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The Role of Work in Animal Shelter Volunteers' Experiences of Compassion Fatigue

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This is to certify that the doctoral dissertation by

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Abstract

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by

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MA, Villanova University, 1994

BS, Hofstra University, 1992

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Animal shelter volunteers are a critical part of the operation and maintenance of animal shelters across the United States, and risk developing compassion fatigue (CF) that can impact their ability to volunteer. The purpose of this study was to explore the role of work in animal shelter volunteers' experiences of CF. The compassion stress and fatigue model and aspects from several occupational stress models were used as conceptual frameworks. A basic qualitative design was used to recruit 12 animal shelter volunteers experiencing compassion fatigue symptoms. These volunteers came from 10 different animal shelters across the U.S. Three research questions were used to explore what the animal shelter work environment was like for volunteers, how their CF developed, and the role of the work environment in their CF development. Participants were interviewed twice using a semi-structured interview guide. A multilevel coding process was used to analyze data, and results revealed 12 themes about the animal shelter work environment and seven themes describing how CF developed. A model emerged from the relationships among the themes to describe how satisfaction from the work and their commitment to saving animals drew volunteers back to the environment where CF was experienced. Future research recommendations include replicating this study using different settings and populations as well as a quantitative study to test the model. Positive social change implications include recommendations to support people who help animals stay healthy and empathic in their work, qualities which are essential to keep animals, communities, and environments safe.

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Dedication

This dissertation is dedicated to all the animal rescuers who work tirelessly to save countless animals every day, and to all the animals I have rescued over the years who inspired me to do this research.

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First, I would like to thank my mentors and dissertation committee for the support along the way: Dr. Paule, Dr. Marcus, Dr. Bigatti, and Dr. Coddington. I appreciate all the time, guidance, and feedback you provided, along with encouragement when I needed it most. Thank you to my mom, sister, niece, nephew, and dear friends for all the support and always cheering me on.

And finally, most importantly, thank you to my amazing husband, Matt, for being my anchor throughout this journey. You never wavered in your support and never stopped believing in me. I know it has been a long road, and I could not have made it to the finish line without you.

The Rescuer's Creed

Animal Rescuers Coalition of North America

I promise I will take your unwanted animals.

I will heal their wounds, their diseases, their broken bones.

I will give them the medical attention they need and deserve.

I will nurture their starvation and give them a warm place to sleep.

I will spay and neuter them, vaccinate them against the diseases that can harm them.

I will treat them and honor them.

I will buy them toys, blankets, balls and teach them to play.

I will speak softly to them.

I will try to teach them not to fear, not to cry and not to hate.

I will whisper sweet, kind, gentle words into their ears, while gently trying to stroke their fear, their pain, and their scars away.

I will face their emotional scars and give them time to overcome them.

I will socialize them, potty train them, teach them to be obedient, show them dignity.

I will hold their paws and stroke their ears if they have endured too much and walk them over the Rainbow Bridge.

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Chapter 1: Introduction to the Study

Introduction

A day in an animal care worker's life consists of many emotions, including joy and satisfaction resulting from saving an animal in need or sadness and desolation due to witnessing an animal suffering from neglect or abuse. The work of an animal caregiver can involve providing physical and emotional support to rehabilitate animals and prepare them for adoption into their forever home. These activities typically result in joy and satisfaction. There is also grief and sadness when animals in their care are very ill or injured and cannot be saved. These daily occurrences create a range of experiences and emotions that animal care workers must balance. If not balanced, these extreme highs and lows of their work can increase stress and may lead to symptoms of compassion fatigue (CF). (Hoy-Gerlach et al., 2021; Polachek & Wallace, 2018; Rohlf, 2018). CF is the physical and mental exhaustion and emotional withdrawal experienced by those who care for sick or traumatized people over an extended period of time (Figley, 2002).

The original focus of research on CF was healthcare providers, specifically nurses caring for traumatized patients (Joinson, 1992). CF in the animal care community is a relatively new topic of study that has gained momentum in the last 15 years. CF symptoms in animal care workers were first identified by Charles Figley while conducting stress management workshops with animal caregivers in the early 2000's. Figley (2006) said animal care workers had similar experiences to healthcare workers when working with those suffering from consequences of traumatic events. Research has explored stress, burnout, and CF in this industry, and further research is needed to

understand CF in animal shelter volunteers. This study involved addressing CF in animal shelter volunteers and the role of the work environment in animal shelters as potentially contributing to the development of CF among animal shelter volunteers. Social implications include helping animal shelter volunteers before CF develops and helping animal shelters manage their volunteers' workload and work environment to offset the development of CF.

This chapter includes a summary of this study. I present a brief summary of literature related to the topic, explain the problem that was studied and how it built on prior research, describe the gap this study addressed, and why it was needed. I describe the research paradigm and intent of this study. Research questions follow this section. The conceptual framework is described, including how the framework was used in this study. I provide a brief overview of the methodology and how data were collected and analyzed. Definitions of concepts, assumptions of this study, scope and delimitations, limitations of this study, and significance of this study are also addressed in this chapter.

Background and Problem Statement

Animal care workers may be at risk for developing CF because aspects of their work may increase stress levels and cause emotional distress (Ford, 2016; Hoy-Gerlach et al., 2021; Yates, 2015). Specific work activities such as involvement in euthanasia and caring for abused, neglected, sick, and injured animals can increase workers' occupational stress (Dunn et al., 2019; Polachek & Wallace, 2018; Schneider & Roberts, 2016). Additionally, aspects of the work environment such as overcrowded animal shelters, can also increase stress and burnout in animal care workers (Schneider &

Roberts, 2016; Schrabram & Maitlis, 2017). Stress that is unmanaged can contribute to the development of CF (Figley & Roop, 2006; Morrissette, 2004). There are unique features of animal care work such as human-animal bonds, moral conflict, euthanasia exposure, and stigma of animal care work, which may increase emotional distress and the risk of developing CF (Andrukonis & Protopopova, 2020; Baran et al., 2016; Dunn et al., 2019; Tallberg & Jordan, 2021). Chapter 2 includes a review all unique features of animal care work.

Emotional distress associated with animal care work can increase the risk of developing CF, which can result in increased turnover in animal care workers (Polachek & Wallace, 2018; Rohlf, 2018). Because emotional distress is often situated within roles and responsibilities of animal caregivers, understanding animal care volunteers' work environment is central to understanding their development of CF. Cavallaro (2016) said several factors lead to CF, including personal history, the stigma associated with animal care work, and the animal care worker's level of responsibility. Cavallaro suggested that future research explore how CF experiences differ between paid and volunteer animal shelter workers and how these experiences vary based on job differences among animal shelter workers. Involvement with euthanasia and exposure to animal cruelty might increase burnout and the likelihood of experiencing CF (Dunn et al., 2019; Hill et al., 2019). Hill et al. (2019) recommended inclusion of volunteers in future studies on CF in animal care workers. Dunn et al. (2019) recommended that future studies use qualitative methods to provide a deeper level of understanding behind these quantitative results. Monaghan et al. (2020) recommended that future studies compare levels of CF and job

factors to identify how different roles may affect the experience of CF. Aspects of animal care work may affect CF development in animal caregivers, and additional research is needed.

Research on CF in the animal care industry has focused primarily on paid professionals, including veterinary professionals and paid animal shelter workers. Research conducted on CF in the volunteer animal care community is limited despite both paid and volunteer animal rescuers often performing similar tasks. Similar to paid employees, CF symptoms may also be present in volunteers, particularly those who perform similar duties. Prior to this study, little was known about the role of the work environment in the development of CF in volunteers. The intention of this study was to contribute to filling the gap in literature by exploring experiences of CF in volunteer animal rescuers and how their work environment contributes to these experiences.

Purpose of Study

The purpose of this study was to use the qualitative design to explore the role of work in animal shelter volunteers' experiences involving CF; specifically, I investigated aspects of the work environment that contributed to the onset of CF among animal shelter volunteers. Exploration of experiences involving CF in animal shelter volunteers may help these individuals and shelter staff understand, manage, and alleviate CF symptoms so they are more likely to stay and carry on this important work.

Research Questions

The following were the research questions (RQ) for this study:

RQ1: What is the work environment of animal shelter volunteers?

RQ2: How does CF develop in animal shelter volunteers?

RQ3: What is the role of animal shelter volunteers' work environment in the development of CF?

Conceptual Framework

The conceptual framework that grounded the study was Figley's (1995a) compassion stress and fatigue model along with relevant aspects from occupational stress models involving work environments. Integration of features from both models was used to support this study and develop the study design.

Figley's model of compassion stress and fatigue involves a series of progressive factors that contribute to the development of CF. Figley (1995b) said compassion stress is stress resulting from exposure to those who are suffering due to feeling the demand to alleviate their pain. Development of CF typically is routed through compassion stress and evolves via 10 factors described in detail in Chapter 2.

Literature on occupational stress models involves classifying sources of work stress into several general categories. These categories include job-related sources of stress and individualized stressors (Chirico, 2016; Cooper & Marshall, 1976; Dollard & Bakker, 2010; Vokic & Bogdanic, 2007). Job-related sources of stress are specifically to work and include work activities or job-specific tasks, workload, work environment, job demands, and work schedules (Bakker & Demerouti, 2007; Cooper & Marshall, 1976; Demerouti et al., 2001). Individualized stressors include depth of coping skills, whether someone is a good fit for their work, ability to manage workplace conflict, and amount of job growth offered by an organization (Cooper & Marshall, 1976; Dollard & Bakker,

2010; Lazarus & Folkman, 1984; Veldhoven et al., 2002). Aspects of the work environment, including (involvement in euthanasia practices, caring for suffering animals, physical environment, and working conditions may contribute to occupational stress (Dunn et al., 2019; Schneider & Roberts, 2016). For this study, the job-related stressor of work environment was explored to understand its contribution to the development of CF in animal shelter volunteers. Potential links between the work environment and CF are addressed in Chapter 2. Literature on occupational stress models, along with information regarding sources of occupational stress, is described in further detail in Chapter 2.

The compassion stress and fatigue model has been referenced and used as a conceptual model in research that involves exploring CF in animal care providers. Participants described their work activities, physical environment, and working conditions and how these contributed to their progression through the factors of CF development. The literature on occupational stress related to the work environment and Figley's compassion stress and fatigue model were used to develop RQs for this study. They were also used to develop interview questions and data collection and analysis procedures.

Nature of Study

I used the basic qualitative inquiry approach for this study. Ravitch and Carl (2016) said qualitative research involves looking at a phenomenon or event through the experiences of people involved. The basic qualitative inquiry method is one of several different qualitative designs that can be used to gather practical details and knowledge

about an event or experience. Because I gathered detailed information on how the work of animal shelter volunteers contributed to their experiences with CF, the basic qualitative inquiry approach was most appropriate. The qualitative research design is discussed in Chapter 3.

The two phenomena studied were development of CF among animal shelter volunteers and the role of the work environment in development of CF. To participate in the study, animal shelter volunteers had to meet specific requirements associated with having CF. Criteria included a list of CF symptoms, and interested prospective study participants needed to have at least three of the four CF symptoms from the list. Screening was used to verify symptoms. Interviews were conducted to gather detailed descriptions from participants about how their volunteer work environment contributed to the development of CF. Two interviews were conducted. The first interview involved exploring work environments where participants were volunteers, specifically their work activities, physical environment, and working conditions. The second interview involved exploring participants' experiences with CF to understand its development. Information from the two sets of interviews was used to understand how work environment played a role in these CF experiences.

Definitions

Animal shelter: A physical location dedicated to saving and providing humane treatment to homeless and abandoned animals through the provision of food, shelter, and medical care.

Animal shelter volunteers: Individuals who undertake tasks with no pay at an animal shelter. They can occupy any unpaid position within an animal shelter.

Compassion fatigue: Physical, emotional, and spiritual depletion that results from chronic self-sacrifice or prolonged exposure to difficult situations, the suffering of another being with whom one has a bond, or the inability to relieve the suffering of another (Harris & Griffin, 2015; Lanier & Brunt, 2019). CF develops when stress, often associated with activities involving exposure to another's trauma and difficult situations, is not acknowledged or properly managed (Figley & Roop, 2006). Symptoms of CF include lack of concentration, confusion, apathy, self-doubt, anger, anxiety, depression, sadness, overwhelmed feelings, sleep disturbances, irritability, decreased personal and professional satisfaction, and behavior changes, including increased drinking and substance use (Figley & Roop, 2006; Morrissette, 2004).

Occupational stress: Work-related sources of stress that are specific to the work environment of animal shelter volunteers. The work environment includes work activities, physical environment, and working conditions.

Assumptions

The following assumptions for the study were necessary to ensure trustworthy and accurate collection and analysis of data.

- Participants voluntarily participated in the study and provided honest descriptions of their experiences working as volunteers in animal shelters.
- Participants provided accurate descriptions of their work environment at animal shelters where they volunteered.

- Participants accurately identified themselves as meeting selection criteria for currently experiencing CF.
- Participants accurately described how their experiences as volunteers in animal shelters contributed to their development of CF symptoms.
- Participants returned for a second interview once they completed the first.
- The chosen methodology and interview questions were suitable to provide answers to RQs.

Scope and Delimitations

This study involved exploring experiences involving CF among animal shelter volunteers; specifically, I examined aspects of the work environment contributing to progressive factors of CF development in this community. I chose to address identified gaps in literature in order to identify aspects of the work environment that affected how this community of animal care workers experienced development of CF. This also allowed for the direct exploration of how the work environment contributed to factors of Figley's conceptual model of compassion stress and fatigue. Participants in the study were volunteer animal shelter workers experiencing CF symptoms. Only volunteers from animal shelters were included to ensure that the gap in literature was addressed. Participants volunteered in an animal shelter environment for at least 6 months for at least 12 hours per month to participate in the study. They self-identified as experiencing CF symptoms, and were at least 18 years of age. Results of this study can be used to support other groups of animal care workers in terms of understanding how the work environment contributed to the progression of CF.

Limitations

One potential limitation of the study involved participant recruitment. To ensure a sufficient number of participants, recruitment for the study was done at nonprofit animal shelters that provided humane treatment to homeless or abandoned animals by providing food, shelter, and medical care. Participants were recruited from 20 urban animal shelters that met site selection criteria that are detailed in Chapter 3. The director of each animal shelter was sent an email about the study and asked to post an announcement about the study at the shelter. Participants were also recruited specifically from these organizations by sending an email to the Humane Society of the United States (HSUS) Animal Shelter Volunteer Management Google group describing the study and asking volunteer managers from each recruitment site if they would share the study announcement with their volunteers.

Another challenge involved risks for research participants during and after data collection. Because the sample included individuals who are experiencing CF, interviews could have caused participants to experience feelings of anxiety, sadness, frustration, or a range of other negative emotions during and after the interview. To manage this, the research proposal and IRB application were written to identify participants as a vulnerable group. Risks were noted in the consent form. Participants were made aware of the nature of the study, and if they became distressed during the interview, they were given the option to continue or discontinue. There was also a list of low-to-no cost counseling centers and a toll-free number that participants could call if they needed

support. Additionally, interview questions were vetted by an outside group of experts on qualitative research and CF.

Another challenge involved the role of the researcher. Although I did not personally know participants, my personal experience with animal rescue and CF could have led to bias. To address potential bias, I identified and minimized all preconceived beliefs and biases during all stages of the study, beginning with bracketing and then, during the analysis stage, engaging in bridling. Reflexive journaling and member checking were also used to address and manage potential biases.

Significance

Contributions to Advance Knowledge in the Discipline, Policy, and Practice

The study added to the body of literature on CF in animal care workers. It also extended the current body of literature by including animal shelter volunteers in research on CF and exploring how their work contributed to progression of CF. This study addressed the identified gaps in literature on animal shelter volunteers. Interviews with animal shelter volunteers regarding their experiences with CF and how their work environment contributed to the development of CF were used to provide a detailed understanding of what contributed to these experiences. This information could enhance animal shelters' policies and practices regarding alleviating and managing CF symptoms among volunteers and paid staff. Additionally, it can help animal shelters target specific aspects of the work environment that may increase the risk of both occupational stress and CF development. This information can enable organizations to create practices that can help manage risks associated with these aspects of animal shelter work.

Potential Implications for Positive Social Change

CF increases turnover in animal care workers (Polachek & Wallace, 2018; Rohlf, 2018). Because volunteers play a vital role in animal shelters across the United States, they are needed to help these organizations function at their full capacity. Without their support, there could be detrimental impacts on animals, communities, and the environment. If homeless animals are not kept off the streets, overpopulation could create more disease in the environment. Understanding animal shelter volunteers' experiences with CF and how certain aspects of their work contribute to its onset could lead to positive social change implications for individuals, animals, animal shelters, and ultimately, the environment. Benefits to individuals include understanding if their work environment contributes to the process of acquiring CF. If their work environment affects the development of CF, animal shelter volunteers will be aware of what puts them at risk and how they can manage these risks. Animals may receive better care when CF does not impact their caregivers.

Figley and Roop (2006) said CF often distracts animal caregivers and can cause them to avoid distressing situations with animals. It also causes decreased work quality, low motivation, a higher rate of mistakes, and avoidance of job tasks (Figley & Roop, 2006). By knowing what may contribute to developing CF, animal shelter workers can better manage and alleviate symptoms so their care of animals is not adversely impacted. Organizations can retain volunteers who play a vital role in sustaining animal shelters. They can also benefit from detailed information on specific aspects of the work environment that contribute to increased stress and CF development. This information

can help organizations make necessary changes to the work environment to offset the development of CF. This information can also help organizations create practices to manage risks associated with these particular aspects of animal shelter work. Sustainment of these organizations has positive impacts on the environment because these organizations keep homeless and abandoned animals off the street and prevent spreading disease**.**

Summary

Although research on CF and its impacts in the animal care community has gained traction in the last 15 years, there still has been limited information on CF among animal shelter volunteers. This chapter included an explanation of the importance of expanding research on CF in this community. Animal care workers are at high risk of experiencing CF and the accompanying adverse impacts (Figley & Roop, 2006; Sheppard, 2015: Sinclair et al., 2017). Their work environment could contribute to this increased risk (Dunn et al., 2019; Schabram & Maitlis, 2017; Schneider & Roberts, 2016). Additionally, unique factors of animal care work such as bonds that frequently develop between caregivers and animals, and moral conflicts associated with the desire to save animals as well as the reality of euthanasia are also factors contributing to CF development (Gorski et al., 2019; Moses et al., 2018; Scotney, 2017). Understanding the role of work in animal shelter volunteers' experiences involving CF will be used to address gaps in the literature and provide necessary and beneficial information for volunteers, the organizations they support, and animals in their care.

Chapter 1 includes information on the need for the study. Chapter 2 includes a

comprehensive literature review addressing the topic of CF in animal care workers. I highlight seminal works in this field as well as themes identified in current research on CF in animal care workers, their work environment, and other factors contributing to its development.

Chapter 2: Literature Review

Introduction

The purpose of this study was to explore the role of work in animal shelter volunteers' experiences involving compassion fatigue (CF); specifically, I investigated aspects of the work environment that may contribute to the onset of CF in animal shelter volunteers. Individuals who work with animals often experience high rates of occupational stress, increased burnout, and CF (Hoy-Gerlach et al., 2021; Polachek & Wallace, 2018; Rohlf, 2018; Scotney et al., 2015). When animal care workers begin to experience CF symptoms, it may lead to their decision to leave their organization, which can increase turnover among people in the animal welfare industry (Rohlf, 2018; Scotney et al., 2015). Most of the research conducted on animal care workers has involved paid employees, with limited studies involving volunteers. Animal shelter volunteers are often engaged in the same work activities as their paid colleagues (Davis, 2013; McFarland, 2005). Therefore, they may also be at risk for experiencing CF. This study was used to increase knowledge about CF in volunteers in the animal welfare industry. It also added to the body of the literature by exploring the role of work in these experiences. I used literature as a foundation and support for new insights regarding a topic that has received limited attention. Relevant theoretical and empirical research is summarized and synthesized to demonstrate how this study contributed to knowledge in the field. My focus was to connect literature to research questions that informed and guided the study.

This review begins with a discussion of the literature search strategy and is followed by a review of literature on CF, where it originated, and who is at highest risk

for experiencing CF. Included in this chapter is a description of who animal care employees and volunteers are, the type of work they do, and how this affects their stress levels and risks for developing CF. Additionally, links between occupational stress and CF are described. This information is important to understand contexts involving workplace stress and how it contributes to the development of CF in the animal care community. I then highlight unique features of animal care work and specific work activities that contribute to increased stress and may impact onset of CF. The chapter concludes with an overview of the conceptual framework that was used for this study.

Literature Search Strategy

A thorough review of literature was conducted using a number of different sources. Walden University databases were consulted first. Databases searched through Walden were: PsycInfo, PsycBooks, PsycArticles, and Psychological Tests and Measurements. The Health Science database was also searched along with Thoreau. Articles and dissertations related to CF in animal care workers were searched using combinations of the following keywords: *CF, secondary traumatic stress, burnout, occupational stress, job stress, work stress and animal rights, animal welfare, animal shelter employees, animal caregivers, animal care workers, animal rescuers, volunteers, animal care professionals, animal compassion, animal activists,* and *human-animal bond.* Additionally, specific authors and researchers who are renowned in the field of CF or human-animal bond research were also searched using Google Scholar. Finally, sites for organizations who focus on animal rescue and animal shelter work such as the Human Society of the United States (HSUS) and American Society for the Prevention of Cruelty

to Animals (ASPCA) were also searched for relevant data and research related to volunteer animal shelter and rescue communities. Articles, dissertations, and books were selected for this review based on their relevance and evidence of being peer-reviewed or pertinent seminal works on this topic.

Review of The Literature

Compassion Fatigue

CF was first described by Joinson to illustrate experiences that nurses had as a result of feeling deep empathy towards their patients who were suffering, and their inability to alleviate their patients' pain. Compassion is defined as "the feeling that arises from witnessing another's suffering and motivates a subsequent desire to help" (Goetz et al., 2010, p. 352). Fatigue is familiar to most and is a feeling of exhaustion often attributed to expending excess energy on a particular project or specific situation. CF is defined as the emotional or physical exhaustion that often occurs when a caregiver's deep concern is accompanied by a desire to help alleviate suffering; an inability to help can create feelings of despair and a diminished ability to empathize (Figley, 2002). Because caregivers are sensitive to their patients' suffering, emotions that caregivers experience can linger long after their physical contact and interaction with their patient has ended, and can result in CF symptoms (Figley & Figley, 2017). Symptoms of CF are cognitive, emotional, and physical. They include lack of concentration, confusion, apathy, self-doubt, anger, anxiety, depression, sadness, overwhelmed feelings, sleep disturbances, irritability, lack of interest in personal hobbies, withdrawing from activities that once were enjoyable, and behavior changes, including increased drinking and substance use

(Figley & Roop, 2006; Morrissette, 2004). CF can impact all areas of a person's life, including their personal life, work life, and interpersonal relationships (Figley & Roop, 2006; Morrissette, 2004). Figley (1995a) said stress is a precursor to CF. The risk of CF increases when there is a prolonged and unmanaged stress response in caregivers (Gentry & Baranowsky, 1998). The link between stress and CF is explained further in this chapter's section on occupational stress.

CF Origin and Who Is at Risk

Research on CF began in the healthcare profession. It is often described as a stress response that is unique to helping professionals, including healthcare providers and therapists (Sinclair et al., 2017). Doctors, nurses, therapists, and anyone in a caregiving role are considered at the highest risk for experiencing CF. What makes this phenomenon unique to these professionals is that their work involves compassionate responses to those who are sick or suffering, and their work also often includes the development of bonds with those in their care (Figley, 2002). There is a prevalence of CF among emergency service workers, including police officers and emergency responders, and this phenomenon extends beyond healthcare providers (Cocker & Joss, 2016). CF can adversely impact these professionals' quality of work and result in loss of compassion in these individuals due to resulting fatigue or exhaustion (Cocker & Joss, 2016; Sinclair et al., 2017).

Helping professionals at risk for CF include those that provide comfort in order to attend to a person's physical, psychological, intellectual, emotional, or spiritual wellbeing. Individuals who work in medicine, nursing, psychotherapy, psychological

counseling, social work, education, life coaching, and ministries are most often considered at risk for developing CF. Recently, however, a new category of helping professionals has been individuals who work in animal care. Figley first identified CF symptoms in the animal care community while conducting stress management workshops with animal care providers in the early 2000s. The work of animal caregivers can produce the same type of symptoms that therapists experience who work with clients who have been victims of trauma. Like clients who share their experiences with therapists, animals bring their histories with them to shelters, which can affect animal care workers. Like emotional feelings that therapists experience due to treating traumatized patients, animal caregivers can also experience be emotionally overwhelmed from their work with traumatized animals. For animal shelter workers, shelters can be both trauma centers where animals in their care need physical and emotional support and joyful environments where people can find and adopt pets. Animal care workers must balance these roles on a daily basis; if the burden is too great, these individuals can develop CF. Animal care workers can experience high rates of occupational stress and CF (Rohlf, 2018; Scotney et al., 2015). These individuals include people who provide care for animals such as animal shelter workers and veterinarians.

Link Between Empathy and CF

Figley (1995a) said empathy is one of the major precursors of CF. Empathy is the emotional response triggered by what another is experiencing and is a response to another's situation instead of one's own situation (Hoffman, 1981). It is this emotional response that elicits a feeling to help those who are frail and unable to help themselves

(Lishner et al., 2011). Without having the ability to empathize with another, it would be difficult to experience feelings of compassion and get emotionally invested in another's well-being. Najjar et al. (2009) suggested that empathy is essential to the development of CF because without the ability to perceive another's experience, the prolonged caring and emotional investment that precedes CF would not be possible. This does not mean that all empathetic individuals will develop CF; however, without empathy, there would be less likelihood of developing CF.

Davis (1980) set out to study the development of a multidimensional individual difference measure of empathy. In his final version of the instrument, he found four sub-scales, each which tapped a separate aspect of the global concept of empathy. The factor structure underlying the four scales was the same for males and females. Davis reported:

> The perspective-taking scale contains items which assess spontaneous attempts to adopt the perspectives of other people and see things from their point of view. The fantasy scale measured the tendency to identify with characters in movies, novels, plays, and other fictional situations. The two other scales explicitly tapped respondents' chronic-emotional reaction to the negative experiences of others. The empathic concern scale inquiries about respondents' feelings of warmth, compassion, and concern for others, while the personal distress scale measures the personal feelings of anxiety and discomfort that result from observing another's negative experience (p. 86).

The emerging measure has been used to investigate the multidimensional nature of empathy. The four scales have also been widely used in research to measure empathy. Of the four factors measured by these scales, the two that are linked with CF and typically are present in individuals who experience CF are empathic concern and personal distress (Davis, 1983). Empathic concern is one of the progressive factors in Figley's (1995a) model of compassion stress and fatigue, which will be reviewed in this chapter's conceptual framework section. However, it is important to note here that Davis (1983) stated empathic concern is caring about the well-being of another and feeling sadness over their suffering or pain. This type of concern has been seen in individuals who develop CF (Figley, 1995a; Figley & Roop, 2006). Personal distress is the feeling of anxiety and stress when exposed to and witnessing another's suffering or pain (Davis, 1983). This type of distress has also been linked to CF because symptoms of CF include feelings of anxiety and being overwhelmed due to exposure to another's suffering or pain (Figley & Roop, 2006).

