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CARRYING THE WEIGHT: A QUANTITATIVE ANALYSIS OF COMPASSION FATIGUE AMONG SCHOOL COUNSELORS

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CARRYING THE WEIGHT: A QUANTITATIVE ANALYSIS OF COMPASSION FATIGUE AMONG SCHOOL COUNSELORS

A DISSERTATION APPROVED FOR THE
DEPARTMENT OF EDUCATIONAL LEADERSHIP AND POLICY STUDIES

BY THE COMMITTEE CONSISTING OF

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Dedication

I would like to dedicate this dissertation to my two kids, Olivia and Kaleb. Never give up on your dreams. You can do anything you set your mind to. Now let's go to Alaska!

Acknowledgments

First, I would like to acknowledge that I would never have made it this far without God's grace and guidance. I would also like to thank my dissertation chair, Dr. Daniel Hamlin, for his numerous hours of guidance throughout this process. Without him I would not be where I am today. A special thank you is also deserved for the members of my committee, Dr. Timothy Ford, Dr. Curt Adams, and Dr. Julie Miller-Cribbs, for the time and expertise they contributed to this study. I am forever thankful for my cohort family, especially Kelsey. We pushed each other to the finish line. I would like to recognize my husband and my children, as well. They have been on this journey with me for the last four years and without their support, I would have never been able to finish. Finally, I would like to thank my family for always standing by my side and pushing me.

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Abstract

Current trends indicate that schools are struggling to recruit and retain PK-12 school counselors nationwide. Scholars have theorized that one contributing reason for the lack of school counselors is compassion fatigue stemming from challenging work with students suffering different levels of trauma. Yet, very little empirical research has sought to investigate to what extent school counselors experience compassion fatigue as well as what factors are associated with this psychological state. To address these gaps, the purpose of this study was to investigate self-reported levels of compassion fatigue among Oklahoma's PK-12 school counselors (n = 563) as well as factors associated with compassion fatigue. Compassion fatigue was analyzed using commonly used proxy measures of burnout and secondary trauma. This study's results did not indicate high levels of compassion fatigue among school counselors overall. School counselors exhibited only moderate levels of burnout, secondary traumatic stress, and compassion satisfaction after controlling for individual characteristics, individual professional characteristics, school demographics, and community demographics. However, among personal, school, and community indicators, this study found that poor perceptions of administrative support were consistently related to high burnout, high secondary traumatic stress, and low compassion satisfaction, which in combination, is thought to be representative of high compassion fatigue. Less experience, being younger, and personal experiences of trauma were also associated with burnout and secondary traumatic stress. The findings in this study raise important questions for schools on how to provide administrative supports for school counselors, particularly those who are new to the profession and have their own experiences with trauma.

Keywords: school counselor, compassion fatigue, burnout, trauma, secondary traumatic stress, compassion satisfaction

Chapter 1. Introduction

Five years into my career as a school counselor and I thought I had seen everything: multiple suicide threats, bullying, child abuse, sexual assault, child endangerment, abandonment, and neglect, but none of those could have prepared me for the case that was about to walk through my doors. Early one cold winter morning, I was busy with numerous students in my office when a young female student entered my office wanting to talk. Because I had too many people in my office, the young girl went next door to the assistant principal's office. Moments later the assistant principal came into my office and ushered everyone out; there was a crisis that needed immediate attention. The young student from moments before disclosed to the assistant principal that she had been raped by her brother who was only a year older than she was.

For me as the school counselor, the next few hours were a blur as police and Department of Human Services (DHS) workers were in and out of the building. The police and DHS workers gathered statements from the child and her primary caregiver, her grandmother. I sat in on a few of the interviews to help the young girl feel more comfortable and I heard the details of the rape and when and where it occurred. It was the first time I had ever heard a firsthand story from a rape survivor. I remember the overwhelming feeling that came over me; it was more than sadness. Once the girl, her brother, their grandmother, the police, and DHS left, I quickly returned to work. As the only school counselor in the entire district at that time, my duties were never finished. A crisis would occur and before I could fully process what had happened, another student/teacher was at the door needing my help. That day I spent some time walking the hallways, almost in a daze. My whole body was so numb. It was a feeling I had never had before and one I struggle to describe. At the end of the day, I recall walking outside, into the bitter cold,

without a jacket, just to feel something. I remember getting a weird sensation of happiness when my body began to hurt from the frigid temperature.

As the days progressed, I struggled to move past the crisis. I constantly caught myself in that daze, worrying about that young girl. Students and teachers would come into my office needing me, but I was not fully present. I tried to maintain my composure even though I felt frozen in time. As the year progressed, I was unable to separate my job from my home life. I would catch myself zoning out and neglecting my responsibilities at home. I quickly became clinically depressed and had thoughts of harming myself. Before the crisis, I never quite grasped why so many students would self-harm by cutting, but during this time, I finally understood. Although I never acted upon the thoughts, I would catch myself daydreaming about what it would feel like. Even writing about this experience years later brought back that dazed feeling. I frequently caught myself zoning out and wondering where that girl is today, how her life turned out, and if there was more I could have done.

The dazed feeling I described was more than just a feeling of being burned out from the job; it was like I had taken on the young girl's trauma myself. At the time I did not understand what was happening and why I was having those feelings. Later, I learned that the feeling of taking on another's trauma is called secondary traumatic stress. Secondary traumatic stress is the stress from helping someone who was traumatized (Figley, 1993; Figley, 1995). As I began research for my dissertation, I studied why school counselors leave the profession, and I landed on the idea of compassion fatigue. Compassion fatigue is the combination of burnout and secondary traumatic stress (Stamm, 2010). During the research I did for this dissertation, I found that what I experienced was almost certainly compassion fatigue. I was not only overwhelmed from the day-to-day work of my job, but I was also overwhelmed from taking on the stress of

working with children who have had severe traumatic experiences. Working with children for many years who had high childhood trauma took more of a toll on me than I was ever prepared for, and I wanted to find out if my experience was consistent across the school counselor profession. This question guided the formal scholarly inquiry into compassion fatigue that I undertook for this dissertation.

Trauma in Childhood

Trauma in childhood has steadily increased, becoming an epidemic affecting millions of children (Chafouleas et al., 2019; Finkelhor et al., 2015; Lubit et al., 2003; McConnico et al., 2016; McLaughlin et al., 2013; Overstreet & Chafouleas, 2016; Perfect et al., 2016; Saunders & Adams, 2014; Thomas et al., 2019). The nature and effects of trauma vary considerably. It is generally recognized that there are three types of trauma: acute, chronic, and complex trauma (Bell et al., 2013; Perfect et al., 2016; Plumb et al., 2016). Acute trauma is usually a one-time event that was unforeseen, such as an accident or death in the family (Bell et al., 2013; Perfect et al., 2016; Plumb et al., 2016). Chronic trauma is usually repeated occurrences, such as psychological abuse or malnourishment (Bell et al., 2013; Perfect et al., 2016; Plumb et al., 2016). Complex trauma is where there is persistent chronic trauma over time (e.g., ongoing molestation from a relative) (Bell et al., 2013; Perfect et al., 2016; Plumb et al., 2016). Many scholars have reported that trauma has a significant effect on brain development and carries with it lifelong symptoms (Bell et al., 2013; Felitti et al., 1998; Lubit et al., 2003; McConnico et al., 2016; Perfect et al., 2016; Plumb et al., 2016).

When researching trauma, there is no clear scholarly consensus on how it is to be measured. In the literature, many scholars reference the seminal Adverse Childhood Experiences (ACE) Study that was conducted in the mid- to late 90s (Felitti et al., 1998; Liang et al., 2020;

Perfect et al., 2016; Plumb et al., 2016). Between 1995 and 1997, surveys were mailed to 13,494 adults who had completed a medical evaluation through a large Health Maintenance Organization (HMO) (Felitti et al., 1998). The survey included questions related to seven ACEs: "psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned" (Felitti et al., 1998, p. 245). More than 50% of subjects claimed to have experienced at least one ACE and roughly 25% claimed to have experienced more than two ACEs (Felitti et al., 1998). The original Adverse Childhood Experiences Study determined that ACEs are frequent and the larger the number of ACEs, the higher the level of terminal risk factors (Felitti et al., 1998; Liang et al., 2020; Perfect et al., 2016; Plumb et al., 2016). Since 1998, conceptualization of ACEs has expanded to include three categories and ten subcategories (Starecheski, 2015). Figure 1 represents the expanded version of ACEs. The first category is abuse, which is divided into three types: physical, emotional, and sexual (Starecheski, 2015). The second category is neglect, which is divided into two types: physical and emotional (Starecheski, 2015). The final category is household dysfunction, which is divided into five types: mental illness, incarcerated relative, mother being treated violently, substance abuse, and divorce (Starecheski, 2015).

Figure 1. Categories of ACEs (Starecheski, 2015)

Abuse	Neglect	Household Dysfunction
Physical	Physical	Mental Illness
Emotional	Emotional	Mother Treated Violently
Sexual		Divorce
		Incarcerated Relative
		Substance Abuse

According to the Child and Adolescent Health Management Initiative (2020), the nationwide average of 0–17-year-old United States students who have experienced two or more ACEs is 38.8%. Nearly 40% of elementary school aged children (6-11) and 50% of secondary aged children (12-17) in the United States have been exposed to at least one ACE (Child and Adolescent Health Management Initiative, 2020).

Childhood trauma affects seven key components of a child's development: cognition, physical health, emotions, relationships, mental health, behavior, and brain development (see Figure 2) (Bartlett & Steber, 2019; Gregorowski & Seedat, 2013). Within the school setting, school counselors are likely to see pieces of each of these components affected by trauma. Within the cognition component, delays in speech and academic learning are expected (Bartlett & Steber, 2019; Cook et al., 2005). Throughout the physical health component, school staff can expect to see students have issues with sleeping in class or concerns with eating too much or too little (Bartlett & Steber, 2019; Cook et al., 2005). The emotional component is one school counselors will deal with the most. When a child is having issues with their emotions, it is typical for the teacher to send the student to the counselor. In line with the emotional component, school counselors are likely to see the effects of the relationship component quite frequently.

Figure 2. The impact of childhood trauma (Bartlett & Steber, 2019; Cook et al., 2005)

Cognition	Impaired readiness to learn, Difficulty problem-solving, Language delays, Problems with concentration, Poor academic achievement
Physical Health	Sleep disorders, Eating disorders, Poor immune system functioning, Cardiovascular disease, Shorter life span
Emotions	Difficulty controlling emotions, Trouble recognizing emotions, Limited coping skills, Increased sensitivity to stress, Shame and guilt, Excessive worry, hopelessness, Feelings of helplessness/lack of self-efficacy
Relationships	Attachment problems/disorders, Poor understanding of social interactions, Difficulty forming relationships with peers, Problems in romantic relationships, Intergenerational cycles of abuse and neglect

Mental Health	Depression, Anxiety, Negative self-image, low self-esteem, Posttraumatic Stress Disorder (PTSD), Suicidality
Behavior	Poor self-regulation, Social withdrawal, Aggression, Poor impulse control, Risk-taking/illegal activity, Sexual acting out, Adolescent pregnancy, Drug and alcohol misuse
Brain Development	Smaller brain size, Less efficient processing, Impaired stress response, Changes in gene expression

The majority of children are coming to school with at least one traumatic event in their lives while some have experienced severe forms of trauma (America's Health Ranking, 2023). There are very few full-time personnel in schools who might support students who have experienced severe trauma. Among them, a school counselor is often tasked with supporting students who have had traumatic experiences, whether through the facilitation of government and community services or through direct one-to-one counseling (ASCA, 2023c; Hamlin et al., 2016). School counselors are trained individuals who work to provide academic, career, and social/emotional guidance to all students (ASCA, 2023c). School counselors work with students through direct and indirect services (ASCA, 2023c). Direct services include instruction and counseling, whereas indirect services might include community collaboration and referrals to local government agencies (ASCA, 2023c). School counselors also arguably have an important role in supporting students with trauma because children spend much of their day at school (ASCA, 2023c; Hamlin et al., 2016).

Even though school counselors may play a role in supporting students suffering from trauma, schools are struggling to recruit and retain counselors (ASCA, 2023b). From the most recent (2021-2022) data, the current national average is 385 students for every one school counselor (ASCA, 2024). ASCA recommends 250 students to one school counselor (ASCA, 2023a; ASCA, 2024). This data indicates there is a clear shortage of school counselors in the field today. The demands that are placed on school counselors are growing by the year. Some

counselors are the only counselors in their school district, some are also in charge of testing, creating and maintaining 504 plans, and some oversee numerous other responsibilities (ASCA, 2023c; Hamlin et al., 2016). Despite the potential importance of school counselors in serving the most vulnerable students in schools, school counselors are leaving the profession at high rates (ASCA, 2023c; Hamlin & Kidder, 2015; "School counselor demographics," 2024). In surveys, counselors cite many reasons for leaving schools (ASCA, 2023b). However, the mental toll of the position appears to be one of the main reasons (ASCA, 2023b). For example, previous literature suggests that one key reason for the shortage of school counselors is compassion fatigue (Baggerly & Osborn, 2006; Kim & Lambie, 2018; Lewis, 2020).

According to Figley and Roop (2006), the notion of compassion fatigue is the combined result of burnout and secondary traumatic stress. Burnout is the feeling of being overwhelmed and ineffective (Stamm, 2010). Secondary traumatic stress is "a negative feeling driven by fear and work-related trauma" (Stamm, 2010, p. 8). There is a plethora of research on compassion fatigue and various professional careers, but the literature lacks empirical studies on the extent of the problem of compassion fatigue within school counselors as well as what personal, school, and community factors might be linked to compassion fatigue (Abraham-Cook, 2012; Berger et al., 2015; El-Bar et al., 2013; Hooper et al., 2010; Huggard & Dixon, 2011; Hunsaker et al., 2015; Mangoulia et al., 2015; Sinclair et al., 2017; Sprang et al., 2007).

Through an extensive search of empirical studies, only four published studies and six dissertations on the subject have been performed (Barbour, 2019; Bonganciso & Bonganciso, 2022; Estacio, 2019; Hoppe, 2023; Levkovich & Ricon, 2020; Manganaro, 2023; Mayorga et al., 2017; Newton-Bird, 2023; Wells, 2004; Wilson, 2020). Within these studies, none directly examine the prevalence of compassion fatigue among school counselors or the personal, school,

and community characteristics associated with self-reported compassion fatigue. However, these studies indicate that levels of compassion fatigue are visible in school counselors typically at the moderate level. Collectively, existing studies highlight the need for further investigation into rates of school counselors experiencing compassion fatigue and what factors are linked to this psychological state.

Current research also indicates that quantitative analysis is lacking. Only one published study in a peer reviewed journal in the United States has investigated compassion fatigue among school counselors, but this work was conducted on a small scale with a sample size of only 73 counselors (Mayorga et al., 2017). Although four quantitative articles and six dissertations closely related to this current study were found, the findings are not consistent (Barbour, 2019; Bonganciso & Bonganciso, 2022; Estacio, 2019; Hoppe, 2023; Levkovich & Ricon, 2020; Manganaro, 2023; Mayorga et al., 2017; Newton-Bird, 2023; Wells, 2004; Wilson, 2020). These findings ranged from low to moderate levels of burnout, low to moderate levels of secondary traumatic stress, and low to high levels of compassion satisfaction.

The findings of previous studies are not only inconsistent, but little is known about factors associated with compassion fatigue. Of the four published articles, researchers included between zero and three predictor variables: gender, the grades the school counselor works with, years of experience, and salary (Bonganciso & Bonganciso, 2022; Estacio, 2019; Levkovich & Ricon, 2020; Mayorga et al., 2017). Bonganciso and Bonganciso (2022) found that women experience higher rates of compassion satisfaction, and men experience higher rates of burnout and secondary traumatic stress. Levkovich and Ricon (2020) found no difference in compassion fatigue levels based on the age of the school counselor or the number of years as a school counselor. Estacio (2019) found that as the counselors' salary increased, burnout decreased. Of

the three quantitative dissertations, researchers included up to thirteen predictors in their analysis: age, gender, race/ethnicity, years of experience, professional identity, school level, school setting, Title I status, hours spent responding to students in crisis, level of support from administration at district office, level of support from school principal, number of students on caseload, number of school counselors in the school, time shared between buildings, and free/reduced lunch percentage (Barbour, 2019; Wells, 2004; Wilson, 2020). Barbour (2019) included 13 predictors in their analysis: age, gender, race/ethnicity, years of experience, professional identity, school level, school setting, Title I status, hours spent responding to students in crisis, level of support from administration at district office, level of support from school principal, number of students on caseload, and number of school counselors in the school. Of those variables, Barbour (2019) found only two to be significant. The age of a school counselor was a predictor of compassion satisfaction, with compassion satisfaction increasing as age increased (Barbour, 2019). Additionally, burnout increased as principal support decreased (Barbour, 2019). Wells (2004) found no statistical differences in components of compassion fatigue in the variables tested: gender, free/reduced lunch percentage, and caseload size. Wilson (2020) found no significant difference in burnout or secondary traumatic stress based on the variables tested: age, years of experience, Title I status, and those that share time between buildings.

Not only is there a gap in the literature regarding the prevalence of compassion fatigue among school counselors, but also in the factors associated with it. Understanding the factors associated with increased compassion fatigue may help identify areas for intervention and support for school counselors. Some of the possible factors that may contribute to a school counselor's compassion fatigue are personal, school, and community factors. Personal factors

include gender, race/ethnicity, age, the school counselor's personal trauma level, years of experience in school counseling, certification level, and perceived administrative support. These factors are important to analyze because each school counselor has different life experiences that may contribute to their effectiveness as a school counselor. For example, research indicates that male school counselors experience more burnout and secondary traumatic stress than females, but females experience more compassion satisfaction (Bonganciso & Bonganciso, 2022). School factors include student-to-school counselor ratio, grade level cluster, and percentage of time spent with students. Analyzing these factors are important because school counselors serve different grade levels across different buildings and districts, which may impact a school counselor's mental state. Caseload, grade level cluster, and percentage of time spent with students may impact the school counselor's ability to be effective in their role. Community factors include geographic location and Title I classification. Examining these factors are essential because school counselors work in diverse communities with varying resources available to utilize. School counselors in rural districts may not have as much access to mental health resources as urban and suburban districts, potentially leading to higher levels of burnout. Because a large-scale quantitative analysis examining the prevalence of compassion fatigue among differing personal, school, and community factors hasn't been conducted, specific intervention needs are not known. By identifying the personal, school, and community factors that contribute to compassion fatigue, policies and interventions can be better tailored to support school counselors.

This investigation into school counselors and levels of compassion fatigue, as well as factors associated with compassion fatigue, is essential given the shortage of school counselors. In this already diminished career field, determining the levels and factors associated with

compassion fatigue may help identify strategies for providing professional support and enhancing recruitment and retention of school counselors.

Purpose of the Study

Rigorous quantitative analysis investigating school counselors' compassion fatigue and associated personal, school, and community characteristics is lacking in the literature. The purpose of this study was to address this gap in the literature by investigating the rate at which school counselors experience components of compassion fatigue using a quantitative design surveying school counselors (n = 563). The analyses also examined factors associated with compassion fatigue. The following research questions were posed for this study:

Research Question 1: How prevalent are components of compassion fatigue (i.e., burnout and secondary traumatic stress) and compassion satisfaction among school counselors?

Research Question 2: What personal, school, and community characteristics are associated with self-reported components of compassion fatigue (i.e., burnout and secondary traumatic stress) and compassion satisfaction among school counselors?

Not only does this study advance the literature on compassion fatigue among school counselors, but it also sheds light on the costs associated with being a school counselor, which is significant because school counselors work with students who experience trauma daily and there is little research on the sentiments of school counselors (Figley, 1995). This information is needed because there is a shortage of school counselors and the school counselors that are in the field have increasing responsibilities (ASCA, 2023a; ASCA, 2023b). Additionally, this information is needed because some administrators do not fully understand the role of a school counselor, do not know what they go through daily, and do not know how to best support a school counselor.

For the data collection, the researcher electronically surveyed all public PK-12 school counselors in the State of Oklahoma (2,167) using the *Professional Quality of Life-5 Scale (ProQOL-5)*. The *ProQOL-5* is interpreted through the use of three subscales: burnout, secondary traumatic stress, and compassion satisfaction. These subscales can be interpreted individually or in combination. Data obtained from these surveys were examined to determine the rate at which school counselors experience components of compassion fatigue and to identify personal, school, and community characteristics associated with compassion fatigue and compassion satisfaction. The researcher emailed the *ProQOL-5* and demographic information questionnaire to all public PK-12 school counselors in Oklahoma. Oklahoma is uniquely suited for this study because the state is currently experiencing a shortage of school counselors, and at the completion of the 2023-2024 school year the Oklahoma School Counselor Corps grant expired (Taylor, 2023). The Oklahoma School Counselor Corps was created in May 2021 with $35 million from COVID federal relief money (OKSDE, 2021). At the current point in time, it is unknown if the school counselors hired with federal relief money maintained their position. In a state that is already experiencing a 20% turnover rate with school counselors each year, decreasing the already depleted workforce could be detrimental (Lazarte Alcalá, 2021).

