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Factors Associated with Compassion Fatigue in Academic Advisors in Higher Education

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This is to certify that the doctoral study by

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Walden University
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Abstract

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MS, St. Cloud State University, 2016

BS, St. Cloud State University, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Walden University

August 2021

Abstract

The problem investigated in this study is the high attrition rate in academic advisors (AA) that may be caused by compassion fatigue (CF). The purpose of this quantitative study was to address the high attrition rate in AAs by exploring the association between CF in AAs in higher education institutions across the United States and the associated factors education level, cohort size, and years in the profession. Guided by the National Academic Advising Association academic advising core competencies framework, the research questions explored if the associated factors predicted CF in AAs. The Professional Quality of Life (ProQOL) and a demographic questionnaire were administered to 125 AAs across the United States to identify the CF level as well as education level, cohort size, and years in the profession. A chi-square test of independence was planned to use but the statistical assumption could not be met because some of the groups did not experience CF. Therefore, data anlaysis plan was replaced by a multiple linear regression analysis. Multiple regression was used to predict CF from education level, cohort size, and years in the profession. The multiple regression model was significant with CF, F (3, 123) = 3.807, p =.012, adj. R^2 = .079, revealing that the cohort size is a statistically significant factor in influencing CF in AA. Therefore, positive social change can be accomplished when the results of this study are shared with higher education administrators and leaders to emphasize the significance of the assigned cohort size to each AA. In the long term, a higher education institution might consider adjusting AA's workload accordingly.

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Dedication

I would like to dedicate this dissertation to the wonderful and supportive people in my life. First, to Dustin, you probably thought I was crazy for pursuing this degree, but you stood by my side along the way, reminded me of how great this accomplishment will be, and pushed me to keep working on it. To my parents, who have always encouraged me to keep pushing further and reaching the stars. To Grandma Malchow and the late Grandpa Malchow for consistently checking in on me and my education progress throughout my life and encouraging me to go and get the next degree. To my Grandma Kay, who continues to remind me in her handwritten letters to remind me of how proud she is of me. Lastly, I dedicate this dissertation to my friends that I have maintained close relationships throughout my life's milestones and continue to cheer me on through this endeavor. I do not know that I would have made it this far without all of you, and thank you all for the encouragement to keep moving forward.

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Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

Compassion fatigue (CF) negatively influences professionals in the helping industry (Cocker & Joss, 2017; Figley, 1995; 2002; Raimondi, 2019; Stamm, 2010). Initially studied by Figley (1995), CF is a phenomenon that develops over time in helping professionals when they experience both burnout (BO) and secondary traumatic stress (STS). A helping professional's ability to provide empathetic services decreases when experiencing CF (Raimondi, 2019). Higher education professionals are categorized within the helping professional field (Daunt, 2016). In higher education, academic advisors (AA) are the academic caretakers for students (Huebner, 2011). CF not only affects the helping professional, it also influences those they serve such as patients, clients, and students (Cocker & Joss, 2016). The AA role creates opportunities for students to build a personal and consistent relationship with a university representative who shows genuine concern and care for them (Miller, 2016). This kind of student engagement increases student success (Astin, 1999).

In this chapter, the following topics are discussed: The background, problem statement, the purpose, the research questions and hypotheses, the theoretical framework, the nature of the study, definitions, assumptions, scope and delimitations, the limitations, and the significance. Student academic success may lead to positive social change for students, universities, communities, and society. Increasing student engagement and academic success can promote positive social change with students gaining a higher education.

Background

CF was first coined as a term by Joinson (1992) while discussing a phenomenon observed in nurses. It negatively influences helping professionals exposed to STS (Figley, 1995; 2002; Stamm, 2010). Figley (2002) defined STS as exposure to another person's traumatic experiences. Cocker and Joss (2016) found that CF can negatively influence helping professionals' mental health, physical health, wellbeing, and safety. There are cognitive, emotional, spiritual, behavioral, and physical symptoms when CF is present (Figley, 1995, 2002; Stamm, 2010). When a helping professional is experiencing CF, they begin to question if they are competent (Figley, 1995, 2002; Stamm, 2010). Additionally, the helping professional may experience apathy, a critical outlook, avoidance, increased errors, and absenteeism (Figley 1995, 2002; Stamm, 2010).

In recent research, some factors influencing CF in other helping professionals examined are: education level (Alharbi et al., 2019; Hunsake et al., 2014; Walden et al., 2018; Yang & Kim, 2012; Yılmaz & Üstün, 2019; Zhang et al., 2017;), caseload/cohort size (Baugerud et al., 2018; Flarity et al., 2016; Graystone, 2019; Kelly, 2020), and years in the profession (Denne et al., 2019; Kelly et al., 2015; Mattioli, 2018; O'Callaghan et al., 2020; Shingler-Nace et al., 2018, Turgoose & Maddox, 2017). I used the associated factors in past research as guidelines. This study focused on the association between compassion fatigue in AA (dependent variable) and the following independent variables: education level, cohort size, and years in the profession. These independent variables are further explored in Chapter 2.

The current literature focuses on CF in specific helping professions, such as nursing, social work, and mental health professionals. However, the literature focused on CF in AAs is sparse (Raimondi, 2019). Ali and Johns (2018) noted that AAs might develop CF over time due to emotional, physical, and spiritual exhaustion. By exploring if there are associations between compassion fatigue in AAs and education level, cohort size, and years in the profession, leaders in academic advising can better understand compassion fatigue and the factors that influence it.

Problem Statement

The problem studied is the high attrition rate in AAs that may be caused by compassion fatigue. The associated factors are education level, cohort size, and years in the profession. Although there are no national studies that examine the associated factors influencing CF in AA, the associated factors have been examined influencing CF in the nursing, social work, and mental health professionals (Graystone, 2019; Kelly, 2019; Mattioli, 2018; Turgoose & Maddox, 2017; Zhang et al., 2017).

CF has led to increased attrition in helping professionals (Dobbs, 2009; Raimondi, 2019). AAs experience high attrition rates (Toman, 2016). At a local university located in the western United States, Toman (2016) reported that between 2014-2015 the university employed sixteen AAs. In one year, 4 of the 16 advisors quit, and 5 of the 16 moved to new university areas. CF research on higher education professionals is sparse (Raimondi, 2019), although CF is well researched in other helping professions (Baek e al., 2020; Cetrano et al., 2017; Craig & Sprang, Flarity, 2016; 2010; Kelly, 2020).

Attrition in AA has multi-level effects. Students are negatively affected by AA attrition. Toman (2016) noted that it can take upwards to three months to hire and train a new AA when one advisor moves or leaves. This requires reallocating students to remaining AAs, which influxes the cohort size and requires resources for hiring and training (Toman, 2016). Additionally, students rely on their AA to provide empathy, compassion, and genuine care (Ali & Johns, 2018; Duan, 2016). Consequently, there is an increase in students enrolling in higher education with emotional issues (Brunner et al., 2014).

Cocker and Joss (2016) found that CF can negatively influence helping professionals' mental health, physical health, wellbeing, and safety. The gap in practice is the lack of research into the factors influencing CF in AA leading to attrition. The study investigated the association between CF and education level, cohort size, and years in the profession. The findings may be able to retain AAs and reduce CF in AA. Academic leaders should be aware of these associations to support their AAs better and reduce attrition (Shingler-Nace, 2018).

Purpose of the Study

The purpose of this quantitative study was to explore the association between CF in AAs in higher education institutions across the United States and the associated factors of education level, cohort size, and years in the profession to reducing attrition in AAs.

The dichotomous dependent variable is whether the participant has CF or not. The following independent categorical variables were examined: education level, cohort size, and years in the profession, and their association with compassion fatigue in AAs. They

were categorized by bachelor's degree, master's degree, and doctorate degree for education level. Higher education institutions have different minimum education requirements across the nation, requiring a bachelor's degree and others a master's degree (Miller, 2019). Some universities offer a doctorate degree in academic advising (Kansas State, 2020). Cohort size were categorized by small (0-250 students), medium (251-500 students), large (501-750 students, and extra-large (751+ students). Nationally, universities and colleges average 300 to 450 students per advisor, but locally at a university in the mountain west averages 600 students per advisor (Toman, 2016). Petracca (2019) noted that a public research college in the upper Midwest had about 1,200 students per advisor. The third associated factor, years in the profession, is grouped into four groups, Early Career (0-5 years), Mid-Career (6-10 years), Experienced (11-19 years), and Late Career (20+ years) (Payscale, 2020).

The research found that these independent variables are associated with CF in other helping professionals. Mattioli (2018) found that new nurses with more education were more at risk of experiencing CF. Mattioli (2018) also found that the higher the nurse-to-patient ratio, the higher the likelihood of nurses experiencing CF. Turgoose and Maddox (2017) studied mental health professionals, and it was also found that those with less work-related experience reported higher CF levels. Turgoose and Maddox (2017) found that a higher caseload and more patients are seen per week also increased the likelihood of mental health professionals experiencing CF.

Research Questions and Hypotheses

RQ1: What is the association between education level and CF in AAs?

$H1_0$: There is no association between education level and CF in AAs.

$H1_A$: There is an association between education level and CF in AAs.

RQ2: What is the association between cohort size and CF in AAs.

$H2_0$: There is no association between cohort size and CF in AAs.

$H2_A$: There is an association between cohort size and CF in AAs.

RQ3: What is the association between the years in the academic advising profession CF in AAs.

$H3_0$: There is no association between the years in the academic advising CF in AAs.

$H3_A$: There is an association between the years in the academic advising profession CF in AAs.

Theoretical Framework

Literature defines CF as a phenomenon that occurs when a helping professional is experiencing high levels of BO and STS at the same time (Figley, 1995, 2002). The Global Community for Academic Advisors (NACADA) is a global professional affiliation for AAs in higher education. The association's Professional Development Committee created the NACADA Academic Advising Core Competencies Model (2017), which also applies to primary role advisors. "The purpose of the model is to identify the broad range of understanding, knowledge, and skills that support academic advising, to guide professional development, and to promote contributions of advising to student development, progress, and success" (NACADA, 2017 para. 1). The NACADA Academic Advising Core Competencies are intended for primary role advisors, faculty

advisors, advising administrators, advising supervisors, managers and mentors, learning professionals, trainers, and researchers (NACADA, 2017).

The NACADA Academic Advising Core Competencies (NACADA, 2017) framework comprises three foundational components for effective advising practice: conceptual, informational, and relational. NACADA noted that AAs need to understand these content areas to have the knowledge and skills to be an effective AA for their students. Conceptual competency consists of the concepts that AAs must understand. The informational competency is the knowledge that AAs must master. Finally, relational competency consists of skills that AAs must demonstrate. The NACADA Core Competency theoretical framework was used to validate the competencies that AAs must implement to do their job effectively. If AA is experiencing CF, they may not demonstrate the core competencies that NACADA created.

Nature of the Study

A quantitative correlational design was conducted using a chi-squared test of independence. A quantitative study was appropriate because it showed which of the three associated variables influence CF in AAs. The AA completed the ProQOL, and the scoring indicated that the AAs who participated in the study are not experiencing CF. The Professional Quality of Life (ProQOL) measures three areas: compassion satisfaction (CS), BO, and STS. The ProQOL results are a numerical score for each area to determine if they experience CS, BO, or STS in the last 30 days. If they scored 22 or less in CS, BO, or STS, their level for that area is low. If they score between 23 and 41 in CS, BO, or STS, their level is moderate for that area. If they score 42 or more in CS, BO, or STS,

their level is high for that area. If they score high in both BO and STS, they are experiencing CF. Demographic questions identifying education level, cohort size, and years in the profession will use statistical analysis to answer the research questions.

The dichotomous dependent variable is whether the participant is suffering from CF or not. A chi-square test of independence was used to analyze the association between CF in AA and education level, cohort size, and years in the profession. This study was unable to expose the independent variables associated with having or not having CF, as the 124 participants are not experiencing compassion fatigue.