Most research on the connection between empathy and CF has been conducted in the healthcare profession on doctors, nurses, and therapists. Studies on nurses, social workers, and doctors have shown that feelings of empathy, specifically personal distress and empathic concern, are correlated with CF and burnout (Duarte & Pinto-Gouveia, 2017; Jaehee et al., 2019; Mottaghi et al., 2020). High emotional empathy in nurses is positively associated with CF, especially when the nurses do not have the resources or training to manage their emotions (Hunt et al., 2017). Although some jobs where high emotional empathy is required may result in positive feelings, in jobs where an individual

is responsible for another's well-being or life, empathy can take the form of guilt and cause more negative consequences for the caregiver (Duarte & Pinto-Gouveia, 2017). For example, nurses can develop pathogenic guilt as a result of witnessing another's suffering and believing they should be able to successfully alleviate that pain; when they are unable to do so, the feelings of empathy can cause pathogenic guilt, which may result in symptoms associated with CF (Duarte & Pinto-Gouveia, 2017). This type of guilt is a result of close contact with and exposure to another's suffering and the inability to help. This guilt contributes to the personal distress Davis (1980) labelled in his multidimensional approach to describing empathy. The various facets of empathy described by Davis (1980), including empathic concern and personal distress and the emotions that result, help understand the complexity of the factors that contribute to the development of CF. The other aspects of empathy, including empathic response, empathic ability, and empathic concern are part of Figley's (1995s) model of compassion stress and fatigue. These will be further detailed in this chapter's conceptual framework section.

Empathy and Animal Care Workers. The link between the different empathy dimensions previously described and CF is an important consideration to understand how CF may develop in animal care workers. There is limited research explicitly addressing empathy in animal care workers. Colombo et al. (2017) conducted one of the first studies exploring the demographic factors related to empathy toward animals and human clients in veterinarians. The study found that females displayed higher empathy than males, and older veterinarians were more empathetic than younger veterinarians (Columbo et al.,

2017). These researchers specifically noted that future studies should explore how empathy may affect the well-being of animal care workers. Research also shows that the human-animal bond is one that creates feelings of connection and concern between animal caregivers and the animals they serve (Dunn et al., 2019). Although these individuals may not cognitively understand what it means to be the animal in pain as they would with humans who are in pain, they do form an emotional bond with the animals in their care. It is in the context of this emotional bond between the human caregiver and the animal that Davis's (1983) affective empathy components of empathic concern and personal distress could play a role in animal care workers' development of CF.

Animal Care Workers: Employees and Volunteers

Animal care workers are individuals in the animal welfare and animal healthcare industries who provide care to animals in veterinary settings, animal shelters and rescue organizations, zoos, pet stores, and other locations that tend to the needs of animals. Research on CF in animal care workers has focused on veterinary settings and animal shelters because of the suffering witnessed in these settings and the bond that can develop between the human and the animals in their care. Because the research on CF has focused on these groups of animal care workers, it is important to understand who they are and what they do. The following information describes the workers in these settings and briefly highlights what may contribute to their stress and risk for developing CF.

Veterinary Employees

Veterinary staff includes doctors, veterinary technicians, veterinary nurses, assistants, and support staff. These are the professionals who are trained in medical care

or support for large and small animals. The set-up of a particular veterinary office or animal hospital depends on the species and size of the animals served and the community within which the facility is located. Some veterinary offices are large, with many exam rooms and staff; some are small, with only one exam room, one doctor, and one veterinary technician. Veterinary specialty practices are other facilities that can house cardiologists, neurologists, ophthalmologists, and other specialty veterinarians and their staffs. There are also mobile veterinarians who have their exam-rooms on wheels and make house calls to the animals' homes. Many animal shelters also include veterinary staff. Regardless of where they are working or the nature of their work with animals, veterinary employees may be at risk for occupational stress and CF because of their close and frequent contact with abused, neglected, or sick animals. The stress they experience due to constantly treating sick animals as well as performing frequent euthanasia and managing the emotions of the animals' owners may contribute to their risk of developing CF (Moses et al., 2018).

The stressors many veterinary employees experience can be the result of their compassion for the animals they care for, the bond they have formed with the animals, and the inability to relieve their pain and suffering or find them a suitable permanent home (Ludick & Figley, 2017; Figley & Roop, 2006). Other contributors of stress and burnout for this population include poor work-life balance and debt (Giordano, 2019). Animal care workers, including veterinary professionals may experience physical and psychological symptoms of stress including anxiety, depression, guilt, social isolation, feeling numb, insomnia, gastrointestinal issues, fatigue and muscle tension (Figley &

Roop, 2006). If left untreated, the symptoms can advance into burnout and CF (Bowden, 2020; Figley & Roop, 2006). In extreme situations, stress in veterinary professionals has also been linked to suicide (Bowden, 2020). Although veterinarians are known for their professional demeanor and ability to compartmentalize their emotions, the prolonged exposure to their work stressors may contribute to an increased risk of CF if they are not managed properly (Bowden, 2020).

Animal Shelter Employees

Animal shelter employees are paid animal care workers employed by animal shelters. Animal shelter employees are engaged in a variety of activities, including providing food, shelter, and medical care to the animals. They are also often involved in rescuing animals from an abusive or neglectful situation and transporting them to safety (HSUS, 2020). Animal shelter employees work as animal shelter managers and directors, shelter medical personnel, shelter kennel keeper, dog walker, animal foster parent, adoption coordinator, transport coordinator, event coordinator, and dog trainer.

Animal shelter environments are often a reflection of the city or town where they are located. There are large animal shelters in that provide shelter and care for hundreds of cats and dogs and there are very small shelters, that may only have enough space to provide shelter for 10-20 dogs or cats. Animal shelters of all sizes may be designated as kill or no-kill shelters to reflect whether or not they euthanize animals. The size, location, number of overall and abused, sick, or ill animals served, number of staff serving the animals, and the “kill-status” of a shelter may contribute to the workers' level of stress. For example, the Humane Rescue Alliance of Washington, D.C., is the largest animal

shelter in the country and is the result of several shelters merging into one. In 2016, this organization cared for over 60,000 animals (Kashino, 2016). A smaller rural animal rescue organization such as the Rappahannock Animal Welfare League in Rappahannock, Virginia rescued 167 dogs and three cats in 2019 (National Animal Interest Alliance, 2020). Bigger shelters typically handle larger numbers of abused and sick animals simply because of the larger number of animals that come into the shelter. This larger volume may affect the amount of stress experienced by the staff (Davis, 2013; Lowry, 2013).

Animal shelter employees often employ veterinary staff to help care for the sick and injured animals and to assist in euthanasia. Like their colleagues who work in veterinary practices, animal shelter employees experience physical and psychological symptoms of stress including anxiety, depression, guilt, social isolation, feeling numb, insomnia, gastrointestinal issues, fatigue and muscle tension (Figley & Roop, 2006). If not managed, the stress can increase their risk of CF. Shelter environments that are overcrowded and use euthanasia to manage animal population have been shown to increase stress and burnout in the animal care workers (Schneider & Roberts, 2016; Schrabram & Maitlis, 2017). Additionally, animal shelter employees engaged in work activities that require tending to and caring for sick and injured animals may be at risk for developing CF due to exposure to their suffering and the bond they develop with these animals (Figley & Roop, 2006).

Animal Shelter Volunteers

Volunteers in the animal welfare industry are a unique set of individuals motivated to donate their time to animal care due to their affinity for animals and their deep commitment to animal rights and animal welfare (Neumann, 2010). Volunteers play a critical role in keeping homeless animals off the street and from spreading disease in the environment. Although the research on animal shelter volunteers has been limited, the following information provides an overview of what the literature says are some unique experiences and characteristics of this community.

Studies have shown that 75% of animal welfare volunteers tend to be white women who are pet owners, and most decide to volunteer based on personal initiative instead of being recruited (Fournier & Mustful, 2019; Neumann, 2010). This demonstrates that internal values are motivating the volunteers to participate in animal rescue. These individuals tend to volunteer for the animal's benefit and well-being and are deeply dedicated to the animals in their care (Davis, 2013). Many volunteers feel internally driven to do this work, give their heart and soul to caring for the animals with whom they develop a bond, and have strong emotional responses to the issues and problems the animals encounter (Schabram & Maitlis, 2017). They also often find it hard to manage their emotional responses to the suffering they witness (Schabram & Maitlis, 2017).

Animal shelter volunteers can work in many different capacities in the organization where they serve. They can serve in roles that require direct contact with animals and roles that do not require any contact with animals, and they can serve in

multiple roles at one time (Ford, 2016). McFarland (2005) said volunteer roles in animal rescue organizations involve the following:

> Adoption counseling, humane education, clerical (data entry, filing, typing), animal care, customer service (receptionist), veterinary assistance, foster care, gift shop management, socialization of dogs/dog walking, fund-raising, socialization of cats, special events, small-mammal companionship, community outreach, dog training, and animal-assisted therapy (p. 13).

The work of a volunteer is dependent on the organization's specific needs, which may change over time. Volunteers thus can perform many different roles during their tenure at an animal shelter and in volunteer-only animal rescue organizations, the volunteers fill all roles and perform all duties required to operate the organization (McFarland, 2005). Many volunteers will fill more than one role, should that be their preference, and many get exposed to all aspects of animal rescue work.

Ford (2016) conducted a comprehensive study on animal shelter volunteers' identification with their work, which uncovered many characteristics of what motivates volunteer animal shelter workers to give their time freely in this environment. Volunteers tended to identify with the animal shelter's mission more than identifying with the actual animal shelter organization. For example, many animal shelters have missions that include a "no-kill" policy, which is appealing to volunteers who feel called to serve in animal rescue because of their commitment to saving the lives of animals in need (Ford, 2016; Fournier & Mustful, 2019). Animal rescue volunteers are often motivated to work

with animals who would have otherwise been killed had it not been for a shelter's commitment to their no-kill policy (Ford, 2016).

Ford (2016) said that animal shelter volunteers tend to be motivated by the connection they feel to the animals. Whether it is with one animal or with animals in general, volunteers specifically stated that they were in their roles "for the dogs" (p. 126). They expressed the desire to ensure the dogs and cats at the shelter are well-cared for and also expressed their love of the animals at the shelter and a love of animals in general (Ford, 2016). Other themes that emerged from Ford's (2016) study included volunteers' love for animals being greater than their love for humans and the development of a deep bond and connection to the animals in their care. When animals were adopted after being in their care for a while, the volunteers felt sadness and expressed that they missed seeing the animals. Although they were happy the animals found their permanent homes, many of these individuals volunteer to spend time with the animals; therefore, they felt sadness and a loss when the animals were adopted (Ford, 2016; Signal et al., 2022).

Animal shelter volunteers' deep connection with and love for the animals could make them unable to effectively manage their emotional responses related to their work (Schabram & Maitlis, 2017). The human-animal bond and the emotional toll of animal caregiving makes these individuals at risk for stress, burnout, and CF (Figley & Roop, 2006). Allen and Meuller (2013) researched whether burnout may impact animal shelter volunteers' intention to quit. This study uncovered that both role ambiguity and feeling unheard in an organization contributed to the shelter volunteers' burnout level, and burnout contributed to the volunteers' intention to quit (Allen & Meuller, 2013). Thus, the

researchers noted that volunteers in emotionally demanding roles could experience burnout and potentially quit. Avieli et al. (2015) said volunteers often unknowingly experience higher CF and burnout than paid professionals in the same roles. Burnout can be a factor that exacerbates symptoms of CF; that is, burnout often results from prolonged exposure to work stressors and associated feelings of depletion and emotional exhaustion which could contribute to the experience of CF (Morrissette, 2004; Graeve-Cunningham, 2015). These are important considerations for the volunteers in animal shelters.

Graeve-Cunningham (2015) found that work stressors and traumatic events that volunteers experienced were linked to volunteers' intention to quit. In animal shelters, exposure to the act of euthanasia or knowledge that a dog in a volunteer's care needs to be euthanized may be considered a traumatic event and is considered a stressor of this type of work (Davis, 2013; Ford, 2016). Because animal shelter volunteers are exposed to and experience high levels of stress in their role, organizations may be at risk of losing their volunteers (Allen & Meuller, 2013; Kimber & Gardner, 2016).

Many animal rescue organizations include both paid staff and volunteers. There are also animal shelters that are operated solely by volunteers, who are then responsible for all of the required duties to care for the animals and sustain the organization. Therefore, volunteers and paid staff in animal rescue organizations are often responsible for similar tasks and duties and often perform identical duties (McFarland, 2005; Davis, 2013). Volunteers often assist the paid employees in tasks ranging from facilitating adoptions, tending to the animals, clerical work, veterinary assistance, or may perform

these tasks on their own. The main difference between paid and volunteer animal shelter workers is the financial benefit for the paid workers. For volunteers, who receive no monetary compensation, their commitment is to the animals they serve and to the mission of the organization. As stated by Ford (2016), many volunteers quickly develop a close bond with the animals at the shelter and look forward to their volunteer hours to spend time with the dogs, who they refer to as their friends. The reward for the volunteer work is the time with the animals, helping to care for them, and finding them a permanent home.

Occupational Stress

Occupational stress has been defined by many researchers and experts in a variety of settings. Although the details of the definitions differ, the similarities in these definitions describe occupational stress as the unpleasant emotions and adverse physical reactions that occur as a result of an individual's work experiences and can be detrimental to one's well-being (Hart & Cooper, 2001; American Psychological Association, 2020). Several things contribute to occupational stress, including those specifically related to one's job and those specific to an individual. Job-related sources of stress are linked explicitly to one's work and include the physical environment, work activities or job-specific tasks, organizational culture, leadership structure, and working conditions (Bakker & Demerouti, 2007; Cooper & Marshall, 1976; Demerouti et al., 2001). Individualized stressors are those related to one's personal preferences and personality. These stressors may include things like coping skills, personal fit to work, ability to manage workplace conflict, and amount of career development and job growth offered by

an organization (Cooper & Marshall, 1976; Dollard & Bakker, 2010; Lazarus & Folkman, 1984; Veldhoven et al., 2002).

The current study focused on the specific aspects of the animal shelter volunteers' work environment (work activities, physical environment, and working conditions) that contributed to the development of CF. The research on occupational stress described the details of these work environment aspects differently; however, there is a general consensus that the physical environment of one's workspace includes the size, layout, location, and facilities within which one works (McCoy & Evans, 2005; Pandey et al., 2011; Vokic & Bogdanic, 2007). Work activities are those tasks that are specific to work being performed (Pandey et al., 2011; Cooper et al., 2001; Vokic & Bogdanic, 2007). For animal shelter workers, this would include tasks related to saving and caring for the shelter animals and associated with the operation of an animal shelter. Their working conditions are the circumstances within which these individuals perform their work activities (Chirico, 2016; Pandey et al., 2011). For example, at an animal shelter, this would include the number of hours at the shelter, the volume of work or work demands, opportunities for breaks, the safety of the shelter space, or the amount of training available.

Although the research on occupational stress in animal care workers is not vast, there have been several studies conducted showing that animal care work is stressful and can create adverse emotional and physical effects and negatively impact one's well-being (Baran et al., 2012; Dunn et al., 2019; Ford, 2016; Schneider & Roberts, 2016). As stated earlier, CF often develops due to unmanaged stress (Gentry & Baranowsky, 1998). Figley

(1995a) stated that CF is often routed through compassion stress, which is the stress that results from regular exposure to suffering individuals and the desire to provide compassionate care to them. Therefore, it is important to understand the link between animal care workers' occupational stressors that may contribute to the onset of CF. Because the focus of this study is on the work environment that could be stressful enough to contribute to the development of CF in animal shelter volunteers, the following section will review the current research in this area.

Animal Care Work, Occupational Stress, and CF

Animal care workers typically engage in work that includes providing food and water to animals, cleaning up after them, tending to their medical needs, monitoring them for illness or injury, grooming them, walking and exercising them, and training them to behave in a specific manner (United States Bureau of Labor Statistics, 2020). The particular work environment of an individual animal care worker will depend on the person's position within an organization and the needs of the organization. The individual's work environment and their specific work activities in that environment can impact the amount of contact with animals, the amount of suffering the caregiver is exposed to, and whether a bond is developed between the caregiver and the animal. The bond that develops between a caregiver and their patient and the caregiver's exposure to their patient's suffering are two factors that increase the risk of developing CF (Figley & Roop, 2006). These two factors are an essential consideration when examining animal care workers' experiences of CF. Their work may expose them to situations that put them at higher risk of developing CF. For example, organizations that do not provide adequate

training for animal care workers to perform their duties or lack consistent communication can increase the stress experienced (Cooper et al., 2001). The increased stress increases the risk of CF (Figley, 1995a). As previously noted, animal shelter volunteers are often engaged in the same work activities as their paid colleagues. Some of these activities facilitate a bond between the volunteer and the animals as well as expose them to animal suffering. Some organizations may not provide enough training for their volunteers; therefore, they are not prepared to deal with exposure to animal suffering. Depending on their length of service with an animal shelter or rescue organization, their preferences, and the organizational needs, volunteers may be engaged in all types of animal caregiving work. Their exposure to the many elements of animal care work could put them at risk for occupational stress and CF.

Research has shown that animal care workers engage in certain tasks that can increase their stress (Dunn et al., 2019; Polachek & Wallace, 2018). These include activities that involve euthanizing an animal one has cared for or euthanizing an animal due to insufficient resources to save the animal (Dunn et al., 2019; Polachek & Wallace, 2018). Polachek and Wallace's (2018) study on the satisfying and tiring work tasks of animal care workers found that activities that expose the animal care worker to animal suffering also increased stress. Dunn et al. (2019) studied occupational stressors in Canadian animal welfare employees. They found the following aspects of their work environment increased the employees' stress: lack of training, the inability to provide adequate care to animals due to lack of funding and insufficient resources, the inability to make decisions about one's work, and a lack of communication and team support.

Additionally, Dunn et al. (2019) indicated that the work activities involving euthanasia, exposure to dangerous dogs, and witnessing animal suffering also increased the animal care workers' stress. Ford (2016) said that work conditions that place volunteers with dangerous and aggressive animals or very sick animals contributed to increased stress in volunteers.

Scotney (2017) said work activities that increased the human-animal bond, exposed the workers to animal suffering, and involved them in euthanasia practices, and decision-making increased their stress. Work environments that were overcrowded and could not adequately support all the animals was also a workplace stressor for the animal care employees. Additionally, environments that did not provide adequate job training and lacked communication as well as lacked acknowledgment of the occupational stressors and emotional toll of animal care work increased the stress of the animal care workers (Scotney, 2017). This researcher also noted that a lack of training specific to CF and occupational stress contributed to higher stress.

Another occupational stressor for animal care workers is the practice of euthanasia. Schneider and Robert (2016) said deciding which animals will be euthanized increased workers' stress. In some instances, the stress resulted from the worker's lack of involvement in the decision. When euthanasia decisions are made by the shelter's senior-level veterinary staff who do not know the animal, it creates sadness and stress for the worker who has a bond with the animal (Schneider & Roberts, 2016). Schneider and Robert (2016) said animal shelter workers experience more stress when they are involved in work activities that involve responsibility for the animal's life. For example, if the

animal care worker is involved in the adoption process, they feel responsible for finding the animal a suitable home. If they cannot do this promptly (before the animal needs to be euthanized), they feel guilty. If they find an animal home, but it is an unsuccessful adoption, and the animal is returned to the shelter, they may also feel guilty. This sense of ownership and responsibility for the animals can be a significant stressor (Schneider & Roberts, 2016). Schneider & Robert (2016) said activities that bond the shelter workers with the animals could increase stress. The stress comes from animals being in the shelter for many months before being adopted and having to witness the animals spending excessive time confined in their kennels. Shelter workers' stress can also increase if a worker has spent time rehabilitating a dog who is confined for too long and then bites someone resulting in the need for euthanasia.

Because stress is a contributing factor to CF, if the stress is not managed, it can result in the animal care worker's development of CF (Figley, 1995a; Figley & Roop, 2006). By understanding the specific work activities that may be contributing to the development of CF in animal care workers, there can be greater awareness about where attention is necessary to alleviate and mitigate the onset of CF.

Features of Animal Care Work that May Contribute to the Onset of CF

Animal care work involves unique aspects that can put the workers at risk for developing CF. In addition to aspects of their work environment that increase their stress, research specific to CF in animal care workers has identified several features consistently present in animal care work that may expose these caregivers to developing CF. Most of these features also increase the stress levels of animal care workers; therefore,

compounding their progression toward the development of CF. These unique features of their work include the human-animal bond, moral conflict, the caring-killing paradox, exposure to animal euthanasia practices, and the stigma associated with animal care work (Andrukonis & Protopopova, 2020; Arluke, 1994; Baran et al., 2016; Dunn et al., 2019). Generally, an individual work feature by itself does not influence whether an animal care worker could develop CF, however, when a caregiver experiences a combination of these work features there is a greater likelihood that CF may occur. Specific aspects of the work environment may also increase the likelihood of thes presence of these features. For example, when an animal caregiver works in a role providing medical care to dogs, they may develop a bond with the dogs. If some dogs need to be euthanized because of an overcrowded shelter, and the caregiver is responsible for the euthanasia decision or the assists in euthanizing the dogs, the combination of work features may trigger CF. The following sections will review these work features as well how work environment may play a part.

Human-Animal Bond

Figley and Roop (2006) stated that for CF to exist, there must be a "caregiving relationship" (p. 37). This relationship includes a bond between two individuals, meaning there needs to be an exchange of emotions, including empathy, and a desire on the part of the caregiver to alleviate their patient's suffering (Figley & Roop, 2006). The American Veterinary Medical Association (2020) defined the human-animal bond as a "mutually beneficial and dynamic relationship between people and animals that is influenced by behaviors essential to the health and well-being of both. This includes, among other

things, emotional, psychological, and physical interactions of people, animals, and the environment" (para 1). This type of bond is often experienced in animal care workers and the animals they serve. Considerable research has been conducted on the human-animal bond and how it can positively and negatively impact animal caregivers. Hosey and Melfi (2014) said positive impacts include a reduction in physical stress levels, improved cardiovascular functioning, greater mental and emotional relaxation, reduction in fear, and anxiety, and improvement in moods and social interaction. White (2018) described an increase in oxytocin, the hormone that is known to increase bonding and feelings of closeness, when a human makes eye contact with a dog. When the human knows the dog, it increases oxytocin in both the human and the dog (White, 2018). Other positive benefits of the human-animal bond include the encouragement of compassionate feelings and a decrease in feelings of aggression (White, 2018). Global institutions have been established to focus on the study of human-animal interaction (for example, the Animals and Society Institute, Human-Animal Bond Research Institute, and the Human-Animal Interaction division of the American Psychological Association), all which are testaments to the importance of the human-animal bond in today's world.

As stated, research on the effects of the human-animal bond on animal care workers includes both positive and negative outcomes. The presence of a bond with an animal can contribute to animal care workers' increased satisfaction with their work (Andrukonis & Protopopova, 2020). They typically enter the field because of their love for animals, so developing this bond is natural and can increase their motivation at work. However, the development of the human-animal bond has been noted as an animal

relationship stressor in animal shelter employees because of the strain it causes when employees witness the animals' suffering (Dunn et al., 2019). Animal care workers are often involved in work activities that expose them to animal trauma, abuse, neglect, and euthanasia, which puts them at risk for developing CF (Rohlf, 2018; Scotney, 2017; Yates, 2015). These same activities facilitate the development of a bond with the animals; for example, providing regular medical care for abused neglected or ill animals, or rehabilitating them through behavioral and obedience training cultivates the human-animal bond. The presence of this bond with the animals increases the animal care worker's risk of developing CF (Figley & Roop, 2006).

Animal shelter employees and volunteers are also presented with a unique perspective of the human-animal bond. If they are involved in work activities that include owner relinquishment or the intake of abandoned animals to their organization, they see that bond between the pet owners and animals broken. The witnessing of animal neglect or abuse as the breaker of the human-animal bond can create anger in some animal shelter workers and further motivate them to help save suffering animals (Figley & Roop, 2006). If animal shelter workers are engaged in activities where they witness the breaking of the human-animal bond and then further develop their own bond with the animals surrendered to the shelter, it can put animal shelter workers at greater risk for developing CF (Figley & Roop, 2006). The longer an animal stays at a shelter and is in the care of the animal shelter worker, the stronger the bond becomes, which may increase the potential for developing CF (Andrukonis & Protopopova, 2020; Scotney, 2017).

Moral Conflict and the Caring-Killing Paradox

Moral conflict occurs when an individual must perform work that conflicts with their personal moral code (Montoya, 2019). This conflict is experienced in animal caregivers when they are required to perform work or have knowledge that their work involves activities that conflict with their moral views, or when the work they are required to do is in conflict with what they feel is the right thing (Moses et al., 2018; Tallberg & Jordan, 2021). The term moral conflict is often referred to as moral strain, moral distress, and moral stress in the literature. Montoya et al. (2019) described a moral conflict as what happens first, when personal values conflict with an individual's actions. This conflict then creates moral stress, strain, or distress (Montoya et al., 2019). Although the terminology varies in the literature, the term moral conflict will be used moving forward to describe the conflict and related stress that animal care workers experience as a result of performing work activities that conflict with their moral code.

Moral conflict occurs in animal care workers because there are often competing human and animal interests (Montoya et al., 2019; Tallberg & Jordan, 2021). The animal interest may not be aligned with what the human wants or vice versa. For example, the need to euthanize an animal due to lack of shelter space may be what is required or in the best interest of the shelter but not the animal. Another example of a moral conflict where it can be difficult to make a decision between two courses of action is when an animal needs to be euthanized due to a diminished quality of life, and a pet owner is struggling with a desire to keep the animal alive. Work activities that involve euthanasia and euthanasia decisions can create moral conflict in animal care workers.

Moral conflict is often present in animal care workers due to the caring-killing paradox. This paradox was first referenced by Arluke (1994) and occurs when an animal shelter worker participates in the euthanasia decision or assists with euthanizing animals to whom they provided care. Animal shelter employees and volunteers often have a history of pet ownership and value animal companionship. They enter the field with a caring mindset of wanting to improve animals' lives (Arluke, 2006). However, this caring can include the heartbreaking decisions and actions of euthanasia, which is often a contradiction to the reason they chose this line of work (Figley & Roop, 2006). Although "killing" via euthanasia is often the most humane action to take for the animal, it does not make it easier for the individuals whose desire is to save and care for them. Putting an animal down that one has provided care to may create a significant stress in animal care workers (Reeve et al., 2005). This stress may also be due to the worker having imagined their caregiving role differently than how it is in reality (Reeve et al., 2005).

The caring-killing paradox is prevalent in animal shelters because overcrowding often makes euthanasia the only option for a healthy animal that has not been adopted and whose time at the shelter has expired (Miller & Zawitowski, 2013; Reeve et al., 2005). When the shelter environment is consistently overcrowded, euthanasia may be more common, therefore increasing the stress of the animal care worker (Andrukonis & Protopopova, 2020; PETA, 2020). The caring-killing paradox and associated moral conflict can magnify CF in animal shelter workers because they contribute to increased stress, exposure to suffering, and can trigger traumatic memories (Figley & Roop, 2006). Any work activity that an animal shelter worker is involved in that includes needing to

make a life-ending decision or participate in ending the life of an animal in their care can invoke the caring-killing paradox and contribute to the development of CF (Figley, 1995a; Figley & Roop, 2006). This can occur for both paid and volunteer personnel at animal shelters, putting individuals in both groups at risk for CF development.

