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**IMPACT OF AN APPRECIATIVE INQUIRY INTERVENTION ON
COMPASSION FATIGUE AMONG SOCIAL SERVICE WORKERS**

**A Research Project
Presented to the Faculty of
The George L. Graziadio
School of Business and Management
Pepperdine University**

**In Partial Fulfillment
of the Requirements for the Degree
Master of Science
in
Organization Development**

**by
Marta María Maegli
December 2014**

This research project, completed by

MARTA MARIA MAEGLI

under the guidance of the Faculty Committee and approved by its members, has been submitted to and accepted by the faculty of The George L. Graziadio School of Business and Management in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE
IN ORGANIZATION DEVELOPMENT

Date: December 2014

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Abstract

This action research study examined the impact of participation in an appreciative inquiry (AI) intervention on social service workers' level of compassion fatigue. Five workers plus two of their managers took part in the study. A 6-hour AI intervention was held and participants completed pre- and post-tests of the Professional Quality of Life Scale to measure their compassion satisfaction, compassion fatigue, and burnout. A focus group also was held to gather qualitative data about the impact of the intervention. Results indicated that the intervention was highly valuable for strengthening working relationships, underscoring the positives in otherwise emotionally difficult work, and learning how to avoid or reduce compassion fatigue. Based on these findings, periodic AI interventions are advised to reduce social service workers' compassion fatigue by sharing their experiences and focusing on the positive. Future research should eliminate the limitations of the present study by expanding the sample and gathering multiple forms of data.

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Chapter 1

Introduction

Social service workers offer a range of services to clients who require support for various physical, mental, vocational, relational, or emotional conditions (Frankel, 1997; U.S. Department of Labor, Bureau of Labor Statistics, 2000). In Guatemala, these services typically are offered by nongovernmental organizations. Human service workers need a range of skills to perform their jobs effectively, including strong communication skills, time management skills, sense of responsibility, empathy, patience, understanding, and a desire to help (Franze, Foster, Abbott-Shim, McCarty, & Lambert, 2002; Nissani & Garcia, 1992; U.S. Department of Labor, Bureau of Labor Statistics, 2000).

Work in the social services has been recognized as being low paying and very emotionally draining (U.S. Department of Labor, Bureau of Labor Statistics, 2000). Understaffing and high turnover is common in the field. Moreover, social service workers daily risk becoming emotionally drained and risk giving of themselves until they have nothing more to offer (Bridgeman, 2013; Maslach, Jackson, & Leiter, 1996; Parker, Johnson, Collins, & Nguyen, 2013). This can lead to a state of burnout, defined as physical and emotional exhaustion, negative self-concept and job attitudes, and reduced concern and empathy for clients (Maslach et al., 1996) as well as compassion fatigue, defined as exhaustion, frustration, anger and depression (Hudnall Stamm, 2010). Social service workers who work with clients who have experienced trauma or severe victimization are particularly at risk for compassion fatigue.

Compassion fatigue can place these workers at risk for poor health and wellbeing themselves, including diminished quality of work life, and reduced professional efficacy (Kahn, 1993). Thus, compassion fatigue harms the worker himself or herself and can

have far-reaching ripple effects on all those who personally or professionally depend upon the worker (e.g., family, friends, clients, supervisors, coworkers, organizations). Due to the commonality of burnout and compassion fatigue among social service workers and the far-reaching impacts of this condition, it was important to examine compassion fatigue and what might alleviate it. Such was the focus of the present study. Past research and literature has suggested that compassion fatigue may be alleviated or avoided by educating social service workers about the condition and its risks, creating a balanced lifestyle, utilizing techniques to enhance physical and emotional awareness (e.g., introspection, spiritual practices), and exchanging care and emotional support with coworkers (House, 1981; Kahn, 1993; Leiter, 1988).

Appreciative inquiry (AI) interventions offer a way for participants to actively engage in focusing on the positive elements of their work and to construct an inspiring vision of the future based on the ‘best of what is’ in their organizations (Cooperrider & Whitney, 2005; Magruder & Kelly, 2007). Additionally, the approach fosters active discussion and exchanges among participants. Due to these characteristics, it was determined that this intervention may be an effective way for social service workers to pay attention to their needs in a positive way, thus offering a means for learning about, avoiding, and alleviating compassion fatigue. Investigating the impact of AI on compassion fatigue in social service workers was the focus of the present study.

Purpose of the Study

The purpose of this study was to assess impact of participation in an appreciative inquiry (AI) intervention on social service workers’ level of compassion fatigue. This action research study was conducted within one social service organization in Guatemala. The next section describes the setting in more detail.

Study Setting

The Mejores Familias Program was developed by Fundazúcar, a private foundation in Guatemala, to help women living in poverty develop capabilities as change agents and to improve the well being of their children and families. This model has been applied and validated in the field for over 14 years in Guatemala. The Fundación Carlos F. Novella sponsors the Mejores Familias program in the San Juan Sacatepéquez municipality as well as in the department of El Progreso.

The program's first objective is to boost participants' self-esteem. Thereafter, participants are trained to select, prepare, and consume nutrient-rich foods, cultivate good hygiene practices, and take preventive health measures to protect their families from illness. Participants also are encouraged and coached to participate in the processes of self-management within the community and are trained to start their own businesses.

A critical component of the Mejores Familias Program is the *Técnica*, a female human service worker who is (a) native to the area, (b) shares a similar cultural background to the population being served, and (c) has a high school or teaching degree. University education is welcome but is not required. Técnicas assist and empower Program participants and their families to live better lives by providing them with knowledge and resources they might otherwise not be able to access.

After receiving training, Técnicas then teach groups of women (30 participants at a time) at weekly meetings. Técnicas also are required to visit participants' homes at least four times each year for the purpose of monitoring and instructing participants in implementing their newly acquired knowledge and capacities.

The Técnicas are intensely involved with the program participants and, along the way, are exposed to many of the hardships of the women they are trying to help. It also is

notable that Técnicas assume the role of a human service worker, without having had the formal training to cope with the consequences that this exposure could have for their personal lives.

Being exposed to the hardship of the participants can be stressful and frustrating, because no matter how well-intentioned the Técnicas may be, they reported while preparing for this study that the desired changes rarely occur at the desired pace, often due to circumstances and possibly due to cultural beliefs, values, or behaviors. Other challenges reported by Técnicas include dealing with resource shortages—particularly when a child’s life may be in danger. They also report observing high rates of alcoholism, domestic violence, and discrimination in the households they visit. Witnessing program participants go through these experiences can be very distressing for the Técnicas—especially when they have established a personal and meaningful relationship with a client.

According to the model of Mejores Familias, Técnicas are required to show leadership and empathy towards the participants in the program. They are asked to open themselves up in establishing meaningful relationships with the participants and to encourage them to make the changes they need to live a healthier and more independent life. Moreover, the Técnicas examined in this study are indigenous to the population they work with. They are chosen because of their resilience and empathy capabilities. Formal training as human service workers is not offered or required, which makes them vulnerable to experience compassion fatigue.

Significance of the Study

Compassion fatigue places social service workers and all those who depend upon them at risk for poor health and wellbeing (Kahn, 1993). Moreover, burnout and

compassion fatigue is a continuous risk faced by social service workers in their day-to-day work. This study generated insights about the impacts and utility of AI interventions for helping social service workers avoid and alleviate compassion fatigue. Although this was an action research study and its findings are only exploratory, this study has produced an important set of findings upon which future researchers and social service organizations can build upon in their quest to protect and serve clients who need services and the workers who support them.

Organization of the Study

This chapter reviewed the background, purpose, and significance of the study. Chapter 2 provides a further review of relevant literature. Chapter 3 details the methods used in this study, including the research design, sampling, interview procedures, and data analysis procedures. Chapter 4 presents the study results. Chapter 5 provides a discussion of the results, including conclusions, practical recommendations, implications for organization development practitioners, limitations of the study, and suggestions for additional research.

Chapter 2

Literature Review

The purpose of this study was to assess the impact of participation in an AI intervention on social service workers' level of compassion fatigue. The chapter presents a review of literature relevant to the present study. First, the profession of social service workers is reviewed, including needed skills and traits and the demands of the job. This literature provides foundational knowledge that illuminates how and why compassion fatigue may result. Next, compassion fatigue is reviewed in detail, including a definition, its impacts, its causes, and how it can be alleviated and avoided. Finally, AI interventions are reviewed to provide foundational understanding of what they are as well as how they have been applied and what their outcomes have been.

Social Service Workers

Human service worker, as defined in the United States, is an umbrella term that references various specific job titles such as “social service assistant, case management aide, social work assistant, community support worker, alcohol or drug abuse counselor, mental health aide, community outreach worker, life skill counselor, and gerontology aide” (U.S. Department of Labor, Bureau of Labor Statistics, 2000, p. 157). Their scope of work and responsibility can vary widely and they usually operate under the direction of other professionals, such as nurses, psychiatrists, psychologists, rehabilitative or physical therapists, or social workers.

Human service workers offer various services in the United States such as adult daycare, group meals, crisis intervention, counseling, and job training. In general, their responsibilities include needs assessments for the clients they serve (U.S. Department of Labor, Bureau of Labor Statistics, 2000). They also determine clients' eligibility for

benefits and services and help clients obtain these. Services they arrange may include government assistance, transportation, mediation (e.g., between the client and his or her landlord), help completing forms, or escorts to help them attend appointments. For example, Frankel (1997) described the family service worker's role as that of a case manager who promotes linkages among families, teachers, and the community in order to address family needs in many areas including education, employment, mental health, drug and alcohol use, parenting skills, marital/relationship problems, and health issues.

Human service workers also provide emotional support to clients and may make home visits to assure that needed services are being received (U.S. Department of Labor, Bureau of Labor Statistics, 2000). Another responsibility is monitoring their client's case and reporting progress to supervising professionals and case managers.

Within the communities they serve, human service workers organize and lead group activities (e.g., recreation), help clients obtain needed services (e.g., counseling, crisis intervention), or operate needed programs (e.g., food bank). One example of providing services on a group level is the halfway house, wherein social service workers may help adults who need supervision with personal hygiene and daily living skills (e.g., taking medication). They also may act as liaisons and mediators with clients' family members, medical personnel, and other caregivers (U.S. Department of Labor, Bureau of Labor Statistics, 2000). In psychiatric hospitals, rehabilitation programs, and outpatient clinics, human service workers partner with professional care providers to support clients in mastering everyday living skills, such as self-care and interpersonal effectiveness.

Research and literature was not found specific to human service workers in Guatemala; however, the services offered by the Guatemalan government are very limited and often fail to reach the populations with the greatest needs. As a result,

nongovernmental organizations (such as the Fundación Carlos F. Novella studied in the present research) offer these services to people in most need.

Needed skills and traits. To perform the work effectively, human service workers typically need strong communication skills, time management skills, and sense of responsibility (U.S. Department of Labor, Bureau of Labor Statistics, 2000). A series of focus groups was conducted with family service workers and their supervisors from three different Head Start programs¹ and found high consensus that the position is multifaceted, requires a range of skills and abilities, and demands tolerance for ambiguity and the ability to work autonomously. Traits such as patience, understanding, and a desire to help are needed among these works, as the client population serviced typically is vulnerable to exploitation or mistreatment (U.S. Department of Labor, Bureau of Labor Statistics, 2000). The occupation of a social service worker is noted for being emotionally draining.

