is the concept that the energy used in the service of empathy toward people who suffer and exposure to a client's suffering causes CF (Figley, 2002, 2014; Figley & Ludick, 2017).

Empathy

Figley contended that one cannot experience CF without having empathy (Figley & Ludick, 2017). Empathy is a part of the healing process, and Figley highlighted the importance of this factor in his work (Coetzee & Laschinger, 2018). E. Gentry (personal communication, June 12, 2022) also emphasized the connection with clients when training professionals in resiliency and CF recovery work, saying, "Be sure you have an empathic connection with your clients." Rauvola et al. (2019) asserted that Figley's theory might be better categorized as an empathy-based stress theory since the conditions require empathy. In empathy-based approaches, two requirements must occur. First, empathy-related stress has not occurred due to a direct traumatic experience in which the helper is a victim. Second, if the helper does not experience empathy toward the person they are helping, they cannot experience empathy-based stress (Rauvola et al., 2019). The empathic response of school counselors was an essential ingredient in exploring CF in the current study. However, the degree to which school counselors bear compassion stress is only one of the factors leading to CF.

Since Figley's original conception of CF, others have argued against the emphasis that empathy is a required component (Baldner & McGinley, 2016; Klimecki & Singer, 2012; Weller & Jowsey, 2020). While empathy may be necessary for the counseling relationship, some have argued it is unnecessary for developing CF (Baldner & McGinley, 2016). Other studies have

supported Figley's concept that empathy is related to CF and compassion satisfaction (Hansen et al., 2018; Zhang et al., 2020). Wagaman et al. (2015) referred to the building blocks of empathy, which referred to the affective response, or the neuro-reciprocal experience of emotion, and three cognitive functions: differentiation of one's experience from another person's experience, understanding another's experience, and regulation of intense or uncomfortable emotions. These components affect CF and compassion satisfaction (Wagaman et al., 2015). Part of the difficulty lies in defining empathy and differentiating between a self-focused need for satisfaction or misplaced altruism. Is empathy the same as compassion? The research studies on empathy and compassion based on neuroscience have provided clarity. While definitions of empathy are unclear and overlap frequently with compassion, sympathy, and emotion contagion (Bošnjaković & Radionov, 2018; Cuff et al., 2014; Hall & Schwartz, 2019), examination of the parts of the brain activated during empathy and compassion demonstrate a difference (Stevens & Taber, 2021). Two types of empathy, affective and cognitive, are separate and activate different brain regions. Affective empathy, or the ability to see and feel the pain in another, can be problematic, similar to emotional contagion.

In contrast, cognitive empathy is recognizing and acknowledging pain in another human (Stevens & Taber, 2021). Compassion is related to alternate brain regions and is activated when one is concerned for an individual but does not experience vicarious pain. It is an emotion regulation strategy (Stevens & Taber, 2021). Relating this information to Figley's theory and the current study, one must identify the type of empathy that leads to CF. Figley's reference to empathic ability relates to cognitive empathy, while empathic concern relates to compassion. Compassion stress may be related to affective empathy, as moderated by self-care, detachment, social support, and compassion satisfaction (Figley & Ludick, 2017).

Kim and Han (2018) contended that it is not empathy but personal distress that causes CF, stating that personal distress is the “dark side” of emotional empathy (p. 82). Nevertheless, they still referred to the experience as empathy. Zhang et al. (2020) differentiated between self-oriented empathy and self-efficacy, stating that self-oriented empathy positively correlates with CF. The problem is not a loss of compassion but rather the inability to maintain the distinction between oneself and the client. According to their conceptual framework, Coetzee and Laschinger (2018) described CF as cumulative and progressive. In response to the compassion stress, caregivers distance themselves, losing the satisfaction from meaningful interactions that relationships provide. The disconnection occurs when the caregivers’ personal or external resources are unavailable or depleted (Coetzee & Laschinger). The lack of resources and isolation leave caregivers impoverished and suffering from CF (Coetzee & Laschinger, 2018). The counselor must be able to practice emotion regulation while listening to the client’s suffering or negative feelings without absorbing the client’s pain (Hofmeyer et al., 2020). Either way, Figley’s (2002) etiological model of an empathy-based approach serves as a foundation for the study of CF.

Secondary Traumatic Stress

Witnessing suffering is arduous, and therapists are willing to make sacrifices to fulfill their responsibility, sometimes at a cost to their physical and emotional health (Pellegrini et al., 2022). Secondary traumatic symptoms are like PTSD and result from exposure to helping someone who has experienced trauma (Cummings et al., 2021). However, the helper has not experienced the trauma themselves. The symptoms include hyperarousal, avoidance reactions, cognitive shifts in memory and perceptions, and negative mood changes (Gentry & Dietz, 2020). Imagine a counselor who has prolonged exposure to traumatized clients or daily exposure to

clients' traumatic material. In that case, the degree of compassion satisfaction insufficiently protects them from the STS they experience. Over time, STS may cause numbness or disengagement (Figley & Ludick, 2017).

Gentry and Dietz (2020) used the metaphor of the frog in the pot of slowly boiling water that is unaware of its ensuing demise. The adverse effects of witnessing trauma are cumulative, and the helper is unaware of these consequences until they are significant (Gentry & Dietz, 2020). Secondary traumatic stress differs from vicarious traumatization (VT) in this theory. Vicarious traumatization, while related, is a more pervasive reaction to a client's trauma that affects the inner world of a helper, changing their schema about the world, people, relationships, and themselves. It disrupts cognitive beliefs (Branson, 2019; Rauvola et al., 2019). Vicarious trauma is separate from CF.

Burnout

While Figley's concept of STS became established, his explanation of BO needed to be better articulated. He initially conceived of CF as a type of worker BO (Figley, 1983) and even discussed the "burnout of STS" (Figley, 1995, p. 249). Eventually, he stated that untreated STS led to BO (Figley & Ludick, 2017). While Figley (1995) stated that his conceptualization of CF was unlike what Maslach (1982) described, the symptoms of exhaustion, cynicism, and loss of personal efficacy described by helpers were similar. Burned-out people experience emotional and physical exhaustion, a sense of depletion, and energy loss (Maslach, 2017). Additionally, in some studies of BO, those individuals who scored high in BO also tended to score high in STS symptoms; BO preceded STS, not the other way around as Figley imagined, leading to greater risk for STS (Koenig et al., 2017; Malkina-Pykh, 2017; Shoji et al., 2015). In BO, helpers may become cynical, irritable, and detached, describing their clients categorically while losing

empathy (Maslach, 2017). In addition, their productivity decreases, along with their ability to cope and maintain motivation, meaning, and purpose for their work (Maslach). As Maslach (2017) continued to study BO, she identified environmental factors that were salient in the etiological process: workload, control, reward, community, and fairness and values.

Workload. Part of the discovery in Maslach's (2017) research was that people need a balanced workload in qualitative and quantitative ways. In other words, when a counselor has too many cases to manage, such as being over the recommended national average; the cases are too acute, as in working with an adolescent who is suicidal; or the cases are too intense over a prolonged period, such as in high-poverty cases with high trauma, a work overload is present (Fye et al., 2021; Mullen & Gutierrez, 2016).

Control. Maslach (2017) stated that there is a link between the lack of control, high levels of stress, and BO. In other words, whenever an employee cannot use professional autonomy to perform their job or when barriers interfere with the employee obtaining the resources needed to perform their responsibilities, their stress will increase, and the likelihood of BO will also increase (Maslach, 2017). For example, whenever an individual is managing a crisis but cannot access the supplies or crisis support needed to provide the appropriate care, such as a rural counselor who needs support in managing a mental health crisis with a student when there are no mental health agencies in the surrounding area (Farrigan, 2022; Hoffmann et al., 2021).

Reward. Employees need recognition and reward in some way. They will be vulnerable to BO whenever they do not receive these or feel devalued for their work (Maslach, 2017). An example of devaluation might be using a person with a graduate degree to consistently complete menial tasks, especially if this prevents them from performing higher-level tasks for which they have the training and perceive as greater importance at the time, such as asking a counselor to

dip ice cream, yet knows they have a student in need of help. The former serves as an administrative request, while the latter is the counselor's expertise.

***Community*.** Ongoing relationships and community with people at work without conflict prevent BO. However, whenever there is role ambiguity and conflict, the likelihood of BO will increase (Maslach, 2017). An example may be when an employee and a supervisor have different views of the employee's role and responsibilities or when the employer asks them to complete tasks they deem less valuable (Mullen et al., 2021).

***Fairness and Values*.** The perception of fairness in decisions at work is predictive of BO. If people feel mistreated, their subsequent anger will increase their vulnerability to BO (Maslach, 2017). If there is a mismatch between an individual's and the organization's values or between a person's job skills and duties, the person's risk for BO will increase (Maslach, 2017). Being a person of principles means being true to one's belief system. Assignments often require a certain degree of capital or investment (Tiwari et al., 2020). That means being polite and friendly, respectful to others, and acting professionally. However, this entails emotional labor or energy expenditure to manage expressions and feelings during difficult times (Tiwari et al., 2020). If emotional labor becomes more significant than the reward or the worker's values are not honored, subjective well-being decreases (Tiwari et al., 2020). None of these factors cause BO alone, but any combination or continuous insistence on these elements increases BO (Maslach, 2017).

Signs and Symptoms of Compassion Fatigue

When determining whether one has CF, dismissing the signs and symptoms as stress can be easy. The symptoms affect the physical, psychological, emotional, relational, and professional

self. If CF combines BO and STS, symptoms from both conditions are part of the overall symptom profile.

Physical Symptoms. An individual may experience increased absenteeism due to feeling ill or becoming physically ill, feeling fatigued, feeling keyed up or on edge, or having decreased physical movement, hypervigilance, or sleep disturbance (Gentry & Monson, 2017).

Psychological Symptoms. A person notices they are more cynical and pessimistic, avoiding feelings, feeling numb or shutting down, having work-related nightmares, losing interest or enjoyment in activities once enjoyed, having difficulty making decisions, making poor decisions, and losing self-esteem (Gentry & Monson, 2017).

Emotional Symptoms. The individual feels anger directed toward supervisors or coworkers (Gentry & Monson, 2017). They may experience emotional flatness, depression, helplessness, increased irritability or anger, moments of dread about work, a sense of hopelessness, disconnection from a belief system, desperation, or feeling overwhelmed by work responsibilities (Gentry & Monson, 2017).

Relationship Symptoms. The individual may avoid time with friends and family, experience and engage in fewer pleasurable activities, avoid spending time alone, or become less trusting of others (Gentry & Monson, 2017).

Professional Symptoms. The individual cannot stop thinking about work and experiencing unwanted memories from work that intrude upon daily living (Gentry & Monson, 2017). Their productivity at work is decreasing while their desire to quit is increasing. Tasks, like paperwork and menial tasks, are getting in the way of enjoying the work (Gentry & Monson, 2017).

In a qualitative study of nurses with CF, symptoms described most frequently included emotional responses, such as feeling wound up, fearful, hopeless, helpless, sad, powerless, or apathetic; behavioral responses, such as impatience, irritability, and avoidance; difficulty in personal relations, such as avoidance of people and lack of communication; and somatic experiences, such as exhaustion and sleep disturbance (Ondrejková & Halamová, 2022). The things that made these symptoms worse for these nurses were low support, poor knowledge, and inability to perform their jobs adequately (Ondrejková & Halamová, 2022).

Signs and Symptoms of Secondary Traumatic Stress

The following are the symptoms of STS. If these are reframed and applied to a school counselor, this is how they might look.

Intrusive Symptoms. The school counselor may have thoughts and images about the student's traumatic experiences or how the student suffers (Gentry & Monson, 2017). They may have an intense desire to help specific students and may be unable to stop thinking about how to help that student. The school counselor may think about the student even when they are not at work; they may be unable to let go of the thought. They may think of the student as fragile and needing extra help. They may be frustrated at their inability to do more to help this student. They may feel frustrated when someone victimizes a student (Gentry & Monson, 2017).

Avoidance Symptoms. The school counselor may use a silencing response with students to prevent hearing their traumatic stories (Gentry & Monson, 2017). The school counselor may have lost a sense of enjoyment in ordinarily enjoyable activities or may no longer be performing self-care activities. They may have a loss of energy, hope, or a sense of dread in working with students or feel a sense of incompetency. The school counselor may feel isolated or have

difficulty in relationships. They may struggle with self-medicative activities (Gentry & Monson, 2017).

Arousal Symptoms. The school counselor may experience increased anxiety, over-reactivity, or a perceived threat even when none exists (Gentry & Monson, 2017). They may have a heightened startle response. The school counselor may experience sleep disturbance, concentration difficulties, changes in weight or appetite, or somatic symptoms (Gentry & Monson, 2017).

The symptoms mentioned affect the overall well-being of an individual (Sinclair et al., 2017). This global scope changes an individual's personal and professional identity, sense of self, and subjective well-being. These symptoms touch family, friends, clients, students, and coworkers and are transmitted to others with whom the individual has contact (Sinclair et al., 2017).

Mediating Factors

There are mediating factors for the clinician that Figley (1995) included in his original theory. Some are traumatic memories that trigger symptoms like PTSD symptoms. These may occur from the clinician's history with other clients or prior personal history with trauma, which can interfere with or exacerbate STS (Figley & Ludick, 2017). Other moderating factors include life or work disruptions, which can occur when working with clients, such as illness or professional responsibilities (Figley & Ludick, 2017). These elements were fundamental in discussing Title I rural K–12 school counselors, as the study examined the non–counseling tasks that impinge upon counseling responsibilities and the counselors' need for support and supervision.

Compassion Stress/Traumagenesis

The most pivotal concept in the work of counseling is helping clients with stress and dealing with one’s stress. Gentry (2022) stated that all stress symptoms are related to trauma and result from painful past learning. This process is called traumagenesis; it is where trauma originates. There are three ways a person can be traumatized: primary exposure, secondary exposure, or environment or ambient exposure (Gentry, 2022). Counselors are cognizant that in the work of helping someone, there is both pleasure and pain. These ordeals happen daily and cause heightened arousal in the sympathetic nervous system, causing people to make their way through the day with brute force of will. Porges (2022) discussed how stress disrupts the system's homeostasis, interfering with feelings of safety and connection with others and resulting in reactivity. The optimal system for a human being is a safe autonomic state governed by the ventral vagal nervous system, which provides co-regulation, supports relationships, leads to higher brain function and creativity, and where safe feelings are present (Porges, 2022).

Miller and Sprang (2017) recommended that therapists remain actively attuned to their empathic responses while monitoring their internal reactions and physiological arousal to metabolize the material before leaving the session. The goal is to reduce compassion stress before it develops into STS while increasing compassion satisfaction (Miller & Sprang, 2017). The Forward-Facing® Professional Resilience program (Gentry & Dietz, 2020) uses similar principles of self-regulation at the moment of service to manage and prevent CF (Craigie et al., 2016; Rajeswari et al., 2020; Robinson et al., 2022).

The CFRM proposes a robust framework for the dilemma facing education professionals, teachers, and school counselors, especially in Title I rural schools. With the focus on BO and STS and the mediating factors mentioned, these professionals are experiencing high rates of BO

and increased risk for STS as they face increasing demands and students with trauma (Boulden & Schimmel, 2022; Whitaker et al., 2019). As the literature review has suggested, retaining education professionals, including rural school counselors, is challenging because of BO and CF (Boulden & Schimmel, 2022).

Related Literature

Currently, the national education system has had difficulty with employee retention due to continuing budgeting cutbacks, rising cases of traumatized children and shooting incidences, and calls for education reform (Bichsel et al., 2022; Bryant, 2022; Hollingsworth & Ma, 2022; National Center for Education Statistics [NCES], 2022; United Health Foundation, 2021). In one of the wealthiest nations in the world, poverty is increasing along with food and housing insecurity for many of the children attending public schools (United Health Foundation, 2021). Educators are encouraged to find innovative ways to manage these challenges while sustaining awareness and preventing BO and STS (Lawson et al., 2019). This call to action may be more complex than imagined for all educators, including administrators, teachers, and K–12 school counselors.

Compassion Fatigue Research in Education

The primary concern for educators is the susceptibility to STS because of the rise in students adversely affected by trauma. According to the 2017–2018 National Survey of Children's Health, 14% of children have experienced two or more adverse childhood experiences (ACEs; HRSA Maternal and Child Health Bureau, 2020). Approximately 45% of U.S. youth have experienced an ACE that affected their studies (Sacks & Murphey, 2018). Some children have experienced more, and their behaviors disrupt classroom instruction, often with frightening, demanding, and unpredictable behavior. Each problem requires intervention from an educator or

staff member, often with a child or adolescent with emotional dysregulation. Borntrager et al. (2012) found that almost 77% of the students were traumatized, and 75% of the adults working with these students reported symptoms of STS. Likewise, Koenig et al. (2017) found that 70% of educators in their study were experiencing STS symptoms.

Increasing poverty rates exacerbate the problem since familial stress, depression, residential instability, substance abuse, food insecurity, poor parenting, neglect, abuse, and other ACEs increase trauma exposure for children (Lawson et al., 2019). Education professionals must offer trauma-informed environments. However, this means every employee interacting with a traumatized child is vulnerable to STS (Lawson et al., 2019). Students' problems include academic difficulties, inconsistent attendance, poor reading performance, continuous social and emotional needs, and conduct problems (National Center for Trauma Support Network [NCTSN], 2021).

Professionals working in education, such as teachers and counselors, must fulfill specific responsibilities for the organization (Kendrick, 2022). Those tasks include remaining calm and caring amid crises or hostile situations. Counselors must be superficial, no matter their current emotional state (Kendrick, 2022). This acting occurs daily and, over time, can create vulnerability in the development of BO or CF (Kendrick, 2022). Exposure to trauma also increases the risk of CF or STS (Lawson et al., 2019). Either of these conditions will impact the individual's psychological and physical well-being. More than self-care is needed (Gentry & Dietz, 2020). Staff need collegial and administrative support and the space and time to debrief (Howell et al., 2019). Unfortunately, only scattered studies have followed STS among educators, with most research focusing on BO in administrators, teachers, and K–12 school counselors. Few studies have examined CF among education professionals.

Burnout and Compassion Fatigue Research in Administrators

School administrators, including principals, face surmounting pressures trying to meet the expectations of various constituents in school districts. They serve in mid-management and report to superintendents and elected school boards while trying to manage school staff, students, and parents. Their responsibilities also include increasing student achievement, ensuring equitable policies, maintaining budget management, handling disciplinary measures, managing employee issues, navigating public relations, and improving school performance (DeMatthews et al., 2021). Compassion fatigue is common among K–12 school administrators working in schools where poverty and trauma are common among students and staff (Lawson et al., 2019). Their experiences caring for students and staff while managing administrative demands leave the K–12 school administrators feeling overwhelmed and hopeless (Lane et al., 2021). In a narrative inquiry by Lane et al. of eight administrators who experienced CF, the participants described symptoms of depression, isolation, unproductivity, and declining physical health. They felt unsupported by their administrators, sometimes bullied or micromanaged, but inspired by their work with students. They were overwhelmed by their students and staff's trauma but channeled their energy into caring until they had nothing more to give (Lane et al., 2021). This narrative described CF as Figley (1995) had envisioned.

Research on CF in principals has been scarce. This lack of emphasis on CF and STS research by school administrators or other personnel is typical. In a call to action, Lawson et al. (2019) made solid recommendations for trauma literacy and training, stating that principals should be pioneers in the efforts with the support of superintendents and school boards. Still, DeMatthews et al. (2018) worked with principals on the U.S.–Mexico border to examine the differences between experienced administrators and novice principals, finding that principals

have lower levels of BO than teachers and community counselors. In a subsequent study, DeMatthews et al. (2021) found higher rates of BO in novice principals, noting that STS was a key factor. The novice principals reported that the job's most exhausting part was helping children with emotional abuse or instability. What kept the principals engaged was the sense of doing meaningful work (DeMatthews et al., 2021). This purpose was the protective factor of compassion satisfaction. This factor can suffice in the short term, but eventually, the job's demands are too significant, leading to BO. The perceived threat from STS with activated sympathetic nervous system will be overwhelming (Gentry, 2022). This lack of physiological attunement will lead a principal to leave the job. This scenario can be the same for each professional.

Principals and professional school counselors have struggled to support one another, often experiencing role ambiguity and conflict (Chandler et al., 2018; Holman et al., 2018; Kim & Lambie, 2018). This lack of collaboration increases their risk for BO and STS and speaks to the need for a clear professional identity (Day et al., 2017; Geoffrion et al., 2016). Part of well-being is having clarity about one's professional role and asserting that role in the presence of significant stressors (Mittelmark & Bauer, 2022). School principals might expect a school counselor to serve as an assistant principal, perform whatever task the principal assigns, and receive supervision from the principal (Lowery et al., 2018). None of these expectations fit the American School Counselor Association (ASCA) national model; the school counselor's training, expectations, or needs are in the principal's best interest—all will eventually lead to CF in the principal (ASCA, 2019).

Burnout and Compassion Fatigue Research in K–12 School Teachers

Teachers have reported an unspoken expectation to do their work, teach the children, deal with behavioral issues, meet with contentious parents, and address students' trauma without mentioning their personal need for support (Luthar & Mendes, 2020). This constant burden results in CF. The teachers feel ill-prepared to deal with trauma, undertrained, and underappreciated (Luthar & Mendes, 2020). In their systematic review of the literature on CF and STS in K–12 teachers, Ormiston et al. (2022) reiterated the problems with defining terms in the research. Nonetheless, they emphasized the need for further research and the possibility that CF appears more prevalent in specific schools with distinct populations and high caseloads of students with traumatic backgrounds (Ormiston et al., 2022).

In a study by Christian-Brandt et al. (2020), teachers working in schools with low socioeconomic status had higher STS levels. In an Oregon study of early career agriculturally-based teachers, two-thirds had symptoms of STS (Schmidt et al., 2022). A study of teachers from New Orleans Public Charter Schools between 2015–2017 discussed a range of STS symptoms related to their roles as teachers (Fleckman et al., 2022). These symptoms included intrusion, alterations in mood and cognition, and hyperarousal. In addition, the teachers experienced emotional exhaustion, indicative of BO (Fleckman et al., 2022).

However, the teachers also reported feeling fulfilled, having a purpose, experiencing a sense of growth, and recognizing the importance of their work, all of which are compassion satisfaction themes that protect them from the deleterious effects of STS and BO (Fleckman et al., 2022). One comment about these studies was the sense of community that may contribute to a positive subjective experience for the participants and enhance subjective well-being. As an employee assistance provider working with teachers during 2017–2019, this researcher found

that the teachers described such experiences as "emotionally exhausting, traumatizing, burdensome" while stating, "The children are out of control. I can't do this anymore." While K–12 teachers are encouraged to implement trauma-informed care in their curriculum, there is little education about wellness or CF prevention (Lawson et al., 2019). Working with traumatized children places teachers at risk for STS and CF, yet there is little research on the effects of trauma-informed care on teachers (Christian-Brandt et al., 2020).

One of the problems teachers have expressed is the emotional labor they bear (Kendrick, 2022). While this surface acting is part of their job, it becomes problematic when students and parents cannot manage their emotions, are rude, and sometimes bully or emotionally assault teachers (Lawson et al., 2019). Emotional labor is the spoken and unspoken rules of how a teacher must act and feel around students and staff, what is appropriate to portray or state openly, and what must be suppressed (Tiwari et al., 2020). Sometimes, external messages conflict with what a teacher may experience internally. These actions require tremendous emotional and psychological energy (Bodenheimer & Shuster, 2020). Educators have described how this is more common recently than in previous years. Nevertheless, the implicit message has been to bear the burden no matter what happens (Kendrick, 2022). Teachers feel violated without recourse, which adds to their BO (Kendrick, 2022; Luthar & Mendes, 2020). This time is challenging to be a teacher and may increase the risk of CF, as it may for K–12 school counselors.

Compassion Fatigue Research in K–12 School Counselors

Kim and Lambie (2018) completed a literature review on occupational stress and BO in K–12 school counselors, finding 51 articles, of which 18 met their criteria. The factors relevant to this study identified as pertinent were non-counseling duties, large caseloads, lack of

supervision, emotion-oriented stress coping skills, grit, and perceived stress. None of the studies used the Professional Quality of Life (ProQOL). An exploration of STS and CF did not occur. This research missed the opportunity to explore how BO and counseling traumatized students and staff affected K–12 school counselors. The review occurred between 2005 and 2017 throughout the United States (Kim & Lambie, 2018).

In the literature reviewed by the current researcher, the most common factors cited for BO were high caseloads, role ambiguity and conflict, and lack of clinical supervision (Bardhoshi et al., 2014, 2022; Mullen et al., 2017; Mullen & Crowe, 2018; Mullen & Gutierrez, 2016; Randick et al., 2019). The ASCA (2019) recommended a caseload of 250:1, while the national average in 2021 was 415:1 (ASCA, 2021). In Maslach's (2017) work, she identified the environmental factors leading to BO: work overload, lack of control, lack of reward or recognition, lack of community or conflict in the community (work environment), and lack of fairness or mismatch of values. The current researcher's review of K–12 school counselor BO mentioned these environmental factors as a complaint by school counselors over the past 10 years. Additionally, work overload and multiple job responsibilities, along with high caseloads, have been mentioned in multiple studies (Bardhoshi et al., 2022; Beasley & Norris, 2021; Fye et al., 2022; Hamelin et al., 2022; Kim et al., 2022; Mullen et al., 2018, 2021; Mullen & Gutierrez, 2016). The disagreement over the role of counselors leading to role ambiguity and role conflict was mentioned as a problem several times (Beasley & Norris, 2021; Mullen & Gutierrez, 2016). Furthermore, counselors' perceived lack of recognition, reward, and devaluation has contributed to a loss of well-being (Fye et al., 2022; Kim et al., 2022). Finally, the lack of clinical supervision and the provision of time to seek supervision to provide appropriate mental health services for students with trauma and schools that experience crisis has been unfortunate.

Clinical supervision should be a priority and not a luxury. School counselors receiving supervision have higher job satisfaction and better coping success (Mullen et al., 2021; Randick et al., 2019).

Burnout rates in K–12 school counselors are higher than in other mental health counselors due to the multiple job demands, including the paperwork and other non-counseling task demands from administrators (Kim et al., 2022). These BO experiences may affect their ability to provide counseling services to students (Kim et al., 2022). In a study of 132 K–12 school counselors in Texas by Holman et al. (2018), White counselors reported higher levels of BO than Black or Hispanic counselors. In addition, issues related to poverty, social, and personal difficulties experienced by students were more troublesome to school counselors. They had a more significant impact on the counselors' stress level than other issues faced (Holman et al., 2018).

School counselors' well-being is primarily related to their sense of compassion satisfaction and a positive relationship with the school principal. When school counselors feel supported by their work environment, have a sense of self-control, and find satisfaction in their work, their subjective well-being improves (Erhard & Sinai, 2022). Burnout may be prevented or managed by incorporating wellness strategies regularly into the counselor's life. While a relationship exists between wellness and BO, research has not proven a causal link. When recommending wellness strategies to K–12 counselors, it is crucial to do so it does not become another task to complete (Fye et al., 2022).

With the introduction of trauma-informed practices in schools and repeated episodes of interventions with traumatized children, school counselors began to recognize the adverse effects on school personnel. School employees are vulnerable (Lawson et al., 2019). The NCTSN

(2022) began to develop resources for educators, school personnel, and administrators. However, the study of STS in school counselors needs exploration. The focus was primarily on BO and stress (Bardhoshi et al., 2014; Beasley & Norris, 2021; Breen & Drew, 2012; Fye et al., 2020). Studies have found that higher levels of BO led to higher levels of STS, and the factors that school counselors were concerned about increased their susceptibility to BO (Shoji et al., 2015). This combination created the perfect storm, increasing the K–12 counselor's vulnerability to CF.

Finally, Rumsey (2017) initiated the first study of STS in K–12 school counselors. While researchers noticed BO in K–12 school counselors, they witnessed these counselors' exposure to student trauma. Rumsey recognized the role of school counselors in responding to students with trauma during times of high stress without adequate clinical supervision and high caseloads while managing increasing non-counseling responsibilities. Rumsey's (2017) study of 174 school counselors exposed to various traumatic events in their students' lives was the first study of CF in K–12 school counselors. Secondary exposure was predictive of STS but not BO. This discovery was unsurprising as BO and STS were similar constructs in Figley's (1995) conceptualization. In the study by Beasley and Norris (2021), 22% of school counselors had moderate symptoms of STS.

