5-2014

Hospice Social Workers' Perspectives on Contributing Factors Influencing Compassion Satisfaction

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By

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
In Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Acknowledgments

There are many people that deserve some recognition for making this project come together. First I would like to thank the chair of my research committee, Rajean Moone, and my committee members, Gretchen Scheffel and Deborah Goulet, for the guidance they gave me throughout this process.

Thank you to the eight hospice social workers that partook in this research, for contributing your time and willingness to share your experiences to help the profession grow and develop.

Finally I would like to thank my family and friends for the support that they have given me along they way. You helped make this journey possible for me with your never-ending encouragement.

Thank you all for helping make this possible!

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Abstract

This paper explores hospice social workers experiences with regards to compassion satisfaction and their work. Existing research on the topic of compassion satisfaction recognizes that it could be the mitigating factor in preventing compassion fatigue, or even worse burnout among individuals with highly stressful professions. The proposed factors that help increase compassion satisfaction are utilizing self-care methods, education, training material, supervision, and organizational support (Alkema, Linton & Davies, 2008; Adams, Boscarino & Figley, 2006; Harr 2013; & Slocum et al., 2013; Conrad & Kellar-Guenther, 2006). The sample of this study, which included eight hospice social workers, participated in a thirty to forty-five minute semi-structured interview. Data was analyzed using grounded theory for theme development. The findings indicate the personal and professional aspects influencing professionals' satisfaction with their work. Findings also suggest expanding the research to other aspects of social work and the possibility of implementing the results for greater amounts of satisfaction.

Social workers describe the work they do as "rewarding, frustrating, satisfying, discouraging, stressful, and most of all, challenging" (Hepworth, Rooney, Dewberry Rooney, Storm-Gottfried & Larsen, 2010, p. 5). Social workers often meet with clients who experience various levels of suffering. Many of their clients also have very traumatic life experiences (Harr & Moor, 2011). Experiences of the client can easily affect the professional, sometimes to the point of their own trauma, referred to as vicarious traumatization (Newell & MacNeil, 2010). Some workers experience negative feelings, due to extended amounts of work with these clients. These feelings can accumulate over time and result in compassion fatigue. As cited by Meadors, Lamson, Swanson, White & Sira (2010), Aberndroth and Flannery found that almost 27 percent of hospice nurses were placed in the category of high compassion fatigue (2006). Figley (2002) proposed a continuum as suggested in Sprang, Clark, & Whitt-Woosley's study (2007). This continuum extends from compassion satisfaction to compassion fatigue. What separates these two concepts is compassion stress (Sprang et al., 2007). Compassion stress is described as the energy that one feels from responding empathically to the client, along with the demand to alleviate the clients suffering (Figley, 2002). This continuum can progress even further into a sense of burnout. Working in human services is one of the major risk factors for becoming burnt out (Newell & MacNeil, 2010). "Burnout is conceptualized as a defensive response to prolonged occupational exposure to demanding interpersonal situations that produce psychological strain and provide inadequate support" (Jenkins & Baird, 2002, p. 424). It has been noted that compassion fatigue can result in burnout if one does not manage these feelings in a timely fashion (Bourassa & Clements, 2010). Researchers have found that risk factors of compassion

fatigue are related to the agencies in which professionals work, as well as characteristics related to the specific individuals (Conrad & Kellar-Guenther, 2006).

The effects compassion fatigue has on individual workers is starting to influence the field of social work itself. It is estimated that turnover rates in social services range from 30% to 60% within a year (Mor Barak, Nissly & Levin, 2001). Grady & Cantor suggest that, because of these turnover rates, we are creating a cycle where social workers with insufficient training engage in direct practice with clients, and supervise new members who emerge into the field (2012). Through this cycle, the authors suggest workers are less vigorous in their professional self and work, which further perpetuates the cycle (Grady & Cantor, 2012). Through Bourassa's research, it is proposed that when professionals continue to work with clients after developing compassion fatigue, many ethical issues can occur (2009). The National Association of Social Workers' [NASW] code of ethics (revised, 2008), which guides social work practice, denotes that social workers should not let issue that arise influence their work. Failure to abide by this edict can in turn put the client at risk. In essence, when social workers are experiencing these feelings, the likelihood of unethical practice increases. Compassion fatigue is beginning to affect many different professional workers as well, not just social workers.

In order to prevent the accumulation of these negative feelings, workers and agencies can develop ways to increase feelings of compassion satisfaction. The literature proposes that compassion satisfaction could be what helps keeps students motivated to continue working within the social work profession (Harr & Moore, 2011). Mor Barak et al. (2001) identified that feeling a sense of compassion for their work and a sense of commitment to the agency they work for keeps social workers encouraged to stay with

their job. The protective factors that have been identified to help control the stress commonly felt by workers include: experiencing feelings of achievement and being able to disengage or letting go from the client and their experiences of suffering (Figley, 2002). Training and education, supervision, organizational support, and self-care have also been identified as some of these specific protective factors. Self-care in professional work has been described as workers using skills and strategies to meet their own needs in regards to personal, their family, emotionally and spiritually while also working to meet the needs of their clients (Newell & MacNeil, 2010).

There are many aspects of hospice care work that are highly stressful. Often times, these workers are involved with death, family or personal grief, patients with extreme pain, many different emotional states, and lastly traumatic narratives (Alkema et al., 2008). Hospice care workers very frequently help patients and their families during times that are of high stress. Because of this work, these professionals endure information that is described by the patient and it can be traumatic and distressing (Alkema, et al., 2008).

The purpose of this study is to examine and identify what influences feelings of satisfaction in hospice social workers. This will be achieved through perspectives of individual workers that are practicing in the field. This study will include an exploration of how these professionals find meaning in their work, what factors helps them feel more satisfied, and how their education has influenced this process.

Literature Review

Individuals involved in helping professions, especially social services, can develop adverse health effects due to high levels of personal distress and demanding amounts of empathy involved in their work (Thomas, 2013). These same individuals can develop positive feelings associated with the work they are accomplishing. There is much research on the subject of compassion fatigue, and compassion satisfaction in a variety of professional settings and the ways in which these two concepts interact. What seem to be missing are measures to protect empathic workers from developing compassion fatigue and increase their rates of compassion satisfaction. The focus of the research for this study is on high stress in empathic, helping, professional fields, the effect of this stress on the development of compassion fatigue and compassion satisfaction, the interaction of these two concepts, and contributing factors increasing satisfaction in professionals.

Definitions

Compassion fatigue has been compared and interchangeably used with many different terms in relation to the helping profession. Some of the most common of these terms are: vicarious traumatization, secondary traumatic stress, post-traumatic stress disorder and burnout. For the purpose of this research, compassion fatigue will be used to describe the negative effects of stress on workers. Nevertheless, because there are intricacies to these terms, it is important to understand each of the definitions and how they differ. Each description was obtained through a review of the literature.

