

Addressing Compassion Fatigue Using Career Engagement and the Hope-Centered Model for Career Development

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Abstract

The COVID-19 pandemic has exacted a toll on healthcare workers, who have been required to work during times of great challenge and scarcity, as well as risk to themselves, whilst continuing to provide care for others. This desire to alleviate the suffering of others puts healthcare workers at increased risk of compassion fatigue, a traumatic stress response that can develop from supporting others through emotional suffering and trying to alleviate that pain (Arpacioglu et al., 2020; Ruiz-Fernandez et al., 2020). Increased risk to this large population poses a challenge to career practitioners, who will need effective ways of supporting these workers in healing. This paper discusses conceptualizing compassion fatigue through a career engagement lens, and proposes the uses of the Hope-Centered Model of Career Development as a means of supporting reengagement. Through the reinstallation of hope, feelings of agency and achievement again become possible.

Keywords: Compassion fatigue, compassion satisfaction, career engagement, hope-centered career interventions

The COVID-19 pandemic has placed an exceptional toll on healthcare professionals, who have been required to work during times of great uncertainty and scarce resources, as well as risk to their own health and safety (Ruiz-Fernandez et al., 2020). Workers in these helping professions are working under these added pressures, having to balance care for their clients and patients, while also attempting to sustain their own physical and mental health (Greenberg et al., 2020; Ruiz-Fernandez et al., 2020). Despite these significant work-related challenges, healthcare professionals have continued to strive to provide quality care and relieve the suffering of those they care for. This desire to alleviate suffering, particularly during times of greater societal strife, places healthcare workers at increased risk of compassion fatigue, a traumatic stress response that can develop from supporting others through emotional suffering and trying to alleviate that pain (Ruiz-Fernandez et al., 2020). It is anticipated that the pandemic will lead to experiences of burnout, secondary traumatic stress (STS), and compassion fatigue for many health and mental health professionals as a result (Arpacioglu et al., 2020).

Given the evolving context of health and mental healthcare within a COVID-19 and post-COVID context, having strategies for reducing the impacts of burnout, STS, and compassion fatigue among workers in these fields is becoming an increasingly important skillset among career practitioners. While there is a growing amount of literature looking at compassion fatigue, there is also a growing need to explore solutions to these concerns that support healthcare workers in maintaining their own wellbeing so that they can continue to support the communities they care for.

Burnout, Secondary Traumatic Stress, and Compassion Fatigue

In the literature, the concepts of burnout, secondary traumatic stress (STS), and compassion fatigue are often used interchangeably, such that it is frequently difficult to differentiate the concepts. Stamm (2010) conceptualized compassion fatigue as a multi-component construct that includes both burnout and STS. Ling et al. (2014) used the construct of compassion fatigue as hyperarousal, isolation, feelings of hopelessness, and of being overwhelmed as a result of indirect traumatic stress,

first outlined in Figley (1995a; in Figley, 2001). More recently, Smart et al. (2014) have identified the need to separate burnout from compassion fatigue as related, but distinct constructs, so that they are more easily and directly addressed, but included STS as a component of compassion fatigue. For the purposes of understanding and treating compassion fatigue, it is necessary to understand it as its own concept, related to, but distinct from both burnout, and various forms of trauma associated with work, including STS. Each of these concepts will therefore be outlined.

The research on burnout traces back to the 1970s, where it has been used to describe a state of mental and physical exhaustion resulting from work (Freudenberger, 1974; Maslach, 1976). Both Freudenberger (1974) and Maslach (1976) used the term in the context of service-based or healthcare roles, where central features of these roles are interpersonal and relational. Maslach and colleagues (2001) described burnout as an initially “very slippery concept” (p. 402) that has received a lot of attention in recent years, largely due to the recognition of elevated rates of burnout in frontline health and mental health professionals. According to Maslach et al. (2001), burnout is a response to chronic or prolonged emotional and interpersonal stressors attached to the work environment. Thus, burnout also denotes a particular type of response stemming from prolonged emotional and interpersonal stressors leading

to feelings of failure at meaningful work, loss of self-identity, and restriction of choice (Leiter et al., 2014; Maslach, 2001).