Then, in a study of school counselors from various settings, including elementary, middle, high school, urban, suburban, rural, non-Title I, and Title I settings, Rumsey et al. (2020) explored counselors' trauma exposure, the exposure frequency, and the impact on the school counselor. This study revealed daily exposure to potentially traumatic events in students' lives, with those counselors who work in Title I schools having more exposure than those in non-Title I schools. Those counselors in Title I schools reported significantly higher STS symptoms

(Rumsey et al.). Rumsey et al. (2020) opened the door for considering CF research and invited further inquiry into prevention, intervention, and education for graduate programs.

Compassion Fatigue Research in Rural K–12 School Counselors

While research has started on STS in K–12 school counselors, such research on rural school counselors has been missing (Bright, 2018; Chandler et al., 2018; Smith, 2022). Several researchers have published the need to understand the additional challenges rural K–12 school counselors face: professional isolation and high visibility, higher-risk youth, lack of resources for mental health crises and trauma treatment, higher levels of BO due to increased responsibilities and role ambiguity, and lack of administrative and clinical supervision support (Bright, 2018; Chandler et al., 2018; Cook et al., 2019; Fruetel et al., 2022; Fye et al., 2020; Grimes, 2020; Smith, 2022; Wilson et al., 2015). Identifying these differences in rural school counselors was important in understanding the need for further investigation.

Professional Isolation and High Visibility

Rural school counselors work in a unique geographic location. Most of the nation's landmass is considered rural. Almost 30% of all public schools are rural, and more than nine million students attend these public schools (Showalter, 2019). The understanding of Title I rural K–12 school counselors' professional role is incomplete without the background of the setting in which they work. Rural life involves an acculturation process with permeable work and life boundaries, increased emotional labor, and long distances to obtain necessary resources. These circumstances are familiar to the rural K–12 school counselor who grew up in a rural area. However, this situation is an adjustment for someone unfamiliar with living or working in a rural area. Bright (2018) explained that rural communities tend to be close-knit but less trusting of

people who come from outside the community. Rural communities prefer to solve their problems and mistrust the government or outside agencies (Johnson et al., 2022).

Grimes' (2020) phenomenological study of rural K–12 school counselors in two southeastern states with six participants identified the positive and negative aspects of being a professional in a small community. Professional K–12 school counselors face acculturation issues when moving into a rural area where mistrust of strangers is prevalent (Bright, 2018). Adjusting to the community means that rural K–12 school counselors know these are highly cohesive communities that value loyalty above autonomy. Rural school counselors may have to manage concerns related to an insider/outsider mentality, permeable boundaries, and fewer available resources than urban school counselors (Grimes, 2020). While rural communities offer connectedness, some K–12 counselors do not feel accepted in the rural community, leading to a sense of being an outsider. The school counselors will lose some freedom living in these communities (Grimes, 2020).

Being a professional in the community likely means being one of the most highly educated individuals, which is an honor but also one in which the community may view them suspiciously (Grimes, 2020). Rural school counselors face isolation, boundary issues, and emotional wellness struggles (Bright, 2018). Being well-known as a school counselor means one shops for groceries while a student's parent shares the family's problems. Rural school staff identify loneliness and the lack of support as fundamental in reduced job satisfaction (Holme et al., 2018). The dynamics of living in a rural community means having more responsibility with fewer resources and higher visibility. Those factors increase pressure on the rural school counselor (Wilson et al., 2015). Rural school counselors have problems unique to their geographic location, including youth with higher risks.

Higher Risk Youth

Rural K–12 school counselors face obstacles in finding care for higher-risk youth in regions with scarce mental health resources, if any exist (Bright, 2018; Chandler et al., 2018; Fruetel et al., 2022; National Advisory Committee on Rural Health and Human Services, 2018). Over 60% of families in rural areas live in poverty, with over 55% having at least one ACE and almost 15% having experienced four or more ACEs (U.S. Department of Health and Human Services, 2015). Children in rural areas are likelier to experience abuse and neglect (U.S. Department of Health and Human Services, 2015). Keesler et al. (2021) found elevated levels of ACEs among rural youth, with 27.3% reporting a family mental illness, almost 52% reporting a parental disruptive event, and almost 28% with an ACE score of 4 or higher. In a more recent study by Crouch et al. (2020), approximately 6.9% of rural children were likely to experience four or more ACEs compared to 3.8% of urban children. Unfortunately, this means the rural school counselor works in a Title I school dealing with more traumatized youth. In addition, because of the lack of available behavioral health resources in rural areas, school counselors must provide mental health services to students in need without appropriate clinical supervision (Chandler et al., 2018).

Living in a rural area is associated with a disproportionately high risk of suicide, substance use, and mental health disorders (Johnson et al., 2022). In rural areas, visits to emergency departments for self-harm are higher, youth are more likely to attempt suicide, and they are twice as likely to die by suicide (Fruetel et al., 2022; Hoffman et al., 2021). The school counselor must manage the suicidal student and provide safety for the child because of the lack of behavioral health services (Duncan et al., 2014). Being a rural school counselor may mean being available during non-school hours because the school counselor may be the only

professional available to manage the crises during the night (Duncan et al., 2014). In addition, school counselors may be the only mental health providers in rural areas to aid a student in crisis when the nearest emergency room is over 50 miles away.

Lack of Available Resources

The lack of mental health resources becomes the most pressing need for rural school counselors as they struggle with their professional identities (Grimes, 2020). In a study of rural school and community counselors, Fruetel et al. (2022) identified the obstacles surrounding the lack of resources and collaboration in providing mental health aid to youth. Few mental health resources, facilities, and providers are available in rural areas (Graves et al., 2023; Johnson et al., 2022). According to a national study by Graves et al. (2020) identifying mental health facilities that treat youth and provide suicide prevention services, the differences between available services in urban and rural areas were remarkable. While metropolitan areas had an average of 8–12 facilities providing mental health and suicide prevention services for youth, rural areas had an average of two to four facilities (Graves et al., 2020).

There is a need to develop policies and infrastructure for rural communities to manage mental health for youth. Unfortunately, teletherapy is not the best option for individual families when approximately one-third of rural residents cannot access high-speed internet (Siceloff et al., 2017). Thus, school-based services may be the best option (Siceloff et al., 2017). When a student is in trouble, the rural school counselor is most likely the person who will triage the crisis (Fruetel et al., 2022).

Increased Responsibilities and Role Ambiguity

Rural youth spend more time traveling to and from school, sometimes up to one hour (Lavalley, 2018). This travel means less time for outside activities, such as family and

community activities, homework, and sleep. Moreover, youth are less likely to have access to high-speed internet in the country, so accomplishing homework at home is cumbersome (Tomlinson, 2020). Finding and recruiting quality staff is problematic. Rural schools have the highest rates of chronic staff instability with high turnover rates (Holme et al., 2018). Therefore, school counselors often serve as lone counselors in two to five schools with 400–700 students, with promises that the schools will continue searching for a quality counselor and hire one when one becomes available (Boulden & Schimmel, 2021).

This problem leaves rural K–12 school counselors with higher caseloads and more non-counseling responsibilities (Chandler et al., 2018; Duncan et al., 2014). Researchers in Montana completed a study of K–12 school counselors on exposure to trauma, Title I status, school setting, and professional quality of life (Chandler et al., 2018). This survey study of approximately 1,200 K–12 school counselors nationwide noted that rural K–12 school counselors reported higher counseling and non-counseling responsibilities (Chandler et al., 2018). There are times when the rural school counselor may serve as principal, teacher, or test administrator, blurring the function of the school counseling role (Grimes, 2020; Smith, 2022). Role ambiguity is significantly related to several dimensions of BO, namely, a sense of incompetence and perceived job satisfaction (Fye et al., 2020).

Higher Levels of Burnout

In 2022, Fruetel et al. (2022) completed a phenomenological study in Colorado, Oklahoma, Texas, and Wyoming of four rural mental health counselors and four rural K–12 school counselors. This study identified higher BO levels related to fewer supervision hours in rural schools and community counselors (Fruetel et al., 2022). Likewise, Smith's (2022) study of rural K–12 school counselors in Georgia identified high BO levels. Similarly, Fye et al. (2020)

reported that school counselors in rural settings experienced higher levels of BO. None of the studies of rural K–12 school counselors explored issues related to STS, exposure to trauma, CF, or Title I status, nor did they explore the school counselors' perceptions of CF, how they describe the factors that contribute to it, and how it affects their personal and vocational lives.

Lack of Administrative and Clinical Support

The ASCA (2022b) requires school counselors to understand the impact of ACEs and to identify, support, and offer counseling services to ensure students succeed academically (ASCA, 2021). However, many school counselors lack the necessary training in trauma-informed identification and intervention practices since these are courses infrequently offered in graduate counseling education (Cook et al., 2019). This lack of training may lead to the nonrecognition of children with trauma, misdiagnosis, and inappropriate or even harmful treatment of traumatized students (Cook et al., 2019). Rural school counselors stated that they felt unprepared to deal with student crises and trauma and desired further support, guidance, and supervision but had limited opportunities for professional development (Fruetel et al., 2022; Meador, 2021; Wells, 2022).

These counselors work in isolation without clinical supervision. Chandler et al. (2018) reported that school counselors in rural settings had less access to clinical supervision and resources. Administrative supervisors offer guidance but are not trained in the necessary clinical skills to provide sufficient support (Duncan et al., 2014). They have little access to the clinical supervision they need for complex cases. This lack of supervision places them at risk for BO (Wilson et al., 2015). In addition, they need more supervision for managing complex cases and work overload. While many school counselors have graduate degrees, they lack competency for crises or trauma due to the lack of such training in graduate counseling programs (Cook et al., 2019). Working with children and youth with trauma requires additional training, which is

difficult for rural school counselors to access due to geographic location and time commitment (Finch et al., 2020).

Rural school counselors who engaged in more than 20 hours of monthly supervision experienced a significant decrease in BO (Fye et al., 2020). However, it is difficult for rural school counselors to find the time and supervisors available to sustain such practice (Fye et al., 2020). Professional school counselors working in rural Canada experienced less motivation to leave their jobs when receiving administrative support through collaboration and consultation. In addition, when these counselors perceived that their administrators supported work environment improvements, their motivation to depart decreased. As a result, this improved overall well-being, which was important in their work relations with students, parents, and peers (Greenham et al., 2019).

Being rural school counselors poses a significant dilemma that differentiates their struggles. The professional isolation and high visibility in rural communities offer little time or opportunity for self-care (Bright, 2018; Chandler et al., 2018; Grimes, 2020; Smith, 2022). The scarcity of mental health resources for rural youth, plus additional duties from staffing shortages strains rural school counselors (Crouch et al., 2020; Fruetel et al., 2022; Johnson et al., 2022). Rural school counselors have caseloads that are higher than average and serve in several schools where they must report to different administrators who perceive the counselor's role differently, resulting in increased role ambiguity and confusion and ultimately leading to higher rates of BO (Fruetel et al., 2022; Fye et al., 2020; Smith, 2022). Finally, the lack of support and clinical supervision results in professional isolation and increases the risk for CF (Chandler et al., 2018; Finch et al., 2020; Wilson et al., 2015). Further research is needed to address this issue.

Specific Problem Area and Research Gap

The literature review revealed a specific problem area and research gap. Duncan et al. (2014) recommended qualitative studies to explore the developmental needs of rural school counselors. Even with that recommendation, there are few studies on rural school counselors, who are mainly ignored or mentioned in passing in the counseling literature (Bright, 2018). In a study including school counselors nationwide, Fye et al. (2020) recognized the lack of focus on rural school counselors: “It is important to continue advocating for school counselors’ role clarity and supervision satisfaction, *especially in rural settings*” (p. 61). Smith (2022) recommended further research to examine placing one school counselor in rural areas. She also recommended exploring the impact of large caseloads on wellness, job performance, and job satisfaction (Smith, 2022). Fruetel et al. (2022) recommended further qualitative studies exploring the internal reactions of rural school counselors to mental health crises.

The literature review revealed that Title I school counselors working in rural areas are professionally isolated but highly visible, providing services to at-risk youth with more significant needs with scarce resources. Meanwhile the counselors lack the competency for crisis and trauma counseling and do not have adequate administrative or clinical support. These counselors have higher BO rates, which place them at a higher risk for STS (Bright, 2018; Chandler et al., 2018; Cook et al., 2019; Fruetel et al., 2022; Fye et al., 2020; Grimes, 2020; Smith, 2022; Wilson et al., 2015). When working alone, there is no other clinician to provide feedback, no professional peer to notice when a counselor is taking on too much responsibility, and no cohort to notice when the counselor is showing signs of impairment. Counselors' ethical responsibilities are to care for one another and to bring awareness when one notices initial signs of impairment, especially stress and STS (ASCA, 2022b). Rural school counselors continue to

ask for help as they drive from school to school, serving the neediest populations. They feel isolated (Grimes) and are so overwhelmed by their caseloads that they do not have time to self-advocate. Thus, Grimes (2020) recommended further research into rural school counselors serving as the only school counselor in their district.

Finally, the literature review revealed little research on STS or CF in school counselors (Beasley & Norris, 2021). Rumsey et al.’s (2020) study was the first on STS in school counselors. In Grimes's (2020) study of rural school counselors, she recommended further qualitative studies, stating that these rural school counselors are “often missing from conversations in the counseling literature” (p. 11). Her research on personal identity construction in rural school counselors used keywords that stood out: “role ambiguity, role conflict, burnout” (Grimes, 2020, p. 2). Thus, the current researcher consulted with her because her research on professional identity construction occurred within the CF framework. Her response was affirmative, as she said, “What you are doing is ‘cutting-edge.’ We need this” (T. Grimes, personal communication, November 29, 2022). Likewise, Smith (2022) stated: “As of this writing, the gap in research relating to stress and burnout among school counselors in rural areas remains large and is a significant barrier to reducing caseloads” (p. 70).

In some ways, it is akin to wading deep into muddy waters. The concept of CF needs to be more precise. Likewise, the role of the rural school counselor is complex. Understanding CF in Title I rural K–12 school counselors is like that. The art and science of knowing, hearing, listening, and following the participants’ lead make the phenomenological approach ideal for this study. Thus, this current study proposed to fill this research gap by exploring the lived experiences of Title I rural K–12 school counselors' perceptions of CF, the factors that contributed to CF, and how it affected their personal and vocational lives.

Summary

The literature review showed a continual problem with BO in education professionals, including administrators, teachers, K–12 school counselors, and Title I rural school counselors. The problems with BO were related to workload, control, reward, lack of clinical community, perceived fairness, and value mismatches. All of these are currently impacting education professionals. The BO rate may be due to STS. However, few studies examined the impact of working in trauma-informed settings, trauma-impacted students, or secondary exposure to trauma. Ignoring CF and how it impacts education professionals is unfortunate. The primary recommendations for interventions on BO in education professionals were therefore limited.

Furthermore, the problem in the literature showed a lack of research in three primary areas related to K–12 school counselors that need further investigation. The first was a lack of research on CF in school counselors. Thus, the current research needed to include BO and STS. The second was the lack of focus on rural school counselors, who have been overlooked in research but are responsible for many children. The third area was the lack of research on Title I school counselors and their experiences working with traumatized youth. Few studies have explored CF in Title I rural school counselors, which was a problem.

The research questions for this study explored how Title I K–12 school counselors in rural Oklahoma described their lived experiences with CF, how the participants described the factors that contributed to their experience of CF, and how they described the effects of CF on their personal and vocational lives. Based on these questions, this transcendental phenomenological study explored these participants’ lived experiences according to the methods described in Chapter Three.

Chapter Three: Methods

Overview

The purpose of this transcendental phenomenological study was to describe Title I kindergarten through 12th grade (K–12) school counselors' lived experiences with compassion fatigue (CF) in rural Oklahoma. This description included the counselors' perceptions of CF, how participants describe the factors that contribute to it, and how it affects their personal and vocational lives. Chapter One provided an overview of the background, problem, purpose, and significance of CF in Title I rural school counselors. Chapter Two provided the theoretical framework, the literature review, the research gap, and the need for this study. The purpose of Chapter Three is to define the study's design, procedures, and analysis. Within this chapter, the subsections will describe the rationale for the transcendental phenomenological research design, research questions, the setting, and participant selection. In addition, the researcher will explain the researcher's role, data collection, data analysis, and the process used to ensure trustworthiness, and a discussion of the ethical considerations.

Design

The transcendental phenomenological research design describes the lived experiences of a shared phenomenon of participants, while quantitative research focuses on measures of correlation and variables of interest (Heppner et al., 2016). In their study of rural mental health counselors and rural school counselors, Fruetel et al. (2022) recommended further qualitative studies to explore the in-depth internal experiences of rural counselors who must respond to crises in their work settings. In a conversation, T. Grimes (personal communication, November 29, 2022) recommended a qualitative study to gain a deeper understanding of the rural school counselor's experience of STS, which she acknowledged was part of the CF experience.

Exploring the lived experiences of Title I rural school counselors allowed the researcher to gain insight into the daily realities these counselors encountered which may be unexpressed in quantitative studies (Pessoa et al., 2019).

The researcher chose the phenomenological design based on the suggestion of the few studies of rural K–12 counselors (Grimes, 2020; Smith, 2022) and the recent request from counselors and administrators in rural areas for further help in understanding the experiences of rural school counselors (Prothero & Riser-Kositsky, 2022; Whitaker, 2021). Using a phenomenological approach allowed the researcher to gain more comprehensive information (Heppner et al., 2016). The study aimed to understand the shared experiences of CF. Phenomenology is the study of a phenomenon or shared experience of a group of people (Creswell & Poth, 2018). This approach made phenomenology ideal for understanding the realities of rural school counselors who experience CF.

The study's design was transcendental, based on the philosophy of the German mathematician Edmund Husserl (Moustakas, 1994). Transcendental phenomenology is built upon epoché and requires the researcher to practice bracketing, meaning the researcher sets aside personal beliefs, conceptions, and experiences of the phenomenon (Moustakas, 1994). Through bracketing, the researcher seeks to become a detached onlooker and reflect upon the experiences shared by participants (Sokolowski, 1999). Moustakas (1994) posited that transcendental science grew from the discontent of materialistic science that ignored the personal experiences of humans and objects and compartmentalized the world. In phenomenology, intentionality becomes significant as it combines sensations and perception, becoming the primary source of knowledge (Moustakas, 1994).

A transcendental approach aims to decipher the essence of an experience by determining the *noema*, the “what or matter” of the experience, and the *noesis*, the “act or quality” of the experience (Rassi & Shahabi, 2015, p. 30). Thus, the transcendental design was best for this study as it allowed the school counselors to describe experiences from their perspectives. The transcendental phenomenological approach provided the best opportunity to include Title I rural K–12 school counselors’ experiences of CF, their perceptions of CF, how they described the factors that contribute to it, and how it affected their personal and vocational lives.

Research Questions

The following research questions arose from the literature gap to address the current need regarding CF in Title I rural K–12 school counselors.

Research Question One

How do Title I school counselors in rural Oklahoma describe their experiences with compassion fatigue?

Research Question Two

How do participants describe the factors that contribute to their experience of compassion fatigue?

Research Question Three

How do participants describe the effects of compassion fatigue on their personal and vocational lives?

Setting

The setting for this study was rural Oklahoma schools. The National Center for Education Statistics (NCES) defines school districts by distance and population (U.S. Department of Education, 2022). A rural school district may be fringe, distant, or remote. A fringe district is

less than 10 miles from an urban area, a distant district is 10 to 25 miles from an urban area, and a remote district is more than 25 miles from an urban area (Geverdt, 2019). Another identification of rural schools is Title V, Part B, of the Elementary and Secondary Education Act of 1965 (ESEA), as amended by the Every Student Succeeds Act (ESSA) of 2015, which authorized two grant programs, the Small Rural School Achievement (SRSA) grant and the Rural Low-Income Schools (RLIS) grant (U.S. Department of Education Office of Elementary & Secondary Education, 2022).

According to the "Why Rural Matters 2018–2019" report, Oklahoma has one of the most diverse rural populations in the nation in ethnicity, special needs, poverty, and housing instability (Showalter et al., 2019). Oklahoma's priority ranking is number four nationally due to its low school performance in rural areas and the number of Title I schools (Showalter et al., 2019). Almost every rural school in Oklahoma is rated Title I (Oklahoma State Department of Education [OSDE] Public Records, 2022). The Title I rural K–12 school counselors interviewed were from rural parts of Oklahoma and reported struggling with finding appropriate supervision, continuing education, and peer support. Oklahoma is a unique challenge for Title I rural K–12 school counselors, who may be a representative population of many Title I rural K–12 school counselors from other states.

Participants

The participants were Title I rural K–12 counselors in Oklahoma who might be experiencing or had recently experienced CF. There were 491 rural K–12 school counselor positions in Oklahoma. Of these positions, 232 counselors were employed, meaning that some counselors served more than one school (OSDE Public Records, 2022). In reviewing these

positions, only 70 counselors were responsible for one school. In contrast, the remaining school counselors served two to five schools in rural areas (OSDE Public Records, 2022).

The sample size for a transcendental phenomenological study depends on saturation or the point at which no new information emerges (Bryant & Charmaz, 2007). However, saturation is difficult to determine (Hennink & Kaiser, 2022). Creswell and Poth (2018) stated that phenomenological studies have used 1–325 participants. In more recent studies, sample sizes for saturation have yielded more specific information. Bartholomew et al. (2021) reported that, in some cases, quality decreases when the sample size increases. Hennink and Kaiser stated that a quality sample size provides rich and nuanced details, while Bartholomew et al. (2021) urged that individual voices should not be lost. According to Hennink and Kaiser (2022), the sample size in a phenomenological study should use no fewer than five participants. Moser and Korstjens (2018) recommended no fewer than 10 participants for a phenomenological study. Based on this information, this study interviewed 11 Title I rural school counselors until saturation occurred.

Criterion sampling is when participants meet predetermined critical criteria (Heppner et al., 2016; Moser & Korstjens, 2018). In a transcendental phenomenological study, participants must meet at least two criteria: 1) they must have experienced the phenomenon that is the subject of the research, and 2) they must be able to articulate their experiences of the phenomenon (Heppner et al., 2016; Moustakas, 1994). For this study, there was one phenomenon: CF. However, there were four other criteria. The participants must have: 1) had current CF symptoms or experienced CF as indicated on the screening tool, the Professional Quality of Life Inventory-5 (ProQOL-5; Stamm, 2010); 2) worked full- or part-time as a K–12 school counselor; 3) worked

in a rural school setting as defined by the NCES or by Title V, Part B, of the ESEA, as amended by the ESSA of 2015; and 4) worked in a Title I school setting.

Procedures

The following were the steps for this research study. These steps included gaining institutional review board (IRB) approval, information about the researcher's role in the research study, recruitment, interview schedule, the data collection process, and recording procedures. Before beginning the study, the researcher applied to the IRB at Liberty University for research study approval (see Appendix A). While awaiting approval from the IRB, the researcher sought permission from the Oklahoma School Counselor Association (OSCA) to use their mailing list to contact Title I rural school counselors (see Appendix B). Once approval from Liberty University's IRB was received, recruitment began.

Recruitment

The researcher used differing modalities for recruitment. The researcher emailed the rural K–12 school counselors using the public email list from the OSDE website. Although the researcher emailed the current president of the OSCA to inquire about using their email list, no response was received. Another recruitment effort occurred through the leadership of Dr. Michelle Taylor, Director of the Master of Community Counseling program at Rogers State University. Taylor was the ethics chair for the OSCA; she emailed a copy of the recruitment letter with an introduction to other school counselors whose email addresses are public records on the OSDE website. In addition, the researcher requested and placed several social media posts, approximately three weeks apart, in the OSCA group, the Oklahoma Rural School Coalition group, and on LinkedIn. The recruitment email and social media post invitations contained information about the study, the purpose of the study, the qualifications to participate

in the study, the time commitment involved, and the researcher's contact information (see Appendix C and Appendix D). The researcher explained that participation in the study was voluntary. The first step was to complete the listed survey, which incorporated the demographic information and ProQOL-5 (see Appendix E and Appendix F). The survey asked the participants if they wanted to participate and, if so, to list their email addresses. There were no school counselors who responded that were personally acquainted with the researcher or affiliated with the university at which the researcher worked, so there was no conflict of interest.

The ProQOL-5 was used to screen the counselors for CF. It is the most widely used measure for CF (Stamm, 2010). If a school counselor scored in the moderate-to-severe range on either the BO or STS scale, this likely indicated CF. However, if the school counselor scored in the low range on the BO scale and the low range on the STS scale, they were excluded from the study since this was not indicative of CF (Stamm, 2010).

Recruitment Schedule

When a participant completed the ProQOL-5 and demographic survey, the researcher reviewed the information to ensure they met the criteria. The school counselor had to work in a rural setting in a Title I school, had or recently had CF. If they met all the criteria, the researcher reviewed the research study procedures and consent form with the participants and requested their signatures. If participants did not meet the criteria, the researcher thanked them for their offer of participation and explained why their exclusion from the study. If participants met the study's criteria, the researcher emailed copies of the consent form (see Appendix G) and scheduled the first interview with them face-to-face or via Zoom's teleconferencing platform within the following 1 to 2 weeks, according to the participants' and researcher's schedules. At

that time, the researcher conducted a semi-structured interview of 1 to 1.5 hours with participants (Appendix H).

The Researcher's Role

This researcher lived in Oklahoma and worked full-time as an assistant professor of community counseling in a graduate counseling program for a small university in a town with a population of fewer than 20,000 people (Claremore Area Chamber of Commerce, 2023). The university had fewer than 4,000 students, many of whom came from Title I rural K–12 schools (Rogers State University, 2023). The university had a long history with the rural population of Oklahoma and was an invaluable and trusted resource. Due to this heritage, the researcher’s position at the university site offered credibility and trust among the rural communities (Rogers State University, 2023).

I can relate to the participants who shared their experiences, as I have also experienced CF. However, I was careful not to share my experiences with participants. Going beyond that point would have defined and influenced their experiences of CF. There was no substantial need to share that I have had such an experience. I walked alongside and interacted with the participants instead of forming a hierarchical relationship, which might have produced power dynamics (Creswell & Poth, 2018).

My interest in CF research in this study came from my profession. I am an assistant professor of community counseling for a graduate counseling program and a licensed marriage and family therapist supervisor. In addition, I am a diplomate in the American Academy of Experts in Traumatic Stress, a certified Forward-facing® Professional Resilience Coach and Consultant, a Certified Clinical Trauma Professional, and a Certified Compassion Fatigue Professional. I have written several books and articles on CF and have counseled many people

with CF, BO, and other work-related stress conditions. I have received extensive CF training and offered presentations to audiences at local and national conferences. In 2022, I was recognized for going above and beyond to make Oklahoma healthier and safer by presenting and counseling more than 1,000 healthcare providers and educators during the COVID-19 pandemic (Journal Record Staff, 2022). While this spoke to my expertise in CF and BO, it also reminded me of the need for epoché in this study. Epoché means that I set aside any prejudgments of the phenomenon, understanding, or knowledge of CF and how it may be defined, experienced, prevented, managed, or treated. I remained curious and open to how the participants described their experiences of the phenomenon (Moustakas, 1994).

I used a reflective journal and mentor consultation to bracket myself. Tufford and Newman (2012) suggested that memos aid in the cognitive process when the researcher observes and notes their feelings. Thus, I kept a reflective journal of my observations and feelings about the research process to set aside my ideas and judgments. A sampling of the reflective journal was included in Appendix I. In addition, I engaged in confidential conversations with a trusted mentor without revealing participant confidential information to share my experiences performing research and practicing epoché. I had no relationship and did not know the participants before this study.

Data Collection

Data collection included several methods: a screening tool, a demographic survey, one structured interview per participant, an online focus group with three participants, follow-up emails with all participants, and cognitive representations. Various data collection methods provided a way to achieve triangulation and add trustworthiness to the study (Moser & Korstjens, 2018).

Screening Tool

To ensure participants had experienced CF, they were screened using the ProQOL-5. This instrument measures the negative and positive aspects of a helper's feelings regarding their work. It consists of 30 items using a Likert scale of 1–5, wherein 1 means never, 2 means rarely, 3 means sometimes, 4 means often, and 5 means very often (Stamm, 2010). Respondents answered questions about their work as helpers. The items were related to three different scales: BO, STS, and compassion satisfaction (Stamm, 2010).