Vicarious traumatization

This term refers to the psychological effects that professionals experience through their work with highly stressful and traumatic clients. These effects can last for months and even years following the work with clients (McCann & Pearlman (1990). These tend to affect workers more cognitively and through how they view the world, which is where this differs from secondary traumatic stress (McCann & Pearlman, 1990; Sprang et al., 2007; Newell & MacNeil, 2010; Cunningham, 2003). Some of the symptoms of vicarious traumatization include: depression, disordered thinking about self and others, anxiety, and avoiding of social interactions (Sprang et al., 2007).

Secondary traumatic stress

Figley (1983) suggested this term is used to describe the worker having feelings of the personal distress that their client is experiencing due to the intimate, empathic work they are doing with their clients (As cited in Baird & Jenkins, 2003). The symptoms of secondary traumatic stress are very similar to the symptoms of post-traumatic stress disorder. The client or original victim experiences symptoms such as invasive thoughts, insomnia, and irritability. Professionals then also experience these feelings (Newell & MacNeil, 2010). Depersonalization can also develop. Unresponsiveness to the client, and insensitive feelings toward the client can result (Everall & Paulson, 2008). Figley (1995) highlights that these symptoms are related to "outward behaviors" versus cognitive consequences (As cited in Newell & MacNeil, 2010, p. 60). These outward behaviors related to symptoms of secondary traumatic stress differ from vicarious traumatization, in which the effects are associated with individuals'

cognitive schemas, and worldview (Newell & MacNeil, 2010; McCann & Peralman, 1990).

Post-traumatic stress disorder

This term describes an individual's pathological stress response following the experience of a traumatic event. The symptoms that are associated are: avoidance of aspects related to the trauma such as feelings, thoughts, places, memories etc., increased irritability, trouble sleeping and concentrating, and being easily startled, and having intrusive thoughts related to the trauma (American Psychiatric Association, 2000). The symptoms cause a disturbance in individuals who are experience post-traumatic stress disorder that is directly related to the threatening or harmful event (Bourassa, 2008). Although a general heightened sensitivity is a common response to trauma, individuals suffering with Post Traumatic Stress Disorder also experience specific events such as flashbacks or phobias that directly tie to the traumatic event. Jenaro, Flores, and Arias (2007, p. 80) defined this as, "A syndrome composed of emotional exhaustion, depersonalization, and reduction of personal accomplishments" (as cited in Alkema et al., 2008, p. 103). The difference between secondary traumatic stress and post-traumatic stress disorder is related to how the individual experienced the event. Post-traumatic stress disorder involves a direct re-experiencing of the traumatic event (American Psychiatric Association, 2000).

Burnout

Burnout has been described as the defensive strategy to an accumulation of work-related demand and lack of support (Meadors et al., 2009). Stamm (2007) described burnout as linked to loss of hope, problems with work, and workers having feelings of not making a difference by doing their work (As cited in Alkema et al., 2008). Workers can exhibit exhaustion both mentally and physically due to burnout. Burnout can affect workers in their personal lives as well, with increased problems in relationships at work. Dombo & Gray (2013) suggest burnout occurs when individuals take on their client's experiences. These authors describe the concept of taking on the experiences as the client's experiences absorbing the professionals' life and professionals talking a great deal about their client's experiences (Dombo & Gray, 2013). Burnout is highly related to the individual's work with the organization including the structure of the agency, lack of support from the agency, and being assigned a task without first receiving the adequate training (Valent, 2002).

Social work field: Highly stressful situations

Empathy is a topic that is controversial within the area of compassion fatigue and compassion satisfaction. By definition, compassion includes associations with empathy (Meadors et al., 2009). It has been described as an important aspect in professionals being successful in their helping positions (Thomas, 2013). Beginning research on empathy indicated that practitioners have to be very self-aware of their empathic feelings. They need to understand their clients; however, they also need to deliberately keep from identifying too much with the client and their presenting problems (Thomas, 2013).

Some research has indicated as professionals engage more empathically and utilize empathic responding toward their clients, they also run the risk of experiencing compassion stress.

Compassion stress is the strong demand that many workers have on them to heal the client's suffering. Ultimately, these workers are making themselves "vulnerable to the cost of caring" (Figley, 2002, p. 1436). Compassion stress occurring with other influential factors can lead into the development of compassion fatigue. Newell & MacNeil (2010) suggest that it is the worker's use of empathy along with the daily organizational tasks that lead to the development of compassion fatigue. Some of the effects that can develop in professionals working with clients experiencing suffering are connected with ethical issues in social work practice. Everall & Paulson (2004) suggest that one of the ethical issues that can arise is a violation of boundaries between clients and professional. These authors also suggest that professionals lacking training could feel compelled to serve these clients regardless of their lack of knowledge.

Compassion fatigue: Result of high stress situations

The topic of compassion fatigue has been studied quite extensively throughout the past two decades (Meadors et al., 2009). It is described as the negative aspects that develop while working with clients who are suffering and traumatized (Harr, 2013; Harr & Moore, 2011). Internalization and over-identifying with the trauma and suffering that the client is dealing with can impact the development of compassion fatigue (Conrad & Kellar-Guenther, 2006). Other researchers have described it as the "cost of caring" for these clients (Bourassa, 2009; Slocum-Gori, Hemsworth, Chan, Carson & Kazanjian,

2013). It has also been thought of to be natural and preventable (Jacobson, Rothschild, Mirza & Shapiro, 2013). According to Newell and MacNeil (2010), compassion fatigue can also occur when working with populations other than those who have directly experienced trauma such as mentally ill individuals.

According to Slocum-Gori, et al. (2013), there is a key difference between compassion fatigue and burnout. These authors say that workers with compassion fatigue can still work with their clients, just in an altered way. Burnout, however, is not necessarily associated with working compassionately (Slocum-Gori et al., 2013). What helps keep compassion fatigue distinct from the other interchangeably used terms is relative to the onset time. Compassion fatigue has been described to have a quicker onset than burnout (Alkema et al., 2008; Cicognani, Pietrantoni, Palestini, & Prati, 2009). When comparing compassion fatigue to vicarious trauma and secondary traumatic stress, which occur immediately, compassion fatigue adds up and occurs over time (Newell & MacNeil, 2010).

Of importance is the excessive number of professionals that compassion fatigue is impacting. It has been researched in many different settings, fields and/or professions; Hospice palliative care (Alkema et al., 2008), nursing and other healthcare (Austin, Goble, Leier & Byren, 2009; Meadors et al., 2009), emergency responders (Cicognani et al., 2009), child protection (Conrad & Kellar-Guenther, 2006), clergy (Jacobson et al., 2013), and psychologists and social work professionals and students (Harr & Moore, 2011; Thomas, 2013). The rate of workers affected by compassion fatigue in the helping profession ranges from 13 to 50% (Thomas, 2013). In Oklahoma City, 73.5 percent of counselors working with trauma related clients were at a moderate, high or extremely

high risk of compassion fatigue (Figley, 2002). According to Figley, as long as workers acknowledge their feelings of compassion fatigue, it is treatable (2002). When trying to alleviate the experience of compassion fatigue, Figley (2002), suggests strategies should not differ whether helping professionals involved in trauma work or professionals involved in therapy work with clients.