A substantial aspect of the work in social services is caregiving. A review of literature on the philosophical basis of caregiving (Mayeroff, 1971; Noddings, 1984), research on receiving social support at work (House, 1981), and research on having considerate leaders and supervisors (Bass, 1990) suggests that eight behavioral dimensions of caregiving exist: accessibility, inquiry, attention, validation, empathy, support, compassion, and consistency. These also reflect what other researchers have characterized as providing emotional support and information, materials, and appraisals (House, 1981; Likert, 1961). The eight dimensions designate categories of behaviors that enable care-seekers to feel cared for and about (Kahn, 1993). Specific caregiving

¹ The Head Start Program was created by the United States Department of Health and Human Services to provide comprehensive early childhood education, health, nutrition, and parent involvement services to low-income children and their families (McWayne, Cheung, Wright, Hahs-Vaughn, & Thomas, 2012).

behaviors include supporting others with appropriate resources (i.e., physical, emotional, technical) and safeguarding or protecting others' journeys toward growth and healing (Memmi, 1974; Noddings, 1984).

Nissani and Garcia (1992) surveyed educational programs that included a family services component and noted several qualifications that family service workers need in order to be effective in their role. These include listening and communication skills, ability to provide positive feedback, empathy skills, respect and nonjudgmental attitude toward the family, current and broad knowledge of community resources, and the ability to establish strong relationships with school staff (Franze et al., 2002). Although the sample was not from Head Start, the roles of the participants were similar to that of the Head Start family service worker.

The demand for human services workers is expected to increase as the elderly population grows due to medical advancements, aging of the Baby Boomer population, and the deinstitutionalization of people with mental illness. The demand for services for pregnant teenagers, the homeless, the mentally disabled and developmentally challenged, and those with substance abuse problems also are expected to continue unabated (U.S. Department of Labor, Bureau of Labor Statistics, 2000).

Demands of the job. The work of human services personnel, while satisfying, can be emotionally draining (U.S. Department of Labor, Bureau of Labor Statistics, 2000). Understaffing and relatively low pay add to the pressure. In the United States, turnover is reported to be high, especially among workers without academic preparation for the field.

Therefore, as caregivers, they risk being emotionally drained, and giving of themselves until they have nothing more to offer, according to Kahn (1993), a seminal

author and researcher on the topic of engagement. Kahn's findings have been replicated by a number of later studies, for example, in Parker et al. (2013) study of the relationships among support at work, employee affect and attitudes, and employee performance. Additionally, Bridgeman (2013) found a relationship between burnout and job satisfaction in her study of 157 nurses at a Veteran's Affairs hospital.

Caregiving is an essentially emotional act, involving the transfer of emotions through exchanges of resources, time, information, counseling or services. Caregiving is also essentially psychological, involving unconscious as well as conscious phenomena (Kahn, 1993). Caregivers give of themselves in the course of their work with care-seekers. Ideally, they are accessible emotionally, as well as physically and intellectually, in creating meaningful relationships with care seekers. Caregivers thus risk being emotionally drained, giving of themselves until they have nothing more to offer care-seekers. This is known as job burnout, defined as a "syndrome of physical and emotional exhaustion, involving the development of negative self-concept, negative job attitudes, and a loss of concern and feeling for clients" (Maslach et al., 1996, p. 3). A closely related construct is compassion fatigue, defined as exhaustion, frustration, anger and depression, which typically results from serving others who have experienced traumatization (Hudnall Stamm, 2010). The following section discusses compassion fatigue in greater detail.

Compassion Fatigue

The personal, physical, and emotional well-being of those providing care as human service workers has been a topic of growing interest over the last 20 years (Slocum-Gori, Hemsworth, Chan, Carson, & Kazanjian, 2013; Sprang, Craig, & Clark, 2011). Research has shown those who help people who have been exposed to the

traumatic stressor and hardships of the care-seekers are at risk for developing negative symptoms associated with burnout, depression, and posttraumatic stress disorder. This phenomenon is known as secondary traumatization or vicarious traumatization (Hudnall Stamm, 2010).

Professional quality of life is the quality human service workers feel in relation to their work as caregivers. Both the positive and the negative aspects of doing their job influence their professional quality of life. Professional quality of life incorporates two aspects, the positive (Compassion Satisfaction) and the negative (Compassion Fatigue). The positive aspects of helping can be viewed as altruism, which includes feeling good about doing something to help the care-seeker. A human service worker with a high compassion satisfaction can be effective in helping others despite a difficult work environment and very demanding circumstances (Hudnall Stamm, 2010).

Compassion fatigue breaks into two branches. The first one concerns things such like exhaustion, frustration, anger and depression, symptoms typical of burnout. The second is Secondary Traumatic Stress, which is a negative feeling driven by fear and work-related trauma. Some trauma at work can be direct (primary) trauma when experienced by the subject. In other cases, work-related trauma can be a combination of both primary and secondary trauma. The negative effects of providing care are aggravated by the severity of the traumatic experiences to which the helper is exposed, such as direct contact with victims, particularly when the exposure is of a grotesque and graphic nature. The outcomes may include burnout, depression, increased use of substances, and symptoms of posttraumatic stress disorder (Hudnall Stamm, 2010).

Impacts of compassion fatigue. Compassion fatigue is associated with symptoms typical of burnout which in turn engenders a depersonalized emotional

withdrawal that undermines the caregiver's personal connections with care-seekers (Kahn, 1993).

Symptoms of compassion fatigue. Some of the symptoms of compassion fatigue include physical and emotional exhaustion and negative self concept (e.g. emotional withdrawal, depersonalization) (Kahn, 1993). According to Smith (2009), symptoms may include sadness, apathy and isolation, bottled up emotions, poor personal hygiene, and emotional outbursts. A constant feeling of depletion and sense that life is out of control may prompt individuals to self-medicate, whether through alcohol, chocolate, tobacco, or drugs, in an effort to replenish themselves and continue on. Other symptoms can include allergies; persistent headaches; recurring colds; sinus infections; backaches; joint aches; dental problems; eating disorders or gastrointestinal problems that never seem to end; or flashbacks, in which distressing scenes that caused the trauma in the care-seeker are relived. The body reacts to the stress of compassion fatigue in the form of persistent ailments that are never healed and whose source is never found.

Compassion fatigue and vicarious trauma can also cause sleep disturbances, including recurring nightmares and lack of quality, restful sleep. Without sleep, proper nutrition, lack of exercise and a healthy perspective, concentration declines causing overwhelming mental and physical fatigue and difficulty concentrating, which make sufferers prone to accidents. Sufferers of compassion fatigue also show difficulties in managing life in basic organization, financial, and time management skills.

The majority of the symptoms in compassion fatigue sufferers are normal displays of the stress resulting from giving care to others. At some time, every caregiver has experienced one or more of these symptoms simultaneously. The difference between a healthy caregiver and a compassion fatigued caregiver is that with the sufferer, these

symptoms are chronic. Moreover, caregivers suffering from compassion fatigue often are unaware of their condition and stifle and ignore the uncomfortable feelings and emotions they experience.

Compassion fatigued social service workers struggle to function in caregiving environments that constantly present heart-wrenching and emotional challenges. In such cases, avoidance or repression of the uncomfortable feelings often seems to be the only way they can continue to do their caregiving work. Caregivers often are not taught how to deal with emotions in a healthy manner, such as how to attend to their feelings, pinpoint their origins, and approach the situation in a logical and unemotional way to resolve the issue. The problem with this approach is that dealing with emotions by avoiding or repressing them can lead people to a sense of being “overstuffed,” triggering losses of control and periodic lashing out.

Many caregivers don't realize that their level of compassion fatigue affects not only their lives, but the lives of those close to them. Research shows that in compassion fatigued social service workers, there is a constant need to express the excessive complaints verbally and to share their high level of frustration about every aspect of life (Smith, 2009). For example, compassion fatigued workers often feel the need to voice excessive complaints about management and coworkers. At the core of the excessive complaining is a feeling of powerlessness and low self-esteem. Moreover, family members, significant others, friends, and colleagues all are at risk of being affected with compassion fatigue due to the traumatic events that the caregivers have witnessed and are compelled to share.

When compassion fatigue hits a critical mass in the workplace, the organization itself will suffer. Chronic absenteeism, high turnover rates, friction between employees,

and friction between management and staff are some of the symptoms that will surface (Smith, 2009).

Causes of compassion fatigue. Healthy caregiving leads to fulfillment and satisfaction and the renewal of our emotional, mental, physical and spiritual resources. Trauma, anxiety, life demands, and excessive empathy (leading to blurred professional boundaries) are key determinants to risk for compassion fatigue (Abendroth & Flannery, 2006). Research has indicated that there are specific risk factors that may make a social worker more susceptible to compassion fatigue, including a personal history of trauma, regular or substantial exposure to traumatic material, a high degree of empathy, and inexperience working with trauma (Bourassa, 2012). The predisposition for compassion fatigue is related to the skills learned as a child to protect themselves and erect boundaries. The most powerful contributor to the vulnerability to compassion fatigue stems from the perceptions and realities carried from childhood experiences. If secure, loving, and validating experiences were plentiful in a child's formative years, he or she has the potential to become an open, optimistic, and well-adjusted caregiver. However, if one's childhood was fraught with dysfunction such as parental addictions, abuse, or untreated mental illnesses, the possibility of developing compassion fatigue certainly multiplies. If children are allowed to express and demonstrate a wide range of normal human emotions, including joy, fear, sadness, pain, loss, happiness, anger, the chances are good that they will develop into a well-integrated adult endowed with a sense of feeling whole and not subject to compassion fatigue (Smith, 2009).

Compassion fatigue sufferers are often compulsive caregivers, and do not have well-defined and developed personal boundaries, feelings of self-worth, or healthy communication skills. People who are prone to compassion fatigue tend to either become

completely reliant on others to meet their most basic needs or recoil in isolation (Smith, 2009).

Alleviating compassion fatigue. Compassion fatigue can be alleviated first and foremost by recognizing and learning about it. Mapping how compassion fatigue has affected the sufferers is necessary for them to start making changes toward a balanced lifestyle. The recovery from compassion fatigue also requires catering to one's basic physical needs, including good nutrition, restful sleep, and relaxation and regular exercise. One of the primary strategies to manage compassion fatigue once it has occurred is to reflect on one's familial customs, cultures, traditions, or rituals and interpret these markers in relation to the causes of compassion fatigue to clarify and strengthen his or her understanding and awareness (Smith, 2009).

Introspection is, therefore, a necessary starting point for alleviating compassion fatigue. There is also a need to examine and re-examine the helping and care-giving motivations of compassion fatigue sufferers and reflecting on how their emotional and psychological patterns emerged.

Compassion fatigue sufferers need to tap into their spirituality as a source of strength, and to cater to their interpersonal needs by building a strong support system. This system can be designed and incorporated in the work environment, as research has found that compassion fatigue can be offset by training caregivers to remove themselves physically or emotionally when they are in danger of being emptied, and through peer support groups inside and outside the workplace and effective supervision (Pines & Aronson, 1988).