Definitions

Academic advisor: The academic caretaker of students in higher education (Huebner, 2011). The AA is the one university representative that students must meet who shows genuine concern (Cueseo, 2003; Miller, 2016). AAs help students plan out their courses, provide academic guidance for success, discuss major and career exploration. Participants for this study are AAs across the United States in various institutions, including, but not limited to, community colleges, technical colleges, 4-year public universities, 4-year private institutions, and for-profit colleges.

Compassion fatigue: A phenomenon related to the emotional and physical exhaustion that helps professionals and caregivers experience over time (Figley, 2012). Over time, helping professionals may experience desensitization to individuals' traumatic experiences, decreased quality services, increased errors, apathy, and absenteeism (Figley, 2012). CF can boil over into the helping professionals' home life, increasing stress at home, social isolation, and divorce (Figley, 2012). Figley (2012) also noted that

CF “attacks the very core of what brings helpers into this work: their empathy and compassion for others” (p. 4).

Professional burnout: A psychological syndrome stemming from a prolonged response to chronic stressors from work (Maslach & Leiter, 2016).

Secondary traumatic stress: A phenomenon occurs when individuals are indirectly exposed to another person’s traumatic event and become traumatized by that event (Figley, 2012).

Assumptions

It is assumed that AAs will complete the survey truthfully. Additionally, it is assumed that AAs are experiencing CF at a higher rate due to the COVID-19 pandemic. Students may be sharing their experiences or traumatic experiences caused by COVID-19. COVID-19 may also be affecting students' ability to be academically successful, thus increased the need to meet with their AAs.

Scope and Delimitations

This study focused on AAs across the United States in various institutions, including, but not limited to, community colleges, technical colleges, 4-year public universities, 4-year private institutions, and for-profit colleges. The scope of the study is to focus on the factors that influence CF in AAs. Consequently, this study's findings will not reveal if AAs are at a higher risk of experiencing CF based on the type of institution where they work.

Limitations

A limitation of the study was that the respondents to the survey are not representative of the whole population of AAs. Some AA may be overworked and experiencing high-stress levels to the extent that they do not have time to complete the survey. Additionally, those who are overworked and have high-stress levels and participate may respond with increased negativity as they cope with CF. Additionally, Professional Quality of Life (ProQOL) is self-assessed, and advisors may not acknowledge that their work negatively affects them. Thus, resulting in a small sample size of AA in the United States participating in the study.

Significance

This quantitative research study tested which of the following factors, education level, cohort size, and years in the profession, significantly influence CF in AAs. CF's negative influence is important because it may AAs' health, wellbeing and work with students in higher education. CF can have cognitive, emotional, spiritual, behavioral, and somatic/physical symptoms (Stamm, 2010). These symptoms can lead to poor decision-making, lack of self-confidence, errors, apathy, avoidance, and a critical outlook (Stamm, 2010). Anderson et al. (2014) identified AAs as a pivotal role in higher education as the role continues to evolve. AAs' professional quality of life may influence students' positive collegiate experience, student retention, graduation rates, and a reflection of the institution (McElwee, 2017). Academic advising models vary by universities and colleges. Some universities have advisors reaching out to students, whereas other universities have students reaching out to advisors. Students may reach out to their

advisor for academic guidance or support, handling unmanaged stress (Ali & Johns, 2018; Daut, 2016; Raimondi, 2019).

Understanding how the factors in this study influenced CF in AAs can help academic advising leaders implement preventative practices to help combat CF. The results of this study will provide insight into which factors, if any, contribute to CF in AAs. In conclusion to Mattioli's (2018) study, it was noted that CF's leadership awareness could prevent and reduce CF by implementing evidence-based interventions.

Summary

AAs are the academic caretakers of students in higher education (Huebner, 2011). Although research regarding CF in helping professionals has gained attention, there is still a need to examine CF in AAs (Raimondi, 2019). Therefore, this study focused on examining factors that contribute to CF in AAs. The findings from this study shed light on the factors that may influence CF in AAs.

In Chapter 2, peer-reviewed research is summarized and synthesized as a basis for this study. Additionally, the chapter covers recent relevant research regarding CF, AAs, and the theoretical framework used to frame and ground the study.

Chapter 2: Literature Review

The problem under study is the high attrition rate in academic advising that may be caused by compassion fatigue and the associated factors of education level, cohort size, and years in the profession (see Dobbs, 2009; Raimondi, 2019). The associated factors of education level, cohort size, and years in the profession have not been studied nationally on AA; however, they have been studied in the nursing, social work, and mental health professions. AAs are the academic caretakers for students in higher education (Huebner, 2011). The literature review will include research within nursing, social work, mental health professionals, counselors, and AAs. The review of the literature will have three main focus areas: (a) AA, (b) CF, and (c) associated factors influencing CF.

Literature Search Strategy

I searched for literature to review for this study by using the Walden University Library to locate peer-reviewed articles, eBooks, and journals. I also branched out to search the Global Community for Academic Advising (NACADA) journal database, Academia, and Google Scholar. The search started broad on the topics of CF. It became evident that there was little literature showing AAs as susceptible to CF. Searching the Thoreau database in the Walden Library using the keyword phrases of *academic advisors* in the top search bar and *compassion fatigue* in the second search bar; yielded zero results. Searching *compassion fatigue* on its own in the Walden University Library generated 6,610 different sources, whereas *academic advisors* generated 5,024 sources when used as the only search item. It was important to set parameters on the searches to

limit the results to relevant literature. The first parameter I set was limiting the searches to academic journals, eBooks, and dissertations published from 2016 to the present day. Keywords used in the literature search included *academic advisor*, *compassion fatigue*, *burnout*, *secondary traumatic stress*, *attrition*, *higher education*, and *student affairs professionals*. The NACADA database generated 10 sources. Both NACADA and the American College Personnel Association (ACPA) had archived presentations that members presented at their regional and national conferences on CF. These presentations provided me with vital information, and I also reviewed the sources used to develop their presentations.

Theoretical Framework

CF is defined as a phenomenon that occurs when a helping professional is experiencing high levels of BO and STS at the same time (Figley, 1995, 2002). The NACADA is a global professional affiliation for AAs in higher education. NACADA formally defined the academic advising profession in 2003 (Cook, 2009). NACADA provides regional, national, and global conferences, AAs resources; quarterly journals for its members; webinars; and research surrounding academic advising. The association's Professional Development Committee created the NACADA (2017) Academic Advising Core Competencies Model. The model explains that "The purpose of the model is to identify the broad range of understanding, knowledge, and skills that support academic advising, to guide professional development, and to promote contributions of advising to student development, progress, and success" (para. 1). The NACADA Academic Advising Core Competencies are intended for primary role advisors, faculty advisors,

advising administrators, advising supervisors, managers and mentors, learning professionals, trainers, and researchers. The NACADA Academic Advising Core Competencies framework comprises three foundational components for effective advising practice: conceptual, informational, and relational. NACADA (2017) noted that AAs must understand these content areas to have the knowledge and skills to be an effective AA for their students.

Conceptual

NACADA (2017) identified the conceptual component as the context for the delivery of academic advising. The conceptual component covers the concepts that AAs must understand. The conceptual component has competencies in six areas that AAs must understand. and practice: (a) the history and role of academic advising in higher education, (b) NACADA's Core Values of Academic Advising, (c) other theories relevant to academic advising, (d) advising strategies and approaches used in academic advising sessions, (e) the expected outcomes derived from academic advising, and (f) the equitable and inclusive environment in which advising occurs (NACADA, 2017).

Informational

The informational component covers the substance of academic advising and knowledge that AAs must master (NACADA, 2017). Not only does this component cover the ability to provide accurate information to the student, but it also ensures that AAs have the knowledge to guide students and provide effective academic advising at their institution (NACADA, 2017). The informational component is composed of seven competencies. First, AAs must have knowledge of their institution's history, vision,

mission, values, and culture. One of the more obvious competencies that an AA must have is knowledge of curriculum, degree programs, academic requirements, and options available to students. Additionally, AAs must have knowledge of their institution's policies, procedures, rules, and regulations. Although the first three competencies mentioned above for the informational component are institution-specific, it is also important that AAs have knowledge of the legal guidelines within the field of academic advising, including privacy and confidentiality. AAs must also have knowledge of the needs, characteristics, and experiences of their student populations to best serve them. As AAs meet with students, they may not provide them everything that the student may need, so the AA needs to be aware of campus and community resources that will help support students' academic and personal success (NACADA, 2017). The final competency is knowledge of information technology that is applicable and relevant to the academic advising role.

Relational

The third and final component is relational, which includes skills that AAs must demonstrate (NACADA, 2017). AAs must have the ability and skills to convey the concepts and information from the two other components to their students. The relational component is also composed of seven competency areas. First, AAs must have the ability to articulate their personal academic advising philosophy. It is also essential for AAs to have the ability to create rapport and build trust with their students, which leads to academic advising relationships. With rapport and trust comes an ability to engage in inclusive and respectful communication with students. The communication must be clear,

and the AA must plan, conduct, and maintain successful academic advising sessions. Additionally, the AA must have the ability to ensure students' understanding of the curriculum and the logic and purpose of the curriculum. AAs must also facilitate decision-making, problem-solving, planning, meaning-making, and goal setting with students. The final competency is engaging in ongoing assessment and development of self and the practice of academic advising (NACADA, 2017).

The NACADA (2017) Academic Advising Core Competencies model aligns with the factors influencing CF in AAs. The education level that an AA has plays into both the conceptual and informational competencies. For instance, graduate programs focus on higher education professions and identify student development theories, strategies, and approaches when working with students in higher education, as well as federal, state, and local legal guidelines for higher education institutions.

The cohort size in which an AA has may also influence the AAs' ability to meet the NACADA (2017) Core Competencies. The more students an AA has, the less ability they have to create rapport and build academic advising relationships with each student because their time per student may be limited. Consequently, the AA may not meet any of the relational competencies. The advising sessions become transactional interactions to get the student in-and-out so the advisor can meet with the next student.

The number of years an AA has worked in the profession may also influence their abilities to practice the NACADA (2017) Academic Advising Core Competencies. The relational competency encourages ongoing assessment and development of self and the advising practice (NACADA, 2017). Ali and Johns (2018) suggested that AAs must

reflect on their own well-being because it directly influences their interactions with students.

Academic Advisors

Students often build a consistent and personal relationship with their AAs (Cueseo, 2003; Miller, 2016). Academic advising is essential to an institution because it affects students' retention, satisfaction, and success (Zhang et al., 2019). The AA needs to possess a high level of emotional intelligence and interpersonal communication skills (Lee & Metcalfe, 2017; McDonald, 2019; Taylor et al., 2018). Zhang et al. (2019) noted that many students show up to their AAs' offices ill-prepared and wanting to be told what to do. These expectations and unpreparedness can lead to transactional interactions that do not foster a relationship between the advisor and student. Research has shown that AAs who build relationships and rapport with their students increase student retention and academic success (Evans et al., 2019; Lee & Metcalfe, 2017; McDonald, 2019; Zhang et al., 2019).

Academic advising models vary across institutions and have changed over time. In the most recent survey from NACADA (2013), 53.6% of respondents indicated that their campuses share academic advising duties between professional AAs and faculty advisors. Academic advising dates back to the 17th century but was not formally defined until 2003 by NACADA (Cook, 2009). Academic advising has evolved from the institution's president guiding peer advising to faculty advising and professional academic advising (Cook, 2009). Since then, the role of academic advising has continued to evolve, increasing expectations and duties (Aydın et al., 2018).

Academic advising can be a rewarding career and provide self-fulfillment when students academically succeed and graduate (Miller, 2016). For example, AAs experience watching students develop from when they first start their higher education journey to when they complete it. Even though the practice of academic advising can look different at each university, the end goal is always to better the student experience by providing accurate guidance through their programs and increasing student graduation rates. Other titles used for AAs are academic coach, student success advisor, and academic counselor.