Signs of compassion fatigue

There are many different symptoms of compassion fatigue. Compassion fatigue can affect individuals emotionally, physically and cognitively (Harr, 2013). These symptoms include: problems with adequate sleep, individuals being more easily startled, an increase in depressed mood, avoidance of aspects that remind individuals of the event that their client is dealing with, disrupting thoughts or images related to the event, no longer being interested in activities, and addictive behaviors (Alkema et al., 2008; Bourassa, 2008). The symptoms of individuals who are experiencing compassion fatigue relate to the exposure of the traumatic or threatening information revealed by the client (Bourassa, 2008).

Compassion satisfaction: Mitigating compassion fatigue

Compassion satisfaction is referred to as the positive feelings that individuals experiences due to the work in which they are engaged (Jacobson et al., 2013). Many researchers have indicated that this could defend against individuals experiencing compassion fatigue (Conrad& Kellar-Guenther, 2006). One of the major points that researchers have found is that caring for one's self emotionally, spiritually, and keeping a

balance between their professional and personal lives has a significant, positive correlation with compassion satisfaction (Alkema et al., 2008). When studying students in social work field placements, it was found that during the early stage of their professional work, compassion satisfaction rated higher than in later stages (Harr & Moore, 2011). In contrast, when studying professionals in the field, researchers have found that older workers experience higher rates of satisfaction than do younger workers (Bourassa 2009; Sprang et al., 2007). Many social workers enter the field due to feeling a vocational calling. When workers are able to reflect back on reasons for choosing this profession, this could lead to the compassion satisfaction in the challenging work that they do (Van Hook & Rothenberg, 2009). Harr (2013) also gives indication as to how social workers can increase compassion satisfaction. The major point she suggests is keeping the motivation that first brought an individual into the profession and maintaining positivity. She suggests making an effort to examine the successful aspects of the day, improvement that has been made with clients and the appreciative things client say. Harr (2013) also indicates professionals should try and keep in perspective how important their work is, and focus on client growth and resilience.

Comparison of compassion fatigue and compassion satisfaction

Compassion satisfaction has been examined alongside compassion fatigue in many different areas of research. What has been shown in the research is that it is negatively correlated with compassion fatigue (Slocum-Gori et al., 2013; Alkema et al., 2008; Conrad & Kellar-Guenther, 2006; Van Hook & Rothenberg, 2009). When individuals have high rates of compassion satisfaction their rates of compassion fatigue

are lower. In Van Hook & Rothenberg's 2009 study, this was true even when controlling for other individual characteristics such as age, amount of time in the professional field, and amount of time spent working in the agency. One researcher indicated that it is possible for professionals to have compassion fatigue due to their work, but also have positive feelings and satisfaction from it (Conrad & Kellar-Guenther, 2006).

Identifying contributing factors to compassion satisfaction

Much of the research has compared compassion fatigue as well as compassion satisfaction with demographic characteristics of their participants. Male workers have higher rates of compassion satisfaction when compared to their female counterparts (Sprang et al., 2007; Van Hook & Rothenberg, 2009). However, Sprang et al. (2007), found no difference in rates of compassion fatigue and satisfaction between male and female workers. If workers have prior experience with trauma or negative life events, their rates of compassion fatigue have been seen to be higher (Conrad & Kellar-Guenther, 2006; Adams et al., 2006). Age has been another variable compared to compassion fatigue and compassion satisfaction in many studies. Sprang et al. (2007), found that younger professionals have higher rates of compassion fatigue. In this study, caseloads with a high number of clients with PTSD and a variety of other variables were also associated with higher rates of compassion fatigue (Sprang et al., 2007).

This is important to note due to Craig & Sprang's (2010) research on compassion fatigue, which indicated that age alone was not a significant factor in rates of compassion fatigue, though when accompanied with a high caseload of clients with PTSD, age was a significant predictor for compassion fatigue. Religion may serve as a key element in

feeling professionally satisfied, however, through a review of the literature, there is a lack of any evidence of religious aspects studied in social workers. When studying clergy workers, only two percent say, if they could start over and choose a different profession, they would (Jacobson et al., 2013). As indicated in the literature up to this point, professionals have identified protective factors to combat compassion fatigue.

Self-care

Self-care is a concept that has been researched and shown to increase the feelings of compassion satisfaction. The aspects of self-care that were found to predict the highest levels of compassion satisfaction were in relation to the emotional and spiritual parts of self, as well as creating the balance between the personal and professional areas of a worker's life. What Alkema et al. found in their research suggests that self-care acts as a more holistic protective approach (2008). Research suggests that the topic of self-care should begin when individuals are students. Strategies that are identified as self-care include: adapting to the work setting, having a supportive network, trying to achieve balance between personal and professional life, and getting adequate sleep and nutrition (Alkema et al., 2008). Van Hook and Rothenberg's (2009) research found that child welfare workers identified personal strategies to cope with the stress of their work. The authors suggest that these strategies should be looked at as a way for workers to restore balance to their lives. These include: exercising, spending time with family, taking breaks from work, and even leaving early (Van Hook & Rothenberg, 2009).

According to Harr & Moore (2011), the self-care education for students outlined should include self-awareness of their own prior life experiences, use of professional

supports, and a holistic approach to positive health; physical, emotional and spiritual. Professionals related to the students' field education could help the student identify feelings related to compassion fatigue and compassion satisfaction. Theses authors also suggest that students could identify a self-care plan (Harr & Moore, 2011).

Education

Newell & MacNeil (2010) imply that the best defense against compassion fatigue is education. Developing a clear understanding of these concepts and what to look for can be beneficial to administrators and supervisors, as well as workers and even students (Newell & MacNeil, 2010). This training should focus upon helping their workers prevent fatigue, and promote satisfaction (Harr, 2013). Other researchers suggest education and training around the area of trauma. Making sure the workers have adequate training and education in order to achieve their work appropriately can influence feelings of satisfaction (Adams et al., 2006; Harr 2013). Individuals who reported having a higher level of skills reported fewer feelings of anguish (Adams et al., 2006). Sprang et al., (2007) found that workers who received training in trauma had higher levels of compassion satisfaction.

Supervision and organizational support

Workers feel less satisfied in organizations where their work environment does not offer much support. It has been shown in research that if workers felt as if they are receiving support emotionally from their co-workers and/or supervisors, their reported rates of compassion fatigue are lower (Slocum et al., 2013; Conrad & Kellar-Guenther,

2006). Grady & Cantor (2012) found that supervision is a very important aspect in social workers feeling positive toward their training and experiences with their work, and decreases their likelihood of job turnover.

Mor Barak et al., (2001) found that one of the most important predictors of individuals remaining in their social work position is peer support in the workplace. Newell and MacNeil (2010) suggest one technique that agencies can use to promote knowledge and discussion about this topic is utilizing instruments to measure if, and the extent to which these issues are occurring.