STS is often connected with burnout, and is generally used to refer to the traumatic impacts on the helper of long-term work with traumatized individuals, resulting in trauma symptoms very much like those resulting from direct trauma exposure (Figley, 1995; Figley, 2002). STS is described as “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995 pg. 7). A person experiencing STS may experience any or all of the symptoms of post-traumatic stress disorder. They may become preoccupied with the difficulties of their clients, re-experience their traumatic events (flashbacks), avoid or emotionally numb themselves to reminders of their clients or associated events, and experience ongoing physiological states of arousal (fight or flight response/hyperarousal). These experiences can have significant impacts on a person’s life, altering sense of self and identity, as well as impacting functioning, psychological and emotional states, and feelings of safety (Saakvitne et al., 1996).

Similar to STS, compassion fatigue also refers the impacts of ongoing work with traumatized populations. Figley (2002) states “the very act of being compassionate and empathetic extracts a

cost under most circumstances” (p. 1434). He goes on to define compassion as the act of bearing suffering, and thus, in his view, the act of being compassionate leads to suffering. Similar to burnout and STS, compassion fatigue reduces one’s ability and desire to bear the suffering of others (i.e., to be compassionate). Compassion fatigue in this context is defined as a facet or subset of STS (Figley, 2002).

Given their interrelatedness, it is sometimes argued that compassion fatigue should not be differentiated from STS, however, there is clinical utility to the term compassion fatigue in that the term holds face validity for those experiencing it. In care related fields, there is an added element to work that is very personal in nature, that is, the cumulative demands of experiencing the suffering of others, and the resulting prolonged experience of “compassion stress” (Ray et al., 2013). Compassion fatigue presents as an inability to connect emotionally with clients or patients, and reduces our interest in “bearing the suffering of others” (Figley, 2002, p. 1434). It can also result in disengagement from the work environment due to the ongoing demands of being compassionate, empathetic, and taking care of others.

Factors that pose a greater risk for health professionals working with trauma include being empathetic, having one’s own experiences of trauma either historically, or unresolved, and assisting in events in which children are involved (Ray et al., 2013). At the

same time, most systematic studies on the effectiveness of therapy indicate that therapeutic alliance and relationship factors—including the therapist's ability to empathize with their clients—are necessary for therapy to be effective (Figley & Nelson, 1989).

Supportive relationships from friends, family, and within communities such as work are significant predictors of compassion satisfaction. Compassion fatigue begins to occur when coping strategies are no longer effective, or are insufficient to maintain resilience to compassion stress (Killian, 2008). Studies report that frontline health and mental health professionals report the highest levels of emotional exhaustion (Ray et al., 2013).

It is important to understand the concept of burnout when examining compassion fatigue, because the constructs of exhaustion, cynicism, and inefficacy are present in compassion fatigue as well. There are a number of factors associated with how we experience our working environments, and burnout generally refers to any situation where an employee is being overworked or overwhelmed by the demands of a job; research indicates that organizational factors play a more significant role in burnout than individual ones (Maslach et al., 2001). Compassion fatigue on the other hand refers specifically to the biological, physiological, and emotional exhaustion and behavioural dysfunction brought on by the cumulative impact of prolonged or repeated exposure to compassion

stress associated with being compassionate, empathetic, and bearing the suffering of others (Figley, 2001; Ray et al., 2013; Smart et al., 2014). It is this kind of exhaustion that prompts behaviour that distances a person cognitively and emotionally from their work, and in the fields of health and mental health, this means distancing from the people they are trying to help (Maslach et al., 2001). Further, STS and vicarious trauma are often event-related. Compassion fatigue is a symptom of this, as a person's ability to protect and care for themselves emotionally becomes depleted. As this happens, the situations, clients, and patients a healthcare worker is caring for more easily and significantly affect the worker.