Exposure to Animal Euthanasia Practices. Moral conflict and the caring-killing paradox may be affected by the practice of euthanasia. Reeves et al. (2005) referred to emotional turmoil and stress that animal care workers experience due to euthanasia exposure as euthanasia-related strain (ERS). It is also referred to in the literature as euthanasia strain, euthanasia stress, and euthanasia-related stress. The term that will be used in this section is euthanasia-related stress. Although there are no exact numbers on how many animals are euthanized each year, the American Society for the Prevention of Cruelty to Animals (ASPCA) (2018) reported that of the 6.5 million cats and dogs entering animal shelters annually, approximately 1.5 million of them are euthanized each year. Euthanasia in animal shelters is due either to overcrowding and a need to open up space after an animal's time in the shelter has expired, or because of health or behavioral issues that make an animal unfit for adoption. The HSUS (2014) reported that of the shelter animals euthanized, close to 80% of them were healthy and could have been adopted.

Euthanasia in animal shelters impacts the employees and volunteers who provide care for the animals. Animal shelters are often required to euthanize animals because they do not have enough funding to support the needs and number of animals they take-in, or because of overcrowding in the shelters (Kleinfeldt, 2017). Animal shelter workers often

recognize that euthanasia does not cure the problem of animal overpopulation and overcrowded shelters; it is merely a short-term solution (Kleinfeldt, 2017). Yates (2015) described euthanasia as one of the most stressful tasks of animal shelter workers. In his study on the effects of stress and burnout on animal shelter employees, Yates (2015) surveyed 137 animal shelter employees and discovered no statistically significant links between stress and burnout on shelter employees' intentions to quit. However, the researcher noted a need for further exploration of euthanasia's effects and the associated stress on animal shelter employees' well-being (Yates, 2015). Nguyen-Finn (2018) conducted a mixed-methods study on the effects of euthanasia on animal shelter workers. He surveyed 192 animal shelter workers for the quantitative portion. He interviewed an additional 42 for the qualitative part, which specifically explored the lived experiences of animal shelter workers who are exposed to euthanasia. Results indicated statistically significant correlations between euthanasia and secondary traumatic stress and burnout (Nguyen-Finn, 2018). The themes from the qualitative data analysis identified euthanasia an unfortunate necessity of animal shelter work and that it contributes to feelings of sadness, depression, guilt, helplessness, and an inability to separate one's personal life from shelter work (Nguyen-Finn, 2018).

Animal shelter workers and veterinary professionals experience distressing emotions related to euthanasia, including feelings of guilt, sadness, and intrusive memories and dreams about euthanasia events (Rohlf, 2018; Scotney et al., 2015; Signal et al., 2022). Anderson et al. (2013) conducted a quantitative study on animal shelter managers' perspectives on the effects of euthanasia on shelter staff. Fifty-four shelter

managers in Ohio were surveyed. The results showed that although only 26% of the survey respondents agreed that euthanasia contributed to staff turnover, 74% agreed it was a contributing factor to staff burnout (Anderson et al., 2013). The adverse effects of euthanasia may be due to moral conflict and the caring-killing paradox. As previously mentioned, animal shelter employees often enter the field to save and care for the animals. When they are faced with the decision to euthanize an animal and may also need to perform the act of euthanasia, it is often in direct contrast to why they entered the field; this could contribute to moral conflict (Rohlf, 2018; Scotney, 2017).

Animal shelter workers who are involved in euthanasia decisions and have to select which animals to euthanize experience increased secondary traumatic stress (STS) and burnout (Andrukonis & Protopopova, 2020; Yates, 2015). The pressure of deciding which animals to euthanize may increase the trauma associated with euthanizing an animal, especially in situations where the animal is healthy (Andrukonis & Protopopova, 2020). Although rescue organizations that have paid and volunteer staff may not require volunteers to participate in these decisions, organizations that are staffed solely by volunteers require the volunteer's involvement in euthanasia decisions. The decision to euthanize certain animals may not be the decision of the shelter employee or volunteer but instead is a decision required by a shelter policy, due to overpopulation; this can create feelings of guilt, sadness, and helplessness in employees and volunteers (Nguyen-Finn, 2018). Data also indicated that the longer the animal had been in a shelter, the greater the bond between the animal and their caregiver (Andrukonis & Protopopova,

2020; Scotney, 2017); therefore, having to make a euthanasia decision becomes even more difficult for the animal shelter workers.

Although most states require licensed veterinarians to perform euthanasia, this is not true for all states. Georgia is one state that allows laypersons trained in humane euthanasia practices to perform the act. Other states like Massachusetts and Iowa have unclear guidelines regarding who can perform euthanasia (Kleinfeldt, 2017). In most situations, animal shelter volunteers are not performing the act of euthanasia. However, they are often assisting shelter veterinarians with the procedure (Cavalier, 2016; McFarland, 2005). Work activities which require involvement in euthanasia decisions and practices along with exposure to euthanasia information can create distress for the animal care workers (Andrukonis & Protopopova, 2020; Nguyen-Finn, 2018). Additionally, employees and volunteers in environments that do not provide training or adequately prepare employees and volunteers for the emotional toll of euthanasia have increased stress and risk of CF development (Dunn et al., 2019; Scotney, 2017).

Ford (2016) said a volunteer worked very hard to find a home for a dog she had found as a stray and brought into her shelter to be saved. This dog was quickly placed on the euthanasia list, and this created distress for the volunteer who had developed a bond with the dog and was committed to helping her find a home. Davis (2013) stated that animal shelter volunteers are consistently exposed to the life and death of animals in their care. Specific research on the Milwaukee Area Domestic Animal Control Commission revealed that the majority of the animals at this shelter spend their final days there and are in the care of both paid staff and volunteers throughout their time at the shelter (Davis,

2013). Although animal rescue organizations utilize volunteers in different roles that are dependent on the organization's needs, the volunteers may still experience the same moral conflict and euthanasia-related strain as the paid workers (Cavalier, 2016; Ford, 2016).

Other contributors to euthanasia-related stress and the associated moral conflict in animal shelter workers include the public's misunderstanding of the work being done and expressions of anger toward animal shelter workers regarding the need for euthanasia (Nguyen-Finn, 2018; Scotney 2017). Additionally, animal shelter employees who work with owner's who are surrendering their pets struggle with their own feelings towards those these owners because they may judge the pet owners for not being able to care for their animals properly and knowing that relinquishment can equate to a better life for the animal (Scotney, 2017). Scotney (2017) said animal shelter workers also struggle with judging the public's acceptance of the continuation of dog-breeding while animal shelter employees are constantly dealing with the adverse effects of the overpopulation of dogs. The shelter workers felt there is not enough public education about animal overpopulation and that continuing to breed is irresponsible and makes their jobs more difficult as well as continues to increase the need for euthanizing otherwise healthy dogs (Scotney, 2017). These work experiences create additional stress for animal shelter workers.

As the research demonstrates, euthanasia-related stress is a reality of working in animal rescue. Work environments which expose animal shelter workers to euthanasia practices contribute to distressing emotions, exposure to animal suffering, constant stress,

emotional drain and feelings of being overwhelmed for the workers (Nguyen-Finn, 2018; Rohlf, 2018; Scotney, 2017; Yates, 2015). These work aspects may increase the risk of animal shelter workers developing CF and have been linked with CF symptoms, burnout, and occupational stress in animal care workers (Rohlf, 2018; Scotney et al., 2015).

Stigma of Animal Shelter Work

There are many aspects of animal shelter work that can be stigmatized by society and adversely impact animal care workers. Animal care work has often been equated to dirty work, which involves physically, socially, or morally stigmatized tasks (Ashforth & Kreiner, 1999). Animal shelter work falls into the category of dirty work because it includes workers doing what has been identified as dirty tasks, including caring for sick and dying animals, cleaning up after animals, keeping their kennels clean, assisting in or performing euthanasia, and having to dispose of animal bodies. For work to be considered dirty, it usually is physically, socially, or morally stigmatized by the public (Ashforth & Kreiner, 1999).

Occupations involving physically stigmatized tasks require workers to physically handle items such as sewage, trash, or dead bodies (Ashforth & Kreiner, 1999). Because animal shelter workers often clean-up animal feces and could be involved in handling or disposing of animals' bodies after euthanasia, the work is physically stigmatized and can be viewed as less than or classified as dirty by society (Baran et al., 2012). Baran et al.'s (2012) quantitative study specifically researched the silent burden that accompanies animal shelter dirty tasks. The tasks in this study were specified as the physically demanding activities involving euthanasia, disposing of an animal's body, and any other

tasks the employees felt were negative or physically challenging. Dirty work tasks were correlated with higher employee strain, conflicts between work and family life, higher burnout, and lower job satisfaction (Baran et al., 2012).

Occupations that are socially stigmatized often require the worker to have regular contact with others who are stigmatized, such as social workers, correctional officers, or a public defender (Ashforth & Kreiner, 1999). Animal shelter work can also fall into this category of being socially stigmatized based on the public or cultural view of animals (Baran et al., 2016; Tallberg & Jordan, 2021). For example, many cultures see animals as lesser beings and not worthy of the same care and protection as humans. There may be a stigma associated with animal care work because of this public view. Therefore, the work to save and care for sick, homeless, and abandoned animals may be stigmatized as less socially acceptable by the public (Baran et al., 2016; Cavallaro et al., 2016; Tallberg & Jordan, 2021). Animal shelter workers also feel social responsibility toward saving the animals, which is why many get involved in animal rescue. They believe their work is essential and that they have a responsibility for the animals' care and well-being. However, this is often in direct contrast to the social stigmatization and societal perception of their dirty work. These perceptions may cause shelter workers to isolate themselves because they feel uncomfortable talking to others about their work (Baran et al., 2012).

Animal shelter volunteers who care for dogs and cats in a kennel environment are actively engaged in the physical aspects of dirty work. Even those who are only working in administrative roles are still dealing with the societal stigma of dirty work based on

working in an environment where animal bodies may be disposed (Ford, 2016). The amount of dirty work tasks they are involved in depends on the number of hours per week they volunteer and their role (Ford, 2016). Ford (2016) classified volunteers into four types of dirty work within an animal shelter: clean, smudged, filthy, and dangerously devoted. Clean volunteers were those who showed up at the facility and were not involved with any dirty physical work, and smudged volunteers performed mild dirty work tasks for short periods. Filthy volunteers were regularly handling the animals, cleaning up after them, and exposed to animal feces. Dangerously devoted volunteers did the same tasks as the other classifications, including exposing themselves to dangerous dogs, which put them at risk for getting bitten or harmed by the dog (Ford, 2016). Depending on the level of the dirty work, it can be seen as an accepted part of the volunteer role. For example, volunteers expressed getting used to the dirty aspects of the role and said seeing the animals eases the burden of unpleasant tasks (Ford, 2016). However, those involved in work classified as filthy or dangerously devoted expressed it as emotionally taxing because they care for the sickest and most aggressive animals who often pass away despite the volunteer's care (Ford, 2016).

According to Ford (2016), the aspects of animal shelter work that are stigmatized and classify it as dirty work have been linked to increased emotional strain in volunteers. Dirty work of animal caregiving has been linked to physical complaints, reluctance to discuss work with others outside of the work environment, lower job satisfaction, higher burnout, and a decrease in the overall well-being of animal care workers (Baran et al., 2012). These factors, the internal moral conflict and feeling the burden of being

responsible for the well-being of the animals, along with feeling the societal stigma of their work, could contribute to the progression of CF in animal shelter workers. Cavallaro (2016) stated that the stigma of animal shelter work as dirty work also contributes to disenfranchised grief, which is the silent or secret grief often experienced when individuals do not feel their grief is validated or understood by others (Huggard, 2011). This disenfranchisement can further isolate animal shelter workers from expressing their feelings about their work; hence, it may suppress their ability to understand or acknowledge their experiences or symptoms of CF.

Despite the stigma associated with animal shelter work and the negative impacts on the individuals, many animal shelter workers remain committed to the work they do. Their commitment to their work, love of the animals, and their sense of duty to saving animals keep them dedicated to this work, both as volunteers and employees (Ford, 2016; Schabram & Maitlis, 2017). Mercurio (2020) said individuals in stigmatized occupations make meaning out of their work by aligning what they do with their values, affirming their own work, and reminding themselves of the value of their work. These individuals also found meaning in their work through positive interactions with their colleagues and supervisors (Mercurio, 2020). Animal rescuers, whose desire is to save animals, see the value and importance of what they do through the animals' lives they have saved and the successful rehabilitation and adoption of animals in their care (Neumann, 2010). Ford (2016) stated that animal shelter volunteers' love of the animals frequently overrides any of the negative aspects of their work that create physical or social stigmas. Animal shelter workers are also drawn to the work because of the organization's mission and will

remain committed to that mission and the animals despite the difficulty of the tasks they perform (Ford, 2016). Ford (2016) said interacting with fellow animal lovers while volunteering at animal shelters keeps the volunteers coming back and can help ease the burden of some of the tasks required at the shelter. Despite the difficulty of the animal shelter work, these individuals have enough positive experiences and internal motivators that override the stigma associated with rescuing animals. This does not mean that the stigma of animal shelter work cannot contribute to CF because the research shows that it can be a factor (Baren et al., 2012). However, it does demonstrate that there can be enough positive aspects associated with this work that override a desire to leave due to physical or societal stigmatization.

Summary

This section on the features of animal care work that may impact the onset of CF has demonstrated several unique aspects of animal care work that put these animal shelter workers at risk for developing CF. Any single work feature may not have an impact; however, when combined and continuously experienced, these features may increase stress and the development of CF. The work environment may contribute to the likelihood of an animal care worker's exposure to these work features. As the literature demonstrates, the moral conflict, caring-killing paradox, exposure to euthanasia practices, the human-animal bond, and the stigma associated with animal care work are common and consistent experiences in animal care work. Work activities such as providing direct medical care to the animals, training and grooming them, and any activity that cultivates the human animal bond or exposes the animal care worker to animal suffering may

contribute to these unique features of animal care work. Other aspects of the work environment that include overcrowded shelters and insufficient of training for employees and volunteers increase stress and may also contribute to experiencing these unique features. When combined, these work features may increase the risk of CF and the related adverse impacts in animal care workers. Despite these challenging and emotionally taxing aspects of animal caregiving, these workers remain dedicated and committed to caring for the animals. They tend to continue working regardless of the negative effects on their well-being because of the deep sense of responsibility they feel for the animals (Taylor, 2004; Gorski et al., 2019). It is the love of the animals and the internal desire to help the animals that creates a sense of satisfaction for these workers and can offset some of the emotional difficulties (Neumann, 2010). Additionally, the positive aspects of the human-animal bond and doing work that aligns with their desire to help save animals is a benefit that retains animal rescue workers (Davis, 2013; Mercurio, 2020). Although these positive aspects of working with animals do not necessarily prevent the emotionally difficult and challenging issues from occurring, they can sustain animal shelter volunteers through the difficulty of their work (Ford, 2016).

Conceptual Framework

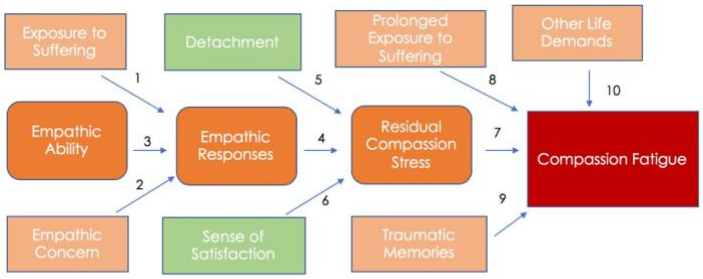
The conceptual framework that grounded this study borrows from the work of Figley's (1995a) compassion stress and fatigue model and occupational stress models that focus on work environments. The details of these models are described as follows.

Compassion Stress and Fatigue Model

Figley (1995) illustrated how CF might develop over time through a series of progressive contributing factors. The variability in one's experiences in a volunteer role, combined with their personal history, can result in developing CF. Figley's model, developed through research (Figley, 1995a; Figley & Figley, 2017; Ludick & Figley, 2017), and confirmed in animal care workers, social workers, nurses, and military personnel (Boscarino et al., 2004; Abendroth & Figley, 2014; Abendroth & Flannery, 2010; Figley & Roop, 2006) helps explain how CF can develop. The model outlines ten main progressive factors that contribute to the development of CF, which is typically routed through compassion stress (Figley,1995b). Figley (1995b) described compassion stress as the stress resulting from being exposed to those who are suffering while feeling the demand to alleviate their pain. All the factors in Figley's model may not be present when CF develops, nor do the factors happen one at a time. They progress and build on each other and can occur simultaneously. Yet, it is the experiences of the factors over time and an individual's personal history and empathy that may contribute to the onset of CF. Figure 3 illustrates the model's progressive factors. The numerical sequence shows the pathway of how CF develops, indicating how the factors progress and link together.

Figure 1

Figley's Compassion Stress and Fatigue Model



Exposure to Suffering

When a caregiver tends to an individual who is suffering, they are exposed to the individual's pain. Karademes (2009) stated that exposure to suffering is the first step toward compassion stress, which Figley (1995a) stated as the path through which CF often develops. Figley and Roop (2006) noted that exposure to another's suffering or pain is linked to feelings of anxiety and being overwhelmed, both of which are CF symptoms. Regular exposure to the suffering of a patient with whom one has a bond can also trigger cognitive and emotional reactions that can impair a caregiver's ability to step back and manage their own well-being (Karademas, 2009). This behavior is the beginning of the path of developing CF because the caregiver may sacrifice their own well-being by being overly focused and preoccupied with their patient's care.

Empathic Concern

As stated earlier in Chapter 2, empathy is one main trigger of compassion stress and, ultimately, CF. Without having the ability to understand or share in another's suffering, there would not be an emotional or cognitive reaction to produce the related stress (Figley & Figley, 2017; Ludick & Figley, 2017). Empathic concern is the feeling of distress a caregiver experiences because of their patient's suffering. This concern is the

result of a caregiver's desire to alleviate the patient's suffering or pain (Figley & Figley, 2017). Empathic concern motivates the caregiver to ease their patient's pain. If a caregiver has high empathy, their level of empathic concern is also likely to be high.

Empathic Ability

Empathic ability refers to the caregivers' capacity to be aware of the suffering of another individual (Figley & Figley, 2017). The higher the ability to identify with the thoughts, feelings, and state of another individual, the greater the caregiver's ability to effectively provide care for them (Ludick & Figley, 2017). This ability to empathize with someone who is suffering can create an emotional bond that is present with CF (Figley, Huggard, & Rees, 2013).

According to Ludick and Figley (2017), the three factors of exposure to suffering, empathic concern, and empathic ability comprise what is referred to as the empathic stance. This stance is often described as the caregiver's full immersion in the patient's experience and unwavering attention to the patient, which can contribute to feelings of deeper empathy from the caregiver (Ludick & Figley, 2017).

Empathic Response

Figley and Figley (2017) described the empathic response as the caring response given to a patient by their caregiver and the exact response that is required to adequately care for a suffering individual (p. 9). The empathic response continues to build the bond between the caregiver and patient and can put the caregiver at risk for developing CF (Figley, 1995a). The more the caregiver responds with empathy, the more invested they get in their patient's care, pain, and tending to their needs. Their investment in the patient

may also cause the caregiver to assume their patient's emotions and feel the same fear, sadness, or suffering that the patient is feeling; hence, increasing their risk of developing CF (Figley, 1995a; Ludick & Figley, 2017).

Detachment

Detachment is a factor in the model that may help mitigate the development of CF (Figley, 1995a). It is included as the fifth factor in the progression because detachment would be critical to help offset the development of CF at this stage of the progression. Detachment is the caregivers' ability to separate themselves from their work through self-care and taking breaks (Figley & Figley, 2017). Many helping professionals and animal caregivers, in particular, often feel an internal pull to do their work (Schabram & Maitlis, 2017). They believe that animals will suffer and die without them. Because of this belief, detachment may be difficult to achieve (Figley & Roop, 2006). However, if a caregiver can detach and let go of their patients' suffering, they are more effective at reducing their stress, thereby reducing their risk of developing CF (Ludick & Figley, 2017). Time away from work, self-care, and better personal-professional balance have been shown to alleviate symptoms of stress, burnout, and CF (Figley & Roop, 2006; Morrissette, 2004). It is the inability of animal care workers to step away, rest, and take time for personal care, which increases their risk of experiencing CF. Detachment is often done most effectively through a comprehensive self-care plan and can help prevent the caregiver from becoming consumed by their patients' situations (Figley & Roop, 2006).

Sense of Satisfaction

Satisfaction with one's caregiving work is another factor that may help offset the development of compassion-stress and CF. It is the sixth factor in the progression because, at this stage along the path to CF development, having another factor to offset the progress is critical. A sense of satisfaction includes an overall satisfaction with the work environment and feeling the positive emotions associated with showing compassion to a suffering individual (Ludick & Figley, 2017; Stamm, 2010).

Residual Compassion Stress

Residual compassion stress is the seventh contributing factor to the development of CF. It is described as the caregiver's continual and remaining stress reactions to ongoing patient suffering, and the constant desire to alleviate their patient's pain (Figley, 1995a). Experiencing this lingering stress is considered a severe outcome of repeat exposure to another's trauma and suffering (Ludick & Figley, 2017). Regularly being exposed to another's suffering and producing a continuous empathic response can create stress in caregivers if not managed or offset with detachment or stress relief strategies (Figley, 1995a).

Prolonged Exposure to Suffering

As referenced earlier, the first factor contributing to the development of CF is exposure to suffering. The prolonged exposure to this suffering is the eighth factor in Figley's model. Specifically, prolonged exposure to suffering is the ongoing pain and distress the caregiver experiences through their patient and the caregivers' feeling responsible for continuing to provide compassionate care (Figley & Figley, 2017).

Without relief from these feelings of responsibility or relief from exposure to the patient's trauma, the caregiver may have difficulty reducing their compassion stress; therefore, the risk of CF continues to progress (Figley & Figley, 2017; Figley, 2011).

Traumatic Memories

Traumatic memories include the caregiver's personal history of trauma and the memories they have gathered by providing compassionate care to their patients (Figley & Figley, 2017; Ludick & Figley, 2017). A caregivers' past trauma can trigger a negative emotional response when they tend to their patients in the present day. These emotional responses can worsen if the personal trauma has not been treated (Ludick & Figley, 2017). Trauma that is not treated and therefore triggered by prolonged exposure to another's suffering can manifest as anxiety, depression, flashbacks, nightmares, and other symptoms common in post-traumatic stress and CF (Ludick & Figley, 2017).

Other Life Demands

Other life demands are those stressors outside of one's work environment that disrupt everyday experiences and routines (Figley & Figley, 2017). For example, an unexpected personal illness, a loved one's illness, a spouse's loss of their job, or financial difficulties are considered other life demands. In normal situations, these demands could be managed effectively; however, when other factors in Figley's (1995a) model already burden an individual, their ability to handle everyday life stressors may be diminished (Ludick & Figley, 2017).

Although more recent versions of CF models were considered as a framework for this study, they focused on additional components such as resiliency and burnout, which were not applicable to this study. Therefore, they were not pursued.

Occupational Stress Models

There are numerous occupational stress models in the literature that organize sources of workplace stress into different categories. Two main categories are job-related and individual-related stressors (Chirico, 2016; Cooper & Marshall, 1976; Dollard & Bakker, 2010; Vokic & Bogdanic, 2007). Job-related stressors are specifically linked to one's work and include work activities or job-specific tasks, workload, work environment, job demands, and work schedules (Bakker & Demerouti, 2007; Cooper & Marshall, 1976; Demerouti et al., 2001). Individualized stressors include coping skills, personal fit to work, ability to manage workplace conflict, and amount of job growth offered by an organization (Cooper & Marshall, 1976; Dollard & Bakker, 2010; Lazarus & Folkman, 1984; Veldhoven et al., 2002). This study will focus on the job-related sources of stress, specifically the work environment.

Two models that have been widely used in research on occupational stress include Cooper and Marshall's model of work stress and the job-demands resources framework. Cooper and Marshall's model of work stress has several categories of work stressors. Those specific to this study include working conditions, work activities (or job content), and physical environment. The job-demands resources framework explains workplace stress as the result of the demands of the job exceeding the available organizational and personal resources (Bakker & Demerouti, 2007). Organizational resources include

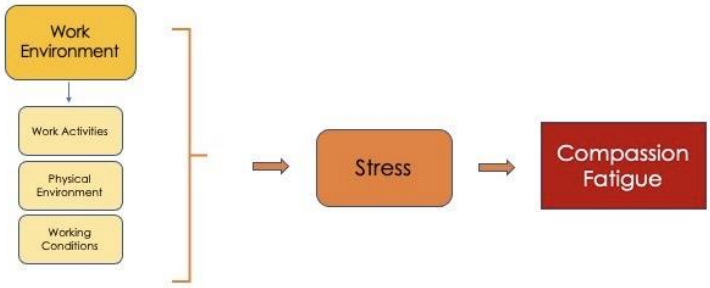
appropriate funding, support, training, and staff to meet the job demands; personal resources include the individual's personality style, coping skills, and family support (Bakker & Demerouti, 2007). The lack of sufficient resources to meet job demands creates stress for the individual. In their review of stress in the workplace, Pandey et al. (2011) developed a model of workplace stressors and associated outcomes. Their workplace stressors relevant to this study include physical and task demands.

The literature on the job-related stressors identified in the previously mentioned models is somewhat limited in animal care workers. However, studies have reported that aspects of the work environment, including work activities (involvement in euthanasia practices, caring for suffering animals), and physical working conditions may contribute to occupational stress (Dunn et al., 2019; Schneider & Roberts, 2016). Dunn et al. (2019) said that the most significant stressors were an inability to give the animals the best care, a lack of teamwork, feeling unsafe in the physical work environment, and feeling overworked. The feeling of overwhelm can contribute to an inability to meet the job demands; therefore, the job-demands resources framework would be applicable in this type of situation. Schneider & Roberts (2016) said aspects of organizational culture such as poor communication, poor policy implementation, and inconsistent values and beliefs from the shelter's leaders contributed to stress. Additionally, work tasks and physical environment also contributed to increased stress among shelter employees (Schneider & Roberts, 2016). Work activities such as involvement with euthanasia, along with the associated moral conflict and the stigma associated with animal care work, also contributed to the employees' stress levels.

Based on current literature on the occupational stressors affecting animal shelter workers' stress levels, the current study's focus of exploring the work environment (including the work activities, physical environment, and working conditions) is most beneficial to understand the role of work on CF. Based on the literature of occupational stressors that affect animal care workers, this study aims to identify the potential link between the work environment and CF in animal shelter volunteers. This possible connection is outlined in figure 2.