There were 2,167 public PK-12 school counselors in the state of Oklahoma as of spring 2024 (OKSDE, 2024). The researcher collected school counselor names and emails from a publicly distributed certified salary report list (OKSDE, 2024). The *ProQOL-5,* as well as a survey of demographic information, were sent out to all PK-12 school counselors listed on the staff list.

Conceptual Framework

This dissertation drew on the Compassion Satisfaction-Compassion Fatigue conceptual model coined by Figley and Stamm (2009) and updated in 2010. In this model, an individual's professional quality of life is made up of two components: one positive- compassion satisfaction and one negative- compassion fatigue (Stamm, 2010). Compassion fatigue is the combination of burnout and secondary trauma (Stamm, 2010). This framework suggests that the higher the levels of burnout and secondary traumatic stress, coupled with low levels of compassion satisfaction, the higher the likelihood an individual is to experience compassion fatigue (Stamm, 2010). When applied to this study, the conceptual model predicts that school counselors who score within the *High Secondary Traumatic Stress, High Burnout, and Low Compassion Satisfaction* combination on the *ProQOL-5* are most likely to be experiencing compassion fatigue.

Limitations, Strengths, and Contributions

As with any study, there were factors over which the researcher had little control that may have affected the results of this study, and it is important to interpret the findings of this study with full knowledge of the limitations. Some factors may have positively impacted the results, others may have negatively impacted the results, and some may have an unknown impact. The researcher notes that by using a survey, the research may be biased toward individuals who are more motivated to complete the survey. By not being able to survey school counselors who recently left the profession, the researcher may have missed out on relevant data. Moreover, the publicly available list the researcher used to recruit participants may be inaccurate, potentially leaving out school counselors. It is also important to recognize that some school counselors may be overwhelmed with the duties of the role, which may leave zero time in

their day to complete the survey; thus, the researcher may potentially miss out on important data collection. A further limitation to this study was the time of year the survey was sent out. By sending the survey out at the end of the school year, school counselors may not have the time to complete the survey. Furthermore, a school counselor's level of compassion fatigue may be different at the beginning of the school year versus the end of the school year. A separate limitation to this study was that only public-school counselors are being surveyed, which means private school counselors and CareerTech school counselors were missed. A further issue is that the survey subscale levels have such a large range that full understanding of the levels may be missed. Specifically, the moderate level range within the *ProQOL-5* (23-41) is such a large range that it was, at times, difficult to understand the data. One more limitation is that the survey used does not give a true compassion fatigue score because the subscale scores are not meant to be combined. A survey that gives a compassion fatigue score would have been beneficial, so that the researcher could interpret compassion fatigue as a whole and not as components. Another limitation of this study was its lack of gender and racial diversity. The data set was 94% female and 81% White, which indicates a lack of gender and racial diversity in public PK-12 school counselors in Oklahoma. Lastly, the *ProQOL-5* manual does not list a scale combination for the findings of this study: moderate burnout, moderate secondary traumatic stress, and moderate compassion satisfaction. Without the explanation of this particular scale combination, interpretation was challenging.

Despite these limitations, there are five specific strengths associated with this study. The first strength is the large number of participants. This study had 563 respondents, whereas the largest number in a published study prior to this study was 139, and in nonpublished studies, was 332. The second strength of this study was the use of an online survey. The use of an online

survey was time efficient and allowed for respondents to complete the survey at a time that was beneficial for them. Additionally, a strength of this study was the examination of multiple personal, school, and community characteristics. Using individual characteristics, individual professional characteristics, school demographics, and community demographics, this study was able to provide a thorough analysis of the association of various factors on components of compassion fatigue and compassion satisfaction. Another strength of this study was its reproducibility. The study is described in great detail, allowing another researcher to reproduce the study quickly and effectively. Although the *ProQOL-5*'s lack of a combination score was seen as a limitation, the use of the *ProQOL-5* can also be seen as the final strength of this study. The *ProQOL-5* is the second most common instrument to evaluate components of compassion fatigue and compassion satisfaction indicating the survey is credible and reliable (Sinclair et al., 2017; Stamm, 2010).

In addition to the strengths, there are many contributions from this study. Continuously working with students who have been affected by trauma takes a toll on the school counselor that has not been previously quantified in studies. The existing gap in literature highlighted a need for an extensive analysis of compassion fatigue among school counselors with varying personal, school, and community characteristics. This study provided a broad examination of compassion fatigue among school counselors, specifically focusing on how the rate of compassion fatigue varies in relation to different personal, school, and community characteristics. Another contribution of this study was the identification of a new combination category that was not discussed in the manual for the *ProQOL-5*. Scoring in the moderate level on all three subscales was not mentioned in the manual. This is a new combination category that will need to be evaluated further. Moreover, this study has the potential to create a way for other states to study

compassion fatigue in school counselors. A final contribution to the literature was highlighting that the role of a school counselor may be affected by the perceived support from administration.

Definitions of Terms

To facilitate the understanding of this dissertation, the following terms are defined:

1. Trauma is defined as "an event or circumstance resulting in physical harm, mental harm, and/or life- threatening harm and the event has lasting adverse effects on the individual's mental health, physical health, emotional health, social well-being, and/or spiritual well-being" (Substance Abuse and Mental Health Services Administration's (SAMHSA), 2022).
2. Compassion is being aware of others' negative experiences and hoping to ease it (Figley & Roop, 2006).
3. Compassion stress is the extreme pressure to exhibit compassion when caring for others (Figley & Roop, 2006).
4. Compassion fatigue is "the cost of caring," resulting in the "exhaustion due to compassion stress, the demands of being empathic and helpful to those who are suffering" (Figley, 1995; Figley, 2006, p. 11). Compassion fatigue is the negative component of bearing the cost of helping (Stamm, 2010). Compassion fatigue is the combination of burnout and secondary trauma (Stamm, 2010).
5. Compassion satisfaction is the positive component of bearing the cost of helping (Stamm, 2010). Compassion satisfaction is the happiness one feels when one is successful in their job (Stamm, 2010).
6. Secondary traumatic stress is "the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1993; Figley, 1995).

7. Burnout is the feeling of being overwhelmed and ineffective (Stamm, 2010).
8. School Counselors "are certified/licensed educators who improve student success for ALL students by implementing a comprehensive school counseling program" (ASCA, 2023c, p. 1).

Overview of Dissertation Chapters

This dissertation is organized into six chapters. Chapter I offers a statement of introduction for the present study, which was to analyze the extent to which school counselors experience compassion fatigue and to evaluate which personal, school, and community factor are associated with this state. Chapter II provides a review of literature investigating compassion fatigue and school counselors. Chapter III examines the Compassion Satisfaction-Compassion Fatigue conceptual model, as it relates to school counselors and compassion fatigue. Chapter IV explains the methodology for the study. The setting, participants, data collection instrument and analysis procedures are described. Chapter V offers an analysis of the results. Chapter VI draws conclusions from the data and offers a discussion.

Chapter 2. Literature Review

This chapter provides a review of the literature on compassion fatigue and school counselors. Specifically, it highlights the history of a school counselor, as well as examines recruitment and retention challenges associated with the school counselor profession. The concept of compassion fatigue and its measurement are both discussed. This chapter then reviews previous literature on compassion fatigue within numerous professional careers, including school counseling. This chapter concludes by highlighting two gaps in the literature. The first gap in the literature is the lack of scholarly research that has quantitatively investigated compassion fatigue among PK-12 school counselors on a grand scale. The second gap in the literature is the absence of scholarly research specifically focusing on personal, school, and community characteristics related to compassion fatigue among PK-12 school counselors.

History of School Counselors

The school counseling profession is roughly 120 years old (Gysbers, 2012). In the early 1900s, the role of the school counselor began as vocational guidance conducted by teachers and administrators only, with no official role, only a list of responsibilities (Gysbers, 2012). Towards the 1920s, a shift from vocational guidance to mental health began to unfold (Gysbers, 2012). Throughout the 1930s, the position of the guidance counselor came to life after a new system called *Pupil Personnel Services* was created (Gysbers, 2012). During 1952, the American School Counselor Association (ASCA) was created (Gysbers, 2012). The first school counselors in elementary schools occurred in the 1960s (Gysbers, 2012). Throughout the 1960s-1990s, the concept of a school counselor, the roles, and the responsibilities started to take form (Gysbers, 2012). In 2001, federal legislation changed the title of a guidance counselor to that of a school counselor (Gysbers, 2012). In 2003, ASCA introduced the first national program model for

school counselors (Gysbers, 2012). This model was revised in 2005, 2013, and 2019 to utilize current education language (Gysbers, 2012). School counselors are highly trained and are required to have a master's degree in School Counseling (ASCA, 2023c).

Recruitment and Retention Challenges

Currently, ASCA recommends a student-to-school-counselor ratio of 250:1 (ASCA, 2023a; ASCA, 2024). ASCA (2023a) recommended duties for a school counselor include: individual academic goal planning, classroom lessons, student counseling on a short-term basis, referrals, school and community collaboration, student advocacy, analyzing data, and improving inequities. Researchers found that job expectations for a school counselor vary tremendously by district (Benigno, 2017; Cervoni & DeLucia-Waack, 2011; Trolley, 2011). The researchers found that school counselors are given duties outside of this recommendation that include: testing, disciplinary responsibilities, before/ after school duty, lunch duty, field trip chaperone, and many administrative duties (Benigno, 2017; Cervoni & DeLucia-Waack, 2011; Trolley, 2011). Trolley recommends that a first step to help improve the role of a school counselor is to create a job description beyond that of just the ASCA recommended duties. Creating a job description will attempt to level the playing field for school counselors and allow them to know specifically what their role is and how it affects the school outcomes.

There is a current lack of research effectively examining the effects of school counselors on academic and non-academic outcomes. Some researchers found that school counselors play a positive role in school outcomes, whereas others found that they play a negative role (Cronin, 2018; Lapan et al., 2012; Lyons, 2022; Shi & Brown, 2020). Some positive effects on academic outcomes include higher 4-year university enrollment and better graduation rates (Lapan et al., 2012; Shi & Brown, 2020). Some positive effects on non-academic outcomes include lower

disciplinary rates and increased attendance rates (Lapan et al., 2012). Regardless of the lack of research investigating the effects of a school counselor on academic and non-academic outcomes, school counselors are imperative to the work of a school site and district.

ASCA (2019) states that the United States does not have enough school counselors and that many schools that serve students of color and low-income families are the schools that do not have school counselors readily available, thus leaving vulnerable populations without support. Throughout the profession, many schools are struggling to recruit and retain school counselors (ASCA, 2019; ASCA, 2023b). Some reasons public schools are struggling to recruit school counselors include degree requirements, low salary, and private school placement (ASCA, 2019). To be a school counselor in most states, you must obtain a master's degree, and this requirement has deterred people from becoming school counselors because of lack of funding or time (ASCA, 2019). Additionally, school counselors are being pulled to private schools, which prevents them from being in the public-school sector (ASCA, 2019). Some ways to improve recruitment include creating a different pathway to licensure and increasing their pay (ASCA, 2019; Hooker, 2022).

Not only are schools facing challenges recruiting school counselors, but some public schools are struggling to retain school counselors because of lack of administrative support, a lack of a clearly defined role, and insufficient resources for mental health (ASCA, 2019; Boulden & Schimmel, 2022). Strategies to improve retention include improving support from administrators, defining the roles and responsibilities of a school counselor, and funding mental health resources in the school (ASCA, 2019; Hooker, 2022).

Measuring Compassion Fatigue

In the mid 1990s, traumatologist Charles Figley coined the term compassion fatigue and is considered "the father of compassion fatigue," despite not being the first to use that term (Figley, 1995). Compassion fatigue or "the cost of caring," is the combination of burnout and secondary traumatic stress resulting in the "exhaustion due to compassion stress, the demands of being empathic and helpful to those who are suffering" (Figley, 1995; Figley, 2006, p. 11; Stamm, 2010). Compassion fatigue is typically experienced by those who work in helping careers, such as nurses, police officers, healthcare workers, and teachers (Abraham-Cook, 2012; Figley, 1995; Figley & Stamm, 1996; Lambros, 2014; Stamm, 2010; Stoewen, 2019). In the late 1990s, Beth Stamm and Charles Figley agreed that Stamm would continue the research (Stamm, 2010). Since then, Stamm has contributed to the study of compassion fatigue by shifting and revising one of the most common measures for compassion fatigue, the Professional Quality of Life Scale (*ProQOL*) (Stamm, 2010).

The two most common ways to measure compassion fatigue are the Compassion Fatigue Self-Test and the *ProQOL* (Sinclair et al., 2017). The Compassion Fatigue Self-Test was first created by Figley in 1995 and contained two subscales: compassion fatigue and burnout (Figley, 1995; Figley & Stamm, 1996; Sinclair et al., 2017). This test has 40 questions that ask the respondent to rate their experiences on a 5-point Likert scale (Figley, 1995; Figley & Stamm, 1996; Sinclair et al., 2017). Based on the individual subsection scores, this assessment ranks the individual into extremely low risk, low risk, moderate risk, and high risk of compassion fatigue (Figley, 1995; Figley & Stamm, 1996; Sinclair et al., 2017).

The second most common way compassion fatigue is measured is the *ProQOL* (Sinclair et al., 2017; Stamm, 2010). The *ProQOL* was derived from the Compassion Fatigue Scale, but

includes different subsections: burnout, secondary traumatic stress, and compassion satisfaction (Stamm, 2010). This test has 30 questions that ask the respondent to rate their experiences on a 5-point Likert scale (Sinclair et al., 2017; Stamm, 2010). The higher an individual scores on each of the three subscales indicates a higher risk of that component (Stamm, 2010). The score interpretation of each subscale is broken into low (22 or less), moderate (between 23 and 41), and high (42 or greater) (Stamm, 2010). The *ProQOL-5* asks respondents to answer the questions based on the way they felt over the last 30 days (Stamm, 2010).

Compassion Fatigue and Professional Careers

There is a plethora of research relating to compassion fatigue and professional careers; a few major studies are highlighted here (see Table 1). Compassion fatigue has been studied in numerous professional careers including nurses, doctors, teachers, and therapists (Abraham-Cook, 2012; Berger et al., 2015; El-Bar et al., 2013; Hooper et al., 2010; Huggard & Dixon, 2011; Hunsaker et al., 2015; Mangoulia et al., 2015; Sinclair et al., 2017). One empirical study conducted by Berger et al. (2015) utilized a quantitative design administering the *ProQOL-5* to 239 pediatric Registered Nurses (RN). Berger et al. (2015) found that of those surveyed 71.5% exhibited moderate to high compassion satisfaction, 77% exhibited moderate to high burnout, and 78.2% exhibited moderate to high secondary traumatic stress. Additionally, Berger et al. (2015) found that being under 40 years old, with 6-10 years of experience corresponded with high levels of burnout and low levels of compassion satisfaction. Another empirical study conducted by Hunsaker et al. (2015) surveyed 1,000 emergency nurses using the *ProQOL-5*. They found that the nurses experienced low to average compassion fatigue and burnout, average to high levels of compassion satisfaction, and that the level of manager support had an influence on compassion fatigue, burnout, and compassion satisfaction (Hunsaker et al., 2015). An

additional study led by Mangoulia et al. (2015) quantitatively investigated the levels of compassion fatigue in 174 psychiatric nurses in Greece. Mangoulia et al. (2015) found that higher educational level, more years of experience, smaller number of patients, and good physical/mental health all corresponded with a decreased risk for compassion fatigue. Another quantitative study conducted by Hooper et al. (2010) surveyed 109 nurses and found that 86% of nurses were at moderate to high risk of compassion fatigue and 82% fell within the moderate to high levels of burnout. Hooper et al. (2010) found that increased education and a solid home/work life balance were consistent with a lower risk of compassion fatigue and burnout. Another study led by El-Bar et al. (2013) surveyed 128 physicians and found that 46.1% had a high or extremely high risk for compassion fatigue, 21.1% had low compassion satisfaction, and 9.4% had high burnout. Burnout was found to increase in women and those with trauma in their past (El-Bar et al., 2013). Additionally, Huggard and Dixon (2011) surveyed 253 doctors in New Zealand and found that 17.1% of the doctors surveyed had a high risk for compassion fatigue and that 19.5% were at risk for burnout. Huggard and Dixon (2011) did not take note of specific risk factors. Another study conducted by Sprang et al. (2007) surveyed 1,121 behavioral health providers and found that 13% were at a high risk for compassion fatigue. One dissertation conducted by Abraham-Cook (2012) administered the *ProQOL-5*, Teacher Stress Inventory, and Social Provisions Scale to 111 PK-12 grade teachers and found that 91% had a high risk for compassion fatigue, 21.62% had low compassion satisfaction, and 90.09% had an average to high risk for burnout. Abraham-Cook (2012) found that years of experience, personal trauma history, and location classification contributed to the higher risk for compassion fatigue.

Research agrees that compassion fatigue is a problem experienced by professional careers including nurses, doctors, teachers, and therapists and that it is important to draw attention to the

issues of compassion fatigue (Abraham-Cook, 2012; Berger et al., 2015; El-Bar et al., 2013; Hooper et al., 2010; Huggard & Dixon, 2011; Hunsaker et al., 2015; Mangoulia et al., 2015; Sinclair et al., 2017; Sprang et al., 2007). The data from most of the studies indicate that people in these professional careers are highly likely to experience compassion fatigue (Abraham-Cook, 2012; Berger et al., 2015; El-Bar et al., 2013; Hooper et al., 2010; Huggard & Dixon, 2011; Hunsaker et al., 2015; Mangoulia et al., 2015; Sinclair et al., 2017; Sprang et al., 2007). Research related to professional careers agrees that factors that increase compassion fatigue risk include age, support, gender, education, experience, and history of trauma (Abraham-Cook, 2012; Berger et al., 2015; El-Bar et al., 2013; Hooper et al., 2010; Huggard & Dixon, 2011; Hunsaker et al., 2015; Mangoulia et al., 2015; Sinclair et al., 2017; Sprang et al., 2007). Most of the research has been quantitative in style, determining the prevalence of compassion fatigue among different careers. Research agrees that compassion fatigue is a significant problem affecting numerous careers (Abraham-Cook, 2012; Berger et al., 2015; El-Bar et al., 2013; Hooper et al., 2010; Huggard & Dixon, 2011; Hunsaker et al., 2015; Mangoulia et al., 2015; Sinclair et al., 2017; Sprang et al., 2007).

Table 1. Compassion fatigue research and professional careers

Publication	Research Design	Location	Participants	Findings	Risk Factors
Berger et al. (2015)	Quantitative (ProQOL)	5 hospital system-Unknown location	239 pediatric RNs	71.5% moderate to high compassion satisfaction 77% moderate to high burnout 78.2% moderate to high secondary traumatic stress	Under 40, 6-10 years of experience
Hunsaker et al. (2015)	Quantitative (ProQOL 5)	United States	1,000 emergency nurses	Low to average compassion fatigue and burnout, average to high levels of compassion satisfaction	Level of manager support
Mangoulia et al. (2015)	Quantitative (ProQOLR-IV)	Greece	174 psychiatric nurses	44.8% high secondary traumatic stress, 49.4% high burnout, 8.1% high compassion satisfaction	Educational level, years of experience, number of patients, physical and mental health

Hooper et al. (2010)	Quantitative (ProQOL R-IV)	SE United States	109 nurses	86% of nurses fell within the moderate to high risk of compassion fatigue and 82% moderate to high burnout	Education, work/home life balance
El-Bar et al. (2013)	Quantitative (Compassion Satisfaction and Fatigue Test)	Israel	128 physicians	46.1% high or extremely high for compassion fatigue, 21.1% low for compassion satisfaction, 9.4% high for burnout	Gender, personal trauma
Huggard and Dixon (2011)	Quantitative (ProQOL)	New Zealand	253 doctors	17.1% high compassion fatigue, 19.5% at risk for burnout	No variables noted.
Sprang et al. (2007)	Quantitative (ProQOL)	Rural, Southern state, USA	1,121 Behavioral health providers	13% high risk for compassion fatigue	Female, large population of trauma clients, location
Abraham-Cook (2012)	Quantitative (ProQOL 5, Teacher Stress Inventory, Social Provisions Scale)	Newark, NJ	111 PreK-12th teachers	91% high risk for compassion fatigue, 21.62% low compassion satisfaction, 90.09% average to high risk for burnout	Years of experience, trauma history, location

Compassion Fatigue and School Counselors

While there is a plethora of research related to professional careers, there is a severe lack of literature on the rate at which school counselors experience compassion fatigue and what personal, school, and community characteristics are associated with compassion fatigue. Throughout an extensive search for empirical studies, only four published studies (see Table 2) and six dissertations (see Table 3) were found. Within these studies, none addressed the questions of this study: How prevalent are components of compassion fatigue (i.e., burnout and secondary traumatic stress) and compassion satisfaction among school counselors? What personal, school, and community characteristics are associated with self-reported components of compassion fatigue (i.e., burnout and secondary traumatic stress) and compassion satisfaction among school counselors?