Most at risk for compassion fatigue are those who work with clients or patients in need of a high degree of support and long-term care; these include professions such as nursing, social work, psychology, counselling, psychiatry, case management, and mental health (Ray et al., 2013; Thompson et al., 2014). Significant factors correlated with compassion fatigue in these professions include both organizational and individual factors such as high caseload demands, lack of regular access to supervision, workaholism, a personal history of trauma, social isolation, an overabundance of optimism or cynicism, social isolation, and a lack of self/emotional awareness (Maslach et al., 2001; Ray et al., 2013). Although it is outside the scope of this paper to extensively explore work envi-

ronment factors that contribute to compassion fatigue, it is important to note that these can be significant contributors. This paper explores primarily intrapersonal strategies that individuals can explore in counselling. The interested reader might refer to Kreitzer et al. (2020), Ray et al. (2013), and Singh et al. (2020) for further information on institutional factors.

Compassion Satisfaction

Given how much of a person's time is spent engaged in work activities, it is important that career and work-life be sustainable. According to Newman (2011), having flexibility in the work environment fosters resilience and confidence, and offers the opportunity for integration of life spheres from which a person can derive meaning. From a positive psychology perspective, these are necessary components of a sustainable career. For those working in the health and mental health fields this is especially important given the unique set of work-related stressors in these careers. Compassion satisfaction, in contrast with compassion fatigue, encompasses the positive aspects of caring and empathy (Hunt et al., 2019). Compassion satisfaction is supported through mindful emotional awareness (Thompson et al., 2014), and refers to the meaning and fulfillment derived from doing caring work. It is rooted in the level of individual-job fit, and meaningfulness experienced from work, and has been found to be positively associated with reduced

levels of compassion fatigue and burnout (Conrad & Kellar-Guenther, 2006).

Application of The Career Engagement Model

Neault & Pickerell (2011) have developed a Career Engagement Model that fits very well in consideration of compassion fatigue. The model was developed to identify and illustrate the relationship between career factors that keep people engaged in their careers. The philosophy of the model is that engagement is based on the relationship between capacity and challenge. If there is an imbalance in the relationship, an employee may become disengaged in work. If a person's capacity is higher than the challenges they are being given, a feeling of being underutilized may occur, or, if the challenge is greater than the capacity, the employee may begin to feel overwhelmed. From this perspective, the Career Engagement Model might provide indicators that a healthcare professional is at risk for compassion fatigue.

The Career Engagement Model is structured around four core components: (1) alignment, the fit between individual and organizational values; (2) commitment, the loyalty and intent to stay that is based on relationships within the organization; (3) contribution, the feeling that one is making a difference and the subsequent increase of discretionary effort; and, (4) appreciation, the recognition of work by the organization. Within healthcare

organizations, these factors tend to be present as in any organization, if not more so, due to the complex and integrated nature of the field of health. As well, there is a component of the requirement to be consistently empathetic and patient under conditions that demand far greater capacity than there are support and internal and external resources. Many of those who choose professions based on the care of others find great meaning in their work, but there must be a balance struck between providing care toward others and care of the self. As demonstrated in the Career Engagement Model, if a balance is not struck between challenge and capacity, disengagement will occur—as has been the case for many during the COVID-19 pandemic.

With respect to alignment, as previously mentioned, compassion satisfaction is the antithesis of compassion fatigue and burnout, and increased levels of compassion satisfaction predict lower levels of both (Smart et al., 2014; Thompson et al., 2014). Greater congruence between identity and one's professional roles will increase capacity and create the essence of career integrity (Magnussen & Redekopp, 2011). If someone is in conflict with their professional body, they will have a lower threshold for what they can reasonably handle in their daily routine due to a misalignment between values, and what is expected of them. This will also influence their commitment to their job. The alignment of capacity with challenge is a fundamental piece of

creating a sustainable career.

A person's commitment to their organizational career will also be affected by factors such as salary, opportunity for advancement, and especially supportive relationships within the workplace including support from co-workers, supervisors, and organizational supports (Singh et al., 2020). When these are not present, professionals can begin to feel isolated and unappreciated, and as this happens, their interest in continuing to support their organization, or to go above and beyond in their efforts, begins to wane. As alignment refers to the congruence between individual identity and that of the organization or profession one has chosen, one must feel as though their work is making a real difference in the world. This feeling of making a real world contribution can be negatively impacted by "work drain". Work drain refers to the experience of powerlessness on the part of a health professional with regard to other health, social welfare, or legal systems that are failing their clients or patients (Ray et al., 2012). Finally, a feeling of being appreciated by the organization, colleagues, and clients is a necessary part of feeling balanced between challenge and capacity. If a person feels appreciated, then they are far more likely to continue to allocate resources to maintaining their current career situation. In frontline health and mental health professionals, there is a component of appreciation that comes from consumers as well; if a health or mental health professional feels

unappreciated by those to whom they are providing service, their resources will be more easily and quickly depleted and they will be impacted more significantly by the people and services they provide. As with organizational factors, these individual components must also be balanced with respect to capacity and challenge.