Avoiding compassion fatigue in human services work. The quality of the care human service workers give depends on the extent to which their employers and

members model caregiving behaviors towards one another (Kahn, 1993). Social relationships with coworkers can be either a source of support, helping to alleviate the demands of client interactions, or be a source of strain themselves (Leiter, 1988). Research has found that burnout and compassion fatigue are more related to environmental factors than to personality or demographic characteristics (Leiter, 1988). Social support from leaders and coworkers, in the form of emotional support, consideration and resources, and mentoring (House, 1981), enables organization members to remain engaged in their jobs rather than drained, automatic and disengaged (Kahn, 1993).

Leiter (1988) found that human service workers have more chances of developing burnout and compassion fatigue if they communicated with coworkers regarding their work (including technical discussions), but maintained relatively few informal, supportive relationships with coworkers. Friendly informal contact with coworkers would provide a context for coping with the demands inherent in the client/caregiver relationship. Caregivers can help one another toward growth and healing by simultaneously staying in relation with and keeping themselves apart from others. Caregiving is a balancing act of attachment to and detachment from others who are neither abandoned nor intruded upon as they go about their growth and healing (Franze et al., 2002).

Finally, to prevent compassion fatigue, human service workers also need to learn to cater to their own physical and emotional needs. They must first learn to be in touch with their own signs of strain. An adequate nutrition, together with exercise and sleep, can also have an impact in reducing the risk of compassion fatigue. On the emotional aspect, awareness is needed to be able to address their feelings, figuring out what is

causing them, doing the emotional labor to ameliorate incongruencies, and channeling these emotions in a positive proactive way.

Appreciative Inquiry Interventions

AI is both a process for engaging people in building the kinds of organizations they want to live in, and a practical daily philosophy based on the realization that what we learn from what works and gives life is more effective and sustainable than what we learn from breakdowns and pathologies (Cooperrider & Whitney, 2005).

AI is a process of investigating and asking about those things that are valued or admired highly and perceiving the things that give life (health, vitality, excellence) to living systems. It is the process of generating and applying knowledge that comes from inquiry of moments of excellence, periods of exceptional competence and performance, and times when people have felt most alive and energized (Magruder & Kelly, 2007). AI is an attempt to create a “new lens for seeing old issues.”

The story of AI begins with David Cooperrider, a PhD student at Case Western Reserve University in the School of Organization Behavior, who began to experiment with the notion that perhaps the focus needed to move from what is broken to what is working (Magruder & Kelly, 2007). It aims to help the system create the capacity to sustain constant change and growth.

The five original principles of AI are the following:

1. The Constructionist Principle, which means that what is believed to be real in the world, is created through the social discourse, through the conversations sustained with fellow system members that lead to agreement about how they will see the world, how they will behave, and what they will accept as reality. It states that knowledge about an organization and the destiny of that organization are interwoven.
2. The Poetic Principle, which involves storytelling as a way of gathering holistic information that includes not only facts, but also the feelings that affect what a

person experiences. Stories (like all good poetry) can be told and interpreted about any aspect of an organization's experience. This principle states that human organizations are open books that are constantly being co-authored by the people within the organization, as well as by those outside who interact with it (Magruder & Kelly, 2007).

3. The Principle of Simultaneity, which states that the first question system members ask is fateful in that the organization will turn its energy in the direction of that first question, whether positive or negative. This principle states that inquiry and change are not separate moments, but are simultaneous (Magruder & Kelly, 2007).
4. The Anticipatorial Principle, which states that the most important resource an organization has is its collective imagination and its discourse about the future. This image of the future will guide the current behavior of a group or organization. Organizations are constantly projecting ahead of themselves a horizon of expectation, which brings the future powerfully into the present as a mobilizing agent (Bushe & Kassam, 2005).
5. The Positive Principle, which states that through the positive affect and social bonding, momentum for change is built, and things like hope, inspiration and sheer joy is created within a group (Magruder & Kelly, 2007).

AI seeks to get all members of the system in question into the room to participate in the process. It always begins by defining an affirmative topic, which addresses a relevant concern, issue or opportunity, which is always framed positively so that people already begin to feel motivated to achieve something better (McAllister & Luckcock, 2009). AI's main intervention model is the 4-D cycle. The cycle begins with Discovery (appreciating the best of what is), then goes onto Dream (imagining what could be), which is followed by Design (determining what should be), and then Destiny (creating what will be) (Bushe & Kassam, 2005).

Applications. The first AI project was the Cleveland Clinic Project, where David Cooperrider was asked to do an analysis of what was wrong with the human side of the organization. When the amount of data gathered becomes overwhelming and hard to make sense of, he decides to focus his analysis in the factors contributing to the high effectiveness of the clinic employees. The Cleveland Clinic became the first large site

where a conscious decision to use an inquiry focusing on life-giving factors as the basis for the analysis (Magruder & Kelly, 2007).

Since that time, AI has been used in all kinds of organizations. AI has many applications, for example coaching and mentoring, more productive staff meetings, team development, capacity building, multi-agency teamwork, strategic development planning, service user engagement, organizational projects, and positive culture change (McAllister & Luckcock, 2009). It has also been used in social service organizations (Wright & Baker, 2005).

Outcomes. When AI is used as a model for an intervention, transformation can be achieved, beginning with energizing the whole system towards a desired state. It can imprint enthusiasm and renewed energy by positively engaging people's feelings, releasing their imagination, rethinking ways of doing things, and making things happen at the level of practice. It is a method that promises to deliver on continuous improvement by harnessing the passions and concerns of the people who matter (McAllister & Luckcock, 2009).

Applications with compassion fatigue and human service workers. Although little has been done in this area, a 2005 study of the effects of AI on staff in the UK National Health Service found that the vacancy rates, one symptom of compassion fatigue, diminished significantly right after the workshop (Wright & Baker, 2005). AI also has been used in studies to help promote the quality of the care delivered by the human service workers (McAllister & Luckcock, 2009). AI has been found to contribute to the relationship building process between coworkers, which results in a higher trust level and more powerful action. The preliminary major contribution to the relationship building process is a key difference that enables connections to be made and ownership

of the process and outcomes to be shared. People involved feel a sense of responsibility and ownership for their decisions and actions (Wright & Baker, 2005). One of the reasons that an AI intervention may impact compassion fatigue is that the approach of this intervention might contribute to the relationship building process between coworkers (Wright & Baker, 2005).

Summary of the Literature

Social service workers offer a range of services to clients who require support for various physical, mental, vocational, relational, or emotional conditions (Frankel, 1997; U.S. Department of Labor, Bureau of Labor Statistics, 2000). In Guatemala, these services typically are offered by nongovernmental organizations. Human service workers need a range of skills to perform their jobs effectively, including strong communication skills, time management skills, sense of responsibility, empathy, patience, understanding, and a desire to help (Franze et al., 2002; Nissani & Garcia, 1992; U.S. Department of Labor, Bureau of Labor Statistics, 2000).

Work in the social services has been recognized as being low paying and very emotionally draining (U.S. Department of Labor, Bureau of Labor Statistics, 2000). Understaffing and high turnover is common in the field. Moreover, social service workers daily risk becoming emotionally drained and risk giving of themselves until they have nothing more to offer (Bridgeman, 2013; Maslach et al., 1996; Parker et al., 2013). This can lead to a state of burnout, defined as physical and emotional exhaustion, negative self-concept and job attitudes, and reduced concern and empathy for clients (Maslach et al., 1996) as well as compassion fatigue, defined as exhaustion, frustration, anger and depression (Hudnall Stamm, 2010). Social service workers who work with clients who have experienced trauma or severe victimization are particularly at risk for compassion

fatigue. Compassion fatigue can place these workers at risk for poor health and wellbeing themselves, diminished quality of work life, and reduced professional efficacy (Kahn, 1993). Thus, compassion fatigue harms the worker himself or herself and can have far-reaching ripple effects on all those who personally or professionally depend upon the worker (e.g., family, friends, clients, supervisors, coworkers, organizations). Due to the commonality of burnout and compassion fatigue among social service workers and the far-reaching impacts of this condition, it was important to examine compassion fatigue and what might alleviate it in the present study.

Past research and literature has suggested that compassion fatigue may be alleviated or avoided by educating social service workers about the condition and its risks, creating a balanced lifestyle, utilizing techniques to enhance physical and emotional awareness (e.g., introspection, spiritual practices), and exchanging care and emotional support with coworkers (House, 1981; Kahn, 1993; Leiter, 1988).

AI interventions offer a way for participants to actively engage in focusing on the positive elements of their work and to construct an inspiring vision of future based on the ‘best of what is’ in their organizations (Cooperrider & Whitney, 2005; Magruder & Kelly, 2007). Additionally, the approach fosters active discussion and exchanges among participants. Due to these characteristics, the present researcher determined that this intervention may be an effective way for social service workers to pay attention their needs in a positive way, thus offering a means for learning about, avoiding, and alleviating compassion fatigue. Investigating the impact of AI on compassion fatigue in social service workers was the focus of the present study. The next chapter describes the methods that were used.

Chapter 3

Methods

The purpose of this study was to assess the impact of participation in an AI intervention on social service workers' level of compassion fatigue. This chapter describes the methods to be used in the study. The research design is described first, followed by a description of the procedures related to participant selection, the AI intervention, data collection, and data analysis.

Research Design

This study utilized an action research design. Action research involves a study situated within a specific organizational context, wherein the organization members participate in the research, and the findings are reported back to the organization (Punch, 2005). The ultimate aim of action research is to improve the organization's strategies, practices, and knowledge of the environments within which they practice.

Participant Selection

The whole population of Técnicas from the program Mejores Familias in San Juan Sacatepéquez, sponsored by the Fundación Carlos F. Novella, their leader, and their manager participated in the study, yielding a total of seven participants. All the participants in the program in San Juan Sacatepéquez took part in the intervention, as AI is a model that requires whole system participative work. Participants were personally invited to take part in the intervention by Victor Ayala, the manager in charge of the development of Community Relations of the Fundación Carlos F. Novella.

Appreciative Inquiry Intervention

This study used the 4-D model of AI. The intervention consists of four phases, as summarized from the description of Watkins and Mohr (2001):

1. **Discovery:** Discovery means to appreciate the best of “what is” by focusing on times of organizational excellence, when people have experienced the organization as most alive and effective. To understand the unique factors that made the high points in an organization possible, people deliberately let go of analysis of deficits and carefully inquire into and learn from even the smallest examples of high performance, and success. People share stories of exceptional accomplishments, discuss the core life-giving factors of their organizations, and deliberate on the aspects of their organization’s history that they most value and want to bring to the future. Member’s come to know their organization’s history as a positive possibility, rather than a static, problematic, eulogized, romanticized or forgotten set of events.
2. **Dream:** This phase entails challenging the status quo by envisioning a preferred future and describing that future in a “macro” provocative proposition. The organization’s stakeholders engage in “possibility conversations” about the organization’s position, its potential, its calling, and the unique contribution it can make to global wellbeing. People are invited to think “great thoughts” and create great possibilities for their organization. New historical narrative emerges, one that engages those involved in re-creating the organization’s positive history, which in turn gives life to its positive future. This phase is practical because it is grounded in the organization’s history, and generative, because it seeks to expand the organization’s potential.
3. **Design:** The design phase includes the creation of the social architecture of the organization and generation of micro provocative propositions that articulate the organization’s dreams for each of the ongoing activities. This phase ensures that the shared vision and the provocative statement are put into practice.
4. **Deliver:** Sustaining the change. This final phase creates ways to deliver on the new images of the future –both the overall visions of the dream phase and the more specific provocative propositions of the design phase. It is a time of continuous learning, adjustment, and improvisation. The momentum and potential for innovation is high by this stage of inquiry.