One published study conducted by Bonganciso and Bonganciso (2022) utilized a quantitative research design to survey 20 secondary guidance designates (a teacher appointed by the principal to act as a guidance counselor) in Cadiz City, Philippines, using the *ProQOL-5*. Bonganciso and Bonganciso (2022) found that guidance designates had moderate burnout, moderate secondary traumatic stress, and moderate compassion satisfaction. The researchers also

found that women experience higher rates of compassion satisfaction, and men experience higher rates of burnout and secondary traumatic stress. A limitation of this study is that it was conducted in the Philippines with teachers who were given an additional role of guidance designates. This data may not be transferable to the United States, where most school counselors are only school counselors with an advanced degree in school counseling. Another limitation of this study is the sample size. Because the sample size is so low, the statistical significance is questionable. This study contributed to the knowledge base by examining the professional quality of life of secondary teachers who have an extra role of guidance designate.

An additional quantitative study by Levkovich and Ricon (2020) explored compassion fatigue and emotional distress by surveying 139 school counselors (55 elementary school, 36 middle school, and 48 high school) in Israel using the *ProQOL-5*. Levkovich and Ricon (2020) found that compassion fatigue was lower in school counselors who worked in high schools as compared to those who worked in elementary schools. Additionally, they found moderate levels of compassion fatigue, moderate levels of burnout, high levels of compassion satisfaction, and low levels of secondary trauma (Levkovich & Ricon, 2020). These researchers found no difference in compassion fatigue levels based on the age of the school counselor or the number of years as a school counselor. Limitations of this study include population diversity and transferability. The participants in this study were 137 women and only 2 men, indicating a specific population of school counselors missing from the data (Levkovich & Ricon, 2020). This data may not be transferable to the United States, because it took place in Israel, where the culture and customs are different from that of the United States. This study contributed to the literature by exploring the levels of compassion fatigue and emotional distress in a small sample of school counselors in Israel.

Mayorga et al. (2017) utilized a quantitative research design to investigate the wellness behavior of a school counselor and its compassion fatigue outcomes. This study was conducted in Texas, surveying 73 school counselors (34 elementary, 16 middle school, and 23 high school) with the *ProQOL-5*. Mayorga et al. (2017) found moderate levels of compassion satisfaction, moderate levels of burnout, and low levels of secondary traumatic stress. The sample size contributed to the limitations of this study. By only surveying 73 school counselors in the state of Texas, this may not accurately reflect the perceptions of all school counselors. The participants in this study were 62 women and only 11 men, indicating a specific population of school counselors missing from the data (Mayorga et al., 2017). Additionally, the geographic location of the population was not mentioned, which prevents the reader from knowing if this was a statewide study or completed in a single district. This study contributed to the literature by examining wellness behaviors and compassion fatigue outcomes in a small sample of school counselors in Texas.

Utilizing a quantitative research design, Estacio (2019) analyzed school counselor compassion fatigue in Central Luzon, Philippines. Estacio (2019) surveyed 92 school counselors (68 college, 21 high school, and 3 elementary) using the *ProQOL-5* and found low levels of burnout and low levels of secondary trauma. Additionally, the researcher found that as the counselors' salary increased, burnout decreased (Estacio, 2019). Limitations of this study include population diversity and transferability. The participants in this study were mainly college counselors, indicating a specific population of school counselors missing from the data. This data may also not be transferable to public PK-12 school counselors. This data also may not be transferable to the United States, as it took place in the Philippines, where the culture and

customs differ from those of the United States. This study contributed to the literature by investigating mainly college counselors' rates of compassion fatigue.

Of the four empirical studies found, all were quantitative in design. The sample size varied from 20 to 139, and only one of the studies found was conducted in the United States. Bonganciso and Bonganciso (2022), Levkovich and Ricon (2020), Mayorga et al. (2017), and Estacio (2019) all utilized a quantitative research design to explore compassion fatigue levels among school counselors but found vastly different results. Mayorga et al. (2017) and Levkovich and Ricon (2020) found that school counselors had high levels of compassion satisfaction. Bonganciso and Bonganciso (2022) found moderate levels of compassion satisfaction. Estacio (2019), Mayorga et al. (2017), and Bonganciso and Bonganciso (2022) found that school counselors had low levels of burnout; however, Levkovich and Ricon (2020) found that school counselors had moderate levels of burnout. Low levels of secondary traumatic stress were found by Estacio (2019), Mayorga et al. (2017), and Levkovich and Ricon (2020); whereas Bonganciso and Bonganciso (2022) found moderate levels of secondary traumatic stress. Of these published articles, researchers included between zero and three variables: gender, the grades the school counselor works with, years of experience, and salary (Bonganciso & Bonganciso, 2022; Estacio, 2019; Levkovich & Ricon, 2020; Mayorga et al., 2017). None of the variables were repeated across the studies. In the already underdeveloped level of quantitative literature around compassion fatigue and school counselors, consistency in results is lacking.

Table 2. Scholarly compassion fatigue research for school counselors

Publication	Research Design	Location	Participants	Findings	Risk Factors
Bonganciso and Bonganciso (2022)	Quantitative	Cadiz City, Philippines	20 secondary guidance designates	Moderate level of burnout, moderate level of secondary traumatic stress, and moderate level of compassion satisfaction.	Higher compassion satisfaction in females. Higher burnout and

					secondary traumatic stress in males.
Levkovich & Ricon (2020)	Quantitative	Israel	139 school counselors (55 elementary, 36 middle school, 48 high school)	Moderate levels of compassion fatigue, moderate levels of burnout, high levels of compassion satisfaction, low levels of secondary traumatic stress	Compassion fatigue lower in high school counselors
Mayorga et al. (2017)	Quantitative	Texas	73 school counselors (34 elementary, 16 middle school, 23 high school)	Moderate compassion satisfaction, moderate burnout, Low secondary trauma	No variables noted.
Estacio (2019)	Quantitative	Central Luzon, Philippines	92 (68 college, 21 high school, 3 elementary)	Low levels of burnout, low levels of secondary trauma	As salary increased, burnout decreased

In addition to the four published studies, six dissertations (see Table 3) addressed compassion fatigue in school counselors; however, none directly addressed the questions of this study, "How prevalent are components of compassion fatigue (i.e., burnout and secondary traumatic stress) and compassion satisfaction among school counselors?" and "What personal, school, and community characteristics are associated with self-reported components of compassion fatigue (i.e., burnout and secondary traumatic stress) and compassion satisfaction among school counselors?"

The closest dissertation to the current study was conducted by Barbour (2019). Utilizing a quantitative research design, Barbour (2019) sought to determine levels of compassion fatigue and compassion satisfaction among 332 elementary school, middle school, and high school counselors in Oregon using the *ProQOL-5* survey. Barbour (2019) found moderate levels of burnout, secondary traumatic stress, and compassion satisfaction among the surveyed Oregon school counselors. The researcher included 13 variables in their analysis: age, gender, race/ethnicity, years of experience, professional identity, school level, school setting, Title I status, hours spent responding to students in crisis, level of support from administration at district office, level of support from school principal, number of students on caseload, and number of

school counselors in the school (Barbour, 2019). Of those variables, Barbour (2019) only found two to be significant. Age of a school counselor predicted compassion satisfaction, where compassion satisfaction increased as age increased (Barbour, 2019). Additionally, burnout increased as principal support decreased (Barbour, 2019). One limitation of this study is a lack of diversity in gender and race/ethnicity. Most of the respondents in this study were Caucasian women; data from males and other race/ethnicities are missing. This study contributed to the literature of compassion fatigue and school counselors by offering a moderate sample size and quantitative study to the limited body of literature.

In a quantitative study, Wilson (2020) sought to examine compassion fatigue risk levels in high school counselors and social workers in Missouri. Wilson (2020) utilized the *ProQOL-5* measure to survey 78 high school counselors and 11 high school social workers and found a low to moderate risk for secondary traumatic stress in school counselors and social workers. Within this study, school counselors and social workers exhibited a moderate risk for burnout (Wilson, 2020). Additionally, moderate to high levels of compassion satisfaction were found (Wilson, 2020). The researcher found no significant difference for burnout or secondary traumatic stress based on the variables (age, years of experience, Title I status, and those that share time between buildings) tested. Limitations of this study include only surveying high school counselors and social workers in Missouri who were members of either the Missouri School Counselor Association or the School Social Workers Association of Missouri. This study also combined school counselors and social workers' responses, which is seen as a limitation because one cannot distinguish the school counselor data from the social worker data. The relatively low number of participants is another limitation of this study. Compared to other studies in this literature, 78 appears high, but is not generalizable to the entire state of Missouri. This study

contributed to the literature of compassion fatigue and school counselors by providing one of the first quantitative analyses of compassion fatigue and school counselors.

Utilizing a mixed methods research design, Wells (2004) investigated compassion fatigue traits as measured by the Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales-III (*ProQOL-R III*) in an initial population sample of 154 secondary school counselors in one school district in Palm Beach County, Florida. Only 78 school counselors fully completed the survey. From the quantitative data, school counselors in this specific district reported burnout levels below average indicating lower levels of compassion fatigue (Wells, 2004). In addition, Wells (2004) found no statistical differences in components of compassion fatigue in the variables (gender, free/reduced lunch percentage, and caseload size) tested. The researcher then chose five school counselors from one school to qualitatively interview to further understand their role (Wells, 2004). The researcher found that satisfaction was from the job itself, but symptoms of burnout and compassion fatigue were visible (Wells, 2004). A few limitations of this study were that the study had a low sample size, and the study was conducted in one school district. While the researcher found that the school counselors fell within average range on each subsection of the *ProQOL-R-III*, for this specific school district, the results are not generalizable to a larger population. Another limitation is the researcher focused solely on secondary school counselors, so elementary and middle school counselor responses were missing (Wells, 2004). The use of a valid and reliable survey instrument was considered a strength of this study. This study contributed to the literature of compassion fatigue and school counselors by exploring the levels at which school counselors in one school district experience compassion fatigue traits.

Another dissertation conducted by Manganaro (2023) used qualitative methods to explore compassion fatigue among school counselors. Manganaro interviewed 10 school counselors

across Arizona to study compassion fatigue in school counselors (Manganaro, 2023). It is unknown what grades the school counselors work in. The design of this study was a limitation. The researcher noted that the school counselor had to score within moderate to extremely high compassion fatigue risk level but failed to record if any school counselors were eliminated from the study for not meeting this threshold. This leaves one to wonder if all school counselors happened to fall within that range or if they were truly recruited for their level of compassion fatigue. Semi-structured interviews were conducted with the 10 participants (Manganaro, 2023). Negative symptoms of compassion fatigue were a theme across all participants (Manganaro, 2023). Two additional themes that emerged were not being supported by administration and the need for self- care (Manganaro, 2023). The sample size contributed to the limitations of this study. By only interviewing 10 school counselors in the state of Arizona, this may not accurately reflect the perceptions of all school counselors. Additionally, only women were interviewed in this study, indicating a missed opportunity to understand compassion fatigue in male school counselors. This study contributed to the literature of compassion fatigue and school counselors by adding a small qualitative piece of research to the underdeveloped literature of compassion fatigue and school counselors.

An additional dissertation conducted by Newton-Bird (2023) qualitatively investigated high school counselors, with students who have ACEs on their caseloads, in urban schools' experiences of compassion fatigue (Newton-Bird, 2023). Semi- structured interviews were conducted with nine school counselors to explore challenges and strategies for improvement (Newton-Bird, 2023). This study revealed four themes: overcoming mental blocks, self-awareness, self-care needs, and lack of administrative support (Newton-Bird, 2023). The state or country location of the participants was never revealed throughout this study, which could be

seen as a limitation because generalizability and impact of the location are missing. Additional limitations of this study included the sample size, elimination of elementary school counselors from the study, the COVID-19 pandemic, and the focus on urban schools. By only interviewing nine school counselors, the most accurate data may not have been collected. Not including elementary school counselors in the study was a missed opportunity to understand compassion fatigue at the elementary level. Additionally, this study took place during the COVID-19 pandemic, so the data could be skewed based on the heightened stress created by the pandemic. By not including rural and suburban school counselors in this study, it is possible there were missed themes and strategies. This study contributed to the literature of compassion fatigue and school counselors by starting to fill the void of research around urban high school counselors and identifying strategies to cope.

Another qualitative dissertation conducted by Hoppe (2023) explored how compassion fatigue is described by school counselors in rural, Title I schools in Oklahoma. Semi-structured interviews were conducted with 11 K-12 school counselors (Hoppe, 2023). Hoppe (2023) had 23 school counselors respond to her initial request for interviews, but after screening out school counselors who were not experiencing or had not recently experienced compassion fatigue, as represented by scores from the *ProQOL-5*, 11 remained. Three themes emerged from the interviews: overwhelming expectations, dissonance, and disheartenment (Hoppe, 2023). Four limitations arose from this research: sample size, lack of gender/ethnicity diversity, most participants exceeded the ASCA recommended student to counselor ratio, and the focus on Title I rural schools. By only interviewing 11 school counselors, perceptions could have been missed. Additionally, by interviewing mainly Caucasian women, insights were missed. Since the majority of the participants' caseload exceeded that of the ASCA recommendation, the data may

be skewed. By solely focusing on Title I rural schools, the views of non-Title I urban and suburban school counselors were passed over. This study contributed to the literature of compassion fatigue by starting to fill the void of research around rural school counselors and compassion fatigue.

Table 3. Dissertation research on compassion fatigue among school counselors

Dissertation	Research Design	Location	Participants	Findings	Risk Factors
Barbour (2019)	Quantitative	Oregon	332 elementary, middle school, and high school counselors	Moderate compassion satisfaction levels; Burnout levels were moderate; Secondary traumatic stress levels were moderate.	Of the 13 variables tested, only two were found to be significant. Compassion satisfaction increased as age increased, and burnout increased as principal support decreased.
Wilson (2020)	Quantitative	Missouri	89 (78 high school counselors and 11 high school social workers)	Low to moderate secondary traumatic stress; Moderate burnout; Moderate to high compassion satisfaction.	Found no significant difference for burnout or secondary traumatic stress based on the variables tested: age, years of experience, Title I status, and those that share time between buildings.
Wells (2004)	Mixed methods	Florida	78 secondary school counselors	Below average levels of compassion fatigue; Satisfaction was found from the job itself, but symptoms of burnout and compassion fatigue were visible.	Found no statistical differences in the variables tested: gender, free/reduced lunch percentage, and caseload size.
Manganaro (2023)	Qualitative	Arizona	10 school counselors (unknown grade level)	Themes found were: Negative symptoms of compassion fatigue, not being supported by administration, and the need for self- care	No variables noted.
Newton-Bird (2023)	Qualitative	United States	9 urban high school counselors	Four themes emerged: overcoming mental blocks, self-awareness, self-care needs, and lack of administrative support	No variables noted.
Hoppe (2023)	Qualitative	Oklahoma	11 (3 elementary, 1 middle school, 3 high school, 4 K-12) Rural Title I school counselors	Three themes emerged: overwhelming expectations, dissonance, and disheartenment	No variables noted.

Within the six dissertations reviewed (see Table 3), there was a mix of methods (quantitative, qualitative, and mixed methods) and sample size, ranging from nine participants to

332 participants. Barbour (2019) and Wilson (2020) both utilized a quantitative research design to explore compassion fatigue levels among school counselors but found different results. Barbour (2019) found that secondary traumatic stress levels among Oregon school counselors were higher than average, compared to Wilson (2020) who found that Missouri high school counselors fell in the low to moderate level. Similarly, Barbour (2019) found that burnout levels among Oregon school counselors were higher than average, compared to Wilson (2020) who found that Missouri high school counselors fell in the moderate level. In the already limited body of quantitative literature on compassion fatigue and school counselors, consistency in results is lacking.

Manganaro (2023), Newton-Bird (2023), and Hoppe (2023) conducted qualitative inquiries. The qualitative research seems to agree that school counselors feel overwhelmed and lack administrative support (Hoppe, 2023; Manganaro, 2023; Newton-Bird, 2023). However, one must be cautious when interpreting these findings, as they are only a representation of 30 total school counselors.

Collectively, these authors and researchers draw attention to the important need for further investigation into school counselors experiencing compassion fatigue (Barbour, 2019; Bonganciso & Bonganciso, 2022; Estacio, 2019; Hoppe, 2023; Levkovich & Ricon, 2020; Manganaro, 2023; Mayorga et al., 2017; Newton-Bird, 2023; Wells, 2004; Wilson, 2020). Of the four published studies directly related to this study, all found different results (Bonganciso & Bonganciso, 2022; Estacio, 2019; Levkovich & Ricon, 2020; Mayorga et al., 2017). These findings ranged from low to moderate levels of burnout, low to moderate levels of secondary traumatic stress, and low to high levels of compassion satisfaction. Of those same four published studies, only three tested for demographic variables. Bonganciso and Bonganciso (2022) found

that women experience higher rates of compassion satisfaction, and men experience higher rates of burnout and secondary traumatic stress. Levkovich and Ricon (2020) found no difference in compassion fatigue levels based on the age of the school counselor or the number of years as a school counselor. Estacio (2019) found that as the counselors' salary increased, burnout decreased. Because only one of these studies (Mayorga et al., 2017) was conducted in the United States, there is a gap in the research specifically focusing on the experience of a school counselor in the United States. Within these four studies, only the views of 324 total school counselors were examined, with only 73 school counselors from the United States. The prior studies are missing large populations of participants, the experiences of school counselors in the United States, and what personal, school, and community characteristics predict components of compassion fatigue in school counselors.

This review of literature highlights two gaps in the literature. The first gap in the literature is the lack of scholarly research that has quantitatively investigated compassion fatigue among PK-12 school counselors on a grand scale. The second gap in the literature is the absence of scholarly research specifically focusing on personal, school, and community characteristics related to compassion fatigue among PK-12 school counselors. In total, four published articles and six dissertations addressing school counselor compassion fatigue were found. A grand scale study in the United States investigating the rates of compassion fatigue experienced by school counselors and the factors that predict it is missing.

Addressing these gaps in the literature through this study offers an insight into how prevalent this issue is and how different personal, school, and community characteristics may be linked to compassion fatigue. Because there is a lack of a large-scale investigation, it is unknown how widespread compassion fatigue really is among school counselors. Investigating the impact

of compassion fatigue on different personal, school, and community characteristics across different settings will identify where targeted interventions need to occur. There is a need to address these gaps in literature because there is a critical shortage of school counselors, and techniques are needed to improve the recruitment and retainment of school counselors.

Chapter 3. Conceptual Framework

This dissertation draws on the Compassion Satisfaction-Compassion Fatigue conceptual model coined by Figley and Stamm (2009) and updated in 2010 (Stamm, 2010). Charles Figley is considered the 'father' of compassion fatigue because he has dedicated most of his career to developing the idea of compassion fatigue (Figley, 1995; Stamm, 2010). In the late 1990s, Beth Stamm and Figley agreed that Stamm would continue the research (Stamm, 2010). Compassion is defined as being aware of others' negative experiences and hoping to ease their pain (Figley & Roop, 2006). Figley and Roop (2006, p. 10) describe compassion as an "action-oriented empathy." Fatigue is defined as the extreme exhaustion from helping others in pain, both physical and emotional (Figley & Roop, 2006).

An individual's Professional Quality of Life is defined as "the quality one feels in relation to their work as a helper" (Stamm, 2010, p. 8). Helpers are those professions, like teachers, doctors, and police officers, that require the employee to offer guidance or assistance to their clients either in the moment or after (Stamm, 2010). These helpers may offer guidance or assistance in crises that range from the individual level to the international level (Stamm, 2010). In this model (Figure 3), an individual's professional quality of life is influenced by two components: one positive-compassion satisfaction and one negative-compassion fatigue (Stamm, 2010).

Figure 3. Compassion satisfaction-Compassion fatigue conceptual model (Stamm, 2010)



Compassion fatigue is "the cost of caring" resulting in the "exhaustion due to compassion stress, the demands of being empathic and helpful to those who are suffering" (Figley, 1995; Figley, 2006, p. 11). Symptoms of compassion fatigue include feeling helpless and powerless; reduced empathy; feeling overwhelmed and exhausted; feeling detached; increased anxiety, sadness, and anger; difficulty concentrating and sleeping; increased headaches, stomachaches, and substance use; and neglecting self-care ("Compassion fatigue," n.d.). Research agrees that compassion fatigue is a problem affecting numerous careers (Abraham-Cook, 2012; Berger et al., 2015; El-Bar et al., 2013; Hooper et al., 2010; Huggard & Dixon, 2011; Hunsaker et al., 2015; Mangoulia et al., 2015; Sinclair et al., 2017; Sprang et al., 2007).