The Career Engagement Model has the potential to be very useful in identifying level of engagement, and if applied to stressors related to empathy, compassion, and care, can be used to clarify the areas associated with work that are out of balance. Health and mental health care workers can strive to keep challenge and capacity in a reasonable balance by taking on special projects or new positions, and continuing to engage in ongoing educational opportunities, and by maintaining effective support systems (Neault & Pickerell, 2011). However, when things become imbalanced and workers begin to experience compassion fatigue, it is important for career practitioners to have ways to support them in becoming reengaged.

Using the Hope-Centered Model of Career Development to Reengage

While burnout can be treated by attending to organizational factors such as workload and patient or client volume, compassion fatigue is more personal and individual in nature, and requires an intervention tailored to the individual that addresses coping

skills and reengagement, not only with the working environment, but with the empathic self as well (Smart et al., 2014). Unfortunately, the literature on effective work rehabilitation programs for people with stress-related disorders such as compassion fatigue is very limited (Eklund & Erlandsson, 2014). While randomized controlled trials have not supported the effectiveness of cognitive behavioural therapy nor occupational physician-directed guideline-based care over treatment as usual, activity-based interventions and multimodal approaches were shown to be effective for the quality of clients' work performance (Eklund & Erlandsson, 2014). As well, what seems to be consistent across the literature is that increased levels of compassion satisfaction were negatively correlated with burnout and compassion fatigue, and, that loss of hope is a key component of both burnout and compassion fatigue (Smart et al., 2014; Thompson et al., 2014). The Hope-Centered Model for Career Development incorporates underlying attitudes and behaviours necessary for career self-management, and is based on the development of hope as a central construct in developing self-reflection, clarity, creating a vision for the future (Niles et al., 2010). It is designed to actively facilitate the setting, planning, and implementing of concrete goals associated with career satisfaction (Niles et al., 2014).

Compassion satisfaction is rooted in the experience of gratification from compassion, empathy, and caregiving. As exhaustion

and fatigue begin to take hold, hope for these experiences diminish, and feelings of cynicism and inefficacy begin to take over. Notably, "without hope, people are unlikely to take positive action in their lives" (Niles et al., 2010, p. 5). Through the reinstallation of hope, the feelings of agency and achievement again become possible. Human agency refers to the ability to envision future goals, develop plans, and execute them in a way that is flexible enough to adjust to changing environmental conditions (Niles et al., 2010). Hopefulness is a necessary initial component of this process as it is hope that allows one to envision a meaningful goal and believe that a positive outcome is possible if action is taken (Niles et al., 2010).

According to Niles et al. (2010), it is human agency and hope that provide the pillars for addressing career self-management challenges. Similarly, self-care practices are something within an individual's control that helps protect workers from burnout and compassion fatigue and allows those in helping professions to find satisfaction and reward in their work (Ray et al., 2013). As satisfaction with work increase, and workers begin to reengage, the result is increased productivity and job satisfaction (Neault & Pickerell, 2011), creating a positive feedback cycle in which both the organization and individual benefit. In theory, finding methods to increase compassion satisfaction will mitigate compassion fatigue (Smart et al., 2014), and this can

be accomplished through the fostering of hope.

When encountering insurmountable barriers, one must demonstrate flexibility to identify ways to make the necessary changes. The Hope-Centered Model of Career Engagement explores and addresses six core areas: hope, self-reflection, self-clarity, visioning, goal setting and planning, and implementing and adapting. At the core of this model is hope, and it is through hope that all other constructs are possible. In this model, there is not a set protocol on how to address the bolstering of hope, “[b]olstering hope can begin wherever a person’s strengths may lie,” (Niles et al., 2010, p. 5), and though assessment is important, this model focuses on creating a deeper understanding related to barriers and needs. Without hope, people will simply give up any time an obstacle is encountered. By finding hope, people can return to the necessary agency thinking that initially motivated them to pursue their chosen career, as well as engage the pathways thinking and goal setting that supported them in realizing their professional endeavours (Niles et al., 2010).