Gaps in the literature

Much of the literature on compassion fatigue and compassion satisfaction is quantitative in nature. It is suggested that a change is needed. Risk factors associated with compassion fatigue have been recognized. Also, some protective strategies that could lead to an increase in compassion satisfaction are noted in prior literature. What is missing is connecting these two pieces. How do social workers recognize the feelings of compassion fatigue and how are they able to increase their compassion satisfaction?

Research question

The primary question of the current research is:

What do hospice social workers identify as contributing factors that increase compassion satisfaction?

This research will interpret results within the context of gender, years of work in the field, as well as other factors.

Conceptual framework

The two theoretical perspectives that are used for the context of this research are the systems perspective and from empowerment theory, the strengths perspective. These perspectives establish the lens that this paper will be analyzed as well as giving background and a basis for this research.

Systems perspective

One of the primary concepts that encompass systems perspective is that systems are comprised of interconnected parts, which make up the whole (Hutchison, 2011). These parts include "individuals, families, groups, organizations, local communities, and international societies" (Miley, O'Melia, DuBois, 2011, p. 30). This perspective examines individuals and how they interact with their environments or social systems (Hutchison, 2011). A second premise is that each system is also part of additional larger systems (Hutchison, 2011). Miley et al., (2011) describe the concepts of subsystem and environment. These authors discuss how these smaller systems that are a part of a larger system is called a subsystem, and the larger system is the subsystems' environment. The

authors also say that it is the environment that provides the framework within which the subsystems are able to function (Miley et al., 2011). In social work, the clients and workers are each part of a system, make up their own system together, and are also part of a larger system.

Another big idea is that there are boundaries that help identify each system from others (Hutchison, 2011). Miley et al., (2011) indicate that these boundaries are what separate the subsystem from its environment. These authors discuss how these boundaries can be either open or closed. Open boundaries allow interaction on a regular basis between systems, and make environments more able to meet their systems' needs. It is also suggested by these authors that when there are open boundaries there is a risk for systems becoming overwhelmed by demanding environments. Closed systems require resources to come from inside that system instead of the sharing of resources between systems and environments. Depletion of resources is one of the major downfalls of a closed system (Miley et al., 2011).

Through review of the literature, it can be seen that if the structure of the agency is not place to provide support for their workers, the boundaries are closed. Because of these closed boundaries, depletion and compassion fatigue is more likely to occur in the workers. Additionally, when workers are depleted due to lack of resource sharing, they are more prone to a lack of performance in their job duties and do a disservice to their clients (Bourassa, 2008). On the other hand, by having open boundaries, workers leave themselves vulnerable to the high demands of their work, and are at risk of becoming overwhelmed (Figley, 2002). There is a need for a delicate balance of boundaries within each of these systems.

A prominent idea of this perspective is that each part of the whole affects the other parts. It is through the interactions of these systems that stability and change are produced. Another key concept in systems theory is roles, which help to keep the system in balance (Hutchison, 2011). The author defines roles as "the usual behaviors of persons occupying a particular social position" (Hutchison, 2011, p. 39).

Strengths perspective

The introduction of strengths perspective denotes a paradigm shift. It is suggested through this paradigm shift to focus is moving away from looking for risk factors towards encouraging protective factors (Miley, et al., 2011). Clients, who have been victimized or have been labeled as a victim, may have begun to adapt to the role of a victim. When working with clients who have received these unfavorable labels, it can cause unproductive work, with little potential for positive change. By incorporating this shift, it examines the present or even the future, as opposed to the past. Miley et al., (2011) state, "This change from what was to what can and will be reorients our thinking about the entire process of social work practice (p. 76). When constantly focusing on the past, present events could be overlooked. Miley et al. (2011), discuss some of the assumptions of strengths perspective.

One of these assumptions is to view problems as occurring in the interactions between systems, rather than as a lack within a singular system's performance (2011). Another assumption of the strengths perspective is that existing strengths allow for making new resources. When working based on a strengths perspective, professionals draw upon available resources in their clients to increase functioning. Examples of the

available internal resources are motivation, confidence, and problem solving skills of the individual. Connections to the community including, friends, neighbors, employers, and spiritual providers are examples of external resources. These resources can be in the client system, or the larger environmental settings (Miley et al., 2011). Peterson and Park (2006), note that strengths of individuals are linked to satisfaction in life, as well as work. These authors also suggest that the zest in one's character, or the calling that they feel, is related to an increased satisfaction in their work. These authors suggest that as long as organizations nurture the strengths of their workers, and make these strengths part of the daily routine, the strengths continue to flourish in the worker (Peterson & Park, 2006).

The strengths perspective is incorporated to this research for many reasons. This perspective identifies and incorporates protective factors in individuals, and keeps the focus away from the risks such as; internalization of the suffering the client is experiencing, and the lack of training and/or support from the workers agency. This research is encompassing the enhancement of satisfaction versus exploring the fatigue of workers. Within the strengths perspective, the focus on the future and on the strengths of the individual is an element that could keep workers from over-identifying with the client's struggles and traumatic experiences, thereby reducing the risk for compassion fatigue. Miley et al. suggest several things to keep in mind; "what are the outstanding qualities of this client?", "how and with whom does this client successfully build alliances?", and "what special or unique characteristics distinguish this client from others?" (2011). The strengths perspective also takes into account the motivation or feelings of a calling for the work. In summary, the strengths and systems perspectives incorporate what the review of the literature has established. The literature suggests there

is a shift needed, and the strengths perspective offers that shift while the systems perspective identifies helpful standards for assimilation.

Methods

Research design

This study used a research design that was qualitative and exploratory. For data collection, the researcher conducted eight semi-structured interviews with social workers that were working in a hospice care setting at the time of the interviews. This research explored their perspectives on what factors or interventions influence their feelings of compassion satisfaction in their work. Following review of the consent form the interviews consisted of 10 questions that were pre-established. The questions were ordered to direct the participants' responses toward the primary research question (See Appendix A).

Sample

A purposive method was used initially. A snowball sampling method was also used after trying to use a purposive method, in order to gain more participants. The sample consisted of eight social workers that were working in hospice at the time of the interview. The researcher initially asked professional connections to pass the study information along to individuals they think would participate. The participants were contacted via email. Upon contact, the participants were given an explanation of the study and asked if they were interested in participating. If they chose to participate they were asked to contact the interviewer by telephone or e-mail. The researcher also utilized snowball sampling and asked study participants to refer other individuals who they thought would have been interested in participating.

Protection of human subjects

Participants were able to choose whether they wished to be involved in the research or not. There was a potential for minimal risk when participating in this study. Some of the participants could have prior experiences of compassion fatigue, and the interviews may have triggered some uncomfortable feelings. Because of this, participants were protected in multiple ways. Before completing the research, the St. Catherine University Institutional Review Board approved this study. Participants received written and verbal copies of the consent form with an explanation of the risks and benefits, and their right to withdraw from the research study with no consequence at any time. They also signed in agreement of participation. The consent form explained that participants were encouraged to contact 2-1-1 a comprehensive information referral service offering connections to local mental health providers if they felt any distress. Participants were made aware they have the right to engage in a debriefing session if needed. Participants and the data that they presented remained confidential. Data was stored on a password-protected computer, in an encrypted file. The data was kept until the completion of this project and was destroyed by May 19th, 2014.