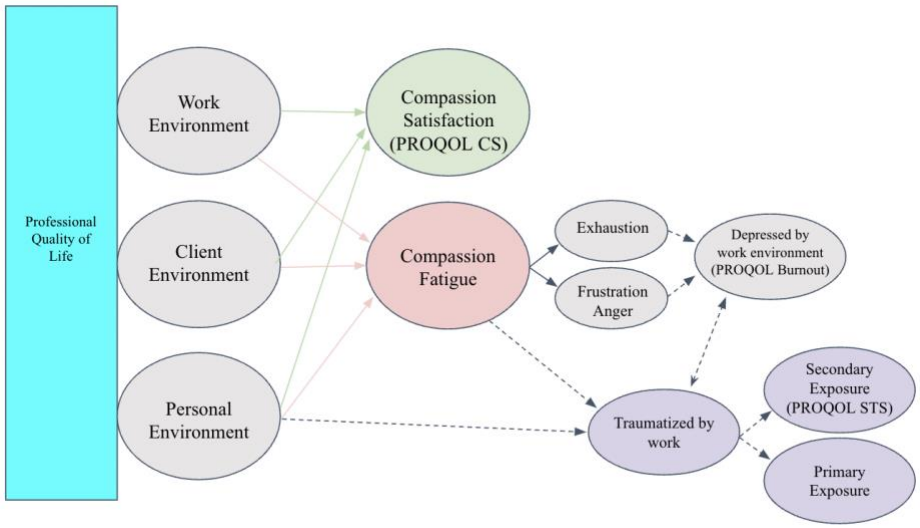
According to Stamm (2010), compassion fatigue is the result of burnout and secondary trauma. Burnout is the feeling of being overwhelmed and ineffective (Stamm, 2010). Figley (1995) initially considered compassion fatigue to be burnout but has since separated the terms. Symptoms of burnout include fatigue, sadness, and anger (Stamm, 2010). Secondary traumatic stress is "the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1993; Figley, 1995). Symptoms include sleep issues and intrusive thoughts (Stamm, 2010).

Compassion fatigue is seen in many helper careers, such as nurses, police, healthcare workers, mental health care workers, therapists, doctors, and teachers; however, research on compassion fatigue and school counselors is underdeveloped and inconsistent (Abraham-Cook, 2012; Berger et al., 2015; Bonganciso & Bonganciso, 2022; El-Bar et al., 2013; Estacio, 2019; Hooper et al., 2010; Huggard & Dixon, 2011; Hunsaker et al., 2015; Lambros, 2014; Levkovich & Ricon, 2020; Mangoulia et al., 2015; Mayorga et al., 2017; Sinclair et al., 2017; Stamm, 2010; Stoewen, 2019).

Compassion satisfaction is the positive component of bearing the cost of helping (Stamm, 2010). Compassion satisfaction is the happiness one feels when one is successful in their job (Stamm, 2010). Stamm (2010) believes that compassion satisfaction can balance out the effects of compassion fatigue.

In general, relationships are complex in the Compassion Satisfaction-Compassion Fatigue Model because not only is one's trauma exposure explored, but also the environment in which one works and the characteristics of the individual (Hamlin, 2021; Randall et al., 2021; Stamm, 2010). Figure 4 aids in explaining this model through a theoretical path analysis (Stamm, 2010). In the Compassion Satisfaction-Compassion Fatigue Model, the environment (work, client, and personal) plays a factor in compassion satisfaction and compassion fatigue (Stamm, 2010). If an individual has a positive work environment, that can lead to compassion satisfaction, whereas a negative work environment can lead to compassion fatigue (Stamm, 2010). If an individual has positive client relationships, that can lead to compassion satisfaction, whereas negative client relationships can lead to compassion fatigue (Stamm, 2010). If an individual has a positive personal environment, that can lead to compassion satisfaction, whereas negative personal relationships can lead to compassion fatigue (Stamm, 2010).

Figure 4. Theoretical path analysis (Stamm, 2010)



Based on the Compassion Satisfaction-Compassion Fatigue conceptual framework (see Figure 3), we can expect to see that as burnout and secondary traumatic stress increase, the risk for compassion fatigue increases (Stamm, 2010). Those that experience high compassion satisfaction, moderate to low burnout and secondary traumatic stress are the least likely to be experiencing compassion fatigue (Stamm, 2010). They are likely enjoying their work, can maintain their work, and are admired by those they help (Stamm, 2010). Those that experience high burnout, moderate to low compassion satisfaction and secondary traumatic stress are inundated with the workload and feel that they are inadequate to improve the situation; as well as being detached from the ones they help (Stamm, 2010). Those that experience high secondary traumatic stress, low burnout, and low compassion satisfaction are overrun by fear from either primary or secondary events (Stamm, 2010). Those that experience high secondary traumatic stress, high compassion satisfaction, and low burnout are satisfied with their work because they feel as though their work is important but are living in a state of fear (Stamm, 2010). Those that experience high secondary traumatic stress, high burnout, and low compassion satisfaction are

most likely to be experiencing compassion fatigue and are fearful of the work they are buried in (Stamm, 2010).

When applied to this study, the conceptual model predicts that school counselors that score within the *High Secondary Traumatic Stress, High Burnout, and Low Compassion Satisfaction* combination on the *ProQOL-5* are most likely to be experiencing compassion fatigue. These counselors are likely overwhelmed, helpless, numb, experiencing increased anxiety, anger, sadness, and difficulty sleeping ("Compassion Fatigue: Signs," n.d.; "Is there a cost," n.d.).

In addition, this model predicts that those with positive work environments will experience more compassion satisfaction, as compared to those with a negative work environment, who will experience higher levels of the components of compassion fatigue (burnout and secondary traumatic stress) (Stamm, 2010). Also, this model predicts that those with a positive client relationship will experience more compassion satisfaction, as compared to those with a negative client relationship, who will experience higher levels of the components of compassion fatigue (burnout and secondary traumatic stress) (Stamm, 2010). Finally, this model predicts that those with a positive personal environment will experience more compassion satisfaction, as compared to those with a negative personal environment, who will experience higher levels of the components of compassion fatigue (burnout and secondary traumatic stress) (Stamm, 2010).

When analyzing this study through that lens, a positive work environment could align with high levels of perceived administrative support, a positive client relationship could align with a lower student-to-school-counselor ratio and more time spent with students, and a positive personal environment could align with lower personal trauma history.

Research generally finds that compassion fatigue is a problem affecting numerous professional careers at a high level (Abraham-Cook, 2012; Berger et al., 2015; El-Bar et al., 2013; Hooper et al., 2010; Huggard & Dixon, 2011; Hunsaker et al., 2015; Mangoulia et al., 2015; Sinclair et al., 2017; Sprang et al., 2007). Bonganciso and Bonganciso (2022), Levkovich and Ricon (2020), Mayorga et al. (2017), and Estacio (2019) all utilized a quantitative research design to explore compassion fatigue levels among school counselors but found different results. Based on prior research, consistency in the rate at which school counselors experience compassion fatigue findings is lacking.

Because of the lack of a large-scale quantitative investigation into the rate at which school counselors experience compassion fatigue and the inconsistency of findings in published studies and recent dissertations, it is unclear what is to be expected. However, based on previous research conducted in other professional careers, it is likely that this investigation will find higher rates of compassion fatigue among school counselors that are female, less experienced, and have a history of trauma (Abraham-Cook, 2012; Berger et al., 2015; El-Bar et al., 2013; Hooper et al., 2010; Huggard & Dixon, 2011; Hunsaker et al., 2015; Mangoulia et al., 2015; Sinclair et al., 2017; Sprang et al., 2007). In addition, based on the research conducted in other helping careers, it is likely that this study will find moderate to high burnout, secondary traumatic stress, and compassion satisfaction. Due to the lack of a large-scale investigation and the inconsistency in the findings in small scale studies, there is a need for an empirical analysis to gain insight into the prevalence and factors that influence compassion fatigue among school counselors.

Chapter 4. Methods

This study was designed to examine the rate at which school counselors experience compassion fatigue and to understand whether personal, school, and community characteristics are associated with components of compassion fatigue among school counselors. This study intended to quantify the risks of compassion fatigue experienced among school counselors by reviewing burnout, secondary traumatic stress, and compassion satisfaction rates. This chapter describes the setting, the participants, and the confidentiality procedures for this study. How data will be collected, and the evaluation instrument will also be described. The *ProQOL-5* Scale is explained and the methods for analyzing data are detailed.

The literature suggests that one reason there is such a high shortage of school counselors is components of compassion fatigue (Baggerly & Osborn, 2006; Kim & Lambie, 2018; Lewis, 2020). There is a plethora of research regarding compassion fatigue and healthcare providers or mental health professionals, but the literature specifically lacks empirical studies around the extent of the problem of compassion fatigue within school counselors. This study intended to address the gap in the literature through analyzing survey data to assess the risk of compassion fatigue among school counselors. The purpose of this study was to examine the rate at which school counselors are experiencing compassion fatigue and to determine whether personal, school, and community factors are associated with components of compassion fatigue among school counselors.

Research Question 1: How prevalent are components of compassion fatigue (i.e., burnout and secondary traumatic stress) and compassion satisfaction among school counselors?

Research Question 2: What personal, school, and community characteristics are associated with self-reported components of compassion fatigue (i.e., burnout and secondary traumatic stress) and compassion satisfaction among school counselors?

Background and Role of Researcher

It is important to note that the main researcher in this study was a certified school counselor for eight years who experienced compassion fatigue, which was one of the contributing factors associated with their decision to leave the school counseling profession. The use of a well-tested instrument was a guardrail that was put in place to help alleviate some bias on behalf of the main researcher.

Defining Compassion Fatigue

According to Figley and Stamm (2010), compassion fatigue is the result of burnout and secondary trauma. Compassion fatigue is the negative component of bearing the cost of helping (Stamm, 2010). Burnout is the feeling of being overwhelmed and ineffective (Stamm, 2010). Secondary traumatic stress is "a negative feeling driven by fear and work-related trauma" (Stamm, 2010, p. 8). Compassion fatigue is "the cost of caring" (Figley, 1995) resulting in the "exhaustion due to compassion stress, the demands of being empathic and helpful to those who are suffering" (Figley, 2006, p. 11). Compassion fatigue is the negative component of bearing the cost of helping (Stamm, 2010). Compassion fatigue is the combination of burnout and secondary trauma (Stamm, 2010). Symptoms of compassion fatigue include feeling helpless and powerless; reduced empathy; feeling overwhelmed and exhausted; feeling detached; increased anxiety, sadness, and anger; difficulty concentrating and sleeping; increased headaches, stomachaches, and substance use; and neglecting self-care ("Compassion fatigue," n.d.).

Study Setting

The current national average is one school counselor to 385 students, much higher than the one school counselor to 250 students' recommendation laid out by the American School Counselor Association (ASCA, 2024). The setting for this study is Oklahoma, which is an important setting for exploring compassion fatigue and its correlates among PK-12 school counselors. The State of Oklahoma's most recent (2022-2023) average is approximately the same as the national average: 363 students to one school counselor (ASCA, 2024). Oklahoma is uniquely suited for this study because the State is currently experiencing a shortage of school counselors (Taylor, 2023) and at the completion of the 2023-2024 school year, the Oklahoma School Counselor Corps grant expired, which indicates a reduction in funding specifically for school counselors. The Oklahoma School Counselor Corp was created in May 2021 with $35 million from COVID federal relief money (OKSDE, 2021). Districts had to apply for the grant that would cover around 50% of the new counselors' salaries through the end of the 2023-2024 school year (OKSDE, 2022). The Oklahoma School Counselor Corp added more than 300 school counselors to Oklahoma (OKSDE, 2022). At the current point in time, it is unknown if the school counselors hired with federal relief money maintained their position. In a State that is already experiencing a 20% turnover rate with school counselors each year (Lazarte Alcalá, 2021), decreasing the already depleted workforce could be detrimental. School counselors provide academic, career, and social/emotional support to students (ASCA, 2023c); specifically, school counselors provide support to students who have experienced trauma or ACEs. The national average for students who have been exposed to at least one ACE is nearly 40% of elementary school aged children (6-11) and 50% of secondary aged children (12-17). In comparison with the national average, nearly 49% of elementary school aged children (6-11) and

54% of secondary aged children (12-17) in Oklahoma have been exposed to at least one ACE. This level of childhood trauma ranks Oklahoma as the 10th worst state for childhood trauma in the United States (America's Health Ranking, 2023).

Data Sources

There are roughly 2,167 school counselors in the state of Oklahoma as of April 9th, 2024 (OKSDE, 2024). The researcher collected school counselor names and emails from a publicly distributed certified salary report list (OKSDE, 2024). This is a list that contains each Oklahoma certified employee's name, email, and other demographic information. Once school counselors were filtered out of the larger list, the researcher went line by line to remove duplicate entries. The survey (see Appendix A) was sent to all school counselors on this list. The researcher had prior knowledge of one inaccuracy in the data list. This inaccuracy and correction are listed in Appendix B. In addition to the emails, the researcher posted a recruitment advertisement (see Appendix C) in the following Facebook pages to recruit more school counselors for the study: *Oklahoma School Counselor Association, Oklahoma Rural School Coalition,* and *Oklahoma Edvocates*. The survey was open from April 29, 2024 to May 31, 2024. The survey had 604 school counselor respondents. Forty responses were incomplete, and one respondent started the survey and identified that they were not a school counselor above the age of 18. After the data clean-up process, a total of 563 school counselor responses remained, representing a 25.98% response rate of Oklahoma school counselors.

Table 7 presents the means, standard deviations, minimum and maximum values for the dependent variables, and each independent variable of analysis. The majority of participants for this study were White (n = 457, 81%) and female (n = 531, 94%). The largest age category for this study was 46-55 years old (n = 178, 32%), followed by 36-45 years old (n =162, 29%). Most

of the school counselors had an acute level of trauma (*n* = 231, 41%). Most of the school counselors have been in school counseling for 3-10 years (*n* = 253, 45%) and have a standard certification (*n* = 417, 74%). Over half of the surveyed school counselors in Oklahoma (*n* = 295, 52%) reported they have high support from their administration. Most school counselors in Oklahoma report a student-to-school-counselor ratio of 251:1 to 350:1 (*n* = 200, 36%) and spend 26% to 50% of their day with students (*n* = 216, 38%). The grade level cluster in which the school counselor worked varied: elementary school (*n* = 193, 34%), middle school (*n* = 120, 21%), high school (*n* = 152, 27%), and district wide (*n* = 98, 17%). Most of the school counselor participants were from rural (*n* = 249, 44%) districts that were considered Title I (*n* = 429, 76%).

Table 4 presents the *ProQOL* level breakdown for Oklahoma school counselors. Most of the school counselors in Oklahoma fell in the moderate level (*n* = 337, 59.80%) for burnout, the moderate level (*n* = 283, 50.30%) for secondary traumatic stress, and the moderate level (*n* = 342, 60.80%) for compassion satisfaction. The mean burnout score for school counselors in Oklahoma was 23.92, which indicated a moderate level (score of 23-41) (Stamm, 2010) (see Table 7). The mean secondary traumatic stress score for school counselors in Oklahoma was 23, which indicated a moderate level (score of 23-41) (Stamm, 2010) (see Table 7). The mean compassion satisfaction score was 39.47, which indicated a moderate level (score of 23-41) (Stamm, 2010) (see Table 7).

Table 4. Oklahoma school counselor *ProQOL* level breakdown

	Burnout (%)		Secondary Traumatic Stress (%)		Compassion Satisfaction (%)	
	n	Prop.	*n*	Prop.	*n*	Prop.
Low	225	40.00	277	49.20	4	0.70

Moderate	337	59.80	283	50.30	342	60.80
High	1	0.20	3	0.50	217	32.20

A quantitative design was utilized to explore risks of compassion fatigue among school counselors. The *ProQOL-5* Survey along with demographic information was created in Qualtrics. The survey was piloted with five school counselors, one teacher, and one assistant principal before it was sent out to ensure the survey was adequate. The researcher then emailed the survey and demographic information questionnaire to all public PK-12 school counselors in Oklahoma. The researcher then analyzed the data collected based on the dependent variable and the independent variables. Individual data from this study was kept confidential. The University of Oklahoma Institutional Review Board (IRB) (Appendix D) granted permission for this study. In addition, permission to use the survey was granted by ProQOL (Appendix E). Identifiable information was limited to ensure confidentiality of the respondents. The data was collected using Qualtrics and stored on a private device with a secured password. The data was then transferred to the Statistical Package for the Social Sciences (SPSS) platform for analysis.

Survey Instrument

This study utilized the *Professional Quality of Life (ProQOL) Scale-5*. The original version, the *Compassion Fatigue Self-Test*, created by Figley, was developed in the late 1980s (Stamm, 2010). Years later, in 1988, Figley and Stamm began working together and in 1993, they revised the scale and changed the name to the *Compassion Satisfaction and Fatigue Test* after the addition of compassion satisfaction from Stamm (Stamm, 2010). The *Compassion Satisfaction and Fatigue Test* had multiple versions (Stamm, 2010). In the late 1990s, Figley and Stamm agreed that Stamm would take over the measure and she then changed the name once

again to the *Professional Quality of Life (ProQOL) Scale 5* (Stamm, 2010). The *ProQOL-5* has been translated into multiple languages including: French, Spanish, Italian, Japanese, Finnish, German, Hebrew, and Croat (Stamm, 2010). The *ProQOL-5* is the most frequently used measure of compassion satisfaction and compassion fatigue (Stamm, 2010).

The *ProQOL-5* is made up of 30 questions (see Appendix A) that require the respondent to rate their feelings of the specific question on a Likert Scale where 1 equals Never, 2 equals Rarely, 3 equals Sometimes, 4 equals Often, and 5 equals Very Often (Stamm, 2010). The *ProQOL-5* asks respondents to answer the questions based on the way they felt over the last 30 days (Stamm, 2010).

Score Interpretation

The *ProQOL-5* utilizes three subscales: burnout, secondary traumatic stress, and compassion satisfaction. These subscales can be interpreted individually or in combination.

Individual Interpretation

The higher an individual scores on each of the three subscales indicates a higher risk of that component (Stamm, 2010). The minimum score on each scale is 10 and the maximum is 50. The score interpretation of each subscale is broken into low (22 or less), moderate (between 23 and 41), and high (42 or greater) (Stamm, 2010).

Burnout. One strand of compassion fatigue is burnout; feeling hopeless and unable to be effective in one's job (Stamm, 2010). The burnout subscale is based on the following items from the survey: 1, 4, 8, 10, 15, 17, 19, 21, 26, and 29 (Stamm, 2010). Each item is answered based on a Likert scale where 1 equals Never, 2 equals Rarely, 3 equals Sometimes, 4 equals Often, and 5 equals Very Often (Stamm, 2010). The responses from the specific survey items 8, 10, 19, 21, and 26 are totaled based on the Likert scale answer. The following survey items' scores are

reversed: 1, 4, 15, 17, and 29. A Likert scale score of 1 is reversed to a score of 5, 2 is reversed to a score of 4, 3 remains the same, 4 is reversed to a score of 2, and 5 is reversed to a score of 1 (Stamm, 2010). The responses are then totaled to receive a score for this subsection. The risk for burnout increases with higher scores on this subscale (Stamm, 2010). One has a low level of burnout if the total of their burnout questions equals 22 or less. If one scores in the low level, you likely feel effective in your career (Stamm, 2010). A moderate level of burnout is indicated by a total score of between 23 and 41. A high level of burnout is represented by a total score of 42 or more. If one scores in the high level, it is likely you feel ineffective in your career (Stamm, 2010). This subscale has a Cronbach's alpha scale reliability of 0.75 (Stamm, 2010).

Secondary Traumatic Stress. The second strand of compassion fatigue is secondary traumatic stress; secondhand exposure to trauma (Stamm, 2010). The secondary traumatic stress subscale is based on the following items from the survey: 2, 5, 7, 9, 11, 13, 14, 23, 25, and 28 (Stamm, 2010). Each item is answered based on a Likert scale where 1 equals Never, 2 equals Rarely, 3 equals Sometimes, 4 equals Often, and 5 equals Very Often (Stamm, 2010). The responses from those specific survey items are totaled to receive a score for this subsection. The risk for secondary traumatic stress increases with higher scores on this subscale (Stamm, 2010). One has a low level of secondary traumatic stress if the total of their secondary traumatic stress questions equals 22 or less. A moderate level of secondary traumatic stress is indicated by a total score of between 23 and 41. A high level of secondary traumatic stress is represented by a total score of 42 or more. There may be something frightening about one's career if they score in the high level (Stamm, 2010). This subscale has a Cronbach's alpha scale reliability of 0.81 (Stamm, 2010).

