INTRODUCTION

- Disasters and other critical incidents can affect disaster behavioral health (DBH) professionals.
- Compassion fatigue (CF) is the “cost of caring” (Figley, 1995). Burnout (BO) is a more chronic aspect of CF and is prevalent in the helping professions (Maslach & Jackson, 1984; Craig & Sprang, 2010). Compassion satisfaction (CS) refers to the fulfillment one receives from helping others (Stamm, 2002).
- Resilience (RS) is one’s ability to function across time after exposure to trauma or loss (Bonanno, 2008).
- Strong association between CF, BO and CS among DBH workers (Sprang et al., 2007; Stamm, 2010; Cieslak et al., 2013). Limited studies on how RS is related to these variables.

Purpose of the Study

- Identify prevalence of CF among sample of DBH workers in Michigan. Examine how CF, BO and CS are related to resilience. Examine how CF is affected by RS in a way that reduces BO.

METHOD

Participants

- 139 DBH professionals who attended the 2013 Fostering Resilience in the Aftermath Conference held in Lansing, Michigan
- 23% were male; 77% were female
- 34% between ages 50-59; 21% ages 30-39; 21% ages 60 or older; 20% ages 40-49; 4% ages 20-29
- Most frequent professions: Social Work (n = 40); Nursing (n = 22); Public Health (n = 19)

Measures

- Professional Quality of Life Scale (ProQOL) – 30 items rated on 5-point Likert scale (Stamm, 2010). Measures CF, BO and CS.
- The 14-Item Resilience Scale (RS-14) – 14 items rated on a 7-point Likert scale (Wagnild, 2010).
- Demographic questionnaire.

RESULTS

- 72.2% had ProQOL scores indicative of CF; 18.0% had ProQOL scores indicative of BO; 40.4% had ProQOL scores indicative of CS.
- 73.4% had a range of RS-14 scores between moderately low to moderately high resilience.
- Significant negative correlations were found between BO and RS, r (137) = -.62, p < .01, r² = .38; CF and RS, r (137) = -.31, p < .01, r² = .10 (see Table 1).
- Mediation analysis revealed that subjects reporting higher levels of CF were more likely to report greater BO. The relationship was partially explained by the involvement of RS. Subjects who reported lower CF reported higher RS and, in turn, resilient subjects reported lower BO (see Figure 1).

DISCUSSION

- Results showed that the relationship between CF and BO was moderately mediated by RS.
- RS has a strong influence on BO.
- A major implication of this study is the importance of utilizing resilience-building “best practice” strategies among DBH professionals to help reduce the negative impact of CF and BO.

REFERENCES

- See attachment