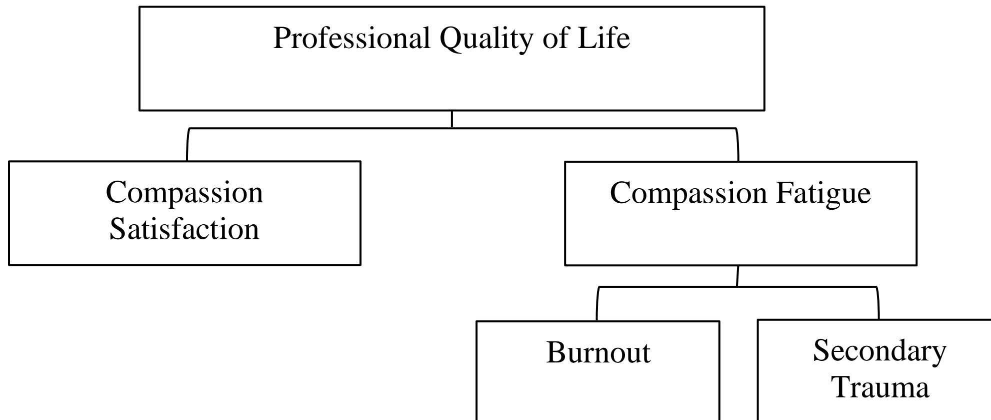
The ProQOL-55 is not a diagnostic tool. However, the ProQOL-5 does indicate if a person is possibly experiencing CF (Stamm, 2010). Those individuals who scored in the moderate-to-high range on either the BO or STS scale were at a high risk of developing or may have already developed CF (Stamm, 2010). Those were the participants considered for the study.

Professional Quality of Life Model

In developing an instrument for CF, Stamm (2012) considered that one receives benefits from helping traumatized clients: compassion satisfaction protects against CF. Thus, Stamm developed questions to add to the Compassion Fatigue Self-Test developed by Figley (1995). The Compassion Fatigue Self-Test consisted of two subscales that measured BO and STS (Figley, 1995). Stamm (2012) added a new subscale that measured compassion satisfaction. In the continuing research and development of the instrument, which later was named the ProQOL-5, Stamm (2010) discovered the potency of compassion satisfaction in overriding the cost of caring. Adding the dimension of compassion satisfaction formed the initial concept of CF that has served as a model throughout the past 12 years (see Figure 5).

Figure 5

Diagram of Professional Quality of Life



The ProQOL-5 is the most common measure of professional quality of life, often used to measure BO and STS and indicate whether a person has CF (Stamm, 2010). However, the ProQOL-5 is not an instrument used for diagnostic purposes for *DSM* diagnoses (Stamm, 2010). Stamm noted that compassion satisfaction is not enough in the presence of fear and helplessness to mitigate the effects of STS and BO completely; instead, people needed a balance of workload, peer support, quality supervision, and a strong sense of well-being (Larsen & Stamm, 2008).

Interviews

Semi-structured interviews were conducted either face-to-face or using the Zoom web-conferencing platform. Participants were scheduled for a face-to-face meeting and recorded on the researcher's computer using VoiceMemo or scheduled for a Zoom session. The researcher mailed a private link, allowing the researcher to record the session for archived listening and transcription. Recorded files were password-protected and archived. The initial interviews were scheduled at the convenience of the participants to capture their lived experiences. The audio was transcribed using the password-protected software platform Otter.ai, with the transcript

downloaded and saved on the researcher's password-protected computer. The researcher manually checked each transcript to ensure correctness. Each participant was assigned a case number and pseudonym identified and used throughout the interview. The transcript was saved with a secure password on the researcher's computer. It required a second authentication to enter the computer software storage information and the Zoom platform.

Semi-Structured Interview

The semi-structured interview is an integral part of the phenomenological process. Moustakas (1994) explained that when individuals tell their stories, they gain additional clarification and can explore more profound meanings of their experiences. Semi-structured interviews cover specific questions related to the research topic and allow the participants to discuss information that is important to them (Peoples, 2021). The researcher paints a portrait with the narrative, not only of the individual participants but also as a composite, representing all the participants as one yet blended. Each is unique, and yet gestalt as they share the phenomenon. Moustakas (1994) calls this a "creative synthesis" (p. 19).

The interviews were handled with care and sensitivity. Creswell and Poth (2018) emphasized the importance of managing power dynamics. Thus, it was crucial to build trust while avoiding misleading questions. For this reason, a semi-structured interview was used, and the dissertation committee reviewed the questions beforehand to ensure the questions were straightforward and would not confuse the participants or might be in service to the researcher's interest instead of the participants' narrative (Creswell & Poth, 2018). The following comments and questions were used in the semi-structured interview (see Appendix H).

1. Hi, my name is Kathy Hoppe. I appreciate you taking the time to meet with me today. I wanted to remind you that this interview is being recorded.

2. I will start today by asking you a few questions about yourself and your work to get to know you better.
3. Tell me about yourself. What do you enjoy most? What types of hobbies do you have? What brings you joy or feeds your soul? Where did you grow up? Tell me about your family.
4. Tell me how you got started in school counseling.
5. What are your experiences as a rural school counselor?
6. Please tell me what compassion fatigue means to you in your own words.
7. Share your experience of compassion fatigue with me. What has it been like for you?
8. Did you know you had compassion fatigue? Or was that a surprise?
9. If you knew you had compassion fatigue, how did you know?
10. Can you share any experiences of how your work has contributed to your compassion fatigue?
11. What things or situations have contributed to your compassion fatigue?
12. What do you feel physically, emotionally, mentally, or spiritually when you experience compassion fatigue?
13. Is there a story you can share about your experience of compassion fatigue and its effect on your life?
14. How does compassion fatigue affect your vocational life?
15. In what way is your vocational life different than you imagined since you have experienced compassion fatigue?
16. Now that you've experienced compassion fatigue, what helps you make it through the day? The week? The school year?

17. We’ve covered quite a bit in our conversation today. I appreciate everything you have offered and the time you’ve given. I have one final question: What else do you think is vital for me to know about compassion fatigue or its impact on your life or anyone else?

The first five questions familiarized the participants with the process, inquired how they became school counselors and set them at ease (Moser & Korstjens, 2018). Setting the stage this way was crucial for the rest of the interview. If the participants felt at ease, they shared freely. The first few questions centered on how questions, which encouraged participants to share their experiences openly. This introduction set the tone for the rest of the interview (Tomko et al., 2022).

Questions 6, 7, 8, and 9 related to Research Question 1: How do Title I K–12 school counselors in rural Oklahoma describe their lived experiences with compassion fatigue? Moser and Korstjens (2018) stated that the researcher should refrain from guiding the participants, instead allowing them to share their views. In the first pilot test of the interview guide, this became apparent when the mock participant requested a definition of CF to ensure they were on the same page. This process enabled the researcher to reflect on how to handle this situation. The researcher explained the importance of not providing her answers since she was interested in the participants' perceptions of the concept. Bracketing included withholding the researcher's explanation of what something meant to allow a participant to perform their meaning-making (Moustakas, 1994).

Questions 10 and 11 related to Research Question 2: How do participants describe the factors that contribute to compassion fatigue? The literature review noted that BO or STS could contribute to CF. According to Figley (1995), STS is a crucial component. If the factors are unrelated to empathic distress, then Figley would state that the counselor is experiencing BO, not

CF. However, if the counselor is reporting symptoms related to STS, or mentions factors related to listening to trauma stories, that indicates empathic distress and CF (Rauvola et al., 2019).

Questions 12, 13, 14, 15, and 16 were related to Research Question 3: How do participants describe the effects of compassion fatigue on their personal and vocational lives? These questions explored how CF affected their personal and vocational lives. Questions 14 and 15 were designed to explore the symptoms of BO, such as emotional exhaustion, cynicism, and loss of personal efficacy, along with the symptoms of STS, such as avoidance, hyperarousal, cognitive shifts in perception, and intrusive thoughts or memories (Figley, 1995; Gentry & Dietz, 2020; Miller & Sprang, 2017).

Cognitive Representation

After the semi-structured questions were asked, the researcher asked the participants for a cognitive representation. They were asked to reflect on their experience of CF, how they describe the factors that contribute to it, and how it affects their personal and vocational lives. Then, they were asked to draw an image or a word that illustrated or symbolized this experience. Art-based communication allowed participants to access information, especially experiences that may be painful or traumatizing, for which an individual has difficulty finding words to express (Havsteen-Franklin et al., 2020). Using cognitive representations allowed the research participants to have another way to share their experiences of CF. The following instructions were provided:

> Please take a few moments to reflect on your experience of compassion fatigue and how it affects your personal and vocational life. Then, using paper and colored markers, pens, or pencils, I would like you to draw an image or word representing, symbolizing, or illustrating this experience.

The researcher provided time for the participants to complete the representation. Once the drawing was completed, these participants held their picture up so the researcher could capture the image via a screenshot. A copy of the cognitive representation was given directly to the researcher for face-to-face interviews. Once the drawing was completed, the participants could discuss what they drew and what it represented. See Appendix J for the cognitive representations.

Focus Group

Data collection also included an online focus group via the Zoom platform. After developing the themes, the researcher scheduled a focus group to share the themes for participant feedback. The focus group confirmed the initial findings to complete member checking. The advantages of online focus groups are their feasibility and cost-effectiveness (Greenspan et al., 2021). One disadvantage was the inability to observe body language clearly (Greenspan et al., 2021). The focus group allowed the participants to discuss the study's themes and confirm or disconfirm the initial data. Five participants stated that they would attend the online focus group. However, only three attended, while the other two had unforeseen barriers that prevented their attendance. Three additional participants emailed their thoughts about the themes or research questions. The following guide was used for the focus group.

Focus Group Guide

The following instructions were given to the participants:

Thank you for joining this online synchronous focus group. Your attendance in this group contributes to the current research project, *A Heavy Happiness: A Phenomenological Study of Compassion Fatigue in Title I Rural School Counselors*. The purpose of the focus group is for member checking. This group allows you to review and discuss the

themes discovered during the research process. To maintain confidentiality, please change your tagged name on your user profile to your pseudonym. If you desire further confidentiality, you may join with your camera off. You can use the chat feature to participate in the discussion if you wish further anonymity.

The following questions were asked during the focus group (see Appendix K):

1. Do these themes most accurately represent your experiences? Please discuss.
2. Are there any themes that should be changed? Please explain.
3. Do you think any key themes are absent from this list? Please discuss.
4. Is there anything else you think is important for this researcher to know?

This discussion has been helpful. Thank you for attending.

The focus group was audio-recorded, and the transcription was downloaded and checked for accuracy. The focus group conversation was analyzed, and new data was added to the composite.

Demographic Questionnaire

A voluntary demographic questionnaire was used as a self-report document that each participant completed before the interview (Appendix E). The researcher used a Health Insurance Portability and Accountability Act (HIPAA)-protected platform, JotForm, to gather demographic information. The participants received a link to complete the demographic information, which was saved on the researcher’s password-protected computer. The voluntary questionnaire was used to gather information about the participants that described specific characteristics to aid in the transferability of the study (Mills & Gay, 2019).

The following questions were asked on the demographic questionnaire:

1. How many years have you been a school counselor?

2. How many years have you been at your current site(s)?
3. How long have you worked in a rural school setting?
4. How many schools do you serve?
5. How many students are assigned to you?
6. Are you a certified school counselor or a licensed mental health professional?
7. Do you seek supervision or consultation from a licensed mental health professional?
8. If you seek supervision from a licensed mental health professional, how often do you seek supervision or consultation?
9. Do you attend or participate in professional workshops for continuing education?
10. What is your ethnicity?
11. What is your preferred gender identification?
12. What is your age?

The first five questions were related to the length of time in the counseling field, the site location, and the caseload. These factors were related to known risk factors for BO and STS (Beasley & Norris, 2021; Fye et al., 2022; Kearney et al., 2021; Kim & Lambie, 2018; Mullen et al., 2017; Rumsey et al., 2020).

The following four questions were related to licensure, supervision, and continuing education. The rationale for asking these questions was related to ongoing studies of BO in school counselors, the need for supervision and continuing education, and the recommendation for follow-up studies and tracking of supervision (Fye et al., 2020; Mullen et al., 2021).

The final three questions on the demographic questionnaire included age, ethnicity, and gender. The purpose of collecting age, ethnicity, and gender data was based on previous research recommendations for further diversity (Grimes, 2020; Rumsey et al., 2020).

Data Analysis

The explication started as the semi-structured interviews with the participants were completed. The researcher used the modified Van Kaam analysis method (Moustakas, 1994). This method employed four analytical and three descriptive steps in analyzing the data (Moustakas). First, the researcher listed and grouped expressions for each participant to determine invariant constituents. Moustakas required these invariant constituents to be needed and adequate to understand the experience. One must also be able to remove and label the moment. If the moment was unnecessary or inadequate, could not be removed or labeled, or was repetitive or vague, it was eliminated or presented more descriptively and exactly (Moustakas). Then, the researcher gathered the invariant constituents and identified the core themes of the experience, checking these against the transcription records with the dissertation committee and the research participants. Incompatible themes were deleted. Next, the researcher created individual textural and structural descriptions for each participant using the validated invariant constituents and themes with verbatim examples from the transcription. In the final step, the researcher formed a composite description of the meanings and essences of the experience that represented the whole group (Moustakas, 1994).

Epoché

The researcher began the data analysis by practicing mindfulness first, setting aside judgment and bias, and suspending CF conceptions, well-being, and school counselors. The researcher used the reflective journal before and after each interview. She used bracketing throughout the interviews, actively withholding prior understanding or knowledge of CF. When thoughts of bias or judgment arose, the researcher practiced epoché (Moustakas, 1994).

Transcription

The focus group allowed participants to meet with the researcher on the Zoom web conferencing platform, while the Zoom platform audio and video recorded the responses. The audio and video files were downloaded to her computer and saved in separate participant files using pseudonyms. The audio file was transcribed using a software program, Otter.ai. For the in-person interviews, VoiceMemo was used to record the interview. Upon completion, these recordings were uploaded to Otter.ai for transcription. The audio recordings and transcripts were reviewed and corrected to ensure accuracy and allowed the researcher to focus on the participants' responses, stories, mannerisms, and other characteristics that accompanied the lived experiences of CF described by the participants. The transcript was reviewed within 48 hours while fresh in the researcher's memory. The researcher emailed the participant a copy of the transcript to review and inform of any corrections. If corrections were needed, the researcher made those corrections and began the process of horizonalization (Seidman, 2019).

Horizonalization

The first step in Moustakas' (1994) modified Van Kaam's analysis method was listing and preliminary grouping. This researcher practiced horizonalization by choosing the most essential and descriptive words that provided the most meaningful description of the participants' experience and perception of CF, how they described the factors that contribute to it, and how it affected their personal and vocational lives. In this step, this researcher listened to each participant's interview recording and read each participant's transcript further to understand the participant's perception and experience of CF. The first reading was to correct the transcript to ensure accuracy. In the second reading, in vivo coding was used to identify significant words or phrases. In the third reading, the researcher used manual deductive coding, starting with eight

codes. While analyzing the transcripts, the researcher reflected on the participants' experiences and began to code inductively (Saldaña, 2021). A total of 35 codes were developed, and each transcript was reviewed numerous times to ensure all codes were included. The researcher entered comments, phrases, or central ideas that came to mind, a process called analytic memos (Saldaña, 2021). Part of those notes were the recall of the interaction with the participant during the interview process and ideas that seemed to reemerge throughout and after the interview (Creswell & Poth, 2018).

Then, the researcher surveyed the transcripts and placed equal value on each nonrepetitive expression. According to Leech and Onwuegbuzie (2008), horizonalization means that every statement is of equal value and adds to an understanding of the experience. Each expression was identified and placed in an Excel spreadsheet for grouping into themes. This step continued until all nonrepetitive expressions were grouped into themes. This horizonalization reduced the total number of words to as few as possible that retained the meaning of the experience (Leech & Onwuegbuzie, 2008).

Reduction and Elimination

The following steps for the researcher were used to determine the invariant constituents that were the unique qualities of the participants' experiences and perceptions of CF. Moustakas (1994) insisted on two criteria for these constituents. First, the moment of the experiences and perceptions had to be a necessary and sufficient constituent for understanding the experiences. The second criterion was that it had to be possible to abstract and label the moment of the experiences. If both previous criteria were present, then an invariant constituent remained. However, Moustakas commanded that if the moment is overlapping, repetitive, or vague, that

moment should be eliminated or presented in more descriptive terms. The remaining horizons were the invariant constituents of the experiences and should remain (Moustakas, 1994).

This researcher determined which moments of each participant's experiences and perceptions met the criteria Moustakas (1994) set as an invariant constituent. In this step, this researcher read the transcript, viewed the invariant constituents in the spreadsheet, and noted the necessary and sufficient expressions to label the experience.

Clustering and Thematizing

The following step clustered and placed the invariant constituents into core themes, which involves grouping the invariant constituents into categories according to common themes. These thematic groups represent the shared perceptions and experiences of the phenomenon (Moustakas, 1994). The researcher examined each participant's identified invariant constituents and themes in the spreadsheet. These invariant constituents and themes were compared to the complete record of research participants. These invariant constituents and themes were compared to the complete transcription to determine whether they were expressed explicitly or compatible with the complete transcript. If the invariant constituents and themes were not explicit or compatible, they were considered irrelevant to the participant's experience and deleted (Moustakas, 1994). In this step, the researcher began to organize the expressions into the phenomenon's central themes and began the validation process. The sub-themes and themes were checked with the most commonly occurring codes and the metaphors used by the participants. These themes were checked with the dissertation committee and rejected. A subsequent review of the clustering led to three themes that were checked with the dissertation committee. The validation process occurred as the unique expressions and core themes were emailed to each participant for member checking. In response to the second set of themes, one participant

provided feedback suggesting different wording for the theme constructs. The researcher checked this new wording with the invariant constituents, the transcripts, and the dissertation committee. The themes incorporated this wording.

Textural-Structural Descriptions

The researcher used the relevant and validated invariant constituents and themes to construct individual textural descriptions for participants. This description included verbatim examples from the transcription (Moustakas, 1994). Then, the researcher constructed an individual structural description of the participants' experience based on the textural description and imaginative variation. The imaginative variation explored all possible meanings of that data (Moustakas). The next step was creating a textural-structural description of the meanings and essences of the experience of CF, how they described the factors that contribute to it, and how it affected their personal and vocational lives for each participant of the invariant constituents and themes. The final step for the researcher was to develop a composite description of the meanings and essence of the experience of CF, how they described the factors that contribute to it, and how it affected their personal and vocational lives. This composite description represented the whole group (Moustakas, 1994).

Trustworthiness

While quantitative research must address internal and external validity and reliability, qualitative research also requires rigor. Confidence in the qualitative research study's quality and findings establishes its trustworthiness (Schwandt, 2015). Transparency is enhanced, meaning explicit clarity, when the researcher reports the study design and delivery. This transparency is also apparent when bias and prejudice are openly acknowledged through reflexivity, along with the tools employed in the study and the rationale for how and when choices are made (Dibley et

al., 2021). Establishing trustworthiness includes credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1985).

Credibility

Credibility is like internal validity and deals with the problem of generalization, which is a problem with qualitative work (Schwandt, 2015). Credibility is the investigator's responsibility and means the researcher must provide enough information for all cases to demonstrate similarity and which findings are transferable (Lincoln & Guba, 1985). The current researcher included plausible statements from participants that reflected their authentic voices and an accurate interpretation of their experiences to gauge credibility (Moser, 2018). The researcher also increased credibility by thoroughly describing the data collection and analysis procedure, including verbatim participant quotes and sharing various participant experiences (Dibley et al., 2021).

This researcher used triangulation by collecting data from various sources, including demographic information, completing semi-structured interviews, requesting cognitive representations, conducting the online focus group, sending follow-up emails to perform member checks, and providing memos to demonstrate credibility for this study (Creswell & Poth, 2018). Additionally, the researcher reflected on the participants' responses while trying to understand their lived experiences and bracketing her opinions and judgments (Moustakas, 1994). The researcher reduced the experiences to their essence and verified the interpretations with participants (Moustakas, 1994).

Dependability and Confirmability

Dependability occurs when the qualitative research results remain stable over time (Moser & Korstjens, 2018). Dependability is comparable to reliability in that it focuses on the

inquiry process and the inquirer's responsibility to ensure the process is logical, steps are traceable, and well-documented (Lincoln & Guba, 1985). Whether this study is repeatable is also part of the question of dependability. The researcher must demonstrate that the findings arise from the data rather than their suppositions (Dibley et al., 2021). The researcher demonstrated dependability through precise transcriptions, meaningful units of participant experiences, a reflective journal, and analytic memos (Creswell & Poth, 2018; Heppner et al., 2016). The researcher exhibited care and attention to detail in the process, lending credibility and confirming the authenticity of the research.

Confirmability, like objectivity, demonstrates that the data and interpretations are not imaginative but discernible from the study by using dependable tools, such as member checks, to establish credibility (Lincoln & Guba, 1985). Confirmability occurs when the findings and interpretations arise from the data and can be confirmed by other researchers (Moser & Korstjens, 2018). Lincoln and Guba (1989) also added authenticity as a criterion to further add credence to the trustworthiness of qualitative research.

This researcher practiced reflexivity to demonstrate dependability and confirmability. She provided the transcriptions, breakdowns of unit meanings, and coding to provide full transparency. The researcher read the transcripts numerous times before dividing them into smaller meaning units and using an imaginative variation to arrive at the essence (Heppner et al., 2016). The reader can access these processes provided in the appendices to determine how the researcher arrived at the findings.

Transferability

Transferability occurs when a researcher thoroughly describes the participants' behavior, experiences, and context so that an outsider can see what has occurred (Moser & Korstjens,

2018). The experiences should become meaningful to the reader and observer as if they have had a similar experience. The degree to which the results of qualitative research can be used in other settings with other participants is transferability (Moser & Korstjens, 2018). This transferability can only occur with thick descriptions. Sousa (2014) explained that a phenomenon may be helpful for other people in other contexts and, thus, should be adequately described with sufficient information to be valuable and transferable. The researcher provided transferability through rich and detailed descriptions of the participants' behaviors, experiences, and context in this study.

Ethical Considerations

Ethical considerations are a priority throughout the qualitative study (Creswell & Poth, 2018). This researcher examined the rules regarding research in the American Association for Marriage and Family Therapy (AAMFT; 2015) Code of Ethics, Standard V, and the American School Counselors Association (ASCA) Code of Ethics (2022a) before conducting the research. In addition, this researcher consulted with the current ethics chair of the OSCA to ensure the study would serve a meaningful purpose for the organization, Oklahoma school counselors, and Title I rural K–12 school counselors.

The research project process was fully explained to the participants so that they had full knowledge of the research project, the potential risks, the benefits of participation in the project, the interview process, the time it would encompass, the member checks involved, and any follow up that might occur. The participants were informed about the processes, how data was collected and stored, how long data would be kept, that they were assigned a pseudonym to protect their identity and that their records would be kept in an electronic record file protected by a virtual network system that was password protected. The researcher informed the participants that they

had the right to withdraw from the study or discontinue their participation at any time during the study. Once the participants were informed and all questions answered, the participants signed an informed consent form to participate in the study.

The researcher stored the data on a personal computer, which was password-protected and required secondary authentication. The data was stored on a backup drive daily that was also password protected, required a secondary authentication for access, and filed in a locked cabinet in a locked office. Pseudonyms were assigned to participants, and all personally identifiable information was isolated from the data using a case number and stored separately.

Summary

This transcendental phenomenological study focused on the lived experiences of rural K–12 school counselors and their perceptions of CF, how they described the factors that contributed to it, and how it affected their personal and vocational lives. The researcher used data from semi-structured interviews to study the participants' lived experiences. Moustakas' (1994) modification of Van Kaam's transcendental phenomenological analysis method was used to construct the composite meaning of CF, how the school counselors described the factors that contributed to it, and how it affected their personal and vocational lives. Chapters Four and Five will include the study's results and discuss the analysis of the findings, as well as the recommendations for future research.

Chapter Four: Findings

Overview

The purpose of this transcendental phenomenological study was to describe Title I kindergarten through 12th grade (K–12) school counselors' lived experiences with compassion fatigue (CF) in rural Oklahoma. The research questions guiding this study and the data analysis included the following: How do Title I school counselors in rural Oklahoma describe their experiences with compassion fatigue? How do participants describe the factors that contribute to their experience of compassion fatigue? How do participants describe the effects of compassion fatigue on their personal and vocational lives?

This chapter introduces the participants of this study and provides a portrait of each and the community in which they served. The chapter includes data from a demographic questionnaire, semi-structured interviews, cognitive representations of participants, participant emails, and member checking from an online focus group. The researcher conducted a thorough data analysis that included horizonalization, identification of invariant constituents, and transcendental reduction to discover the themes for the participants' individual and group experiences. This chapter contains the textural and structural descriptions for each individual and the composite, providing the noema and noesis of the experience of CF in Title I K–12 school counselors working in rural settings.

Participants

This section presents the participants who completed surveys, interviews, and cognitive representations. Twenty-three individuals from 17 Oklahoma counties completed the Professional Quality of Life-5 (ProQOL-5). Four individuals did not share their locale, so possibly more counties were represented. The demographics of those who completed the survey

are outlined in Table 1. Two counselors did not meet the criteria based on their ProQOL-5 scores, and four did not leave an email address or phone number for follow-up. Nineteen agreed to an interview and 11 of those completed an interview with this researcher.

Table 1

Demographics of Participants

Case No.	CS Score	BO Score	STS Score	Ethnicity	Age (Yrs)	Rural Setting Yrs	Current Site Yrs	Case Load	Consults PRN
Alice	34	29	31	C	45–54	>20	10–14.9	1–250	N
Belinda	44	22	23	C	65–74	10–14.9	10–14.9	251–350	N
Cami	38	29	32	C	45–54	<5	<5	251–350	N
Debra	50	22	32	NA	55–64	>20	<5	251–350	Y
Ellie	30	36	37	C	45–54	10–14.9	<5	≥600	Y
Frank	40	23	20	C	25–34	<5	<5	1–250	Y
Gail	25	34	28	C	55–64	10–14.9	<5	251–350	Y
Hailey	30	37	31	C	35–44	<5	<5	1–250	N
Jade	47	27	26	C	35–44	15–19.9	15–19.9	251–350	N
Kelly	45	19	27	C	55–64	15–19.9	5-9.9	251–350	N
Lisa	41	25	19	C	35-44	15-19.9	10-14.9	251-350	N

Note. CS = compassion satisfaction, BO = burnout, STS = secondary traumatic stress.

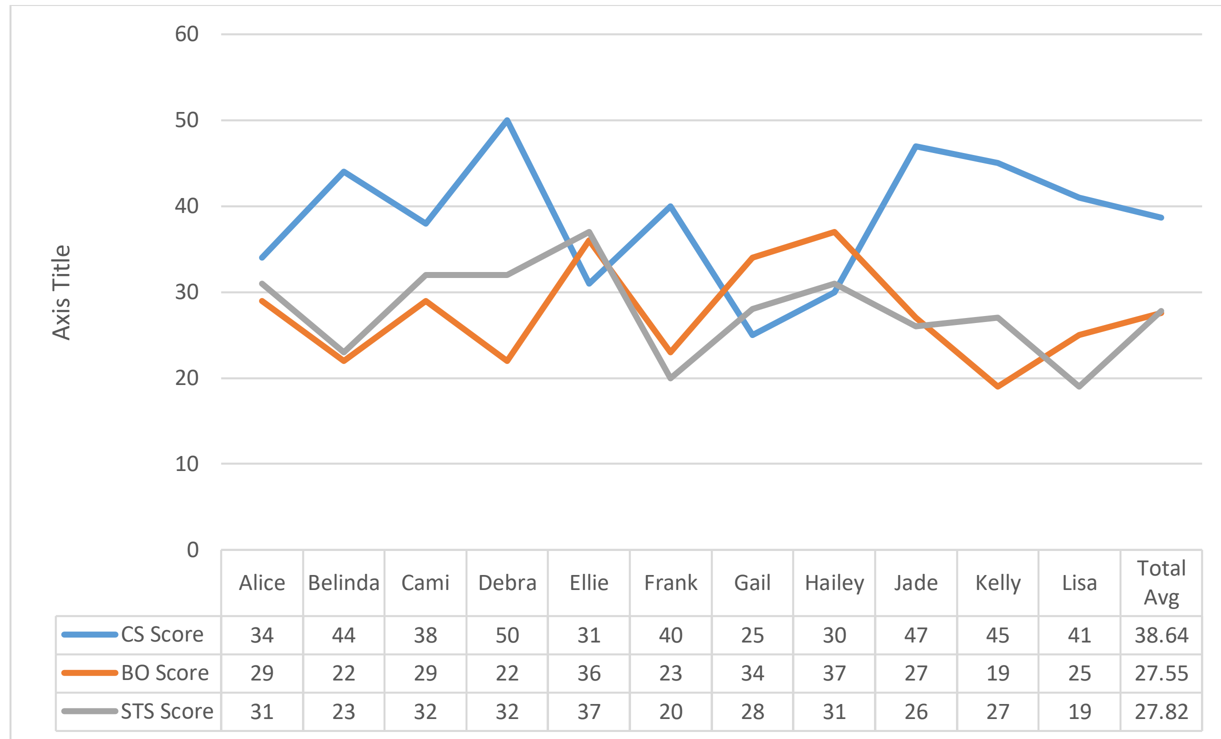
Each participant was assigned a pseudonym in alphabetical order. For confidentiality purposes, the researcher assigned pseudonyms instead of allowing participants to choose a name that might sound familiar to their family and friends. The data for this study was derived from the narratives and cognitive representations of Alice, Belinda, Cami, Debra, Ellie, Frank, Gail, Hailey, Jade, Kelly, and Lisa. Face-to-face interviews were conducted with five participants: Cami, Ellie, Gail, Jade, and Kelly. The other six participants completed an interview online via Zoom. A group description demonstrates the participants' similarities and differences. All participants responded to social media posts or direct email.