Compassion Satisfaction. The contentment one attains from doing well at one's job is compassion satisfaction (Stamm, 2010). The compassion satisfaction subscale is based on the following items from the survey: 3, 6, 12, 16, 18, 20, 22, 24, 27, and 30 (Stamm, 2010). Each item is answered based on a Likert scale where 1 equals Never, 2 equals Rarely, 3 equals Sometimes, 4 equals Often, and 5 equals Very Often (Stamm, 2010). The responses from those specific survey items are totaled to receive a score for this subsection. The higher the score on compassion satisfaction, the more likely one is to experience contentment with their job (Stamm, 2010). One has a low level of compassion satisfaction if the total of their compassion satisfaction questions equals 22 or less. Finding problems in your job may lead to a low level of compassion satisfaction (Stamm, 2010). A moderate level of compassion satisfaction is indicated by a total score of between 23 and 41. A high level of compassion satisfaction is represented by a total score of 42 or more. Professional satisfaction is likely being obtained if one scores in the high range (Stamm, 2010). This subscale has a Cronbach's alpha scale reliability of 0.88 (Stamm, 2010).

Prior to analyses, Cronbach's alpha was used to assess internal reliability for each scale of the survey (burnout, secondary traumatic stress, and compassion satisfaction) (see Table 5). The burnout scale had a Cronbach's alpha of 0.80, which indicates good reliability. This alpha differs slightly from what the *ProQOL*-5 manual indicated, which was 0.75, but the alpha is still acceptable. The secondary traumatic stress scale had a Cronbach's alpha of 0.85, which indicates good reliability. This alpha differs slightly from what the *ProQOL*-5 manual indicated, which was 0.81, but the alpha is still acceptable. The compassion satisfaction scale had a Cronbach's alpha of 0.90, which indicates excellent reliability. This alpha differs slightly from what the *ProQOL*-5 manual indicated, which was 0.88, but the alpha is still acceptable.

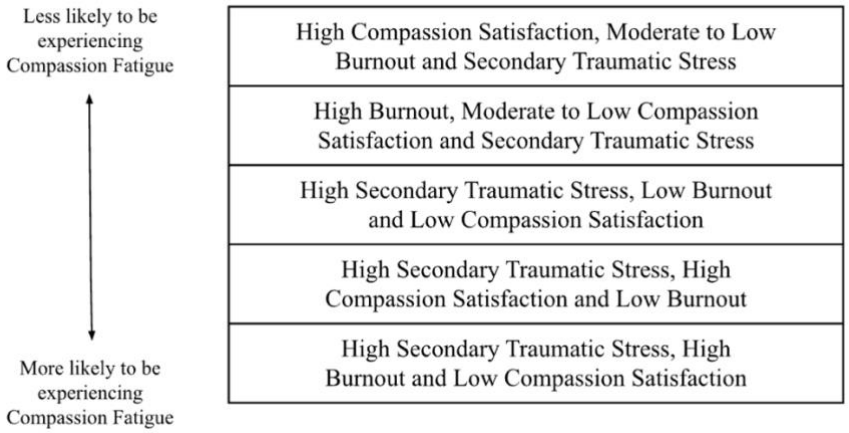
Table 5. Cronbach's alpha comparison for *ProQOL-5* and current study (Stamm, 2010)

	ProQOL-5	Current Study
Burnout	0.75	0.80
Secondary Traumatic Stress	0.81	0.85
Compassion Satisfaction	0.88	0.90

Combination Interpretation

When the three subscale levels are combined, the risk for compassion fatigue can be evaluated (Stamm, 2010). There are five scale combinations according to the *ProQOL-5* manual, as represented in Figure 5. The five scales are ranked in order from least likely to most likely to be experiencing compassion fatigue.

Figure 5. *ProQOL-5* combination subscale interpretations



High Compassion Satisfaction, Moderate to Low Burnout and Secondary Traumatic Stress. Individuals who score within this combination are the least likely to be experiencing compassion fatigue (Stamm, 2010). These individuals likely enjoy their work, can maintain their work, and are admired by those they help (Stamm, 2010).

High Burnout, Moderate to Low Compassion Satisfaction and Secondary Traumatic Stress. Individuals who score within this combination are inundated with the workload, feel inadequate to improve the situation, and are detached from the ones they help (Stamm, 2010).

High Secondary Traumatic Stress, Low Burnout and Low Compassion Satisfaction. Individuals who score within this combination are overrun by fear from either primary or secondary events (Stamm, 2010).

High Secondary Traumatic Stress, High Compassion Satisfaction and Low Burnout. Individuals who score within this combination are satisfied with their work because they feel their work is important but are living in a state of fear (Stamm, 2010).

High Secondary Traumatic Stress, High Burnout and Low Compassion Satisfaction. Individuals who score within this combination are the most likely to be experiencing compassion fatigue (Stamm, 2010). These individuals are fearful of the work in which they are buried (Stamm, 2010).

Dependent Variables

The variable of interest is the rate of compassion fatigue risk among school counselors. The variable of school counselor compassion fatigue risk was analyzed using the following three subscales from the *ProQOL-5*: burnout, secondary traumatic stress, and compassion satisfaction.

The *ProQOL-5* is a survey of 30 items that requires the respondent to self-report on a Likert scale from 1 to 5 (Stamm, 2010). The *ProQOL-5* asks respondents to answer the questions based on the way they felt over the last 30 days (Stamm, 2010). Items 1, 4, 8, 10, 15, 17, 19, 21, 26, and 29 from the survey make up the burnout subscale (see Table 6) (Stamm, 2010). Items 2, 5, 7, 9, 11, 13, 14, 23, 25, and 28 from the survey make up the secondary traumatic stress

subscale (see Table 6) (Stamm, 2010). Items 3, 6, 12, 16, 18, 20, 22, 24, 27, and 30 from the survey make up the compassion satisfaction subscale (see Table 6) (Stamm, 2010).

When the three subscale levels are combined, the risk for compassion fatigue can be evaluated (Stamm, 2010). Figure 5 represents the five scale combinations, ranked in order from the least likely to the most likely to be experiencing compassion fatigue.

Table 6. Description of dataset for composite variables

	Over the past 30 days, respond to the following questions based on your honest experiences as a helper.	Factor Loading
Burnout	I am happy.	5. Never 4. Rarely 3. Sometimes 2. Often 1. Very often
	I feel connected to others.	5. Never 4. Rarely 3. Sometimes 2. Often 1. Very often
	I am not as productive at work because I am losing sleep over traumatic experiences of a person I help.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
	I feel trapped by my job as a helper.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
	I have beliefs that sustain me.	5. Never 4. Rarely 3. Sometimes 2. Often 1. Very often
	I am the person I always wanted to be.	5. Never 4. Rarely 3. Sometimes 2. Often 1. Very often
	I feel worn out because of my work as a helper.	1. Never 2. Rarely 3. Sometimes 4. Often

		5. Very often
	I feel overwhelmed because my case workload seems endless.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
	I feel "bogged down" by the system.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
	I am a very caring person.	5. Never 4. Rarely 3. Sometimes 2. Often 1. Very often
Secondary Traumatic Stress	I am preoccupied with more than one person I help.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
	I jump or am startled by unexpected sounds.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
	I find it difficult to separate my personal life from my life as a helper.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
	I think that I might have been affected by the traumatic stress of those I help.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
	Because of my helping, I have felt "on edge" about various things.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
	I feel depressed because of the traumatic experiences of the people I help.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
	I feel as though I am experiencing the trauma of someone I have helped.	1. Never 2. Rarely

		3. Sometimes 4. Often 5. Very often
	I avoid certain activities or situations because they remind me of frightening experiences of the people I help.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
	As a result of my helping, I have intrusive, frightening thoughts.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
	I can't recall important parts of my work with trauma victims.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
Compassion Satisfaction	I get satisfaction from being able to help people.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
	I feel invigorated after working with those I help.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
	I like my work as a helper.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
	I am pleased with how I am able to keep up with helping techniques and protocols.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
	My work makes me feel satisfied.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
	I have happy thoughts and feelings about those I help and how I could help them.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often

I believe I can make a difference through my work.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
I am proud of what I can do to help.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
I have thoughts that I am a "success" as a helper.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often
I am happy that I chose to do this work.	1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often

Independent Variables

The independent variables for this study were categorized into four categories: individual characteristics, individual professional characteristics, school demographics, and community demographics. Table 7 presents the means, standard deviations, minimum and maximum values for the dependent variables, and each independent variable of analysis. The mean burnout score for public PK-12 school counselors in Oklahoma was 23.92 with a standard deviation of 5.71 (see Table 7). The minimum burnout score was 11 and the maximum was 42, as compared to the minimum (10) and maximum scores (50) given by the *ProQOL-5* manual (Stamm, 2010). The secondary traumatic stress score for public PK-12 school counselors in Oklahoma was 23 with a standard deviation of 6.12 (see Table 7). The minimum secondary traumatic stress score was 11 and the maximum was 43, as compared to the minimum (10) and maximum scores (50) given by the *ProQOL-5* manual (Stamm, 2010). The compassion satisfaction score for public PK-12 school counselors in Oklahoma was 39.47 with a standard deviation of 5.84 (see Table 7). The

minimum compassion satisfaction score was 15 and the maximum was 50, as compared to the minimum (10) and maximum scores (50) given by the *ProQOL-5* manual (Stamm, 2010).

Table 7. Descriptive statistics for variables (*n* = 563)

	Mean/Prop.	SD	Min	Max
Dependent Variables				
Burnout	23.92	5.71	11	42
Secondary Traumatic Stress	23.00	6.12	11	43
Compassion Satisfaction	39.47	5.84	15	50
Independent Variables				
Individual Characteristics				
Gender				
Female	0.94	0.23	0	1
Male	0.06	0.23	0	1
Race/Ethnicity				
White	0.81	0.39	0	1
Non-White	0.19	0.39	0	1
Age				
Younger than 35	0.17	0.37	0	1
36-45	0.29	0.45	0	1
46-55	0.32	0.47	0	1
Over 55	0.23	0.42	0	1
School Counselor's Personal Trauma Level				
None	0.27	0.44	0	1
Acute	0.41	0.49	0	1
More than Acute	0.32	0.47	0	1
Individual Professional Characteristics				
Years of Experience in School Counseling				
0-2 years	0.22	0.41	0	1
3-10 years	0.45	0.50	0	1
Greater than 11 years	0.33	0.47	0	1
Certification				
Standard	0.74	0.44	0	1
Not Standard	0.26	0.44	0	1
Perceived Administrative Support				
Low	0.13	0.34	0	1
Medium	0.35	0.48	0	1
High	0.52	0.50	0	1
School Demographics				
Student-to-School-Counselor Ratio				
Less than 250:1	0.18	0.38	0	1
251:1 to 350:1	0.36	0.48	0	1
351:1 to 450:1	0.29	0.45	0	1
More than 450:1	0.18	0.38	0	1
Grade Level Cluster				
Elementary (PreK-5)	0.34	0.48	0	1

Middle (6-8)	0.21	0.41	0	1
High (9-12)	0.27	0.44	0	1
District (PreK-12)	0.17	0.38	0	1
Percentage of Time Spent with Students				
Less than 25%	0.31	0.46	0	1
26% to 50%	0.38	0.49	0	1
Greater than 51%	0.30	0.46	0	1
Community Demographics				
Geographic Location				
Urban	0.24	0.43	0	1
Suburban	0.30	0.46	0	1
Rural	0.44	0.50	0	1
Virtual	0.01	0.12	0	1
Title I Classification				
Yes	0.76	0.43	0	1
No	0.24	0.43	0	1

Individual Characteristics

The electronic survey asked public PK-12 school counselors in Oklahoma to self- report the following individual characteristics: gender, race/ethnicity, age, and the school counselor's personal trauma level. These individual characteristics were treated as independent variables. Table 7 provides a description of how each variable was measured. The gender of the school counselor was measured as female or male. The respondents to this study were 94% female and 6% male (see Table 7). After running the initial descriptive statistics, the researcher determined that it was appropriate to combine some categories for analysis. The race/ethnicity variable went from five categories (African American, American Indian/Indigenous/Alaska Native, Asian/Pacific Islander, Hispanic/Latino, and White/Caucasian) to two (White and non-White). The respondents to this study were 81% White and 19% non-White (see Table 7). The age variable went from five categories (younger than 25, 26-35, 36-45, 46-55, and over 55) to four categories (younger than 35, 36-45, 46-55, and over 55). The respondents to this study were 32% 46-55 years old, 29% 36-45 years old, 23% over 55, and 17% younger than 35 (see Table 7). The school counselor's personal trauma level variable went from four categories (none, acute,

chronic, and complex) to three categories (none, acute, and more than acute). The respondents to this study had 41% acute, 32% more than acute, and 27% no personal trauma.

Individual Professional Characteristics

The electronic survey asked public PK-12 school counselors in Oklahoma to self- report the following individual professional characteristics: years in school counseling, certification level, and perceived support from administration. These individual professional characteristics were treated as independent variables. Table 7 provides a description of how each variable was measured. After running the initial descriptive statistics, the researcher determined that it was appropriate to combine some categories for analysis. The years in school counseling variable went from five categories (0-2 years, 3-5 years, 6-10 years, 11-20 years, and greater than 20 years) to three categories (0-2 years, 3-10 years, and greater than 11 years). The respondents to this study had 45% 3-10 years, 33% greater than 11 years, and 22% 0-2 years of experience (see Table 7). The certification status variable went from three categories (standard, emergency, and alternative) to two categories (standard and not standard). 74% of the respondents to this study had a standard certification and 26% did not (see Table 7). The school counselor's perceived level of support from administration was measured as low, medium, or high. The respondents to this study had 52% high, 35% medium, and 13% low levels of support from administration (see Table 7).

School Demographics

The electronic survey asked public PK-12 school counselors in Oklahoma to self-report the following demographics related to their school: student-to-school-counselor ratio, grade levels the school counselor works with, and the school counselor's percentage of time spent with students. These school demographics were treated as independent variables. Table 7 provides a

description of how each variable was measured. The student-to-school-counselor ratio was measured as less than 250:1, 251:1 to 350:1, 351:1 to 450:1, or greater than 450:1. 36% of the respondents to this study had a 251:1 to 350:1 ratio, 29% had a ratio of 351:1 to 450:1, 18% had a ratio of less than 250:1, and 18% had a ratio greater than 450:1 (see Table 7). The grade levels the school counselor works with were measured as PreK-5th grade (elementary school), 6th-8th grade (middle school), 9th-12th grade (high school), and PreK-12th grade or any other grade combination (district). The respondents to this study were 34% elementary school counselors, 27% high school counselors, 21% middle school counselors, and 17% district-wide counselors (see Table 7). The school counselor's percentage of time spent with students was measured as less than 25%, 26-50%, 51%-75%, and greater than 76%. 38% of the respondents to this study spent 26%-50% of their time with students, 31% spent less than 25%, and 30% spent more than 51% (see Table 7).

Community Demographics

The electronic survey asked public PK-12 school counselors in Oklahoma to self-report the following demographics related to their community: geographic location and Title I classification. These community demographics were treated as independent variables. Table 7 provides a description of how each variable was measured. The geographic location was measured as urban, suburban, rural, or virtual. The respondents to this study were 44% rural, 30% suburban, 24% urban, and 1% virtual (see Table 7). Title I classification was measured as yes or no. The respondents to this study were 76% Title I and 24% not Title I (see Table 7).

Data Analysis

Data were analyzed using the SPSS program. Prior to analyses, Cronbach's alpha was used to assess internal reliability for each dependent variable (i.e., burnout, secondary traumatic stress, and compassion satisfaction). Each one demonstrated strong reliability. Following the creation of the dependent variables, the first step of the analysis was to perform summary statistics for each variable. The second step of the analysis was to perform bivariate correlations among key variables, including burnout and secondary traumatic stress, burnout and compassion satisfaction, and secondary traumatic stress and compassion satisfaction. The third step was to conduct t-tests to compare means between variables with two groups. T-tests were run to compare the burnout, secondary traumatic stress, and compassion satisfaction scores between males and females, White and non-White respondents, Title I status, and certification status. The fourth step of the analysis was to conduct multiple regression analyses. Four regression models were run for each variable: burnout, secondary traumatic stress, and compassion satisfaction. In model one, the individual characteristics (gender, race, age, and personal trauma level) were included. In model two, individual professional characteristics (years in school counseling, certification level, and perceived support from administration) were added. In model three, school demographics (student-to-school-counselor ratio, grade level cluster, and percentage of time spent with students) were added. In the final model, model four, community demographics (geographic location and Title I classification) were added. Chapter 5 details the findings of this study. The final step of analysis was to review the comment sections of the survey and select quotes that helped illuminate the patterns in the data.

Chapter 5: Results

The purpose of this study was to examine the rate at which school counselors experience compassion fatigue and to determine whether personal, school, and community characteristics are associated with components of compassion fatigue among school counselors. Compassion fatigue was conceptualized using the three key components of compassion fatigue: burnout, secondary traumatic stress, and compassion satisfaction. The sample for this study was obtained from a survey of current public PK-12 school counselors in Oklahoma (n = 563).

Descriptive Patterns

Moderate levels of burnout (59.80%), secondary traumatic stress (50.30%), and compassion satisfaction (60.80%) were found for the majority of school counselors in Oklahoma (see Table 4 above). Additionally, 40% of school counselors in Oklahoma reported low burnout, 49.20% reported low secondary traumatic stress, and 32.20% reported high compassion satisfaction. In contrast, one school counselor reported high burnout, three reported high secondary traumatic stress, and four reported low compassion satisfaction.

Bivariate Correlations

Following the descriptive statistics, a bivariate correlation was conducted to explore the relationship between the compassion fatigue variables: burnout, secondary traumatic stress, and compassion satisfaction. Table 8 presents the results of these bivariate correlations. Burnout and compassion satisfaction had a statistically significant ($p < 0.001$) correlation of -0.69, which indicates a moderate negative correlation. These data suggest that high levels of burnout are related to low levels of compassion satisfaction. Burnout and secondary traumatic stress had a statistically significant ($p < 0.001$) correlation of 0.66, which indicates a moderate positive correlation (see Table 8). These data suggest that high levels of burnout are related to high levels

of secondary traumatic stress. Compassion satisfaction and secondary traumatic stress had a statistically significant ($p < 0.001$) correlation of -0.37, which indicates a low negative correlation (see Table 8). These data indicate that high levels of compassion satisfaction are related to low levels of secondary traumatic stress.

Table 8. Bivariate correlations

	Burnout	Secondary Traumatic Stress
Secondary Traumatic Stress	0.66***	
Compassion Satisfaction	-0.69***	-0.37***

n = 563 *$p < 0.05$ **$p < 0.01$ *** $p< 0.001$ (two-tailed)

Independent Samples T-Tests

Following the bivariate correlations, independent samples t-tests comparing mean scores were conducted. Independent samples t-tests were used to compare means between males and females, White and non-White, Title I classification and non-Title I classification, and standard certification and non-standard certification, with respect to the compassion fatigue variables: burnout, secondary traumatic stress, and compassion satisfaction. Table 9 presents the results of these mean comparisons.

Burnout

The first independent samples t-test compared burnout score means of males and females to determine whether the difference in mean scores between the two groups was statistically significant. Males ($n = 32$) had a mean score of 23.47 (SD = 5.17), while females ($n = 531$) had a slightly higher mean score of 23.95 (SD = 5.74). Both groups fell within the moderate range for burnout. Levene's test ($F(1, 561) = 2.12$, $p = 0.15$) indicated that equal variances could be

assumed. The results revealed no statistically significant difference in burnout mean scores between males and females, t(561) = -0.46, p = 0.65.

A second independent samples t-test compared burnout score means between White and non-White respondents to determine whether the difference in mean scores between the two groups was statistically significant. White respondents (*n* = 457) had a mean score of 24.04 (SD = 5.62), while non-White respondents (*n* = 106) had a slightly lower mean score of 23.40 (SD = 6.08). Both groups fell within the moderate range for burnout. Levene's test (F(1, 561) = 2.02, p = 0.16) indicated that equal variances could be assumed. The results revealed no statistically significant difference in burnout mean scores between White and non-White participants, t(561) = -1.05, p = 0.29.

A third independent samples t-test compared burnout score means between school counselors in Title I schools and those in non-Title I schools to determine whether the difference in mean scores between the two groups was statistically significant. School counselors in Title I schools (*n* = 429) had a mean score of 23.90 (SD = 5.71), while those in non-Title I schools (*n* = 134) had a mean score of 23.99 (SD = 5.70). Both groups fell within the moderate range for burnout. Levene's test (F(1, 561) = 0.56, p = 0.46) indicated that equal variances could be assumed. The results revealed no statistically significant difference in burnout mean scores between school counselors in Title I schools and non-Title I schools, t(561) = 0.15, p = 0.88.