Figure 2

Model of Work Dimensions that Could Affect Development of CF



Conceptual Framework Summary

Figley's compassion stress and fatigue model has been referenced as a conceptual framework in research that explores CF in animal care workers. Additionally, the occupational stressor category of the work environment, including work activities, physical environment, and working conditions has been shown to increase stress levels in animal care workers. Using Figley's model and the occupational stressor of the work environment as the conceptual framework for the current study provides a foundation to explore the experiences of CF in animal shelter volunteers. It provides a detailed roadmap

to understanding how the role of work may contribute to the development of CF. It is the framework that guides all aspects of the study, including the research questions, interview questions, and data analysis.

Summary and Conclusion

Research on CF in the animal care community has gained traction in the last decade and is an issue that needs further attention. The unique challenges and work environment specific to animal care and emotional toll of this work make animal care workers vulnerable to the adverse impacts of CF. Literature includes data on CF in various animal care communities, including veterinarians, veterinary technicians and nurses, and animal shelter employees. However, there has been limited research on animal shelter volunteers. This community has been cited in the literature as needing further research. Aspects of animal shelter work that volunteers are involved in are often the same as paid workers. As highlighted in this chapter, work that is done by paid and volunteer workers can increase stress levels and may impact development of CF. It is work these individuals do for the love of animals, for which they feel a strong sense of pride and commitment. However, it is often stigmatized by others, and involves moral conflicts and exposure to animal suffering and euthanasia. This puts animal shelter volunteers at risk of experiencing CF. Because they are an essential part of animal shelter work, they are a group that needs further attention. It is also important to understand how their work may contribute to their CF experiences. This study involved exploring the role of work in animal shelter volunteers' experiences involving CF. A basic qualitative

inquiry design was used because it allowed for in-depth interviews to explore this group's experiences in detail. The methodology for this study is further detailed in Chapter 3.

Chapter 3: Research Method

Introduction

The purpose of this study was to use a qualitative design to explore the role of work in animal shelter volunteers' experiences involving compassion fatigue (CF). Specifically, I investigated aspects of the work environment that may contribute to the onset of CF among animal shelter volunteers. This chapter includes a description of the qualitative research methodology, including the research design and justification for this design. It also includes the role of the researcher, participant selection, sampling strategy and size, interview questions used for data collection, and data analysis procedures. The chapter also includes information on ethical considerations for this study.

Research Design and Rationale

Research Questions

The following are the research questions (RQs) for this study:

RQ1: What is the work environment of animal shelter volunteers?

RQ2: How does CF develop in animal shelter volunteers?

RQ3: What is the role of animal shelter volunteers' work environment in the development of CF?

Rationale for Basic Qualitative Inquiry Approach

This study explored two phenomena. One was CF among animal shelter volunteers, and the other was the role of the work environment in the development of CF. CF is a phenomenon that results when caregivers become exhausted due to expending all their emotional, physical, and mental energy caring for suffering patients and being

unable to alleviate their suffering (Figley & Roop, 2006). These caregivers also have bonds with their patients, which adds to the emotional trauma they experience (Figley & Roop, 2006; Harris & Griffin, 2015; Lanier & Brunt, 2019). The work environment, including work activities, aspects of the physical environment, and working conditions, have been shown to increase stress in animal care workers (Schneider & Roberts, 2016; Schrabram & Maitlis, 2017). This increased stress, if unmanaged, makes them vulnerable to developing CF.

A qualitative research design was selected as the most appropriate design to answer this study's RQs. Ravitch and Carl (2016) said qualitative research involved looking at a phenomenon or event through the perspectives of the people involved. The basic qualitative inquiry is an approach that can be used to gather practical details and knowledge about an event or experience (Patton, 2015). This approach allows for exploring how an experience is described or interpreted by participants and how they understand the phenomenon of interest (Patton, 2015; Ravitch & Carl, 2016; Worthington, 2013). Because this study involved gathering detailed descriptions from animal shelter volunteers regarding their development of CF and the role of work in this development, a basic qualitative design was selected as the most appropriate approach.

Another research design that was considered was the phenomenological approach. Phenomenology is often used to answer RQs about meanings of lived experiences involving a phenomenon for a particular group (Ravitch & Carl, 2016). It can also be used to address how individuals personally experience a particular phenomenon (Patton, 2015). This study involved exploring the role of work in animal shelter volunteers who

were currently living with CF, and not those who had it in the past; therefore, a phenomenological approach was not the best fit. The basic qualitative inquiry was used to focus on the role of the work environment in the development of CF for volunteers in animal shelters.

Role of Researcher

As the researcher for this study, I served in several roles, including as research designer, instrument creator, and primary data collector and analyzer. Because I was involved in every step of the study and had significant knowledge and experiences involving animal shelter work, the possibility of confirmation bias existed. I did not personally know participants; however, I had personal beliefs about how and why animal shelter volunteers may experience and develop CF, and how their work may contribute to these experiences because of my experience as an animal shelter volunteer.

Research Designer and Instrument Developer

My beliefs about the problem I was studying could have potentially affected the research design and development of interview questions. I have witnessed animal shelter workers develop deep bonds with animals in their care. They struggle with sadness and grief when animals are either adopted or are too sick to be saved. I have also experienced volunteers and employees leaving animal shelter work because of the difficult emotions they experience as shelter workers and the inability to manage these emotions. I identified my beliefs and used bracketing when developing the design for the study, RQs, and interview questions. Bracketing is used to mitigate effects of preconceptions that may taint the research process. I needed to make sure I presented an unbiased review of the

literature on the topics I planned to study. I wrote down my beliefs and used this list to ensure studies I chose, questions I developed, and interview questions did not represent any biases I held. The design, RQs, and interview questions were then reviewed and vetted by my committee. For the second review, I convened an expert panel of individuals with experience and knowledge involving qualitative research, CF, and work in an animal shelter to review RQs and interview questions. Reviewers were asked to review interview questions for alignment with the associated RQs, as well as wording, tone, and meaning. Modifications were made based on the panel's recommendations (see Appendix A).

In addition to bracketing, I used bridling. This technique is similar to bracketing but takes place during the study. It involves making sure that beliefs and understandings from pre-research work do not influence research. This included understanding how my beliefs could affect the research process. Bridling was used when the study commenced, during the interview process, and during data analysis and reporting of findings.

Data Collector and Analyzer

To manage bias during data collection and analysis, I used a bridling journal to document my experiences throughout the study. Bridling journals are similar to reflexive journals. Bridling journals are designed to include all aspects of the research process and allow me to document my experiences when conducting research. Information was used to ensure my beliefs, assumptions, and feelings about what I learned did not influence the study. I audio recorded interviews and transcribed them verbatim using a secure interview transcription site. Given that some of the questions were of a sensitive nature,

some participants asked to pause the interview. I noted this in the bridling journal that I maintained during data collection.

The bridling journal was also maintained during the data analysis process. As I manually coded interview transcripts, I noted my perceptions and feelings in the journal to ensure they did not affect how I analyzed data and developed themes. I also had my data collection and analysis reviewed by my dissertation committee as another mechanism to confirm that my bias did not impact my interpretation and analysis.

Methodology

Participant Selection

Sample

The research sample for this study was animal shelter volunteers. Volunteers are individuals who undertake tasks at an animal shelter without payment. Volunteers for this study came from preselected animal shelter sites that met specific criteria outlined in the section on site selection criteria.

Sampling Strategy

A homogenous criterion-based sample was used for this study. According to Merriam and Tisdell (2016), this sampling strategy allows the researcher to gather the most descriptive information to answer the RQs by selecting a sample of similar individuals closest to the phenomena who can provide the most descriptive information about their work environment and CF. By using a homogeneous, criterion-based sample, there is a greater likelihood that data saturation will be reached (Guest et al., 2006). Data saturation is further discussed in the section on sample size.

Participant Selection Criteria

Participants of the study were limited to animal shelter volunteers who were experiencing CF symptoms. Only volunteers from animal shelters were included to ensure that the gap in the literature was addressed. Participants needed to be volunteering in an animal shelter environment for at least six months and volunteer at least 12 hours per month. Based on this study's definition of CF, the individuals participating in this study self-identified that since working as an animal shelter volunteer, they were experiencing at least three of the following symptoms of CF:

1. Physical, emotional, or mental exhaustion from working with animals.
2. Preoccupation with the animals in their care.
3. The inability to alleviate the animals' suffering through direct care or other indirect actions.
4. Decreased ability to experience satisfaction or joy professionally or personally.

These four symptoms were selected based on Figley's and Morrisette's research on CF. CF is the emotional or physical exhaustion that often occurs when a caregiver's deep concern is accompanied by a desire to help alleviate suffering. The inability to alleviate the patient's suffering can cause pre-occupation with patients in their care and, over time, exhaustion and diminished satisfaction in life (Figley, 2006; Morrisette, 2004). Participants were at least 18 years of age. They were screened to ensure they met the criteria for participation.

Recruitment of Participants

Participants were recruited from the urban animal shelters listed in Table 1 in the site selection criteria section. The director of each animal shelter was sent an email about the study and asked to post the announcement of the study at the shelter (see Appendix B for a copy of the announcement and Appendix C for a copy of the email for the shelter Directors.) Participants were also recruited specifically from these organizations by sending an email to the Humane Society of the United States Animal Shelter Volunteer Management Google group describing the study and asking the Volunteer Managers of each site if they would share the study announcement with their volunteers. The email to this group was the same email that is sent to the shelter Directors (see Appendix C).

Individuals interested in participating and who met the participation criteria were asked to contact me directly via email. I confirmed the person's self-identification of CF symptoms during a short phone call screening them for their symptoms (see Appendix D). If a shelter volunteer met the eligibility requirements, I went over the consent form with the person and ask if they have any questions. I explained that the study includes two separate interviews, and as a thank you for being in the study, they will receive a $30 Amazon gift card. If the interested individual wanted to proceed, I invited them to be in the study and told the person I would email them a consent form and requested a return email saying, "I consent to be in the study." Once I received the consent email, I scheduled the first interview. At the conclusion of the first interview, I scheduled the date and time for the second interview with the participant. All e-mail communication with participants was sent to each participant separately. There were not any group e-mails.

Sample Size and Data Saturation

This study had 12 participants. Guest et al. (2006) determined that data saturation occurred at approximately 6 participants and thematic saturation at approximately 12 participants with a homogeneous criterion-based sample. Recruitment took place over a three- to four-week period after the IRB has sanctioned the study.

Site Selection Criteria

To ensure that participants work in similar work environments, criteria was used to identify similar animal shelters. Participants were recruited from shelters that met the following criteria:

- 501(c)3 non-profit animal shelter.
- Average animal intake for the last three years is between 2,000-6,000 animals.
- Mission includes any or all of the following:
    - Committed to saving, caring for, rehabilitating, and finding permanent homes for as many domestic animals in their service area as possible.
    - 90% of all animals rescued are released alive (which classifies shelter as a “no-kill” shelter).
    - Actively working toward a 90% live-release rate.
- Combined paid staff and volunteers (not volunteer only).
- Annual operating budget of between $2 million to $5 million, per the most recently available financial data.

The shelters that met these criteria were in the United States. The necessary data for shelter selection was obtained using the Shelter Animals Count database, the only national database that tracks animal rescue data in the United States, the animal shelters' website, and the public information available regarding each shelter's financial data (see Table 1).

Table 1

Animal Shelters for Recruitment

Shelter	State
Animal Shelter A	AZ
Animal Shelter B	AZ
Animal Shelter C	CA
Animal Shelter D	CO
Animal Shelter E	IL
Animal Shelter F	IN
Animal Shelter G	MA
Animal Shelter H	MD
Animal Shelter I	ME
Animal Shelter J	MI
Animal Shelter K	NC
Animal Shelter L	NC
Animal Shelter M	OR
Animal Shelter N	OR
Animal Shelter O	TN
Animal Shelter P	TN
Animal Shelter Q	VA
Animal Shelter R	VA
Animal Shelter S	WA
Animal Shelter T	WA

The intent was to recruit individuals from any of these shelters. There was not an equal number of participants from each shelter. Instead, because the shelters are similar, volunteers came from any of them and still met the criteria for being a homogeneous group.

Instrumentation and Data Collection

Instrument Development

The primary method for data collection was two sets of semi-structured interviews that I developed to answer the RQs. Figley's compassion stress and fatigue model and the model of work factors that may contribute to the development of CF were used to develop the interview questions. The first interview addressed RQ1 and focused on the animal shelter volunteers' work environment. The second interview addressed RQ 2 and focused on volunteers' development of CF using the symptoms participants identified as part of their recruitment. RQ3 was answered based on what was learned in the two interviews. Specific prompts were included with each interview question to ensure a rich response to the questions. The interview questions and the RQ they addressed are included in Appendices F and G.

Data Collection

Interviews that addressed RQ1 and RQ2 were conducted approximately one month apart. Data was collected through telephone or video conference interviews. The participants chose the method with which they are most comfortable. If they selected a video conference call, Skype was used, and the participant wase provided with an

appropriate link to access the video call. The video call was recorded via Skype's platform. When the interview concluded, it will be downloaded and saved to my personal computer and deleted from the Skype platform. All data stored on my personal computer was password protected. If the participant chose a telephone interview, they were provided with a number to dial in using freeconferencecall.com. The telephone call was recorded and downloaded to my computer and deleted from freeconferencecall.com's platform. This same data collection procedure occurred for the first and second interviews for each participant. Each interview lasted approximately 45 minutes. At the conclusion of the first interview, the second interview date and time was scheduled.

A master list of all study participants was used to cross-check that interviews for everyone had occurred and to identify if anyone withdrew from the study. If participants did not complete both interviews, their data from the first interview was removed. Participant's individual identities were not used in the final results of the study. All participants were given a pseudonym to be used when reporting the results of the study.

Data Analysis Plan

The data from this study was analyzed in several steps. The steps of analysis for RQ1 and RQ2 are the same and included in Table 2. The steps of analysis for RQ3 are included in Table 3.

Table 2

Data Analysis Levels for RQ1 and RQ2

Steps of analysis	Analysis activities
Step1: Interview transcription.	• Each participant interview was transcribed verbatim from the recordings. • The transcriptions were done using a secure transcription site, gotranscribe.com and were followed by a recheck by me to ensure accuracy against the recordings.
Step 2: Identification of key learnings by participant.	• Key sentences from each interview transcription were extracted from the transcript. • A key sentence was one that addresses the RQ and was a key learning revealed through the interview question response.

Step 3: Developing codes from key learnings.	• The key learnings identified in phase 2 were aligned across participants and given a code. For example, in the first interview, question four asks: "What kind of activities are you engaged in during a typical week of volunteering?" Activities related to interaction with the animals, providing care to sick animals, involvement with euthanasia, or helping with animal adoptions were all important pieces of data or key learnings. Each work activity received a code, and each code will receive a definition. The key learnings from the participant's interview that aligned with each code were included in that code in the following manner.
	  ○ Code name.
	  ○ Code definition.

	○ Data that aligns with the code definition. • I manually completed the first two rounds of coding. After the first two rounds of manual coding is complete, I used NVivo to check the data and ensure no other key learnings or critical information was overlooked.
Step 4: Developing categories from codes.	• This level merged the similarities across all that data and codes from each interview. • These similarities merged into categories, and each category was given a name and a definition. All the data and codes that aligned with each category and became part of that category in the following manner. ○ Name of category. ○ Definition of category. ○ Data and codes that align with each category.
Step 5: Developing themes and thematic statements for RQ1 and RQ2.	• The categories for RQ1 and RQ2 were developed into patterns, or themes, and thematic statements that answered each RQ.

Table 3

Data Analysis Steps for RQ3

Step 1: Alignment of themes from interviews 1 and 2.	• Review the themes identified in interview 1 and interview 2. • Identify alignment between aspects of the work environment (interview 1 themes) and the development of CF (interview 2 themes).
Step 2: Development of model.	• Identify which aspects of the work environment played a role in

	animal shelter volunteers' experiences of CF development. • Create a graphic model that outlined the details from the previous bullet.

Findings

A summary of themes of this study were shared with the shelters from whom participants were recruited and made available to interested participants. Each shelter director and participant received an individual email with the summary of key research findings. There were not any group emails sent at any time during this study.

Issues of Trustworthiness

Credibility

To ensure credibility, triangulation of the data was used. Chowdhury (2015) said triangulation of data can be done by gathering data from different participants. The convergence of the data from the individual participants increases the credibility of the results (Carter et al., 2014). For RQ1, the thematic statements merged the work environment data across the participants. For RQ2, the data analyzed for participants with the same symptoms was compared and merged. RQ3 took the data from RQ1 and RQ2 to determine the role of the work environment in animal shelter volunteers' experiences of CF development. Additionally, to determine if participants' symptoms of CF influenced their responses to the first interview, I triangulated the data from interview 1 with data from previous studies on animal shelter work environments (see Table 4).

Table 4

Triangulation of Data from Interview 1 and Previous Research

Current study interview 1 questions	Other studies
Q1: What are the various work areas at your shelter? *(Prompts: interior and exterior details; specific areas where work occurs).*	
Q2: In a typical week, what types of activities occur in these work areas? *(Prompts: Animal play and interaction; medical care).*	
Q3: What kind of activities are you engaged? *(Prompts: general duties/responsibilities; type of care provided to animals; amount of time in each area doing activities.)*	Cavalier (2016) Ford (2016) Scheider & Roberts (2016)
Q4: Who is involved in assigning you tasks during your shifts at the shelter?	
Q5: How do you spend your breaks or unstructured "down time" during the shift you work as a volunteer? *(Prompt: engaging with other volunteers; shelter policy on break time.)*	Dunn et al. (2019)
Q6: What types of interactions do you have with other volunteers or staff members? *(Prompts: collaborative or solo work; attendance at staff meetings.)*	Cavallaro (2016) Ford (2016)
Q7: What type of training did you receive when you began volunteering at the animal shelter?	Dunn et al. (2019).
Q7a: If participant did not receive training, ask: how did you learn to perform your volunteer tasks?	

Q8: How does [name of shelter] ensure the safety of the animals? *(Prompts: training for volunteers; separate areas for dangerous animals.)*	Ford (2016)
Q8a: How does [name of shelter] ensure the safety of the volunteers*? (Prompts: training on how to handle dangerous dogs, sick cats? Restricting access to dangerous dogs?)*	Ford (2016)
Q9: What are the most rewarding things you do at the shelter?	Cavallaro (2016) Dunn et al. (2019) Ford (2016) Scotney (2017)
Q10: What are the most challenging aspects of your animal shelter volunteer work?	Dunn et al. (2019) Ford (2016) Scotney (2017)

Transferability

Thick description provides rich and thorough information about the important factors of the study (Ravitch & Carl, 2016). It is used to assess the "nature of the findings—that is, to ascertain whether they [the readers] would come to the same conclusions and interpretations of the data (Fischer, 1999, p. 109). Thick description was used to confirm the transferability of data to other animal shelters and other animal care worker settings. Also, I was transparent about all the specifics of the research method, participants, data collection methods, and analysis. This transparency provided others with sufficient data to determine whether the study's findings are applicable in other settings.

Dependability

To ensure dependability, I used an audit trail to log all the details of the study. Merriam and Tisdell (2016) stated that a qualitative researcher's audit trail is the tool that provides detailed information on how the study was conducted, how decisions were made, how data were gathered and analyzed to ensure that the research is reliable. I kept a detailed journal that logged and accounted for all steps made in the research process, when and how decisions were made, and recorded all issues and ideas that arose during data collection. Also, the journal included information on how I interpreted and analyzed the data. The chair of my dissertation committee reviewed the research process to evaluate the accuracy and whether the findings, my interpretations, and the conclusions were supported by the data.

Confirmability

To establish confirmability in this study, reflexivity was used. This process includes a consistent self-reflection on biases, research topic, participants, data collection, and analysis (Ravitch & Carl, 2016). To do this, I first used bracketing, a process applied prior to any data collection so that my preconceived ideas and beliefs were suspended and did not impact the study. To do this, I created reflexive memos of any preconceptions regarding the research topic and participants. Bracketing also ensured that confirmation bias, or my inclination to analyze data in a way that confirms my preexisting beliefs, was managed and avoided. Additionally, bridling was used throughout the study. This was the process of ensuring that I remained open throughout the study and was not influenced by

additional subjective beliefs that arose during data collection and analysis. To do this, I kept a bridling journal as well as wrote analytical memos throughout the process.

Ethical Procedures

Research Approval

Conducting ethical research is the cornerstone to obtaining high integrity research data and results. The APA's ethical guidelines for conducting research and Walden University's IRB process were rigorously followed to ensure this study complied with the highest ethical standards. An IRB application was submitted, and approval was granted, (Approval # 10-05-21-0753553), before beginning data collection.

Treatment of Participants

Individuals who volunteered and met the criteria for participation were invited to participate. Participants were provided with a consent form that included information about their role in the study, how the information they shared will be used, and how their participation and data collected in interviews will be protected. I went over the consent form with the person and asked if they have any questions. I explained that the study included two separate interviews, and as a thank you for being in the study, they received a $30 Amazon gift card. If the interested individual wanted to proceed, I invited them to be in the study and told the person I would email them a consent form and requested a return email saying, "I consent to be in the study." Once I received the "I consent" email, I scheduled the first interview. Only those who agreed to the consent form's information were permitted to participate in the study. All required forms were included in the IRB application.

I followed the APA's ethical guidelines pertaining to conducting research with human subjects. Because participants were experiencing CF, interviews could have caused them to experience feelings of anxiety, sadness, frustration, or a range of other negative emotions during and after the interview. To manage this, the IRB application identified the participants as a vulnerable group. This vulnerability was noted in the consent form. The participants were made aware of the nature of the study and that if they became distressed during the interview, they would be given the option to continue or discontinue. There was also be a list of low-to-no-cost counseling centers and a toll-free number that participants could call if they need support (see Appendix E). Because participants were given the option to withdraw from the study at any time, there were no ethical concerns related to early withdrawal from the study.

Participants were provided with a gift card as a token of appreciation for their participation in the study. After the first interview is scheduled, the participant received a $30 Amazon gift card as a token of appreciation for consenting to participate in two interviews. Gift cards were sent via email. IRB approval for the tokens of appreciation was obtained before proceeding.

Treatment of Data

The data was collected through telephone or video conference interviews. Skype is a secure platform with end-to-end encryption. As with many qualitative studies, I was engaged with the participants during two interviews and built a rapport with them to obtain the most robust data. Their identity was known, and this was stated in the consent form. Their identity was only known by me and was not specified anywhere in the study.

I kept a master list of all participants in case anyone dropped out of the study and then removed their data. The information they provided during the interviews was reported using assigned pseudonyms. This process aligned with the National Institute of Health's ethical guidelines related to beneficence; specifically, doing no harm to participants and protecting their privacy. Data was password protected and will be stored for five years on my personal computer as audio or video files. The files will be deleted after 5 years.

Summary

Chapter 3 includes a review of the research approach for this study and justification for why a basic qualitative inquiry approach was chosen. The chapter continued with a description of my role as the researcher, how recruitment sites and participants were selected, and the intended sampling strategy and size. The chapter also included interview questions t used for data collection, and data analysis procedures. Finally, ethical considerations for this study were discussed. Chapter 4 includes results of this research and what I discovered about the role of work in animal shelter volunteers' experiences involving CF.

Chapter 4: Results

Introduction

The purpose of this qualitative study was to explore the role of work in animal shelter volunteers' experiences involving compassion fatigue (CF). Specifically, I investigated aspects of the work environment that may have contributed to the development of CF in animal shelter volunteers. Two separate interview types were conducted with 12 shelter participants to gather necessary data. The first interview type involved addressing the work environment at the shelter and the second was about participants' experiences with symptoms of CF. Interviews were conducted approximately 4 weeks apart. The RQs for this study were:

RQ1: What is the work environment of animal shelter volunteers?

RQ2: How does CF develop in animal shelter volunteers?

RQ3: What is the role of animal shelter volunteers' work environment in the development of CF?

This chapter includes a description of all aspects of the study and information about the research setting, participant demographics, data collection, data analysis, evidence of trustworthiness, results from the study, and a summary.

Research Setting

Participants

Table 5 includes demographic information about participants and the location of the shelter where they worked. Each participant was given a pseudonym.

Table 5

Participant Demographics

Participant pseudonym	Gender	Length of time volunteering at animal shelter	Shelter location
Sam	Male	2 years	CA
Taylor	Non-binary	15 years	CO
Bella	Female	3 years	CA
Allison	Female	10 years	CO
Doreen	Female	8 years	FL
Silvia	Female	8 years	VA
Lily	Female	5 years	PA
Stephanie	Female	6 years	NC
Jackie	Female	5 years	VA
Krystal	Female	3 years	NC
Jen	Female	10 years	MA
Hannah	Female	2 years	SC

Data Collection

All 12 participants participated in two interviews. Interviews were conducted via telephone and recorded using a digital audio recorder. Interview 1 lasted between 40 and 45 minutes. Interview 2 was scheduled approximately 4 weeks after interview 1 and lasted between 35 and 40 minutes. There were no variations in data collection from the plan presented in Chapter 3, and there were no unusual circumstances encountered during data collection.

Data Analysis

Data from interviews were analyzed using the following steps:

1. Transcription of interviews.
2. Immersion in data and identification of key information.
3. Coding of key information.
4. Categorization of codes.
5. Identification of themes.
6. Identification of key contributors to the development of CF (Interview 2 only).

The initial data analysis process presented in Chapter 3 was followed for steps 1-5. To fully answer RQ2, an additional step (step 6) was added to the analysis of interview 2.

Step 1: Transcription of Interviews

The first step of the data analysis process involved transcribing the 12 interviews. The first four interviews were manually transcribed by listening to recordings and pausing to transcribe text after each comment. The remainder of the interviews were transcribed using GoTranscript, a secure automated transcription service. After automated transcription was complete, I listened to each interview again to ensure transcripts were accurate. When incorrect words or grammar were discovered, I paused the recording and edited transcripts to ensure accuracy. Interviews were transcribed verbatim, including double words, pauses, laughter, and hesitations. All interview recordings and transcripts were reviewed one additional time for accuracy.

Step 2: Identification of Key Learning Statements

The second step of data analysis involved being immersed in data by reviewing interview transcripts several times. This enabled identification and extraction of key

sentences from transcripts. A key sentence is one that addressed the RQ and identified as a key learning because it directly addressed the RQ. For example, in the first interview, question four asked: "What kind of activities are you engaged in during a typical week of volunteering?" A response that equated to a key learning was, "I walk the dogs, play with them and clean their cages."

Step 3: Coding

The next step of data analysis was coding. Coding was done manually by grouping similar key learnings across interview questions and assigning them codes. For example, in interview 1, question 4 asked about the activities the volunteers were engaged in during a typical week of volunteering. The code of "dog training" was given to all key learnings that represented activities related to the training and socializing of dogs. A second round of manual coding was done to compare all codes across participants. The final round of coding was done in NVivo to ensure all key statements were identified and appropriately coded.

Step 4: Categorization of Codes

After coding was completed, the fourth step was to categorize codes. Similar codes involving participant responses were grouped into categories. For example, all codes related to administrative tasks in which volunteers participated were categorized as shelter operations support. This process was conducted for each interview separately to ensure RQ1 and RQ2 were addressed individually.