The Group

This section described the group characteristics, including the similarities and dissimilarities, the ProQOL-5 scores for inclusion, and the demographic information. The criteria for participation in this study included being a full- or part-time school counselor working in a rural area in a designated Title I school. In addition, the participants completed the ProQOL-5 as part of the qualifying criteria (Stamm, 2010). Participants received a copy of their scores with an explanation of the results. Seven participants had moderate scores on the compassion satisfaction (CS) scale, and four had high scores on the CS scale. According to Stamm, a moderate-to-high score on the CS scale indicates that the responder enjoys and feels optimistic about their work and enjoys their colleagues. A moderate-to-high score may also mean the respondent feels they contribute to society (Stamm). On the burnout (BO) scale, three participants scored in the low range, meaning they are experiencing fewer symptoms related to BO, such as hopelessness or a lack of support. However, eight participants scored in the moderate range, indicating that they have some BO symptoms (Stamm). On the secondary traumatic stress (STS) scale, one participant scored in the low range, and 10 scored in the moderate range. The STS scale is related to symptoms experienced due to working with others who have been traumatized (Stamm, 2010). All participants qualified for the study based on their ProQOL-5 scores (see Table 2).

Table 2

ProQOL-5 Results



	Alice	Belinda	Cami	Debra	Ellie	Frank	Gail	Hailey	Jade	Kelly	Lisa	Total Avg
CS Score	34	44	38	50	31	40	25	30	47	45	41	38.64
BO Score	29	22	29	22	36	23	34	37	27	19	25	27.55
STS Score	31	23	32	32	37	20	28	31	26	27	19	27.82

Note. CS = compassion satisfaction, BO = burnout, STS = secondary traumatic stress.

Zhang et al. (2018) theorize that compassion satisfaction moderates BOs but not STS and that BO and STS have a positive correlation. In a multi-analysis of 30 studies with 5,600 participants, the mean CS score was 37.7 (*SD*=5.7), the mean BO score was 16.7 (*SD*=5.7), and the mean STS or CF score was 22.8 (*SD*=5.4), which showed that the current study participants scored near the norm for CS and above the BO norm and the STS norm (De La Rosa et al., 2018, p. 227). According to a study of 194 school counselors in Montana, the mean CS score was 40.67 (*SD*=5.495), the mean BO score was 22.91 (*SD*=5.595), and the mean STS score was 21.73 (*SD*=4.979; Lewis, 2020). In the current study, the participants' mean CS score was 38.64,

the mean BO score was 27.55, and the mean STS score was 27.82. The mean score on CS resembled the Montana study; however, the mean BO and STS scores were slightly higher.

The Oklahoma State Department of Education (OKSE) employed all participants in this study as full-time school counselors. The participants worked in Title I schools in rural fringe, rural distant, or remote districts (National Center for Education Statistics (National Center for Education Statistics [NCES], 2020). The towns where these participants served as rural school counselors varied in population from 700 to 12,000, with an average resident population of 3,900. The median income of family units in these locales varied from $40,000 to $61,000 annually, with the average median income at $51,000 per family unit (NCES, 2020). The district enrollment varied among the participants. The 11 interviewees represented districts in 12 different counties. Several school counselors were lone counselors in a district or county, so the counties were unidentified to provide confidentiality.

The student population for each counselor varied according to ethnicity (as seen in Table 3). According to the Oklahoma Office of Educational Quality & Accountability (OKOEQA, 2020), 10 school counselors worked with a White or Caucasian student population representing 50% or more of the total students. Two school counselors worked with a Hispanic or Latino population of 40% or more of the student population. One school counselor worked in a school where more than half the student population was Native American. Three school counselors worked with student populations where 25–49% of the total student population was Native American (OKOEQA, 2020).

Table 3

Site Demographics

Loc.	Pop.	Annual Median Income (in $1k)	White	Hispanic or Latino	Black or African American	Native American or American Indian	Asian or Pacific Island	2+	BPV	EDS
1	3,000	$40	26%	9%	0%	59%	0%	6%	22%	69%
2	1,700	$59	83%	8%	0%	2%	0%	7%	11%	66%
3	1,200	$58	52%	43%	0%	1%	3%	1%	16%	64%
4	2,600	$49	73%	7%	1%	13%	9%	2%	15%	65%
5	5,000	$55	79%	6%	2%	12%	1%	0%	9%	41%
6	6,800	$55	78%	6%	2%	10%	0%	4%	8%	54%
7	700	$61	57%	6%	5%	26%	0%	6%	6%	70%
8	1,400	$45	52%	46%	0%	0%	0%	1%	19%	54%
9	2,000	$50	54%	1%	0%	36%	0%	9%	13%	40%
10	6,700	$48	79%	6%	2%	12%	0%	2%	8%	41%
11	4,000	$40	43%	2%	2%	46%	1%	5%	22%	63%
12	12,000	$48	67%	19%	3%	4%	1%	6%	21%	50%

Note. Loc. = location; Pop. = population; BPV = below poverty level; EDS = Economically disadvantaged students (Oklahoma Office of Educational Quality & Accountability [OKOEQA], 2020; NCES, 2020). Twelve locales are listed because one counselor worked at two locales.

In the school districts represented, 6–22% of the family units lived below the poverty level, with the average being 14%, according to the NCES (2020). The school districts identified students who were economically disadvantaged students (EDS). Nine schools had more than 50% of the EDS student population, and the remaining schools had 40% designated as EDS (OKOEQA, 2020). All the schools were designated Title I schools (NCES, 2020).

The participants were from locales throughout Oklahoma with at least one school counselor from a site representing Northeast, Northwest, Southeast, Southwest, and Central Oklahoma. Six participants worked in a rural, fringe district less than 10 miles from an urban area (Geverdt, 2019). Three participants worked in a rural distant district 10–25 miles from an urban area (Geverdt). The remaining two participants were in a rural, remote district more than

25 miles from an urban area (Geverdt, 2019). While the definitions of rural school districts were helpful, one must consider the isolation of these communities. Several school settings were more than 1 hour's drive to mental health services, and some were up to 6 hours away.

The participants identified an age range instead of one specific age. Participants were from all age ranges. The youngest participant was in the age range of 25–34 years old, and the oldest participant was in the 65–74-year range. Three of the school counselors were in the 35–44-year range, three were in the 45–54-year range, and three were in the 55–64-year range. Ten of the participants were female, and one was male. All participants except one were White or Caucasian. One female was Native American. Marital status was not requested, although some participants volunteered that information.

Three participants had served more than 20 years in a rural setting. Three participants had worked in a rural setting for 15–19.9 years. One had been in a rural setting for 10–14.9 years, one for 5–9.9 years, and three for fewer than five years. All participants described their experiences of working in a rural setting. Most participants agreed on the characteristics of a rural school environment, which included a close-knit or closed-group atmosphere, few available resources, fewer available staff, and work overload.

Several school counselors grew up in rural areas and preferred those to larger towns or cities. Alice described the closeness in her community: "This is our community. We've been here our whole lives. So not only are these people colleagues and students, they're also our family and friends." Gail wondered why people judge small towns; she had lived in rural areas most of her life: "Why do people think the rural areas are horrible to live in? That's why we can't get teachers and staff like we need. It's not the end of the world, I promise."

Several rural school counselors spoke of the lack of available resources, especially mental health services, for their students. Belinda said, “That school has some very disturbed children and they’re lacking resources horribly out there.” Gail stated:

> We got on with the [agency 1] services. Then the counselor left. Then we had nobody. So, we've gone with [agency 2]. We have an iPad that we can go do emergencies on, or we can refer to them. The families have to take them there, which is a problem most of the time.

Other counselors stated the need for colleagues, or someone with a clinical background, to staff cases. Gail mentioned how she missed her fellow school counselors after moving from a larger school district to her current district. Ellie was concerned about an open position for a school counselor. She said, “We worked really hard at getting a grant to bring on more counselors. But we have had zero applicants, not just zero *good* applicants, zero applicants for the elementary position.” Belinda, who had worked in both urban and rural settings, said, “I got here, and it was like nothing was in place.”

All the participants were highly dedicated to their profession and the districts, schools, staff, and administration. Most notably, the participants were committed to the youth they served at their location. Hailey’s connection to her students was apparent during the interview: “Kids in small communities are important.” Most participating school counselors worked with children and adolescents who received little parental support. In that case, they became a surrogate parent for those children. Ellie bragged about the hugs she received from the elementary school children and explained that she had designated school clothes. She said, “I get a lot more hugs. Sometimes it’s to use me as a Kleenex and blow their nose, but that’s fine.” In speaking of her

students, Alice described her connection with them: "I know them all. I can tell you their names. I can probably tell you their parents' names."

The final similarity was the caseload of each participant, surpassing the national average of 250:1 (ASCA, 2020), except for two participants with a caseload of 1–250 students. Eight participants had a caseload of 251–350 students, and one counselor had a caseload of more than 600 students. Five participants worked in two schools, and one worked for two districts. Three operated in an elementary school, one in a middle school, three in high schools, and four to all grades, K–12. Five participants were the only school counselor in the district, and two were the lone counselor until 1 year ago. Table 1 provided additional demographic information.

Individual Portraits

These portraits of the participants came from the information gathered from the demographic surveys, interviews, cognitive representations, focus group, the OKOEQA (2020), and the NCES (2020). The following participants were interviewed via Zoom*:* Alice, Belinda, Debra, Frank, Hailey, and Lisa. One participant, Kelly, drove to a mutually agreed-upon location for the interview. The researcher drove approximately 1,500 miles to the school sites of Cami, Ellie, Gail, and Jade. The interviews lasted 60–90 minutes each. Each interview was transcribed within 24 hours.

Alice

Alice is a 45–54-year-old, married, Caucasian, female working as a school counselor in a rural, distant district in Oklahoma. She was born and lives in this community with her spouse and children. She started as a teacher and realized she was uncertain if she could do that for 30 years. After graduating with a master's degree in school psychology, she recently served as the testing coordinator, psychometrist, English Language Learner (ELL) coordinator, and homeless liaison.

Alice has been in the field for more than 20 years. She currently serves one high school but also served the elementary school before this year.

For leisure, Alice enjoys traveling, time with family, reading, and quilting. She describes herself as a perfectionist, task-focused, and caring. Since Alice works at all levels in the district as a school counselor, she has been with most students from K–12. Alice is nearing the end of her career and mentioned retirement several times but was still determining when she would leave her position. When asked what helped her make it through, she stated, “My faith. If I didn’t have any faith, I don’t know what I would do. That’s very important to me, to know that God’s watching over me.”

Alice completed the ProQOL-5, and her results revealed moderate CS, BO, and STS scores. These scores were shared with Alice during her interview. When asked about her concept of CF, she responded, “That you work so much with other people and their struggles and their trauma that you take it on yourself, and it just gets you mentally taxed as well.”

Belinda

Belinda is a 65–74-year-old, Caucasian, female working as a school counselor in two rural, remote districts in Oklahoma. She has lived in the community for approximately 14.5 years. She started in the social service field, eventually moved to teaching, and became a school counselor. Her experiences include both urban and rural school districts. Belinda lived in another state during the first part of her career, where she stated that resources and support were readily available. She moved to Oklahoma to care for her mother and began working in rural school systems. Belinda has been at her current school sites for less than five years. Her caseload of students is approximately 251–350 students. For the past year, she served two school districts.

Belinda enjoys gardening and caring for her animals for leisure, including about a dozen chickens, a horse, bees, a dog, and two cats. She describes herself as a caring introvert who has a peaceful home life. She lives alone but has family nearby. In describing her work, she stated that the schoolchildren love her, often publicly declaring their adoration for her. However, Belinda stated that the parents do not trust her, even after 14 years. She stated that mistrust is part of the cultural ethos and possibly relates to their negative perception of well-educated professionals. Belinda remarked that she gets along with her coworkers despite her frustration with their lack of understanding of the school counselor role. She stated:

> The teachers didn't know what an elementary counselor even did. And it wasn't deemed necessary by a lot of the administration in places, even though they're required to have one . . . they didn't really care if I went in the classrooms and saw the kids or not.

However, she stated that one principal at the school nearest her did understand and value her role as a school counselor. Belinda felt isolated due to this lack of understanding and the distance from other school counselors in the state. She reported that she had no one to discuss complex cases with, so she carried the emotional weight alone.

Belinda's scores on the ProQOL-5 were high on the CS scale, low on the BO scale, and moderate on the STS scale. When asked about her concept of CF, Belinda stated it occurred when one could not take any more on the job. Belinda recently completed the school year and was retiring from her counselor position. She may teach in the classroom on a part-time basis.

Cami

Cami is a 45–54-year-old, married, Caucasian, female working as a school counselor in two rural, distant schools in Oklahoma serving K–12 students. She has worked in her current settings for one year. She started her career as a special education teacher and became a school

counselor. Her experiences include both town and rural school districts. Cami's counseling career spans 10 years. Her caseload of students is approximately 251–350.

For leisure, Cami enjoys being outside, reading historical novels, and spending time with her family. She describes herself as a direct but caring person who endured hardship, including family members involved with drugs. In describing her work, she stated that the students frequent her office with a desire to talk. Cami works in a school where positive affirmations are visible yet describes a sense of numbness or detachment from those reminders. She stated, "I'd rather have things that recognize grit–that ability to persevere no matter what."

Cami remarked that she gets along with her coworkers and administration. She often served as the mediator for her colleagues in discussions with the school administration. Frustrated with those who underestimate the rural school counselor's role, she stated, "These people have no clue what I do, just like I have no idea what you do, but I'm sure not going to make light of it." She reported a challenging year; a week ago, she was determined to seek other employment. However, after visiting with her superintendent, she decided to persevere for another year. Cami has struggled with physical problems related to her stress, and deciding to stay was difficult. However, she said, "It's a God thing with me." This statement reminded her of why she was a school counselor. She affirmed: "This has to pay off, it's like an urgent calling."

Cami completed the ProQOL-5 with moderate scores on all three subscales. The researcher asked Cami about her perception of CF. She mentioned that it was like PTSD as she replied, "Compassionate fatigue is taking on all of that. Like transference to me of their PTSD. So, it's a transference. And then not knowing what to do with the transference." She continued explaining that once this transference occurs, managing it and taking care of oneself is difficult.

Debra

Debra is a 55–64-year-old, married, Native American, female working as a school counselor in a rural, distant school in Oklahoma serving middle school students. She has worked in her current setting for one year. She started her career as an elementary teacher, moved into special education, which she loved, and became a school counselor. She said, “I kind of realized that we couldn’t have class until we dealt with our emotional issues.” Her experiences have included several rural school districts, including one where she was a principal. Debra’s education career spans 20 years. Her caseload of students is approximately 251–350.

She is married to a retired coach and has two grown children who are teachers. For leisure, Debra enjoys her children and grandchildren, quilting, sewing, and embroidery. She loves being creative, stating, “If that doesn’t happen for a little bit every day [time to be creative], I get kind of bent out of shape.” Debra said she enjoys being a counselor because she can be proactive rather than a principal who is reactive. She acknowledges that her capacity for compassion has increased as she ages. She stated, “I just feel like I’ve kind of understood a little bit better that this is what I’m supposed to be doing. This is my calling.” When asked what she desired the world to know about school counseling, she stated, “I just think we need help,” referring to the lack of available resources for the students’ mental health needs.

Debra had difficulty explaining her perception of CF, instead relying on stories to explain her degree of BO. She emphasized the need for a mentor and how her mentors had been helpful to her. Debra surrounds herself with people who inspire her as part of her self-care. Debra’s CS score was high, her BO score was low, and her STS score was moderate.

Ellie

Ellie is a 45–54-year-old, married, Caucasian, female working as a school counselor in a rural, fringe school in Oklahoma serving elementary students. She has worked in her current setting for less than five years. Ellie is married to her husband of 32 years, a coach. Her caseload of students is more than 600 children.

For leisure, Ellie enjoys her three grandchildren, traveling, and reading historical trauma books. Since her husband is a coach and rancher, she laughingly said, “Everything has been about sports and ranching. I went on our first vacation that did not involve sports equipment or a cattle trailer.” Ellie has been a school counselor for more than 20 years. When asked how she overcomes the tough times, she replied, “Focus on the wins. Structure your day to where you actually get a win.” Ellie is concerned about the need for more counselors and who would be available to enter the school counseling field.

On the ProQOL-5, Ellie’s responses place her in the moderate range for CS, BO, and STS. Ellie’s description of CF was the use of a sponge metaphor. She remarked how overwhelming CF was to her and the difficulty managing it. Ellie is still determining if she will return in the fall to her position. One of the factors was her health. Ellie has lupus, which CF exacerbates. Ellie will be undergoing chemotherapy for treatment during the summer.

Frank

Frank is a 25–34-year-old, married, Caucasian, male working as a school counselor in a rural, fringe district in Oklahoma. He does not live in the community but is relatively nearby. He works for an independent organization that provides services to various districts. Frank started in the social service field as a program director for an alcohol and drug prevention program, then for a specialty hospital. Frank and his wife decided to move to his hometown to raise a family,

and he became a school counselor and prevention specialist. His caseload of students is approximately 1–250. Frank enjoys leisure time with his family, especially his new baby, golfing, and board games. He describes himself as a positive, compassionate person and a leader who views the world from a systemic perspective. Frank loves living in a rural community.

In describing his work, he stated he spent the first year as a school counselor building relationships with the school administration, staff, and children. He stated, “Building some trust and buy-in from the staff and the students was kind of the big challenge.” Frank reported that he compartmentalizes work and the trauma stories he hears, so he does not take work home. However, he did state that on his drive, he tends to think about different ways to approach future conversations or ways in which he could have improved his communication from earlier encounters. Frank desires to pursue a leadership role in education.

Frank completed the ProQOL-5, and his results revealed moderate CS and BO scores, while his STS score was low. Frank stated after the researcher explained his scores, “I don’t have the secondary stress, but there’s almost a level of guilt with that. Should I be feeling worse?”

Gail

Gail is a 55–64-year-old, married, Caucasian, female working as a school counselor in a rural, remote school district in Oklahoma serving K–12 students. She has worked in her current setting for several years. She started her career as a high school teacher, taught in a junior high school, and then taught K–12 students, where her principal encouraged her to become a school counselor. The district superintendent where she grew up contacted her to ask if she was interested in a job there at home. Gail said, “I’d always thought I would end up here because my parents live here.” Her caseload of students is approximately 251–350, and she covers all schools in her district.

Gail enjoys her four grown children and going to their lake house. When starting her current position, the district superintendent requested help enforcing rules. Gail said, “It’s really hard for me to turn my head when a kid’s wearing the wrong thing because I know the rules, and I’m a rule follower.” She acknowledges that this influences her relationship with students. Gail feels that rural schools need more support in finances and resources. She hopes the system will recognize that.

Gail’s results on the ProQOL-5 fell in the moderate range. When asked to describe CF, Gail explained, “Probably that you’re thinking about it so much or involved in it so much, you’re just exhausted. It’s overloading you.” Gail described the difficulty in working alone without other counselors to staff cases. She misses her former school settings when she had other counselors with whom she could share.

Hailey

Hailey is a 35–44-year-old, Caucasian, female working as a high school counselor in a rural, distant school in Oklahoma. She has worked in her current setting for less than five years. She started as an English teacher for nine years and became a counselor. Hailey is a widow whose husband died several years ago due to a severe illness. She has two adolescents, one of whom is completing his senior year of high school. Her caseload of students is 1–250.

Hailey enjoys spending time with her kids in her leisure time, one of whom plays competitive baseball. She loves baseball, being outside, and reading novels. In talking about her job, Hailey said:

> I love what I do. I love getting to take my kids [students] who don’t have a lot of exposure outside of our little town to check out things. Showing them that the world is bigger than [name of town], America.

Hailey's motivation to move into school counseling was due to the positive influence of her high school counselor. However, there were challenges for Hailey. She uses her commute time to decompress to be present for her family. However, some days are more challenging than others. Hailey mentioned staying focused on what brings her joy: "Kids in small communities, they are important, they're capable. They're valuable. I know I can't fix everything, but I can just be here."

The researcher asked Hailey about her perception and experience of CF, explaining that her ProQOL-5 results were in the moderate range for CS, BO, and STS. Hailey stated, "I feel like it's very similar to what you think of when you think of burnout, but I don't feel like it is necessarily burnout. You still enjoy your job. It's just a heavy happiness." Hailey continued to explain how surprised she was by the degree and depth of student suffering. She has taught for 15 years, so education was familiar. When moving to the counselor role, Hailey acknowledges her underestimation of it, stating, "I didn't realize how much kids were going through on such a large scale. We have quite a few who are experiencing a lot in their little lives. That part has been eye-opening."

Jade

Jade is a 35–44-year-old, married, Caucasian, female working as a high school counselor in a rural fringe school in Oklahoma serving high school students. She has worked in her current setting for less than 12 years. She started as an English teacher for nine years and became a counselor. Jade has a husband and two children. Her caseload of students is 251–300 youth.

For leisure, Jade travels to Colorado with her spouse. She would love to do more hiking. In talking about her job, Jade said, "I genuinely love the high school. I love this building. I genuinely love the community." When asked how she makes it through the tough times, Jade

joked, “The money?” Then she explained how much she liked the kids and being in education: “I always knew I wanted to be around teenagers. There are some days that are very rewarding.” Jade plans on staying until she retires. Jade’s career satisfaction is evident in her inventory results. On the ProQOL-5, her CS results were in the high range, while her BO and STS results fell in the moderate range.

Kelly

Kelly is a 55–64-year-old, married, Caucasian, female working as a high school counselor in a rural, fringe school in Oklahoma. She has worked in her current setting for about five years. Her career started in accounting. She remarked that she had always wanted to be in education, but her college advisor steered her away from that dream. She dropped out of college to work for a family friend. When her father suddenly died at a young age, she realized that life was too brief and that she should pursue her goal. She returned to college and eventually completed her counseling degree. Kelly started as a teacher and became a counselor. Her caseload of students is approximately 251–350.

Kelly has been married for 35 years and has four grown children. She enjoys spending her free time sitting on her deck, taking luxury baths, and listening to mystery books. In describing herself, she said she is compassionate but is concerned about losing that. Kelly cares about her students, wanting to see them succeed and move beyond their dire situations. Kelly is concerned that one of the biggest obstacles to student success is the lack of good parenting skills. She stated, “Dealing with the parents is harder than dealing with the kids. Tremendously hard because the parents don’t want to parent. They want us to parent their children.”

To help herself, she listens to music and vents to her chickens. Kelly laughed as she talked about this but noted how helpful it was. She is concerned about the need for more

practical education in graduate counseling programs and wishes those would provide more applied guidance and experience. What keeps her going are the small ways she finds time to do something just for herself instead of others. She said, “Sometimes you just gotta do something that’s just for you.” Her results on the ProQOL-5 were in the moderate range for CS, in the low range for BO, and in the moderate range for STS. Kelly manages being overwhelmed by having some daily time to process her experiences.

Lisa

Lisa is a 35–44-year-old, married, Caucasian, female working as a school counselor in a rural, fringe school in Oklahoma serving high school students. She has worked in her current setting for 12 years. Lisa started her career as a school counselor in a junior high school. In her first year at the high school, she said, “I had a bazillion hats I wore. I was just massively overwhelmed with testing.” Her caseload of students is approximately 251–350.

Lisa describes herself as an introvert who enjoys quiet time. She is married to a school administrator. She enjoys exercise and loves music. Lisa is deeply involved in her church, where she teaches music. She also loves to read, garden, and grow flowers. Lisa said, “Pulling weeds is a good stress reliever for me.”

Lisa enjoys working with high school students. She is working on licensure as a professional counselor. When asked what the future holds for her, Lisa stated:

> I really like my job. I really do. I like being a high school counselor. I love juniors and seniors. I’ll have the capacity to go and see private kids in private practice. I don’t know if I want to do that or not. This is where I’m supposed to be, at least now. If that changes, so be it. But for right now, I feel like I am doing what I need to be doing.

Lisa is concerned about the state of the public school system. She recognizes issues but focuses on what she does best: helping the kids get the help they need.

The researcher reviewed Lisa's results on the ProQol-5, placing her in the moderate range for CS, the low range for BO, and the moderate range for STS. Lisa had been a strong advocate in removing many administrative tasks so she could focus more on counseling. Lisa described her perception of CF: "It's when you internalize the story of someone else to the point that it affects you personally and becomes just something that is having a large impact on your personal life." After pausing, she added, "Then you get to the point where you're shutting yourself down." Lisa was uncertain whether she had CF at the interview but noted that she believed she was developing it by the end of the school year.

Results

The purpose of this transcendental phenomenological study was to describe Title I K–12 school counselors' lived experiences with CF in rural Oklahoma. Eleven rural school counselors shared their lived experiences through interviews, cognitive representations, and a focus group. Each interview was video or audio recorded. The researcher transcribed and checked the written transcription against the recording upon completion. Then, the researcher began the processes of horizonalization, reduction and elimination, and thematic analysis.

Theme Development

The theme development occurred upon completing the interviews and data analysis. Throughout the process, the researcher kept a reflexive journal to bracket herself and remind her of the study's purpose and research questions. A portion of that journal is in Appendix I. The researcher recruited participants through direct email and social media. Once participants completed the online ProQOL-5, their BO and STS scale scores and demographic information

were checked to ensure the participant was eligible for the study. The interviews were scheduled in person or via Zoom, each lasting approximately 60–90 minutes. During the semi-structured interviews, participants answered the questions but were encouraged to discuss each in depth. Each participant, except one, provided a cognitive representation of their CF experience. The participants described the meaning of their cognitive representation. All interviews were recorded and then transcribed using Otter.ai within 24 hours. The transcriptions were checked for accuracy by the research participants and the researcher.

These interviews described experiences including BO and STS symptoms, the components of CF. Some symptoms were due to the work environment, such as work overload, role ambiguity, role conflict, and time pressure. Additional symptoms appeared to result from internal and individual expectations. Other symptoms were related to prolonged exposure to student trauma or stories of trauma. The types of traumas endured by students that distress these rural school counselors included child abuse and neglect, torture, physical and emotional abandonment, drug abuse, drug dealing, student arrests, sex trafficking, bomb threats, self-harm, suicidal ideation, mental health diagnoses, including psychosis; or death of students due to natural causes, such as disease, or accidents, suicide, or murder. Exposure to student trauma daily contributed to the rural school counselors' CF. The descriptions of CF gave rise to the themes offered here.

The data collected was coded using in vivo, emotion, and descriptive coding. For in vivo coding, salient phrases and words were pulled from the transcript and highlighted. During the interviews, emotion coding occurred, as varying emotions signified by facial expression, vocal tone, and body language were noted. The researcher used deductive and inductive coding for the descriptive coding, starting with eight codes and then adding codes throughout the transcriptions.

The number of codes increased to 35, so each transcript was coded descriptively using the 35 codes.

The researcher made research notes on each transcript, writing any thoughts or impressions. Before each interview, the researcher wrote her thoughts in a reflexive journal and the three research questions as a reminder of the study's focus. After each interview, she wrote her initial impressions in the reflexive journal. Writing in the reflexive journal was done to practice epoché or to bracket herself. Throughout the interviews, she was cognizant of bracketing her thoughts and experiences with CF. The researcher reminded herself to focus on listening to participants and their lived experiences.