A fourth independent samples t-test compared burnout score means between school counselors with a standard certification and those without to determine whether the difference in mean scores between the two groups was statistically significant. School counselors with a standard certification (*n* = 417) had a mean score of 24.21 (SD = 5.80), while those without a standard certification (*n* = 146) had a slightly lower mean score of 23.10 (SD = 5.36). Both

groups fell within the moderate range for burnout. Levene's test ($F(1, 561) = 0.22$, $p = 0.64$) indicated that equal variances could be assumed. The results revealed a statistically significant difference in burnout score means between school counselors with and without a standard certification, $t(561) = -2.02$, $p = 0.04$. The difference in mean scores was -1.10 points, with school counselors holding a standard certification scoring higher.

Table 9. Independent samples t-test by dependent variable

Variable	Burnout Mean (SD)	Secondary Traumatic Stress Mean (SD)	Compassion Satisfaction Mean (SD)
Male	23.47 (5.17)	20.91* (5.78)	40.16 (4.46)
Female	23.95 (5.74)	23.12 (6.12)	39.43 (5.92)
White	24.04 (5.62)	23.13 (6.09)	39.22* (5.85)
Non-White	23.40 (6.08)	22.42 (6.22)	40.58 (5.73)
Title I	23.90 (5.71)	23.08 (6.16)	39.51 (5.81)
Non-Title I	23.99 (5.70)	22.74 (6.01)	39.36 (5.97)
Standard Cert.	24.21* (5.80)	23.20 (6.17)	39.35 (5.85)
Not Standard Cert.	23.10 (5.36)	22.42 (5.95)	39.82 (5.83)

$n = 563$ *$p < 0.05$ **$p < 0.01$ *** $p < 0.001$ (two-tailed)

Secondary Traumatic Stress

The first independent samples t-test compared secondary traumatic stress score means between males and females to determine whether the difference in mean scores between the two groups was statistically significant. Males ($n = 32$) had a mean score of 20.91 (SD = 5.78), while females ($n = 531$) had a slightly higher mean score of 23.12 (SD = 6.12). Males fell within the low range for secondary traumatic stress, while females fell within the moderate range. Levene's test ($F(1, 561) = 0.76$, $p = 0.39$) indicated that equal variances could not be assumed. The results revealed a statistically significant difference in secondary traumatic stress mean scores between

males and females, t(561) = -2.00, p = 0.05. The difference in mean scores was -2.22 points, with females scoring higher.

A second independent samples t-test compared secondary traumatic stress score means between White and non-White respondents to determine whether the difference in mean scores between the two groups was statistically significant. White respondents (*n* = 457) had a mean score of 23.13 (SD = 6.09), while non-White respondents (*n* = 106) had a slightly lower mean score of 22.42 (SD = 6.22). White respondents fell within the moderate range for secondary traumatic stress, whereas non-White respondents fell within the low range. Levene's test (F(1, 561) = 0.02, p = 0.90) indicated that equal variances could be assumed. The results revealed no statistically significant difference in secondary traumatic stress score means between White and non-White respondents, t(561) = -1.09, p = 0.28.

A third independent samples t-test compared secondary traumatic stress score means between school counselors in Title I and non-Title I schools to determine whether the difference in mean scores between the two groups was statistically significant. School counselors in Title I schools (*n* = 429) had a mean score of 23.08 (SD = 6.16), while those in non-Title I schools (*n* = 134) had a mean score of 22.74 (SD = 6.01). Both groups fell within the moderate range for secondary traumatic stress. Levene's test (F(1, 561) = 0.05, p = 0.83) indicated that equal variances could be assumed. The results revealed no statistically significant difference in secondary traumatic stress mean scores between school counselors in Title I schools and non-Title I schools, t(561) = -0.56, p = 0.58.

A fourth independent samples t-test compared secondary traumatic stress score means between school counselors with and without standard certification to determine whether the difference in mean scores between the two groups was statistically significant. School counselors

with a standard certification (n = 417) had a mean score of 23.20 (SD = 6.17), while those without a standard certification (n = 146) had a slightly lower mean score of 22.42 (SD = 5.95). School counselors with a standard certification fell within the moderate range for secondary traumatic stress, whereas those without a standard certification fell within the low range. Levene's test ($F(1, 561) = 0.17$, $p = 0.68$) indicated that equal variances could be assumed. The results revealed no statistically significant difference in secondary traumatic stress mean scores between school counselors with and without standard certification, $t(561) = -1.33$, $p = 0.19$.

Compassion Satisfaction

The first independent samples t-test compared compassion satisfaction score means between males and females to determine whether the difference in mean scores between the two groups was statistically significant. Males (n = 32) had a mean score of 40.16 (SD = 4.46), while females (n = 531) had a slightly lower mean score of 39.43 (SD = 5.92). Both groups fell within the moderate range for compassion satisfaction. Levene's test ($F(1, 37.90) = 4.22$, $p = 0.04$) indicated that equal variances could not be assumed. The results revealed no statistically significant difference in compassion satisfaction mean scores between males and females, $t(37.90) = 0.88$, $p = 0.39$.

A second independent samples t-test compared compassion satisfaction score means between White and non-White respondents to determine whether the difference in mean scores between groups was statistically significant. White respondents (n = 457) had a mean score of 39.22 (SD = 5.85), while non-White respondents (n = 106) had a slightly higher mean score of 40.58 (SD = 5.73). Both groups fell within the moderate range for compassion satisfaction. Levene's test ($F(1, 561) = 0.03$, $p = 0.86$) indicated that equal variances could be assumed. The results revealed a statistically significant difference in compassion satisfaction score means

between White and non-White respondents, t(561) = 2.16, p = 0.03. The difference in mean scores was 1.36 points, with non-White respondents scoring higher.

A third independent samples t-test compared compassion satisfaction score means between school counselors in Title I schools and those in non-Title I schools to determine whether the difference in mean scores between the two groups was statistically significant. School counselors in Title I schools (*n* = 429) had a mean score of 39.51 (SD = 5.81), while those in non-Title I schools (*n* = 134) had a mean score of 39.36 (SD = 5.97). Both groups fell within the moderate range for compassion satisfaction. Levene's test (F(1, 561) = 0.10, p = 0.76) indicated that equal variances could be assumed. The results revealed no statistically significant difference in compassion satisfaction mean scores between school counselors in Title I schools and those in non-Title I schools, t(561) = -0.26, p = 0.80.

A fourth independent samples t-test compared compassion satisfaction score means between school counselors with a standard certification and those without to determine whether the difference in mean scores between the two groups was statistically significant. School counselors with a standard certification (*n* = 417) had a mean score of 39.35 (SD = 5.85), while those without a standard certification (*n* = 146) had a slightly lower mean score of 39.82 (SD = 5.83). Both groups fell within the moderate range for compassion satisfaction. Levene's test (F(1, 561) = 0.03, p = 0.86) indicated that equal variances could be assumed. The results revealed no statistically significant difference in compassion satisfaction mean scores between the two groups, t(561) = 0.84, p = 0.40.

Multiple Regression Models

In each series of models, a regression analysis was performed predicting a component of compassion fatigue as follows: burnout, secondary traumatic stress, and compassion satisfaction.

In model 1, the individual characteristics (gender, race, age, and personal trauma level) were included. In model 2, individual professional characteristics (years in school counseling, certification level, and perceived support from administration) were added. In model 3, school demographics (student-to-school-counselor ratio, grade level cluster, and percentage of time spent with students) were added. In model 4, community demographics (geographic location and Title I classification) were added.

Burnout

Table 10 presents a regression analysis predicting burnout. In model 1, the individual characteristics (gender, race, age, and personal trauma level) were included. Age and personal trauma level were statistically significant predictors of burnout. Specifically, school counselors younger than 35 ($\beta = 2.17$, $p < 0.01$), those aged 36-45 ($\beta = 2.46$, $p < 0.001$), and those aged 46-55 ($\beta = 1.60$, $p < 0.05$) reported statistically significant higher burnout scores compared to the reference category (older than 55). Personal trauma level was also statistically significant, with school counselors who had no personal trauma ($\beta = -3.16$, $p < 0.001$) and those who had acute personal trauma ($\beta = -2.11$, $p < 0.001$) reporting lower burnout scores compared to the reference category (more than acute personal trauma). This model accounted for 8% of the variance in burnout ($R^2 = 0.08$, Adjusted $R^2 = 0.07$).

In model 2, individual professional characteristics (years in school counseling, certification level, and perceived support from administration) were added. Age, personal trauma level, years of experience as a school counselor, and perceived administrative support were statistically significant predictors of burnout. School counselors younger than 35 ($\beta = 3.18$, $p < 0.001$), those aged 36-45 ($\beta = 3.24$, $p < 0.001$), and those aged 46-55 ($\beta = 2.26$, $p < 0.001$) reported statistically significant higher burnout scores compared to the reference category (older

than 55). Personal trauma level remained statistically significant, with school counselors who had no personal trauma ($\beta = -2.87$, $p < 0.001$) and those with acute personal trauma ($\beta = -1.76$, $p < 0.001$) reporting lower burnout scores compared to the reference category (more than acute personal trauma). School counselors with 0-2 years of experience ($\beta = -2.93$, $p < 0.001$) and those with 3-10 years of experience ($\beta = -1.13$, $p < 0.05$) had statistically significant lower burnout scores compared to the reference category (greater than 11 years as a school counselor). Perceived administrative support was the strongest predictor in model 2. School counselors with low administrative support ($\beta = 5.56$, $p < 0.001$) and those with medium support ($\beta = 3.05$, $p < 0.001$) reported statistically significant higher burnout scores compared to the reference category (high administrative support). This model accounted for 24% of the variance in burnout ($R^2 = 0.24$, Adjusted $R^2 = 0.22$).

In model 3, school demographics (student-to-school-counselor ratio, grade level cluster, and percentage of time spent with students) were added. Age, personal trauma level, years as a school counselor, perceived administrative support, and grade level cluster were found to be statistically significant predictors of burnout. School counselors younger than 35 ($\beta = 3.22$, $p < 0.001$), those aged 36-45 ($\beta = 3.22$, $p < 0.001$), and those aged 46-55 ($\beta = 2.37$, $p < 0.001$) reported statistically significant higher burnout scores in comparison to the reference category (older than 55). Personal trauma level remained significant, with school counselors who had no personal trauma ($\beta = -2.93$, $p < 0.001$) and those with acute personal trauma ($\beta = -1.77$, $p < 0.001$) reporting lower burnout scores compared to the reference category (more than acute personal trauma). School counselors with 0-2 years of experience ($\beta = -2.76$, $p < 0.001$) and those with 3-10 years of experience ($\beta = -1.08$, $p < 0.05$) reported statistically significant lower burnout scores compared to the reference category (greater than 11 years as a school counselor).

Perceived administrative support remained the strongest predictor. School counselors with low administrative support ($\beta = 5.23$, $p < 0.001$) and those with medium administrative support ($\beta = 2.87$, $p < 0.001$) reported statistically significant higher burnout scores compared to the reference category (high administrative support). Additionally, school counselors working with Pre-K to 5th grade ($\beta = -1.51$, $p < 0.05$) and those working with 6th to 8th grade ($\beta = -1.51$, $p < 0.05$) had statistically significant lower burnout scores compared to the reference category (district-wide). This model accounted for 26% of the variance in burnout ($R^2 = 0.26$, Adjusted $R^2 = 0.23$).

In the final model, model 4, community demographics (geographic location and Title I classification) were added. Age, personal trauma level, years as a school counselor, certification status, perceived administrative support, student-to-school-counselor ratio, and geographic location were statistically significant predictors of burnout. School counselors younger than 35 ($\beta = 3.18$, $p < 0.001$), those aged 36-45 ($\beta = 3.01$, $p < 0.001$), and those aged 46-55 ($\beta = 2.29$, $p < 0.001$) reported statistically significant higher burnout scores compared to the reference category (older than 55). Personal trauma level remained statistically significant, with school counselors who had no personal trauma ($\beta = -3.01$, $p < 0.001$) and those with acute personal trauma ($\beta = -1.80$, $p < 0.001$) reporting lower burnout scores compared to the reference category (more than acute personal trauma). School counselors with 0-2 years of experience ($\beta = -2.42$, $p < 0.001$) had statistically significant lower burnout scores compared to the reference category (greater than 11 years as a school counselor). Additionally, school counselors with a standard certification ($\beta = 1.02$, $p < 0.05$) reported statistically significant higher burnout scores in comparison to the reference category (no standard certification). Perceived administrative support remained the strongest predictor in model 4. School counselors with low administrative support ($\beta = 5.37$, $p < 0.001$) and those with medium administrative support ($\beta = 2.98$, $p < 0.001$)

reported statistically significant higher burnout scores compared to the reference category (high administrative support). School counselors with a student-to-school-counselor ratio of less than 250:1 ($\beta = -1.75$, $p < 0.05$) and school counselors with a ratio between 251:1 and 350:1 ($\beta = -1.32$, $p < 0.05$) reported statistically significant lower burnout scores compared to the reference category (more than 450:1). Furthermore, school counselors working in urban districts ($\beta = -1.64$, $p < 0.05$) reported statistically significant lower burnout scores compared to the reference category (rural districts). This model accounted for 27% of the variance in burnout ($R^2 = 0.27$, Adjusted $R^2 = 0.24$).

Table 10. Regression predicting burnout among school counselors

	Model 1	Model 2	Model 3	Model 4
Female	0.25 (1.01)	-0.44 (0.93)	-0.51 (0.93)	-0.87 (0.94)
White	0.88 (0.60)	0.93 (0.55)	0.90 (0.55)	0.87 (0.55)
Age: Younger than 35	2.17 (0.75)**	3.18 (0.76)***	3.22 (0.76)***	3.18 (0.76)***
Age: 36-45	2.46 (0.65)***	3.24 (0.63)***	3.22 (0.63)***	3.01 (0.63)***
Age: 46-55	1.60 (0.64)*	2.26 (0.60)***	2.37 (0.60)***	2.29 (0.60)***
No personal trauma	-3.16 (0.61)***	-2.87 (0.57)***	-2.93 (0.57)***	-3.01 (0.57)***
Acute personal trauma	-2.11 (0.55)***	-1.76 (0.51)***	-1.77 (0.51)***	-1.80 (0.51)***
0-2 years as a school counselor		-2.93 (0.67)***	-2.76 (0.68)***	-2.42 (0.68)***
3-10 years as a school counselor		-1.13 (0.52)*	-1.08 (0.53)*	-0.98 (0.53)
Standard certification		0.98 (0.51)	0.94 (0.51)	1.02 (0.51)*
Low support from admin		5.56 (0.67)***	5.23 (0.68)***	5.37 (0.68)***
Medium support from admin		3.05 (0.48)***	2.87 (0.48)***	2.98 (0.48)***

Student-to-school-counselor ratio less than 250:1			-1.42 (0.75)	-1.75 (0.77)*
Student-to-school-counselor ratio 251:1 to 350:1			-1.22 (0.63)	-1.32 (0.64)*
Student-to-school-counselor ratio 351:1 to 450:1			-0.35 (0.65)	-0.28 (0.65)
Grade level cluster: PreK to 5th			-1.51 (0.66)*	-1.08 (0.69)
Grade level cluster: 6th to 8th			-1.51 (0.70)*	-0.90 (0.73)
Grade level cluster: 9th to 12th			-0.97 (0.66)	-0.39 (0.69)
Less than 25% of time spent with students			0.34 (0.57)	0.23 (0.57)
26% to 50% of time spent with students			-0.17 (0.53)	-0.32 (0.53)
School location: Urban				-1.64 (0.58)*
School Location: Suburban				-0.83 (0.56)
School Location: Virtual				2.67 (1.83)
Title I School				0.44 (0.56)
Constant	23.13	21.55	23.55	23.80
R2	0.08	0.24	0.26	0.27
Adjusted *R2*	0.07	0.22	0.23	0.24
N	563	563	563	563

*$p < 0.05$ **$p < 0.01$ ***$p < 0.001$

a Unstandardized coefficients are presented with standard errors in parentheses.

b The reference category is: Male, Non-White, Over 55 years old, More than acute personal trauma, More than 11 years as a school counselor, No standard certification, High support from administration, Greater than 451:1 ratio, District-wide counselor, More than 50% of time spent with students, Rural, Non-Title I.

Secondary Traumatic Stress

Table 11 presents a regression analysis predicting secondary traumatic stress. Model 1 included individual characteristics (gender, race, age, and personal trauma level). Age and personal trauma level were statistically significant predictors of secondary traumatic stress. School counselors younger than 35 ($\beta = 2.73$, $p < 0.001$), those aged 36-45 ($\beta = 1.60$, $p < 0.05$), and those aged 46-55 ($\beta = 2.08$, $p < 0.01$) reported statistically significant higher secondary traumatic stress scores compared to the reference category (older than 55). Personal trauma level was also statistically significant, with school counselors who reported no personal trauma ($\beta = -3.82$, $p < 0.001$) and those with acute personal trauma ($\beta = -2.40$, $p < 0.001$) experiencing lower secondary traumatic stress scores compared to the reference category (more than acute personal trauma). This model accounted for 10% of the variance in secondary traumatic stress ($R^2 = 0.10$, Adjusted $R^2 = 0.09$).

Model 2 incorporated individual professional characteristics (years in school counseling, certification level, and perceived support from administration). Age, personal trauma level, and perceived administrative support were found to be statistically significant predictors of secondary traumatic stress. School counselors younger than 35 ($\beta = 3.38$, $p < 0.001$), those aged 36-45 ($\beta = 2.06$, $p < 0.01$), and those aged 46-55 ($\beta = 2.47$, $p < 0.001$) continued to report statistically significant higher secondary traumatic stress scores compared to the reference category (older than 55). Personal trauma level remained statistically significant, with school counselors reporting no personal trauma ($\beta = -3.76$, $p < 0.001$) and those with acute personal trauma ($\beta = -2.33$, $p < 0.001$) reporting lower secondary traumatic stress scores compared to the reference category (more than acute personal trauma). School counselors with low administrative support ($\beta = 2.54$, $p < 0.001$) and those with medium administrative support ($\beta = 1.15$, $p < 0.05$)

reported statistically significant higher secondary traumatic stress scores compared to the reference category (high administrative support). This model accounted for 13% of the variance in secondary traumatic stress ($R^2 = 0.13$, Adjusted $R^2 = 0.11$).

Model 3 introduced school demographics (student-to-school-counselor ratio, grade level cluster, and percentage of time spent with students). Age, personal trauma level, years of experience as a school counselor, perceived administrative support, grade level cluster, and time spent with students were found to be statistically significant predictors of secondary traumatic stress. Specifically, school counselors younger than 35 ($\beta = 3.43$, $p < 0.001$), those aged 36-45 ($\beta = 2.15$, $p < 0.01$), and those aged 46-55 ($\beta = 2.30$, $p < 0.001$) continued to report statistically significant higher secondary traumatic stress scores compared to the reference category (older than 55). Personal trauma level remained statistically significant, with those reporting no personal trauma ($\beta = -3.72$, $p < 0.001$) and those with acute trauma ($\beta = -2.29$, $p < 0.001$) experiencing lower secondary traumatic stress scores compared to the reference category (more than acute personal trauma). School counselors with 0-2 years of experience as a school counselor ($\beta = -1.57$, $p < 0.05$) reported statistically significant lower secondary traumatic stress scores compared to the reference category (greater than 11 years as a school counselor). School counselors with low administrative support ($\beta = 2.75$, $p < 0.001$) and those with medium administrative support ($\beta = 1.19$, $p < 0.05$) reported statistically significant higher secondary traumatic stress scores compared to the reference category (high administrative support). School counselors that work with Pre-K to 5th grade ($\beta = -2.09$, $p < 0.01$) and those who work with 6th to 8th grade ($\beta = -1.94$, $p < 0.05$) reported statistically significant lower secondary traumatic stress scores compared to the reference category (district-wide). Furthermore, school counselors who spent less than 25% of their day with students ($\beta = -2.16$, $p < 0.001$) reported statistically

significant lower secondary traumatic stress scores compared to the reference category (greater than 51% of their day spent with students). This model accounted for 16% of the variance in secondary traumatic stress ($R^2 = 0.16$, Adjusted $R^2 = 0.13$).