The AI intervention was carried out in the premises of the office of the Fundación Carlos F. Novella located in San Juan Sacatepéquez on May 30, 2014. The workshop was held from 9:00 a.m. to 5:00 p.m. Before the AI section started, there was a brief explanation of the purpose of the study and the Professional Quality of Life (ProQOL) scale was administered. The AI intervention then was conducted. The second part of the intervention included a post-intervention ProQOL scale and a focus group intended to

gather feedback from the participants. For this latter part of the intervention, all 7 participants were administered the post ProQOL test, but only 6 of them participated in the focus group. The total time required for participation was 7 hours, plus lunch and coffee breaks. The first 6 hours was used for the AI intervention. The remaining 1 hour was used for completing the post survey and focus group, which was conducted on July 11, 2014, at the same premises. Table 1 presents an overview of the intervention design.

Table 1
Intervention Design

		Activities	Timing
1.	Introduction	<ul style="list-style-type: none"> Greetings, explanation of the purpose of the study Survey will be administered as pretest to participants Brief explanation of Appreciative Inquiry 	30 min 9:00 - 9:30
2	Discovery: Gather data	<ul style="list-style-type: none"> Set up participant pairs Pair interviews conducted using the interview protocol 	60 min 9:30-10:30
15-min Coffee Break (10:30- 10:45)			
3	Develop themes	<ul style="list-style-type: none"> Each participant will share their partner's stories to the community, and themes are developed 	90 min 10:45-12:15
4	Dream	<ul style="list-style-type: none"> Participants will receive markers and paper to graphically depict their feedback, the ideal future, and the best of what could be. Each participant will feed their input into a provocative possibility statement for their community of the Personal of the the Mejores Familias Program in San Juan Sacatepéquez. 	90 min 12:15-1:45
1-hour Lunch (1:45-2:45)			
5	Design and Deliver	<ul style="list-style-type: none"> Participants will consider, discuss, and present how they can make their possibility statement be true every day. Participants will be asked to design strategies to take action on both short-term and long-term goals. Action plans will then be prioritized and implementation will be planned. Participants will be asked to commit to something each day. 	45 min 2:45-3:30
6	Wrap-up	<ul style="list-style-type: none"> Gather feedback on the way they experienced the process 	30 min 3:30-4:00
7	Thanks and farewell	<ul style="list-style-type: none"> Thank participants for taking part in intervention Goodbye 	30 min 4:00-4:30

Note. The final part of the study is a 1-hour focus group and post-test of the ProQOL survey to participants 6 weeks after the intervention. The focus group was an open conversation about the AI intervention and the impact what so ever it has had in the participants' lives.

To begin the intervention, the facilitator introduced the study and explained its purpose. Next, the ProQOL was administered as a pretest and took approximately 15 minutes to complete. Following completion of the pretest, the facilitator discussed AI for 15 minutes. It was explained that Appreciative Interviews differ from traditional interviews in that the questions are simply guidelines that lead the person being interviewed to delve into the most creative, exciting, life-giving experiences of life and work. It was emphasized that it would not be as important to answer every question as it was to tell the complete story. Participants were asked to try to evoke the situation complete with details of what happened and the feelings involved. It was stated that the interviewee's role is to help the interviewer to experience the situation that is being described. It was also explained that interviewer's role is to actively listen, occasionally prompting the person being interviewed to be more descriptive or to enlarge the story.

The four D's processes in Appreciative Inquiry were implemented in the following way:

1. **Discovery:** Following the introduction, the six interview questions for the AI interview portion were distributed. Three questions focused on uncovering relevant data. Questions 4 and 5 invited participants to envision a desired future. The question script is presented in English and Spanish in Appendix A. The researcher instructed participants, "Please break into pairs for 60 minutes, during which you will interview one another. Each participant will give feedback regarding their inquiry about their partner to the community." After receiving questions and breaking into pairs, each participant interviewed one another with the questions in the interview protocol.
2. **Develop themes:** Feedback to the community. Each participant reported a summary of his or her partner's answers to the group. The facilitator took notes on the blackboard and helped the group to develop themes.
3. **Dream:** The facilitator gave the group feedback about the process, and asked participants to divide into three groups and to each create a provocative possibility statement based on their answers to Questions 4 and 5. Participants also were asked as a community to come up with ways in which they can contribute to this provocative possibility statement coming true.

4. Design and deliver. Participants were asked to think about ways in which they can make their provocative statement be true every day, and to plan strategies in the long and short term. Question 6 asked participants to offer ideas about how to deliver the desired future they described in questions four and five. This later question was given to all participants to share with the group how they can contribute to their dream come true.

At the conclusion of the intervention, each participant shared his or her insights about the AI experience they just had. Participants were thanked for having taken part in the intervention. The ProQOL test was administered again as a post-test 6 weeks after conclusion of the intervention, together with a focus group with six of the participants.

Data Collection

The ProQOL instrument (see Appendix B) was used to assess participants' level of compassion fatigue before and after the AI intervention (Stamm, 1995-2002). The instrument's 30 items measure three constructs:

1. Compassion satisfaction (10 items): assesses the pleasure participants obtain from doing their work well. For example, Item 3 asks participants to report their agreement with the statement, "I get satisfaction from being able to help people.
2. Burnout (10 items): assesses participants' feelings of hopelessness and difficulties in dealing with work or carrying out their work effectively. For example, Item 10 asks participants to report their agreement with the statement, "I feel trapped by my work as a helper."
3. Compassion fatigue (10 items): measures participants' work-related, secondary exposure to very stressful events.

Answer choices for each question ranged from 0 (never) and 1 (rarely) up to 5 (very often).

Data Analysis

Results and themes emerging from the AI intervention were recorded and reported back to the group. The ProQOL pretest and posttest were analyzed using the instructions provided by Stamm (1995-2002). Mean and standard deviation scores were

calculated for each scale, participant, and point in time. Paired t-tests were not conducted due to the small sample size; however, the pre- and post-test scores were compared. The next chapter reports the results of the study.

Chapter 4

Results

The purpose of this study was to assess the impact of participation in an AI intervention on social service workers' level of compassion fatigue. This chapter presents the results of the study. Findings from the intervention are provided first. Survey results are then provided, followed by a presentation of the focus group results.

Intervention

Introduction. The seven participants in the intervention and the facilitator introduced themselves, including their personal, cultural, professional, and educational background. This brief introduction served as an icebreaker to ease any tension participants were feeling about the experience.

The Técnicas come from the same cultural background and some of them even live in the same areas as the beneficiaries participating in the Mejores Familias program. However, the Técnicas were educated in the formal education system and are working on their university degrees. Their backgrounds are in teaching, psychology, and social work; yet, they reported lacking awareness and training related to compassion fatigue and how to deal with it. It is important to note that women's roles in Guatemalan Mayan culture is thought to be almost exclusively focused on being a mother and homemaker. Higher education for women is not common. Given that each Técnica in this study has a high school degree and is studying in the university, it is evident that these participants come from a different family background, have different views about gender, and have a better economic background than the beneficiaries.

The Técnicas then gave a brief presentation about the Mejores Familias program in San Juan. The Técnicas shared that there is fierce opposition within San Juan

Sacatepéquez to the establishment of a cement factory owned by the Novella family's Company (Cementos Progreso), which endows the Fundación that funds the Mejores Familias program. Many people in the community who supported the company and the establishment of the factory have been attacked, tortured, and even murdered, simply because of their support for the company and its projects. The Técnicas explained that they are aware that leadership, staff, and clients of Mejores Familias risk their lives due to these connections. Overall, however, the participants said they were happy about the impact the program has on the lives of many people and that is why they kept working in this program. A brief explanation of the purpose of the study and the AI 4-D model of Discover, Dream, Design, and Deliver was given and the intervention commenced.

Discovery: Gather data. The discovery phase involved discussing five questions. The data gathered for from these questions are presented in the following sections.

Stories of feeling engaged, excited, energized, and fulfilled. The Técnicas shared stories about the life-changing and long-lasting impact they have had in the lives of those served by the program (referred to as clients in this discussion). The fact that the people they helped had really changed their lives and gave them feedback of the long-lasting effects of this change seemed to energize and excite them about their work. Many participants shared stories about people who had suffered severe trauma; yet, they had found a new way of life, boosted their self esteem, and found a different way to live now. One Técnica shared,

It is great to know that years after the program started, there has been lasting change in the participants (clients) on the program. One of them said 'Thank you Señor, because you are my big sister because you have helped me.' Now this woman is helping other women in her community through her voluntary participation in the Program, and her attitude towards her children and her spouse has improved significantly.

The Técnicas shared that they felt revitalized when they noticed that even small gestures from them matter a lot in the lives of the clients. One Técnica shared, “One client that had stopped attending the Program, decided to come back because I stopped by her house to inquire after her wellbeing.” Even though some of the Mejores Familias clients’ children had died of malnourishment, these mothers said this won’t happen again, now that they were in the program. The Técnicas reported feeling energized and engaged by the realization that their work not only changes but also saves lives.

Many Mejores Familias clients risk their lives every time they come to receive the workshops due to the fierce and violent opposition from some of the opponents to the Cementos Progreso project. They endure hardship having to walk long distances from their own community to where the program is being delivered. Sometimes they must walk in heavy rain. Often, they must bring their children because they have no one to care for them at their homes. Técnicas reported that the effort clients put into taking part in the Mejores Familias program energizes the Técnicas themselves.

Special clients served. Although some participants shared the first names only (to avoid breaching confidentiality) of special clients served who exhibited marked attitudinal changes, the Técnicas generally stated that all the participants show very meaningful positive change in their lives. The change in the lives and attitude of the clients in the programs has a broader impact in the communities, because many women have become positive leaders, impacting the lives not only of their families, but also of the communities. For instance, one Técnica talked about

Doña Antonia , who was afraid to talk in front of people, but after participating in the Mejores Familias program, now she is a leader in the Asociación de Mujeres de la Comunidad de Las Trojes, as well as a volunteer in bringing the program to other communities.

Success stories. Técnicas stated they feel successful and fulfilled in their jobs when they have evidence that a relationship of trust has been established between them and the clients during the process of the Mejores Familia's program. The Técnicas explained that this has encouraged and energized them to try and do their job to the best of their abilities. They explained that they feel charged with energy when they witness that some clients have become entrepreneurs and are now supporting their families because of the skills they developed in the Mejores Familias program. The program also played an instrumental role in saving the lives of children who would have otherwise died of malnutrition. The Técnicas reported that this outcome—affecting and saving lives—has given them the most satisfaction. One Técnica shared,

There was one woman who participated in the program during her pregnancy. Unfortunately her older children suffered from malnutrition, but she made a promise that the child she was expecting wouldn't suffer from malnutrition too, so she started taking her prenatal vitamins and eating properly.

Sources of fulfillment. Técnicas expressed that they believed diversity is critical for the development of communities. They also reported feeling fulfilled that, through this program, they generate trusting, loving relationships with clients; transform the lives of the participants by helping them increase their income and quality of life; and feel like they are fulfilling a higher calling to serve others. One shared, “We are very satisfied when we see that the clients start their own business after participating in the Program.” Another Técnica added, “I feel very satisfied to know that the lives of children are saved from malnutrition and even death through our intervention.” Still another reported,

The intervention of the Fundación Carlos F. Novella shows the love we owe to our neighbors, it makes us grow, it gives us energy, to know that we are contributing to improve the quality of the lives of others. Provoking change in the lives of the people in need, with the help of God, makes us know that we are fulfilling our Calling to help others.