The authors of the Hope-Centered Career Model are involved in an ongoing series of research projects, including applying hope-based approaches and the Hope-Centered Model specifically to working through career challenges and difficulties (Niles et al., 2010), working with unemployed clients (Amundson et al., 2018), working with refugees (Yoon et al., 2019), and to working with

university and college students (Amundson et al., 2013).

In their study engaging 52 unemployed individuals with a range of hope-centered career interventions, Amundson and colleagues (2018) found statistically significant improvements on all measures of the Hope-Centered Career Inventory (hope, self-reflection, self-clarity, visioning, goal setting and planning, and implementing and adapting), as well as improvements in self-efficacy, vocational identity, and career engagement. Similarly, in their study with 1685 college and university students, hope was found to improve motivation toward academic engagement including collaborating with peers, actively interacting with faculty, and spending more time in preparation for class and on assignments (Yoon et al., 2015; Smith et al., 2014). Further, through engagement activities students are more likely to increase their awareness of talents, interests, and personal values, which will support the development of their vocational identity development. In their career intervention for refugees based on the Hope-Action theory, Yoon and colleagues (2019) similarly found that hope-based interventions helped participants in becoming more engaged with work and feeling more hopeful about their career state than the control group.

Just as Amundson et al. (2013) hypothesized that students’ positive expectations about the future should accompany increased engagement and vocational identi-

ty as well as higher achievement, the Career Engagement Model supports that increased engagement will result in increased employee productivity (Neault & Pickerell, 2011). In health and mental health related fields, this “increased productivity” refers to intellectual and emotional connection with clients/patients, as well as with the organizational environment. Based on the findings of the above studies, lack of hope increases the likelihood that people will not actively engage in academic or work-related activities, whereas increasing hope supports professional engagement.

Application the Hope-Centered Model of Career Development for Working with Compassion Fatigue

Niles and colleagues (2011) have developed a Hope-Centered Career Inventory that can be used as an initial diagnostic tool to begin a program or series of sessions. This tool might also be used as a development guide throughout sessions, or as an evaluation tool to measure progress from beginning to any point during or following the counselling process.

Following the initial assessment, the counsellor can engage the client in the task of rediscovering lost passion and the hope of fulfillment and enrichment. The Hope-Centered Career Model allows for a lot of flexibility to explore the six core areas (hope, self-reflection, self-clarity, visioning, goal setting and planning,

and implementing and adapting), outlined in more detail below, as well as allowing flexibility for an individual person's culture and context, and personal goals and values (Niles et al., 2010).

Hope

This model is centered on the idea that being hopeful is essential for helping a person manage and move forward in their career. Hope allows people to consider goals and possibilities, and to take action toward them. When a person loses hope, as is often the case in compassion fatigue, they lose an important organizing belief system and are less likely to take positive action in their lives. Bolstering hope helps reengage people, and allows them to believe that they will be able to take positive steps toward their goals (Niles et al., 2010).

Self-Reflection

Self-reflection is a person's ability to consider and assess their own thoughts, beliefs, behaviours, and life context (Niles et al., 2010). Self-reflection can be diminished when a person experiences compassion fatigue in that avoidance and numbing are characteristic of the condition. Engagement with one's inner world, goals, and desires are important to career planning, and as such, helping people reconnect with themselves and their self-reflective capacity can be beneficial for people with compassion fatigue.

Self-Clarity

Self-clarity is often an outcome of self-reflection; if self-reflection were to be considered the process of looking inward and asking oneself questions, self-clarity might be considered finding the answers (Niles et al., 2010). When a person experiences compassion fatigue, self-clarity is also likely to suffer; it can be particularly confusing for a person who once felt deeply connected to their work and their clients/patients to begin to feel detached. Through rebuilding self-awareness, self-clarity can begin to follow, which can begin to point a person toward their necessary next steps and those aspects of their life and career that bring them compassion satisfaction.