In the final model, model 4, community demographics (geographic location and Title I classification) were added. Age, personal trauma level, certification status, perceived administrative support, grade level cluster, time spent with students, and geographic location were statistically significant predictors of secondary traumatic stress. Specifically, school counselors younger than 35 ($\beta = 3.19$, $p < 0.001$), those aged 36-45 ($\beta = 1.71$, $p < 0.05$), and those aged 46-55 ($\beta = 2.12$, $p < 0.01$) continued to report statistically significant higher secondary traumatic stress scores compared to the reference category (older than 55). Personal trauma level remained statistically significant with those reporting no personal trauma ($\beta = -3.87$, $p < 0.001$) and those with acute personal trauma ($\beta = -2.38$, $p < 0.001$) reporting lower secondary traumatic stress scores compared to the reference category (more than acute personal trauma). School counselors with a standard certification ($\beta = 1.20$, $p < 0.05$) reported statistically significant higher secondary traumatic stress scores compared to the reference category (no standard certification). Support from administration remained significant, with school counselors with low administrative support ($\beta = 2.88$, $p < 0.001$) and those with medium administrative support ($\beta = 1.33$, $p < 0.05$) reporting statistically significant higher secondary traumatic stress scores compared to the reference category (high administrative support). School counselors that work with Pre-K to 5th grade ($\beta = -2.09$, $p < 0.01$) and those who work with 6th to 8th grade ($\beta = -1.88$, $p < 0.05$) reported statistically significant lower secondary traumatic stress scores compared to the reference category (district-wide). School counselors who spend less than 25% of their day with students ($\beta = -2.33$, $p < 0.001$) and those spending 26% to 50% of their day

with students (β = -1.30, p < 0.05) reported statistically significant lower secondary traumatic stress scores compared to the reference category (greater than 51% of their day spent with students). School counselors working in urban districts (β = -1.64, p < 0.01) reported statistically significant lower secondary traumatic stress scores compared to the reference category (rural districts), while those who work in virtual districts (β = 4.59, p < 0.05) reported statistically significant higher scores compared to the reference category (rural districts). This model accounted for 18% of the variance in secondary traumatic stress (R^2 = 0.18, Adjusted R^2 = 0.14).

Table 11. Regression predicting secondary traumatic stress among school counselors

	Model 1	Model 2	Model 3	Model 4
Female	1.87 (1.07)	1.58 (1.07)	1.58 (1.07)	1.02 (1.07)
White	0.94 (0.63)	0.97 (0.63)	1.03 (0.62)	0.99 (0.63)
Age: Younger than 35	2.73 (0.80)***	3.38 (0.87)***	3.43 (0.87)***	3.19 (0.87)***
Age: 36-45	1.60 (0.69)*	2.06 (0.72)**	2.15 (0.72)**	1.71 (0.72)*
Age: 46-55	2.08 (0.68)**	2.47 (0.68)***	2.30 (0.68)***	2.12 (0.68)**
No personal trauma	-3.82 (0.65)***	-3.76 (0.65)***	-3.72 (0.65)***	-3.87 (0.64)***
Acute personal trauma	-2.40 (0.59)***	-2.33 (0.59)***	-2.29 (0.59)***	-2.38 (0.58)***
0-2 years as a school counselor		-1.46 (0.77)	-1.57 (0.78)*	-1.04 (0.78)
3-10 years as a school counselor		-0.78 (0.60)	-0.71 (0.61)	-0.48 (0.60)
Standard certification		1.03 (0.58)	1.02 (0.58)	1.20 (0.58)*
Low support from admin		2.54 (0.77)***	2.75 (0.78)***	2.88 (0.78)***
Medium support from admin		1.15 (0.55)*	1.19 (0.55)*	1.33 (0.55)*

Student-to-school-counselor ratio less than 250:1			-0.02 (0.85)	-0.34 (0.87)
Student-to-school-counselor ratio 251:1 to 350:1			0.03 (0.72)	-0.11 (0.73)
Student-to-school-counselor ratio 351:1 to 450:1			-0.55 (0.74)	0.61 (0.74)
Grade level cluster: PreK to 5th			-2.09 (0.75)**	-1.88 (0.79)*
Grade level cluster: 6th to 8th			-1.94 (0.79)*	-1.46 (0.82)
Grade level cluster: 9th to 12th			-1.14 (0.76)	-0.63 (0.78)
Less than 25% of time spent with students			-2.16 (0.66)***	-2.33 (0.65)***
26% to 50% of time spent with students			-1.13 (0.60)	-1.30 (0.60)*
School location: Urban				-1.89 (0.66)**
School Location: Suburban				-0.02 (0.64)
School Location: Virtual				4.59 (2.08)*
Title I School				1.03 (0.64)
Constant	20.92	19.94	22.22	22.18
R2	0.10	0.13	0.16	0.18
Adjusted *R2*	0.09	0.11	0.13	0.14
N	563	563	563	563

*$p < 0.05$ **$p < 0.01$ ***$p < 0.001$

a Unstandardized coefficients are presented with standard errors in parentheses.

b The reference category is: Male, Non-White, Over 55 years old, More than acute personal trauma, More than 11 years as a school counselor, No standard certification, High support from administration, Greater than 451:1 ratio, District-wide counselor, More than 50% of time spent with students, Rural, Non-Title I.

Compassion Satisfaction

Table 12 presents a regression analysis predicting compassion satisfaction. In model 1, the individual characteristics (gender, race, age, and personal trauma level) were included. Race, age, and personal trauma level were statistically significant predictors of compassion satisfaction. Specifically, White school counselors ($\beta = -1.49$, $p < 0.05$) reported statistically significant lower compassion satisfaction scores compared to the reference category (non-White). School counselors aged 36-45 ($\beta = -1.63$, $p < 0.05$) reported statistically significant lower compassion satisfaction scores compared to the reference category (older than 55). Personal trauma level was also statistically significant, with school counselors who had no personal trauma ($\beta = 1.26$, $p < 0.05$) reporting higher compassion satisfaction scores compared to the reference category (more than acute personal trauma). This model accounted for 3% of the variance in compassion satisfaction ($R^2 = 0.03$, Adjusted $R^2 = 0.02$).

In model 2, individual professional characteristics (years in school counseling, certification level, and perceived support from administration) were added. Race, age, years as a school counselor, and perceived administrative support were statistically significant predictors of compassion satisfaction. Specifically, White school counselors ($\beta = -1.49$, $p < 0.05$) reported statistically significant lower compassion satisfaction scores compared to the reference category (non-White). School counselors aged 36-45 ($\beta = -2.03$, $p < 0.01$) reported statistically significant lower compassion satisfaction scores compared to the reference category (older than 55). School counselors with 0-2 years of experience ($\beta = 1.93$, $p < 0.01$) reported statistically significant higher compassion satisfaction scores compared to the reference category (more than 11 years of experience as a school counselor). School counselors with low administrative support ($\beta = -4.20$, $p < 0.001$) and those with medium administrative support ($\beta = -3.31$, $p < 0.001$) reported

statistically significant lower compassion satisfaction scores compared to the reference category (high administrative support). This model accounted for 13% of the variance in compassion satisfaction ($R^2 = 0.13$, Adjusted $R^2 = 0.12$).

In model 3, school demographics (student-to-school-counselor ratio, grade level cluster, and percentage of time spent with students) were added. Race, age, years of experience as a school counselor, perceived administrative support, and time spent with students were statistically significant predictors of compassion satisfaction. Specifically, White school counselors ($\beta = -1.39$, $p < 0.05$) reported statistically significant lower compassion satisfaction scores compared to the reference category (non-White). School counselors aged 36-45 ($\beta = -1.90$, $p < 0.01$) reported statistically significant lower compassion satisfaction scores compared to the reference category (older than 55). School counselors with 0-2 years of experience as a school counselor ($\beta = 1.82$, $p < 0.05$) had statistically significant higher compassion satisfaction scores in comparison to the reference category (more than 11 years of experience as a school counselor). School counselors with low administrative support ($\beta = -3.84$, $p < 0.001$) and those with medium support ($\beta = -3.21$, $p < 0.001$) reported statistically significant lower compassion satisfaction scores compared to the reference category (high administrative support). Additionally, school counselors who spent less than 25% of their day with students ($\beta = -2.63$, $p < 0.001$) reported statistically significant lower compassion satisfaction scores compared to the reference category (greater than 51% of their day spent with students). This model accounted for 17% of the variance in compassion satisfaction ($R^2 = 0.17$, Adjusted $R^2 = 0.14$).

In the final model, model 4, community demographics (geographic location and Title I classification) were added. Race, age, years as a school counselor, perceived administrative support, grade level cluster, and time spent with students were statistically significant predictors

of compassion satisfaction. Specifically, White school counselors (β = -1.35, p < 0.05) reported statistically significant lower compassion satisfaction scores compared to the reference category (non-White). School counselors aged 36-45 (β = -1.85, p < 0.01) reported statistically significant lower compassion satisfaction scores compared to the reference category (older than 55). School counselors with 0-2 years of experience (β = 1.66, p < 0.05) had statistically significant higher compassion satisfaction scores compared to the reference category (more than 11 years of experience as a school counselor). School counselors with low administrative support (β = -3.97, p < 0.001) and those with medium support (β = -3.30, p < 0.001) reported statistically significant lower compassion satisfaction scores compared to the reference category (high administrative support). School counselors who work with Pre-K to 5th grade students (β = -1.52, p < 0.05) had statistically significant lower compassion satisfaction scores compared to the reference category (district wide). School counselors who spend less than 25% of their day with students (β = -2.55, p < 0.001) reported statistically significant lower compassion satisfaction scores compared to the reference category (greater than 51% of their day spent with students). This model accounted for 18% of the variance in compassion satisfaction (R^2 = 0.18, Adjusted R^2 = 0.14). Across all models, the strongest predictor of compassion satisfaction was a school counselor having low administrative support.

Table 12. Regression predicting compassion satisfaction among school counselors

	Model 1	Model 2	Model 3	Model 4
Female	-0.67 (1.06)	-0.01 (1.02)	0.26 (1.01)	0.46 (1.02)
White	-1.49 (0.63)*	-1.49 (0.60)*	-1.39 (0.59)*	-1.35 (0.60)*
Age: Younger than 35	-0.72 (0.79)	-1.12 (0.83)	-1.166 (0.82)	-1.22 (0.83)
Age: 36-45	-1.63 (0.69)*	-2.03 (0.68)**	-1.90 (0.68)**	-1.85 (0.69)**

Age: 46-55	-0.39 (0.67)	-0.78 (0.65)	-1.00 (0.65)	-0.99 (0.65)
No personal trauma	1.26 (0.64)*	0.90 (0.62)	0.92 (0.61)	0.94 (0.61)
Acute personal trauma	0.80 (0.58)	0.32 (0.56)	0.41 (0.55)	0.40 (0.56)
0-2 years as a school counselor		1.93 (0.73)**	1.82 (0.73)*	1.66 (0.74)*
3-10 years as a school counselor		0.20 (0.57)	0.38 (0.57)	0.33 (0.58)
Standard certification		-0.22 (0.55)	-0.19 (0.55)	-0.17 (0.55)
Low support from admin		-4.20 (0.73)***	-3.84 (0.74)***	-3.97 (0.74)***
Medium support from admin		-3.31 (0.52)***	-3.21 (0.52)***	-3.30 (0.53)***
Student-to-school-counselor ratio less than 250:1			0.05 (0.81)	0.14 (0.83)
Student-to-school-counselor ratio 251:1 to 350:1			-0.002 (0.68)	-0.07 (0.70)
Student-to-school-counselor ratio			0.81 (0.71)	0.71 (0.71)
351:1 to 450:1				
Grade level cluster: PreK to 5th			-1.03 (0.71)	-1.52 (0.75)*
Grade level cluster: 6th to 8th			0.25 (0.75)	-0.26 (0.79)
Grade level cluster: 9th to 12th			0.28 (0.72)	-0.11 (0.75)
Less than 25% of time spent with students			-2.63 (0.62)***	-2.55 (0.62)***
26% to 50% of time spent with students			-0.76 (0.57)	-0.68 (0.57)
School location: Urban				0.96 (0.63)

School Location: Suburban				0.89 (0.61)
School Location: Virtual				-2.31 (1.99)
Title I School				0.32 (0.61)
Constant	41.35	42.67	43.28	42.79
R2	0.03	0.13	0.17	0.18
Adjusted *R2*	0.02	0.12	0.14	0.14
N	563	563	563	563

*$p < 0.05$ **$p < 0.01$ ***$p < 0.001$
a Unstandardized coefficients are presented with standard errors in parentheses.
b The reference category is: Male, Non-White, Over 55 years old, More than acute personal trauma, More than 11 years as a school counselor, No standard certification, High support from administration, Greater than 451:1 ratio, District-wide counselor, More than 50% of time spent with students, Rural, Non-Title I.

The survey that was emailed to all public PK-12 school counselors in Oklahoma also provided the respondents with an option to leave comments. The following are some of the comments that were left regarding administrative support, the only variable to remain consistently significant across all three subscales of the *ProQOL-5*. These comments help to illuminate the finding that a poor perception of administrative support is the most significant predictor of high burnout, high secondary traumatic stress, and low compassion satisfaction, which in combination is the most likely to be experiencing compassion fatigue.

Patterns that emerged from the data include ethical dilemmas, a lack of understanding of the school counselor role, and a perceived lack of value from administration. The general tone of the comments was negative, indicating that counselors are inundated with carrying the weight of their profession.

One school counselor highlighted the ethical dilemmas faced in the profession, stating, “Supportive administration can go a long way with job satisfaction. Being forced into situations

that are morally and ethically wrong, regarding class coding and credits (which benefit the administrator's children), on more than one occasion, I would say that is the most taxing. Being forced into doing something that you know is wrong, and having to do it anyways [*sic*], that is the most exhausting aspect. I was not prepared for this part of the job."

A recurring theme across multiple school counselors was the lack of administrative support. A school counselor boldly said, "The parents are rude and demanding on the phone and in emails. Administrators do not keep parents from communicating with us in hostile and demanding ways ... Administrators do not understand the counseling role." Another school counselor directly stated, "I love being a school counselor and would feel more appreciated if admin would listen and support school counselors." Yet another school counselor bluntly stated, "The system that holds me back is district administration and their total lack of support."

Feeling undervalued for their expertise, one school counselor specifically described how they felt unsupported, "The biggest deterrent I have as a school counselor to a my [*sic*] administration. My superintendent is very disengaged with students and staff. My principal is highly reactive and minor issues become blown out of proportion. She is quick to punish and rarely consults with the counseling team. We feel that our input is not valued. Admin rarely involves the counseling team when dealing with behavioral issues."

These highlighted comments reinforce the critical finding of this study that a poor perception of administrative support is the most significant predictor of high burnout, high secondary traumatic stress, and low compassion satisfaction, which in combination is the most likely to be experiencing compassion fatigue. Focusing on comments like these will help to improve the school counselors' well-being.

Chapter 6. Discussion

The purpose of this study was to examine the rate at which school counselors experience compassion fatigue and to determine whether personal, school, and community characteristics are associated with components of compassion fatigue in school counselors. The literature suggests that one factor contributing to the significant shortage of school counselors is the impact of compassion fatigue (Baggerly & Osborn, 2006; Kim & Lambie, 2018; Lewis, 2020). However, little empirical work examines the prevalence of compassion fatigue and even less scholarship sheds light on the personal, school, and community characteristics associated with this state. To address these gaps in the literature, this study assessed the prevalence of compassion fatigue among school counselors and identified the personal, school, and community characteristics that may contribute to it.

The findings of this study indicate that most school counselors in Oklahoma fall in the moderate range for burnout, secondary traumatic stress, and compassion satisfaction. Key results show that three distinct groups of school counselors experience significantly higher levels of burnout and secondary traumatic stress: young counselors, those with higher levels of personal trauma, and those who receive low to medium levels of administrative support. Notably, the one factor that consistently remained significant across all three variables (burnout, secondary traumatic stress, and compassion satisfaction) was perceived administrative support. The most striking finding was that higher levels of burnout and secondary traumatic stress, along with lower levels of compassion satisfaction, were strongly linked to non-supportive administration.

Prevalence of Compassion Fatigue

Regarding research question one, “How prevalent are components of compassion fatigue (i.e., burnout and secondary traumatic stress) and compassion satisfaction among school

counselors?" this study found that most school counselors in Oklahoma experience moderate levels of burnout, secondary traumatic stress, and compassion satisfaction. Specifically, approximately 60% of public PK-12 school counselors in Oklahoma report moderate burnout, 50% experience moderate secondary traumatic stress, and roughly 60% report moderate compassion satisfaction. These findings align with those of Wilson (2020), who reported that 95.5% of school counselors experienced moderate burnout, 52.8% reported moderate secondary traumatic stress, and 53.9% reported moderate compassion satisfaction. However, this study's results differ slightly from the findings of Mayorga et al. (2017), which found that 58.9% of school counselors reported a moderate level of burnout, 60.3% reported low secondary traumatic stress, and 50.7% reported moderate compassion satisfaction.

Interestingly, the combination category identified in this study (moderate burnout, moderate secondary traumatic stress, and moderate compassion satisfaction) was not among the five combinations outlined in the *ProQOL-5* manual (see Figure 5), indicating a new compassion fatigue category not previously identified in the manual. However, this pattern of moderate levels across all three components aligns with the findings from two dissertations conducted by Barbour (2019) and Wilson (2020).

The level of secondary traumatic stress among Oklahoma school counselors was an unexpected finding, as previous literature in the United States has generally reported low levels of secondary traumatic stress (Mayorga et al., 2017). However, given that Oklahoma ranks as the 10th worst state for childhood trauma and that secondary traumatic stress involves taking on another person's stress, this finding seems logical (America's Health Ranking, 2023).

Burnout

Based on previous literature from other professional fields, it was predicted that PK-12 school counselors would experience high levels of burnout (Abraham-Cook, 2012; Berger et al., 2015; El-Bar et al., 2013; Hooper et al., 2010; Huggard & Dixon, 2011; Hunsaker et al., 2015; Mangoulia et al., 2015; Sinclair et al., 2017; Sprang et al., 2007). However, previous studies and dissertations closely related to this research had inconsistent findings, generally indicating that school counselors experience low to moderate levels of burnout (Barbour, 2019; Estacio, 2019; Levkovich & Ricon, 2020; Mayorga et al., 2017; Wilson, 2020). Because most public PK-12 school counselors in Oklahoma experienced moderate levels of burnout, the results of this study aligned with only two previous studies and two dissertations regarding compassion fatigue levels (Barbour, 2019; Levkovich & Ricon, 2020; Mayorga et al., 2017; Wilson, 2020).

When examining the relationship between personal, school, and community characteristics and burnout, this study found that young, standard-certified school counselors with high levels of personal trauma and low to medium administrative support experienced significantly higher levels of burnout. Conversely, school counselors with less than two years of experience, who work in urban districts, and have a student-to-school-counselor ratio below 350:1 reported significantly lower levels of burnout. Nearly all these findings were unique, as no closely related prior studies or dissertations had identified similar results. The only exception was a dissertation by Barbour (2019), which found that low principal support was a predictor of burnout.

Across all models, the strongest predictors of burnout were age, years of experience, personal trauma level, and perceived low administrative support. Younger school counselors, particularly those with less than two years of experience, reported higher levels of burnout,

possibly stemming from a lack of experience and difficulty managing the stress of the job. Additionally, school counselors with little to no personal trauma reported lower levels of burnout, suggesting that those with higher levels of trauma may struggle with the demands of the job.

Among all factors, low administrative support emerged as the most significant predictor of burnout. This finding suggests that a lack of administrative support may contribute to increased exhaustion, likely because counselors are engaging in duties beyond those recommended by the ASCA. While only one closely related quantitative study identified administrative support as a predictor of burnout, previous qualitative research similarly found that school counselors felt overwhelmed and lacked administrative support (Hoppe, 2023; Manganaro, 2023; Newton-Bird, 2023).

Secondary Traumatic Stress

In addition to high levels of burnout, existing literature from other professional fields suggests that PK-12 school counselors are likely to experience high levels of secondary traumatic stress (Abraham-Cook, 2012; Berger et al., 2015; El-Bar et al., 2013; Hooper et al., 2010; Huggard & Dixon, 2011; Hunsaker et al., 2015; Mangoulia et al., 2015; Sinclair et al., 2017; Sprang et al., 2007). Alternatively, several studies closely related to this one found lower levels of secondary traumatic stress (Estacio, 2019; Levkovich & Ricon, 2020; Mayorga et al., 2017). Wilson's (2020) dissertation identified low to moderate levels of secondary traumatic stress, while Barbour (2019) found moderate levels. The results of the current study only align with Barbour's (2019) dissertation, as the majority of PK-12 school counselors in Oklahoma reported experiencing moderate levels of secondary traumatic stress.

In examining the relationship between personal, school, and community characteristics and secondary traumatic stress, this study identified several significant predictors, including age, personal trauma level, certification status, perceived administrative support, grade level cluster, time spent with students, and geographic location. Standardly certified, younger school counselors with low to medium levels of administrative support working in urban districts reported significantly higher levels of secondary traumatic stress. In contrast, elementary and middle school counselors in urban districts who spent less than 50% of their day with students and experienced low levels of trauma reported significantly lower levels of secondary traumatic stress. Similar to the burnout results, these findings were distinctive, as no closely related study or dissertation revealed these outcomes.

Across all models, the strongest predictor of low secondary traumatic stress was a school counselor's lack of personal trauma. This outcome is logical, as secondary traumatic stress involves taking on the trauma of others. Counselors who have not experienced trauma themselves may be better equipped to handle the stories and experiences of the students they encounter compared to those who have experienced a lot of personal trauma.