Three wishes. Técnicas voiced several wishes for the program. One wish was to diminish the paternalism in the larger society and to decrease clients' dependence on gifts and subsidies from others, especially government and non-governmental organizations.

Another set of wishes concerned improving clients' quality of life by achieving outcomes such as reducing malnutrition and increasing their access to water, drainage, electricity, and healthcare. Técnicas explained that the program aims to develop clients' capacities to improve their own lives through education, training, and skill development. They pointed out that many clients are now pursuing their primary and high school degrees.

Yet another set of wishes concerned improvements to the Mejores Familias program. Técnicas wanted to strengthen the team through staff training and development, adding modules to the program to make it more holistic, strengthen and expand the infrastructure to better serve clients, and broaden program coverage to include more participants and more communities. These changes would require more investment from the Fundación or other partners. Participants mentioned some cases that have been very hard to deal with, because of the lack of medical services. "For example, we know a young girl who has elephantiasis, and her family has taken her to the public hospital, and they have not been able to help her." Another case mentioned is that of a boy who has lost all the strength in his muscles and is now on wheelchair, and the doctors in the public health sector don't know why, and many other cases like this. For the cases like the ones mentioned above, the participants came up with the idea to create alliances with other organizations that can help in these kinds of cases, and to develop a protocol to approach these kinds of cases.

Develop themes. Following completion of the discovery phase, including gathering and reporting the data, the facilitator worked with the Técnicas to identify the key themes evident in the data. The key themes determined were (a) the evidence that the program has strong positive impacts for clients and also strengthens and energizes Técnicas' commitment to the program, (b) Técnicas wish to be better trained and better equipped to carry out their work, and (c) Técnicas want to expand the program to reach more participants and communities.

Dream. Following discovery and developing themes, the Técnicas were divided into three groups and invited to create provocative propositions, vision statements, and diagrams to reflect their dream for the future of the Mejores Familias program. They also were asked to identify strategies and specific actions for fulfilling the dream. Three possibility statements were drafted, one from each group: (a) together, transforming lives, (b) we work changing lives, and (c) we work for a better quality of life. The remainder of this section describes each group's findings in more detail.

The dream for Group 1 (see Figure 1) involved attaining a better quality of life for clients with responsibility and love. Their vision concerned transforming the city of San Juan Sacatepéquez. They described the new city as follows:

A San Juan that is green; with healthy, happy families; with trusting and loving relationships; and with access to health services and more places in which they can receive the program Mejores Familias. The Mejores Familias program contributes to a better future, giving women the knowledge and tools they need to improve their nutrition and quality of live, through the education of the families of the participants. The Mejores Familias program contributes to the community and all the families take responsibility of their role and sustainable communities.



Figure 1

Group 1 Dream

To achieve this dream, the group stated that they must increase the number of clients served, without sacrificing the quality of the services delivered (see Figure 2). This, in turn, requires developing strategic alliances, strengthening clients' ability to generate their own income (possibly through "seed capital" programs), and expand program content and adapt it to the needs of the community members. New topics could include healthy cooking lessons, parenting classes (to learn how to stimulate their children's social, emotional, and cognitive development), prevention of violence against women, and human rights awareness.

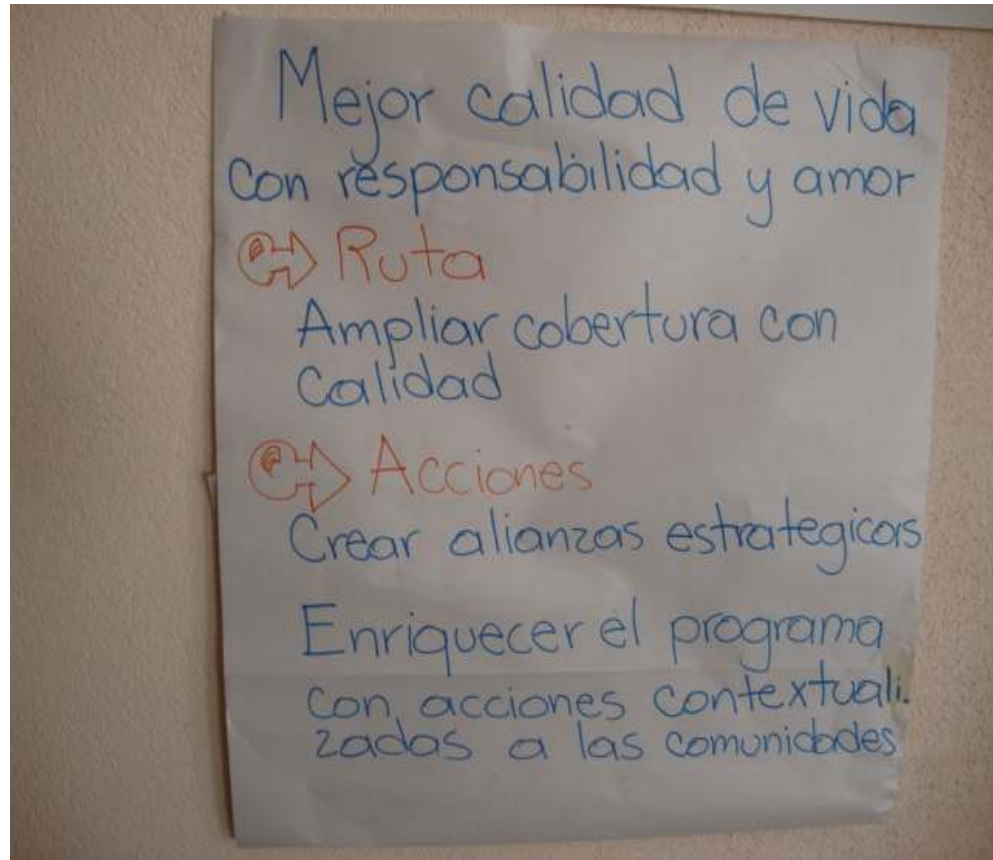


Figure 2

Group 1 Prescribed Actions

The dream for Group 2 involved creating and delivering interventions to improve the quality of lives for all (see Figure 3). These participants explained,

Throughout the process of giving access to education to the mother, there is a better quality of life for everyone. Everybody (community members) has more patience; there is more love and more appreciation of diversity, which is required to have better families and a better quality of life. The Mejores Familias program intervenes in a positive manner, educating also the fathers, because then, both parents educate their kids better and the family is better off.

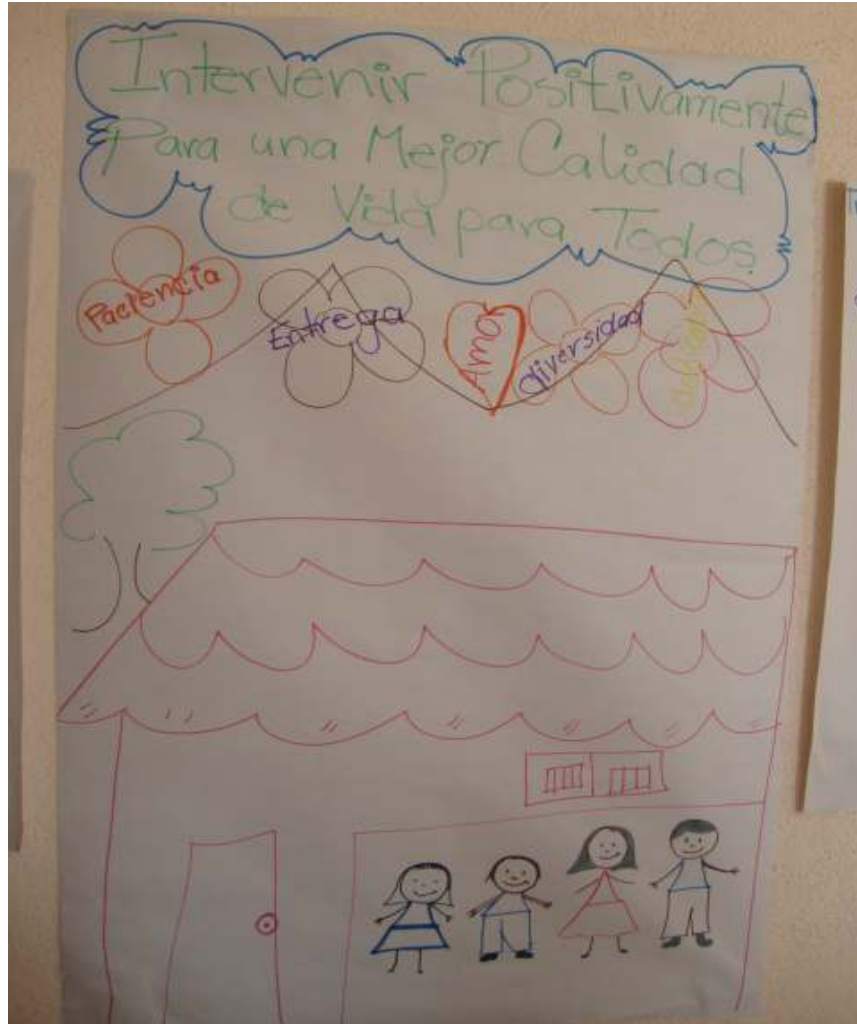


Figure 3

Group 2 Dream

To achieve this dream, participants stated that the program needed to reach out to more participants and intervene in other communities; generate trust and build good relationships with participants by delivering consistent, high-quality services; and broaden the scope and themes of the programs, according with the needs of the communities (see Figure 4). These participants also emphasized the need to strengthen and train the team in additional topics pertinent to serving clients and their communities.

Intervenir positivamente
para una mejor calidad de
Vida.

Ruta	Acciones
<ul style="list-style-type: none"> • Ampliación de cobertura • Generar confianza para mejorar la relación • Ampliación de temas de capacitación de interés de las comunidades 	<ul style="list-style-type: none"> • Intervenir en nuevas comunidades • A través del acompañamiento del técnico con participantes • Fortalecer al equipo en temas de interés sociales.

Figure 4

Group 2 Prescribed Actions

Group 3 drafted the following vision: “Transforming our Future with Education and work” (see Figure 5). They also outlined a “before” and “after” the actions that needed to occur (see Figure 6):

BEFORE AND AFTER

BEFORE: There is one training center, where there are a few Técnicas, but there are still kids with malnutrition.

AFTER: There are better conditions to broaden the number of participants and communities; there are healthy children, happy families, and a bigger and better equipped training center, to reach out to more participants.

The participants identified three key actions that needed to be carried out to achieve this vision. First, the client base needs to expand by bringing the program to

more communities. Second, the program needs to be promoted within these communities to raise awareness about the lack of basic services. Community members also need to be mobilized to help procure these basic services, such as adequate shelter, water, and healthcare. Third, a training program needs to be developed for Mejores Familias program volunteers and more Técnicas need to be hired to prevent overwork and burnout among the Técnicas.