Step 5: Identification of Themes

The fifth step of data analysis was to identify themes from categories for each interview. These were patterns of information that reoccurred across participant responses involving the RQs. Twelve themes emerged from interview 1, which addressed RQ1 (see Table 6). Some themes had specific categories of information that were critical to further understand the work environment. All themes and information for the work environment are reviewed in the RQ1 results section.

Table 6

Work Environment Dimensions, Themes, and Categories for Interview 1

Work environment dimension	Themes	Categories
Physical environment	Shelters shared similarities in design and layout	N/A
Work activities	Volunteers participated in different types of work activities	Caring for animals at the shelter Fostering animals Supporting shelter operations
	Volunteers participated in decisions about the work they did at their shelter	N/A
	Volunteers experienced challenges caring for animals.	Work tasks related to caring for the animals Inability to meet the animals' needs Exposure to animal suffering
	Volunteers had rewarding experiences working with animals.	Spending time with the animals and helping them get adopted
Volunteer hours and breaks	Breaks are not required or taken frequently.	N/A

Training	Volunteers participated in basic training and orientation. Advanced training was available to volunteers. Volunteers learned how to perform tasks through experience	N/A
Safety policies and procedures	Information about safety practices and regulations for animals and volunteers was provided to volunteers	N/A
Interactions with staff and other volunteers	Interactions between volunteers and staff occurred when information was needed Limited interactions occurred with other volunteers at shelters.	N/A

Seven themes emerged from the interview 2 data, which addressed RQ2. These represented the consistent information gathered across participants about the aspects of their work environment that contributed to CF (See Table 7).

Table 7

CF Symptoms, Themes, and Subthemes for Interview 2

CF symptoms	CF development themes and subthemes

• Physical, emotional, or mental exhaustion from working with animals.
• Preoccupation with the animals in their care.
• The inability to alleviate the animals' suffering through direct care or other indirect actions.
	• Work activities.
	• Communication between staff and volunteers.
	• Mission of the organization.
	  ○ Euthanasia
	  ○ Never-ending cycle of animals coming in and out of the shelter.
	• Shelter funding and resources.
	• Public education.

• Decreased ability to experience satisfaction or joy professionally or personally.	• Individual characteristics.
	  o Empathetic
	  o Altruistic
	  o Organized
	  o Persistent
	  o Responsible
	• CF experiences

Step 6: Identification of Contributors to CF Development

For RQ2, an additional step of data analysis was conducted. This step was the only one that differed from the data analysis plan presented in Chapter 3. Step 6 further distilled the seven themes from step 5 into the three key contributors to the development of CF. This step was necessary because the first five themes encompassed the work environment. Therefore, they were combined into one key contributor, the work environment. Table 8 lists the seven themes and the resulting three key contributors to the development of CF. The key contributors to CF development along with the associated themes and subthemes will be reviewed in the RQ2 results section.

Table 8

CF Development Themes and Key Contributors to CF Development

CF development themes	Key contributors of CF development

• Work activities.
• Communication between staff and volunteers.
• Mission of the organization.
  o Euthanasia
  o Never-ending cycle of animals in and out of the shelter.
• Shelter funding and resources.
	Work environment

• Public education.	

• Individual characteristics
  o Empathetic
  o Altruistic
  o Organized
  o Persistent
  o Responsible
	Individual characteristics

• CF experiences
  o Emotional distress.
  o Personal life disruption.
	CF experiences

Evidence of Trustworthiness

Credibility

Triangulation of data was used to establish credibility. Triangulating data is done by gathering information from different participants (Chowdhury, 2015). Converging the data gathered from different participants increases the credibility of the results (Carter et al., 2014). Triangulation was done by collecting data from the same 12 participants at two different times. The two interviews were conducted four weeks apart, and the convergence and comparison of the participants' data helped identify patterns of information within and between both interviews. From these patterns, the themes emerged that provided the answers to the RQs.

For RQ1 and RQ2, the data provided about the work environment during both interviews were compared for consistency. During interview 2, participants described their experiences of CF development in the context of their work environment, which

allowed for more compared with the information from interview 1. The comparison and merging of the data from both interviews also provided the information needed to answer RQ3.

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Transferability

Transferability demonstrates that the results of this study can be helpful in other settings. Thick description was used to ensure transferability in this study. Thick description provides rich and thorough information about the important factors of the study (Ravitch & Carl, 2016). It is used to assess the "nature of the findings—that is, to ascertain whether they [the readers] would come to the same conclusions and interpretations of the data" (Fischer, 1999, p. 109). As will be described in the results section on RQ1, the data gathered from interview 1 showed that the physical environment was similar across the ten animal shelters in this study. Because the environments were so similar, the information learned in this study could be applied to other animal shelters. Although the participants in this study were animal shelter volunteers, they worked alongside paid employees and often had the same responsibilities and work tasks as the paid employees. Therefore, the results from this study could be helpful for the paid employee population within animal shelters.

As will be described in the results section for RQ2, this data demonstrated that CF could emerge in volunteers who work in shelters due to the interaction between their individual characteristics and the work environment. This information could be useful in other settings where CF is a risk for the workforce, for example, veterinary offices, healthcare facilities, or doctor's offices.

Dependability

As noted in Chapter 3, dependability was obtained by an external auditing process. Merriam and Tisdell (2016) stated that a qualitative researcher's audit trail is the tool that provides detailed information on how the study was conducted, how decisions were made, and how data were gathered and analyzed to ensure that the research is reliable. My dissertation Chair performed this audit by reviewing my work after it was conducted. In addition, I kept a journal throughout the data collection and analysis process detailing the steps of the process, my ideas and perspectives, and how I interpreted the data.

Confirmability

Reflexivity was used to establish confirmability in this study. Ravitch and Carl (2016) described this as the consistent self-reflection on biases, research topic, participants, data collection, and analysis. I practiced consistent self-reflection on my biases during data collection and analysis by using bracketing to suspend my preconceived ideas and beliefs and ensure they did not impact my study. I created reflexive memos about my preconceptions regarding the participants and their interview responses. This helped avoid confirmation bias. I also used bridling to ensure that I

remained open throughout and was not influenced by any additional subjective beliefs that arose during data collection and analysis. I accomplished this by keeping a bridling journal throughout the process.

RQ1 Results

RQ1 data revealed that the animal shelters where the study's participants volunteered had many similarities. Volunteers reported what their work environment as a volunteer in their shelter was like and how they experienced the seven work dimensions previously noted. Their experiences of these seven work dimensions are detailed in the following sections.

Physical Environment

Entering the lobby of an animal shelter is often the first experience people have when they are interested in meeting animals and adopting them. When an individual or family opens the doors of an animal shelter they are presented with the layout of the shelter and a need to know and understand where to go. It is the volunteers who often meet and guide them to the proper location and answer any questions they have. The animal shelters in the study shared similar physical designs and characteristics. Volunteers learn about the physical layout of their shelter during their volunteer training.

The physical environment of an animal shelter includes the size, layout, location, and structure within which the volunteers work. The physical facility of a shelter affects every aspect of a shelter's operations from animal health and welfare; to staffing efficiency; to how the public views the shelter and its role in the community; to the number of animals it serves; to the cost of operating the shelter. Learning how their

shelter operates and their role in how work is carried out thus is important for volunteers to understand.

Shared Design and Layout Similarities in Shelters

Although there was some variation across the animal shelters in distribution of space, animal capacity and housing of animals, and management of animal housing areas, the layout of each animal shelter was remarkably similar. Shelters in the study all had a front desk or lobby area, staff offices, a meeting or conference room, a laundry and cleaning area for animal bowls, and bedding and storage areas. When first entering a shelter, the lobby is area where the public has its first in-person contact with the shelter. Doreen described the lobby area as where "the public comes to meet with a dog or a cat and also where people come in to surrender their dogs and cats." Staff offices, meeting rooms, all dog and cat areas, including the adoptable animals, animals on hold, and those in isolation, are located off the lobby. These areas are mostly toward the back of the shelter. Participants reported that the laundry and cleaning rooms and veterinary clinics are also located toward the backs of their shelters. The public cannot access those spaces without being accompanied by a staff member or volunteer.

The dog areas are where the dogs sleep and eat, and there is typically access to an outdoor space for walking or playtime. Sam shared that "large and small dogs are kept separate." Almost all participants reported that dangerous dogs are kept away from all other animals. Outdoor space includes either dog runs in yards for the dogs to run and play or designated space around the shelter for the dogs to be walked. The shelters also have holding areas for dogs and cats who come into shelters as strays. These are areas

where stray animals are kept for the shelter's designated hold period. If they are not claimed during this period and do not have any illnesses or behavioral issues, they are moved to the adoptable cat or dog area. Julie described the cat room at her shelter as where "all cat cages are and where the cats sleep, eat, and use their litter boxes." She also shared that the socialized cats "can come out and play with each other and the volunteers in the cat rooms."

There is an on-site veterinary clinic in each shelter. The veterinary space is where all medical procedures and the care of sick animals occurs. The isolation rooms for sick dogs and cats are kept separate. Silvia said:

> We have the holding area for the dogs that are not available for adoption yet because they have some behavioral issues [or are strays]. And ... we have four or five other sections in the shelter for the dogs. We call one the puppy room, then one for small dogs, one for big dogs, and… an isolation [area] for when the animals are sick.

Work Activities

The work activities that volunteers were engaged in within the animal shelter were similar across the shelters and included providing care to the animals through dog walking, playtime and feeding, cat playtime and feeding, and cleaning the animals' cages. Other work activities that the volunteers undertook involved shelter operations support. For example, volunteers assisted with administrative tasks, provided event or fundraising support, or completed marketing tasks such as social media management and public outreach about the shelter. The work activities the volunteers selected and how they were

assigned were important aspects of the volunteers' experiences within the shelter environment.

Volunteers' Participation in Different Types of Work Activities

Caring for Animals in Shelters. The activity the majority of volunteers were involved in was caring for the animals. Caring for the dogs included walking and playing with them, feeding them, cleaning kennels, and socializing them in preparation for adoption. Volunteers spent time getting to know the dogs in their care and often gave them treats as part of their socialization. Sam described his dedication to the dogs in his care:

> We don't just walk them. We help take care of them. And so, when we take them out, we pay attention to their overall health and how they behave. I sit with them in the park and get them used to people, or I sit with them in the yard to get the shy, skittish, or unsocialized dogs to feel more comfortable.

Lily shared how she provided the dogs with treats, "I worked on making enrichment toys and enrichment treats for the dogs. So, [I] would fill up a KONG® [rubber toy with a hollow cavity for treats] with peanut butter and cereals... to use as treats for them."

Caring for the cats included feeding and petting them, cleaning their cages and litter boxes, playing with them, and socializing them. Stephanie shared that part of her role with the cats was to determine their personality type so they could be well matched to their forever home. Stephanie said:

> [I determined] whether they're going to be a cat that constantly wants to sit on your lap …or a cat that likes his own space. So, when the public would come in, they could get a cat that wanted to sit on their lap [if that's what they wanted] instead of a cat that really wanted to be in the barn.

Fostering Animals at Shelters. Several volunteers fostered animals at their shelter. Fostering dogs or cats is an activity that any volunteer can select as part of their role with the shelter. Fostering involved providing temporary care to animals that needed special attention because of behavior or medical issues or animals that needed a place to stay because the shelter was short on space. Volunteers who fostered animals did this until there was space available at the shelter or until the animal was rehabilitated enough to be brought back into the shelter environment. Many volunteers fostered animals until they were adopted. This occurred with dogs and cats that were reactive or difficult. They were kept by volunteers in their homes until the animals were socialized by the volunteer and ready for adoption. Allison shared, "My husband and I took in reactive dogs or dogs that needed some medical attention and dogs that didn't do well with other dogs." This example of taking in dogs that needed extra attention was a common fostering activity among volunteers who chose to foster animals in their home

Supporting Shelter Operations. In addition to caring for the animals, several volunteers reported their work activities included supporting shelter operations. These activities included working with potential adopters to match them with dogs and cats, administrative work such as social media or website support, photographing dogs and

cats, and grant writing. Several participants shared that they always are willing to help wherever they were needed. As Doreen said, “I’ll do whatever needs to be done.”

Volunteer Participation in Decisions About the Work They Did at Their Shelter

Volunteers reported that they performed activities of their choosing at the shelter. At the onset of their volunteering, they selected the activities they wanted to be involved in and then were trained to perform those activities. Several volunteers also made it known to the shelter manager that they did not want to be involved in certain activities, for example, medical-related activities.

Following the identification of activities they wanted to be involved in, volunteers were assigned to different areas and responsibilities in one of two ways. One way was the shelter manager assigned the volunteer to one of their chosen activities based on what was needed during a given shift. For example, if the volunteer was a dog walker (and that was the only thing they chose to do), the shelter manager would assign that volunteer specific dogs to walk during their shift. The other way was the volunteer would self-assign their activities based on what they were trained to do. For example, a dog walker operating on their own would walk the dogs who needed to be walked on that shift based on when the dogs were last walked.

Volunteer Experiences with Challenges Caring for Animals

Work Tasks Related to Caring for Animals.

Most of the work activities that volunteers found challenging were related to caring for the animals when they were sick, injured, or distressed. Depending on the animal's specific situation, caring for them when they were sick could involve hand

feeding them, petting, sitting with them while they lay in their cage recovering from surgery or an illness. It could also include taking them outside to socialize them (get them comfortable with other humans and animals) and decrease their stress or fear levels. Volunteers shared that these tasks could be difficult because it was hard to watch an animal in their care suffer or be scared. It was also difficult because volunteers reported that they rarely were told the outcome of their work with a sick or injured animal. They did not know if the animal recovered, got adopted, or was euthanized. A final challenge reported by the volunteers was when an animal they had worked with was lost or returned. Sam recounted that he had worked with a dog who came to the shelter very fearful and shy. He said he had spent many weeks taking her outside and getting her acclimated to people, cars, and other animals so she could be adopted and wondered what happened to her after she was adopted. The hardest part he said was "[not knowing] how [the animal would] be treated [by the new owners] or what will happen to them [in their new home], so that that's the difficult part." Through tears, Sam also shared that the shy dog he worked with was lost shortly after being adopted, "I couldn't stop thinking about that poor little dog… that poor little dog. The only thing I can see is the image of her sitting in the yard, so scared and shaky, even with me. And now she's by herself, all alone."

Taylor was responsible for training and working with dogs that had behavioral issues such as aggression. He described one example of what happens sometimes. Taylor said:

> I remember working with one dog for a very long time, and we even sent her to a more specialized behavior unit at a different shelter to try and work with her because they had a larger number of behaviorists and interventionists… I remember how upsetting it was to get the email letting me know that she had to be euthanized.

It was difficult for Taylor because he had spent significant time working with a dog that could not be fully rehabilitated and adopted and he felt as if he had failed the dog. Taylor's experience of finding out a dog he had cared for and prepared for adoption had to be euthanized was very hard on him. The experience he shared was also reported by other volunteers with similar experiences of having a dog they had cared for euthanized. Volunteers reported that they had become attached to the animals in their care and learning that an animal had to be euthanized was very hard for them.

Inability to Meet Animals' Needs. Volunteers reported that they felt unable to meet the needs of the animals when they could not spend enough time with them to provide sufficient care. Silvia is one of a few participants who reported that she continually checked the shelter schedule to ensure that people were signed up to walk the dogs. Silvia's responsibility of walking dogs is an important task at animal shelters because it helps dogs get out of their cages and distress, and it helps them become socialized and ready for adoption. Silvia described how she felt when she noticed the shelter was short-staffed. She worried that the dogs would not get the attention she felt they needed, "When I see that, for example, only two people are going to be walking dogs one morning, I think, "Oh my gosh, I wish I could go!" but I cannot be there. So,

that's hard [because the dogs need to get out].” Krystal shared a similar sentiment related to her responsibility walking the dogs and helping to socialize and get them ready for adoption, and said:

> I have thoughts of how much time can I spend there? When can I get there? What happens if I don't make it today? Could somebody else have gotten adopted, or did I not give a dog a break that really needed it?

Lily’s responsibilities with the cats were to clean their cages and spend time playing with them, petting them, and socializing them. She described what it was sometimes like when there were a large number of cats constantly coming into the shelter, and she was trying to complete her tasks and spend sufficient time with so many cats. "I would be cleaning the crates and crying and thinking, 'I am sorry, I can't help you. I'm so sorry.' It can be very hard at times." Sam echoed the experience that Lily shared, “The shelter is like a revolving door. You get some dogs in; you work with them to get adopted. They move out, and new dogs come in.”

Jackie was responsible for socializing the dogs at her shelter and described what it was like when there was an influx of dogs coming into her shelter. She said it was often difficult to complete her tasks sufficiently for all the dogs. However, Jackie acknowledged that there was only so much that could be done during her one shift, "For dogs that need specific things, there just isn't enough time to help them because you're only there for a short time. You can't reach all the dogs, especially when they're coming in and out so fast."

Exposure to Animal Suffering During Work Activities. Although volunteers know that animal shelters take animals that are suffering, injured, and abused, most of the volunteers reported that they were not expecting the amount of suffering they would witness. Some were also not aware of the frequency in which they would see animals suffering. Volunteers shared that witnessing animal suffering was a regular occurrence for them. Stephanie explained what she encountered every time she was at the shelter and was taking care of the animals,

> The most difficult is to see an animal that has been abused. Some type of animal suffering is usually the toughest. I walk past a dog cage and can tell he's been terribly abused because he has cigarette butt burns or those kinds of markings. I probably encounter that every time I go to the shelter.

Bella described what it was like for her when abused and neglected animals came into her shelter, "It's hard to see these animals' suffering as we are trying to help them as much as we can." Most volunteers wanted to get the animals out of the cages as much as possible. Several described that constantly seeing the animals caged for so many hours made them sad and also created a sense of overwhelming responsibility to be at the shelter as much as possible to get animals out of their cages. Some volunteers expressed anger at the public for the abuse and suffering they witnessed. Taylor explained that he chose work activities that would not allow him to interface with the public because he felt it would be too difficult to interact with people who surrendered their animals and to see the animal’s distress after being left by their owner.

Rewarding Experiences Working with Animals

Spending Time with Animals and Helping Them Get Adopted. Despite the difficulties of animal shelter work that create challenges for the volunteers, there were also rewarding aspects of their work. Study participants spoke joyfully about the elements of their volunteer work that they found rewarding. All participants identified rewarding experiences from working as volunteers in their animal shelters. With the goal of getting the animals successfully adopted, participants reported that their work activities that helped prepare animals for adoption was the most rewarding. Taylor specifically said that one of his most rewarding tasks was "Working on the behavior cases with the dogs and getting them ready to be adopted… and also knowing they had a successful adoption." Several participants mentioned that getting the dogs out of their cages and seeing them outside with other dogs and humans was very satisfying. These activities help destress and socialize the dogs, which are ingredients for successful adoptions. Bella said the most rewarding thing for her was "Getting [the dogs] out of the cages and … adopted." Sam shared he stays at the shelter longer than his scheduled shift so he can spend more time with the dogs to get them out of their cages, "I sit with them, I talk to them, I take them out of their kennels and pay more attention to them." Allison explained that she would stay at the shelter beyond the hours of her shift to spend additional time on her tasks of walking and playing with the dogs, so they would be ready when the time came for their adoption. She said, ″Seeing them adopted into good homes is clearly the most rewarding aspect of all I did and do."

Another rewarding aspect of volunteer work expressed by many of the participants was the reactions of the animals when they interacted with the volunteers. Allison shared, "When I see how happy the dogs are to see me and they know they're going outside, it's so joyous." Jen also described her time with the cats as rewarding, "I can pet them and play with them and keep them clean and make sure if there's a problem with them, I can bring attention to the medical staff." And Silvia check consistency of spelling said, "Even those 10 minutes of walking them or playing with the dogs, they are always grateful to see me. That's the most rewarding part."

Study participants shared that their volunteer activities were meaningful and something that served a greater purpose. Silvia described one of her foster dogs getting adopted: "That's the most meaningful part. I think that I am in this universe for that role, for these dogs." Taylor described his volunteer work as follows: "The saving of these lives is [very] important and impactful, and it is so meaningful to be around a population I am so invested with and in love with." Hannah, who volunteered to bottle feed and care for neonatal kittens as young as one day old, expressed the deeper meaning behind her work, "I know that kitten might very well not be [alive] to be adopted and get a forever home if I hadn't had a hand in rearing it." Jackie's comment demonstrated just how much fulfillment these volunteers got by working with these animals, "The thing that I enjoy so much and that keeps me feeling fulfilled and happy is that it's all for the animals. No matter what little thing you do in the shelter, it's for the animals." For Jackie, those things included activities such as "walking the dogs, taking them outside to play in the yard, throwing the ball for them, sitting with them, and [doing] whatever it is that they need."

Volunteer Hours and Breaks

Animal shelters varied in their required shift time for their volunteers. In most shelters, shifts range from 2 to 4 hours. Break time also varied although this was not necessarily affected by how long the volunteers' shifts were at the shelter.

Breaks That are Not Required or Taken Frequently

Labor laws that require employers to provide rest breaks for their employees do not apply to volunteers. As volunteers, all 12 participants reported that their shelter did not provide formal rest periods for them. They also reported that most of their shifts were short enough that they did not need to take a break. However, when the volunteers chose to work for longer than a typically scheduled shift of 2 to 4 hours, they said they took breaks on an as needed basis. They can use the restroom when necessary and have water or a snack. There is also not much unstructured time at the shelter. The participants reported that they were there to take care of the animals. If they had extra time during their shift, they spent it with the animals or helped with other tasks that required support. Silvia strongly expressed this sentiment, "I like to keep working, get things done, and get the animals taken care of."

Training

All shelters in this study provided basic training and orientation to their volunteers. The volunteers reported that additional advanced training was available if they wanted to learn new skills and take on additional responsibilities. Learning also occurred through experience. These important aspects of the environment related to training are presented in the following sections.

Volunteer Participation in Basic Training and Orientation

To perform their work activities, volunteers must be trained. All participants reported that they received some type of basic training or orientation when they started volunteering. The basic training typically included general information about the animal shelter, its policies and procedures, and different volunteer opportunities. Following the basic training that introduced volunteers to the operation of the shelter, more individualized training was provided that addressed specific tasks a volunteer could do. Depending on the role a volunteer was interested in, the volunteer would be trained in specific tasks such as dog walking. This training was hands-on and conducted by the volunteer coordinator, shelter manager, or a more experienced volunteer. The amount of hands-on training varied by shelter but typically included several hours over two or three different shifts before volunteers could perform their duties independently. Silvia reported that her training to become a dog walker required that she complete six hours of walking dogs with a more experienced dog walker before she could walk dogs independently. Krystal shared what was covered in the training she received:

> I spent two different time periods, an hour or two hours, with the volunteer supervisor going over different things in the shelter and getting information about what we would be doing, the results that the shelter had, and different expectations. Then I spent two separate two-hour-long training sessions with a very experienced volunteer who took me through how to interact with the animals, how to correct them, and the different things that a volunteer may experience.

Several participants reported receiving additional training from working with volunteers who had been doing the specific tasks the volunteer was interested in performing. Doreen explained, “I had to go to an introduction type of a meeting, but it wasn’t really hands-on training. I got most of that from the other ladies that had already been doing it, who I worked with.”

Advanced Training Available to Volunteers

Participants reported that they had received additional training that enabled them to take on more responsibilities. The advanced training was related to handling dogs with behavior issues such as aggression or fear and how to work with more challenging dogs such as large dogs or dogs that were difficult to harness or leash. This advanced training was also a required safety protocol to ensure that more aggressive dogs were only handled by those authorized and trained to do so. In some shelters, advanced training qualified volunteers to train new volunteers. Sam explained that his shelter used experienced volunteers to provide advanced training to other volunteers. Sam’s shelter used a classification system to identify dogs that were easy to handle or hard to handle when they arrived at the shelter. The classification ranged from level 1 to level 5 in his shelter. This system of classifying dogs is common in other animal shelters. Level 1 dogs were considered easy to handle. Level 5 dogs were deemed to be dangerous and only handled by staff. At Sam’s shelter, volunteers could be trained to handle dogs who were levels 1 to 4. Volunteers who were trained to work with level 4 dogs could choose to train other volunteers who wanted advanced training to work with higher-level dogs.

Taylor explained that his shelter's advanced training is a comprehensive canine behavior-based training program and said:

> They ran a huge, huge behavior class for the dog shelter. I think it was ten weeks, every Saturday for three or four hours. We would do hands-on training, clicker training, and understanding how to read dog body language and behaviors. That was the most extensive training.

Volunteers Learning How to Perform Tasks Through Experience

Although most participants felt their shelter's training was sufficient, many said that much of what they learned was through their experiences as a volunteer. Taylor expressed that although he received training, his volunteer work was a continuous learning process and included a lot of independent learning. Bella said, "You just have to figure it out," and Lily said, "A lot of things you just learn over time." Hannah shared that even though she received sufficient training to work in the kitten nursery, some of it was on-the-job. She went on to say "There are some things that you can't really tell somebody to expect. And then when they happen, you have to deal with it." She shared the following example:

> We are told how to hold the kitten's head, but you don't know an aspirating kitten until you see one. And until you hold the kitten, and the kitten is squirming, and you start to have to do three things at once, you can't learn how to do all that. You've got to feed them, keep them warm, clean their cage. When all of that is in front of you, you have to take each second as it comes.

Safety Policies and Procedures

All animal shelters where participants volunteered had policies and procedures designed to keep the animals and the volunteers safe. Animal safety within animal shelters is governed by the state (and in some states, the county) where the shelter is located. Most shelters have their operating procedures, including details about animal safety, written within the shelter's operations manual. How shelters make this information available to their volunteers varies by the shelter. Some shelters publish this information on their websites. Most provide this information to volunteers in their orientation to the shelter. The majority of the shelters in this study use volunteer management software to house all volunteer information including the shelter's operating procedures and volunteer manuals. Active volunteers can access this information by logging into the volunteer management system.

The information contained within the volunteer manuals or the shelter's standard operating procedures specifies how each shelter handles animal safety and the veterinary protocol for animal illness. These manuals also include information on reporting animal illness and aggression to the appropriate staff members. For example, the volunteer manuals at three shelters for this study instruct volunteers to immediately report animal illness or behavioral concerns to their shelter manager. The manuals also specify that volunteers should not provide any medical assistance to an animal without first informing the shelter manager or veterinarian on staff. The standard operating procedures of the shelters also specify that advanced training is required for staff and volunteers to work

with dogs with behavioral issues. Special training is also required for volunteers and staff to assist the veterinary staff with sick animals.

Information About Safety Practices and Regulations for Animals and Volunteers That was Provided to Volunteers

Participants shared that their shelters had specific instructions and guidelines to interact with dogs that were difficult to handle due to size as well how to approach and interact with dogs that were aggressive or fearful. Many of the volunteers shared that the most dangerous dogs had to be handled by staff only. In the majority of shelters, the most difficult or dangerous dogs were kept in separate areas, with signs or other notations indicating that these areas are off-limits to volunteers. Krystal described the following for her shelter: "Every animal has an ID card on their kennel. If it's a dog that a volunteer shouldn't handle, it's a certain color card. Those animals are also in a location that is off-limits to volunteers." Sam reiterated the classification system used in his shelter, "We have information on all dogs and their levels. For a level 5 dog, there would be a "do not approach" sign on that door, and only staff would be allowed in. Volunteers have to read the signs on the door." Bella's shelter has a similar policy for dangerous dogs: "We don't have to handle those dogs. The staff does that. There's 'caution' written in big yellow letters on the cage."