Themes began to arise, especially during imaginative variation. The researcher compared the themes with the codes, the transcripts, and cognitive representations. Initial themes were developed and then compared to the transcripts. The researcher checked these themes with the dissertation committee and rejected those themes. She re-listened to the recorded interviews and re-read the transcripts. She mapped the codes and used a mapping diagram to identify three themes describing the participants' CF experiences. The researcher sent the new themes to the participants for member checks. One participant provided feedback suggesting different wording for two theme titles. The researcher checked this new wording with the invariant constituents, the transcripts, and the dissertation committee. The themes incorporated this new coding These themes and sub-themes described how the school counselors experience the phenomenon of CF, not their characteristics or personality (see Table 4 for themes and sub-themes).

Table 4.

Themes and Sub-themes

Themes	Sub-themes
Theme 1: A counselor being overwhelmed leads to compassion fatigue.	1a. The job demands of the role are overwhelming, and lead to compassion fatigue. 1b. Emotional and physical symptoms of compassion fatigue increase due to being overwhelmed. 1c. As compassion fatigue develops, being overwhelmed affects home and work relationships.
Theme 2: Compassion fatigue creates dissonance.	2a. Dissonance leads to self-doubt and a perceived loss of job efficacy. 2b. In response to dissonance, the counselors initiate self-protective measures.
Theme 3: Compassion fatigue leads to disheartenment.	3a. Disheartenment creates a sense of hopelessness and helplessness. 3b. Disheartenment increases the desire to leave the job.

The researcher checked those themes with the transcripts, coding systems, cognitive representations, dissertation committee, and online focus group to confirm that these themes described the school counselors' experiences of CF. She provided participants with a copy of the primary themes and an explanation. Participants who could not attend the focus group could provide feedback via email. Three participants attended the synchronous online focus group offered via Zoom and offered suggestions for further development or confirmation of the primary themes. Three additional participants offered feedback via email. One participant emailed later, stating she agreed with the construct but not the wording. The researcher changed the wording, checking the themes again with the transcripts and the dissertation chair. Each participant's responses were placed in a spreadsheet and categorized to check the themes and sub-themes. These were denoted in Table 5. For the first theme, *A counselor being overwhelmed leads to compassion fatigue*, 402 responses corresponded to this theme. The second theme, *Compassion fatigue creates dissonance,* had 253 related statements. The third theme, *Compassion fatigue leads to disheartenment*, had 172 related statements.

Table 5

Responses Related to Themes and Sub-themes

Central Themes	Sub-themes	Related Responses Coded	Average Per Participant
Theme 1: A counselor being overwhelmed leads to compassion fatigue.	1a. The job demands of the role are overwhelming, and lead to compassion fatigue.	142	13
	1b. Emotional and physical symptoms of compassion fatigue increase due to being overwhelmed.	97	9
	1c. A compassion fatigue develops, being overwhelmed affects home and work relationships.	163	15
Theme 2: Compassion fatigue creates dissonance.	2a. Dissonance leads to self-doubt and a perceived loss of job efficacy.	193	18
	2b. In response to dissonance, counselors initiate self-protective measures.	60	6
Theme 3: Compassion fatigue leads to disheartenment.	3a. Disheartenment leads to a sense of helplessness and hopelessness.	105	10
	3b. Disheartenment increases the desire to leave the job.	67	6

Theme 1: A Counselor Being Overwhelmed Leads to Compassion Fatigue

The first theme concerned the participants' perceptions of how being overwhelmed led to CF. There were numerous responsibilities for rural school counselors that placed them at risk for CF (Gentry & Monson, 2017; Kendrick, 2022). These factors included the multiplicity of tasks, the increasing demands of the job, the responsibility to satisfy multiple parties, and the daily needs of students, many of whom frequently experience trauma and request help from school counselors. The job demands placed on the rural school counselors caused them to feel overwhelmed. The counselors experienced increasing physical and emotional symptoms as CF developed from being overwhelmed. Finally, as CF developed, being overwhelmed affected some counselors' relationships at home and work.

This theme of being overwhelmed by the contributing factors was shared in an email to all participants and the focus group. The focus group confirmed this theme as they shared how

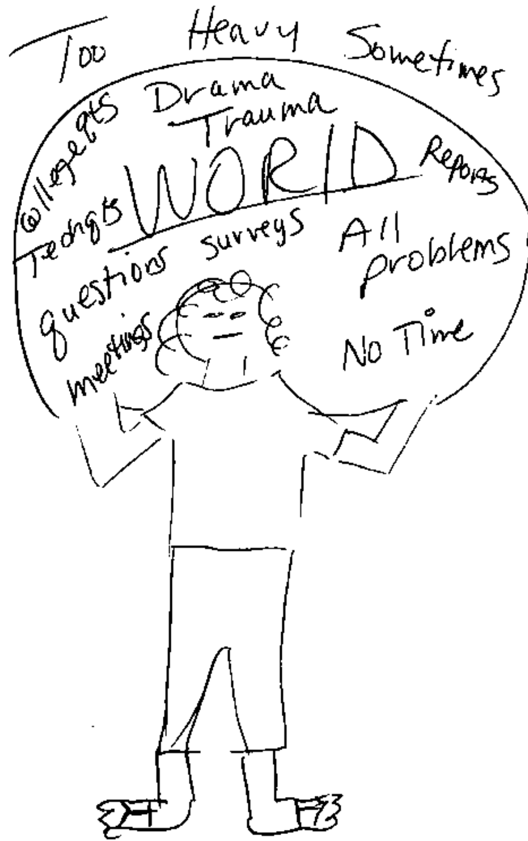
role ambiguity and conflict, the acute needs of students with trauma, and the job demands were overwhelming. This theme of being overwhelmed had three sub-themes: 1a: *The job demands of the role are overwhelming and lead to compassion fatigue*; 1b: *Emotional and physical symptoms of compassion fatigue increase due to being overwhelmed*; and 1c: *As compassion fatigue develops, being overwhelmed affects home and work relationships*.

Sub-theme 1a: The Job Demands of the Role are Overwhelming, and Lead to Compassion Fatigue. The rural school counselors in this study worked in settings with high demands, limited resources, and students with high needs. Nine counselors described how overwhelmed they were by the multiple tasks. The rural school counselors' discussion of work demands became the primary focus of the conversation. Debra described how overwhelmed she felt: "I would say every single resource that I have to commit has been used." Kelly stated, "It's just some days it's overwhelming. And you have *checklists and checklists and checklists*." The overwhelming nature of the work also appeared in Kelly's cognitive representation (see Figure 6), as she shared:

> Too heavy. Some days I handle it. For some days, I want to shut my door. Because from the time the students get there, it's constant. If it's not drama, it's trauma. It feels like the world is on my shoulders. *Every single* day, it's something else and *everybody expects* you to solve their problem.

Figure 6

Kelly's Cognitive Representation



Note. Kelly's drawing represents how overwhelmed she feels.

The counselors described other overwhelming job demands, including role ambiguity, role conflict, lack of support, and insufficient training. As these rural school counselors became overwhelmed, this led to CF, making their job more difficult. These factors created a vicious cycle. Jade stated, "I have a job description, but I don't really have a job description." She explained that she had to do whatever arose during the day, even if it interfered with a timely task. Alice also struggled as she described role ambiguity. She explained how rural school counselors have a different scenario: "The ones in the bigger cities aren't expected to have as

many hats. They have more students, but they don't have to have so many hats. They can concentrate more on what needs to be done."

Some of the school counselors described role conflict as a contributing job factor leading to CF, as they felt overwhelmed by the choices they had to make. When one has a job where they must choose between two opposing tasks, such as completing a report immediately or attending to an emergent student crisis, the rural school counselor must determine which has priority. Sometimes, rural school counselors had to choose how and when to serve populations. Cami described a day when she could not teach history class when five girls self-harmed in the bathroom: "I had a group of sixth-grade girls here, five that were cutting. I spent my entire day with them. They had to find people to cover my class." On that day, she could not fulfill her role as a teacher and counselor. She had to choose between conflicting responsibilities, which felt overwhelming.

Role conflict also occurred when administrators asked the rural school counselors to be disciplinarians. When asked to be a counselor confidante and disciplinarian, this created a direct conflict that disrupted the counselor-student relationship. The counselors tried to build trust with students and then breached that trust. It placed the school counselors in a problematic situation. Kelly described how overwhelmed she felt when she tried to be a counselor and keep attendance. "I feel like a private investigator. Sometimes we have to put all the pieces together. It hurts me to be the bad guy." Similarly, Ellie shared:

> It's really hard when I'm trying to build a relationship with certain kids to open up and talk to me. And then the next second, I'm the one that passes out the rule, "You're in school suspension now." It kills what trust I have. I finally got somewhere with this kid; now I have to be the hammer.

Being pressured to make quick decisions was overwhelming for some counselors. It left little time to think through one's options. Gail stated this: "We're making decisions right and left. We gotta be quick about it. That's stressful." Debra spoke of how overwhelmed she felt when administrators and teachers expected her to fulfill their expectations. She remarked:

> I have found that in many positions that a principal will want you to basically be an assistant to them, and in teachers coming in and saying, "Hey, I want you to dress code this kid." It's really tough to be in that type of position. But you're in a small school, and somebody's got to do it. And so that's just what we do.

Some counselors spoke of being overwhelmed by student needs and student trauma. They felt the demand of being a surrogate parent, which increased their anxiety as they worried about their students. Ellie said, "How can you not take it home? These are my babies." Jade did not want to be in a parental role but felt thrust into it and experienced frustration. She stated, "Sometimes I fill that mother role though I don't want to." She explained further that being in a parental role with needy students disrupted her day. While Jade had paperwork due, she tried to monitor a suicidal student. Kelly also spoke of this role demand. She discussed how she could not fulfill her counseling responsibilities and act as a surrogate parent: "I'm not their parent. They need to parent their own children."

Finally, being overwhelmed by the job demands increased when lacking available clinical feedback. Belinda mentioned this: "There's no supervisor to talk these things [complex cases] over with. Sometimes I don't know what to do." When the counselors felt supported by the administration and staff, and had another counselor to discuss cases with, they felt less overwhelmed. Debra talked about the support and training she received, which helped her re-

orient: “They [school administration] understand the importance of supporting us by sending us to trauma training and placing importance on our mental well-being.”

Only some of the counselors felt overwhelmed by the work. Their view balanced the reality of the workload and positive experiences in the role. Two of the counselors managed well. They had positive outlooks and experienced higher satisfaction. An outside nonprofit organization that contracts with schools employs Frank. He explained how this protected him from being overwhelmed: “We're not asked to do a lot of things that other school counselors or other school staff might be pulled into.” Lisa advised new counselors: “I’m the one who defines my role.”

Lisa’s response showed that it was possible to prevent being overwhelmed. She had a realistic understanding of her role, had been a strong self-advocate, delegated some of her responsibilities, and focused on counseling students. Nonetheless, part of being overwhelmed was the effect on the school counselor’s physical and emotional health. While some counselors remained healthy, others were so overwhelmed that they experienced an exacerbation of existing health issues or developed emotional problems.

Sub-theme 1b: Emotional and Physical Symptoms of Compassion Fatigue Increase Due to Being Overwhelmed. The overwhelming nature of the job and the ensuing CF had been detrimental to some of the counselors’ physical and emotional health. Some counselors had pre-existing health problems, and being overwhelmed by CF had aggravated these issues. Other counselors had developed new health concerns. Nine school counselors commented on physical symptoms that were the effects of being overwhelmed. Several school counselors spoke about how being overwhelmed affected their sleep. Frank stated, “It's one of those things that definitely makes you lose a little sleep over.” This rumination was common in CF and prevented the

counselor from receiving the healing power of sleep. Lisa spoke of how being stressed affected her sleep: “I feel like it sometimes wrecks your sleep.” In her follow-up email, Hailey spoke of how being overwhelmed affected her: “Student trauma has most definitely affected my sleep and physical health at some points. My mind will be racing about a situation and how I can help, and it won't want to shut off at night.”

Being overwhelmed had affected more than sleep patterns. It also affected the counselor’s health. Debra spoke of how being overwhelmed affected her: “When I get too stressed out, I just get physically ill.” Cami had visited with her physician a few days before the interview and reported, “It’s got to where my health is compromised. I have heart palpitations, anxiety attacks, headaches, sleeping 42 hours on the weekend, like never getting out of my bed. And I know it's from work.” Being overwhelmed has worsened Ellie’s pre-existing health condition. She explained, “It's affected my health quite a bit. Then you start saying, ‘Is this job literally leading to quality-of-life questions?’”

Being overwhelmed also affected the emotional health of the school counselors. For many of them, this change appeared in the development of anxiety. Cami described how being overwhelmed created anxiety for her:

> I’d be driving home and would see things on the bridge or see a shadow. The first thing that came to my mind was, “Someone’s jumping off.” Or I’d see kids walking down the road and think, “They want to die.” And by the time I get home, I’m exhausted from seeing these things.

For Jade, the anxiety became severe. Jade explained that she developed a panic disorder in the past year and had five panic attacks during the spring semester. Jade had never had mental health problems prior to this. She commented on her emotional health. She told a story of a

student coming to ask for help when she was having a panic attack. She did not feel capable of helping the student then and wanted to turn the student away. Jade’s depiction of CF in her cognitive representation (see Figure 7) relayed her experience with this student as she drew herself lying on the floor, overcome by a panic attack while the student asked for help. In her mind, Jade was saying, “I just can’t,” but she did help the student.

Figure 7

Jade’s Cognitive Representation

Note. Jade’s drawing, “I Just Can’t,” represents her amid a panic attack when a student requested help.

The demanding job caused the rural Title I school counselors to feel overwhelmed, contributed to the development of CF, and thereby affected the rural school counselors’ physical and emotional health. These changes affected the counselors frequently. Being overwhelmed

also affected relationships. Some counselors struggled with being present for their families; others struggled with work colleagues and principals.

Sub-theme 1c: As Compassion Fatigue Develops, Being Overwhelmed Affects Home and Work Relationships. Being overwhelmed and the increasing CF eventually affected the counselors' relationships. The counselors worried about their mental or physical absence from home, inability to function well at home, and how this affected their family members. Some of the counselors told how their spouses expressed concern. This sense of being overwhelmed also affected how they related to co-workers and administrators.

Hailey's concern was how being overwhelmed affected her ability to be a mom to her adolescent sons. Hailey was a widowed, single parent: "Some days, I'm just physically and emotionally exhausted. And I don't feel like I necessarily do my mom duties as well as I should on those days." While being overwhelmed affected some of the counselors' parent-child relationships, it also affected some marriage relationships. This problem was apparent in conversation, emotional absence, and diminished care of the home. Frank was concerned about how his wife and newborn child were affected. Frank said, "Even if I may not feel like giving compassion at work, I'll probably reach in and find somewhere to get that. But when I get home, I may not be as compassionate as I normally would." Jade described a conversation with her spouse when they talked about the effects of her overwhelming job and CF:

> It affects my relationships in the office, but it also affects it outside the office as well, like at home. Sometimes my spouse is the only person I feel like I can go talk with about it. But I feel like, sometimes I pile all of that on him. And then he's like, "Do you like your job?"

While these school counselors described how being overwhelmed affected their relationships at home, other counselors described the effects on their relationships at work. Gail spoke about her precarious relationship with the elementary teachers. She was not providing counseling to those children due to being overwhelmed:

> I don't do much mental counseling with the kids. Elementary needs more than we do over here [at the high school], but just getting a way to get that done is almost impossible. So elementary teachers are mad at me most of the time.

This sense of being overwhelmed affected the rural school counselors as they navigated demanding job factors, increasing physical and emotional symptoms, and the resultant effects on their relationships at home and work. The focus group participants confirmed this theme when asked if it was accurate. However, that was not the only area of the counselors' lives affected. As CF developed, it increased dissonance in the counselors, leading to self-doubt and a perceived loss of job efficacy. In response, the counselors responded with self-protective measures.

Theme 2: Compassion Fatigue Creates Dissonance

The rural school counselors were overwhelmed, but the arising CF created dissonance. This internal conflict created an imbalance in several areas of the rural school counselors' professional lives. Experiencing dissonance confused and frustrated some counselors, who were uncertain about how to make decisions. These experiences induced self-doubt, especially in the decision-making processes that affected student lives. This dissonance led to a perceived loss of job efficacy, wherein the counselors viewed that they were not performing at their best. Insecurity arose from self-doubt and this perceived loss of efficacy. As confidence decreased, some counselors responded self-protectively by shutting down or detaching from their role. The rural school counselors provided examples of dissonance in two sub-themes: 2a: *Dissonance*

leads to self-doubt and a perceived loss of job efficacy, and 2b: *In response to dissonance, participants initiate self-protective measures*.

Sub-theme 2a: Dissonance Leads to Self-Doubt and a Perceived Loss of Job Efficacy. Compassion fatigue is subtle, and for rural school counselors, working in chaotic situations with excessive demands can be mistaken as just part of the job. However, CF can lead to self-doubt and a perceived loss of job efficacy, even among experienced counselors. Seven counselors had at least 10 years of experience, yet six expressed uncertainties about whether they were making the right decisions or were making a difference in student lives. They questioned their work and counseling abilities despite having graduate counseling degrees and being trained in mental health counseling. Internal conflict over their decisions caused them to doubt their ability to provide adequate care for their students.

Frank reported that his self-examination occurred in the evenings: “Could I have said that better? Could I have approached that situation a little bit better?” Hailey also second-guessed herself: “I don’t know if I could have done more. I wonder what can I do to be better for this kid? How can I have helped that situation?” Gail’s inner conflict led to confusion about how to make the right decisions. She said, “Sometimes I don’t know what to do with a kid. I just want to make sure I’m on the right path.” Alice, whose experience spanned 20 years, stated, “Did I do enough? What am I doing? I feel like I question all the time. Am I doing enough?” These thoughts were present in her cognitive representation (see Figure 8), as she drew herself with busy hands and a caring heart while her mind questioned, “Oh my gosh, is this ok? Should I do something else?”

Figure 8

Alice's Cognitive Representation

Note. Alice's drawing represents her internal conflict and self-doubt.

Cami doubted her abilities, saying, “Do I feel I'm personally qualified? I can have a good understanding but I'm not legally qualified to make those types of decisions.”

This lack of confidence and sense of competency was apparent in all the counselors who described their relief when offered a licensed professional counselor or an intern. The presence of another counselor or counselor-in-training provided someone who understood the counseling difficulties and helped reduce internal conflict. Kelly learned that when she consulted with other counselors. She stated:

> I've got counselor friends at other schools and stuff. And every once *[sic]* awhile, I'll just call them and go, “Okay. There's a problem I'm having. What do you do?” And in a lot of times, I find out they're doing the same thing I am. And they have the same questions.

Compassion fatigue created self-doubt and changed the school counselors’ perceptions of their work performance. It was common for the counselors who felt discouraged to undervalue their functioning. The resulting anxiety and depressed feelings, along with physical symptoms, prevented the school counselors from performing at optimal levels. While doing their best, they spoke of how CF affected their perception of work performance. Alice stated, “Nothing gets done perfectly. I have to switch so much to try to get things done.” Gail was unhappy with how she had to choose between administrative tasks and counseling students. Because she was more comfortable with administrative tasks and high school students, she admitted to neglecting to care for the elementary schoolchildren: “I’m not seeing those children in counseling. If I felt more confident about counseling small children, I would make more time for them.”

Frank shared his struggle with performance, stating, “I think that is very challenging for me, because I'm like, ‘Well, this is what the best thing is for our students and is going to meet a need,’ but it doesn't happen, or it’s not carried out.” Ellie described how dissonance affected her performance despite her best efforts: “You feel like you want to do this, and you want to help other people, but not at the detriment of yourself. And when you're not your own healthy best, you can't do as well for them.” Kelly exhibited a loss of perceived efficacy when she described an incident when she was not listening to a student and apologized to him the following day: “Yesterday, you were having a bad day. And you caught me at a bad time. And I was not as sympathetic for you. And I realized that when I got home, so I apologize.” Debra stated, “I've always just described it as I'm spinning this plate, then over here spinning a [different] plate. I

gotta come back and make sure this one is spinning, so that you don't feel like you're doing anything well."

Dissonance is a consequence of CF. This dissonance induced self-doubt and affected how the counselors assessed their performance. This continuous inner strife was burdensome and eventually felt threatening. In response to this internal conflict, some counselors found ways to protect themselves. Sub-theme 2b, *In response to dissonance, counselors initiate self-protective measures,* which appeared as detachment, avoidance, and a loss of emotional connection.

Sub-theme 2b: In Response to Dissonance, Counselors Initiate Self-Protective Measures. The natural consequence of dissonance, which feels threatening, is withdrawal or some other self-protective measure (Porges, 2022). This inhibition is evident in avoidance, hypervigilance, and an increasing detachment, which, interestingly, are symptoms of STS (Gentry & Monson, 2017). The rural school counselors described their avoidance symptoms. Debra stated, "I don't want to hear any more words. You need to leave me alone." Ellie also described the need for withdrawal when she said, "You need to be in dead silence driving home because you have to be able to shut that down," meaning the worry and rumination that occur because of managing student crises. While Frank stated he had an innate ability to compartmentalize, he described the rumination that made him "spacey" or that his spouse noticed when he was "checked out." Hailey also mentioned this struggle: "Sometimes I think, 'I really don't want to go do this today. I don't have the energy. I don't have the drive.'" Then she discussed the detachment she was beginning to experience and how that bothered her.

Others described how the internal struggle from CF was causing them to lose a sense of caring concern or empathy, another symptom of STS, which was antithetical to their values. Cami said, "I'm losing some of my empathy." She shared a story of a student needing help due

to a relationship breakup but felt irritated that the student's problem was less troublesome than what other students faced. Cami had to remind herself of the importance of the student's request for help. Kelly's blunt response echoed her loss of empathy: "My give a damn is busted." Being overwhelmed by CF was not only present in their growing detachment but also in their inner struggles and subsequent self-protective measures.

The rural school counselors cared deeply for their students and gave their best, even under challenging circumstances. Their empathy was touching, but it came at a cost. Compassion fatigue became inevitable as they worked harder and longer, using their empathic abilities to help students, some of whom suffered greatly. Compassion fatigue overwhelmed them and produced dissonance. As this inner turmoil grew, the school counselors experienced disheartenment, resulting in hopelessness or helplessness. Once this began, it was more challenging to remain on the job, which fueled the desire to leave the profession. The third theme, *Compassion fatigue leads to disheartenment*, demonstrated the counselors' experiences of disheartenment through two sub-themes: Sub-theme 3a: *Disheartenment causes a sense of helplessness and hopelessness*; and Sub-theme 3b: *Disheartenment increases the desire to leave the job.*

Theme 3: Compassion Fatigue Leads to Disheartenment

Compassion fatigue can cause disheartenment, leading to a sense of helplessness or hopelessness and increasing the school counselor's desire to leave. While the rural school counselors' results on the ProQOL-5 were in the mid-range, indicating a moderate degree of CF, their verbal and non-verbal disclosures revealed disheartenment. This disheartenment showed as they expressed situations that they felt they could not help or wondered if they had helped or if their interventions could ever succeed given the known circumstances of students. The rural school counselors expressed disheartenment when they felt they were not doing their jobs well

and as they considered whether they would stay in the job. This disheartenment was expressed in Sub-theme 3a: *Disheartenment creates a sense of helplessness and hopelessness*; and Sub-theme 3b: *Disheartenment increases the desire to leave the job*.

Sub-theme 3a: Disheartenment Creates a Sense of Helplessness and Hopelessness. When serving as a counselor, it is imperative to have a balanced expectation of what one can do to intervene and what one cannot do. Rural school counselors operate in a complex system that has limitations. There will be staffing shortages, high expectations and demands, and students with trauma. When the school counselor develops CF, it is difficult to see that small successes are enormous and that changes in a student's life may take years. CF weakens this insight, from which disheartenment rises, leading to a sense of helplessness and hopelessness in the school counselor.

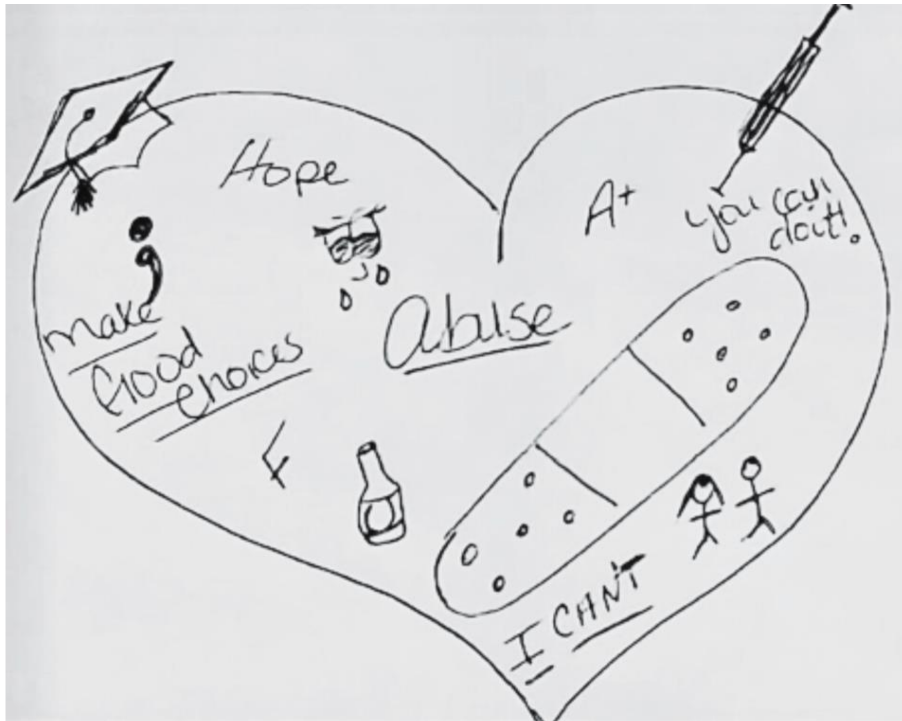
Some counselors echoed this sense of helplessness as they tried to help students and felt unsuccessful. Jade felt helpless when she stated, "Sometimes your hands are tied. It's that fatigue where you're danged if you do and danged if you don't." Frank acknowledged his sense of helplessness in several ways. First, he stated, "I'm feeling like there's sometimes where you just can't help, or you can't do things. I felt there's been times where I felt helpless in a way." Hailey shared her sense of helplessness in her cognitive representation (see Figure 9), calling CF a *heavy happiness*:

> I feel like I hold on to everything, from the kids who are graduating to the ones who are dealing with abuse, and kids who are not making the best choices with drugs, alcohol, and things like that. *I want to be able to fix it for them. But I can't fix everything*. I can just be there.

Hailey showed this sense of heavy happiness in her cognitive representation as she illustrated the positive and negative situations facing her students and how she carried this in her heart.

Figure 9

Hailey's Cognitive Representation



Note. Hailey described her helplessness against the continuous negative influences that students faced, such as suicidal thoughts, failing grades, abuse, alcohol, drugs, and negative thinking. She tried to aim them toward goals such as graduating, giving them hope, reminding them to make good choices, getting good grades, motivating them, and trying to heal their wounds.

While helplessness was present, a sense of hopelessness was prevalent as well. Alice reflected: "Even though you've done all the things you're supposed to do, does it help? It worries me." Alice had attempted to help and get services for her students. Belinda asked, "What's gonna happen to these children?" This question was about Belinda's belief that these children will fail in the current school due to family dysfunction. Gail was troubled by her students and the

situations in which they lived: “It’s hard, it’s hard to send them back out if I can’t do something for them. That’s kind of heartbreaking.” Then she added, “We’ve done this, but is it going to help?” This statement highlighted Gail’s sense of hopelessness for these students.

The helplessness and hopelessness arose from discouragement. Even as Debra struggled with hopelessness, she challenged herself to have more hope: “You can't let things get you down. You just have to keep believing in what you're doing.” However, this disheartenment had grown too large for some of the counselors. The rural school counselors were doing their best while working in Title I schools, but it weighed on their minds as they tried to decide whether they would return in the fall.