Role of Academic Advisor

There are many academic advising models and roles the AA can play (Miller, 2016). Although their function varies from one institution to another, all AAs are frontline, student-support professionals who support students' academic success (Lee, 2018; Lee & Metcalfe, 2017). AAs play a crucial role in students' development, learning, retention, and perseverance in achieving their academic goals (Miller, 2016; Spratley, 2020). There is not a universal definition for the role of academic advising, which can create an interpretation of what the role consists of by each institution (Larson et al., 2018). AAs' effectiveness can be hindered by students, faculty, and administrators that do not fully understand the role of AAs (Larson et al., 2018; Lee & Metcalfe, 2017).

One consistent role of the AA across institutions is providing one-to-one advising with students (Evans et al., 2019). AAs provide procedural information and information on courses and majors to students (McDonald, 2019). AAs must deliver accurate information regarding students' degree requirements and opportunities (Lee & Metcalfe, 2017). Additionally, AAs must be resourceful and provide their students with university

resources that may benefit students. For example, a student may express that they believe they are struggling academically and believe it may be due to an undiagnosed disability. The AAs can discuss the campus resources available that may benefit the student, such as the disabilities office and counseling center. In this example, the student felt comfortable enough with their advisor to discuss their situation honestly, so, had an established rapport and relationship. Additionally, the AA knew that the student's concern was outside of the advisor's focus and referred the student to campus resources that they believed would best be suited to helping the student. As this is a component of the academic advising role, the role requires soft skills and the ability to dig below the surface, which entails listening to students tell their story (Lee & Metcalfe, 2017; McDonald, 2019).

AAs must be aware of students' needs and hold difficult conversations to pause or terminate education if that is in the student's best interest (Lee & Metcalfe, 2017; McDonald, 2019). The AA should provide students with a holistic experience with the students' best interests in mind. AAs' skills must extend beyond course and career planning (Donaldson et al., 2016).

Compassion Fatigue

CF first appeared in literature when Joinson (1992) used the term to describe nurses who were burning out from their job and losing empathy and compassion for their patients. Figley (1995) formally defined CF (Figley, 1995). CF is a known phenomenon that affects helping professionals experiencing professional BO and STS simultaneously (Figley 1995, 2002; Stamm, 2010). Figley (1995, 2002) defined STS as exposure to

another person's traumatic experiences. The Mayo Clinic (2018) defined BO as work-related stress that leads to physical or emotional exhaustion, resulting in a loss of personal identity and a reduced sense of accomplishment.

CF manifests in helping professionals and causes a decreased ability to provide empathy and compassionate services (Hopwood et al., 2019). The phrase "one cannot pour from an empty cup" exemplifies CF. A helping professional will not help those they work with if their personal stores of compassion and empathy are empty. When a helping professional is experiencing CF, their helping hurts more than it assists (Figley 1995, 2002).

CF negatively affects the helping professional, the people they work with, their colleagues, and their institution (Cocker & Joss, 2016). CF can have cognitive, emotional, spiritual, behavioral, and somatic/physical symptoms (Stamm, 2010). These symptoms can lead to poor decision-making, a lack of self-confidence, errors, apathy, avoidance, and a critical outlook (Stamm, 2010). CF reduces helping professionals' ability to provide adequate services. In the case of AAs, this may have long-lasting effects on the students and their academic experience.

In the following subsections, professional BO and STS are described so the reader can understand the components that create CF.

Burnout

Maslach and Leiter (2016) defined professional burnout as a psychological syndrome stemming from a prolonged response to chronic stressors from work. An example of chronic stress that AAs face is back-to-back appointments with students and

insufficient time to prepare for each appointment (Ohrablo, 2019). Maslach and Leiter identified the three key dimensions of BO: exhaustion, increasing cynicism and detachment from the job, and lack of accomplishment or feeling ineffective. Each key dimension included emerging characteristics. The exhaustion dimension was an umbrella key dimension for depression, loss of energy, depletion, and fatigue (Maslach & Leiter, 2016; Menezes et al., 2017). The cynicism dimension comprises irritability; withdrawal; and a negative attitude towards others, especially clients (Maslach & Leiter, 2016). The inefficiency dimension comprises low morale, coping inability, and reduced productivity (Maslach & Leither, 2016).

The Mayo Clinic (2018) and the World Health Organization (2019) recognized BO as a medical syndrome stemming from chronic workplace stress that is not successfully managed. Employees experiencing BO lack enthusiasm and lose sight of their mission and the purpose of their work (Stelmokienė et al., 2019). Understanding the risks and factors of BO is just as vital as understanding the definition of BO.

In order to understand CF better, it is important to understand the risk factors of BO. Occupational well-being plays a critical role in job performance and human functioning (Bakker & Demerouti, 2018). Not only does BO affect job performance and human functioning, but it also increases attrition (Dobbs, 2009; Raimondi, 2019). Employees experiencing BO have increased contemplation of quitting their job (Begic et al., 2019; Malone, 2018).

Job demands are one factor that contributes to BO (Bakker & Demerouti, 2018). Melquíades Menezes et al. (2017) revealed that working time was significantly associated

with BO in higher education teachers. Furthermore, Melquíades Menezes et al. found an association between the number of students taught and increased job demand, and increased BO. Additionally, Begic et al. (2019) found that adverse changes in work culture, unsupportive supervisors and colleagues, low pay, and poor benefits increased job BO and intentions to quit. However, Begic et al. reported that having a supportive supervisor who uses humor was a protective measure to mitigate the negative effects of high-stress jobs.

Risk factors that lead to BO are associated with work demands, such as quantitative demands, work pace, and emotional demands (Bakker & Demerouti, 2018). Safety factors can also lead to BO, including personal resources, such as optimism and occupational self-efficacy (Bakker & Demerouti, 2018). Researchers have concluded that individual personality traits, self-efficacy, socio-demographic variables, and organizational variables lead to BO (Bakker & Demerouit, 2018; Cañadas-De la Fuente et al., 2015; Melquíades Menezes et al., 2017; Simionato & Simpson, 2018).

The BO levels of faculty and higher education professionals increase as the number of students they serve increases (Malone et al., 2018; Melquíades Menezes et al., 2017). Malone et al. (2018) suggested that higher education professionals and their supervisors work together and take measures to mitigate the negative stressors to reduce BO.

Secondary Traumatic Stress

STS occurs when an individual has been exposed to another person's traumatic events (Figley, 1995, 2002; Hensel et al., 2015; Stamm, 2010). Helping professionals are

in a role where they will be exposed to others' traumatic life events. STS derives from narratives or stories from those who experienced the trauma, and CF is a direct result of coming into contact with indirect or secondary trauma (Hopwood et al., 2019). STS negatively influences behavioral, emotional, and cognitive reactions (Erçevìk, 2019).

AAs can experience STS when working with students. For example, a student may experience a traumatic event during the middle of a term, and it begins to influence their academic work and benefit from university resources (Cox et al., 2015). The student comes to the AA's office to discuss the implications of not passing the course or withdrawing from the course. During this conversation, the student may disclose what traumatic event is leading to this decision. While the AA is intently listening to the student, they are being exposed to their trauma. The AA can take on that traumatic burden, despite not personally experiencing the traumatic event. Thus, the AA is experiencing STS.

STS is a natural reaction when exposed to another's traumatic experience (Craig & Strang, 2010; Figley, 2002; Ivicic & Motta, 2017; Erçevìk, 2019). STS has similar posttraumatic stress disorder symptoms (Benuto et al., 2018; Diehm et al., 2019; Figley, 1995; Hensel et al., 2015). It is important to note that some helping professionals exposed to trauma may not experience STS (Foreman, 2018; Hensel et al., 2015). Although STS cannot be avoided, it can be mitigated (Craig & Strang, 2010; Erçevìk, 2019).

STS symptoms influence those affected' professional and personal lives (Hensel et al., 2015; Cocker & Joss, 2016). Risk factors contributing to STS are the level of exposure (Diehm et al., 2019; Ivicic & Motta, 2017), years of experience (Diehm et al.,

2019; Hensel et al., 2015), age (Diehm et al., 2019; Hensel et al., 2015), and one's own personal trauma (Diehm et al., 2019). Icivic and Motta (2017) noted that low organizational satisfaction and job satisfaction leads to secondary traumatic stress.

There are negative consequences when STS is not addressed (Cocker & Joss, 2017; Foreman, 2018). Cynicism, anxiety, depression, and social withdrawal directly result when STS is not addressed (Foreman, 2018).

The evidence-based interventions and wellness activities that acknowledge the emotional demands that helping professionals may experience can decrease STS and BO (Foreman, 2018; Kinman & Grant, 2017). CF is present when the helping professional is experiencing STS and BO concurrently. CF does not occur overnight and occurs after some time (Figley, 2002). The associated factors with compassion fatigue were examined to understand which factors are associated with CF in AAs.

Factors Associated with Compassion Fatigue

There are known factors associated with CF in nurses, social workers, and mental health professionals. The known associated factors that have been studied in other helping professionals will be used as guides for this study. The associated factors that will be reviewed are education level, cohort size, and years in the profession.

Education Level

One factor that has influenced CF in helping professions is the level of education one holds. Some literature suggests that new nurses with more education were more at risk of experiencing CF (Mattioli, 2018; Wu et al., 2015). Walden et al. (2018) found that nurses who held a bachelor's, master's, or doctoral degree experience higher CF levels

than nurses with associate degrees. Alharbi et al. (2019) found that higher education levels were related to higher CF levels. Alharbi et al. also found that education was a significant factor in CF's resilience and overall potential risk.

However, some studies have contradicted Mattioli's (2018) and Alharbi et al. (2019) findings. These studies found that the higher education level increased resilience and lowered CF rates in nurses (Hunsaker et al., 2014; Ray et al., 2013; Ying-Ying et al., 2017). Additionally, in Yılmaz and Üstün's (2019) study, education level did not make a statistically significant difference in oncology nurses. Yang and Kim (2012) found that education level had inconsistent results in its CF study in nurses.

Given the inconsistencies of education level as a factor influencing CF in other helping professionals, it was crucial to study this further in AAs.

Cohort Size

For this study's purpose, AAs' caseload size will be referred to as cohort size. A cohort is a group of students pursuing a degree and assigned to an advisor (Schroeder & Terras, 2015). Academic advising systems vary across higher education institutions, thus resulting in different cohort sizes for AAs. The literature below will depict how caseload sizes in other helping professions influence CF.

A known predictor influencing CF in helping professions maintains a large caseload size (Baugerud et al., 2018; Chaverri, 2017; Flarity et al., 2016; Pirelli & Formon, 2020). A larger caseload size increases workload size, increased nurse-to-patient or counselor-to-client ratio, increased exposure to secondary trauma, and a hostile work environment (Graystone, 2019; Kelly, 2020; Yang & Kim; 2016).

Turgoose and Maddox (2017) found that a higher caseload and more patients are seen per week also increased the likelihood of mental health professionals experiencing CF. Mattioli (2018) also found that the higher the nurse-to-patient ratio increased the nurses' likelihood of experiencing CF. A higher nurse-to-patient ratio is due to increased workloads and understaffing (Mattioli, 2018). Additionally, Kelly (2020) noted that an increased workload and understaffing influences CF in nurses. Large caseload size results in increased patient contact (Pirelli & Formon, 2020). Turgoose and Maddox (2017) noted that higher caseloads for mental health professionals and increased patient contact would increase exposure to their trauma.

Research in other helping professions suggests that AAs would experience CF with increased cohort size. Current research translated to academic advising suggests an increased cohort size would result in increased student contact time. In terms of academic advising, increased student contact time results in the AA increasing their exposure to trauma. Additionally, research also suggested that a large cohort size also increases a larger advisor-to-student ratio, increasing the workload.