The animal shelters took significant precautions to prevent disease and illness among the animals. Several participants described their shelter's rigorous procedures to ensure that diseases could not spread between animals or be transmitted from volunteers to animals. Doreen shared the following: "They're really strict about keeping the door

shut to the isolation room. They don't mix the sick and healthy animals." Hannah described how her shelter kept the cats from spreading disease:

> We are supplied with a lot of disinfectants and paper towels and wipes and instructed to wash our hands between each kitten between each cage. And if I even suspect that I touched something I shouldn't have, I wash my hands. If illness breaks out, and it has a couple of times, there are protocols in place. If you've been in contact with these kittens, you're not to be in contact with other kittens. They remove certain kittens that have these illnesses and put them in the back with the veterinary technicians, so they can be more carefully monitored, and they aren't likely to spread it.

Stephanie's shelter does not permit volunteers to enter any other part of the shelter if they have cared for a sick animal; they are required to go home after they are in the sick animal area. Lily described how her shelter proactively shares information with volunteers about the spread of animal disease and how to manage it properly:

> They've been doing a good job recently of sharing at the shelter and emailing all volunteers to share how certain illnesses are contracted and how they spread. So, we have to take certain dogs out last who are sick and then make sure when we get home, we launder our clothing right away and don't let our personal animals come in contact with us.

Interactions with Staff and Other Volunteers

The interactions between volunteers and between volunteers and staff members in animal shelters depend on how the work is organized and the number of staff and

volunteers. Volunteers reported that they mostly worked independently; however, some interactions with other volunteers and staff members occurred.

Interactions Between Volunteers and Staff When Information was Needed

All 12 volunteers reported regular interactions with staff members, which occurred on an as-needed basis. The initial interaction volunteers had with staff occurred during the training volunteers received. Training took place over a period of time where volunteers were introduced to and had practice with their shelter's policies and procedures. As volunteers settled into their roles and responsibilities at their shelters, they had less contact with the staff. The majority of the volunteers' interactions with staff members involved discussions about the animals in the volunteers' care. When volunteers noticed an animal in their care needed medical attention, they informed the veterinary staff or the shelter manager. When they saw a dog in their care become aggressive or fearful, they communicated this with a shelter manager or volunteer coordinator. For example, Lily stated that although she did not interact with staff members much, she would get a staff member involved when something medical or behavioral occurred with one of the dogs. Volunteers with additional responsibilities occasionally interacted more with the staff about animals. For example, Sam was responsible for working with the shy, fearful, or aggressive small dogs at his shelter. When one of the dogs in his care needed a special training plan or additional attention, he coordinated this with the small dog manager. He explained, "[Sometimes] I have suggestions about a dog or a [training] program idea, and then the small dog manager and I will discuss what the dog needs… We will also get the medical team involved [if needed]."

Volunteers reported that the staff would communicate with them if there was an illness outbreak or a shelter event such as an adoption or fundraising event happening. This type of communication from staff generally was shared through an email or appeared on shelter memo boards. Volunteers would see this information on the memo boards when they arrived at the shelter.

Most participants reported that because they had been volunteering at their shelter long enough and were experienced enough that a lot of interaction with staff members was not necessary. Additionally, because shifts were typically between 2 to 4 hours, volunteers sometimes did not see other staff members during their shift. None of the study participants reported having any required or regularly scheduled meetings or contact with staff members.

Limited Interactions with Other Volunteers at Shelters

Most study participants reported their interactions with other volunteers at the shelter were limited. Although they saw other volunteers during their shifts, participants said there was not much time for small talk or interaction unless they were specifically working with another volunteer on a task. For example, Stephanie reported working with another volunteer when she photographs the dogs for the shelter's website. Another volunteer would leash the dog and hold it still while Stephanie took the photographs. Lily described something similar, "Sometimes we'll have two dogs in the same cage, and with those, you need to have another volunteer with you to take them both out. So anytime there's a double cage, you need to have another volunteer with you."

Most of the participants said that when volunteer shifts change, if they saw other volunteers arriving for the next shift, they exchanged important information about certain dogs, for example, those with behavior or training concerns. This exchange did not happen consistently. It depended on what time volunteers arrived or left for shifts since many of the shelter volunteers in this study stayed longer than their shelter's required shift time. The other common method of interaction with other volunteers reported by participants was through Facebook. Many shelters have a Facebook page for their volunteers to connect and exchange information about the animals, shelter events, and occurrences. Participants reported frequent use of their shelter's Facebook page to engage with other volunteers and keep up to date on occurrences at the shelter in between their shifts. None of the study participants reported having any required regularly scheduled meeting time with other volunteers.

RQ2 Results

RQ2 data analysis revealed that the development of CF in animal shelter volunteers is complex and impacted by both personal and organizational dimensions. As with any individual who enters a workplace or organization, animal shelter volunteers came to their volunteer work with individual characteristics they have had for most of their lives. These characteristics influenced how the volunteers experienced the shelter environment. As the data analysis unfolded, it became apparent that the interaction of certain individual characteristics and certain aspects of the work environment can contribute to the development of CF. The experiences of CF were consistently present when volunteers were at the shelter and tended to reoccur because the shelter

environment remained the same. This reoccurrence of these experiences was another contributing aspect to the volunteers' CF development. The following sections describe the key contributors.

Work Environment

The work environment dimension described in RQ1 were identified by the volunteers a contributor to the development of CF; however, not all the work environment dimension from RQ1 were identified as affecting the volunteers' CF. Those they identified were some of the work activities and interactions with the staff members. Volunteers also reported additional aspects of the work environment affecting their CF not identified in RQ1. These were shelter funding and resources, the lack of education and information provided to the public about adopting a shelter animal, and the organization's mission.

Work Activities

As previously described, the work activities the volunteers were engaged in included play, care, and feeding of cats and dogs, walking dogs, behavioral training of dogs, and fostering dogs and cats. Volunteers reported that the main reason work activities affected their development of CF was because these activities consistently exposed them to animal suffering and neglect.

Exposure to animal suffering and neglect often occurred for the volunteers when animals were brought into the shelter for surrender. When animals were surrendered, volunteers saw how scared and confused they were because their owners were leaving them. Volunteers also heard the stories of why animals were being surrendered. Krystal

described an example of a beagle being surrendered by its owner because it was digging in the yard. Krystal and most animal shelter workers knew that digging was common behavior for a beagle and behavior that a dog could be trained to stop. She overheard the shelter manager explaining to the owner that digging was common in beagles. The shelter had training resources available to help the owner train the dog to stop digging. Krystal said that the owner's response was, "Well, if you don't take him, I'm just going to drive away and dump him someplace." All this was happening while Krystal witnessed the dog shaking in fear. Owner surrenders like this occurred in shelters daily, sometimes numerous times a day.

Other common occurrences that exposed volunteers to animal suffering and neglect were when they saw physical wounds on dogs that had been abused or the result of dogs in the shelter for many months. Doreen explained that she regularly sees dogs in their kennels that have been abused and are cowering and fearful. She said, "You can tell [they've] been terribly abused. They have cigarette butt burns and scars, all kinds of marks." Silvia described her experience regularly seeing a dog who had been in the shelter for many years due to a legal issue:

> He has to wear a muzzle when he walks, and he has been living at the shelter for so long that the behavioral impact is [significant]. He sometimes gets really anxious. [When he gets his medication] he cries and shakes in his kennel, and there is nothing we can do. So, sometimes I sit outside his kennel try to pet him through to those bars. He's a very affectionate dog, but he hasn't been socialized. What kind of life is that?

Most of the dogs who came into the animal shelter were scared. They have suffered some form of neglect or abuse. The volunteers were the people who tended to these animals. They were the ones who provided the animals with the love and affection they needed to get ready for adoption. The volunteers did these things amongst constant exposure to hurt and suffering the animals. The more they were exposed to this, the more they became aware of how the work environment affected their CF symptoms. Several participants described their CF as something that developed over time. Taylor said, "the more that I was continuously exposed to [the environment] and the more I found out about the shelter environment… the longer I was working there, I would see more and more things like suffering and scared animals." Lily said, "Being at the shelter so much has an impact. It's like the more you're at the shelter, the more you see and learn. That's when you understand what it's really like for the animals."

Communication Between Staff and Volunteers

RQ1 revealed that interactions with other volunteers and staff members could sometimes be challenging for the volunteers' animal shelter work. The aspect that most affected the volunteers' CF development was the communication practices between staff and volunteers. Several participants described communication as lacking and that often, they did not have enough information to be most effective in their work activities. For example, Bella explained that the volunteers often do not get enough up-to-date information from the staff on the status of the dogs or their medical conditions to provide potential adopters with information about the dogs. She said,

> There is a lack of communication between the staff and the volunteers. The staff does not share whether a dog was a stray or an owner surrender. I don't know why they don't tell us that information because [potential adopters] ask us that all the time. It's hard to always tell adopters, "I don't know." We are volunteers working with the dogs and the adopters. We should know.

Krystal shared that the staff at her shelter does well with email communication but using only that format is not enough. She said:

> Just using email isn't enough [nor is] saying it in one place, one time. There are over 200 volunteers and we don't all get or receive information in the same way. How [the staff] communicates would make a giant difference in [the volunteers' ability] to respond to inquiries or questions [about the animals]. I think [added communication] would make a big difference for us and how [we interact with the public].

Shelter Funding and Resources

Animal shelter resources, including a budget, staff, and volunteers, are a part of the systems within which work is conducted. Without enough money or people, the shelter might be unable to effectively do the required work. A common sentiment from this study's volunteers was that there were often not enough people or funds to care for the animals appropriately. Taylor commented, "The problems [at the shelter] were so seemingly large and overwhelming, and there weren't enough funds or people helping or enough of any number of things to really be making the difference that I wanted."

Stephanie gave a specific example of how insufficient funds impacted the life of an animal,

> I'd say about 70% of [stray dogs] have heartworm. One time we had so many dogs that had heartworm, and there were no extra funds at all. So, there was this one dog that had been there for months, and [wasn't being treated for heartworm]. She died of heartworm disease in front of me.

Several volunteers also described scenarios where there were not enough staff members or volunteers to give the animals the care they needed. Hannah, who volunteered in her shelter's neonatal kitten nursery, described a time when they had close to 90 newborn kittens that needed to be fed every 3-4 hours. There was not enough staff or volunteers to handle so many kittens, which resulted in Hannah coming into the shelter one morning and witnessing the death of one of the kittens. She said:

> I got around to the last kittens [that needed] to be fed, I opened [the carrier], and there were, I want to say, five kittens in there, and one of them just was extremely sluggish. They were probably about two weeks old at this time. And I looked at the [feeding log], and there had been nothing written beside it, so I knew the kitten was well past its feeding time…. We called for the [veterinary technicians] to come, but it was too late by the time they got there…. And I think, 'why aren't more of [volunteers] stepping up? Why aren't more [volunteers] signing up to help?' Because maybe we wouldn't have been that behind [on the feedings that morning], and maybe this kitten wouldn't have died.

Bella, who was a volunteer coordinator at her shelter, shared, “We just don’t have enough people to walk the dogs every day. And that is my goal, to have someone walk every dog every day. It’s hard to get people to commit. So, I just have to take on a bigger workload.” Jackie shared that when her shelter did not have enough people on a shift to take care of all the dogs, she tried to do more or stay longer so the dogs could get the care they needed, and said:

> I spend more time with them. I stay [at the shelter] later, so I try to hurry and clean everything the best I can and tell the dogs, ‘I’m going to come back to you guys. I’m going to come back; I promise I’m going to come back.’ Then I will clean everything, and then I play with them or pet them or, you know, give them some treats.

Lack of Public Education about Shelter Animal Adoptions

Adopting a shelter animal is not the same as getting a new puppy. Most shelter animals have a history of abuse and neglect, and many have behavioral or medical issues. Animal shelter volunteers worked hard to get their animals successfully adopted, which means no returned or lost dogs and cats after they were adopted. Unfortunately, this was not always the outcome. Dogs were often lost or returned after they were adopted. The volunteers in this study expressed concern about the public’s lack of knowledge about what it means to adopt a shelter dog and the responsibility of adopting a dog or cat who may have a medical issue or a history of abuse. Volunteers had strong opinions that more needed to be done to inform and educate the public on successful adoptions of shelter animals and on taking proper care of animals (for example, spaying and neutering them,

vaccinating them, etc.) Sam described a situation where a dog was adopted and then lost and another situation where the adopters knew the dog's history and that the dog should not be with children but ignored this guidance. This ignorance caused the dog to bite a child and be returned to the shelter. Sam said, "I think that the public or the people who are adopting need to be educated. We need to get more education out about these animals and [what it means to adopt] shelter dogs."

Doreen volunteered in her shelter's trap-neuter-release program, a service for trapping feral cats, getting them spayed and neutered, and releasing them back to where they live. Doreen shared that her community, like many, has a significant overpopulation of kittens and feral cats. She attributed this to the lack of education for the public about the importance of spaying and neutering cats. Doreen said, "it is so important to me that people are educated, and they know to get their animals spayed or neutered, so we don't have so many [homeless cats]."

Several participants were involved in sleepovers at their shelters. These were fundraising events where volunteers would stay with the shelter dogs in their kennels for 24-36 hours to raise awareness about what life is like in a shelter for a dog. Lily described it as a great way to educate the public about the dogs available for adoption and how a dog's behavior in their kennel is often different from their behavior outside the kennel. She said that "more education for [the public] about how shelter life impacts the dogs and cats' behaviors [is important]."

Mission of Organization

Although study participants came from ten different animal shelters, these shelters all had similar missions. These shelters exist to ensure humane treatment of all the animals they rescue and save as many animals as possible. Most volunteers also have this as their personal reason for volunteering at an animal shelter. They do this work because they love animals, are advocates for them, and want to save as many as possible. Although the missions of the shelters align with the volunteers' objectives, there are some hardships associated with these missions that can contribute to the development of CF. Specifically, euthanasia practices and the constant cycle of animals coming in and out of the shelter.

Euthanasia. The word euthanasia comes from the Greek word "eu" (good) and "thanos" (death), so euthanasia literally means "good death" (Oxford Learners Dictionary, 2022). It is typically considered the most humane way to handle a terminally ill or suffering animal in the animal care world. Euthanasia is a reality of the animal shelter environment and a key part of these organizations' missions to provide humane treatment to all the animals in their care.

Most volunteers expressed their support of euthanasia practices in their shelters, although they all struggled to say goodbye to a cat or dog they loved and to whom they provided care. Many of the volunteers also regularly experienced a strong need to do more for an animal that was going to be put down, especially for a behavioral issue. For example, Lily said she supported most behavioral euthanasia decisions, but:

> Knowing that an animal is being euthanized and feeling like I wanted to do more to help them is always hard. It is like a constant belief that more can be done for them, but, in reality, that may not be true.

Taylor expressed a similar sentiment when an animal he has worked with needs to be euthanized for behavioral issues, "I think I directly should be doing more. I directly should be advocating differently [for the animal] or trying to do different techniques to socialize [it] better." Allison also shared a similar experience about a dog she fostered who ended up needing to be euthanized because of repeat biting. Even when Allison could no longer foster the dog because he bit her husband, she still wanted to work with him. She wanted to keep trying to help the dog, but it was no longer safe for her or anyone because of the dog's unpredictable behavior. Sam shared that when he knows a dog may need to be put down for behavioral reasons, he gets preoccupied thinking of ways to help the dog, "I keep thinking about how to help him break that behavior. If they decide to put him down, I'm not sure what reason I can use to argue with that, but I still want to try to help him." Jen said:

> When you put your heart and soul and advocacy into a dog... but their nature does not change, it never feels like we did enough. What if we did one other thing? Could there have been one more thing that maybe we could have done or alleviated [in him] to have saved his life and found him a home?

Krystal shared that she knows euthanasia is part of working in an animal shelter, but the reality of it is not something she expected. She recalled early in her volunteer years when two dogs were being euthanized, and she tried to find a way to save them.

She told her shelter manager, “I’ll foster them. I’ll take the dogs home with me.” She was unable to help those dogs. That was one of her first experiences with the reality of euthanasia at her shelter, and she said, “it took a long time for me to process that because it is the reality [of an animal shelter], unfortunately. It never gets easier.”

The volunteers all had a similar drive to go above and beyond to save the animals. This drive aligns them with the missions of their shelters; however, when the most humane thing to do for the safety of the dog and the people around it is to euthanize it, it can be a contributor to the volunteers’ development of CF.

Cycle of Animals Coming in and Out of Shelter. Another aspect of the work environment related to the mission of the shelter is the constant intake of animals that need to be rescued. Volunteers understood that the steady flow of animals coming in who need care is why the shelter exists. Still, they reported that witnessing the constant cycle can be overwhelming. Sam explained that it is a never-ending flow of animals moving through his shelter:

> I think it’s probably like this at most [shelters], like a revolving door. We get dogs in; I work with them to get them ready for adoption. They move out. Another dog comes in. [It happens] over and over again.

Doreen shared that the never-ending flow of cats and dogs into her shelter and the constant need to trap, neuter, and release cats felt like no progress was ever made to help reduce the homeless animal population. Stephanie described a similar feeling about how what they do at the shelter feels like a short-term solution instead of long-term progress to deal with the overpopulation of animals,

> When there's no room [at the shelter] and there are animals that have been there for three months [but] aren't adopted yet, there are still new ones coming in. The influx doesn't stop because there is no room at the shelter. I would bring some animals home with me just to foster them and make room, but it only helps for a short time because the animals keep coming in and filling the shelter. It is constant.

Krystal said that adoption events are always great ways to find the animals their permanent homes and make space at the shelter, but that does not last long because the shelter is full again within a week. Most participants also expressed that the constant flow of animals coming in and out can make it difficult to complete all their work activities for all the animals. Jackie said, "there just isn't enough time to help [all of] them because you're only there for a short time. You can't reach all the dogs, especially when they're coming in and out so fast."

Despite alignment with the shelters' missions to be saving and caring for animals 24 hours a day, 365 days a year, the volunteers reported that this part of the organization's mission contributes to their symptoms of CF. Most of the volunteers expressed their desire to end animal neglect and cruelty and to help manage the overpopulation of animals. They are advocates for animals in and outside their shelters. Yet, when they see the never-ending cycle of animal neglect and abuse that come through the shelter doors, they question whether they are making a big enough impact. Taylor said it feels like he will never have the impact he truly wants to make because of how immensity of the issues of animal overpopulation and cruelty.

Individual Characteristics

The personal characteristics of an individual influence how that person thinks, feels, and behaves on an ongoing basis. These behaviors can determine how individuals adjust to their environment (Sheperis et al., 2020). Although this study did not specifically ask about individual characteristics, participants expressed several consistent and dominant qualities in their responses to questions about their CF development. These responses revealed that common characteristics among the volunteers were empathy, altruism, being organized, persistent, and responsible.

Empathy

Research has shown that empathy is a significant precursor to the development of CF, and without the ability to have emotional responses to another's situation, it would be difficult to develop CF (Figley, 1995a; Hoffman, 1981). This description was consistent with the participants' shared experiences. All the participants expressed empathic responses to their work with the animals. For example, Jackie shared,

> When you're there, you're just thinking of the animal and putting yourself in their position. For example, cats come from elderly people who couldn't care for them anymore, and [the cats] are older, and they're confused, and they're scared, and they're not eating, and they don't know where they are. And [then] you put yourself in their place. Can you imagine how you would feel if, all of a sudden, your owner and your whole life had changed?

Sam said, "I think about them in their cages. I hate to see an animal caged for so long. I worry about them all the time." Bella shared that she wonders how the dogs are at

night. She is concerned that they are scared in their cages or that they may be cold. She said, "I do not like to use the word obsessed, but I think about them all the time where it bothers me in the middle of the night." Stephanie shared that she worried that the animals felt unloved and said,

> That would be awful if they did not feel loved. So, I do everything I can to let them know they are loved. I give them hugs and pet them and love on them and give them treats. Even if it is only ever by one human, someone loved them.

These sentiments of being worried about the animals and how they are feeling were expressed by most, if not all, the participants.

Altruism

Another characteristic that was prevalent across the participants was altruism. Altruistic individuals often sacrifice their own well-being to be of service to others. Silvia was so devoted to taking care of the dogs that she would frequently take time away from her vacations to check on dogs at the shelter. She said,

> When I was at the beach last month, for a week, I was thinking that I should be at the shelter. I would be checking the calendar and see that nobody's there, nobody has signed up [to walk the dogs], and I was sad. I had a lot of guilt for not being there.

Allison struggled to establish appropriate boundaries because she was very committed to being at the shelter and taking care of the dogs. She said,

> I would go in and spend my entire weekend basically, or a lot of hours there, trying to walk dogs or helping in any other way. From day one, I knew all the

> dogs' names. I could probably tell you a dog I walked eight years ago, what their name was, and all about them. It really kind of took over my life. I just didn't know how to, or that I needed to, create more boundaries for myself.

Allison further described her desire to help all the time as something that became “an obsession.” Krystal shared, "I don't set reasonable expectations for myself about [what I can do] based on the emotion of really wanting to help [the animals] and make a difference." Most of the volunteers expressed this desire to constantly be at the shelter to help and give of themselves. Taylor said, "I feel a great [need] at times to step away, but I feel such an immense sense of guilt around even just the thought of trying to do that, that I won't do it.” Taylor added, “I feel the need to keep coming and keep showing up; to continue to be present to try and keep fighting the fight [for the animals]. I want to do anything to make them better.” Lily said that the longer she was volunteering, the more she wanted to be there with the animals, “I became more and more committed to the animals and wanting to help them and being at the shelter as much as possible.” Sam expressed a similar sentiment, “When I get there, I want to spend time with everyone, and it's just hard to leave.”

Organization

Several participants demonstrated a tendency towards being organized and structured. Typically, being organized works well in the work environment; however, it can create frustration if others do not share a similar desire to be organized. Silvia called herself a very efficient person. This efficiency helped Silvia manage the care of many

dogs at the shelter and helped her provide extra care for the dogs because she worked so efficiently. This characteristic also caused her frustration. She shared,

> At the shelter, we need to be efficient with the animals. That is part of my personality. My husband says I'm the queen of efficiency, so I like things to be done, and I don't like to waste time…I like to multitask. I [do not like] time that is not used for a purpose. So, when I'm at the shelter and I see a volunteer talking to someone for 20 minutes instead of walking a dog, or when they take one dog out for one hour, I get frustrated. What about the rest of the dogs [that need to be walked]?

Several participants expressed frustration when other individuals did not follow proper procedures or the shelters' policies to ensure the animals received appropriate care. Jackie said:

> What do we have rules for if people are not following them? We don't want to have disease rampant through [the shelter], which can be a problem at shelters. That's what the rules are for and why we have to follow them.

Hannah shared:

> There are protocols in place for a reason, and we are supposed to follow those. And then there [are people] who feel like they know [a better way], even though they have been trained in the proper way. They implement their own protocols and procedures, which can confuse new volunteers and create tension and drama.

Bella explained that she wishes there was more structure related to working with other rescues to get the dogs out of her shelter and adopted,

> I don’t have a lot of control over the rescue program, but if I had more of a role in working with rescues and knowing which ones to contact and I was allowed to contact them, I would be able to find more of our dogs’ homes.

Persistence

Another characteristic that was common across the volunteers was persistence. Persistent individuals do not back down from obstacles and will continue to proceed on a particular course of action despite a challenge or resistance. Animal rescue work is challenging. There is exposure to a lot of suffering, and for every positive story of a successful adoption, there are countless more animals that need to be rescued. The volunteers persisted through the difficult reality of working in this environment and managing the associated heartbreak. This persistent attitude was expressed by most of the volunteers. For example, Taylor said,

> Every time I think I hit a wall, I just sort of slowly knock it down and keep going. And I don't have a lot of faith or hope that it's going to get better necessarily. But at the same time, I am just very rarely willing to walk away.

Taylor added, “I always want to do something, especially in any sort of crisis. I just want to be in action and keep moving.”

Jen said:

> I'm very much a doer, and I'm very much a fixer. So, if I can keep going, then let me [keep going] and try [to fix the problem] from another angle. Let me make this video or do something to help. It's very rare that I'll walk away.

Jackie shared:

> Sometimes I feel like I am the only one that's worried about a dog, and I'm the only one that can do something about [the dog's issue]. [I feel like] I'm the only one that can push for the next step, which isn't true, but it can definitely feel like it. But I know that I can definitely [help]. I can do that, so I jump back in and do it for multiple dogs.

Most of the volunteers shared examples and made comments similar to Taylor, Jen, and Jackie. They persisted despite the challenges they faced and did whatever was in their power to help save an animal.

Responsibility

All the volunteers displayed the characteristic of being responsible. These volunteers' years of service at their shelters ranged from 2 – 15 years, with the average length of service being 6.5 years. Most of them were there several days a week, with some going every day for a few hours. They rarely missed a shift and struggled to take time away from their volunteer work. Many participants expressed the feeling that if they did not go to the shelter, the animals would not get the care they needed. Doreen said, “I thought that I stopped doing the [trap-neuter-release program], there wasn't going to be anybody else to do it.” Silvia said, “If I quit, who else is going to do it? I just feel like I need to go [to the shelter] more to take care of the dogs.” Taylor explained it as a little voice in his head saying, "Well, if you don't do it, nobody else is going to do it, so you have to keep doing it well." Most of the volunteers felt a significant amount of responsibility for the care of the animals and took that responsibility seriously.

Interaction Between Individual Characteristics and Work Environment

Although the individual characteristics and work environment dimensions described previously are each contributors to CF development in animal shelter volunteers, the data from RQ2 revealed an interaction between these characteristics of the volunteers and aspects of the work environment that was affecting the development of CF (see Figure 3). When individuals enter the animal shelter environment to start volunteering, they have specific individual characteristics. Some people who embody certain characteristics may react to certain aspects of the animal shelter environment, which influences their development of CF. How this occurs and the specific interactions between individual characteristics and aspects of the work environment will be described in the results section for RQ3.

CF Experiences

The volunteers in this study were still actively engaged in their volunteer duties despite experiencing the symptoms and effects of CF. Only one study volunteer had to change her duties to no longer work directly with the animals because of her CF. Volunteers reported CF experiences ranging from having emotional responses to disrupting personal life events. All volunteers reported feelings of sadness, anger, frustration, anxiety, and guilt as a result of their CF from their animal shelter work. Taylor described his feelings as “stress and anxiety around the next bad thing that could happen,” and guilt about wanting and needing to do more for the animals, which he said was the “ongoing thing that probably got me involved in the first place, but then keeps me involved in the long run.”

Allison, who changed her volunteer duties because her CF symptoms got so bad, said she experienced depression because she could no longer work directly with the dogs. She had witnessed many dog fights while training aggressive dogs at her shelter, and the effects of her CF caused her to become fearful of dogs. She said, "I realized that I was actually becoming afraid of dogs. I thought that every dog had the potential to attack me." Allison also expressed, "I feel guilty because I cannot be there as much as I used to. I think for people like me, who love the animals so much, it's really hard to pull back and stop [going to the shelter] without feeling guilty."