Figure 5

Group 3 Dream

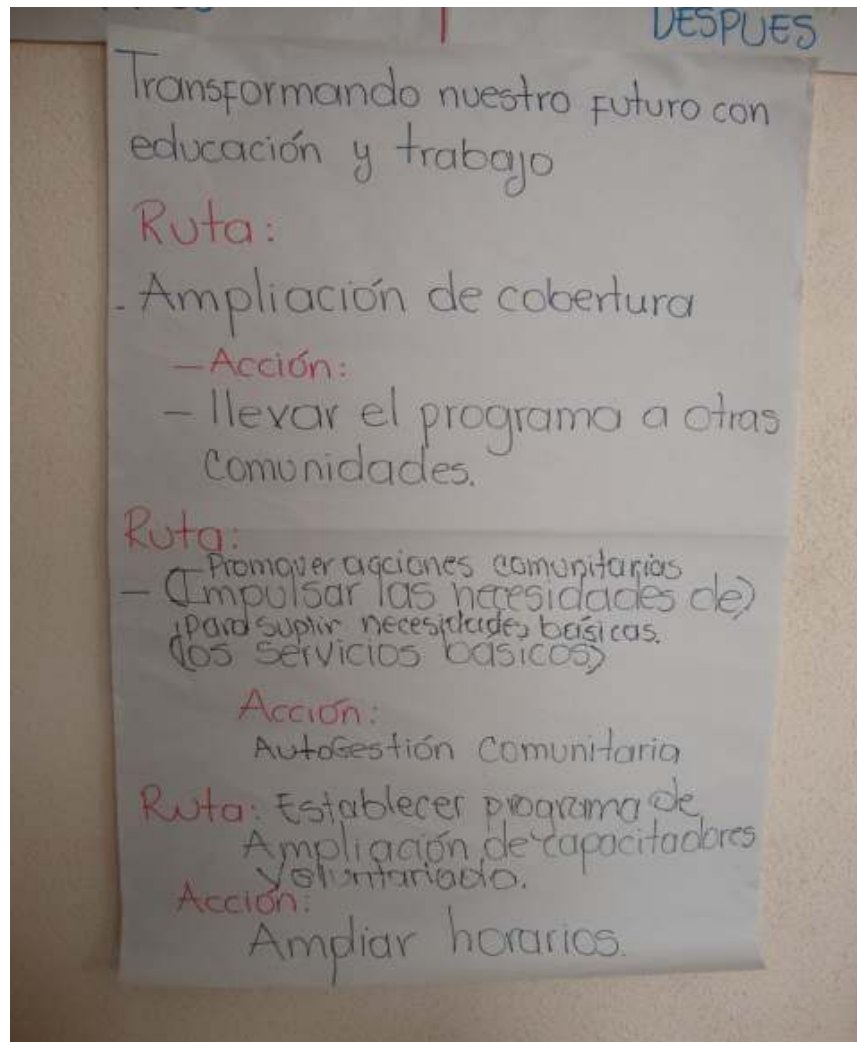


Figure 6

Group 3 Prescribed Actions

Design and wrap-up. At the end of the day, participants shared that the intervention was very positive and that they were able to voice their needs related to performing their jobs. Participants shared that the exercise had given them more ideas about how to improve their day-to-day work and strengthened their understanding and ability to explain what the Mejores Familias program is all about to clients, community members, and other program stakeholders.

They also said they felt good sharing some of the hardships they confront in their daily work. Through the intervention, they shared they have been made aware of their need to voice the painful situations clients bring to them. This new awareness seemed to strengthen the Técnicas' learning and team building. The Técnicas also shared that "after the AI experience, I value even more the work I do every day." They added that "We are leaving this workshop with more energy and a challenge to do things better, hoping that the fruits of the program will be multiplied." The Técnicas stated they want to have an intervention like this every 6 months in order to plan and implement program improvements. They asked that the results of the intervention be shared with Fundación management to inform their decision making.

"We are leaving the intervention with the will to keep on doing our job in a better way. We leave with more strength and with the challenge to be better every day."

Focus Group Results

Six weeks after the intervention, a focus group made up of participants was held. It began with an introduction, which included greetings and a reiteration of the study purpose. The Técnicas reiterated that they found the AI intervention very interesting. They shared, in particular, that the Técnicas feel energized when they corroborate the fact that their work impacts the lives of the participants in the program in a lasting way. One shared, "We have become strengthened and more enthusiastic about the program."

They added that the AI model strengthened and helped them to become a team commit even more to the work they are doing and to one another. Another expressed, "The enthusiasm and courage shared in the workshop about clients going through many difficulties gives us renewed strength and energy for our work."

The Técnicas shared that the AI program also deepened their understanding of the Mejores Familias program. They became aware that they should try not to “burden” themselves with clients’ negative situations, but to encourage clients to overcome their difficulties. As one of them shared, “I realized more clearly that we cannot afford to focus only in one client’s complex case, because we have other cases to deal with.” They were made aware that they need more tools to be able to give advice to clients.

The Técnicas decided that because all of them are in the office every Friday, they could schedule time on these days to strengthen their bonds with one another, share their experiences, get training on other areas, such as how to better deal with the problems the clients come and share with them, and process whatever they experienced that week. “We had the chance to share what each one had inside, and to get to know one another, each of us with their strengths and potentials, as well as to what we can achieve together as a team.”

The Técnicas added that they enjoyed the Dream step of the AI intervention, in particular, because they realized more clearly that they all shared the same dream and that they all were trying to achieve the same thing. This foundation has helped them strengthen the team. They also enjoyed creating the drawings.

However, they acknowledged that it was challenging to agree on wording because they each had different points of view. One added, “We realized that even though it was the same dream and same idea, it was hard to come up with the right words to write it down.”

In summary, the Técnicas shared that the workshop renewed their energy and motivation to do their jobs. It strengthened their sense of hope and motivated them to be more mindful in their job. They feel motivated and focused in prompting more

participating women towards success. One shared, “It was very enriching to participate in the workshop as a team because we had never participated in a workshop like that.” They realized that each of them has certain strengths, it gave them new ideas as to how to approach the situations presented to them by the participants because of the experiences they heard from their colleagues.

The Técnicas emphasized their happiness about the AI event, because they had never had the chance to get out and share what they had inside, and to get to know one another in more depth. They came to know the personal strengths and the potential of each of them, and of the team as a whole. They liked being able to go outside their usual routine. They are aware that the trust between the team members strengthened.

One of the most impactful aspects of the AI intervention, according to the Técnicas, is its focus on the positive things about their job. One Técnica shared, “Because of the fact that there are so many negative things in the environment, focusing on the positive helped a lot.” Another elaborated,

When we talked about the positive things, the success stories, we had to share about the hard things that our clients had to endure. These women have suffered a lot, and they overcame their difficulties with the help of the program. To have to relive the negative moments and the pain and to be able to tell the positive outcomes was very helpful.

Técnicas added that it was very interesting to have time and space to share their experiences and to create dreams for the future. They further explained that sharing their experiences strengthened their bonds and gave them insights about how to help clients resolve their problems.

They offered that if they took part in another AI workshop, they would like it to be held offsite, as they were distracted by phone calls and people visiting the office during the day. One Técnica explained, “The interruptions made us lose track of the work

we were doing in the workshop.” They added that they would like to take part in periodically scheduled workshops, but that care should be taken in the design to avoid repetitive questions.

As a result of the workshop, because of the brief explanation of the purpose of the study, the Técnicas also learned about the dangers of compassion fatigue and burnout and how to protect themselves from these states. One Técnica shared,

Before this workshop, we had no clear idea that the clients’ outside situations could affect our own personal lives. It is important to be aware of this to be able prevent ourselves from harm. We need to be aware that there is a risk to us, and be able to set limits so that we can empathize with clients but not get personally involved and make their problems our own personal problems. It is important to know about compassion fatigue, and develop tools to help them deal with it.

The Técnicas reported that they were now more careful to avoid becoming over-involved in clients’ trauma so that they can help the clients without experiencing secondary trauma or becoming burned out themselves. “Before the workshop, one of them explained, I got charged with negative energy, and often made my clients’ problems become my own, and, while wanting to solve the problems this way, I started becoming part of the problem, instead of part of the solution.”

Survey Results

The Compassion satisfaction scale of the ProQOL instrument assesses the pleasure participants obtain from doing their work well. Técnicas compassion satisfaction scores were very high for both the pre- and post-tests (see Table 2). Pre-test scores ranged from 4.40 to 5.00 ($M = 4.69$, $SD = 0.20$). Post-test scores ranged from 4.50 to 5.00 ($M = 4.79$, $SD = 0.20$). These results indicate that the Técnicas agreed that they felt great satisfaction related to their abilities to be an effective caregiver in their jobs. These results are consistent with the data gathered during the interview and focus group.

Table 2***Compassion Satisfaction Results***

	Pre-test Scores	Post-test Scores	Change
	4.40	4.50	
	4.50	4.60	
	4.60	4.70	
	4.70	4.80	
	4.80	4.90	
	4.80	5.00	
	5.00	5.00	
Mean	4.69	4.79	+0.10
SD	0.20	0.20	

Scale: 1 = very low satisfaction, 5 = very high satisfaction

Burnout assesses participants' feelings of hopelessness and difficulties in dealing with work or carrying out their work effectively. Técnicas scores were low on both the pre-test and post-test (see Table 3). Pre-test scores ranged from 1.30 to 2.60 (M = 1.70, SD = 0.44). Post-test scores ranged from 1.30 to 2.30 (M = 1.71, SD = 0.37). These results indicate that the Técnicas generally agreed that they experienced little burnout related to their jobs. These results are consistent with the data gathered during the interview and focus group.

Table 3***Burnout Results***

	Pre-test Scores	Post-test Scores	Change
	1.30	1.30	
	1.40	1.40	
	1.50	1.40	
	1.50	1.70	
	1.70	1.90	
	1.90	2.00	
	2.60	2.30	
Mean	1.70	1.71	+0.01
SD	0.44	0.37	

Scale: 1 = very little burnout, 5 = very high burnout

Compassion fatigue measures participants' work-related, secondary exposure to very stressful events. Participants reported very little compassion fatigue both on the pre- and post-test (see Table 4). Pretest scores ranged from 0.80 to 2.20 ($M = 1.64$, $SD = 0.51$). Post-test scores ranged from 0.60 to 1.80 ($M = 1.29$, $SD = 0.36$). Notably, this reflected an average decrease of 0.35. These results are consistent with the qualitative findings, as participants reported that the intervention raised their awareness about the dangers of compassion fatigue and steps they could take to prevent it from occurring.

Table 4

Compassion Fatigue Results

	Pre-test Scores	Post-test Scores	Change
	0.80	0.60	
	1.30	1.20	
	1.40	1.30	
	1.70	1.30	
	1.90	1.40	
	2.20	1.40	
	2.20	1.80	
Mean	1.64	1.29	-0.35
SD	0.51	0.36	

Scale: 1 = very little compassion fatigue, 5 = very high compassion fatigue

Summary

The Técnicas emphasized that the intervention was highly valuable, particularly because it allowed them to share their experiences, strengthen their bonds with each other, focus on the positives in their work, and learn how to avoid compassion fatigue. The qualitative and quantitative findings indicated that the intervention may be helpful for raising awareness about compassion fatigue and reducing its incidence. The next chapter discusses these findings in more detail.

Chapter 5

Discussion

The purpose of this study was to assess the impact of participation in an AI intervention on social service workers' level of compassion fatigue. This chapter presents a discussion of the study results. Conclusions are presented first, followed by recommendations, limitations, and suggestions for continued research.