Years in Profession

The amount of time a helping professional spends in their field can influence CF. Studies have shown that younger nurses who had less experience were at a higher risk of developing CF (Mattioli, 2018; Shingler-Nace et al., 2018). Additionally, Turgoose and Maddox (2017) studied CF's literature in mental health professionals to better understand CF's factors. It was also found that those with less work-related experience reported

higher levels of CF (Turgoose & Maddox, 2017). Mooney et al. (2017) found that nurses who had more years of experience had lower CF levels.

However, Kelly et al. (2015) found that nurses with more years in the profession and nurses in the "millennial generation" were at higher risk of experiencing CF. Additionally, Denne et al. (2019) found that CF progressively develops over time with social workers. Social workers with more years in the profession were likely to experience CF (Denne et al., 2019). Denne et al. (2019) also found that as CF develops in social workers, their perceptions and standards of being a good parent lower, affecting the custodial decision.

The associated factor of years in the profession seems to vary across different helping professional fields. Thus, it is important to explore years in the profession of academic advising. If the study finds that AAs new to the field experience CF within the first five years, leadership can implement evidence-based interventions to help prevent CF. However, suppose the study finds that AAs are likely to experience CF after many years in the profession. In that case, leadership can implement evidence-based interventions to help prevent CF from occurring.

Attrition in Academic Advisors

The transition period can take away from opportunities for students to meet with their AA. Consequently, it increases other advisors' work before a new advisor is hired and trained (Toman, 2016). The high attrition rates also limit the opportunities for students to form trusting relationships with their advisor.

Additionally, Anapol (2016) found at a mid-Atlantic university that 11 AAs left the office within 14 months, and only two of the current six advisors had been at the university for more than a year. Anapol (2016) found that AAs felt they were overworked and 70% dissatisfied with the director. Anapol (2016) noted that high turnover in advising can be toxic in the field where job success depends on students forming long-term relationships with their advisors.

McGill et al. (2020) found that academic advising is continuing to emerge as a profession. However, new AAs have idealism when entering the field but face the reality of the role (McGill et al., 2020). The dissonance between idealism and reality leads to burnout and attrition in AAs (McGill et al., 2020).

Current literature discusses the high attrition rates in AAs (Anapol, 2016; McGill et al., 2020; Toman, 2016;). The high attrition rates' consequences create a heavy workload for the remaining AAs, including increased advisor-to-student ratios (Anapol, 2106; Toman, 2016). When an AA leaves the department, it takes time and resources to hire and train a new advisor (Toman, 2016). Additionally, students cannot form long-lasting relationships with their AAs if they are constantly reassigned to a new advisor. Thus, the student experience is negatively influenced (Toman, 2016).

Compassion Fatigue in Academic Advisors

AAs and other higher education professionals are viewed as helping professionals (Daunt, 2016). AAs are the academic caretakers of students in higher education (Huebner, 2011). CF exists in helping professionals (Figley, 1995; 2002; Stamm, 2010). AAs build relationships with students with empathy as its foundation (Raimondi, 2019).

As a result of an empathic relationship, AAs are susceptible to being emotionally influenced by students' trauma and problems (Raimondi, 2019). Ali and Johns (2018) found that AAs may develop CF over time due to emotional, physical, and spiritual exhaustion. The emotional, physical and spiritual exhaustion in academic advising is caused by witnessing and absorbing challenges students face (Ali & Johns, 2018). Students who build rapport and trust with their advisors may disclose traumatic events in their life to explain why their grades may be falling or struggling in courses (Cox et al., 2015). For example, a student may experience a significant loss in their life and may need to talk to someone about withdrawing from courses and proceeding into the next term. Additionally, the student may also need to talk about the loss and its influence on them with someone associated with the university. AAs support students through academic planning and must attend to the emotional needs of students (Malone et al., 2018).

Malone et al. (2018) noted that higher education professionals deal with emotional exhaustion due to attending to the student's emotional needs, which comes out as BO. AAs are at risk of being exposed to their students' trauma, which increases the likelihood of STS (Hensel et al., 2015; Diehm et al., 2019; Ivicic & Motta, 2017; Foreman, 2018). CF does not only negatively influence the AA, but it also negatively influences students, colleagues, and the institution (Cocker & Joss, 2016). For example, an AA experiencing CF may have increase absenteeism, apathy throughout the office, critical outlook, and increasing errors (Stamm, 2010). These actions that result from CF negatively influences the student experience. Additionally, it can create a hostile

environment for other advisors and increase other advisors' workload to correct mistakes and take on more students.

Summary and Conclusions

In conclusion, this chapter presented the need for CF in AAs to be explored. This chapter broke down CF and discussed the two components that makeup CF: BO and STS. This chapter also addressed the current research that indicates that CF exists in helping professionals and factors that influence CF in helping professionals. However, there is no current research literature on the factors that influence CF in AAs. This study examined the factors that influenced CF in other helping professions.

This chapter highlighted that CF exists in AAs. However, the associated factors with CF in AAs have not been studied nationally. The literature supports the need for further study in AAs (Raimondi, 2019). This chapter provided an opportunity to explore the gap in the research literature.

The role of AAs was also explored in this chapter. The role of AAs was a critical section. The discussion of an AA's role is vital to understand how the profession is susceptible to CF.

Additionally, the literature review identified and explored the theoretical framework that plays a role in CF. The NACADA Academic Advising Core Competencies (NACADA, 2017) was explored into its role in influencing CF and how the associated factors may prohibit AAs from achieving the NACADA Academic Advising Core Competencies.

Overall, this chapter highlighted research literature that supports the need for this study to be conducted. It examined each part of the study that needed to be considered with supportive literature to ensure that this study will contribute to current research.

Chapter 3: Research Method

The purpose of this quantitative study was to explore the association between CF in AAs in higher education institutions across the United States and the associated factors of education level, cohort size, and years in the profession. Initially, the plan was to conduct a chi-squared test of independence, however, not all statistical assumptions were met. The chi-squared test of independence requires at least 80% of the expected cells to contain at least five counts. With no participants indicating that they had CF, half of the Chi-square matrix has not met this minimum count. Consequently, a multiple linear regression was calculated to analyze education level, cohort size, and years in the profession, and their relationship towards CF in AA. This chapter includes information regarding the setting, research design, methodology, sample for the research, instrumentation, data collection, and data analysis. The data collection and procedure for analysis will also be discussed in this chapter. Additionally, this chapter covers threats to the data and ethical research practices to ensure that participants are protected, and the research is ethical.

Research Design and Rationale

Since the main purpose of this study was to investigate whether there was an association between the factors and CF in AAs, the study used a quantitative correlation design. A quantitative correlational design was an appropriate plan for this study as a quantitative approach is used when researchers want to identify an association or relationship (Creswell, 2012). In this study, the association between the categorical variables CF with the values yes/no and education level, cohort size, and years in the

profession was explored. ProQOL was administered to determine if AA are experiencing CF. Additionally, the survey was supplemented with a demographic questionnaire identifying the independent associated categorical variables of education level (bachelors, masters, and doctoral degree), cohort size (small, medium, large, and extra-large), and years in the profession (early career, mid-career, experienced, and late-career) will use statistical analysis to answer the research questions. Higher education institutions have different minimum education requirements across the nation, requiring a bachelor's degree and others a master's degree (Miller, 2019). Some universities offer a doctorate degree in academic advising (Kansas State, 2020). Cohort size was categorized by small (0-250 students), medium (251-500 students), large (501-750 students, and extra-large (751+ students). Nationally, universities and colleges average 300 to 450 students per advisor, but locally at a university in the mountain west averages 600 students per advisor (Toman, 2016). Petracca (2019) noted that a public research college in the upper Midwest had about 1,200 students per advisor. The third associated factor, years in the profession, was grouped into four groups, Early Career (0-5 years experience), Mid-Career (6-10 years), Experienced (11-19 years), and Late Career (20+ years) (PayScale, 2020). ProQOL identified that AAs were not experiencing CF.

Methodology

Population Selection

The population for this study was AA across the United States, working at 4-year public and private universities and colleges, 2-year community and technical colleges, and for-profit universities. Participants were not excluded as long as a participant's title is

academic advisor, academic coach, student success advisor, or academic counselor, and they work in a higher education institution. Participants were recruited from the 6,200 members of diverse social media networks for AA.

Sampling and Sampling Procedures

A voluntary response sample was used for this study, eliminating selection bias in this study. Those working as faculty advisors and part-time AAs were excluded from this study. Participant recruitment was through LinkedIn and networking groups on Facebook, such as NACADA Advising Community on Career Advising, NACADA – Academic Advising Administration Advising Community, Academic Affairs Professionals, and CCSD@SCSU (St. Cloud State University's College Counseling and Student Development alumni group).

The introduction to this study was posted in the social media networking groups with a link to the actual survey on SurveyMonkey, which addressed the inclusion and exclusion criteria before accessing the survey. The study was confidential and only allowed participants to participate once based off their IP address. This prohibited people from completing the survey more than once. A followed-up reminder was posted two weeks after the initial posting. Additionally, the survey closed after two months. The anonymous data were retrieved from SurveyMonkey and will be stored for 5 years.

The sample size for the chi-squared of independence with the power of .8, alpha of .05, a medium effect size, and degree of freedom of 3 is 121 (Cohen, 1992). The survey was closed after 124 participants responded from the 6,200 members in the social network, representing a 2% response rate.

Procedures for Recruitment, Participation, and Data Collection

Walden University's Institutional Review Board (IRB) granted permission before participant recruitment (Approval #01-26-21-0812484). Participants were recruited via social media using LinkedIn and Facebook through networking groups and pages once permission was granted. I also reached out to my alma mater's graduate program, College Counseling and Student Development at St. Cloud State University, to recruit former alumni in academic advising throughout the country and asked that they share the study. The initial social media post included a link to the anonymous survey.

In addition to completing the ProQOL measurement, participants also answered 3 demographic questions that asked for education level, cohort size, and years in the profession. I exported the data from SurveyMonkey into SPSS for data analysis. The data exported from SurveyMonkey is stored on my hard drive in a secured file that will remain accessible by myself and my committee for 5 years.

Instrumentation and Operationalization of Constructs

The ProQOL Measurement is used to measure if helping professionals experience compassion satisfaction, BO, and STS within the last 30 days of it administered. (Stamm, 2010). Figley designed the original measurement; however, it was completed by Stamm in 1996 to complete the concise manual for the ProQOL scale (Stamm, 2010).

The ProQOL is thirty questions long, ten questions focused on BO, ten questions focused on STS, and ten questions focused on CS. For each question, the respondent can choose a Likert scale ranging from 1 being never and 5 being very often (Stamm, 2010). Stamm (2010) indicated how each question is scored upon its answer and applied to

compassion satisfaction, BO, or STS. The ProQOL manual (Stamm, 2010) will indicate what is considered "low," "moderate," and "high." An individual is experiencing CF only if they score above 42 on both subscales, BO and STS. It is important to note that an individual can score high in STS or BO but low in the other. If that is the case, that individual is not experiencing CF. An individual can also score high in compassion satisfaction, which indicates the individual is not experiencing CF (Stamm, 2010). The ProQOL manual (Stamm, 2010) indicates interpreting scores, such as high STS but low BO and low compassion satisfaction.

Furthermore, it describes what this score may mean to the individual who received these scores. However, the ProQOL manual (Stamm, 2010) does not explain what moderate scores mean for the helping professionals. In this study, AAs who participated did not score high in either category, but many scored in the moderate range.

The ProQOL measurement had AAs reflect on their past 30 days. AAs received a score for compassion satisfaction (CS), BO, and STS. If a student scores high in BO and STS, they are experiencing CF. CF does not exist when the participant scores high in one area but low or moderate in the other. ProQOL has three scores for each area, low, moderate, and high. If a participant scores above 42 on BO and STS, it is considered high, and it is concluded that they are experiencing CF. However, if participants score high in only one area or highs in all three areas, they are not experiencing CF. Using SPSS v 25, all participants who score above 42 on BO and above 42 on STS will be labeled 1, suffering from CF in the past 30 days. Permission to use ProQOL was granted

as long as the author credited The Center for Victims of Torture and provided a link for ProQOL (Appendix A).