Data Collection

Instrument

This research was originally proposed to include a measure of participants' compassion fatigue, burnout and compassion satisfaction. With the assistance of the Institutional Review Board it was decided that this measure could potentially bring up feelings of emotional distress in participants and for that reason the measure was

removed from this study. After participants understood and signed the consent form, the interview began. The instrument that guided this research and interview process was established based on the review of current literature and was formulated to directly address the research question. The questions were approved by the research chair, committee and Institutional Review Board and were open-ended in style to guide a conversational interview. These open-ended questions were used to urge the respondent to be as honest as possible with their answers, without preference from the interviewer.

The questions began very generally exploring the respondent's past professional experiences, and reasons for choosing the social work profession, and hospice field. The following questions explored the skills the respondents utilize in their work, feelings of satisfaction and dissatisfaction with one's work, feelings of preparation through education, and agency contribution or support leading to compassion satisfaction. Finally, questions were asked regarding different ways that satisfaction can be increased and what has been beneficial in the respondent's personal and professional experience. As this was a semi-structured interview, the researcher asked follow-up questions. The location of the interviews was left up to the participant's discretion. Interviews were recorded on a portable recording device and information was stored in a locked file, on a password-protected computer. Once the information was transferred onto the computer, the data was deleted from the recording device. The data from the interviews was transcribed prior to the analysis of results.

Process

Participants were asked to participate in this study via phone or e-mail. Upon agreement, a time and place was established for the interview. At the beginning of the interview, the consent form was signed (See Appendix B). After review of the consent form the data was collected through semi-structured interviews based on the pre-determined questions. One of the benefits of the semi-structured interview is that it allows the interview to go in an unexpected direction that is worthwhile in regards to the research question (Monette, Sullivan & DeJong, 2011). The participant was able to contribute to the direction of the interview while being prompted with questions. Upon consent, the interview was audio recorded to ensure no loss of data. Following the interview, the researcher transcribed and analyzed the data using the technique described below.

Data analysis plan

This research was collected in narrative form, which allowed for the collection of rich data. The method that was used to base the data analysis off of was Grounded Theory. This method utilized inductive ways of analyzing the data and coding the results. The information is "grounded" in raw data to maintain the coded results as close as possible to the statements of the participant (Padgett, 2008). After the analysis of the recordings and transcribing the interview, data was established and concepts were coded. Monette et al. says, "coding is a way to see which parts of the data are connected to one another in terms of some issue, concept, theme, or hypothesis" (2011, p. 435). Questions were analyzed in the entirety of the narrative to develop Meta themes from the data.

Based on the established codes, recurrence led to the development of themes and subthemes. Through these themes and subthemes, the research question was addressed.

Strengths and limitations

The main strength of using an interview as the means for collection of data is that it allowed the participant to give complete responses. The semi-structured interview style allowed the researcher to ask follow-up questions based on the participant's responses. This structure also allowed for flexibility during the process, which is important due to the uniqueness of each participant. There was a possibility of reactivity, which was a limitation of using the interview method. This refers to the participant being influenced by the presence of the researcher. The respondent may not have disclosed the same extent of information they would have if given an anonymous questionnaire. Another limitation was that because of the small convenience sample, the results might not be very generalizable. Also because of the use of a single researcher, a limitation is the reliability of coding.

Findings

When completing the data analysis and coding process, the research recognized numerous themes which related to factors that influence satisfaction among hospice social workers. These themes were not related to length of time or experience working as a social worker in the hospice setting. These themes were also recognized throughout the entirety of each interview narrative as opposed to being established within research questions and are displayed graphically in Table 1 below.

Table 1.

Identified Research Themes

Theme(s)	Subtheme(s)
Professional Structure	Team Effort
	Social Work Manager
	Scheduled Department Meetings
Self-Care Strategies	Boundaries
	Walking/Fresh Air
	Deep Breathing
	Balance
Burnout	
A Calling	
Inner Feeling	
Recognition	
Overall Satisfaction	

Theme one: Professional Structure

The theme of professional structure addresses factors that respondents identified, in relation to their agency, that assist with their feeling of satisfaction in hospice social work. It also addresses factors that could be improved to increase the satisfaction they derive from their job. This theme includes a team effort approach, having a manager that is or has been a social worker, and having scheduled time to consult or meetings with the entire social work department.

Team effort. Respondents acknowledged that hospice social work is a team effort, which includes many different players allowing them more satisfaction in their work. This is shown in the participant responses displayed below:

"And that the patient that we're working with is feeling secure and confident and cared for in the services that our whole team is providing for them. It really is a team effort working with families. I mean it's the chaplain the nurses, the volunteers, the social workers… the bereavement coordinator. I mean it really is a full team effort."

"… I think our program is big enough so that probably my support is my team that I work with directly."

"You know, I found myself, just reaching out to my team members… I wasn't taking it all on myself, but we were sharing the responsibility of what needed to happen."

"And our whole team, I'm never in isolation. Anything I do, good or bad, we're a team."

Social Work Manager.

Respondents also expressed that either having a social work manager or not drastically impacted the amount of satisfaction they found in their work. The succeeding quotes from participants give this evidence:

"My manager used to be a social worker. So I think she kind of gets our role."

"One of the best things about this job is my supervisor is a social worker which doesn't always happen, in medical social work anyway."

"… So I tried to push back a bit with management and say this is really a social work role. That kind of fell on deaf ears, because our manager was a nurse… So eventually I had to leave that job because it was just not good for me, and that was really, really, burning me out."

"We're supervised by nurses who don't know what we do, our agency is headed up by a nurse. So there's just no… I would like a social work supervisor to go to and to be mentored by, and to advocate for the role of the social worker."

"That was really frustrating. So actually what I did was change jobs. Not necessarily the solution every time but in this case it worked. Yeah I didn't really have, I didn't have a social work boss. That made a difference too."

Scheduled Department Meetings.

Respondents indicated that because the work involves multiple different disciplines, having time set aside for scheduled social work department meetings and case consultation is beneficial, however, is not utilized enough. The following quotes

give evidence to support the use of more time within the social work department to increase satisfaction:

"Typically if we do other visits with other team members its not other social workers, it's like other disciplines. So it's good for us to kind of come in to connect. One thing that kind of bothers us about that is it's not productive time. So we have to kind of take a nitch out of our day to schedule that and we have to make up that time. So I think agency wide it would be nice to, understand that you know, we have such huge compassion and hard cases and stuff that we just need to be able to meet with our discipline and kind of go over that."

"The hospice social workers, we get together for this thing called case consult and talk about difficult cases and support each other. Which is really great but now they, they're kind of making us do it on our own time."