Visioning, Goal Setting and Planning, and Implementing and Adapting

These facets of the Hope-Centered Model can take place once a person has started to make meaning of their experiences, and is ready to look at translating those into career directions (Niles et al., 2010). These stages might involve generating options, brainstorming future possibilities, and exploring desired outcomes. Initially, the focus is on quantity rather than quality; once a range of possibilities have been generated, then one can return to self-reflection and self-clarity to assess them. When specific goals have been identified, the process can turn toward planning concrete actions, and implementing those plans. Of

course, this is an iterative process that will cycle through these different stages as actions are taken and new information is acquired. These action steps are an important part of addressing compassion fatigue to support clients in overcoming avoidance, and gradually feeling more engaged, connected, and capable.

In applying the Hope-Centered Career Model to people with compassion fatigue, career practitioners can draw on a range of interventions and skills. For example, one might draw from a narrative technique such as Life Review, and the use of metaphor. Life review is an evidence-based treatment that involves a structured telling and evaluation of one's life. The purpose is two-fold: to cope with negative experiences and conflicts, and, to give a positive meaning to life (Korte et al., 2011). This speaks directly to the reinstallation of hope necessary for treating compassion fatigue. Metaphors as a tool can add creativity, imagination, cultural awareness, and positive affirmation to the action of rediscovering hope, as they are ideally suited to facilitating movement from hopelessness to hopefulness (Amundson, 2015; Amundson, 2010).

By reengaging in self-reflective activity, people can return to questions such as: *What is important to me? What do I enjoy doing? What skills would I like to develop? What is my vision for my future?* If a person has become cynical or apathetic in a role that requires compassion and empathy, that person will not be effective at

what they are doing. As cynicism sets in, they create internal scripts surrounding work experiences that focus on negativity. By reinforcing people's sense of hope, they will again learn how to be open to experience, and rediscover passion and empathy.

In the pursuit of reconnection with hope and reengagement with the empathy and compassion that are central to their work, treatment course may require supplemental care for acute stress, STS, or trauma associated with compassion fatigue. If these related constructs are not treated, the ability to reconnect with hope will be diminished as the client attempts to protect the self from further stress. If reconnection of hope is possible but the various forms of traumatic stress are not addressed, sustainability of hope and the reengagement in career will be in jeopardy.

Cross-cultural considerations in the treatment of stress and trauma related disorders include the role of the interpretation of events as well as context in shaping symptomatology (Hinton & Lewis-Fernández, 2010). Metaphor would be particularly effective in working cross culturally as metaphors are shaped by the client throughout the process and can therefore be more meaningful during process than therapeutic styles guided by the therapist who may not understand the cultural landscape of the client. For the interested reader, Niles and colleagues (2010) have provided a rich and detailed case study using this model for supporting a Turk-

ish client exploring difficult career decision-making and transition. While this model will be applied differently with each client, their discussion shows particular examples of how the core areas of the model applied to one individual.

Conclusions

Though much research has been done on how to address burnout in the work environment, very little research has been conducted on addressing compassion fatigue, despite its unfortunately growing ubiquity within helping professions. Compassion fatigue is considered related to, but distinct from, burnout and traumatic stress in that it results from the demands of being continuously empathetic and compassionate, and bearing the suffering of others, rather than due to organizational factors or any discrete traumatic event. The Career Engagement Model (Neault & Pickerell, 2011) is an excellent model that allows us to see the connection between our intra and interpersonal relationships with and within our careers. Through this model, the need for hope is highlighted. The model also points to the need for a positive outlook on one's career based on how we make meaning of the career and whether we experience satisfaction and engagement in what we do. As loss of hope is the central construct in compassion fatigue, the Hope-Centered Model of Career Engagement is a model that seeks to bolster hope by employing a number of active engagement techniques that empower the client

to envision the issue, and creatively find solutions to reengagement with hope, compassion, and empathy.