In Turgoose and Maddox's (2017) systematic literature review, most studies focused on CF used ProQOL to measure its existence. The ProQOL does require the individual to reflect on the past 30 days of their professional life, which may be hard for helping professionals to recognize they may be struggling and needing help (Campbell, 2013). Additionally, Stamm (2010) noted that ProQOL is stable across time, and if used across time, it needs to be considered what the changes mean if there are changes.

Validity and Reliability of ProQOL

The validity of ProQOL is noted as a "good construct validity with over 200 published papers" (Stamm, 2010, p. 13). Additionally, there have been over 100,000 articles on the internet (Stamm, 2010). ProQOL notes that of the 100 published research papers on CF, STS, and vicarious traumatization, about half utilized ProQOL or one of its earlier versions (Stamm, 2010). Stamm (2010) noted the following on its validity. The ProQOL survey measures three separate items, compassion satisfaction, BO, and STS. To ensure there is no overlap between the three scales, inter-scale correlations were run. For the correlations between CS and STS, and CS and BO, Pearson's coefficient was less than .4. There is a shared variance or overlap between BO and STS, with the Pearson coefficient being greater than .4 (r = .58). Stamm (2010) stated that although both constructs measure negative effects, STS measures fear, and the BO scale does not.

Data Analysis Plan

I retrieved the data from SurveyMonkey and exported it into SPSS for data analysis. A quantitative method established which of the factors are associated with CF in AAs in higher education. Analyzing data from ProQOL alongside demographic questions determined which factors influence CF in AAs.

A Pearson chi-squared test of independence will be conducted. Chi-squared tests of independence will be conducted three times to answer each research question. For CF and association of education level, the contingency matrix was used 2 by 3 with CF in the categories yes or no and education level in the categories bachelors, masters, and doctoral degrees. The contingency matrix will be 2 by 4 for CF and association of cohort size small, medium, large, and extra-large. Lastly, the contingency matrix will be 2 by 4 for CF and association of years in the profession (early career, mid-career, experienced, and late-career). Cramer's V test will be used to examine the effect size between categorical variables with the 2 by 4 and 2 by 3 matrices.

Threats to Validity

An internal threat to validity is history. The internal threat of history is unanticipated or external events during data collection (University of Minnesota, 2020). Before the study commenced, Coronavirus-19 (COVID-19) pandemic swept across the world. Throughout COVID-19, higher education institutions have temporarily shifted to remote learning and advising. Due to COVID-19, AAs may be facing new adversities contributing to CF that may not have been there before COVID-19.

This study faced two external threats, situational factors, and Hawthorne Effects. Situational factors are specific issues in which the research collected limited generalizability (University of Minnesota, 2020). Due to COVID-19, the research may limit generalizability as many AAs are working remotely, and it is uncertain when they will be able to return to their offices. Additionally, some AAs may be returning to their office but have additional stress or anxiety working face-to-face with students. Due to the COVID-19 pandemic and returning to the office, it would limit the study's generalizability. The AAs' students might have increased stress and anxiety due to the COVID-19 pandemic.

The Hawthorne Effect is an external threat to validity. Participants' reactions to being studied consequently altering the behavior resulting in altered results (University of Minnesota, 2020). The ProQOL measurement requires participants to reflect on the past 30 days from when the measurement is administered. Consequently, this may trigger some thoughts or feelings that may alter their responses because they are being studied, thus resulting in altered responses.

Ethical Procedures

Walden University's IRB approval process ensured that this study aligns with human participants' legal and ethical procedures. In this study, there were no known ethical issues, such as incentives or conflict of interest. Additionally, this study did not pose any known threats to the well-being of participants. Therefore, this study did not provide treatment or interventions that would influence participants' physical and psychological well-being. The participants in this study were treated according to the

American Psychological Association's (2017) ethical guidelines and the Belmont report (American Psychological Association, 2017).

The data collection was conducted anonymously with an online survey. Recruitment for participants was done through LinkedIn and through Facebook Groups. A link was provided for participants in postings calling for research participants, bringing them to the survey. No identifiable information was collected from participants. The survey's first question was a consent form; if participants click no, that concluded the survey. If participants click yes, they will continue with the survey. The consent statement informed participants that the study is voluntary, the general purpose of the study, requirements for participation, benefits of the research, and confidentiality.

All collected data was retrieved via SurveyMonkey and is stored in a secured file for 5 years on my hard drive. The data has been exported into SPSS v25 software will also be stored for 5 years. Data for this study will only be accessed by myself and the committee of this study.

Summary

Chapter 3 discussed the research methods that will be used in this study. This chapter reviewed the setting, research design and rationale, population selection, procedures for recruitment, participation and data collection, instrumentation, data analysis plan, threats to validity, and ethical procedures. This study was designed to explore the factors that influence CF in AAs in higher education. This chapter highlighted the perimeters in place for participants to ensure that higher education AAs are included if they reside in the United States. This study used the chi-squared test of independence to

analyze the data to see which factors influence CF in AAs. This chapter also addressed threats to validity and ethical procedures to ensure the study's validity and integrity.

In Chapter 4, I will explain the process of data collection. There will be a detailed explanation of the statistical analysis and procedures. Furthermore, the findings of the research will be discussed alongside tables and figures to illustrate the results.

Chapter 4: Results

The purpose of this quantitative study was to explore the association between CF in AAs in higher education institutions across the United States and the associated factors of education level, cohort size, and years in the profession in hopes of reducing attrition in AAs. This was done by examining the ProQOL score of participants to determine if CF was present or not and to identify participants' education level, cohort size, and years in the profession. This chapter includes descriptions of data collection procedures, data retrieval and analysis procedures, and the study results.

The following research questions and hypothesis were tested in this study:

Research Question 1: What is the association between education level and CF in AAs?

$H_0$1: There is no association between education level and CF in AAs.

*H*a1: There is an association between education level and CF in AAs.

Research Question 2: What is the association between cohort size and CF in AAs.

$H_0$2: There is no association between cohort size and CF in AAs.

H_a2: There is an association between cohort size and CF in AAs.

Research Question 3: What is the association between the years in the academic advising profession CF in AAs.

$H_0$3: There is no association between the years in the academic advising CF in AAs.

H_a3: There is an association between the years in the academic advising profession CF in AAs.

Data Collection

From Cohen's Power Primer (1992), alpha .05 and power of .80 with a medium effect size of .15 determined that this study would require a minimum of 121 participants with its three associated factors. The survey was posted on networking groups on Facebook and LinkedIn to recruit participants, such as NACADA Advising Community on Career Advising, NACADA – Academic Advising Administration Advising Community, Academic Affairs Professionals, and CCSD@SCSU (St. Cloud State University's College Counseling and Student Development alumni group).

I only recruited participants after receiving Walden University's IRB's approval (#01-26-21-0812484). Recruitment and data collection required 23 days on LinkedIn and Facebook, January 28, 2021-February 19, 2021, to obtain the required number of participants, 121. However, this study acquired 125 participants.

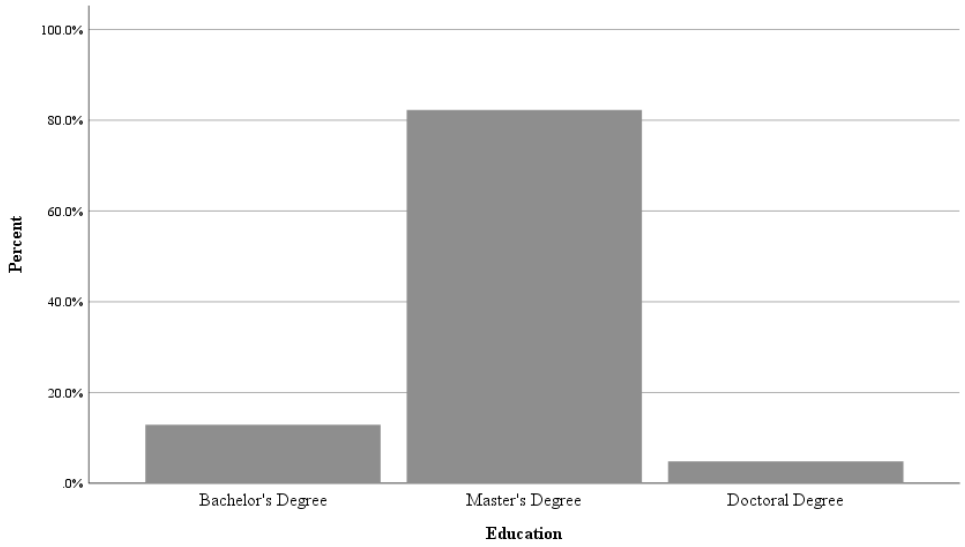
Data Analysis

ProQOL responses and demographic data was collected from all participants (n = 125) who responded yes to being a full-time AAs at 4-year public and private colleges and universities, 2-year community and technical colleges, and for-profit universities across the United States. The demographic questionnaire asked for participants' highest earned education degree, cohort size, and years in the profession. Calculating the results from every 125 participants based on the directions in the ProQOL Manual (Stamm, 2010), it was determined that none of the participants were experiencing CF. From the demographic questionnaire, there were participants in all three levels of education, four levels of cohort sizes, and four levels of years in the profession. See Figures 1, 2, and 3

for the responses to the demographic questionnaire that identifying the education level (ordinal), cohort size (ordinal), and years in the profession (ordinal).

Figure 1

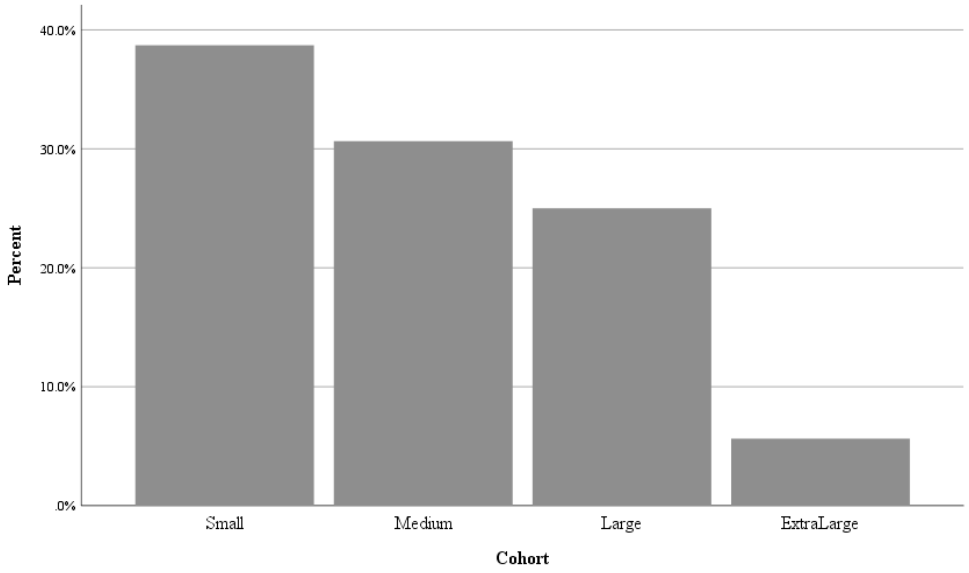
Bar Graph – Education Level



Note. Percentages of participant's responses for their education level.