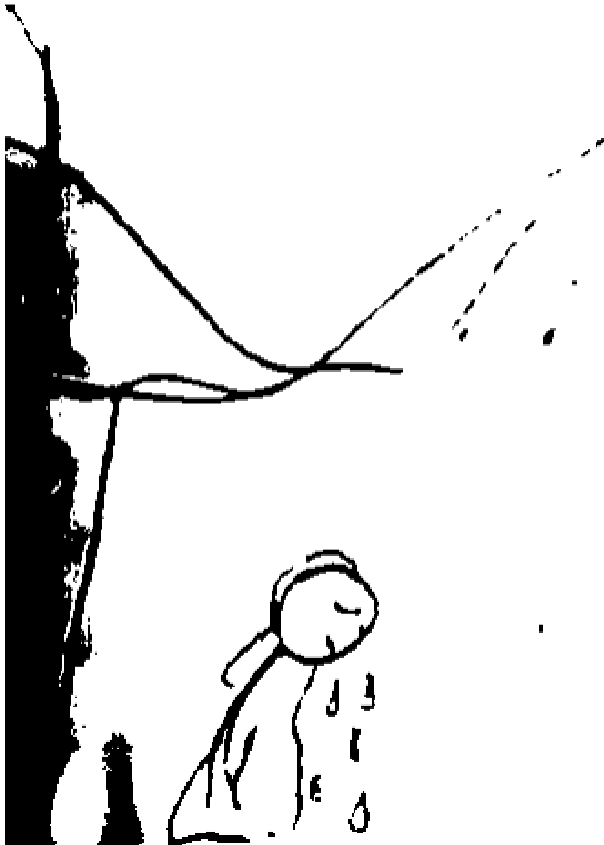
Theme 3b: Disheartenment Increases the Desire to Leave the Job. One of the benefits of working in a state system is the retirement package. While the school counselor will not retire wealthy, they will receive a stipend and access to insurance benefits. This retirement package is valuable and one that keeps school counselors engaged in employment. However, the disheartenment from CF changed that desire while increasing the counselors’ anxiety about the students’ future. Alice thought about retirement a lot. She stated, “Who am I going to hand these babies to? Who’s going to do this for them?” In this statement, Alice acknowledged her desire to retire but her worry for her students.

As her CF increasingly affected her health, Cami stated, “Something’s got to give, or I won’t be back.” She had determined she was not returning to her school, but after a conversation with her superintendent, decided to commit for another year. She vexed about retirement: “I’m in too far. I can’t quit now.” By this, Cami meant she was halfway to retirement benefits in her years of service. Debra expressed similar thoughts: “I’ve got to make a change. I don’t know that I can keep doing this.” In her email response to the themes, Hailey mentioned she would stay 1

more year as a school counselor but was uncertain if she would stay after that: “I've spent this summer, and honestly the months leading up to summer, questioning how much more I have in me. My goal is to finish one more year. After that, I'm not sure.” I asked Belinda about her future. Belinda resigned because she was “tired of all the drama.” She shared her sadness and stated, “In the right circumstances, I could have done this until I was 90.” This grief was apparent when she shared her cognitive representation (see Figure 10).

Figure 10

Belinda’s Cognitive Representation



Note. In Belinda’s drawing of herself sitting in an orchard meditating, she shows herself crying about leaving the job she loves because of her disheartenment.

With 20 years in the profession, Lisa thought she might need to retire when she first started at the high school. She told her superintendent, “I can’t do this.” Lisa explained that she knew she had

to advocate for herself, or she could not stay another year. In the focus group, Lisa added more: “I've joked for years that a good year in education is one where you don't get on a job search engine online.”

The rural school counselors’ descriptions of the overwhelming nature of the job demands, the subsequent effects on their emotional and physical health and their home and work relationships, the dissonance they experienced, and the disheartenment that resulted demonstrated how they experienced CF. Being overwhelmed was demonstrated as the rural school counselors expressed how burdened they felt by work, how it exacerbated their emotional and physical health concerns, and how it affected their relationships at home and work. The school counselors described the dissonance resulting from CF leading to self-doubt, their perceived loss of job efficacy, and their responses to self-protection. Additionally, the school counselors described the disheartenment from CF as they experienced a sense of helplessness and hopelessness, leading them to question whether they should remain in the field or leave. Throughout the interviews, the rural school counselors described their experiences with CF. These experiences, statements, and cognitive representations answered the research questions about how they experienced CF, what factors contributed to it, and how it affected their personal and vocational lives.

Research Question Responses

There were three research questions for this study. This section will note how the data addressed those research questions. The first research question was: *How do Title I school counselors in rural Oklahoma describe their experiences with compassion fatigue?* The second research question was: *How do participants describe the factors that contribute to their*

experience of compassion fatigue? The third research question was: *How do participants describe the effects of compassion fatigue on their personal and vocational lives?*

Research Question 1

The first research question, *How do Title I school counselors in rural Oklahoma describe their experiences with compassion fatigue*, was answered throughout all the themes. In Theme 1: *A counselor being overwhelmed leads to compassion fatigue*, Sub-theme 1a: *The job demands of the role are overwhelming and lead to compassion fatigue,* the rural school counselors spoke of how they felt overwhelmed by their role and how that created CF. Gail's cognitive representation (see Figure 11) showed her feeling overwhelmed.

Figure 11

Gail's Cognitive Representation

Note. Gail stated, "I first drew a happy face. Why am I doing that? I'm not happy here. I'm overwhelmed."

This first research question was also answered in Theme 2: *Compassion fatigue creates dissonance*, particularly in Sub-theme 2a: *Dissonance leads to self-doubt and a perceived loss of*

job efficacy, and Sub-theme 2b: *In response to dissonance, counselors initiate self-protective measures.* In these two sub-themes, the counselors described their dissonance from CF and how they protected themselves. They mentioned struggling with decisions about how to balance the workload and student crises at the same time. They spoke of detachment, avoidance, and struggling to stay engaged with students and families. This first research question was also addressed in Theme 3: *Compassion fatigue leads to disheartenment* when the counselors shared their sense of hopelessness and helplessness, and in Sub-theme 3b: *Disheartenment increases the desire to leave the job*, as five counselors discussed their desire to leave the job.

Research Question 2

The second research question, *How do participants describe the factors that contribute to their experience of compassion fatigue*, was evident throughout the interviews, the focus group responses, and the cognitive representations. These factors appeared in all three themes, particularly in Sub-theme 1a: *The job demands of the role are overwhelming and lead to compassion fatigue.* The rural school counselors described the factors that caused their CF: work overload, role ambiguity, role conflict, lack of clinical staffing, lack of administrative support, and lack of available resources. The factors mentioned most often were administrative support and another clinical presence to discuss cases. The third factor mentioned frequently was role ambiguity and role conflict. Those were not the terms used, but they described the concerns about “having many hats,” “spinning plates,” and “switching roles.” Other school counselors spoke about needing more support and someone to staff cases. Several counselors spoke of how they felt a sense of growing detachment, wished to avoid students or families, and were emotionally detached. Some counselors talked about their uncertainties in handling difficult situations from student trauma.

All these factors created the perfect storm for CF. Cami's cognitive representation (see Figure 12) of CF represented this turmoil. She explained:

> Prior to the tornado is the calm, and leading up to the calm is the smell and freshness and the feeling of new. And then here comes the tornado. Here comes the buildup. We don't know if that sucker's gonna hit you or go around you. And then you're left with the aftermath. Is it a good aftermath? Or is your house totaled?

Figure 12

Cami's Cognitive Representation

Note. Cami's drawing represents the potentially destructive force of compassion fatigue.

In Cami's description and picture, one can see how the factors of empathic concern and ability, too many work responsibilities, lack of resources and support, inadequate self-care, lack of support for clinical decisions, role ambiguity, role conflict, inability to detach appropriately, and life demands were ingredients for a storm. These factors might not have caused CF. When all were present, however, the vulnerability and risk of CF were more substantial. The effects on

their personal and vocational lives were evident through the descriptions of the lived experiences of these rural school counselors working in Title I schools.

Research Question 3

The third research question, *How do participants describe the effects of compassion fatigue on their personal and vocational lives*, was depicted in the interviews and cognitive representations. All themes noted these effects. First, in Theme 1: *A counselor being overwhelmed leads to compassion fatigue*, Sub-theme 1b: *Emotional and physical symptoms of compassion fatigue increased due to being overwhelmed*, and Sub-theme 1c: *As compassion fatigue develops, being overwhelmed affects home and work relationships.* Nine of the 11 participants described a state of exhaustion. Six of them were experiencing physical symptoms that warranted medication or changes in lifestyle. Ten of the 11 participants complained of sleep disturbances. The effect on their personal lives was evident in how CF affected the rural school counselors' relationships. They discussed how CF was affecting their relationships with spouses and children. Alice's spouse was shocked when he retired and was then more aware of how frequently she had to respond to phone calls and text messages. He asked, "Does this happen all the time?" Alice replied, "Yeah, it does. It's hard not to take it home when it follows you." The rural school counselors shared experiences of how CF affected their ability to be present for their children or spouses. All the counselors mentioned different types of self-care, but they still experienced CF symptoms.

This third research question was also answered in Theme 2: *Compassion fatigue creates dissonance,* Sub-theme 2a: *Dissonance leads to self-doubt and a perceived loss of job efficacy*, Sub-theme 2b: *In response to dissonance, the counselors initiate self-protective measures*, and in Theme 3: *Compassion fatigue leads to disheartenment*, Sub-theme 3a: *Disheartenment creates a*

sense of helplessness and hopelessness, and Sub-theme 3b: *Disheartenment increases the desire to leave the job.* The school counselors were affected professionally, as they described how CF led them to doubt themselves and their ability to determine their job performance accurately. They were affected personally, as CF made them feel helpless and hopeless, leading them to consider whether they should stay in the role or leave. In other words, based on participants' responses, the effects of CF on rural school counselors' personal and professional lives were significant.

Summary

This chapter provided the research results and findings from Title I school counselors' lived experiences of CF in a rural setting. Individual portraits of the 11 individuals appeared, and a group description of similarities and differences through demographic information, ProQOL-5 scores, interview responses, and focus group. An analysis of the data revealed three themes. All three themes explored the experiences of being overwhelmed by CF, how it created dissonance, and how it led to disheartenment. These three themes represented the lived experiences of CF among Title I school counselors in rural Oklahoma. In Chapter Five, the researcher will summarize the findings and discuss the results, implications, delimitations, and limitations. After that, the researcher will offer recommendations for future research.

Chapter Five: Conclusion

Overview

The purpose of this transcendental phenomenological study was to describe Title I kindergarten through 12th grade (K–12) school counselors' lived experiences with compassion fatigue (CF) in rural Oklahoma. This chapter provided a synopsis of the research findings and conclusions to the research questions. In addition, this chapter examines how the findings apply to the empirical, theoretical, and practical implications. In closing, methodological and practical implications, delimitations and limitations, and recommendations for future research occur last. This chapter closes with a summary of the study.

Summary of Findings

This transcendental phenomenological study portrayed how rural Title I K–12 school counselors expressed their lived experiences with CF, the factors that contributed to it, and how it affected their personal and vocational lives. Eleven participants met the criteria for this study and completed the demographic questionnaire, ProQOL-5 inventory, semi-structured interviews, cognitive representations, online focus group, and follow-up emails. The data was transcribed via Otter.ai and confirmed by the researcher and the participants. The resultant data was analyzed using the modified Van Kaam analysis method, which included four analytical and three descriptive steps (Moustakas, 1994). Three themes arose from the resulting data analysis. Theme 1 was *A Counselor Being Overwhelmed Leads to Compassion Fatigue*, Theme 2 was *Compassion Fatigue Creates Dissonance* and Theme 3 was *Compassion Fatigue Leads to Disheartenment.* Within these themes, the participants' expressions answered the research questions.

The Research Questions

The study intended to answer three research questions. The first research question was: *How do Title I school counselors in rural Oklahoma describe their experiences with compassion fatigue?* The second research question was: *How do participants describe the factors that contribute to their experience of compassion fatigue?* The third research question was: *How do participants describe the effects of compassion fatigue on their personal and vocational lives?* Three primary themes and nine sub-themes arose from the data that applied to the research questions. The three themes were: Theme 1: *A counselor being overwhelmed leads to compassion fatigue*, Theme 2: *Compassion fatigue creates dissonance*, and Theme 3: *Compassion fatigue leads to disheartenment.* These themes answered the research questions from differing perspectives.

Research Question 1

The first research question, *How do Title I school counselors in rural Oklahoma describe their experiences with compassion fatigue,* was answered in all three themes. The answer to this question arrived in Theme 1: *A counselor being overwhelmed leads to compassion fatigue*, Sub-theme 1a: *The job demands of the role are overwhelming and lead to compassion fatigue.* A circular causality was apparent as the rural school counselors shared the overwhelming job factors contributing to CF's development. Both became simultaneous, affecting the other, so being overwhelmed by the demands increased being overwhelmed by CF, which increased the feeling of being overwhelmed by the demands. This dynamic formed a feedback loop where it was difficult to ascertain when the counselors spoke of job demands or described their CF experience. One example was when Cami said, “We’re all drowning.” It was hard to determine if

she was overwhelmed by the job factors or CF. Other statements of being overwhelmed included: “I’m wiped out,” “I’m done,” and “I don’t have much left over in my tank.”

This question was also answered in Theme 2: *Compassion fatigue creates dissonance*, Sub-theme 2a: *Dissonance leads to self-doubt and a perceived loss of job efficacy.* The counselors shared the dissonance arising from CF, the resulting self-doubt, and their view that they were not performing optimally. Their comments included: “I want to feel more successful,” “Nothing gets done perfectly,” and “Did I do enough?” Theme 3, *Compassion fatigue leads to disheartenment*, also answered the first research question in Sub-theme 3a: *Disheartenment creates a sense of helplessness and hopelessness.* Six participants discussed how CF caused disheartenment, leading to helplessness and hopelessness. The counselors used phrases like “I feel somewhat helpless,” “I wanted to do more,” “Does what I do make a difference,” and “They’re going down the wrong path.” How the rural school counselors experienced CF was evident in how it caused them to feel overwhelmed, how it increased dissonance, and how they experienced disheartenment.

Research Question 2

The second research question, *How do participants describe the factors that contribute to their experience of compassion fatigue*, was answered in Theme 1: *A counselor being overwhelmed leads to compassion fatigue*, Sub-theme 1a: *The job demands of the role are overwhelming, and lead to compassion fatigue.* Nine participants shared how overwhelmed they felt as they dealt with work overload, role ambiguity and conflict, student needs, and student trauma and crises. In addition, the counselors described how time pressure and the lack of support contributed to their experience of CF.

The answer to this question also appeared in Theme 3, *Compassion fatigue leads to disheartenment*, Sub-theme 3b: *Disheartenment increases the desire to leave the job.* All the rural school counselors described how the lack of mental health resources and their need for support impacted them and increased their sense of isolation. Seven counselors shared their relief at the presence of another counselor, when they used peer consultation with other school counselors, when a counseling intern was present, or when they received administrative aid. Besides the lack of clinical support, eight school counselors stated the importance of receiving support from the administration, either the principal or superintendent. These factors were mentioned as vital for the counselors' well-being and increased their desire to remain.

Research Question 3

The third research question, *How do participants describe the effects of compassion fatigue on their personal and vocational lives*, was answered as the participants shared how CF impacted their well-being. The answer appeared in Theme 1: *A counselor being overwhelmed leads to compassion fatigue*, Sub-theme 1b: *Emotional and physical symptoms of compassion fatigue increase due to being overwhelmed*, and Sub-theme 1c, *As compassion fatigue develops, being overwhelmed affects home and work relationships.* Nine counselors described their experiences of how CF exacerbated their emotional and physical health, causing anxiety, depression, concentration difficulties, sleep deprivation, and worsening of current health conditions. Six of the rural school counselors described how CF affected their relationships at home and work, causing them to be emotionally unavailable or irritable.

This research question was also answered in Theme 3: *Compassion fatigue leads to disheartenment*, Sub-theme 3b: *Disheartenment creates a sense of helplessness and hopelessness*, and Sub-theme 3c: *Disheartenment increases the desire to leave the job.* In

discussing the effects of CF on their vocational lives, six school counselors discussed their concern about not doing their jobs as effectively as they desired, and seven expressed their conflict about whether to stay, leave, or retire. A few mentioned they felt trapped. These findings from the research questions relate to the empirical, theoretical, and practical literature described in Chapters One and Two.

Discussion

The section discusses how the research findings and themes relate to the empirical, theoretical, and practical literature. The discussion confirmed how this study related to prior research on CF, burnout (BO), and secondary traumatic stress (STS). In addition, this dialogue explored how this study added to the empirical and practical literature and related to the theory of compassion resilience.

Empirical Literature

The problem in the research literature was a lack of understanding of how Title I school counselors who work in rural areas experience CF and the lack of research on CF in rural K–12 school counselors (Bright, 2018; Johnson et al., 2022; Mullen & Gutierrez, 2016; Rumsey, 2020; Smith, 2022). The researcher chose the phenomenological approach because several studies recommended a qualitative method to capture the lived experiences of CF in rural school counselors (Fruetel et al., 2022; Grimes, 2020; Rumsey, 2017; Rumsey et al., 2020; Smith, 2022). Much of the described experiences aligned with the previous literature on CF and BO. The study also added to the existing literature on Title I school counselors serving in rural areas, confirming the overwhelming demands of the job, the prevalence and acuity of students with trauma, and other job factors that contribute to CF, such as role ambiguity, role conflict, lack of supervision, and lack of collegial support and available resources (Bright, 2018; Chandler et al.,

2018; Grimes, 2020; Holme et al., 2018; Rumsey et al., 2020; Smith, 2022; Wilson et al., 2015). The literature review discussed how CF, BO, and STS were confounding terms (Coetzee & Laschinger, 2018; Ormiston et al., 2022; Rauvola et al., 2019). The literature review noted the presence and effects of CF on K–12 school counselors, which were confirmed by the participants' stories throughout the interviews as they described their experiences (Lawson et al., 2019; Ondrejková & Halamová, 2022; Shoji et al., 2015).

The Presence of Compassion Fatigue in Rural School Counselors

As noted in Chapter Two, the research literature had largely ignored school counselors working in rural areas (Bright, 2018; Chandler et al., 2018; Fruetel et al., 2022; Grimes, 2020; Johnson et al., 2022). There were multiple studies of BO in K–12 school counselors, but few that had studied CF or STS (Rumsey et al., 2020; Smith, 2022). The literature suggests that working in a Title I school increases the risk for STS (Rumsey, 2017; Rumsey et al., 2020; Smith, 2022). Lawson et al. (2019) noted that professionals working in rural schools may be at greater risk for CF or STS.

The prevalence of CF or STS in school counselors was uncertain due to mixed results of previous studies (Borntrager et al., 2012; McCarthy et al., 2010; Rumsey, 2017). Beasley and Norris (2021) examined the scores of 55 school counselors in the southeastern United States. In their study, the mean score of BO was 19.45, with 23.6% scoring in the moderate range of BO, while only 22% of the counselors scored in the moderate range for STS, with a mean score of 18.75. According to a Montana study of 194 school counselors, the mean BO score was 22.91, and the mean STS score was 21.73 (Lewis, 2020). These two studies surmised that BO and STS were low in the participating school counselors. However, in Rumsey's (2017) study of 174 school counselors, the mean BO score was 49.41, and the mean STS score was 49.61, which

were in the high ranges of each scale. In a repeated study by Rumsey et al. (2020), the average BO and STS scores fell in the moderate range. In addition, this study found a positive correlation between working in a Title I school and STS (Rumsey et al., 2020). In the current study, the participants' mean BO score was 27.55, and the mean STS score was 27.82. In this study's sample, 72.7% of the participants scored in the moderate range of BO, while 81.8% scored in the moderate range of STS. This disparity among studies caused the researcher to wonder what larger sample sizes of school counselors and Title I rural school counselors might yield. The prevalence of STS still needs to be clarified among school counselors in general and in Title I school counselors in rural areas.

The Effects of Compassion Fatigue on Rural School Counselors

Few studies examined CF rural school counselors' personal and familial effects (Fruetel et al., 2022; Rumsey, 2017; Rumsey et al., 2020). Of these few, symptoms of CF or STS included physical and emotional exhaustion, sleep disturbance, lowered perception of self-efficacy, decreased job performance, and undue absences (Rumsey et al., 2020). Other reported symptoms included chronic stress, irritability, fatigue, intrusive thoughts, avoidance of feelings about trauma, loneliness, negative perceptions, hypervigilance, or difficulty with concentration (Essary et al., 2020). Other studies reported that school counselors experience traumatic memories, angry outbursts, or startled reactions to external stimuli (Rumsey, 2017). Gentry and Monson (2017) acknowledged additional symptoms of STS: cynicism, pessimism, nightmares, loss of enjoyment, indecisiveness or poor decisions, losing self-esteem, and experiencing self-doubt. Additional symptoms included a sense of dread, desperation, avoidance of self-care, decreased trust, and rumination (Gentry & Monson, 2017). The literature was unclear on whether CF, BO, and STS were the same or different syndromes. In personal correspondence with Figley,

the researcher asked about this. He replied, "Compassion fatigue and secondary trauma are very similar, if not the same, depending on the instrument" (C. Figley, personal communication, February 16, 2023).

In this study, the participants completed the ProQOL-5, which pinpoints symptoms related to BO and STS. The highest-endorsed symptoms of BO included exhaustion, feeling overwhelmed, being bogged down, sleep disturbance that affected performance, feeling trapped, and loss of self-efficacy. The highest-endorsed symptoms of STS included preoccupation with trauma, difficulty separating professional from personal life, irritability, hypervigilance, and feeling affected by the trauma. In describing their experiences of CF, the rural school counselors emphasized feeling overwhelmed and exhausted, physical problems, including sleep disturbance, perception of decreased confidence and decreased performance, and feeling conflicted, frustrated, and discouraged. Some exhibited irritability, struggled to remain engaged in the work, and felt trapped. A few of the rural school counselors expressed cynicism or pessimism. Many expressed indecisiveness, self-doubt, inadequate self-care, and rumination. These symptoms indicated BO and STS, confirming the presence of CF.

Some of the STS symptoms were either absent or were at lower levels. The avoidance symptoms, usually present in STS, were present to a moderate degree in only two participants, while intrusive, frightening thoughts were present to a moderate degree in only one participant. Only four participants expressed moderate memory loss related to trauma victims. Most of the other symptoms of STS on the ProQOL-5 were endorsed moderately by 10 or more rural school counselors. However, the ProQOL-5's intention is not to diagnose CF, and clinical interviews were important in determining the presence of CF (Stamm, 2010). Throughout interviews with the rural school counselors, most of the symptoms of BO and STS were consistently present,

even avoidance. Surprisingly, the symptoms during the interviews for seven participants were more intense than signaled on the ProQOL-*5.* As the researcher spoke of this in Frank's interview, he remarked, "I think the self-report, especially with this population, may underreport symptoms. The counselors may not want to have compassion fatigue because they're here for the kids. There's sometimes a level of guilt about having compassion fatigue." Frank was correct that self-reports are possibly inaccurate, as responders may under or overreport symptoms.

Contributing Factors to Compassion Fatigue

The empirical literature on BO and STS in school counselors primarily agreed on the contributing factors to CF, pointing to work overload, role ambiguity and conflict, the lack of available resources, non-counseling duties, perceived lack of support from school administration, school staff, and exposure to trauma narratives (Kim & Lambie, 2018; Mullen & Guiterrez, 2016; Rumsey, 2017; Rumsey et al., 2020; Smith, 2022). In addition, the literature focused on high caseloads, the lack of supervision, emotion-oriented stress coping, and perceived stress (Bardhoshi et al., 2022; Beasley & Norris, 2021; Fye et al., 2022; Kim & Lambie, 2018; Mullen et al., 2021).

In this study, the factors mentioned by the rural school counselors confirmed the previously described factors: work overload, role ambiguity, role conflict, lack of resources, and clinical support. However, only one school counselor mentioned her caseload: over 600 students. Of more significant concern was the multitude of tasks, role ambiguity, and role conflict in the rural school counselor's role. Four rural school counselors mentioned they sought supervision regularly, while seven either waited to consult during a crisis or did not. However, many school counselors mentioned the importance of having a clinical person to discuss complex cases.

Contributions to the Empirical Literature

This study contributed to the empirical literature with its focus on school counselors who worked in designated Title I schools in rural areas and its focus on CF or STS in rural school counselors (Bright, 2018; Johnson et al., 2022; Mullen & Gutierrez, 2016; Rumsey et al., 2020; Smith, 2022). Researchers have expressed the need to study rural school counselors, those working as lone counselors in rural areas, school counselors in Title I schools, and how CF affects their personal and professional lives (Fruetel et al., 2022; Grimes, 2020; Rumsey, 2017; Rumsey et al., 2020; Smith, 2022). In this current study, all the school counselors worked in schools designated as Title I schools, which included a high percentage of students at the poverty level (BPV) or economically disadvantaged students (EDS). The school counselors were working in rural areas that were fringe, distant, or remote (Geverdt, 2019). Six rural school counselors were lone counselors in their district, and a seventh school counselor was the lone counselor until one year ago.

Through the lived experiences of Title I school counselors in rural areas, this study confirmed the symptoms of CF and some of the factors contributing to CF. One possible contributing factor should have been mentioned in the literature elsewhere. There were times when the researcher wondered if these rural school counselors had experienced potential moral injury, as exhibited by symptoms of guilt, shame, anxiety, and loss of trust in themselves or others due to the serious ethical decisions they made daily about student welfare (Sugrue, 2019). The researcher consulted with two professionals with training and experience in moral injury. Both consultants said that potential moral injury was possible. This insight was a novel discovery and was possibly present in several counselors' stories.

Debra's potential moral injury arose when a student committed suicide. The incident bothered her quite a bit:

> We had a student commit suicide and had not had any indication or any warning on that at all. But the last time I saw that kid, he had come in to pay for his cap and gown. I asked, "Everything going okay?" and he's like, "Yeah, everything's going great," just grinning ear to ear and then just a couple of days later, he committed suicide.

As Debra spoke, she expressed the sense that she felt responsible for preventing this suicide but did not because she focused on an administrative task and did not choose to engage the student further. This experience changed how she interacted with students and her worldview. This situation might be an example of potential moral injury.

Sometimes, difficult ethical decisions occurred, and the counselors struggled with decision-making. The following experiences were potentially morally injurious. Kelly had to call the Department of Human Services about neglected or abused children. She experienced internal conflict and an ethical dilemma. The moral distress was evident when she stated:

> I'm really traumatized today because I had to call DHS. I question a lot, "Is this a DHS call or is it not?" And that's hard because if it's not, then you create a trauma in this family that already has trauma. And then if you don't, and something happens, then oh my god, it's your fault.

The potential moral injury was also present as Gail shared her thoughts and struggled with her decision. She asked herself:

> Okay, is this what we do? [call DHS] In a small place like this I find it difficult to turn them into DHS. I mean I do it when I need to, but everybody knows everybody. That's a

little harder than if you are in a larger town where you didn't know everybody and everything.

While the potential moral injury was the most novel concept, it is yet unexplored in school counselors (Sugrue, 2019). There was another element present that was surprising. While the researcher expected self-doubt, she was surprised at how some rural school counselors questioned their capacity to deal with trauma, crisis, or decisions regarding student welfare. All possessed a graduate degree in counseling, and many had years of experience in education and in school counseling. Additionally, it was unclear the degree to which empathy played a negative or positive role in the development of CF. This concept will be discussed further in the theoretical section.

Theoretical Literature

The theoretical framework for this study was Figley's compassion fatigue resilience model (CFRM) discussed in Chapter Two (Figley & Ludick, 2017). This empathic-stress model implies that one cannot experience CF if one does not have the empathic ability, empathic concern, or secondary exposure to trauma (Rauvola et al., 2019). Some researchers have argued that empathy is not required to experience CF (Jenkins & Warren, 2012; Klimicki & Singer, 2012; Peters, 2018). However, according to the CFRM, empathy alone does not result in CF. There are other factors salient to producing CF: ongoing compassion stress, prolonged trauma exposure, life stressors, inability to detach in healthy ways, lack of a support system, lack of self-care, and traumatic memories (Figley & Ludick, 2017). To say that Figley relied solely on empathy is a misunderstanding of his theory.

As mentioned in Chapter Two, recent studies in neuroscience have discussed different types of empathy, which activate different brain regions (Bošnjaković & Radionov, 2018; Cuff et

al., 2014; Hall & Schwartz, 2019; Stevens & Taber, 2021). The types of empathy previously mentioned were affective empathy, cognitive empathy, and compassion. In the current study, the rural school counselors demonstrate three types of empathy. When Hailey said, “If I'm going to celebrate their successes with them, then I feel like I take a part in their struggles as well because I couldn't help them the way I wanted to,” this was affective empathy, as Hailey felt she must suffer as the students suffer. When Alice commented, “This is my home. This is my community. I care about them. When they're hurting, it's hard not to hurt too,” this displayed compassion as she related to a shared experience of suffering. When Kelly questioned herself, she displayed cognitive empathy: “I had to tell myself on the way home, ‘You gotta do better. Because what if she really is sick?’” In this statement, Kelly attempted to understand the student’s suffering but did not feel the pain herself.