Compassion Satisfaction

Previous literature and dissertations in school counseling and other professional careers predicted that PK-12 school counselors would experience high levels of compassion satisfaction (Abraham-Cook, 2012; Barbour, 2019; Berger et al., 2015; El-Bar et al., 2013; Hooper et al., 2010; Huggard & Dixon, 2011; Hunsaker et al., 2015; Levkovich & Ricon, 2020; Mangoulia et al., 2015; Sinclair et al., 2017; Sprang et al., 2007; Wilson, 2020). However, the findings of this study align with only two previous dissertations, Wilson (2020) and Barbour (2019), because this

study found that most PK-12 school counselors in Oklahoma experience only moderate levels of compassion satisfaction.

This study also examined how personal, school, and community characteristics relate to compassion satisfaction. The results indicate that White, middle-aged (36-45) elementary school counselors with low to moderate administrative support who spend less than 25% of their day with students report significantly lower levels of compassion satisfaction. Conversely, school counselors with fewer than two years of experience exhibit significantly higher compassion satisfaction. These findings are concerning, as they suggest that the longer a school counselor remains in the profession, the less fulfillment they experience. This highlights the potential need for stronger support systems throughout a counselor's career. Additionally, school counselors with limited access to students throughout the day appear to report significantly lower compassion satisfaction, highlighting the potential importance of providing them with more time to build connections and relationships with their students. Consistent with the burnout and secondary traumatic stress results, these findings were distinctive, as no closely related study or dissertation reported similar outcomes.

As with burnout, perceived low administrative support emerged as the strongest predictor of compassion satisfaction. School counselors may feel less satisfaction in their roles when they do not have a supportive administration, which may lead counselors to take on duties outside of the ASCA recommendations. By taking on additional duties, counselors may not have enough time to counsel and provide guidance to the students who need it most, thus potentially contributing to their lower levels of compassion satisfaction.

Key Predictors Across Burnout and Secondary Traumatic Stress

Across both components of compassion fatigue (burnout and secondary traumatic stress), the only predictors that remained significant were age, personal trauma level, and administrative support. Younger school counselors with high levels of personal trauma and low to medium administrative support reported significantly higher levels of burnout and secondary traumatic stress. This suggests that these school counselors are potentially more likely to experience exhaustion and stress related to their roles. Therefore, school districts may need to prioritize enhancing mental health support and building stronger networks of support for school counselors.

The Potential Significance of Administrative Support

Across all three variables (burnout, secondary traumatic stress, and compassion satisfaction), perceived administrative support was the only predictor to remain consistently significant. This was an unexpected finding, as previous research did not suggest that perceived administrative support would be the sole predictive factor to remain constant. Non-supportive administration is associated with higher levels of burnout and secondary traumatic stress, as well as lower levels of compassion satisfaction.

According to the *ProQOL-5*, when these three subscale levels (burnout, secondary traumatic stress, and compassion satisfaction) are combined, the risk for compassion fatigue can be assessed. The findings of this study show that when perceived administrative support is at a low or medium level, school counselors experience high burnout, high secondary traumatic stress, and low compassion satisfaction. This combination category indicates that these individuals are the most likely to be experiencing compassion fatigue (Stamm, 2010) (see Figure 5). These results suggest that public PK-12 school counselors in Oklahoma with low or medium

levels of administrative support are suffering from compassion fatigue. Addressing administrative support issues may help improve recruitment and retention challenges within the school counseling profession.

Compassion Satisfaction-Compassion Fatigue Conceptual Model

To inform the analysis, this study utilized the Compassion Satisfaction-Compassion Fatigue conceptual model, which posits that an individual's professional quality of life is assessed through compassion satisfaction and compassion fatigue (Stamm, 2010). Compassion satisfaction refers to the happiness felt when a person is successful in their job (Stamm, 2010). Compassion fatigue is the combination of burnout and secondary traumatic stress (Stamm, 2010). Burnout is characterized by feelings of being overwhelmed and ineffective (Stamm, 2010), while secondary traumatic stress is described as "the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1993; Figley, 1995).

According to the Compassion Satisfaction-Compassion Fatigue conceptual model (see Figure 3), as burnout and secondary traumatic stress increase, the risk for compassion fatigue increases (Stamm, 2010). When applied to this study, the model predicts that school counselors who score in the *High Secondary Traumatic Stress, High Burnout, and Low Compassion Satisfaction* combination on the *ProQOL-5* are most likely experiencing compassion fatigue. However, this study found that the majority of public PK-12 school counselors in Oklahoma reported moderate levels of burnout, secondary traumatic stress, and compassion satisfaction. Notably, one school predictor aligned with the predicted combination in the conceptual framework: perceived administrative support. Specifically, low to medium perceived administrative support was found to correlate with high burnout, high secondary traumatic stress,

and low compassion satisfaction, which in combination is the highest risk for compassion fatigue.

The theoretical path analysis for the Compassion Satisfaction-Compassion Fatigue conceptual model (see Figure 4 above) suggests that individuals in a negative work environment will experience lower levels of compassion satisfaction and higher levels of burnout and secondary traumatic stress (Stamm, 2010). Additionally, the model predicts that those with a negative client relationship will similarly experience lower compassion satisfaction and higher levels of compassion fatigue components (burnout and secondary traumatic stress) (Stamm, 2010). Finally, it predicts that individuals with a negative personal environment will also experience reduced compassion satisfaction and increased burnout and secondary traumatic stress (Stamm, 2010).

When viewed through the lens of this model, a negative work environment may correspond with low levels of perceived administrative support, a negative client relationship may align with a higher student-to-school-counselor ratio and less time spent with students, and a negative personal environment may be reflected in a higher personal trauma history.

In line with the theoretical path analysis, this study found that low to medium levels of perceived administrative support were associated with high burnout, high secondary traumatic stress, and low compassion satisfaction, suggesting a negative work environment may contribute to compassion fatigue. Additionally, the study revealed that a higher student-to-school-counselor ratio was linked to high burnout indicating a negative client environment that may contribute to compassion fatigue. However, in contrast with the theoretical path analysis, this study found that less time spent with students was associated with lower secondary traumatic stress and compassion satisfaction, which may indicate a potential negative client environment, perhaps

leading to compassion fatigue. Finally, in accordance with the model's prediction, high levels of personal trauma were strongly correlated with both high burnout and high secondary traumatic stress, suggesting that a negative personal environment may contribute to compassion fatigue.

This study highlights the potential importance of focusing on the school counselor's work and client environments, as personal environments are beyond a school's control. To improve a school counselor's work environment, administrative support may need to be increased. To improve the client environment, schools may need to reduce the student-to-school-counselor ratio and increase the amount of time school counselors spend with students. By enhancing both the work and client environments, schools can potentially help improve the mental health and well-being of school counselors.

Limitations, Strengths, and Contributions

As with any study, there were factors over which the researcher had no control that may have affected the results of this study, and it is important to interpret the findings of this study with full knowledge of the limitations. Some factors may have positively impacted the results, some may have negatively impacted the results, and others may have an unknown impact. The researcher notes that by using a survey, the research may be biased toward individuals who are more motivated to complete the survey. By not being able to survey school counselors who recently left the profession, the researcher may have missed out on relevant data. Moreover, the publicly available list the researcher used to recruit participants may be inaccurate, potentially leaving out school counselors. It is also important to recognize that some school counselors may be overwhelmed with the duties of the role, which may leave zero time in their day to complete the survey; thus, the researcher may potentially miss out on important data collection. A further limitation to this study was the time of year the survey was sent out. By sending the survey out at

the end of the school year, school counselors may not have had the time to complete the survey. Furthermore, a school counselor's level of compassion fatigue may be different at the beginning of the school year versus the end of the school year. A separate limitation to this study was that only public-school counselors were surveyed, which means private school counselors and CareerTech school counselors were excluded. A further issue is that the survey subscale levels have such a large range that a full understanding of the levels may be missed. Specifically, the moderate level range within the *ProQOL-5* (23-41) is so broad that it was, at times, difficult to interpret the data. One more limitation is that the survey used does not provide a true compassion fatigue score because the subscale scores are not meant to be combined. A survey that provides a compassion fatigue score would have been beneficial, so that the researcher could interpret compassion fatigue as a whole rather than as components. An additional limitation of this study was that the regression models did not account for school level clustering, which could mean that the standard error was over- or underestimated. Another limitation of this study was its lack of gender and racial diversity. The dataset was 94% female and 81% White, which indicates a lack of gender and racial diversity among public PK-12 school counselors in Oklahoma. Lastly, the *ProQOL-5* manual does not list a scale combination for the findings of this study: moderate burnout, moderate secondary traumatic stress, and moderate compassion satisfaction. Without an explanation of this particular scale combination, interpretation was challenging.

Despite these limitations, there are five specific strengths associated with this study. The first strength is the large number of participants. This study had 563 respondents, whereas the largest number in published literature prior to this study was 139, and in nonpublished studies was 332. The second strength of this study was the use of an online survey. The use of an online survey was time efficient and allowed for respondents to complete the survey at a convenient

time. Additionally, a strength of this study was the examination of multiple personal, school, and community characteristics. Using individual characteristics, individual professional characteristics, school demographics, and community demographics, this study provided a potentially thorough analysis of the association of various factors with components of compassion fatigue and compassion satisfaction. Reproducibility was also considered a strength of this study. The study is described in great detail, allowing another researcher to possibly reproduce it quickly and effectively. Although the *ProQOL-5*'s lack of a combination score was seen as a limitation, the use of the *ProQOL-5* can also be seen as the final strength of this study. The *ProQOL-5* is the second most common instrument used to evaluate components of compassion fatigue and compassion satisfaction, indicating the survey is credible and reliable (Sinclair et al., 2017; Stamm, 2010).

In addition to the methodological strengths, there are many scholarly contributions from this study. Continuously working with students who have been affected by trauma may take a toll on the school counselor, a factor that has not been previously quantified in studies. The existing gap in literature highlighted a need for an extensive analysis of compassion fatigue among school counselors with varying personal, school, and community characteristics. This study provided a broad examination of compassion fatigue among school counselors, specifically focusing on how the rate of compassion fatigue varies in relation to different personal, school, and community characteristics. Another contribution of this study was the identification of a new combination category that was not discussed in the manual for the *ProQOL-5*. Scoring at the moderate level on all three subscales was not mentioned in the manual and will need to be evaluated further. This study also has the potential to create a way for other states to study compassion fatigue in school counselors. A final contribution to the literature was the finding

that the role of a school counselor may be severely affected by perceived support from administration.

Questions for Policy and Practice

The results of this study indicate that public PK-12 school counselors in Oklahoma experience high levels of the components of compassion fatigue and low levels of compassion satisfaction when they perceive low administrative support. This finding suggests that having low to medium levels of administrative support may contribute to increased burnout and decreased job satisfaction, as school counselors are likely engaging in duties that are outside of the ASCA recommendations for their role. The results imply that there is a potential need for administrator training to enhance the understanding of the school counselor's role. Such training should possibly include the positive influence school counselors can have, the challenges they face, and strategies to best support school counselors.

Future policy may require administrators to truly understand the role of the school counselor and to hire additional personnel to help prevent compassion fatigue in school counselors. One of the main responsibilities of a school counselor is to support students who have experienced trauma, whether through the facilitation of government and community services or direct one-to-one counseling (ASCA, 2023c; Hamlin et al., 2016). Ensuring that administrators understand the school counselor's role will not only potentially provide school counselors with greater support but also positively impact student outcomes by potentially reducing high levels of compassion fatigue and increasing levels of compassion satisfaction.

A consistent finding across both published literature and this study is that school counselors experience moderate levels of burnout. Future policies may explore strategies to reduce burnout in school counselors (Levkovich & Ricon, 2020; Mayorga et al., 2017). School

counselors play a crucial role in supporting students with academic, social, and emotional issues, and it is imperative that the depleted workforce of school counselors does not experience further burnout.

This study also found that younger school counselors experience significantly higher levels of burnout and secondary traumatic stress. Future practice could pair a younger, less experienced counselor with an older, more experienced counselor to provide guidance and mentorship to potentially help prevent burnout. Another key finding was that school counselors who spend less than 25% of their day working directly with students reported significantly lower levels of compassion satisfaction. This suggests that school counselors may be more satisfied in their roles when student interaction is prioritized over administrative duties. Future policies may consider removing some administrative duties from school counselors so that they may spend more time with students.

Furthermore, high levels of personal trauma were associated with higher levels of burnout and secondary traumatic stress. Future practice may explore strategies to help school counselors manage and cope with past traumas, ensuring they may be able to provide high-quality care for their students.

Finally, the role of the school counselor is not clearly defined in practice. While the ASCA provides a standard job description, survey comments from this study indicate that the responsibilities of school counselors in Oklahoma differ from ASCA recommendations. Future policy should align the job description of school counselors in Oklahoma with ASCA recommendations to potentially prevent compassion fatigue.

Future Research

As this study is the first of its size, future research should replicate it to assess its transferability and reliability. Given that this study was conducted in Oklahoma, future research should test the relationships observed in this study in other states or at a national level. Since this study was quantitative in design, future researchers should conduct a qualitative study to provide deeper insights into school counselors' experiences. Future research should also conduct a mixed-method study so that the researcher can identify quantitative data based on compassion fatigue and then follow up with participants to further understand their experiences.

Given the significant connection found between components of compassion fatigue and perceived administrative support, future research should further investigate administrative support for school counselors. Because the *ProQOL-5* does not provide an overall compassion fatigue score but rather only provides subscale scores, future researchers could create a compassion fatigue scale to further analyze compassion fatigue in school counselors and other helping professions.

Future research should also explore the moderate level category of the *ProQOL-5* because this level has such a broad range, making it difficult to fully interpret. Additionally, since the comments on the survey revealed a wide variety of job responsibilities, future studies could compare the American School Counselor Association's job description to that of an active school counselor. Finally, since this study was conducted at the end of the school year, future researchers should conduct a longitudinal study analyzing the change in components of compassion fatigue from the beginning of the school year to the end of the school year.

Conclusion

The findings of this study suggest that public PK-12 school counselors in Oklahoma experience moderate levels of burnout, moderate levels of secondary traumatic stress, and moderate levels of compassion satisfaction. This study found that low to medium perceived administrative support is associated with high burnout, high secondary traumatic stress, and low compassion satisfaction, which according to the *ProQOL-5* manual (Stamm, 2010), in combination represents the highest risk for compassion fatigue. Support from administration might make a major difference in a school counselor's roles and responsibilities. Throughout my time as a school counselor, I was under five different principals. Some were excellent and would go above and beyond to help my position, while others would completely ignore me. From my perspective, Oklahoma public school counselors' roles do not match that of what the American School Counselor Association states, which has possibly led to these unsettling findings. In my experience, school counselors are often expected to take on any responsibility that the principal does not want to do. In addition, some school counselors are responsible for testing, which, from my experience, takes up so much of your time that during that testing season you rarely have a chance to speak to a student, let alone help him or her. Moving forward, it is imperative for the well-being of our school mental health providers that administrators receive significant training on school counselors' roles and responsibilities and that school counselors are allowed to do the work of a school counselor.

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Appendix A

Professional Quality of Life-5 Survey

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 *[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.

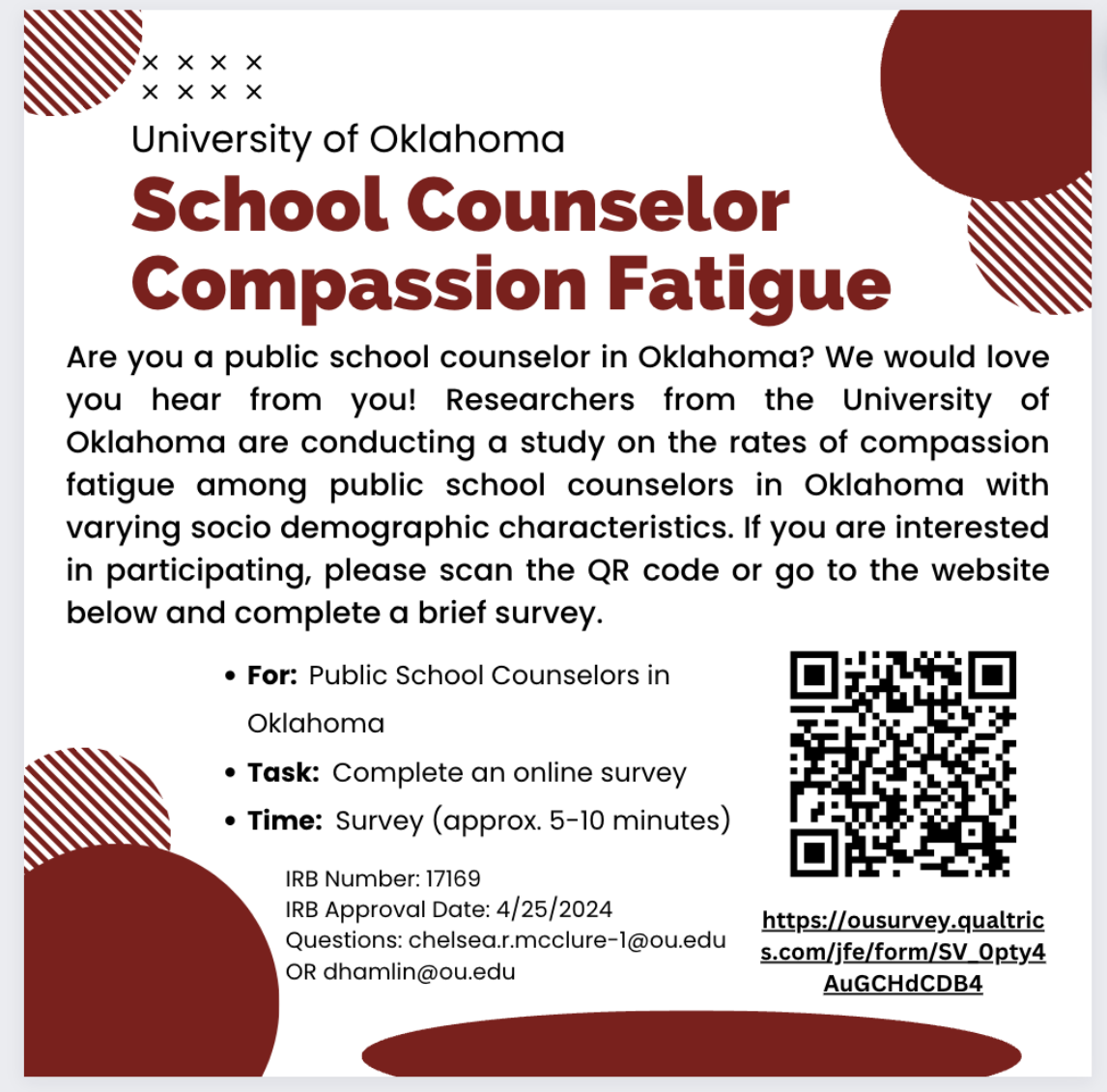
Appendix B

Inaccuracies in Data List

Inaccurate School Counselor's Name	**Inaccurate School Counselor's District**	**Inaccurate School Counselor's Position**	**Corrected School Counselor's Name**	**Corrected School Counselor's District**	**Corrected School Counselor's Position**
Victoria Moore	Haskell	Mary White Elementary Counselor	Sandra Salazar	Haskell	Mary White Elementary School Counselor

Appendix C

Facebook Recruitment



Appendix D

IRB Approval

The UNIVERSITY of OKLAHOMA

Institutional Review Board for the Protection of Human Subjects

Approval of Initial Submission – Exempt from IRB Review – AP01

Date: April 25, 2024 **IRB#:** 17169

Principal Investigator: Chelsea R McClure

Approval Date: 04/25/2024

Exempt Category: 2

Study Title: CARRYING THE WEIGHT: A QUANTITATIVE ANALYSIS OF COMPASSION FATIGUE AMONG SCHOOL COUNSELORS

On behalf of the Institutional Review Board (IRB), I have reviewed the above-referenced research study and determined that it meets the criteria for exemption from IRB review. To view the documents approved for this submission, open this study from the *My Studies* option, go to *Submission History*, go to *Completed Submissions* tab and then click the *Details* icon.

As principal investigator of this research study, you are responsible to:

- Conduct the research study in a manner consistent with the requirements of the IRB and federal regulations 45 CFR 46.
- Request approval from the IRB prior to implementing any/all modifications as changes could affect the exempt status determination.
- Maintain accurate and complete study records for evaluation by the HRPP Quality Improvement Program and, if applicable, inspection by regulatory agencies and/or the study sponsor.
- Notify the IRB at the completion of the project.

If you have questions about this notification or using iRIS, contact the IRB @ 405-325-8110 or irb@ou.edu.

Cordially,

Aimee Franklin, Ph.D.
Chair, Institutional Review Board

Appendix E

Permission to use ProQOL-5

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

chelsea.r.mcclure-1@ou.edu

Name

Chelsea McClure

Organization Name, if applicable

University of Oklahoma

Country

United States

Please tell us briefly about your project:

The purpose of this study it to investigate the rate at which school counselors with varying sociodemographic characteristics experience compassion fatigue. A quantitative design will be use to explore risks of compassion fatigue among school counselors.

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

We will be working with public school counselors in Oklahoma.

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.