Figure 2

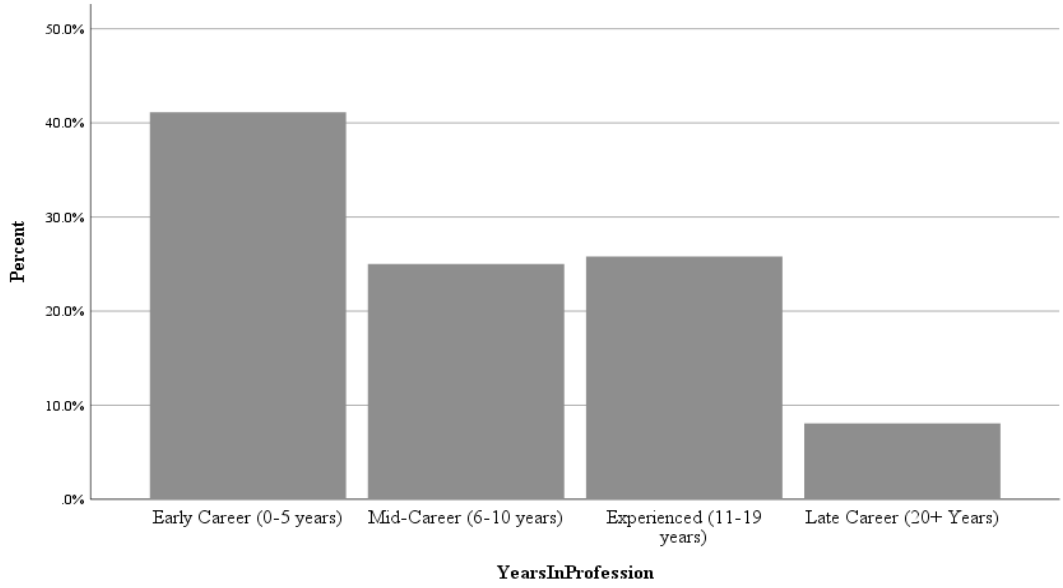
Graph – Cohort Size



Note. Percentages of participant's responses for their cohort size.

Figure 3

Bar Graph – Years in Profession



Note. Percentages of participant's responses for their years in the profession.

Results and Findings

Data were retrieved from SurveyMonkey by exporting them into Microsoft Excel. I calculated the ProQOL in Microsoft Excel before importing the data into SPSS for data analysis. A quantitative method was used to establish which of the factors associated compassion fatigue in AAs. The ProQOL scores with the demographic variables were used for the chi-squared test of independence. The first five assumptions for the chi-squared test of independence were not violated.

1. The data in the cells were counts of cases.
2. The categories of the variables are mutually exclusive.
3. Each participant contributed data to one and only one cell in the χ^2.
4. The associated factors were independent.
5. There are 3 variables, and all were measured in categories as ordinal data.

However, assumption number six was violated. The value of the cell expecteds should be 5 or more in at least 80% of the cells, and no cell should have an expected of less than one. For the chi-squared test of independence to work in this study, I needed participants who experienced CF to satisfy assumption number six. In this study, 50% of the cells had expected values of less than 1, and there is no correction for this violation.

Therefore, since none of the participants were experiencing CF based on their responses on the ProQOL, a chi-squared test of independence could not be used. In running chi-squared in SPSS v. 25, a warning sign presented itself stating that no

measures of association were computed for crosstabulation of Compassion Fatigue or No Compassion Fatigue and Education Level, Cohort Size, and Years in the Profession. However, SPSS v. 25 did provide crosstabs for each associated factor.

Deviation from Proposal

Since the statistical assumption for the chi-squared test of independence were not met, a multiple regression was calculated to identify which factors are significant contributors to increasing the ProQOL score trends towards CF. This resulted in executing multiple regression to identify trends in the factors that influence CF in AAs. Multiple regression requires a scale-dependent variable. The scale-dependent variable is the total ProQOL score. The three associated factors, independent variables, are ordinal.

As an alternate plan, factors that may show trends towards CF can be analyzed by using the total maximum score (150) from the survey as the dependent variable. By reversing the first group compassion satisfaction, the total result would indicate that the higher the total score, the greater the chance of suffering from compassion fatigue. The independent variables are cohort size (ordinal), education (ordinal), and years in the profession (ordinal). The research questions needed to be revised to be aligned with multiple regression analysis. The new research questions are:

Research Question 1: Is educational level a predictor of compassion fatigue in AAs?

$H_0$1: Education level does not predict compassion fatigue in AAs.

H_a1: Education level predicts compassion fatigue in AAs.

Research Question 2: Is cohort size a predictor of compassion fatigue in AAs?

$H_0$2: Cohort size does not predict compassion fatigue in AAs.

H_a2: Cohort size predicts compassion fatigue in AAs.

Research Question 3: Are years in AA role a predictor of compassion fatigue in AAs?

$H_0$3: Years in an AA role does not predict compassion fatigue in AAs.

H_a2: Years in an AA role predict compassion fatigue in AAs.

Data Cleansing and Removal of Outliers

An assumption of multiple regression is that there are no outliers. This required removal of one respondent. Although it is not preferred to eliminate an outlier from the dataset, legitimate observations can lead to the removal of an outlier (Grace-Martin, n.d.), for example, when the outlier does not change the results but affects the assumptions (Grace-Martin, n.d.). For this study, the results are not changed, and there is no outlier violation.

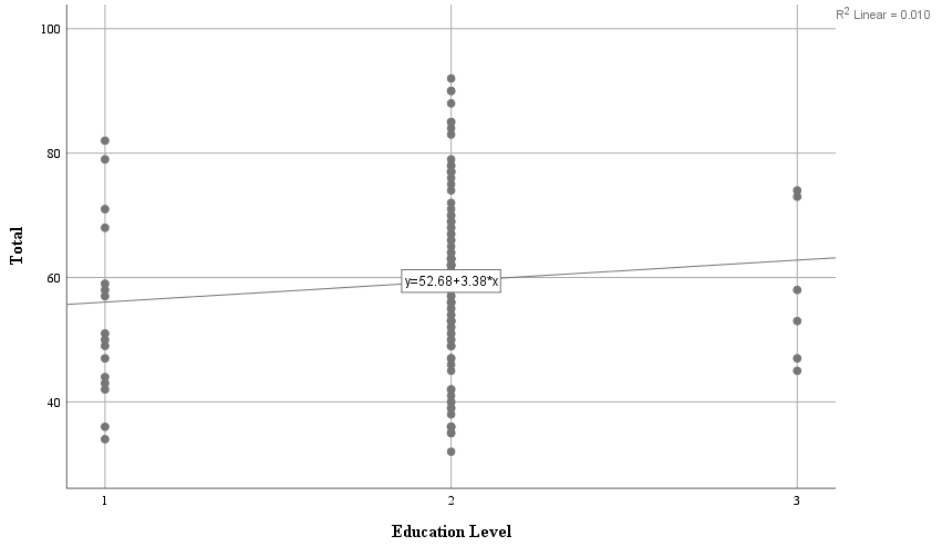
Multiple Regression Assumptions. In order to determine if the selected model was valid, the assumptions of multiple regression were tested (Laerd Statistics, 2018). The following are the eight assumptions that were tested:

1. There must be a continuous dependent variable (Laerd Statistics, 2018). The ProQOL independent variable is continuous.
2. There are two or more continuous or categorical independent variables (Laerd Statistics, 2018). Education level (ordinal), cohort size (ordinal), and years in the profession (ordinal) are categorical independent variables.

3. There should be independence of errors (residuals). Durbin-Watson statistic has a range from 0.0 to 4.0; however, a value of approximately 2 is an indication that the residuals are not correlated (Laerd Statistics, 2018). The residuals were assessed by a Durbin-Watson statistic of .588. Given that the Durbin-Watson statistic of .588 is within 0.0 to 4.0, there is no violation of this assumption. Autocorrelation, also known as serial correlation, refers to the degree of correlation between the same variable at consecutive time intervals. Since the participants in this study were not tested over time, the observations could not be related. Therefore the Durban Watson test is not applicable (Laerd Statistics).
4. There must be a linear relationship between the factor variables and the dependent variable: education level, cohort size, years in the profession, and CF present or not (Laerd Statistics, 2018). This is not applicable since all independent variables are categorical.

Figure 4

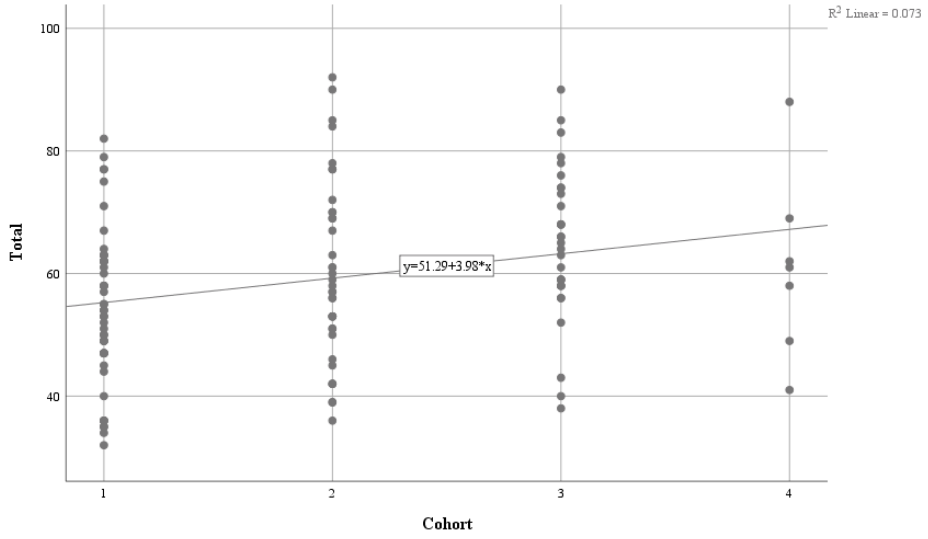
Scatterplot -- Education Level



Note. Scatterplot showing the linear relationship between the total ProQOL score and education level

Figure 5

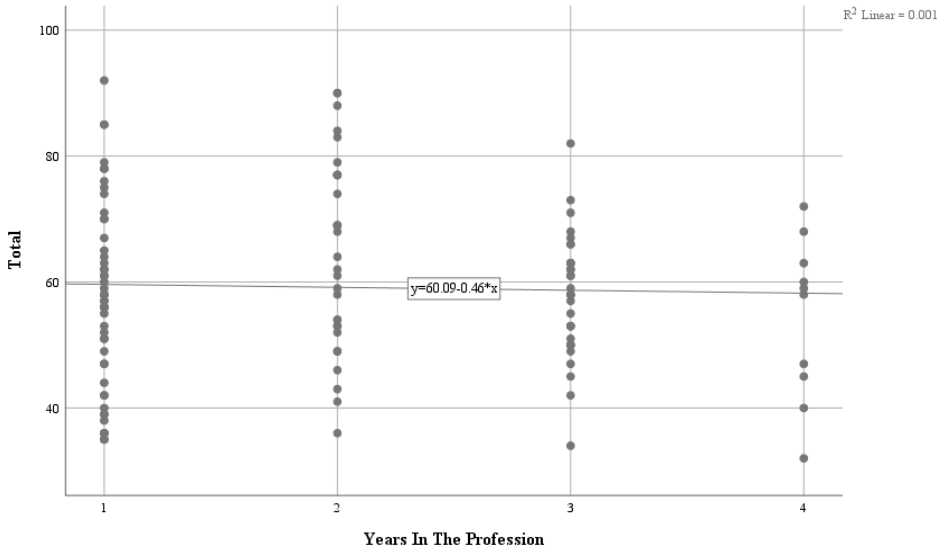
Scatterplot – Cohort Size



Note. Scatterplot showing the linear relationship between the total ProQOL score and Cohort Size