Conclusions

Based on the exploratory findings from this study, the AI intervention appears to be valuable in many ways for social service workers like the Técnicas examined in this study. In particular, the present study participants shared that the program was helpful because it allowed them to share their experiences, strengthen their bonds with each other, focus on the positives in their work (which often deals with negative and traumatizing subject matter), and learn how to avoid compassion fatigue. The qualitative and quantitative findings indicated that the intervention may be helpful for raising awareness about compassion fatigue and reducing its incidence.

Additionally, the participants shared that the AI intervention was effective for re-energizing the Técnicas for their work and identifying training and development needs they had. For example, there is a need to establish a protocol for dealing with the feelings of hardships the Técnicas might have while being in contact and involved in some of the participants' painful situations.

The Técnicas also realized that they need to develop a protocol to establish which are the community's needs in terms of training within the Mejores Familias Program. The participants leave with a better awareness of what impact their work has. They are also more aware that they become energized by the relationships they develop with the clients.

The Técnicas are more aware of how much they become the “role models” for the participants, and how much they impact their lives and the communities. The Técnicas are more aware, in their words, that “We have a calling from God to help people. This is what pleases God. And it gives us strength; because we become fond of the people we serve and, therefore, feel even more committed to helping them.” The Técnicas added that they want to develop a protocol to help them intervene in an even more effective way in the communities.

It can be concluded, therefore, that the AI intervention examined in this study may be useful for reducing compassion fatigue among social service workers and for generating additional, unanticipated benefits, such as reenergizing the workers, strengthening relationships, and deepening their motivation and renewing their vision for their work. These findings are consistent with other studies that have found that AI interventions have a positive impact in the quality of interpersonal relationships of social service workers, and therefore in their performance and the quality of the attention given to the beneficiaries (Leiter, 1988; Wright & Baker, 2005). It was also evident that all the Técnicas have a strong belief system, that helps them keep their Compassion Fatigue and Burnout level in check (Smith, 2009).

The skills identified by Nissani and García (1992) were all present in the Técnicas hired by the Fundación Carlos F. Novella. Through the AI intervention, it was evident that the team formed by the Técnicas is a nurturing environment and that the Fundación Carlos F. Novella can work to capitalize and enhance the fact that the relationships between the Técnicas are so close. The institution can become therapeutic in itself, through periodical interventions such as the one that was facilitated for this study (Kahn, 1993). Wright and Baker’s (2005) study that suggests that AI interventions are conducive

to better interpersonal relationships between co-workers is also consistent with the findings of the present study. The next section outlines specific recommendations that emerged from this study for the Mejores Familias program.

Recommendations

It is evident that Técnicas develop long-lasting personal relationships with participants, and witness the impact of the program in their lives. They become “big sisters” and role models for them. This makes them feel like they are fulfilling their “purpose” or their “calling” in life, and this in turn makes them feel fulfilled and energized. They also become confidants to their clients because the Técnicas also develop strong relationships with them, periodically visit their homes, listen to and discuss their many traumatic experiences, and so on. However, there is no established protocol for the Técnicas to emotionally process that affective load. Moreover, doing so might lead to concerns about breaching client confidentiality. It would be helpful to create opportunities and forums for them to process these kinds of difficult situations and learn techniques for how to care for themselves in the midst of working with their clients.

The Técnicas also shared they felt energized by discussing their stories with one another. In particular, Técnicas reported feeling energized by discussing and reflecting on the fact that their work impacts the lives of the participants in the program in a lasting way. This suggests an opportunity to establish and promote similarly designed team building activities, such as an established weekly reflection time for them to share stories and get reenergized.

Due to the demonstrated benefits of the AI intervention, it is recommended that periodic AI interventions be conducted to allow the Técnicas to continue to share their

experiences and focus on the positive. Future interventions should be held offsite, outside their offices, so they can better focus on the workshop.

Many of the actions Técnicas suggestions are requests of the Fundación's upper management to broaden the number of people that the program is able to reach. There has to be more funding available from donors to do this. It does not depend on the Técnicas alone. They also want to enrich the program with more aspects that are pertinent and of interest of the communities. Suggestions include forming more strategic alliances, obtaining funding, and securing help from volunteers.

The participants had a very high compassion satisfaction, and very low burnout and compassion fatigue values in the pre-test. This could be due to the fact that the Técnicas are very well adapted to their job, have good leadership, and are energized by their spiritual beliefs and sense of personal conviction motivating their work. Many shared that they were convinced they were following a "calling from God" to help their neighbors. The Técnicas also may be a very good fit for their work. It is recommended that the Fundación Carlos F. Novella looks after these very well adapted social service workers, and that they examine their profile to incorporate it in their hiring practices for the future.

Limitations

This study was limited by a small sample size of only seven participants. This prevented determining statistical significance of any changes in the scores from pre-test to post-test. Additionally, it is possible that with a larger sample size, more variability or shifts in the scores over the time periods may become evident. Ideally, it would be helpful to perform a future study of social service workers within larger settings, such as

urban child protective services departments or other organizations with a large population of social service workers.

Another limitation is that to enhance confidentiality, the pre- and post-tests were administered in complete anonymity without participant tracking. Therefore, it was not possible to detect the differences in pre- and post-test scores for each individual.

A third limitation to the study is that the Compassion Fatigue level measured was very low in the pre-test, so it could be that the possible impact of the AI intervention may have been too limited to measure.

Finally, a number of the suggestions the participants offered were recommendations for upper management. Although they were helpful, it would have been more useful to prompt the participants to come up with suggestions or concrete actions about what they could do about the above mentioned situations, and this was not done.

Suggestions for Future Research

More research is advised to further examine the impact of AI interventions on compassion fatigue among social service workers. One recommended study is to perform the present study again in a larger population, ideally of 300 social service workers or more. This sample size would allow for richer qualitative data to emerge and for more comprehensive statistics to be generated, in order to better understand the intervention's impacts.

As a complement of the ProQOL instrument, absenteeism statistics might be examined before and after the AI intervention. It would also be helpful to conduct in-depth one-on-one interviews of the social service workers to better understand the

workers' level of compassion fatigue, burnout, and compassion satisfaction before and after the AI intervention.

Summary

The purpose of this action research study was to assess the impact of participation in an AI intervention on social service workers' level of compassion fatigue. Seven participants were in the study, including the whole population of five Técnicas from the program Mejores Familias in San Juan Sacatepéquez, sponsored by the Fundación Carlos F. Novella. The workers' leader and manager also took part in the study, yielding a total of seven participants.

A 6-hour AI intervention was held, which followed the 4-D model of discover, dream, design, and deliver. Immediately before the intervention began, participants completed the Professional Quality of Life scale to measure their compassion satisfaction, compassion fatigue, and burnout. Six weeks after the AI intervention, participants completed the scale again for a post-intervention measure of the constructs. At this time, a focus group of the participants also was held to gather qualitative data about the impact of the intervention.

The Técnicas emphasized that the intervention was highly valuable, particularly because it allowed them to share their experiences, strengthen their bonds with each other, focus on the positives in their work, and learn how to avoid compassion fatigue. The qualitative and quantitative findings indicated that the intervention may be helpful for raising awareness about compassion fatigue and reducing its incidence. Based on these findings, it is recommended that periodic AI interventions be conducted to allow the Técnicas to continue to share their experiences and focus on the positive. Future

research should eliminate the limitations of the present study by expanding the sample and gathering multiple forms of data.

References

- Abendroth, M., & Flannery, J. (2006). Predicting the risk of compassion fatigue: A study of hospice nurses. *Journal of Hospice and Palliative Nursing*, 8(6), 346-356.
- Bass, B. M. (1990). *Bass and Stodgill's handbook of leadership* (3rd ed). New York, NY: Free Press.
- Bourassa, D. (2012). Examining self-protection measures guarding adult protective services social workers against compassion fatigue. *Journal of Interpersonal Violence*, 27(9), 1699-1715.
- Bridgeman, C. A. (2013). *Caregiver burnout and job satisfaction among palliative and non-palliative nurses: A mixed-methods study*. Available from ProQuest Dissertations and Theses database. (UMI No. 3570360).
- Bushe, G. R., & Kassam, A. F. (2005). When is appreciative inquiry transformational? A meta-case analysis. *Journal of Applied Behavioral Science*, 41(2), 161-181.
- Cooperrider, D. L., & Whitney, D. (2005). *Appreciative inquiry: A positive revolution in change*. San Francisco, CA: Berrett-Koehler.
- Frankel, A. I. (1997). Head Start and social work. *Families in Society*, 78(2), 172-183.
- Franze, S. E., Foster, M., Abbott-Shim, M., McCarty, F., & Lambert, R. (2002). Describing head start family service workers: An examination of factors related to job satisfaction, empowerment, and multiculturalism. *Families in Society*, 83(3), 257-264.
- House, J. S. (1981). *Work stress and social support*. Reading, MA: Addison-Wesley.
- Hudnall Stamm, B. (2010). *The concise ProQOL manual*. Retrieved from ProQOL.org
- Kahn, W. A. (1993). Caring for the caregivers: Patterns of organizational caregiving. *Administrative Science Quarterly*, 38(4), 539-539.
- Leiter, M. P. (1988). Burnout as a Function of Communication Patterns A study of a multidisciplinary mental health team. *Group & Organization Studies*, 13(1), 111-128.
- Likert, R. (1961). *New patterns of management*. New York, NY: McGraw-Hill.
- Magruder, J., & Kelly, R. (2007). *Appreciative inquiry: Theory and practice, an introduction to appreciative inquiry*.
- Maslach, C., Jackson, S., & Leiter, M. (1996). *Maslach Burnout Inventory manual* (3rd ed.). Palo Alto, CA: Consulting Psychologist Press.
- Mayeroff, M. (1971). *On caring*. New York, NY: Harper and Row.

- McAllister, K., & Luckcock, T. (2009). Appreciative inquiry: A fresh approach to continuous improvement in public services. *Housing, Care and Support*, 12(1), 30-33.
- Memmi, A. (1974). *Dependence*. Boston, MA: Beacon.
- McWayne, C. M., Cheung, K., Wright, L., Hahs-Vaughn, D. L., & Thomas, D. (2012). *Educational Psychology*, 104(3), 878.
- Nissani, H., & Garcia, W. (1992). *Family service workers: facilitators of the integration of education and human services*. Portland, OR Northwest Regional Educational Laboratory. (ERIC Document Reproduction Service No. ED 352 740).
- Noddings, N. (1984). *Caring: A feminine approach to ethics and moral education*. Berkeley, CA: University of California Press.
- Parker, S., Johnson, A., Collins, C., & Nguyen, H. (2013). Making the most of structural support: Moderating influence of employees' clarity and negative affect. *Academy of Management Journal*, 56(3), 867.
- Pines, A., & Aronson, E. (1988). *Career burnout*. New York: Free Press.
- Punch, K. F. (2005). *Introduction to social research—quantitative & qualitative approaches*. London, UK: Sage.
- Slocum-Gori, S., Hemsworth, D., Chan, W. W. Y., Carson, A., & Kazanjian, A. (2013). Understanding compassion satisfaction, compassion fatigue and burnout: A survey of the hospice palliative care workforce. *Palliative Medicine*, 27(2), 172-8.
- Smith, P. (2009). *To weep for a stranger: Compassion fatigue in caregiving*. Healthy Caregiving, LLC.
- Sprang, G., Craig, C., & Clark, J. (2011). Secondary traumatic stress and burnout in child welfare workers: A comparative analysis of occupational distress across professional groups. *Child Welfare*, 90(6), 149-68.
- Stamm, B. H. (1995-2002). *Professional quality of life: Compassion satisfaction and fatigue subscales-III*. Retrieved from <http://www.isu.edu/~bhstamm>
- U.S. Department of Labor, Bureau of Labor Statistics. (2000). *Human service workers and assistants (O*NET 27308)*. Washington, DC: Author.
- Watkins, J. M., & Mohr, B. J. (2001). *Appreciative inquiry: Change at the speed of imagination*. New York, NY: Wiley.
- Wright, M., & Baker, A. (2005) The effects of appreciative inquiry interviews on staff in the UK National Health Service. *International Journal of Health Care Quality Assurance*, 18(1), 41-61.