Throughout this study, the components of the CFRM model were present. The counselors exhibited empathic concern and the ability to talk about their students. They discussed their exposure to various traumas, some on a prolonged basis, as they discussed neglect, abuse, and crises. They discussed their struggle with balancing caring versus detaching too much. Cami stated, “I've had to work a lot on not detaching a whole bunch because detaching is good to a point.” However, she acknowledged that detachment is not healthy when one loses empathy. The school counselors talked about self-care but admitted they come to school at about 6:30 a.m. or 7:00 a.m. and often leave after 6:00 p.m. These extended hours leave little time for self-care.

The CFRM discussed the importance of a social support system and a sense of satisfaction. The school counselors had support systems but needed more clinical support. For many, their compassion satisfaction was moderate, as evidenced by their CS scores, but could be higher. In sharing their experiences of CF, several counselors referred to previous counseling

crises, which triggered traumatic memories. Debra mentioned several, including Alice, Belinda, Cami, Hailey, Kelly, and Lisa.

Some studies of BO in school counselors have mentioned that non-counseling responsibilities and high caseloads are significant factors in the development of CF but not STS (Beasley & Norris, 2021; Fye et al., 2022; Hamelin et al., 2022; Kim & Lambie, 2018). In the current study, the rural school counselors mentioned non-counseling duties more frequently than exposure to student trauma. However, due to confidentiality, several counselors remarked they were concerned about sharing their experiences with students. In addition, avoidance of traumatic material is a symptom of STS, and the counselors may have avoided lengthy discussions of their experience of student trauma due to STS and not because it was not a contributing factor. In this study, BO was more prevalent than expected. A theory of CF needs to delineate the role of BO more clearly, along with the role of other contributing factors.

Practical Literature

Due to the extensive research on BO in K–12 school counselors, studies have made recommendations for the field. A CF model needs to include an individual and a systems perspective. At the individual level, change focuses primarily on the psychological and characterological features that need addressing (Vacarro et al., 2020). The interventions include increasing self-efficacy, self-care habits, healthy coping skills, and self-regulation; building resilience; and developing perceptual maturation (Essary et al., 2020; Gentry, 2022; Howell et al., 2019; Mullen & Gutierrez, 2016; Wagaman et al., 2015). Additional suggestions included ongoing clinical supervision and trauma training (Howell et al., 2019; Lawson et al., 2019; Rumsey et al., 2020). Other studies have proposed interventions at microsociological, mesosociological, and macrosociological levels. These included managing lower caseloads,

clarifying the counselor role, increasing collaboration between school counselors and administration, addressing power differential concerns, and implementing structural and policy-making solutions (Beasley & Norris, 2021; Chandler et al., 2018; Vaccaro et al., 2021).

In this study, the rural school counselors made their suggestions based on their experiences of CF. These included role clarification, self-advocacy, collegial interaction, and more school counselors. Some of these aligned with suggestions in the literature, while others offered fresh ideas. Lisa offered several suggestions: “I strongly believe what would help counselors is to define their roles more concretely and offer them support staff. Counseling secretaries and registrars would make the biggest and most cost-effective difference.” Kelly suggested that graduate programs offer less theory and more practical courses. She said, “I think they could get someone from DHS to come in and talk to them about how to make reports or have law enforcement discuss current issues. Perhaps a panel discussion with various professionals.” Ellie, Jade, and Debra mentioned the need for more counselors. Debra said, “Having an LPC in the school is a huge help. There needs to be more of us.”

Frank offered a different solution by suggesting a different model for rural schools like the one where he worked. His agency had a team of educators, psychologists, social workers, and interventionists who worked as a team and supported one another. They served different schools when districts contracted with this non-profit agency. He said, “It's a really good, sustainable model that allows our students and families and schools to have services that they otherwise wouldn't have.”

The discussion of empirical, theoretical, and practical literature offered a comparison of this study with current research. The rural school counselors’ experiences confirmed multiple elements in empirical research, the theoretical model, and practical approaches. Their

experiences also emphasized the need for further research. The counselors were interested in the findings and future recommendations. Based on their experiences and the findings of this study, empirical, theoretical, and practical implications and recommendations were offered.

Implications

This section discusses the implications and recommendations for application based on the empirical, theoretical, and practical elements and the individual and composite lived experiences. The empirical implications suggested areas for future research on CF in rural school counselors. The theoretical implications discussed the CFRM, pointing out weaknesses and needing an updated model. The practical implications discussed recommendations for various stakeholders for preventing and treating CF in rural school counselors.

Empirical Implications

There were empirical implications from this phenomenological study. For researchers of school counselors, this study offered further information on school counselors working in Title I schools. The study revealed the difficulty in working with student populations that were either BPV or EDS. This situation meant that these school counselors worked with students with more acute and pervasive problems, including poverty, lack of parental support, and multiple traumatic experiences. It demonstrated the depth and breadth of the school counselor's role while working without adequate support, either professionally or in resources. Researchers should explore the effects of working in designated Title I schools on school counselors' professional identity and wellness.

This study also showed how school counselors in rural areas manage their roles and how school counselors working as lone counselors experienced isolation. Working long hours, teaching, providing state testing, and serving as a class sponsor, the ICAP Coordinator, the ELL

Coordinator, and the Homeless Liaison demonstrated the need for further support. The lack of support and mental health resources need further research to determine how to meet these needs to aid the counselors in providing a comprehensive school counseling program.

This study confirmed the importance of positive collaboration and support for rural school counselors and administrators. Researchers should determine how role clarification can benefit administrators and school counselors while providing excellent service to students. The study showed how high demands and little support could have been in the rural school counselors' best interest, affecting how they serve students. Developing new approaches to the comprehensive school counseling program in rural areas would be helpful. Such an approach could address the unique factors present in rural settings.

This study also indicated the need for further study of STS, BO, and CF in Title I school counselors working in rural areas. The need for prevention and intervention should be a focus, as well as ways to increase compassion satisfaction. A study of what interventions best suit rural school counselors is necessary for employment longevity. In addition to empirical implications, this study also provided theoretical implications.

Theoretical Implications

This study offered continuing recommendations for a theory of CF. The rural school counselors' experiences demonstrated several weaknesses in Figley's theory (Figley & Ludick, 2017). The CFRM does not define or incorporate BO well or consider the work environment or the role of perceived stress. One theoretical model that considers individual and system factors is the compassion fatigue model (Coetzee & Laschinger, 2017) or the conservation of resources theory (Hobfoll, 1998). Another model to consider is the professional and compassion model (Geoffrion et al., 2016), which includes the role of subjective stress appraisal and professional

identity. As the rural school counselors describe, these models consider the personal and systemic factors contributing to CF.

An updated model of CF might incorporate the individual, systemic, and neuroreciprocal contributing factors that lead to CF. Such a model could portray the feedback loop that sustains CF. Systemic factors mentioned by the rural school counselors, such as role ambiguity, role conflict, work overload, and lack of resources, including the lack of administrator, staff, or community support and mental health resources, are integrated into the model. Personal factors include autonomic dysregulation, a neuroreciprocal concept, disengagement, inadequate self-care, and a lack of self-efficacy.

The model suggests that an affective empathic response is more likely when multiple factors are operative, meaning there is a decreased functionality combined with trauma exposure. The affective empathic response alone is insufficient to produce CF. However, when the systemic factors are severe enough to decrease career satisfaction, life stressors become prevalent, and the counselor experiences prolonged exposure and traumatic memories, then CF results. The model is not suggesting that all factors must be present, but instead that there is a point at which CF is inevitable.

Practical Implications

The study findings offered recommendations for graduate counseling education, school administrators, and rural school counselors for practical implications. Previous studies of CF in school counselors had recommended reduced caseloads, increasing administrator support for school counselors, supervision, self-care, and additional training in trauma (Fruetel et al., 2022; Rumsey et al., 2020; Smith, 2022). Some participants made recommendations. Some rural school counselors' thoughts were similar to previous suggestions, while others were new.

Implications for Graduate Educators

For educators in graduate counseling education, there were several suggestions. Several participants stated the need for practical education. Graduate education should offer trauma-informed courses or embed trauma-informed practices in theory, practicum, and internship courses. The rural school counselors desired more training and information on triaging a crisis, trauma-informed practices, and education on CF, BO, and STS, along with practical skills. In programs accredited by the Council for the Accreditation of Counseling and Related Educational Programs, approximately 3.4% offer a stand-alone trauma-informed course (Mathew et al., 2023). Approximately 25% of the programs offer graduate students a combined trauma and crisis counseling course, while 73.3% of programs do not offer a trauma course (Mathew et al., 2023). This lack of available training is prevalent in graduate programs throughout the United States (Foltz et al., 2023; Henning et al., 2022). In practicum and internship courses, educators can aid graduate students in developing strong self-efficacy and self-advocacy skills while offering supervision. As the literature has suggested, this training should include education about assessment measures that examine counselor vitality, wellness, and resilience (Archer, 2020).

Implications for Rural K–12 School Administrators

Opportunities to collaborate with rural school counselors offer valuable support for school administrators in rural districts. As Lisa suggested, rural schools can offer secretarial support for school counselors at a much lower cost than hiring a second counselor. Rural counselors perform many tasks related to data records, which an administrative staff member could do. Lessening the non-counseling duties would enhance rural school counselors' well-being, increase job satisfaction, and provide additional support during emergencies. It would also be easier to recruit for such a position than for a graduate-educated school counselor. Another

opportunity lies in the use of graduate interns. Pairing a rural school with a university could further help rural school counselors. Administrators can also provide rural school counselors opportunities to seek further training or participate in counselor peer groups.

Implications for Rural School Counselors

Rural school counselors can learn specific methods for preventing and managing symptoms of BO or CF. Two programs exist that offer excellent tools. The Components for Enhancing Career Experience and Reducing Trauma (CE-CERT) model consists of five resiliency skills: experiential engagement, conscious narrative, parasympathetic recovery, decreasing rumination, and reducing emotional labor (Miller & Sprang, 2017). The other training program is the Forward-facing® Resilience Program (Gentry & Dietz, 2020). Gentry (2022) developed this program to provide intervention, support, and treatment for BO and CF. This training updates the accelerated recovery program, showing positive results in multiple research clinical trials (Rajeswari et al., 2020). The advantage of both approaches is that they recognize that self-care is inadequate to address CF. Instead, these programs teach participants how to manage symptoms in real-time using simple techniques that take a few seconds rather than requiring additional evenings or weekends when counselors are exhausted (Gentry, 2022; Miller & Sprang, 2017).

While the literature had suggested supervision (Mullen & Gutierrez, 2016; Rumsey et al., 2020), only one school counselor in the study was required to seek supervision for licensure. The other 10 counselors were certified but not licensed mental health professionals and preferred collegial support. Peer mentoring would offer both a support group and training. Peer mentorship is used in academic medicine to support and train physicians and has been successful (Cree-Green et al., 2020). Professional school counselor associations, either regionally or nationwide,

could organize peer consultations via teleconferencing. A peer mentor with additional years of experience could be assigned to guide the new counselor in the first two years, especially those not undergoing licensure and, therefore, have no clinical supervisor. Additionally, peer mentors could encourage rural school counselors to engage in regular self-assessment and continuing education to enhance their wellness and continue professional development.

Delimitations and Limitations

This phenomenological study described the lived experiences of CF in Title I K–12 school counselors working in rural areas. The intention was to provide awareness of CF in Title I rural school counselors, to understand the factors related to retention, and to provide additional suggestions for prevention. The study has provided valuable insight into CF in rural school counselors. In this section, the researcher presents the delimitations and limitations of this study.

Delimitations

There are intentional choices that researchers make in limiting research studies. Such choices provide boundaries for the research and are known as delimitations (Coker, 2022). The delimitations for this study included participants who were employed full- or part-time in a rural Oklahoma school setting in a designated Title I school. The researcher intentionally chose to include currently employed full or part-time counselors in the study. In addition, choosing participants who worked in Title I schools was decided due to the correlation mentioned in previous studies of STS to Title I status (Chandler et al., 2018; Fye et al., 2020; Rumsey et al., 2020). Only counselors working in rural areas, as defined by the National Center for Education Statistics (NCES), were considered due to the study's focus on rural counselors (Geverdt, 2019).

Another delimitation was geographic location; all participants were employed in Oklahoma. The study did not include counselors outside of Oklahoma to limit the focus to a

geographic location. Another delimitation related to the criteria of the phenomenon of CF. Participants must have experienced or been experiencing CF, as screened using the ProQOL-5 Inventory (Stamm, 2010). The requirements included at least a score in the moderate range of either the BO scale or the STS scale.

Regarding other participant criteria, no delimitations were set based on ethnicity, gender, marital status, years of experience, education, counselor licensure, or certification. Other delimitations of the study were defined by the phenomenological research design. The participants met at least two criteria in a transcendental phenomenological study. They must have experienced a common phenomenon and can explicate their lived experiences (Moustakas, 1994).

Limitations

Limitations of a research study are the possible weaknesses or factors that cannot be controlled. One of this study's limitations was using a self-report measure, ProQOL-5, for screening. Self-report measures rely on subjective information the respondent offers, which may affect credibility (Giromini et al., 2022). As such, individual answers may vary based on personal or environmental factors and result in overreporting or underreporting psychological symptoms (Giromini et al., 2022). Another limitation was the researcher’s experience. The researcher had experienced CF, had been trained in the assessment and treatment of it, and had taught multiple workshops for many years on the subject. The researcher's experience may have influenced the interpretation of data and the results. The researcher placed limitations on explaining CF or offering participants services for prevention or treatment.

Another limitation of the study was transferability. Efforts to triangulate the data included interviews, cognitive representations, a demographic survey, the screening instrument, an online

focus group, and follow-up emails to ensure the data was sound and accurate. The study was limited to Title I rural school counselors in Oklahoma and, therefore, limited by regional boundaries. The participants were from various parts of Oklahoma; however, this may limit the transferability of results to other rural school counselors in other states. In addition, there was a lack of heterogeneity in ethnicity and gender, with only one Native American participant and only one male participant. The rest of the participants were White females. As a result, this limits generalization about the findings to other ethnicities or races.

A final limitation was timing. Due to timing, the study occurred at the end of the school year, which limited the number of participants available and possibly influenced the extent of the CF symptoms. The rural school counselors mentioned that their scores are tenuous due to the timing. However, it would be challenging to replicate the study at a time when rural school counselors are more readily available due to the multiple tasks they perform.

Recommendations for Future Research

This study highlighted the need for further empirical studies in rural school counselors. There have been numerous studies of BO in school counselors, yet only some on STS or CF. These studies have been quantitative and qualitative (Fruetel et al., 2019; Rumsey, 2017; Rumsey et al., 2020; Smith et al., 2022). In addition, a study of factors that increase compassion satisfaction would be beneficial in offering solutions for rural school counselor retention. This researcher suggests a mixed methods study using quantitative and qualitative methods to gain further data in exploring rural school counselors' prevalence, extent, lived experiences and those working in other geographic locations. A mixed methods approach offers the depth and breadth needed to produce richer data (Creswell & Poth, 2018; Dawadi et al., 2021). These studies could

aid in the identification of which factors are significant contributors to CF and which provide sustainability in designated Title I school counselors in rural areas.

A third recommendation for researchers is to explore the prevalence and role of moral injury in rural school counselors. While moral injury applies to military and hospital personnel, it may also play a role in school counselors, who experience moral distress from the decision-making process concerning student welfare. A qualitative study of moral injury, particularly a case study, could bring enlightenment on whether moral injury is a factor for school counselors (Sugrue, 2019). The study of moral injury is related to BO, CF, and STS (Sugrue, 2019). Using a case study approach, researchers could explore school counselors' experiences of how moral injury occurs, if at all. If school counselors experience moral injury, then that might change the types of interventions needed.

Summary

This transcendental phenomenological study sought to describe the lived experiences of Title I school counselors working in rural Oklahoma. Based on Husserl's philosophical system with its foundation in openness, this phenomenological study sought to find the noema and noesis of the phenomenon of CF in these counselors (Moustakas, 1994). Through phenomenological reduction, the data provided the noema, how the school counselors perceived CF, and the noesis, how they experienced CF (Moustakas, 1994; Peoples, 2021). The study also explored the application of the CFRM (Figley & Ludick, 2017) to the CF experiences of Title I rural school counselors. This study had three research questions: *How do Title I school counselors in rural Oklahoma describe their experiences with compassion fatigue? How do participants describe the factors that contribute to their experience of compassion fatigue? How do participants describe the effects of compassion fatigue on their personal and vocational lives?*

Three themes developed in this study: *A counselor being overwhelmed leads to compassion fatigue*, *Compassion fatigue creates dissonance*, and *Compassion fatigue leads to disheartenment.* In describing their experiences, the rural school counselors showed how much they felt overwhelmed by CF, how CF produced dissonance, and how it caused disheartenment.

The findings of this study coincided with previous studies of the symptoms of CF, highlighted the role of BO in CF, illustrated the degree to which CF causes self-doubt, and revealed the need for additional support. Researchers, educators in graduate counseling, and rural school counselors received recommendations for working with school counselors in Title I schools in rural areas.

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Appendix A

Institutional Review Board Approval

March 31, 2023

Kathy Hoppe
Frederick Milacci

Re: IRB Exemption - IRB-FY22-23-1194 Into Muddy Water: A Phenomenological Study of Compassion Fatigue in Title I Rural School Counselors

Dear Kathy Hoppe, Frederick Milacci,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

Appendix B

Letter to Oklahoma School Counseling Association

As a graduate student in the Department of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a Doctor of Education degree. The title of my research project is *A Heavy Happiness*: *A Phenomenological Study of Compassion Fatigue in Title I Rural School Counselors.* My research aims to explore the experiences of compassion fatigue in Title I rural school counselors, how participants describe the factors that contribute to it, and how it affects their personal and vocational lives.

I am requesting permission to use your membership list to recruit participants for my research. School counselors who work in Title I rural schools will be asked to contact me to schedule a 60-90-minute audio-recorded interview to discuss their experience of compassion fatigue. At the end of the interview, I will ask them to draw a picture illustrating their experience of compassion fatigue. They will also be asked to participate in a virtual, audio-recorded focus group with other participants for one hour. Participants will be presented with consent information prior to the start of the procedures. Participation in this study is voluntary; all names and personally identifiable information will be replaced with pseudonyms or otherwise concealed to maintain confidentiality. If a participant wishes to withdraw at any time, they will be free to do so.

Thank you for considering my request. If you choose to grant permission, please respond by email indicating your approval. You may also include a mailing list for your members.

Sincerely,

Kathy Hoppe
Doctoral Candidate
Liberty University

Appendix C

Recruitment Letter

Dear Potential Participant:

As a doctoral candidate in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a Doctor of Education in Community Counseling. The purpose of my research is to explore the experiences of Title I school counselors who work in rural schools and how they describe the factors that contribute to compassion fatigue and how it affects their personal and vocational lives. If you are interested and meet my participant criteria, I would like to invite you to join my study.

Participants must be full or part-time public school counselors working in a school located in rural Oklahoma that is designated as a Title I school, and identify that they currently experience or have experienced compassion fatigue.

Participants will be asked to complete a screening tool that determines the experience of compassion fatigue. I will contact participants to inform them of their eligibility or ineligibility. If participants meet the criteria, and if they are willing, they will be asked to complete an audio-recorded interview lasting up to a total of 1.5 hours. The interview will take place either face-to-face or via *Zoom*, a video conferencing software. At the end of the interview, participants will be asked to draw a picture that illustrates compassion fatigue, which should take about 15 to 20 minutes. Participants will also be asked to participate in one virtual, audio-recorded focus group with other participants for about one hour. During the focus group, participants will be provided with a copy of the research findings for the purpose of "member-checking." This means that participants will be provided with the initial themes that were developed and will be asked for their confirmation or disconfirmation of the accuracy of these themes. This discussion will be reviewed by the researcher and incorporated into the final results. Names and other identifying information will be requested as part of this study, but the information will remain confidential, and pseudonyms will be used throughout the written work.

If you are interested, please complete the attached screening survey, and return it by email to me at

A consent document will be provided via a separate email if you qualify for the study. The consent document contains additional information about my research. If you choose to participate, you'll need to sign the consent document and return it to me before the procedures may begin.

Sincerely,

Kathy Hoppe
Doctoral Candidate
Liberty University

Appendix D

Social Media Post

ATTENTION TITLE I RURAL SCHOOL COUNSELORS: I am conducting research as part of the requirements for a Doctor of Education at Liberty University. The purpose of my research is to explore the lived experiences of compassion fatigue among Title I rural school counselors. To participate, you must be employed as a full or part-time school counselor, work in a rural area as defined by the National Council on Education Statistics (NCES), work in a school designated as a Title I school by the Federal government, and you are experiencing or recently experienced compassion fatigue. Participants will be asked to participate in 1 audio-recorded interview, either face-to-face or via Zoom, lasting up to 1.5 hours. At the end of the interview, I will ask you to complete a drawing of a word or object illustrating your experience of compassion fatigue which will take about 15-20 minutes. I will also ask you to participate in an audio-recorded, virtual focus group via *Zoom* with other participants and the researcher (1 hour). The focus group will serve as a "member-checking" process. This means the participants will be provided with the initial themes developed and will have the opportunity to confirm or disconfirm the accuracy of the identified themes. This information will be incorporated into the study results. If you would like to participate and meet the study criteria, please contact me at

I will email you the compassion fatigue screening survey, and if you qualify for my study, I will send you a consent document. Once you return those, I will contact you to schedule an interview.

Appendix E

Demographic Survey

The purpose of this transcendental phenomenological study is to describe Title I K–12 school counselors' lived experiences with compassion fatigue in rural Oklahoma, how they describe the factors that contribute to it, and how it affects their personal and vocational lives.

This questionnaire is intended to gather demographic information about all the participants. This information will help inform other researchers about how your answers may or may not be related to compassion fatigue. This form is voluntary. You may answer all, some, or none of these questions.

How do you describe your gender?

What is your age? Please check one of the following:

☐ 18-24

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55-64

☐ 65-74

☐ 75+

☐ I prefer not to answer

What is your ethnicity? Please check one of the following:

☐ White

☐ Asian

☐ American Indian

☐ Black or African American

☐ Middle Eastern or North African

☐ Hispanic, Latino, or Spanish origin

☐ Native Hawaiian or Other Pacific Islander

☐ Other

☐ I prefer not to answer

How many years have you been a school counselor? Please check one of the following:

☐ Less than 5 years

☐ 5-9.9 years

☐ 10-14.9 years

☐ 15-19.9 years

☐ More than 20 years

☐ I prefer not to answer

How many years have you been at your current, primary school site? Please check one of the following:

☐ Less than 5 years

☐ 5-9.9 years

☐ 10-14.9 years

☐ 15-19.9 years

☐ More than 20 years

☐ I prefer not to answer

How long have you worked in a rural school setting? Please check one of the following:

☐ Less than 5 years

☐ 5-9.9 years

☐ 10-14.9 years

☐ 15-19.9 years

☐ More than 20 years

☐ I prefer not to answer

How many schools do you serve? Please check one of the following:

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ More

☐ I prefer not to answer

How many students are assigned to you? Please check one of the following:

☐ 1-250

☐ 251-350

☐ 351-400

☐ 401-450

☐ 451-500

☐ 501-559

☐ 551-600

☐ More than 600

☐ I prefer not to answer

Are you a certified school counselor of a licensed mental health professional? Please check one of the following:

☐ Certified School Counselor

☐ Licensed Professional Counselor

☐ Licensed Marital & Family Therapist

☐ Licensed Social Worker

☐ Other

☐ I prefer not to answer

Do you seek supervision or consultation from a licensed mental health professional? Please check one of the following:

☐ Yes

☐ No

☐ I prefer not to answer

If you seek supervision from a licensed mental health professional, how often do you seek supervision or consultation? Please check one of the following:

☐ Weekly

☐ Monthly

☐ Quarterly

☐ As needed during a crisis

☐ I prefer not to answer

Do you attend or participate in professional workshops for continuing education? Please check one of the following:

☐ Yes

☐ No

☐ I prefer not to answer

Thank you for completing this information.

Appendix F

Permissions

Permission to Use the ProQOL

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

Name

Kathy Hoppe

Organization Name, if applicable

Liberty University

Country

United States

Please tell us briefly about your project:

Quantitative study of compassion fatigue of counselors

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

licensed professional counselors

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 towww.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

Thank you for your interest in the ProQOL! We hope that you find it useful. You will receive an email from the ProQOL office that records your answers to these questions and provides your permission to use the ProQOL.

We invite any comments from you about the ProQOL and the experience of using it at proqol@cvt.org. Please also contact us if you have any questions about using the ProQOL, even if you noted them on this form. Note that unfortunately, our capacity is quite limited so we may not be able to respond to your note: however, we greatly appreciate your engagement.

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.

© B. Hudnall Stamm, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold. Those interested in using the test should visit www.proqol.org to verify that the copy they are using is the most current version of the test.

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)

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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

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Permission to Use Figures 1, 2, and 4.

This is permission from Charles Figley, PhD, to use Error! Reference source not found. *Model of Compassion Stress* (p. 30), Error! Reference source not found. *Model of Compassion Fatigue* (p. 31), and **Figure 4** *A Generic Model of Compassion Fatigue Resilience* (p. 33).

Figure 1.

Model of compassion stress

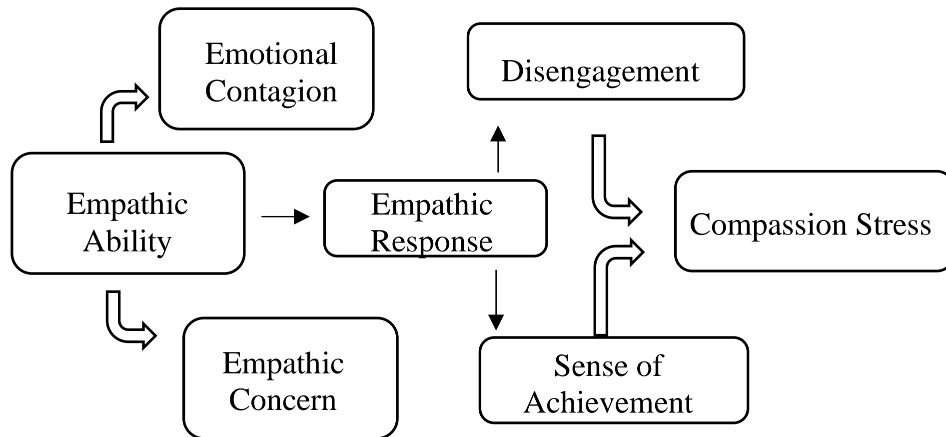


Figure 2.