"We have social work department meetings and social work case consult meetings where we have time to be together with our cohorts and talk, and get feedback. And that's a really valuable thing as well."

Theme two: Self-Care Strategies

Respondents were asked from both a professional and personal standpoint, what strategies they utilize to maintain satisfaction with their work. There were many self-care tactics that were identified multiple times including, having boundaries, taking walks and getting fresh air, practicing deep breathing, and keeping an overall balance in life.

Boundaries.

This theme emerged throughout the research as respondents identified how important boundaries are within the field of hospice social work. This theme can be seen in the following quotes:

"*… It's so important to maintain good boundaries. I think in hospice work in particular that is one of the most important things. And I've seen folks, uh, fail in this job because they don't have good boundaries. They're always staying too long or giving too much or doing too much or, there's many ways to go above and beyond your boundaries. And if you're open to that it's very easy to do. So I think for me, just being careful about maintaining boundaries and realizing that I can't fix everything, and that's okay.*"

"So I would say acting with integrity. But keeping my boundaries very clear. And again, not trying to meet my own needs. There are times when you're very tempted to meet your own needs. And I can tell, I've learned the transference, you know all of that… and you can tell when you're kind of, wanting to go that direction. But again, you've got to remind yourself of the boundary. It's easy to do, very easy to do. I observed others doing that. So I think that helps me kind of be clear about my, keeping that boundary."

"I guess that's a double fold thing because it's easier to be with people in stressful times because you can really recognize why they're stressed and what's going on, so empathy is huge. But also having a healthy distance from that as well because it can get really easy to get… boundaries are important in working with hospice because your in people's home it's a very intimate time in their life. So recognizing good boundaries is really important."

Walking/Fresh Air

Respondents identified taking walks and/or getting fresh air as an outlet that helps them maintain satisfaction with their work. This is shown in the quote that follows:

"*I usually, you know try to walk between two and three miles every day, just to get fresh, get my dog out for walks. Getting fresh air, getting out, that kind of stuff."*

Deep Breathing

Respondents expressed that deep breathing helps them remain focused on the individual or family they are working with, as a way to stay satisfied with their work. This is evidenced in the participants' quotes:

"Well because I work out of my car, I sit in the car and take a few deep breaths between visits. Which doesn't take long and sounds silly but it makes a huge difference… It's easy to just keep going and get all your visits done and get out of there but I stop, again, just take a few deep breaths, kind of focus a little bit on the next person. That helps me a ton."

"Taking a deep breath before I walk in a patient's home and their room, wherever they're at, really centering myself to them, to be there with them."

"I do a lot of deep breathing."

Balance

Finally, keeping an overall balance is an important aspect that the respondents identified and expressed that it contributes to their satisfaction with hospice social work. Support is shown in the quotes that follow:

"Balance, just keeping a balance… recognizing that you could do this job 23 hours out of the day really, but you need to turn it off and do something else."

"… It's probably a balance; you could call it a balance. Not that a balance is static but it ebs and flows but to do this for a long, long time … I think to try to stay fresh to all, that is a goal."

Theme Three: Burnout

Although burnout was never brought up by the research during the interviews, respondents still identified having feelings of burnout or questioning related to their work. This is evidenced in the quotes that follow:

"Sometimes there's a tinge of burnout with that. If it's a week where it's kind of like difficult… you know, where it just keeps building and there's multiple issues going on that are difficult to solve… some days you go "why am I doing this?" but then it always comes around to you know why you're doing it. So that's usually short lived, but it can be pretty intense when it happens."

"You know it'll be a situation, I mean there are days where you just trudge along and think, ahh, I have to get up and do this again. Or as a hospice social worker sometimes I think, "What are we really doing?"… But then every once in a while something clicks and you just have one of those moments with the patient or their families where people get it, or there's some kind of breakthrough and you're like that's why we're doing it…. So it's those moments and they don't come all the time."

"And you know there are times that I say, "I need to be done with this". But… I'm not sick of it. I'm not tired of it."

"But I think it's also very natural that we might get a little tired and have a little burnout too with it, if you're doing it constantly, every single day, and you're looking at death and end of life, I mean there's a lot of stuff it triggers."

Theme Four: A Calling

When the respondents were asked their reasons for choosing social work and even more directly hospice social work, many of the respondents expressed that the work chose them and it was more like a calling. The quotes that follow give verification for this:

"Death and dying don't bother me so much. It's kind of a calling I think".

"I don't think that I chose social work, I think that it chose me. I mean I, that's kind of a can phrase too but, it's just part of my development, part of my, of who I am."

"Truthfully I didn't, you know I, it chose me."

"I went to _____ (college) to do special ed. and I couldn't get into any of my classes, so I took a couple social work classes and it seemed to jive with kind of my interests. And, yeah it kind of chose me actually."

Theme Five: Inner feeling

When participants were reflecting on how they know whether they are satisfied with their work or not, the description was that they know due to an inner feeling within themselves. The succeeding are quotes that represent these responses about satisfaction being an inner feeling:

"You know, I guess it is that you have that… that feeling inside that you're doing something worthwhile."

"I guess it's just kind of a inner peacefulness. If I don't feel satisfied I have a nudge within me. Something's nudging me and it sort of eats at me. I don't know just a peacefulness I guess, that you know I did my best and no we're not always going to change a situation or fix a situation but when you do your best and you really honestly try, and your efforts come from a good place."

"Oh I'm satisfied pretty much all the time in my work. And I know that because I'm, I feel stable emotionally."

"My gut tells me, really a lot. I really know, I mean that's probably part of it. I totally trust that. When I walk away I'm feeling peaceful, I'm feeling we connected."

"I will have that sort of nudging feel that there's something more that needs to be done."

"It doesn't feel right you know it's such a gut feeling. You walk away from there going I'm not really sure, there's something unsettled inside me. I just have that sense."

Theme Six: Recognition

Participants expressed that recognition, from either their coworkers or families of the individuals they are working with, is one aspect of hospice social work that increases their feelings of satisfaction with their work. The following quotes from the research show this finding:

"And then some days it's almost a little embarrassing because families will at times refer to you as their angel, and that just feels like oh that's an overwhelming

responsibility to be considered somebody's angel, but I know what they're saying in their heart with that… I look at that as they're seeing me as helpful and a resource to them… then I feel very satisfied with, with what I've done."

"We have something called a one extra where it, it's just like a little appreciation note you can send to someone else. And So I try to make a habit of doing that for other people when I witness or I hear about something that someone does that's really just so extraordinary, or they've gone out of their way to do something or dealt with a hard situation really well, I try to send one of those and I do receive some of those sometimes too and that's a really nice thing… So we do get that verbal congratulations and then we also have, oh what are they called… customer service questionnaires, after the death those go out to family members."

"I know that I'm satisfied with my work sometimes after the patient has died and you know, you hear some feedback. At that point you don't always know, because again, it's not about you."

"Certainly the feedback I get from the patients and families, helps really confirm that, and reaffirm that as I go on."