References

- Amundson, N. E. (2010). *Metaphor making: Your career, your life, your way*. Richmond, B.C.: Ergon Communications.
- Amundson, N. E. (2015). Using metaphor in career intervention. Eds. P. Hartung, M. Savickas, W.B. Walsh. *APA Handbook of Career Interventions: Volume Two / Applications*. Washington, DC: American Psychological Association.
- Amundson, N., Niles, S., Yoon, H. J., Smith, B., In, H. & Mills, L. (2013). *Hope-centered career development for university/college students*. Toronto: Canadian Education & Research Institute for Counselling.
- Amundson, N., Goddard, T., Yoon, H. J., & Niles, S. (2018). Hope-centred interventions with unemployed clients. *The Canadian Journal of Career Development, 17*(2). <https://cjcd-rcdc.ceric.ca/index.php/cjcd/article/view/81>
- Arpacioglu, S., Gurler, M., & Cakiroglu, S. (2020). Secondary traumatization outcomes and associated factors among the health care workers exposed to the COVID-19. *International Journal of Social Psychiatry, 1-6*. <https://doi.org/10.1177/0020764020940742>

- Conrad, D & Kellar-Guenther, Y. (2006) Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. *Child Abuse and Neglect*, 30(10) 1071-1080. <https://doi.org/10.1016/j.chia-bu.2006.03.009>
- Eklund, M., & Erlandsson, L. (2011). Return to Work Outcomes of the Redesigning Daily Occupations (ReDO) Program for Women with Stress-Related Disorders—A Comparative Study. *Women & Health*, 51(7), 676-692. <https://doi.org/10.1080/03630242.2011.618215>
- Figley, C. R. (2001). Compassion fatigue as secondary traumatic stress: An overview. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder* (2nd ed., pp. 1-20). New York, NY: Bruner/Mazel.
- Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology*, 58(11), 1433-1441. <https://doi.org/10.1002/jclp.10090>
- Figley, C. R. & Nelson, T. S. (1989). Basic Family Therapy Skills, I: Conceptualization and Initial Findings. *Journal of Marital and Family Therapy*, 15(4), 3349-365.
- Freudenberger, H. J. (1974). Staff Burn-Out. *Journal of Social Issues*, 30(1), 159-165. <https://doi.org/10.1111/j.1540-4560.1974.tb00706.x>
- Greenberg, N., Docherty, M., Gnanaprasam, S., & Wesley, S. (2020). Managing mental health challenges faced by healthcare workers during covid-19 pandemic. *BMJ*, 368(m1211). <https://doi.org/10.1136/bmj.m1211>
- Hinton, D., & Lewis-Fernández, R. (2011). The cross-cultural validity of posttraumatic stress disorder: Implications for DSM-5. *Depression and Anxiety*, 28(9), 783-801. <https://doi.org/10.1002/da.20753>
- Hunt, P., Denieffe, S., & Gooney, M. (2019). Running on empathy: Relationship of empathy to compassion satisfaction and compassion fatigue in cancer healthcare professionals. *European Journal of Cancer Care*, 28(e13124). <https://doi.org/10.1111/ecc.13124>
- Killian, K. D. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology*, 14(2), 32-44. <https://psycnet.apa.org/doi/10.1177/1534765608319083>
- Korte, J. J., Bohlmeijer, E. T., Cappeliez, P. P., Smit, F. F., & Westerhof, G. J. (2012). Life review therapy for older adults with moderate depressive symptomatology: A pragmatic randomized controlled trial. *Psychological Medicine*, 42(6), 1163-1173. <https://doi.org/10.1017/s0033291711002042>
- Kreitzer, L., Brintnell, S. E., & Austin, W. (2020). Institutional barriers to healthy workplace environments: From the voices of social workers experiencing compassion fatigue. *British Journal of Social Work*, 50, 1942-1960. <https://doi.org/10.1093/bjsw/bcz147>
- Ling, J., Hunter, S. V., & Maple, M. (2014). Navigating the Challenges of Trauma Counselling: How Counselors Thrive and Sustain Their Engagement. *Australian Social Work*, 67(2), 297-310. <https://doi.org/10.1080/0312407X.2013.837188>
- Maslach, C. (1976). Burned-out. *Human Behavior*, 9(5), 16-22. <http://www.ncbi.nlm.nih.gov/pubmed/260904>
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397-422. <https://www.annualreviews.org/doi/abs/10.1146/annurev.psych.52.1.397>
- Neault, R. A., & Pickerell, D. A. (2011). Career engagement: Bridging career counseling and employee engagement. *Journal of Employment Counseling*, 48(4), 185-188. <https://doi.org/10.1002/j.2161-1920.2011.tb01111.x>
- Newman, K. L. (2011). Sustainable careers: Lifecycle engagement in work. *Organizational Dynamics*, 40(2), 136-143. <https://doi.org/10.1016/j.jvb.2018.06.011>
- Niles, S., Amundson, N. & Neault, R. (2011). *Career flow: A Hope-centered approach to career development*. Columbus, OH: Pearson, Merrill Prentice Hall.