Model of compassion fatigue

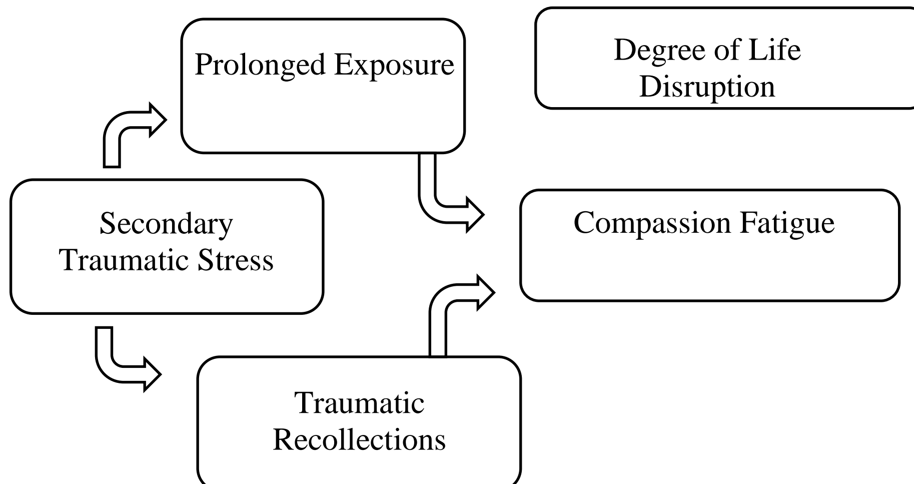
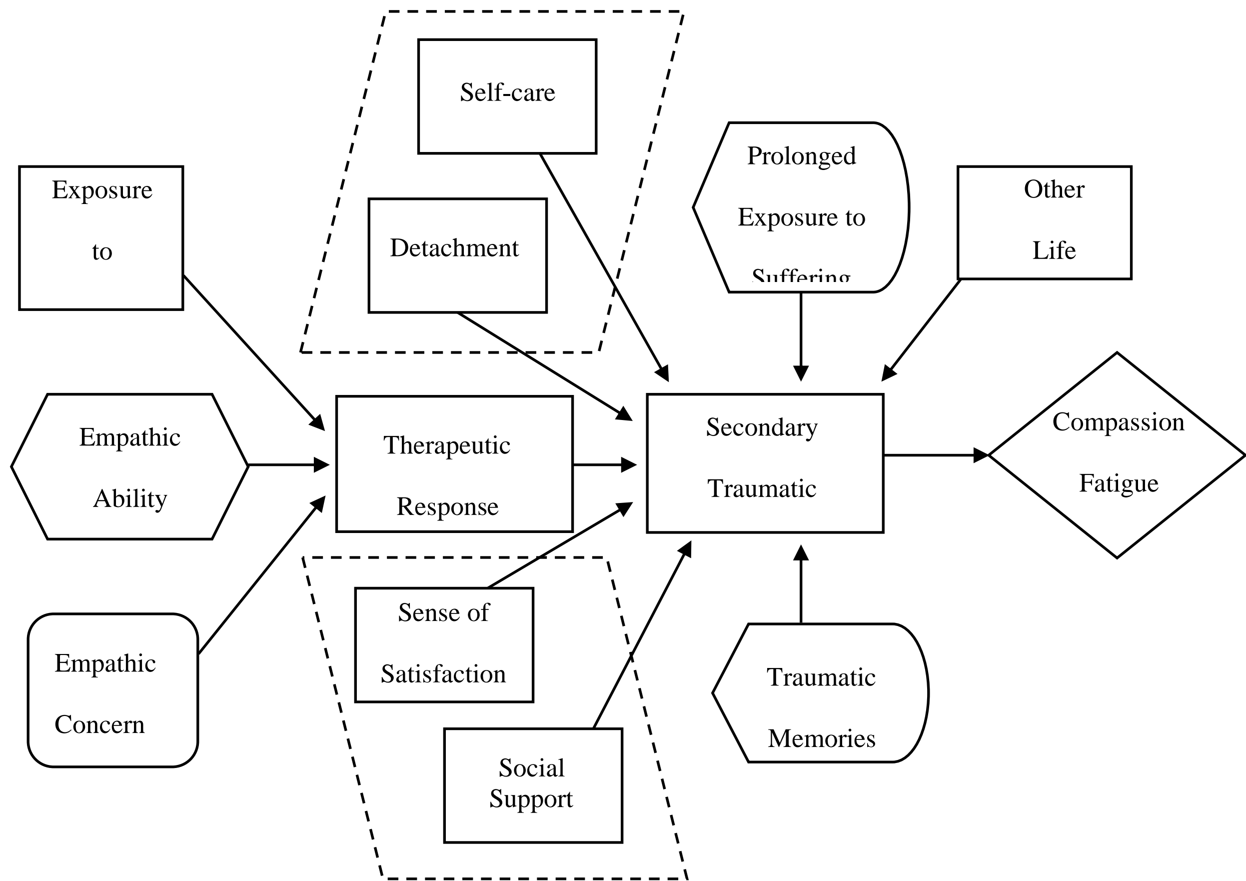


Figure 4.

A generic model of compassion fatigue resilience



Re: Compassion fatigue questions

Kathy Hoppe
Wed 7/26/2023 10:14 AM
To:Charles Figley, Ph.D.
Thank you so much.

Kathy Hoppe,

From: Charles Figley, I
Sent: Wednesday, July 26, 2023 10:12 AM
To: Kathy Hoppe
Subject: Re: Compassion fatigue questions

Please feel free to use my work in any way the helps you and others.
Charles

On Wed, Jul 26, 2023 at 8:45 AM Kathy Hoppe

> Hello, Dr. Figley.
> I am requesting your permission to use and publish several of your diagrams for my dissertation and subsequent published journal article. This includes the model of compassion stress, the model of compassion fatigue, and the generic model of compassion fatigue resilience. There will be no remuneration to me for publishing these.
>
> If you require remuneration for the use and publishing of these, please let me know.
>
> Thank you.
>
> **Kathy Hoppe,**

Appendix G

Informed Consent

Title of the Project: Into Muddy Water: A Phenomenological Study of Compassion Fatigue in Title I Rural School Counselors
Principal Investigator: Kathy Hoppe, Doctoral Candidate, School of Behavioral Sciences, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be a full or part-time school counselor working in a public Oklahoma school that is designated as a Title I school by the Department of Education and is located in a rural area as defined by the National Council on Education Statistics (NCES), and you are experiencing or have experienced compassion fatigue. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of this transcendental phenomenological study is to describe Title I K–12 school counselors' lived experiences with compassion fatigue in rural Oklahoma. This study is being done because there are few studies that have examined how compassion fatigue affects school counselors who work in rural areas and who work in Title I school settings in those rural areas.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Complete a short demographic survey which should take no longer than 15 minutes.
2. Participate in an audio-recorded interview either face-to-face or on Zoom that will take about 60 to 90 minutes.
3. At the end of the interview, draw a picture to illustrate a topic from the interview, which will take about 15-20 minutes.
4. Participate in a virtual, audio-recorded focus group with other participants where you will respond to four or five questions related to the themes of the study. This procedure will take approximately 60 minutes. The focus group will review any thematic findings or statements made during the interview and/or focus group for accuracy purposes.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society might include new ideas for school counselors' self-care, insight for sustainable trauma-informed graduate education for school counselors, and policy decisions to support rural school counselors.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study include

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distressing thoughts or uncomfortable emotions when recalling stories and experiences as a school counselor. To reduce risk, I will monitor the participant's responses and reactions and check in with participants frequently regarding emotions, level of discomfort, and desire to continue or discontinue the interview. I will provide referral information for counseling services if needed.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.
- Data collected from you may be used in future research studies and/or shared with other researchers. If data collected from you is reused or shared, any information that could identify you, if applicable, will be removed beforehand.
- Data will be coded and stored in a compressed electronic file that is password-protected. Participant demographic information and participant names will each be stored in different electronic files that are compressed and password-protected. Each will be stored separately on an external drive separate from all other data. Only the researcher will have access to the passwords or the external drives. The external drives will be stored in a locked cabinet in a locked office. After five years, all electronic records will be deleted and all hardcopy records will be shredded.
- Interviews and focus groups will be audio-recorded and transcribed. Recordings will be stored on a password-locked computer for three years and then erased. Only the researcher will have access to these recordings.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address or phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Kathy Hoppe. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at (918) 607-4601 or

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. You may also contact the researcher's faculty sponsor,

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record and video-record my personal interview and my participation in the focus group as part of my participation in this study.

____

Printed Subject Name

____

Signature & Date

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Appendix H

Interview Questions

1. Hi, my name is Kathy Hoppe. I appreciate you taking the time to meet with me today. I wanted to remind you that this interview is being recorded.
2. I will start today by asking you a few questions about yourself and your work to get to know you better.
3. Tell me about yourself. What do you enjoy most? What types of hobbies do you have? What brings you joy or feeds your soul? Where did you grow up? Tell me about your family.
4. Tell me how you got started in school counseling.
5. What are your experiences as a rural school counselor?
6. Please tell me what compassion fatigue means to you in your own words.
7. Share your experience of compassion fatigue with me. What has it been like for you?
8. Did you know you had compassion fatigue? Or was that a surprise?
9. If you knew you had compassion fatigue, how did you know?
10. Can you share any experiences of how your work has contributed to your compassion fatigue?
11. What things or situations have contributed to your compassion fatigue?
12. What do you feel physically, emotionally, mentally, or spiritually when you experience compassion fatigue?
13. Is there a story you can share about your experience of compassion fatigue and its effect on your life?
14. How does compassion fatigue affect your vocational life?

15. In what way is your vocational life different than you imagined since you have experienced compassion fatigue?
16. Now that you've experienced compassion fatigue, what helps you make it through the day? The week? The school year?
17. We've covered quite a bit in our conversation today. I appreciate everything you have offered and the time you've given. I have one final question. What else do you think is vital for me to know about compassion fatigue or its impact on your life or anyone else?

Appendix I

Reflective Journal

5/3/2023

Today is the first day I am journaling. As I look at the ProQol surveys being returned, I find myself wanting to diagnose these participants with compassion fatigue. I have to remind myself that is not my task. The goal is to let these participants describe their understanding and experiences. Once I realized what I was doing, I decided it was time to begin my bracketing more sufficiently. I re-read my methods chapter to remind myself of the research questions. This was helpful.

Throughout the past two weeks, I have shared my concerns about recruitment with Dr. Michelle Taylor, who has agreed to help with recruitment. I have been able to share my anxiety about the process, and this has aided in providing me the opportunity to re-center and practice patience. With her experience in school counseling, she has advised me of the ending year schedule and that school counselors are just reaching a point where they will be able to participate. This is also helpful.

I provided an update about recruitment to my dissertation chair, who reminded me this task is more difficult than one realizes. This normalized the experience for me.

5/8/2023 10:00 a.m.

The first interview is today. In preparation, I am reviewing academic sources and videos about interviews and coding data. In addition, I have reviewed the demographics of the locale for this case provided on the NCES website to gain an understanding of the locale. I reviewed the interview questions briefly. To bracket myself, I reminded myself that I am a witness. I also

reminded myself to set aside any tendency to diagnose or interpret for the interview. I reminded myself to listen attentively.

5/8/2023 11:30 a.m.

I have completed the first interview. The recording went well without any technological problems. As I asked questions of the participant and probed deeper, she answered some of the questions that were further on the list. The conversation flowed more naturally rather than me asking questions in the order that I proposed. I wondered if I probed deeply enough with this participant. There were no surprises in what she told me that were exceptional to the research. I wonder if I needed to probe further.

5/15/2023 1:00 p.m.

The 2nd interview is scheduled today via Zoom. Once again, I find myself concerned of whether the school counselor will remember to join me. I sent a confirmation email with no response. However, I have no control of that, so I do some self-regulation and then turn to my research questions. I remind myself that I am interested in her lived experiences of compassion fatigue, her view of the factors that contribute to it, and how it affects her professionally and personally. This keeps me focused.

5/15/2023 3:00 p.m.

The interview is complete, and it went very well. The school counselor was open in sharing her experiences. As she shared, there was a point where I grew uncomfortable as she spoke of the political climate. However, I neither encouraged nor discouraged her at this point. I could see this as a contributing factor to her experience, especially since she had practiced in another state previously. At the latter part of the interview, she cried a few quiet tears. It was difficult not to move into counselor mode. She apologized, and I did let her know that it was okay since it was

part of her experience. Her cognitive representation made my heart hurt, but I did not say that to her. To bracket myself at that moment, I reminded myself this interview was for research, and that the best help I could provide would be the research results. The interview ended well, as she regained composure.

5/17/2023 8:50 a.m.

I am recording my thoughts on *VoiceMemo* as I drive almost 3 hours to do this interview. I am nervous again that she will not show for the interview but am learning to let go of that worry. I have no control over whether a person shows or not. I sent a confirmation email and did not receive a response. Perhaps that is a normal pattern for people now–they don’t confirm appointments. I remind myself again of the primary purpose and research questions. I arrive about 10 minutes early and take a photo of the neighborhood. I took some photos outside of town of the landscape. Doing so helps in understanding the arena in which she operates. This interview has a different feel since it is in person. The school secretary arrives first and informs me that the school counselor is on her way. The school counselor (23018) arrives at 9:05 a.m., and we enter her office. I notice the signs in the hallway are motivational for the students. I mention those, and she smiles. However, her smile seems ingenuine. Perhaps that will arise in the interview. I prepare my phone and computer as recording devices upon receiving her permission. The interview begins smoothly as she shares how she entered the field and arrived at this school. We spend an hour and a half talking. She becomes more open along the way and shares her experience of compassion fatigue. Again, it is so hard not to comfort her or offer recovery information. My heart aches for her. I do provide her with a book title and a video title to view about compassion fatigue. She is appreciative and remarks that she believed the

interview was a “God” thing. She explains that she believes we were supposed to meet on that day. She requests a hug before I leave, and I do offer that in return.

5/17/2023 1:30 p.m.

Upon leaving the interview, I spent some time at a favorite store in Oklahoma City. That distracts me until I enter my car to drive the remaining distance home. As I drive, I use my *VoiceMemo* to record some thoughts about the interview and debrief myself. This school counselor’s symptoms are bothersome, so when I return home, I call my director, Michelle Taylor, to debrief with her without revealing the school counselor’s name or locale. Just a few minutes is enough to help me recenter.

5/19/2023 3:30 p.m.

I've done three interviews. Now, as I'm reflecting on this, there are a couple of thoughts that come to my mind. One, the compassion fatigue is not related to the number of cases. It's related to the exposure to trauma, related to the requirement to switch or to change focus several times during the day, and the acuity of symptoms in school youth. It's not the number of children, but it is the extent of trauma in the communities that exist along with the depth of trauma. So, things are not well with the children in rural school areas. The acuity of trauma is significant. Switching means being a crisis, or first responder, being a counselor the next hour, being a teacher, or doing one of the other mini-administrative tasks that a counselor has to do. That is the part that seems to be significant.

The other thing that I thought of is the significance of the care, concern, and commitment to the school children and youth. In a small community, the counselor cannot leave that at the school; it's more difficult to compartmentalize, because even if they leave school, they may run into the

child or the parents at an event, a grocery store, or somewhere in town. And so, that is a constant reminder to them that the child may or may not be safe.

The third thing is doing it alone and the lack of resources. A counselor who is doing trauma work needs to consult with others. Doing it alone means that a person bears the weight, a sense of great responsibility, and a sense of uncertainty and doubt. “Am I doing enough? Should I do more? Am I doing the right thing or not?” That increases the stress and the impact of the trauma on the counselor. Eventually, this erodes counselor confidence and perceived personal/professional efficacy.

5/22/2023 8:10 a.m.

I’m preparing for 3 interviews today. One is online, and two are in person. I’ve had several distractions this morning and am trying to regain focus. I re-read my questions. In the last 2 interviews, the participants answered the questions organically without me asking those precisely. However, I noticed that my follow-up to the cognitive representation needs to probe a bit deeper. New insights and information have arisen after each interview. I look forward to hearing what will occur today and am trying to be open to the participants’ experiences. It’s important for me to remember the research questions: *1) How do Title I school counselors in rural Oklahoma describe their experiences with compassion fatigue? 2) How do participants describe the factors that contribute to their experience of compassion fatigue? 3) How do participants describe the effects of compassion fatigue on their personal and vocational life?*

5/22/2023 8:00 p.m.

Today was a bit exhausting. I did not realize how much three interviews plus driving 400 miles would exhaust me. However, the interviews went well. I find it hard not to comment or interject my thoughts or advice into the conversations. I want to correct the understanding that

compassion fatigue is just burnout. I keep reminding myself of the first research question and how that focuses on how participants describe their experience of compassion fatigue. They do not have to describe it exactly. Then I remind myself that the literature is confused about the term itself. I must not place things in my perceptual box.

5/23/2023 8:30 a.m.

I drove another 60 miles to my next locale this morning. I have two interviews today. One is online, and the other is in person. I will drive to the interview locale where the school counselor has offered another office for me to use for my online interview. I did not sleep well in the hotel last night, so it is difficult to focus today.

5/23/2023 8:00 p.m.

I have mixed feelings about the interviews today. In the first, I could not see signs of compassion fatigue. There were some symptoms of burnout but only slight. I took the interview a different direction. I feel bad about that, as it did not honor the perspective of the participant. I steered off course and did not correct myself. I tried to contact my chair via email to discuss my concerns, but he is away from the office currently.

In the second interview, I reset my mind and was able to stay on track. However, I found myself distracted by the participant's responses. I believe she is avoiding the counseling part of her job, due to being overwhelmed by the responsibilities of a lone counselor for an entire school system. She also mentions her discomfort with counseling the younger children at the elementary school. I kept having to set my judgment aside.

When I left, I intended to drive home, but I could not do it. I had a headache and backache, was sleepy, and had little energy. I stopped after a few hours and spent the night in a hotel. I had a solid meal, which was part of the problem, and then regained enough energy to do some work.

5/24/2023 10:30 a.m.

I woke up early and drove home. In total, I drove about 1,000 miles the past few days. I was home in time to complete an online interview. I was focused on the questions but had to work hard to engage the participant. She seemed to struggle with answering the questions.

I spent the afternoon transcribing and coding several interviews. I also developed several portraits. I took a break in the afternoon and evening. I find it hard to stay with the transcribing and coding for long periods of time.

5/25/2023 11:00 a.m.

I had two interviews scheduled today. One was in person and the other online. The in-person participant was 30 minutes late, so I had to reschedule the online interview for next week. I hope I don't lose her. While I was slightly frustrated with the time delay, the participant who arrived late brought new information to light, particularly the detachment and anger expressed throughout. This has been less evident in the other interviews but is certainly a part of compassion fatigue.

I sent an email to offer times for the online focus group. I hope there will be several participants joining that in a few weeks. However, that also places pressure on me for coding. I have other commitments as well but do not want to wait so long that participants are no longer interested. It seems to be a catch 22.

5/27/2023 12:30 p.m.

I spent a good part of yesterday and today completing the transcriptions, writing portraits, and doing in vivo coding. It is exhausting work, but I am slowly making progress. Possible themes are arising: moral distress/responsibility, universality of pain, the weight of bearing responsibility of the role, the overwhelming nature of the job, isolation and loneliness, self-

efficacy struggles, and the desire to leave versus commitment to a type of calling. As I think about these, I think of how within each of these themes are conflicts. I think that is the exhausting part. The cognitive representations have been meaningful in adding to the development of the themes. I find myself excited to write about these.

Appendix J

Cognitive Representations

During the interviews, all but one interviewed participant was asked to draw a visual representation of their experience of compassion fatigue. This appendix includes a photo of each cognitive representation; the title, if any; and the description offered by the participant.

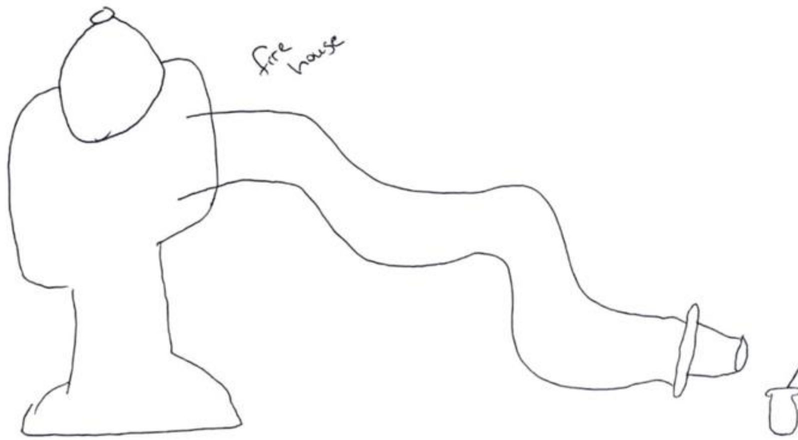
Alice's Cognitive Representation

Belinda's Cognitive Representation

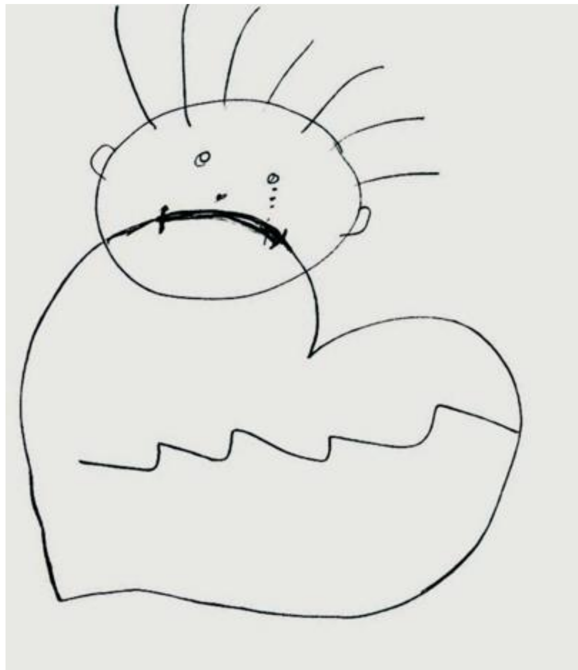
Cami's Cognitive Representation

Debra's Cognitive Representation

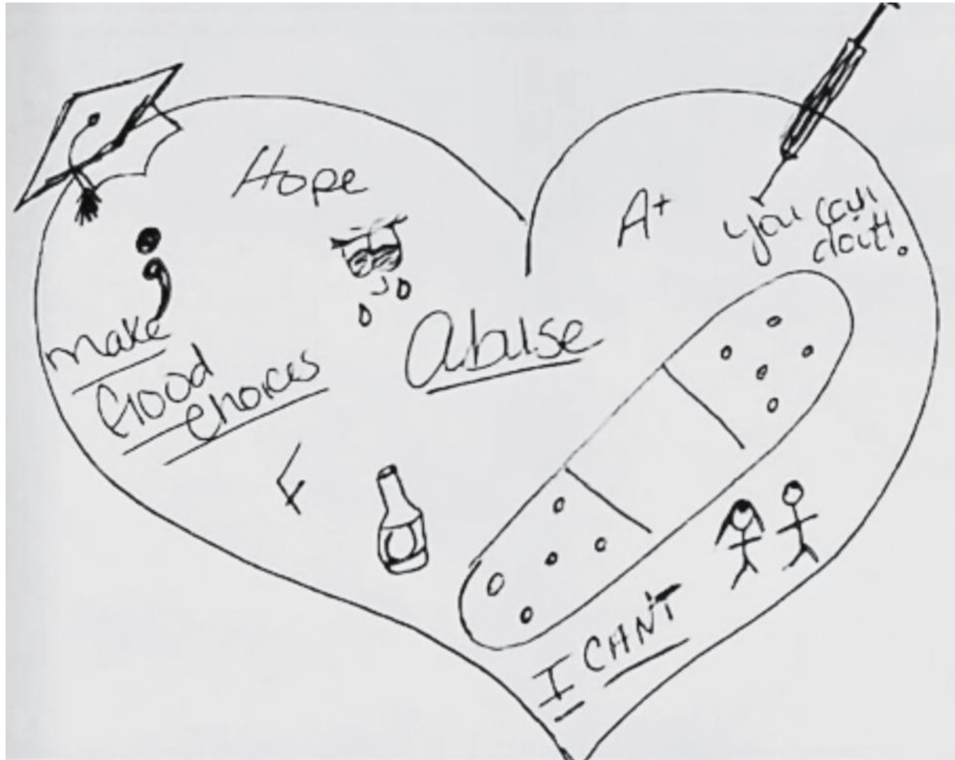
Ellie's Cognitive Representation



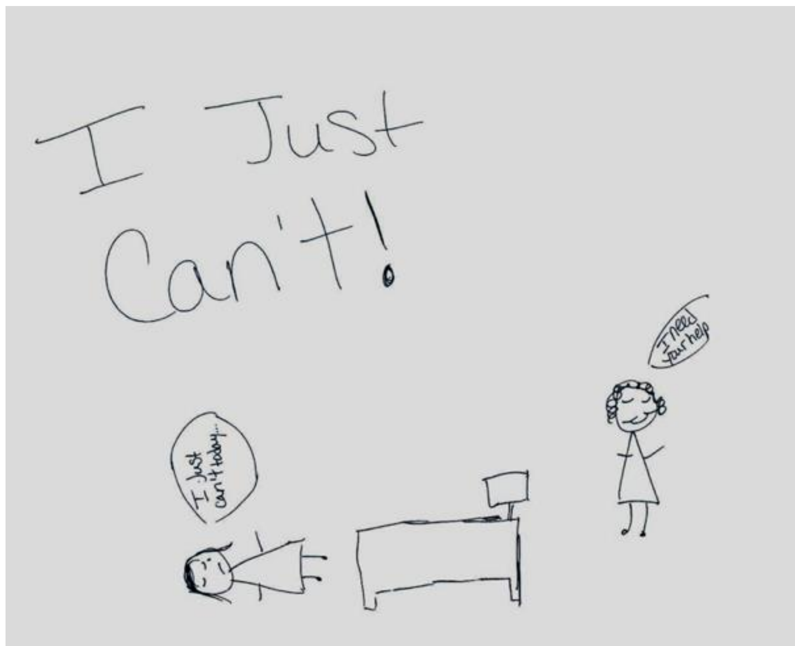
Gail's Cognitive Representation



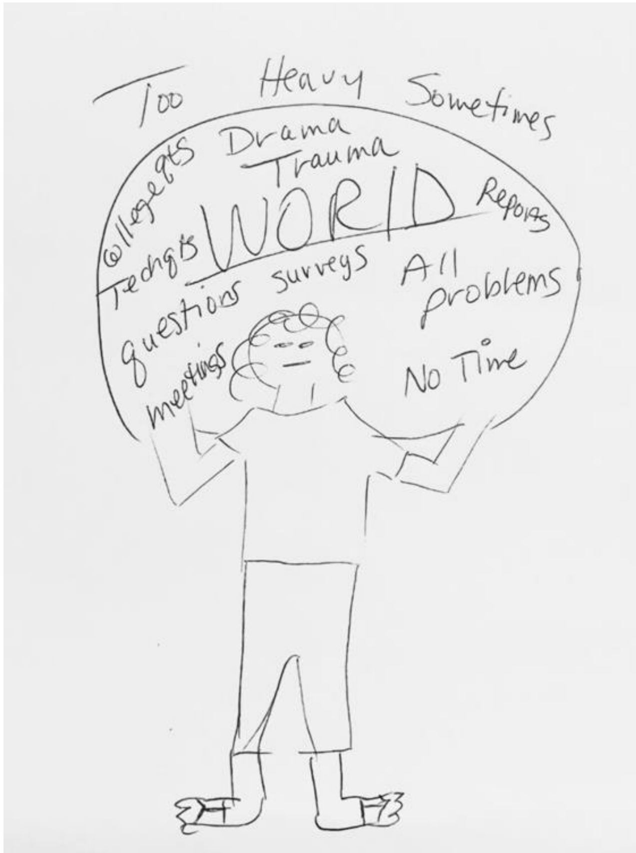
Hailey's Cognitive Representation



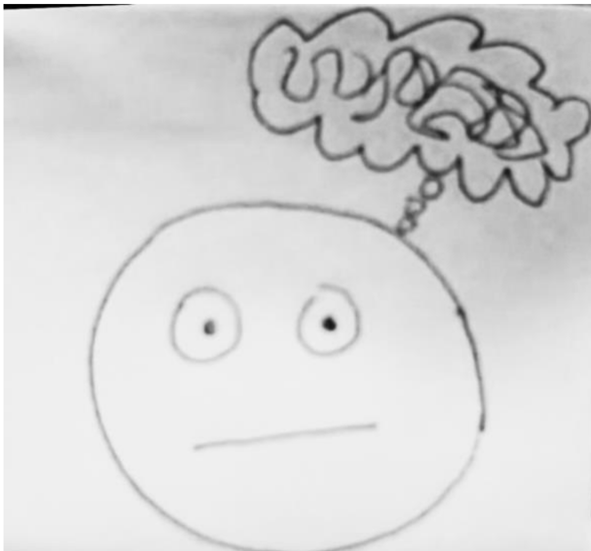
Jade's Cognitive Representation



Kelly's Cognitive Representation



Lisa's Cognitive Representation



Appendix K

Focus Group Questions

Thank you for joining this online synchronous focus group. Your attendance in this group contributes to the current research project, “A Heavy Happiness: A Phenomenological Study of Compassion Fatigue in Title I Rural School Counselors.” The purpose of the focus group is for member checking. This is an opportunity for you to review and discuss the themes discovered during the research process. To maintain confidentiality, please change your tagged name on your user profile to your pseudonym. If you desire further confidentiality, you may join with your camera off. If you wish further anonymity, you can use the chat feature to participate in the discussion. The following questions will be asked during the focus group.

The following themes were identified from the interviews: (name the themes discovered).

1. Do these themes most accurately represent your experiences? Please discuss.
2. Are there any themes that should be changed? Please explain.
3. Do you think any key themes are absent from this list? Please discuss.
4. Is there anything else you think is important for this researcher to know?

This discussion has been helpful. Thank you for attending.