Figure 6

Scatterplot – Years in the Profession



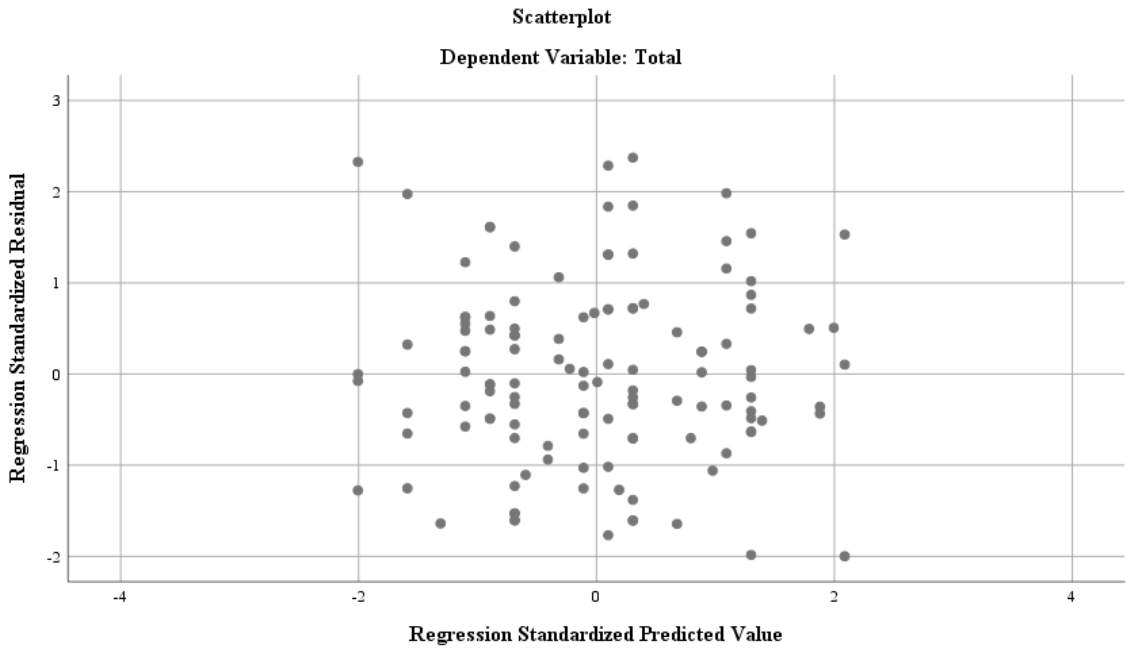
Note. Scatterplot showing the linear relationship between the total ProQOL score and Years in the Profession

5. The data needs to show homoscedasticity of residuals (equal error variances).

   Figure 7 below shows a random displacement of values taking on a rectangular shape with no clustering. The figure shows that homoscedasticity is met.

Figure 7

Scatterplot – Assumption of Homoscedasticity



Note. Scatterplot showing that the assumption of homoscedasticity is met.

6. The study must not show multicollinearity. Multicollinearity is when two or more independent variables are highly correlated ($r > .7$) with each other (Laerd Statistics, 2018). Table 1 shows the correlation among the three independent variables. Therefore, multicollinearity is not violated.

Table 1

Pearson's Correlation

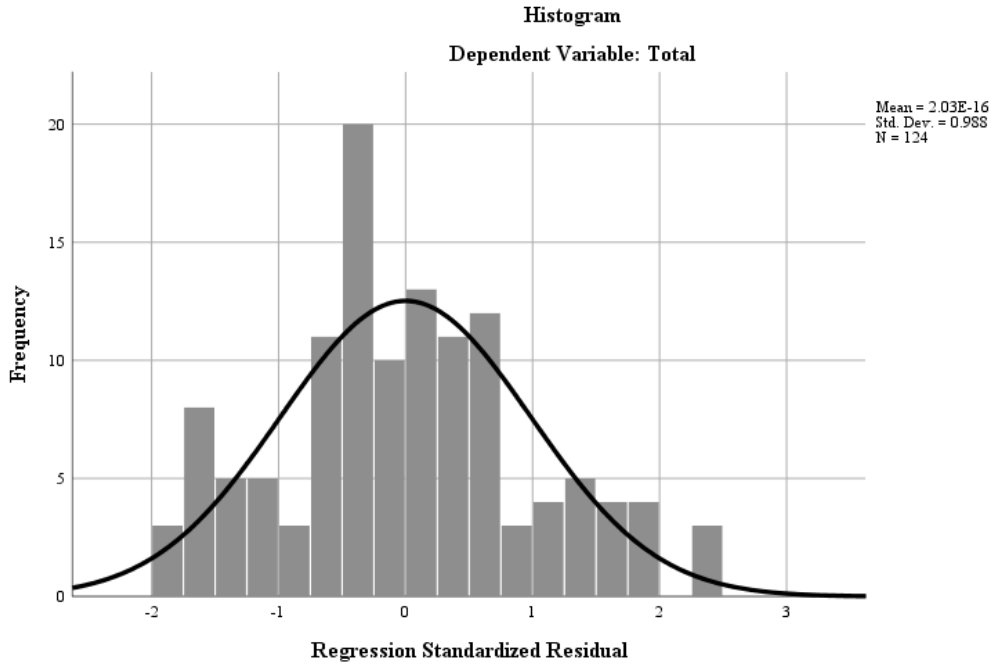
	Education Level	Cohort Size	Years in Profession
Education Level	1.00	-.034	.123
Cohort Size	-.034	1.0000	.064
Years in Profession	.123	.064	1.000

Note. Pearson's Correlation Coefficient for Independent Variables

7. There should not be any significant outliers, high leverage points, or highly influential points (Laerd Statistics, 2018). Common cut-off criteria used to determine whether a particular residual might represent an outlier or not is a value greater than ±3. There was one outlier in the data that has been eliminated from the data and reran the new dataset in SPSS. There were no outliers in the current data; thus, SPSS did not provide an output in a Casewise Diagnostics table.
8. Residuals (errors) must be approximately normally distributed. The histogram in Figure 8 indicates the normality of errors assumption was met (Laerd Statistics, 2018)

Figure 8

Histogram. Regression standardized Residual

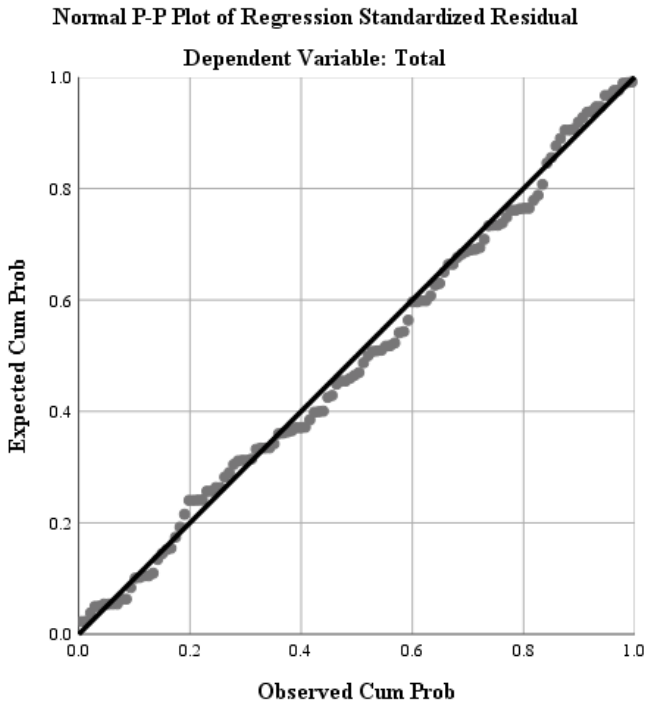


Note. Regression standardized Residual. Dependent variable: ProQOL Total Score

Additionally, the normal P-Plot in Figure 9 verifies that the normality of errors was met as the dots did not deviate from the straight line (Laerd Statistics, 2018). This data concludes that this model was reliable.

Figure 9

Normal P-Plot -- Expected versus Observed Cumulative Probability



Note. Normal P-Plot shows the expected versus observed cumulative probability. Dependent variable: ProQOL Total Score

Multiple Regression Analysis

I used a standard multiple regression to assess if the predictor factors, education level, cohort size, and years in the profession predicted CF in AAs. Since none of the participants were experiencing CF, per the scoring of their ProQOL measure, we could only use the information to examine if the factors were statistically significant in trending towards CF in AAs. The null hypothesis was that no factors predicted CF in AAs. The alternative hypothesis is that the factors predicted CF in AAs. The significant level alpha was .05, with a sample size of 124 participants with three factors, education level, cohort

size, and years in the profession, was appropriate, as this meets the medium effect size of .15 (Cohen, 1992).

Table 4 shows the adjusted R^2 of 7.9% of the variation in the dependent variable is explained by education level, cohort size, and years in the profession. The data is a small to medium effect size. According to the ANOVA[a] results, $F(3, 120) = 4.519$, p=.005, the null hypotheses is rejected. Therefore, at least one of the independent variables is a factor. Based on Table 5, cohort size is the only predicting factor with statistical significance in influencing CF in AAs. The cohort sizes were categorized by small (0-250 students), medium (251-500 students), large (501-750 students), and extra-large (751+ students). The study found that every time the cohort size increases up a level, a 4.04 monotonous (preserving the order) increases to the total ProQOL scale influencing CF in the AA.

Table 2

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.319[a]	.102	.079	13.214	.588

Note. "a." Predictors: (Constant), YearsInProfession, Cohort, Education and "b." Dependent Variable: Total ProQOL Score

Table 3

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	45.844	6.446		7.112	.000
	Education	3.663	2.915	.110	1.257	.211
	Cohort	4.035	1.290	.273	3.127	.002
	YearsInProfession	-.843	1.212	-.061	-.696	.488

Note: a. Dependent Variable: Total

This shows that the constant is 45.844. Everyone starts with a score of 45.844, and then for every monotonous level, the AA moves up in the cohort size the ProQOL score scale increases. For example, someone with a large cohort size would have a score of 45.844 + 4.035 * 3(this is the value assigned for the Large cohort size) = 57.9, approximately a 58 score. The adjusted R*2 value means that 7.9% of the variation in the ProQOL score is explained by cohort size. These findings are important in writing the model and relating to the effect size. More research needs to be done to examine the factors influencing CF in AAs due to the small effect size.

Summary

Chapter 4 discussed the data analysis of this study. The data analyzed the results from 124 participants. A chi-squared test of independence could not be used as the ProQOL scores did not show that CF was present in AAs. However, by adding the scores to a total of 150 and flipping the CS scores, I was able to determine trends of the factors influencing CF in AAs. Since there was a deviation from the proposal, the research

questions changed and reflected the independent variables as predicting factors. Multiple linear regression was conducted with education level, cohort size, and years in the profession. The regression results showed statistical significance for cohort size, suggesting larger the cohort size, the more likely an AA would experience CF. Education level and years in the profession were not statistically significant in influencing CF in AAs. Chapter 5 will further explore the results from this study, including the interpretation of the findings, limitations of the study, recommendations, and implications.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this quantitative study was to explore the association between CF in AAs in higher education institutions across the United States and the associated factors of education level, cohort size, and years in the profession in hopes of reducing attrition in AAs. I used a quantitative design by recruiting current full-time AAs in higher education institutions across the United States.

The findings from this study examined three factors that influence CF in AAs across the United States. Participants were administered the Professional Quality of Life (ProQOL) assessment, which would tell if a participant was experiencing CF or not. In addition to ProQOL's 30-question assessment, participants answered three demographic questions, their education level, cohort size, and how many years in the profession. A key finding in this study is that none of the 124 participants were experiencing CF in the past 30 days of completing ProQOL.

Interpretation of the Findings

The peer-reviewed journals reviewed in chapter 2 identified the factors influencing CF in other helping professions, education level, cohort size, and years in the profession. Although there were no AAs that experienced CF in the past 30 days of taking ProQOL, the findings were still vital to the study. The findings revealed statistical significance in cohort size and the likelihood of an AA to experience CF. Education level and years in the profession were not statistically significant; thus, the null hypothesis is accepted. In Chapter 2, both education level and years in the profession are both statistically significant and not statistically significant in other helping professions.