- Niles, S. G., In, H. & Amundson, N. (2014). Using an action oriented hope-centered model of career development. *Journal of Asia Pacific Counseling*, 4, 1-13. <https://doi.org/10.18401/2014.4.1.1>
- Niles, S. G., Yoon, H. J., Balin, E., Amundson, N. E., (2010). Using a hope-centered model of career development in challenging times. *Turkish Psychological Counseling & Guidance Journal*, 4(34), 101-108. <https://dergipark.org.tr/download/article-file/200146>
- Ray, S. L., Wong, C., White, D., & Heaslip, K. (2013). Compassion satisfaction, compassion fatigue, work life conditions, and burnout among frontline mental health care professionals. *Traumatology*, 19(4), 255-267. <https://doi.org/10.1177/1534765612471144>
- Ruiz-Fernandez, M. D., Ramos-Pichardo, J. D., Ibanez-Masero, O., Cabrera-Troya, J., Carmona-Rega, M. I., & Ortega-Galan, A. M. (2020) Compassion fatigue, burnout, compassion satisfaction and perceived stress in healthcare professionals during the COVID-19 health crisis in Spain. *Journal of Clinical Nursing*, 29, 4321-4330. <https://doi.org/10.1111/jocn.15469>
- Saakvitne, K., Pearlman, L., & Abrahamson, D. (1996). *Transforming the pain: A workbook on vicarious traumatization*. Retrieved from http://dissertation.argosy.edu/chicago/Summer_09/PP8950_SuI09Zakowski.doc
- Singh, J., Karanika-Murray, M., Baguley, T., & Hudson, J. (2020). A systematic review of job demands and resources associated with compassion fatigue in mental health professionals. *International Journal of Environmental Research and Public Health*, 17. <https://doi.org/10.3390/ijerph17196987>
- Smart, D., Enlish, A., James, J., Wilson, M., Daratha, K. B., Childers, B., & Magera, C. (2014). Compassion fatigue and satisfaction: A cross-sectional survey among US healthcare workers. *Nursing & Health Sciences*, 16(1), 3-10. <https://doi.org/10.1111/nhs.12068>
- Smith, B. A., Mills, L., Amundson, N., Niles, S., Yoon, H. J. & In, H. (2014). What helps and hinders post-secondary students who maintain high levels of hope despite experiencing significant barriers. *Canadian Journal of Career Development*, 13, 59-74. <https://cjcd-recdc.ceric.ca/index.php/cjcd/article/view/183>
- Stamm, B. H. (2009). Professional quality of life: Compassion satisfaction and fatigue subscales, R-III (ProQOL). http://www.proqol.org/ProQol_Test.html
- Thompson, I. A., Amatea, E. S., & Thompson, E. S. (2014). Personal and contextual predictors of mental health counselors' compassion fatigue and burnout. *Journal of Mental Health Counseling*, 36(1), 58-77. <https://psycnet.apa.org/doi/10.17744/me-hc.36.1.p61m73373m4617r3>
- Yoon, H. J., In, H., Niles, S. G., Amundson, N. E., Smith, B. A. & Mills, L. (2015). The effects of hope on student engagement, academic performance, and vocational identity. *Canadian Journal of Career Development*. <https://cjcd-recdc.ceric.ca/index.php/cjcd/article/view/176>
- Yoon, H. J., Bailey, N., Amundson, N., & Niles, S. (2019). The effect of a career development programme based on the Hope-Action Theory: Hope to work for refugees in British Columbia. *British Journal of Guidance & Counselling*, 47(1), 6-19. <https://doi.org/10.1080/03069885.2018.1544827>