"Specific gratitude from the family… after the fact the wife was just like, "Thank you so much, you were like an angel". And I don't need all of that validation but it was something very concrete that I know I helped with... and then probably also colleagues. It makes a big difference if colleagues will say; "Hey it was really nice working with you today". Or if they look at you, deer in the headlights and they know that they can look at you for answers."

Theme Seven: Overall Satisfaction

Finally each respondent that was interviewed stated throughout the interview that everything considered, their job provided them with much enjoyment and satisfaction. This can be seen in the quotes to follow:

"What I really like about hospice is that people are really at their most authentic at that point because they're facing the end of their life. And I think being able to work with people when all the outside stuff falls away and the relationships with their families are more real uh, it, it's a really profound experience to be able to work in hospice."

"If you're thinking about doing hospice I highly recommend it. It's a fabulous job, it's wonderful work a very special time."

"Lots of times people say, "oh hospice, oh it must be depressing, oh how can you do that", and that's not it at all. It's actually the opposite I find. But it's it is just a, it's a true privilege, to be able to be a part of someone's end of life experience… I find that often it's just the patient, the family… and then there's you and its like why am I here? Why do I get to be a part of this? It's really awesome, it's the next closest thing to birth."

"I needed a job and it was open and I went ugh that sounds awful but yeah I'll do it to just get in and get working again. Because I was a stay at home mom and I needed a job and I'm so lucky. I am. You know because I came in to do the interview and they tell me what it really is about and I'm like "are you kidding?" Jeez, you know, "why would I want to work with dying people it sounds awful"…. I love it though. I'm lucky."

Discussion

This research focused on examining the views of eight hospice social workers and their outlook on contributing factors influencing their satisfaction with the work they do. Themes were developed through this study that also support the existing research on compassion satisfaction. Amongst the themes that were supported throughout prior research, new themes developed as well.

Professional Structure

The respondents identified many different aspects of the workplace that impacted the amount of satisfaction they had with their job. With regards to prior research on organizational support, Slocum-Gori, et al. (2013) found that individuals, who do not feel supported by the organization they work for have less satisfaction with their work. Through the subthemes of the work being a team effort it, having a manager who is, or has been a social worker, and having scheduled social work department meetings, the respondents were speaking to the level of support they are receiving or desire to receive at their jobs, which influences their levels of satisfaction.

Through the identified subtheme of hospice social work being a team effort, it is displayed that the team can provide interdisciplinary support to workers. Respondents identified how this support helps them share the work, which in turn helps maintain their level of satisfaction. Having a manager who is a social worker was identified as being very significant in influencing respondents' level of satisfaction with their work. Participants' spoke to the notion of understanding the role and advocacy that is present with having a manager who is a social worker. Additionally, respondents whose mangers

were not social workers identified this as being something that could help them feel more satisfied with their work. Another subtheme under the theme of professional structure was scheduled social work department meetings. Respondents identified these meetings as an important factor influencing their satisfaction. Although respondents identified the work as being from a team effort approach, they also spoke to the concept of isolation because often they are visiting patients alone. Participants relayed the message that these meetings are, or could serve as a time to provide support and consultation regarding the challenging cases they work with.

Self-Care Strategies

Self-care endured throughout the current research as being an important aspect that contributes to the amount of satisfaction respondents had with their work. This was evident through the subthemes of having well-defined boundaries, taking walks and getting fresh air, practicing deep breathing and overall having a balance of one's life. The respondents identified having well-defined boundaries, which relates to Conrad & Kellar-Guenther (2006), suggestion that becoming too involved with the suffering of the clients with which professional work has a very large impact on the progression of compassion fatigue. The current findings support past research that highlights the notion of individuals having a well balanced life as being fundamental in maintaining satisfaction with their professions (Van Hook & Rothenberg, 2009). Also, keeping a balance between one's professional and personal life having a significant, positive correlation with compassion satisfaction (Alkema et al., 2008).

Burnout

Although this research generally focused on satisfaction, burnout was still an evident theme within the interviews. The participants related their sense of burnout in the work as to the high demands, the substantial amount of stress, and the empathic nature of the work as well as the matters that hospice social workers are continually working with including death, dying, grief, loss etc. Conrad and Kellar-Guenther (2006) suggest that individuals can have feelings of compassion fatigue, however, still maintain satisfaction and a positive attitude toward their work. According to Slocum-Gori (2013), the distinct difference between compassion fatigue and burnout is that individuals who are experiencing compassion fatigue can still work with clients, although it's altered work, whereas individuals experiencing burnout cannot work compassionately with clients. When considering these descriptions from prior research, it appears that the respondents that were interviewed for this research are referring to a feeling of compassion fatigue versus a feeling of burnout, even though they use the word burnout.

A Calling

The concept of these professionals choosing their work due to feeling a calling toward to work became apparent in the current research. Many of the respondents felt as if the work actually chose them versus them choosing the work. This concept confirms what was suggested in the existing research as Van Hook & Rothernberg (2009) imply that many individuals do indeed enter the field due to a sense of vocational calling, and reflection on the motivations for the work as an enhancement to satisfaction with the challenging work.

Inner Feeling

One of the new themes that developed through the current research was the belief that it is an inner feeling, which helps the respondents know they are satisfied with the work they are doing. They discussed this inner feeling of satisfaction and peacefulness helps them identify the work they are doing as meaningful, worthwhile and that this feeling truly comes from the place of doing your best work. The participants also discussed that it is this inner feeling that helps them recognize when they are not satisfied with their work and how they can learn and do things differently next time a similar situation occurs.

Recognition

In the current research many of the participants mentioned the recognition they receive as a significant but not crucial factor, which contributes to the amount of satisfaction they derive from their work. They identified that this can either be from coworkers, supervisors, or the clients and families they are working with. This is supported in prior research when Harr (2013) suggests that one element that workers can focus on is noticing the successful portions of their day, the improvements that have been made with the clients they work with and the positive things that the clients say. As related to recognition from their coworkers, Mor Barak et al., (2001) reports an imperative predictor in whether or not individuals remain in their social work positions is the peer support they receive through their agency.

Overall Satisfaction

The final theme, which was also a new theme that emerged through the current research, is the overall feeling of satisfaction that the participants had with their work. Each individual that was interviewed for this research spoke to how enjoyable, or lucky they are to be doing their work. They spoke to the importance of the work, and how being involved and assisting in such a vulnerable aspect of peoples' lives is profound. Prior research does address an important factor that could relate to these individuals developing this satisfaction. Figley (2002), reports that the acknowledgement of the feelings of compassion fatigue in individuals makes it treatable. Each individual that reported what they referred to as burnout was acknowledging these feelings, as well as reporting their significant level of satisfaction with their work. This could be an important mitigating factor in allowing that overall level of satisfaction in the challenging area of hospice social work.

Limitations

There are limitations within the current research. A few limitations relate to the sample that was used for this research. First, the size of the sample, eight individuals, cannot be thought of to be generalizable to the views of all hospice social workers inclusively. Additionally, while the level of experience and location of which the sample population worked were both diverse, the sample was not diverse racially or with regards to gender. All of the interviewees were of the Caucasian decent, and only one of the participants was male.