Several volunteers had disruptions to their personal lives because of their CF. Doreen shared that she recently stopped going to her weekly dinner with friends because she was too exhausted and sad from her CF experiences. She said, "I just want to come home from the shelter and sleep. I also neglect things around my house." Silvia and Bella shared that they do not spend as much time with their families as they should because they are spending most of their free time at the shelter or preoccupied with their shelter work. Bella said:

> I'm too tired to do anything at night. I'm physically exhausted after walking the shelter dogs 30- 40 miles a week sometimes. And then I'm not polite. I have a son, and I feel like he should get a little bit more attention. I don't walk my own dogs as much as I should.

Silvia shared how the effects of CF impact her life with her family:

> Sometimes I am not able to enjoy other things because I feel selfish. If I'm doing something else with my family on the weekend, [I'll think] that I should go to the

> shelter. I'm always comparing [what I am doing] with what I should be doing [going to the shelter]. And that prevents me from enjoying doing the things that I am doing,

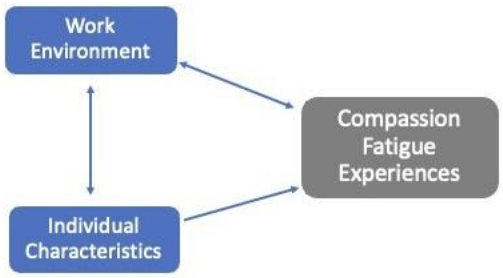
Several participants described regularly checking the shelter's website or Facebook page whenever they were not at the shelter to see if certain dogs or cats got adopted or if there were enough people on the schedule for each shift to care for the animals. Hannah said, "I would go home every night, and I would get on Facebook, and I would see what's going on in the [kitten] nursery when I should have been doing [other things]." Krystal said:

> I sit there on my phone for hours at night looking at all these animals and all these different Facebook sites [where animals] that need a home or got lost [are posted]. I wonder if they are at our shelter, so I go through our website to check. I'm not even at the shelter volunteering. It's almost become an obsession that I have to put my phone down and walk away from it so I can do other things.

The CF experiences of the volunteers continue to be present and reoccur because they are continually exposed to the same situations within the shelter environment. The volunteers do not have an opportunity to alleviate their symptoms because they continually return to the shelter, where they continue to experience all the contributors of CF. Because of this, the CF experiences become another contributor to their continued CF. The reoccurring influence of the CF experiences is depicted in Figure 3 by the arrow showing those experiences coming from the work environment and repeating when going back into the work environment.

Figure 3

Contributors of CF Development in Animal Shelter Volunteers



RQ3 Results

The answer to RQ3 was uncovered through the analysis of RQ1 and RQ2. From RQ1's findings, twelve themes emerged about the seven dimensions of the work environment. These themes were the aspects of the work environment that most affected the volunteers' experiences working at the shelter. These included the design and layout of the shelters, the' volunteers' work activities, their decisions about their work tasks, the challenges and rewards of working with the animals, their break time, training and orientation, advanced training, experiential learning, shelter safety, and the interactions with staff members and other volunteers. From RQ2's findings, seven themes emerged about what contributed to the development of CF in animal shelter volunteers. As reported by the participants, five of those themes were the aspects of the work environment:

- Work activities

- Communication between staff and volunteers
- The organization's mission
- Shelter funding and resources
- Public education about shelter adoptions

Based on the reported data, these dimensions of the work environment contributed to the animal shelter volunteers' development of CF.

The other critical piece of information that became apparent during the data analysis and contributed to the answer to RQ3 was that the interaction of certain individual characteristics and specific aspects of the work environment could contribute to the development of CF. For example, most of the participants displayed characteristics of being organized and responsible. However, for some of the participants, when these characteristics interacted with the lack of organization exhibited by other volunteers or staff members, it created consistent feelings of frustration, anger, and exhaustion, all of which contributed to the effects of CF.

Silvia, said:

> When I'm at the shelter, and I see a volunteer talking to someone for 20 minutes instead of walking a dog, or when they take one dog out for one hour, I get frustrated. What about the rest of the dogs [that need to be walked]?

Other study participants also expressed frustration when other volunteers did not follow proper protocol to ensure the animals received appropriate care. Jackie said:

> What do we have rules for if people are not following them? We don't want to have disease rampant through [the shelter], which can be a problem at shelters. That's what the rules are for and why we have to follow them.

Another characteristic that was common across study participants was empathy. Being empathetic makes the volunteers good at what they do. It also creates worry and sadness when they witness all the animal suffering and neglect within the shelter. For example, Sam said, "I think about them in their cages. I hate to see an animal caged for so long. I worry about them all the time." Jackie shared that she feels sad and angry when seeing an animal suffering. She said:

> The most difficult is to see an animal that has been abused. Some type of animal suffering is usually the toughest. I walk past a dog cage and can tell he's been terribly abused because he has cigarette butt burns or those kinds of markings.

Although individual characteristics and aspects of the work environment each put animal shelter volunteers at risk for the development of CF, the interaction between the two is another way that the work environment contributes to the development of CF.

The data from RQ1 also uncovered the most rewarding experiences of the animal shelter volunteers' work. These rewarding experiences included spending time with the animals and helping them get adopted. As reported in the RQ1 results section, the volunteers took great pride in successfully rehabilitating animals and getting them adopted to good homes. They knew they were saving the animals' lives, and this created meaning and satisfaction for them. For example, Taylor described his volunteer work as follows: "The saving of these lives is [very] important and impactful, and it is so

meaningful to be around a population I am so invested with and in love with." Hannah, who volunteered to bottle feed and care for neonatal kittens as young as one day old, expressed the deeper meaning behind her work, "I know that kitten might very well not be [alive] to be adopted and get a forever home if I hadn't had a hand in rearing it." Compassion satisfaction occurs when individuals derive pleasure from their work to help others. This sense of satisfaction from the work they did continued to bring the volunteers back into the shelter environment despite their CF symptoms. Although this study did not focus on compassion satisfaction, it was apparent from what the volunteers reported that their work with the animals was meaningful and created a sense of satisfaction with them. Their compassion satisfaction became another contributor to CF because it continued to pull them into the work environment, which exposed them to the distressing situations and their CF symptoms. The sense of satisfaction is often something that offsets CF symptoms. However, it did not offset CF for these volunteers but instead motivated them to continue to expose themselves to the hardships that contributed to their CF. The cyclical nature of how CF developed and is ongoing for the volunteers is further discussed in the interpretation of the findings in Chapter 5.

RQ3 data analysis steps were the same as those reported in Chapter 3. Themes from RQ1 and RQ2 data analysis were aligned and the model of the work environment's role in CF development in animal shelter employees was created.

Summary

RQ1

The questions in the first interview inquired about the work environment of the animal shelter volunteers. The volunteers reported on the aspects of their work environment that most affected their experience as an animal shelter volunteer. The physical layout of the animal shelters was similar which may attribute to the volunteers' having similar experiences across different shelters. The structures of these shelters affect the experiences because they affect how and where the work occurs; therefore, similarity in structure and how work occurs may result in similar experiences. The work activities affected their shelter experience because these activities allow them to do what brings them joy, such as care for the animals and help them find permanent homes. These work activities also enabled participants to perform work that they considered meaningful and fulfilling because they were helping to save animals' lives. This finding is important because it is a primary reason why volunteers spend their free time volunteering at the shelters.

Work activities also presented challenges for the volunteers because they were frequently exposed to suffering and neglect when caring for the animals. Volunteers reported that they were challenged by their shelter work activities when there were too many animals to care for during their scheduled shift. When this occurred, they were unable to adequately meet the needs of all the animals. Another theme about the shelter work environment reported by volunteers was the training provided to perform their work activities. Volunteers shared that their shelters had both basic and advanced training

available. The advanced training enabled some volunteers to increase their skills and take on additional responsibilities. Several participants had advanced training to work with more challenging dogs, which allowed them to have a more significant impact and care for animals that were often deemed difficult to handle or unadoptable.

Another theme reported by the volunteers was their interactions with staff members and other volunteers. Although these interactions were mostly limited and occurred on an as-needed basis, the interactions and how communication occurred within the shelter affected the amount of information the volunteers receive and how they receive it. The frequency and quantity of information available to the volunteers, at times, affected their ability to provide appropriate care for the animals. For example, if a dog had been returned for biting a child and this was not communicated in a timely fashion to the volunteers, it could endanger both the animal, the volunteer, and a potential adopter. Additionally, the volunteers reported that their shelters had rigorous safety procedures to protect the animals and volunteers from injury and illness. Feeling safe and having the appropriate knowledge and information on handling animal illness was reported as an important aspect of the volunteers' work environment. The safety guidelines ensured that volunteers could perform their tasks and that the animals in their care would be taken care of without concern for injury or spread of illness. This was because the information about the safety policies and regulations were communicated and enforced at all the shelters. Volunteers shared that their reason for volunteering at the animal shelter was because they loved animals, wanted to spend time with them and do all they could to help save them and make their lives better. Being in an environment that provided them with

what they needed to give the animals the best possible care was critical, because providing the animals with the best care was one of the rewarding experiences of the volunteers' shelter work as well as the primary reason they were animal shelter volunteers.

RQ2

The questions in the second interview inquired about the animal shelter volunteers' experiences of their CF development. The volunteers reported several main contributors to their CF. Five of these were related to their work environment and included work activities, communication between staff and volunteers, euthanasia, the consistent cycle of animals coming in and out of the shelter, shelter funding and resources, and public education about animal shelter adoption. The volunteers reported that the work activities that exposed them to animal suffering were primary contributors to CF. Additionally, because of their commitment to always providing the best care to the animals, they got frustrated by the inconsistent communication with staff members about animal care. They also became frustrated and felt overwhelmed when other volunteers did not provide proper care or follow appropriate protocol to care for the animals. The volunteers' sense of responsibility toward the animals caused them to take on additional work to make up for the others' perceived lack of focus and commitment.

The animal shelters' missions are to provide humane treatment and save the lives of as many animals as possible. The missions of these organizations often include the practice of euthanasia, which was another key contributor to CF development for the volunteers. Additionally, the shelters always took in as many animals as they could fit.

This constant flow of animals coming in and going out of the shelter created sadness and frustration for the volunteers, which added to their CF symptoms. The other contributors, such as lack of funding and resources along with insufficient education for the public about the realities of adopting shelter animals, also caused sadness, worry, and anger in the volunteers, all of which contributed to CF.

The analysis of the RQ2 data revealed that the volunteers enter the shelter space with certain individual characteristics that also put them at risk for developing CF. The data uncovered that this study's volunteers consistently displayed the following characteristics: empathy, altruism, being organized, persistent, and responsible. For example, being empathetic and altruistic resulted in some having difficulty setting boundaries between their own well-being and being readily available to take care of the animals. The characteristic of being persistent resulted in sadness and frustration due to the inevitable inability to help all the animals, despite the persistent effort. The characteristic of being organized also contributed to frustration when others in the shelter environment did not follow proper protocol or work as effectively and efficiently as the study's volunteers.

The data also revealed that it was the interaction between these characteristics and aspects of the shelter work environment that contributed to the development of CF. When certain characteristics, such as being organized and responsible, intersected with a work environment that did not provide enough funding or resources for adequate staff to care for the animals, this created frustration and feelings of overwhelm for the volunteers.

Finally, the RQ2 data uncovered that the volunteers' experiences of CF were reoccurring. The volunteers consistently returned to the shelter environment, which remained unchanged. Consequently, the environment and how they experienced it continued to trigger their CF symptoms. As a result, the experiences of CF became another contributor to how CF developed in animal shelter volunteers.

RQ3

Data analysis from RQ1 and RQ2 was used to provide the response to RQ3. As previously stated, work environment interactions with volunteer individual characteristics played a role in the development of CF. Although these characteristics and aspects of the work environment could individually contribute to CF, the interaction of the two was another aspect of CF development. Additionally, because the work environment remained unchanged for animal shelter volunteers, they continued to re-experience CF symptoms. This reoccurrence of symptoms within animal shelters was another influence on CF development.

Finally, the sense of satisfaction volunteers got from their work at animal shelters played a role in the development of CF. Volunteers' compassion satisfaction was the primary reason they continued to return to their shelter environments in spite of their CF. Their desire to continue to help animals led to them returning to these environments and affected reoccurrence of CF.

Chapter 5 includes a description and discussion of how findings from this study substantiate, disconfirm, or extend existing information and research related to the role of the work environment in animal shelter volunteers' experiences involving CF. Chapter 5

also includes a discussion of the limitations of this study, recommendations for future research based on study findings, and implications for social change.

Chapter 5: Discussion, Conclusion, and Recommendations

The purpose of this study was to explore the role of work in animal shelter volunteers' experiences involving compassion fatigue (CF). The basic qualitative design was used to gather detailed information from animal shelter volunteers on how their work contributed to CF development. Prior research conducted on CF in animal shelter employees demonstrated that CF causes emotional distress and increases turnover in animal shelter employees; however, limited research has been conducted on volunteer populations in animal shelters. Additionally, the role of work in terms of experiences involving CF had not been explored. I addressed both these topics.

Participants of this study provided rich information during their two interview sessions. Findings from RQ1 included information about shelter designs, work activities, training for volunteers, safety of animals and volunteers at the shelter, and interactions with staff and other volunteers. Volunteers reported that their shelter designs were similar and their work activities included challenging and rewarding experiences. Challenging experiences were related to witnessing animal suffering and neglect. Rewarding experiences were those that allowed them to spend time with animals and help them be adopted. Participants reported they received adequate training to perform their work activities and were able to receive advanced training if they wanted to increase their responsibilities at the shelter. Volunteers were educated about shelter safety policies and procedures and were rigorous about ensuring proper protocol was followed, and animals received the best care possible. Most interactions with staff members and other volunteers were as-needed and did not occur frequently.

Research findings for RQ2 revealed three key contributors to CF development among animal shelter volunteers. The first was their work environment, specifically their work activities, communication between staff and the volunteers, mission of the organization, shelter funding, resources, and public education about shelter adoptions. The second contributor to CF reported by volunteers was individual characteristics. Data revealed that certain characteristics such as empathy, altruism, being organized, persistence, and responsibility increased volunteers' risks of experiencing CF. Data also revealed that interactions between these characteristics and aspects of the shelter work environment contributed to the development of CF. The third contributor to animal shelter volunteers' development of CF was reoccurring experiences involving CF.

Results of RQ3 were revealed through analysis of RQ1 and RQ2. The role of the work environment in the development of CF includes interactions with volunteers' individual characteristics. Additionally, because the work environment remained unchanged for animal shelter volunteers, they continued to reexperience their CF symptoms, which influenced CF development. Participants also reported the satisfaction they got from their volunteer work kept them returning to the animal shelter and continuing to experience CF.

Interpretation of Findings

Interpretations Related to Published Literature

Confirmed Findings

The Data from RQ1 provided information on how animal shelter volunteers experienced shelter work environments. Work activities, organizational policies and

procedures, and relationships with colleagues all contribute to stress in the workforce (Bakker & Demerouti, 2007). As noted in Chapter 2, stress is a precursor to the development of CF. Several findings from the published literature related to animal shelter work environments and how those experiences affected stress in the workforce were confirmed in the current study

Participants shared that their work activities included a variety of tasks such as supporting shelter operations, fostering animals, and caring for animals by playing , feeding, petting, and walking dogs. The volunteers' task assignments were dependent on shelter needs and included animal care, foster care, and administrative support for shelters (Ford, 2016; McFarland, 2005). Many of these tasks created challenges for animal shelter volunteers. Participants expressed challenges related to work activities that involved caring for animals, exposure to animal suffering, and being unable to meet needs of animals and provide them with adequate care. Work tasks which exposed animal shelter volunteers to animal suffering or put volunteers in situations where they could not provide adequate care for animals increased stress and emotional distress levels (Ford, 2016; Rohlf, 2018; Scotney, 2017; Yates, 2015).

Volunteers in the current study reported that the most rewarding aspects of their animal shelter work included spending time with animals and helping them be adopted. Ford (2016) said rewarding aspects of volunteer work were time with animals, helping to care for them, and finding them a permanent home.

Many animal shelter workers experience a lack of communication with other staff members in work environments, which can add to their stress levels (Dunn et al., 2019).

Current study volunteers reported that their interactions with staff members and other volunteers typically occurred when information needed to be exchanged and only on an as-needed basis. They expressed the desire to interact with staff members more.

Data from RQ2 also confirmed several findings from previously published literature. Aspects of the work environment that contributed to animal shelter volunteers' C) development in the current study included work activities, specifically those activities that exposed them to animal suffering and euthanasia. Exposure to animal suffering, neglect, and euthanasia increased animal shelter workers' risks of developing CF (Nguyen-Finn, 2018; Rohlf, 2018; Scotney, 2017; Yates, 2015). Yates (2015) said euthanasia was one of the most stressful parts of animal shelter work. Another contributor to CF reported by study volunteers was lack of communication with staff members at shelters. Insufficient or poor communication within shelter environments increased the risk of CF (Allen & Meuller, 2013; Dunn et al., 2019; Schneider & Roberts, 2016; Scotney, 2017).

Because the missions of the animal shelters used in this study include providing humane treatment to all animals, this may involve euthanasia. Study volunteers cited euthanasia as a contributor to CF. They reported that it was particularly distressing when senior leaders at shelters made decisions about which animals needed to be euthanized, and these leaders did not know the animals. Schneider and Roberts (2016) said shelter workers' stress increased if they spent time rehabilitating a dog who was confined for too long and then bit someone, resulting in the need for euthanasia. Several participants in the

current study expressed the same sadness and distress when they talked about negative outcomes for some of the dogs they spent many months trying to rehabilitate.

Another aspect of the animal shelter's mission is to provide care and shelter for as many animals as possible. This often results in overcrowded shelters and a consistent flow of animals coming in and out of the shelter. The study's volunteers expressed this as a significant stressor and contributor to their CF. The constant flow of animals in and out made them feel helpless and as if the cycle of animal abuse and abandonment would never end, no matter what they did to help. Overcrowded shelters and the constant surrender and return of animals increased the stress levels of animal shelter workers because they felt that there would never be an end to animal overpopulation (Schneider & Roberts, 2016; Schrabram & Matlis, 2017; Scotney, 2017).

The lack of animal shelter funding and resources available to provide adequate care for all the animals in need was identified as a contributor to CF by this study's participants. Insufficient resources in animal shelters impacted staffing and the inability to provide adequate care to animals (Dunn et al., 2019; Kleinfeldt, 2017). These shortfalls often result in animals suffering and euthanasia, which affect CF.

Another finding from this study that confirmed previous research was the frustration volunteers expressed regarding the public's lack of knowledge about life for animals in the shelter and the adoption of animals from a shelter. Volunteers reported frustration and anger at the public, who do not fully understand the extra care required to transition an animal from shelter life into a new home. This misunderstanding often resulted in the return of animals to the shelter for behavioral issues which could have

been addressed if the adopters had been sufficiently educated on what to expect from their new shelter dog. Scotne (2017) said more public education about the special care needed for shelter animals was required.

The volunteers in this study had several similar characteristics, which made them great at their volunteer work and also put them at risk for developing CF. These characteristics included empathy, altruism, organization, and persistence. Previous research on animal shelter workers also found that these individuals have similar characteristics which contributed positively to their work and made them more vulnerable to work stress and potential CF.

Previous research on occupational stress in animal shelter environments revealed that certain work activities and aspects of the work environment contributed to the stress levels of animal shelter workers and put them at risk for CF. These activities were those that involved animal suffering, euthanizing an animal one has cared for, or euthanizing an animal due to insufficient resources to save the animal (Dunn et al., 2019; Polachek & Walace, 2018). Other aspects of the work environment that contributed to stress and potential CF included the inability to provide adequate care to animals due to lack of funding and insufficient resources, a lack of communication, and team support. All these aspects of the work environment identified in previous research as contributors to increased stress and CF were confirmed in this current study.

Conflicting Findings

When individuals were not provided with enough training and felt unsafe in the shelter environment, stress levels and the risk of CF increased (Dunn et al., 2019;

Scotney, 2017). These findings were not consistent with the findings of the current study. The volunteers in this study reported that they received sufficient training to perform their volunteer duties and had opportunities for advanced training if they wanted additional responsibilities. They also said that they felt safe in their shelter environments and that only individuals with special advanced training were allowed to handle and interact with aggressive or dangerous dogs. Scotney (2017) said overcrowded shelters without appropriate staffing put extra stress on the volunteers because they may be required to care for more animals than they are able. Additionally, Dunn et al. (2019) said the inability to make decisions about their work activities increased animal shelter employees' stress. The volunteers in the current study reported that they selected the work activities they wanted to be involved in and were only assigned to those tasks they chose and were trained to perform. This suggests that contextual work environment factors (e.g., sufficient training, safety, choice of work activity) contribute to worker satisfaction and productivity, which has been shown to significantly affect worker stress (Dunn et al., 2019; Ford, 2016; Scotney, 2017).

The one area cited in previous research contributing to CF that conflicted with the current study was the stigma associated with animal care work. Animal care work has often been equated to dirty work, which involves physically, socially, or morally stigmatized tasks (Ashforth & Kreiner, 1999; Baran et al., 2016). This stigma increased stress levels in animal care workers and increased their risk of developing CF. The volunteers in this study expressed pride in their work with the animals (Baran et al., 2012; Cavallaro, 2016). They did not express any associated stigma from others. Instead,

they said others often envied their ability to dedicate so much time to the animals in need. Most participants in this study stated that they tried not to share the negative aspects of their shelter work with those outside the shelter environment. Because they did not share the details, perhaps they did not experience the negativity associated with the stigma of animal shelter work reported in previous studies.

There were several aspects of the animal shelter work environment identified as contributors to stress and potential CF in previous research that were not identified by this study's volunteers. In addition to those previously mentioned and one that directly links with RQ3 was the sense of satisfaction with work. Satisfaction with work has been previously identified in qualitative and quantitative studies as something that helps lower the risk of CF (Jaehee et al., 2019; Ludick & Figley, 2017; Newmann, 2010). Compassion satisfaction experienced by this study's volunteers did not offset their CF experiences but instead consistently motivated them to return to the work environment, which prolonged their CF experiences.

Findings that Extend Knowledge

Several findings from this study related to how the animal shelter volunteers experienced the shelter environment extend the current knowledge. First, the data revealed that although ten different animal shelters from across the United States participated in this study, they all had similar shelter designs and layouts. This similarity allowed for consistency across participants' experiences within the shelter's physical structure. Another finding that extends the literature was related to training. The volunteers reported that although they received sufficient training to perform their tasks,

a lot of what they learned was through experience. The experiences within the shelter were often things for which they were not prepared. For example, consistently seeing animals suffering and neglected, learning how to feed neonatal kittens, and how to deal with the public when they would bring animals to the shelter to be surrendered. These were the types of circumstances that volunteers learned through experience.

Finally, this study's participants reported that their interactions with staff members and other volunteers typically occurred when information needed to be exchanged. These interactions happened on an as-needed basis. The lack of communication in shelter environments increased frustration and uncertainty among animal shelter volunteers. They expressed a desire for more consistent communication, which they felt would make their work easier and enable them to provide better care to the animals.

There were three main areas where this study extended the previous research related to CF development in the animal care community. First, the volunteers' experiences of CF continued to be present and reoccur because they were continually exposed to the same situations within the shelter environment. Because the volunteers returned to the shelter several times a week, they did not have an opportunity to alleviate their symptoms. The shelter environments remained the same, and the CF experiences continued to reoccur. Because of this, the CF experiences were another identified contributor to their continued CF. The experiences created a reoccurrence of CF for the volunteers, as depicted in Figure 3.

The second area where this study extended previous research is the volunteers' demeanor. Most of this study's volunteers were generally happy about the volunteer work

they performed, despite their CF symptoms and experiences. Their demeanor toward their work contributed to their continued return to the shelter environment and the ability for most participants to compartmentalize the stressors associated with their work. This finding could indicate that the volunteers' level of happiness contributes to their ability to manage the stress related to their shelter work. This finding is similar with Figley's (1995a) original compassion stress and fatigue model which suggested that sense of satisfaction with work could offset CF development.

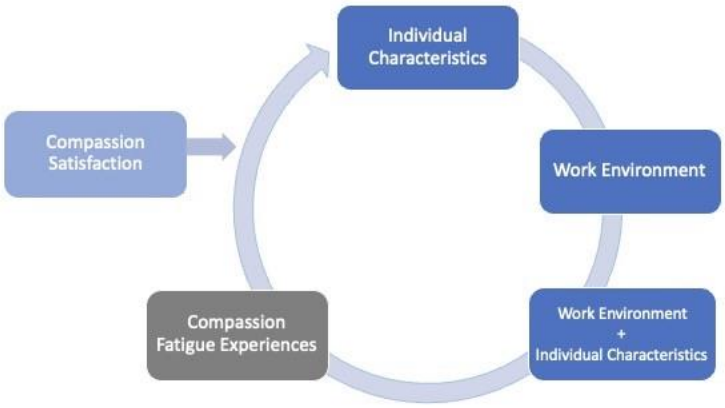
The third finding from this study that extends the knowledge of this topic is the interaction between individual characteristics and dimensions of the work environment as a contributor to CF development. As discussed in Chapter 4's results section, the data revealed that certain characteristics of the volunteers, such as empathy, altruism, persistence, organization, and responsibility, interacted with the dimensions of the work environment and increased the volunteers' risk of CF.

As mentioned with RQ2 findings that extended knowledge on this topic, it was the interaction between the volunteers' individual characteristics and their work environment that contributed to the development of CF. The unique intersection between certain characteristics and certain dimensions of the work environment is a newly identified role in how the work environment contributes to the development of CF in animal shelter volunteers. The other finding that extends the knowledge was noted as a conflicting finding. The sense of satisfaction with their work was another contributor to CF development for the volunteers because it was their motivation to continue to return to the shelter and re-experience their CF. Figure 4 depicts the cyclical nature of how CF

develops and is ongoing for the volunteers. It also shows how compassion satisfaction enters the cycle and is what continues to draw the volunteers back into the shelter environment. These volunteers decide to do this work because of their love for the animals. They endured both the joy of saving them and the hardship of seeing them suffer and saying goodbye to them. The work environment along with their individual characteristics interacted to affect their development of CF. However, despite the challenges they experienced as animal shelter volunteers, the meaning and satisfaction they got from their work and their commitment to saving the animals drew them back to the environment where they continued to reexperience the aspects of the environment that contributed to their CF development (see Figure 4).

Figure 4

Work Environment's Role in CF Development in Animal Shelter Volunteers



Interpretation Related to Conceptual Framework

Compassion Stress and Fatigue Model

Figley's compassion stress and fatigue model describes a sequence of progressive factors that contribute to the development of CF. This model has been referenced as a conceptual framework in research that explores CF in animal care workers (Caro, 2019, Lowry, 2013). Using Figley's model as a conceptual framework for the current study provided a solid foundation to explore the experiences of CF in animal shelter volunteers. Although more recent versions of CF models were considered as a framework for this study, they focused on additional components such as resiliency and burnout, which were not applicable to this study. Therefore, they were not pursued. The following describes the ten factors of Figley's (1995a) model and how this study's findings compared to them.