However, when examining cohort/caseload size in other helping professions, all have found statistical significance in influencing CF. This study reiterated that with similar studies, education level and years in the profession do not influence CF in AAs, but cohort size has statistical significance. The study found that when an AA moves up a category group in cohort size, advisors will increase 4.04 points towards experiencing CF increases by 4.04 points to the ProQOL scale.

Chapter 2 discussed the theoretical framework used for this study, NACADA Academic Advising Core Competencies Model (2017). The three competency areas: conceptual, informational, and relational, align with the predicting factors influencing CF in AAs. Cohort size was the only statistically significant predicting factor of CF in AAs. The more students an AA has, the less their ability to create rapport and build relationships with their students as their time per student may be limited. The relational competency may be at risk. The advising sessions become more transactional with the mentality to get the student in and out with a solution-based approach.

Limitations of the Study

Generalizability and Sample Size

The factors from this study were used in other helping professions to help guide this study as there is minimal research revolving around CF in AAs. My sample size was 124, which is above the 121 required per Cohen's (1992) power primer. Although there was an adequate number of participants, none were experiencing CF per the ProQOL manual (Stamm, 2010). Additionally, while this study was conducted, there was a worldwide pandemic, which may have influenced the phenomenon of no AAs

experiencing CF. Past research and literature have shown that AAs experience CF (Ali & Johns, 2018; Raimondi, 2019). Working conditions changed for some AAs as working with students virtually and from home, rather than in-person in an office setting. This could have varying effects on a scale designed in regular global conditions.

COVID-19

The planning of this study began in August 2019, by the time I began to write the first three chapters, COVID-19 hit the world. Due to the unknown of how this would affect the global community, students, AAs, and everyone, the study continued with knowing that COVID-19 may limit the study. An assumption in Chapter 1 was that COVID-19 might increase CF in AAs. The thought process is that more students were experiencing traumatic experiences, students' ability to be academically successful, and increase meetings with their AA. However, once the data collection was completed, it was found that no AAs were experiencing CF.

The Centers for Disease Control and Prevention discussed the symptoms of stress from COVID can cause. This includes feelings of fear, frustration, numbness, worry, or sadness (Centers for Disease Control and Prevention, 2021). One phrase repeated time and time again during COVID-19 is, "We are all in this together," which can attribute to numbness and frustration. The feeling of numbness and frustration may deter students from discussing their experiences with their AA during this time.

Additionally, students may be taking a term or two off during COVID-19. At the same time, they work more hours, focus on their own health and safety, or eliminate an additional priority from their life while COVID-19 exists. While taking a term or two off,

students may not be meeting with their AA as much as they previously had while enrolled. This also allows AAs to have fewer students to work with in a term, have more time to spend with students, and feel less stressed from the large cohort size.

When COVID-19 arrived in the United States, it was not very long before colleges and universities went completely online. This meant that university and college staff, including AAs, were working from home. In a 2019 study, Schall found that working from home had a positive relationship with job satisfaction. The findings from this study have higher perceived autonomy, higher productivity, fewer work-family conflicts, and more telecommuting intensity (Schall, 2019).

Study Design

Instrumentation

There were some limitations in this study. The first is that ProQOL is self-administered, and participants reflect on the past 30 days (Stamm, 2010). This means that these scores can change over the course of each month. The questionnaire was 33 questions, 30 for ProQOL, and 3 demographic questions. The average time participants spent completing the survey was 4 minutes. There were 100% completed surveys, with no surveys left as incomplete or excluded. In order to be experiencing CF by ProQOL standards, participants must be at the extreme of both BO and STS. Using multiple regression, a participant would have to score over 111 out of 150 in the trend model to be experiencing CF. The ProQOL manual did not explain those who score in the moderate area of BO and STS, which would provide insight into what intervention may be needed for AAs who scored in that area.

Correlational Design

A correlational study method and design were used in this study and identified as a potential limitation as a correlation does not explain. The correlational design was appropriate in answering the research questions and identifying factors that influence CF in AAs. However, it did not answer why AAs were not experiencing CF based on the ProQOL score or explain an in-depth understanding of cause-and-effect. This limitation was identified as these predictor factors influence CF in other helping professions, but only one of the three predicting factors in this study was statistically significant in influencing CF in AAs.

Additionally, when this study was designed, it was designed for a chi-squared test of independence data analysis, so cohort sizes were grouped in increments of 250 students. Had this study been designed with multiple regression analysis, participants would have responded with their exact cohort size. Due to the large cohort size increments, this role in the small adjusted R2 is 7.9%. If scale variables for cohort size were used, they might have a larger role in influencing CF in AAs.

Recommendations

The findings from this study suggest that cohort sizes influence CF in AAs. This predicting factor is that academic leadership can change to help prevent AAs from experiencing CF. The findings show that every time a cohort size levels up, the AA's ProQOL score will increase by a 4.04 monotonous increase in the ProQOL total scale. This recommendation for academic leaders to help maintain smaller cohort sizes will lead to positive social change.

The findings also suggest that there needs to be more research on CF in AAs. The ProQOL assessment has participants reflect on the past 30 days only, which could generate different results if given now. The study could be reassessed at any given time, and there may be different results given the past 30-day reflective period.

Additionally, this study can set the framework for future studies to analyze other predicting factors that have been found in other helping professions, such as professional setting, gender, marital status, and age. Since many AAs scored on the higher end of moderate for BO, investigating factors that influence BO in AAs would be worth investigating. More so, since a correlational study does not tell us why cohort size was more impactful than education level or years in the profession, a qualitative study, with open-ended questions, may be useful to understand perceptions of AAs, as well as their lived experiences, as to why they are feeling burnout or contemplating leaving the field.

Implications

This study found that the larger the cohort size, the more likely an AA will experience CF. Studies of caseload size in nursing and social work have also influenced CF (Baugerud et al., 2018; Flarity et al., 2016; Graystone, 2019; Kelly, 2020). Cohort sizes can easily be changed by academic leadership. The potential for positive social change from this study stem from examining factors that academic leaders can change. The one statistically significant predicting factor was cohort size. Academic leaders can adjust cohort sizes to help prevent CF from occurring. A larger caseload size increases workload size, increased nurse-to-patient or counselor-to-client ratio, increased exposure to secondary trauma, and a hostile work environment (Graystone, 2019; Kelly, 2020;

Yang & Kim; 2016). However, if AAs have smaller cohorts, they can spend more time with students to build trust and rapport. This relationship encourages student engagement, which increases student success (Astin, 1999). Additionally, have smaller cohorts will allow the AAs to meet NACADA Academic Advising Core Competencies (2017). It would be recommended for academic leaders to monitor and adjust cohort sizes to help prevent AAs from trending towards experiencing CF.

Conclusion

This study explored the associated factors that influence CF in AAs. The findings from this study would provide an understanding to know what factors influence CF in AAs to reduce attrition in AAs. Despite the nonexistence of CF present in AAs at the time of this study and COVID-19, the study did reveal statistically significant data reflecting increased cohort sizes can lead to CF in AAs. The statistical analysis showed a 4.04 monotonous level increase of CF in AA when an AA jumped to the next level of cohort size. The findings from this study have significant implications for the future of AAs in higher education across the United States. Further research is needed to understand the high attrition rates in AA.

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Appendix A: Letter of Permission to Use ProQOL

Permission to Use the ProQOL

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

Please provide your contact information:

Email Address

bridgette.malchow2@waldenu.edu

Name

Bridgette Malchow

Organization Name, if applicable

Country

United States

Please tell us briefly about your project:

I am examining the factors that influence compassion fatigue in academic advisors of higher education. There is very little research available on this population in relations to compassion fatigue.

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

I will use it with academic advisors of higher education for my dissertation.

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

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

English

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

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

Note that the following situations are acceptable:

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

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

Yes

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.

Appendix B: Demographic and ProQOL Questionnaire

The first three questions of this survey are demographic questions regarding your education level, cohort size, and years as an academic advisor. These responses will not provide any identifying information you provide. The remainder of the survey are questions derived from the Professional Quality of Life (ProQOL) Version 5 (2009).

When you advise people, you have direct contact with their lives. As you may have found, your compassion for those you advise can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as an advisor. 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 (ProQOL Version 5, 2009). The permission to use ProQOL is from The Center for Victims of Torture, and you can access ProQOL at www.ProQOL.org.

1. What is the highest level of school you have completed or the highest degree you have received?

- Bachelor's Degree
- Master's Degree
- Doctorate Degree

2. What is Your Cohort Size?

- Small: 0-250 Students
- Medium: 251-500 Students
- Large: 501-750 Students
- Extra-Large: 751+ Students

3. How Many Years in the Profession Have You Worked?

- Early Career (0-5 years)
- Mid-Career (6-10 years)
- Experienced (11-19 years)
- Late Career (20+ years)

4. I am Happy

- 1 = Never
- 2 = Rarely

- 3 = Sometimes
- 4 = Often
- 5 = Very Often

5. I am preoccupied with more than one person I [help].

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

6. I get satisfaction from being able to [help] people.

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

7. I feel connected to others.

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

8. I jump or am startled by unexpected sounds.

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

9. I feel invigorated after working with those I [help].

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

10. I find it difficult to separate my personal life from my life as an academic advisor.

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

11. I am not as productive at work because I am losing sleep over traumatic experiences of

- a person I advise.
- 1 = Never
- 2 = Rarely
- 3 = Sometimes
- 4 = Often
- 5 = Very Often

12. I think that I might have been affected by the traumatic stress of those I advise.

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

13. I feel trapped by my job as an academic advisor.

- 1 = Never
- 2 = Rarely

- 3 = Sometimes
- 4 = Often
- 5 = Very Often

14. Because of my advising, I have felt "on edge" about various things.

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

15. I like my work as an academic advisor.

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

16. I feel depressed because of the traumatic experiences of the students I advise.

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

17. I feel as though I am experiencing the trauma of someone I have advised.

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

18. I have beliefs that sustain me.

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

19. I am pleased with how I am able to keep up with academic advising techniques and protocols.

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

20. I am the person I always wanted to be.

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

21. My work makes me feel satisfied.

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

22. I feel worn out because of my work as an academic advisor.

- 1 = Never
- 2 = Rarely
- 3 = Sometimes

- 4 = Often
- 5 = Very Often

23. I have happy thoughts and feelings about those I advise and how I could help them.

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

24. I feel overwhelmed because my caseload seems endless.

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

25. I believe I can make a difference through my work.

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

26. I avoid certain activities or situations because they remind me of frightening experiences of the people I advise.

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

27. I am proud of what I can do to help students.

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

28. As a result of my advising, I have intrusive, frightening thoughts.

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

29. I feel "bogged down" by the system.

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

30. I have thoughts that I am a "success" as an advisor.

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

31. I can't recall important parts of my work with trauma victims.

- 1 = Never
- 2 = Rarely
- 3 = Sometimes
- 4 = Often

- 5 = Very Often

32. I am a very caring person.

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

33. I am happy that I chose to do this work

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

Appendix C: ProQOL Manual for Scoring Compassion Fatigue (Stamm, 2010)

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test and then you can compare your score to the interpretation below.

To find your score on **each section**, total the questions listed on the left in each section and then find your score in the table on the right of the section.

Compassion Satisfaction Scale:

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

Total: _____

The sum of my Compassion Satisfaction questions	My Level of Compassion Satisfaction
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Burnout Scale:

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

The sum of my Burnout Questions	My Level of Burnout
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Reverse the scores for those that are starred.

0=0, 1=5, 2=4, 3=3, 4=2, 5=1

Total: _____

Secondary Trauma Scale:

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

Total: _____

The sum of my Secondary Traumatic Stress questions	My Level of Secondary Traumatic Stress
22 or less	Low
Between 23 and 41	Moderate
42 or more	High