The recruitment process for this research can also be considered a limitation. The researcher used a purposive and snowball method of sampling. Purpose sampling method can lead to questions of bias and potential subjectivity of the researcher. Snowball sampling method also impacts the amount to which the results of this study are generalizable. Another limitation of the qualitative research method is the researcher and their presence during interviews can affect the responses of the participants. Finally a limitation of this study was that the researcher met with many of the participants in their place of work. This could have led the participants to give answers that were more desirable or acceptable by their workplace.

There are many strengths of using qualitative research as well. One of the strengths of this qualitative research is that it is looking at the issue of compassion satisfaction in depth and in detail. Also because the research was completed through a semi-structured interview, the process was not restricted to certain topic areas and could be redirected. Finally the themes are developed from and use actual language so the participants' voices get heard.

Implications

A majority of the studies on the subject of compassion satisfaction are quantitative in nature, and few of these studies involve the profession of social work. This research explored the qualitative aspect of compassion satisfaction and social work. The findings that were a result of this study could lead to further, future research on this topic. Throughout review of the literature for this research, religion and spirituality was not addressed within the topic of compassion satisfaction and social work. Similarly, it was not found as a theme in this research. Future studies could incorporate the topic into research to identify if individuals' express religiosity or spirituality as an contributing factor to the amount of satisfaction they have with their work. Additional research could also be broadened and explore compassion satisfaction in other fields of social work than hospice and palliative care. Additionally, research could be completed on compassion satisfaction in comparison to rates of burnout and compassion fatigue.

For the field of social work and more specifically the hospice setting, results of this study if implemented in agencies could potentially benefit and impact practitioners' levels of compassion satisfaction and possibly decrease feelings of compassion fatigue and burnout. This could also impact the level of professionalism and ethical decision making that individual workers' hold in their work. Additionally, students are implemented into agencies for practicums and many learn from professionals with various levels of satisfaction for their work. By having students supervised and educated by practitioners who are more satisfied with their, this could lead to students' emerging into the field feeling more positive toward their social work career.

Conclusion

Prior research has suggested that compassion satisfaction could be an influential factor that helps keeps individuals encouraged to continue their work within the profession of social work (Harr & Moore, 2011). The purpose of this research was to explore the factors that can help increase professionals' levels of compassion satisfaction through eight semi-structured interviews with hospice social workers. The themes that were developed included professional structure, self-care strategies, burnout, the sense of a calling for the work, recognizing an inner feeling of satisfaction or dissatisfaction, receiving recognition for the work, and having an overall feeling of satisfaction. There were also subthemes for professional structure including; the work being a team effort, having a social work manager, and having scheduled social work department meetings, and for self-care strategies including; having well-defined boundaries, taking walks and getting fresh air, practicing deep breathing, and having an overall balanced life. The acknowledgment of feelings related to burnout or compassion fatigue, and having the factors in the work place and home that enhance individuals' level of satisfaction could be the key for a healthy, durable career.

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Appendix A. Interview Guide

1. What is your educational background?
    a. How long have you worked in the social work field?
    b. How long have you worked directly in the hospice field?
2. Can you give me a summary of your professional work following your education?
3. What were the reasons why you chose the profession of social work?
    a. What were the reasons you chose hospice social work?
4. What skills do you use in your work with stressful situations an/or clients?
    a. How do you feel the use of empathy impacts your work with stressful situations and/or clients?
5. When you are satisfied with your work, how do you know?
    a. What does that look like?
    b. What does that feel like?
6. When you are do not feel satisfied with your work, how do you know?
    a. What does that look like?
    b. What does that feel like?
7. How does your agency contribute or support to enhancing feelings of satisfaction?
8. What additional things could your agency do to help with feelings of satisfaction?
9. Tell me about a time when you did not feel satisfied with your work and what you found most helpful in relieving those feelings.
10. What specific strategies do you utilize professionally on a daily or weekly basis to help yourself to feel satisfied with your work?

a. What specific strategies do you utilize personally on a daily or weekly basis to help yourself to feel satisfied with your work?

Appendix B. Letter of Informed Consent

St. Catherine University
GRSW 682 Clinical Research Project

Hospice Social Workers' Perspectives on Contributing Factors Influencing Compassion Satisfaction
INFORMATION AND CONSENT FORM

You are invited to participant in a research study investigating factors influencing compassion satisfaction in hospice social work. This study is being conducted by Apryl Falk, a graduate student at Saint Catherine University, and the University of Saint Thomas under the supervision of Rajean Moone, Ph.D., a faculty member in the School of Social Work. You were selected as a possible participant because you are a social worker, employed in the hospice care setting. Please read this form and ask questions before you agree to be in this study.

The purpose of this study is to examine and identify what influences feelings of satisfaction in hospice social workers. Approximately 8 people are expected to participate in this research.

Procedure:
If you decide to participate, you will be asked to meet with the research for an interview. The interview will consists of reviewing and signed this informed consent form, followed by a conversation guided by a series of pre-developed questions. The interview is expected to last approximately 60 minutes. The total time of the study will take approximately 60 minutes, in one interview session.

Risks and Benefits:
The study has minimal risks. However, due to the nature of the subject matter, you may be at risk for psychological stress following the interview.

There are no direct benefits to you for participating in this research.

In the event that this research activity results in an injury such as psychological stress, I will assist you with linkage to a therapist in the community to help you process the stress associated with this study. You, or your insurance company should pay any medical care for research-related injuries. If you think you have suffered a research-related injury, please let me know right away.

Confidentiality:
Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. The researcher may potentially use another clinical social work student to assist in transcribing the data. This individual will sign a statement of confidentiality indicating that they will not disclose any information obtained through the transcriptions.

In any written reports or publications, no one will be identified or identifiable and only group data will be presented.

I will keep the research results secured in a password-protected computer and only my advisor and I will have access to the records while I work on this project. I will finish analyzing the data by May 19, 2014. I will then destroy all original reports and identifiable information that can be linked back to you. The audio recording of our interview will be stored on my password-protected computer, and deleted on or before May 19, 2014.

Voluntary nature of the study:
Participation in this research study is voluntary. Your decision whether or not you participate will not affect your future relations with Saint Catherine University or the University of Saint Thomas in any way. If you decided to participate, you are free to discontinue participation at any time without affecting these relationships.

Contacts and questions:
If you have any questions, please feel free to contact me, Apryl Falk, at (507) 254-5500 or falk1792@stthomas.edu. You may ask questions now, or if you have any additional questions later, the faculty advisor Rajean Moone at (651) 235-0346 or rajean@rejeanmoone.com will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact the chair of the St. Catherine University Institutional Review Board, Dr. John Schmitt at (651) 690-7739.

You may keep a copy of this form for your records.

Statement of Consent:
You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

I consent to participate in the study and have my responses audio recorded.

Signature of Participant Date

Signature of Researcher Date