Exposure to the sufferer's pain occurs when the caregiver is in the presence of the suffering individual. Karademes (2009) stated that exposure to suffering is the first step toward compassion stress, which Figley (1995a) stated is the path through which CF often develops. The animal shelter volunteers in this study reported experiencing exposure to animal suffering as soon as they started their volunteer work.

Feeling empathic concern for the sufferer is often the natural result of caring for someone in pain. Empathy is one main trigger of compassion stress and CF. Without having the ability to understand or share in another's suffering, there would not be an emotional or cognitive reaction to produce the related emotional response or distress (Figley & Figley, 2017; Ludick & Figley, 2017). The empathic concern motivates individuals to try to alleviate the suffering of another. This empathic concern was present

in all the volunteers in this study. They all expressed the desire to continually try to help the suffering animals, often at the expense of their own well-being.

Empathic ability is the acknowledgment of the sufferer's pain and the caregiver's capacity to feel empathy for the patient. Ludick and Figley (2017) stated that the higher the ability to identify with another individual's thoughts, feelings, and states, the greater the caregiver's ability to effectively provide care for them. As stated in Chapter 4, the ability to empathize with the animals was a characteristic demonstrated by all this study's volunteers.

The empathic response is the caregivers' response to the sufferer's pain and results from their desire to alleviate their pain. The ongoing empathic response from caregivers results in their more significant investment into their patients' care, pain, and tending to their needs (Figley & Figley, 2017; Ludick & Figley, 2017). The volunteers in this study displayed consistent empathic responses toward the animals in their care. These responses often caused them to put in extra hours at the shelter and sacrifice time with family.

Detachment is the caregiver's ability to detach from the ongoing pain of the suffering individual and separate from the situation. Detachment, if experienced, can offset or reduce the risk of CF. Many helping professionals and animal caregivers, in particular, often feel an internal pull to do their work (Schabram & Maitlis, 2017). They believe that animals will suffer and die without them. Because of this belief, detachment may be difficult to achieve (Figley & Roop, 2006). The volunteers in this study did not

report on their ability to detach. They reported that they had trouble separating from their shelter work or taking time for self-care.

Sense of satisfaction is the level of contentment a caregiver has with their work. Higher satisfaction with work can reduce the risk of CF development. (Ludick & Figley, 2017; Stamm, 2010). As reported previously, this satisfaction did not help offset the volunteers' CF. Instead, it motivated them to continue returning to the stressful shelter environment and reexperience their CF.

Residual compassion stress is the lingering stress response resulting from the desire to alleviate the sufferer's pain. Ludick and Figley (2017) describe this lingering stress as a severe outcome of repeat exposure to another's trauma and suffering (Ludick & Figley, 2017). The lingering stress response continues to lead individuals down the path to CF. Although the study's volunteers did not specifically state this, their emotionally distressing descriptions of their experiences were indicative of a continual stress response.

Prolonged exposure to suffering is the ongoing exposure to individuals in pain. Volunteers in this study described their witnessing of animal suffering as something they experienced "every day" at the shelter.

Traumatic memories are those memories of distressing situations that the caregiver experienced. Research showed that a caregiver's past trauma could trigger a negative emotional response when caring for patients in the present day (Ludick & Figley, 2017). Volunteers in this study did not report any traumatic memories as contributors to their CF experiences.

Other stressful life demands are those life events that can contribute to the development of CF in a caregiver. In typical situations, these demands could be managed effectively; however, when other factors in Figley's (1995a) model already burden an individual, their ability to handle everyday life stressors may be diminished (Ludick & Figley, 2017). Several volunteers in this study reported that their shelter work sometimes affected their ability to balance other life demands; however, they did not report that other life demands adversely impacted their volunteer work at the shelter.

The majority of the elements in Figley's compassion stress and fatigue model were experienced by the participants in this study. Although a few elements were not part of their experience, this model was created for and validated using paid workforces, which may account for the differences. Although animal shelter volunteers and paid staff work in the same environments and on the same tasks, their experiences regarding CF development and the specific elements in Figley's model vary. As previously discussed, the current study's volunteers demonstrated certain individual characteristics that interacted with the work environment to affect CF development. How these self-described characteristics intersected with the animal shelter environment made the volunteers vulnerable to CF. These descriptions were consistent with Figley's model (see Figure 1).

Occupational Stress Models

Occupational stress models also were used to inform this study and provided a foundation to explore how the work environment contributed to CF development.

Specifically, elements from Cooper and Marshall's work-stress and job demands model were used to examine the work environment of animal shelter employees.

Aspects of the work environment, including work activities (involvement in euthanasia practices, caring for suffering animals), and physical working conditions might contribute to occupational stress (Dunn et al., 2019; Schneider & Roberts, 2016). Additionally, the inability to give the animals the best care, a lack of teamwork and communication, and feeling overworked added to animal shelter workers' stress levels (Dunn et al., 2019; Schneider & Roberts, 2016). The animal shelter volunteers in this study reported that work activities that exposed them to animal suffering and euthanasia and the inability to provide adequate care to the animals increased their stress and anxiety. They also reported that the lack of communication created significant frustration for them. Insufficient staffing resulted in many overworking themselves and experiencing increased stress, anxiety, and exhaustion. The aspects of the work environment explored in this study (physical environment, work activities, working conditions) contributed to stress and ultimately the development of CF for the animal shelter volunteers. These findings are consistent with what past research on similar occupational stress models has demonstrated.

Limitations of the Study

Issues with Trustworthiness

The two issues with trustworthiness that arose in this study were transferability and confirmability. Transferability demonstrates that the results of this study can be used across settings. Thick description was used to address transferability. It provided rich and

thorough information about the critical aspects of the study (Ravitch & Carl, 2016). It was used to assess the nature of the findings, which helps other readers have enough information to determine whether they would interpret the data similarly. Thick description was also used to confirm data transferability to other animal shelters and animal care worker settings.

It should be noted that this study used a homogenous sample and recruited participants from similar animal shelters that met specified criteria. This similarity allowed for the study's results to be helpful in similar animal shelters' volunteer populations. However, the results might not be applicable to paid staff or shelters that did not meet the criteria required for participation in this study.

The biggest issue with confirmability in this study was researcher bias. As an experienced animal rescuer who has been volunteering in animal shelters for two decades, I had preconceived notions about the environments and experiences of animal shelter volunteers. To establish confirmability, I used reflexivity. This process included a consistent self-reflection on biases, research topic, participants, data collection, and analysis. To do this, I used bracketing and created reflexive memos of any preconceptions regarding the research topic and participants. This process also helped to mitigate my confirmation bias, or my tendency to view and analyze the data in a way that confirmed my preexisting beliefs. The entire research process, along with my data analysis and results, were reviewed by my dissertation committee as an additional method of establishing confirmability.

Other Study Limitations

Two other study limitations should be noted. First, most of this study's participants were female. There was only one male and one non-binary individual. Therefore, the results are limited to a primarily female perspective of how the work environment contributed to CF development. Another limitation was that this study only included physical animal shelter structures. There are thousands of other animal rescue organizations across the United States that do not operate in a physical structure. These organizations pull dogs and cats out of shelters to help with overcrowding or space limitations. These organizations provide complete care to these animals and house them in foster homes to prepare them for adoption. The volunteers in these animal rescue organizations may experience many of the same situations as animal shelter volunteers, only without the physical structure of the work environment. There may be similarities and differences in the experiences of CF development between the volunteers in the current study and those who volunteer in non-brick and mortar animal rescue organizations.

Recommendations for Future Research

The current study provides essential information that filled a gap in the literature regarding the role of work in animal shelter volunteers' experiences of CF. This information opens the potential for future research to gather more needed information on both volunteers and paid staff in the animal care community, how they experience CF and how it affects them. One recommendation for future research is to replicate this type of study in the following manners:

- Conduct a similar study with paid animal shelter employees to determine whether employment status and monetary compensation may affect their experiences of CF development.
- Replicate the same study with volunteers from animal rescue organizations that do not operate within a physical structure.
- Replicate the same study with volunteers at animal shelters of different sizes, financial statuses, locations, and missions than those used in the current study.
- Replicate the study with the intent to recruit male participants as well as females.
- Conduct a similar study with animal shelter leaders, specifically those leading the organization or the volunteers to understand how they experience the work environment, its stressors, and how this affects CF development.

Another recommendation for future research is to conduct a quantitative study that includes a personality and demeanor assessment and an assessment of CF to further understand how personality traits and an individual's demeanor may be correlated with the risk of CF. This study did not focus on personality traits; however, the similar individual qualities that emerged from this study's participants suggest that there could be a link between personality traits and CF development. Additionally, it would be beneficial to use a quantitative research design to test the model of the work environment's role in CF development in animal shelter volunteers (see Figure 4). Finally, it would be helpful for future research to assess how training animal shelter volunteers on CF development and management affects their CF development.

Implications

This study provided insight into the role of work in animal shelter volunteers' experiences of CF. It provided helpful information on how the volunteers experience their shelter environments and how various dimensions of the work environment are affecting their CF development. This information has implications for animal shelter organizations, the volunteers, and the animals. The following details these implications and associated recommendations for practice.

Animal shelter organizations benefit from this information by increasing awareness of aspects of the work environment that may adversely affect the volunteers' experiences, for example, constant exposure to animal suffering, insufficient communication between staff members and volunteers, and shelter funding and resources. This knowledge provides organizational leaders with potential policies, procedures, and work activities that could be altered to prevent or manage the development of CF in their volunteers. For example, by revising certain policies and procedures related to communication and staffing practices that affect the volunteers' CF symptoms, shelter leaders begin to create a better work environment.

The implications for animal shelter volunteers are the potential to manage and alleviate their CF symptoms. If the animal shelter volunteers have information about what their risk for developing CF, (e.g., certain individual characteristics, aspects of the work environment, and the effects of CF experiences), their ability to prevent or manage any symptoms of CF increases. Requiring volunteers to participate in CF training could also reduce the risk of turnover. Although none of the shelters in this study offered CF

training to their volunteers, there are training programs from the Human Society of the United States and other animal welfare organizations available for shelter use. If the information in this study is used to increase the recognition, prevention, and management of CF symptoms, this ultimately could improve the care of the animals.

Positive Social Change

As previously described, the positive social change that can result from this study spans from the volunteers to their shelter organizations to the animals and extends to the environment. Animal shelter volunteers are an essential part of the operation of animal shelters. Many of these shelters would cease to function without the volunteer population. Without operational animal shelters, the risk of disease in the environment increases due to the spread of disease from homeless cats and dogs. Animal shelters and their volunteers are a vital part of not only saving animals and caring for beings who cannot care for themselves but an essential part of protecting local communities from the spread of disease. By understanding what contributes to CF development in animal shelter volunteers, the ability to offset and manage the adverse impacts of CF increases. The prevention and management of CF can ultimately ensure the people who help the animals and help decrease the spread of disease do not leave their volunteer roles which are essential to keep the animals, community, and environment safe.

Conclusion

Information provided by animal shelter volunteers in this study was used to address highs and lows they experienced during their volunteer work. Volunteers have a wide range of experiences and emotions. They witness and participate in seeing an

animal they care for getting adopted as well as euthanasia. They experience happiness when they see how excited animals are to see them, and they experience anger and frustration when they witness scared animals being surrendered by their owners. These are individuals who willingly and gladly spend their free time working to save animals they love. They have a caring mindset and want to improve and save animals' lives. The animal suffering and subsequent euthanasia they witness often conflicts with why they chose to volunteer (Figley & Roop, 2006). Their conflicts and emotions they experience during work create stress and increase the risk of developing CF.

Information gathered from this study filled an essential gap in literature by providing insights regarding the work environment for volunteers in animal shelters and how their experiences affect their development of CF. Important information was gathered about seven themes that are most important to animal shelter volunteers and how they experienced work. The study revealed what aspects of the work environment contribute to their CF development. I addressed aspects of the work environment and volunteers' individual characteristics and how interactions contribute to CF. Additionally, I showed how both the effects of CF and volunteers' satisfaction with their work play a part in the cycle of the development and recurrence of CF. Finally, I provided information that can be used to explore this topic further so actions can be taken to prevent and manage adverse impacts of CF.

I hope this study's findings will inform animal shelters of the importance of providing education and information about CF to their volunteers. This will reduce the adverse impacts of CF on animal shelters, animals, and communities. Volunteers will pay

attention to negative emotional impacts of their volunteer work and be vigilant about self-care so they can continue to do their important work.

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Appendix A: Expert Panel Invitation Letter

Date:

Dear,

I am a doctoral student in the Research Psychology Program at Walden University. I have completed my dissertation proposal and am reaching out to ask you to be on a panel of experts to review my interview questions.

The purpose of this qualitative study is to explore the role of work in animal shelter volunteers' experiences of CF. The data will be gathered through two separate 45-minute interviews with animal shelter volunteers. Interviews will be conducted via telephone or Skype. Interested volunteers must meet the following criteria:

- At least 18 years old;
- Volunteering in an animal shelter for at least six months and for at least 12 hours per week; and,
- Experiencing three of following symptoms of CF:
  1. Physical, emotional, or mental exhaustion from working with animals.
  2. Preoccupation with the animals in their care.
  3. The inability to alleviate the animals' suffering through direct care or other indirect actions.
  4. Decreased ability to experience satisfaction or joy professionally or personally.

The symptoms of compassion fatigue are based on research conducted by Figley and Roop (2006), Polachek and Wallace (2018), Harris and Griffin (2015), and Lanier and Brunt (2019).

You were selected to be on the panel because of your expertise in the content area I am studying and/or your expertise in qualitative methodology. I would greatly appreciate your participation on the panel to review my interview questions. I will use your feedback to make appropriate modifications to the questions. This critical activity will be used as validation for my data collection instrument. I anticipate the review will take approximately 30 to 45 minutes of your time.

Attached is a matrix that includes the specific research questions, and the associated interview questions. I would appreciate you including your comments directly in the column labeled "Feedback." Please return the matrix to me by <DATE>. Your name and affiliation will not be identified in the study.

If you have any questions or if you choose to not participate, please contact me via email. You can also contact my Chair, Dr. Lynde Paule (Lynde.Paule@mail.waldenu.edu), with

any questions you have.

Thank you in advance for assisting me in this important part of my study

Sincerely,
Andria Corso

Please provide feedback on the following:

- Alignment of the interview questions with the associated research questions.
- Wording and tone of interview questions and follow-up questions.
- Suggestions for modifications to the wording or tone of interview questions.
- Suggestions for removal of any interview questions.

Interview 1 **RQ1: What is the work environment of animal shelter volunteers?**	
Interview Questions	Feedback
Q1: What are the various work areas at your shelter? *(Prompts: interior and exterior details; specific areas where work occurs).* Q2: In a typical week, what types of activities occur in these work areas? *(Prompts: Animal play and interaction; medical care).* Q3: What kind of activities are you engaged? *(Prompts: general duties/responsibilities; type of care provided to animals.)* Q4: Who is involved in assigning you tasks during your shifts at the shelter? Q5: How do you spend your breaks or unstructured "down time" during the shift you work as a volunteer? *(Prompt: engaging with other volunteers; shelter policy on break time.)* Q6: What types of interactions do you have with other volunteers or staff members? *(Prompts: collaborative or solo work; attendance at staff meetings.)*	

Q7: What type of training did you receive when you began volunteering at the animal shelter? Q7a: If participant did not receive training, ask: how did you learn to perform your volunteer tasks? Q8: How does [name of shelter] ensure the safety of the animals? *(Prompts: training for volunteers; separate areas for dangerous animals.)* Q8a: How does [name of shelter] ensure the safety of the volunteers*? (Prompts: training on how to handle dangerous dogs, sick cats? Restricting access to dangerous dogs?)* Q9: What are the most rewarding things you do at the shelter? Q10: What are the most challenging aspects of your animal shelter volunteer work?	

Interview 2 **RQ2: How does CF develop in animal shelter volunteers?**	
Interview Questions	Feedback
Interview Questions: *(Each question is symptom-specific, and participants will only be asked questions that are specific to the CF symptoms they identified when screened for participation.)* <u>Symptom 1: Physical, emotional, or mental exhaustion from working with animals</u>. Q1: Thinking back to when you started feeling mentally, emotionally, or physically exhausted from working with animals at the shelter, when did that first begin? Q2: Can you describe the exhaustion you have been feeling as a result of working with the animals in your care? *(Prompt: what emotions are they feeling?)* Q3: When you are feeling exhausted during the day how does that affect the work you do with	

the animals? *(Prompt: more or less engaged/committed to their work)* Q4: How does this feeling of exhaustion impact your life outside of the shelter? <u>Symptom 2: Pre-occupation with all animals in their care.</u> Q1: Thinking back to when you started to find yourself constantly thinking about the animals in your care at the shelter, can you tell me when this first began? Q2: Can you describe what it is like for you to constantly be thinking about the animals in your care? *(Prompt: what emotions are they feeling?)* Q3: When you become pre-occupied with the animals you care for how does this affect your work with the animals in your care? *(Prompt: more or less engaged/committed to their work)* Q4: How does this preoccupation with the animals in your care impact your life outside of the shelter? <u>Symptom 3: The inability to alleviate the animals' suffering through direct care or other indirect actions.</u> Q1: You mentioned that you sometimes feel unable to help an animal that is suffering. Can you describe an experience when this occurred? Q2: Can you describe what it is like for you when you are unable to help an animal who is suffering? *(Prompt: what emotions are they feeling?).* Q3: When you feel you are unable to help an animal that may be suffering how does that affect your work with animals? *(Prompt: more or less engaged/committed to their work).* Q4: How does being unable to help animals who are suffering impact you outside of the shelter? <u>Symptom 4: Decreased ability to experience satisfaction or joy, professionally or personally</u>.	

Q1: Thinking back to when you stopped feeling the same satisfaction or joy as a volunteer that you once felt, can you share a specific experience related to when you started to lose the satisfaction you once felt? Q2: Can you describe what it was like for you when your feelings of joy and satisfaction about volunteering changed? *(Prompt: what emotions were they feeling?)* Q3: During the times you are not feeling the joy and satisfaction you used to feel working with animals how does that affect your work with animals? *(Prompt: more or less engaged/committed to their work).* Q4: How does the decreased joy and satisfaction about your volunteer work impact you outside of the shelter? Final question for all participants: I have one final question for you before we conclude. Can you tell me what you did, if anything, to help relieve or manage any of these feelings you just shared with me? *(Prompts: share with shelter manager/director; seek support from others or self-care)*	

Appendix B: Announcement of Study

You Are Invited to Participate in a Study About Animal Shelter Volunteers

I am Andria Corso, a doctoral student at Walden University. I am doing a study on the work experiences of animal shelter volunteers who developed compassion fatigue in their work at the shelter. Compassion fatigue can occur if you have experienced the following symptoms:

- Feeling physically, emotionally, and/or mentally exhausted from work in the shelter
- Feeling unable to help an animal who is suffering
- Feeling decreased satisfaction or joy with your work with animals at the shelter
- Feeling pre-occupied with the animals at the shelter

If you have had 3 of these experiences I would like to learn about your work at the shelter.

Participation in the study is voluntary and the information you share is private and will not be shared with anyone at the shelter.

Being in the study requires the following:

- Participate in two interviews that are each about 45 minutes. The interviews will be separated by about 4 weeks. The questions are about your experiences as a volunteer at the shelter. The interviews can be in-person, by telephone, or by Skype, and scheduled at a time convenient to you.
- You must be 18 years old or older.
- You must be a volunteer in an animal shelter for at least 6 months and volunteering at least 12 hours per week.
- You must consent to participate in the study.

The results from the study will be used to help shelters learn what they can do so volunteers do not experience CF.

Participation is completely voluntary. As a token of my appreciation for your participation in the interviews I will give you a gift card prior to scheduling the first interview.

If you are interested in participating and would like more information to help you make your decision you may call me at [researcher phone number]. I will share what you can expect from being in the study and answer your questions. You are not required to make a decision at the time we talk. Thank you.

Appendix C: Recruitment Email to Shelter Directors and Volunteer Management Google Group

Subject: Research volunteers needed: Compassion fatigue in animal shelter volunteers

My name is Andria Corso and I'm currently pursuing my Ph.D. in Psychology at Walden University. My dissertation research topic is to explore the role of work in animal shelter volunteers' experiences of CF. Research shows that animal shelter employees work environment and stress levels can impact their development of CF. The intent of this study is to further understand these factors in the volunteer population.

The study involves conducting two separate private and confidential 45-60-minute interviews. Interviews will be conducted via phone or Skype (participant can choose their preference) and participants will be provided with a gift card worth $30 in appreciation for their time. All participation is volunteer, and anyone can change their mind and withdraw at any time during the study. I have attached a flyer which specifies the criteria for participation and would greatly appreciate you sharing this with your volunteers and/or at your facilities.

The details are also provided below, for your reference.

If you have any questions, please let me know.
Thank you again for your support of this very important study!

Andria Corso
Director of Adoptions, Basset Rescue of Old Dominion (BROOD)
540-937-3538

*Details and Flyer included with email will be a replication of what is included in

Appendix B

Appendix D: Initial Contact with Participants and Screening Protocol

Thank you for contacting me about your interest to participate in my study on the role of work in animal shelter volunteers' experiences of CF.
Before we continue, I need to ask you a few questions to ensure you fit the criteria for this study.

- Can you please confirm that you are 18 years of age or older?
- How long have you been volunteering in animal shelter work?
- How long have you been with [current shelter name]?
- How many hours per week do you volunteer, on average?
- Can you confirm which of the following symptoms of compassion fatigue you're experiencing:

    1. Physical, emotional, or mental exhaustion from working with animals. Yes or No?
    2. Feeling preoccupied with the animals in your care. Yes or No?
    3. The inability to alleviate the animals' suffering through direct care or other indirect actions. Yes or No?
    4. Decreased ability to experience satisfaction or joy professionally or personally. Yes or No?

- Are you willing to share your experiences about your animal shelter work environment and your experiences that contributed to the symptoms you just confirmed?
- Are you willing to participate in two separate private and confidential interviews?

<u>If the participant does not meet the criteria:</u>
I appreciate your interest in participating in this study; however, you do not meet the criteria to participate and I will not be able to include you in this research study. Thank you for your time.

<u>If the participant does meet the criteria:</u>
Thank you again for your interest in helping with this study. Before we can proceed with scheduling the first interview, I need to email you the consent form so you can review it and confirm electronically via email that you agree to and understand what you are participating in and what is required. After I receive that email confirmation from you, we can schedule the first interview. Does all this sound okay?

Appendix E: List of Resources for Distressed Participants

National Suicide Prevention Hotline
Call 1-800-273-TALK or chat online at: https://suicidepreventionlifeline.org/chat/

Substance Abuse and Mental Health Services Administration (SAMHSA)
Helpline: 1-877-SAMHSA7 (1-877-726-4727) or access online at http://findtreatment.samsha.gov

The Recovery Village Depression Hotline
Call: 855-438-2194 or access online at: https://www.therecoveryvillage.com/mental-health/depression/related/depression-hotlines/

National Alliance on Mental Illness (NAMI) Crisis Text Line:
Text NAMI to 741-741 or visit: http://crisistextline.org
Connect with a trained crisis counselor to receive free, 24/7 crisis support via text message.

IAMALIVE – Online Crisis Support
Visit: https://www.imalive.org/

Appendix F: Interview 1 Questions

Interview 1 **RQ1: What is the environment of animal shelter volunteers?**
Q1: What are the various work areas at your shelter? *(Prompts: interior and exterior details; specific areas where work occurs).*
Q2: In a typical week, what types of activities occur in these work areas? *(Prompts: Animal play and interaction; medical care).*
Q3: What kind of activities are you engaged? *(Prompts: general duties/responsibilities; type of care provided to animals.)*
Q4: Who is involved in assigning you tasks during your shifts at the shelter?
Q5: How do you spend your breaks or unstructured "down time" during the shift you work as a volunteer? *(Prompt: engaging with other volunteers; shelter policy on break time.)*
Q6: What types of interactions do you have with other volunteers or staff members? *(Prompts: collaborative or solo work; attendance at staff meetings.)*
Q7: What type of training did you receive when you began volunteering at the animal shelter?
Q7a: If participant did not receive training, ask: how did you learn to perform your volunteer tasks?
Q8: How does [name of shelter] ensure the safety of the animals? *(Prompts: training for volunteers; separate areas for dangerous animals.)*
Q8a: How does [name of shelter] ensure the safety of the volunteers*? (Prompts: training on how to handle dangerous dogs, sick cats? Restricting access to dangerous dogs?)*
Q9: What are the most rewarding things you do at the shelter?
Q10: What are the most challenging aspects of your animal shelter volunteer work?

Appendix G: Interview 2 Questions

Interview 2 **RQ2: How does CF develop in animal shelter volunteers?**
(Each question is symptom-specific, and participants will only be asked questions that are specific to the CF symptoms they identified when screened for participation.)
Symptom 1: Physical, emotional, or mental exhaustion from working with animals.
Q1: Thinking back to when you started feeling mentally, emotionally, or physically exhausted from working with animals at the shelter, when did that first begin?
Q2: Can you describe the exhaustion you have been feeling as a result of working with the animals in your care? *(Prompt: what emotions are they feeling?)*
Q3: When you are feeling exhausted during the day how does that affect the work you do with the animals? *(Prompt: more or less engaged/committed to their work)*
Q4: How does this feeling of exhaustion impact your life outside of the shelter?
Symptom 2: Pre-occupation with all animals in their care.
Q1: Thinking back to when you started to find yourself constantly thinking about the animals in your care at the shelter, can you tell me when this first began?
Q2: Can you describe what it is like for you to constantly be thinking about the animals in your care? *(Prompt: what emotions are they feeling?)*
Q3: When you become pre-occupied with the animals you care for how does this affect your work with the animals in your care? *(Prompt: more or less engaged/committed to their work)*
Q4: How does this preoccupation with the animals in your care impact your life outside of the shelter?
Symptom 3: The inability to alleviate the animals' suffering through direct care or other indirect actions.
Q1: You mentioned that you sometimes feel unable to help an animal that is suffering. Can you describe an experience when this occurred?
Q2: Can you describe what it is like for you when you are unable to help an animal who is suffering? *(Prompt: what emotions are they feeling?).*
Q3: When you feel you are unable to help an animal that may be suffering how does that affect your work with animals? *(Prompt: more or less engaged/committed to their work).*
Q4: How does being unable to help animals who are suffering impact you outside of the shelter?

Symptom 4: Decreased ability to experience satisfaction or joy, professionally or personally.

Q1: Thinking back to when you stopped feeling the same satisfaction or joy as a volunteer that you once felt, can you share a specific experience related to when you started to lose the satisfaction you once felt?

Q2: Can you describe what it was like for you when your feelings of joy and satisfaction about volunteering changed? *(Prompt: what emotions were they feeling?)*

Q3: During the times you are not feeling the joy and satisfaction you used to feel working with animals how does that affect your work with animals? *(Prompt: more or less engaged/committed to their work).*

Q4: How does the decreased joy and satisfaction about your volunteer work impact you outside of the shelter?

Final question for all participants:

I have one final question for you before we conclude. Can you tell me what you did, if anything, to help relieve or manage any of these feelings you just shared with me? *(Prompts: share with shelter manager/director; seek support from others or self-care)*