Appendix A: Interview Questions for Intervention

INSTRUCTIONS: You will interview your partner for 30 minutes then switch roles and your partner will interview you. Decide who wants to be interviewed first. As you listen to your interview partner, jot down words, phrases, quotes, anything that stands out for you as exciting and important. It is not necessary to take detailed notes. The interviewer's role is to LISTEN, occasionally prompting the person being interviewed to be more descriptive or to enlarge the story.

The questions you will be asked are about you about your work here. And as you report back to the group the stories of your partner, we would like to experience and understand in a vivid way what the work here is like for each of you when you are at your best and when the work is most fulfilling.

1. In each of our lives there are special times when we just know that we have made the right career choice, moments when we feel really good about the work we are doing and what we are doing to contribute to the lives of others. As you think back over the last 4 to 5 years, can you tell me a story about one of those moments when you felt the most involved and excited about your work? Tell me what made you feel engaged, excited, energized and fulfilled? What was happening? What else were you feeling? What made it a great moment for you? What were others doing that contributed to this being a great moment for you?
2. Who is the most special person you have helped in the past 4 to 5 years in your work in Mejores Familias? Tell me about this person. Why is he or she so special to you? How has her life changed because of your intervention? Who else benefitted with the improvement in this person's life?
3. There are times in life when you really felt successful. Tell me what has made you feel this way. What did you do to achieve this success? How did this make you feel? Who was most present in your life at that time? Did anyone else contribute to your success? Who else was impacted with your success? In which ways were they impacted with your success?
4. Could you summarize in one statement what it is that makes your work in this program make you feel fulfilled, energized and successful?
5. If you had three wishes concerning this program or your work with the women, what would they be?

DESIGN AND DELIVER PHASE

Question 6: About the three wishes asked in question five, tell me what you can do to help them come true? What would the other members of the team do to make your wishes come true? What can FCFN do to make your wishes for this program come true?

APENDICE A: PREGUNTAS PARA ENTREVISTAS

INSTRUCCIONES: A continuación usted entrevistará a su compañero (a) durante 30 minutos, y luego van a invertir los roles, ya que su compañero (a) lo entrevistará a usted. Por favor decidan quién va ser entrevistado de primero. Mientras usted escucha a su compañero de entrevista, anote palabras, frases, citas, o cualquier cosa que le parezca que es emocionante e importante. No es necesario que tome notas detalladas. Lo más importante de su rol como entrevistador es que usted ESCUCHE activamente, y que ocasionalmente aliente a la persona a la que está entrevistando a describir con más detalle o a extenderse con la historia.

Las preguntas que se le proporcionan a continuación son acerca de su trabajo aquí. Cuando usted reporte al grupo las anécdotas de su compañero de entrevista, quisiéramos que todo el grupo experimentara y entendiera de manera vívida lo que trabajar aquí significa para cada uno (a) de ustedes, cuando están en su mejor momento, y cuando su trabajo es más satisfactorio.

1. En la vida de cada uno de nosotros hay momentos especiales en los que tenemos una vívida y profunda convicción de que estamos en la profesión correcta para nosotros, momentos en los que nos sentimos especialmente bien acerca del trabajo que hacemos y de la manera en que contribuimos a las vidas de otros. Piense en los últimos 4 o 5 años, ¿me podría compartir una anécdota acerca de uno de esos momentos en los que usted se sintió más comprometido (a) o emocionado (a) con su trabajo? ¿Cuénteme qué lo motivó a sentirse involucrado, emocionado y realizado? ¿Qué fue lo que provocó que se sintiera así? ¿Qué más sentimientos tenía usted? ¿Qué hizo que ese fuera un gran momento para usted? ¿Qué hicieron sus compañeros (as) de trabajo para contribuir a ese momento tan especial?
2. ¿Quién es la persona más especial a la que usted ha ayudado en los últimos 4 o 5 años en su trabajo en Mejores Familias? Cuénteme de esa persona. ¿Por qué es tan especial para usted? ¿En qué formas ha cambiado la vida de esa persona debido a su intervención? ¿Quién más se benefició con la mejora en la vida de esa persona?
3. Hay momentos en los que nos sentimos verdaderamente exitosos en nuestro trabajo y en nuestra vida. ¿Cuénteme qué cosas le han hecho sentir de esa manera? ¿Qué hizo usted para lograr ese éxito? ¿Cómo se sintió usted con ese éxito? ¿Quién estaba más presente en su vida durante ese momento de éxito? ¿Quién contribuyó a ese éxito suyo? ¿A quiénes más benefició el éxito alcanzado? ¿De qué maneras se vieron impactadas las vidas de esas personas por su éxito? Podría decirme en una oración, ¿qué es lo que la hace sentirse realizado (a), energizado (a) y exitoso (a) en su trabajo en este programa?
4. ¿Podría usted resumir en una oración qué es lo que hace que su trabajo en este programa lo haga sentirse realizado (a), energizado (a) y exitoso (a)?
5. Si le fueran concedidos tres deseos acerca de este programa y su trabajo con las mujeres de Mejores Familias, ¿cuáles serían?

FASE DE DISEÑO Y ENTREGA:

6. ¿Cómo puede hacer usted que esos deseos se vuelvan realidad? ¿Cómo podrían contribuir los otros miembros de su equipo a hacer que estos deseos se hagan realidad? ¿Qué puede hacer la FCFN para que sus deseos respecto a este programa se hagan realidad?

Appendix B: Professional Quality of Life Instrument

ProQOL - R III

PROFESSIONAL QUALITY OF LIFE

Compassion Satisfaction and Fatigue Subscales – Revision III

Helping others puts you in direct contact with other people's lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. We would like to ask you questions about your experiences, both positive and negative, as a helper. Consider each of the following questions about you and your current situation. Write in the number that honestly shows how often the statement has been true for you *in the last 30 days*.

0=Never	1=Rarely	2=A Few Times	3=Somewhat Often	4=Often	5=Very Often
---------	----------	---------------	------------------	---------	--------------

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one person I help.
- _____ 3. I get satisfaction from being able to help people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.
- _____ 6. I have more energy after working with those I help.
- _____ 7. I find it difficult to separate my private life from my life as a helper.
- _____ 8. I am losing sleep over a person I help's traumatic experiences.
- _____ 9. I think that I might have been "infected" by the traumatic stress of those I help.
- _____ 10. I feel trapped by my work as a helper.
- _____ 11. Because of my helping, I have feel "on edge" about various things.
- _____ 12. I like my work as a helper.
- _____ 13. I feel depressed as a result of my work as a helper.
- _____ 14. I feel as though I am experiencing the trauma of someone I have helped.
- _____ 15. I have beliefs that sustain me.
- _____ 16. I am pleased with how I am able to keep up with helping techniques and protocols.
- _____ 17. I am the person I always wanted to be.
- _____ 18. My work makes me feel satisfied.
- _____ 19. Because of my work as a helper, I feel exhausted.
- _____ 20. I have happy thoughts and feelings about those I help and how I could help them.
- _____ 21. I feel overwhelmed by the amount of work or the size of my caseload I have to deal with.
- _____ 22. I believe I can make a difference through my work.
- _____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
- _____ 24. I plan to be a helper for a long time.
- _____ 25. As a result of my helping, I have sudden, unwanted frightening thoughts.
- _____ 26. I feel "bogged down" by the system.
- _____ 27. I have thoughts that I am a "success" as a helper.
- _____ 28. I can't remember important parts of my work with trauma victims.
- _____ 29. I am an unduly sensitive person.
- _____ 30. I am happy that I chose to do this work.

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ProQOL v V
Cuestionario de Fatiga de Compasión y Satisfacción

Ayudar a otros le pone en contacto directo con la vida de otras personas. Como usted seguramente lo ha comprobado, su compasión o empatía por aquellos que ayuda tiene aspectos tanto positivos como negativos. Quisiéramos hacerle preguntas acerca de sus experiencias positivas y negativas, como profesional en el PROGRAMA MEJORES FAMILIAS en San Juan Sacatepequez. Considere cada una de las siguientes preguntas de acuerdo con su situación actual. Marque cada frase, siendo lo más sincero posible, el valor que refleje su experiencia profesional más frecuente para usted en los últimos 30 días.

OPCIONES: 0= Nunca 1=Raramente 2=Algunas veces
3=Con alguna frecuencia 4=Casi siempre 5=Siempre

- _____ 1. Soy Feliz.
- _____ 2. Estoy preocupado por una o más personas a las que he ayudado o ayudo.
- _____ 3. Estoy satisfecho de poder ayudar a la gente.
- _____ 4. Me siento vinculado a otras personas con ocasión de mi trabajo.
- _____ 5. Me sobresaltan los sonidos inesperados.
- _____ 6. Me siento fortalecido después de trabajar con las personas a las que ayudo o he ayudado.
- _____ 7. Encuentro difícil separar mi vida personal de mi vida profesional.
- _____ 8. Pierdo el sueño por las experiencias traumáticas de las personas a las que he ayudado.
- _____ 9. Creo que he sido afectado negativamente por las experiencias traumáticas de aquellos a quienes he ayudado.
- _____ 10. Me siento “atrapado (a)” por mi trabajo.
- _____ 11. Debido a mi profesión tengo la sensación de estar al límite en varias cosas.
- _____ 12. Me gusta trabajar ayudando a la gente.
- _____ 13. Me siento deprimido como resultado de mi trabajo.
- _____ 14. Me siento como si fuera yo el que experimenta el trauma de alguien al que ayudo o he ayudado.
- _____ 15. Tengo creencias (religiosas, espirituales u otras) que me apoyan en mi trabajo profesional.
- _____ 16. Estoy satisfecho por la manera en que soy capaz de actualizarme y empaparme de las mejores maneras de ayudar a la gente en este programa.
- _____ 17. Soy la persona que siempre he querido ser.
- _____ 18. Mi trabajo me hace sentirme satisfecho.
- _____ 19. Por causa de mi trabajo, me siento agotado.
- _____ 20. Tengo pensamientos de satisfacción acerca de las personas a las que he ayudado y sobre cómo he podido ayudarles.
- _____ 21. Me siento abrumado (a) por la cantidad y tipo de trabajo que tengo que afrontar.
- _____ 22. Creo que puedo hacer que las cosas mejoren a través de mi trabajo.

- _____ 23. Evito ciertas actividades o situaciones porque me recuerdan a las experiencias espantosas de la gente a la que ayudo o he ayudado.
- _____ 24. Pienso continuar trabajando en esto por muchos años.

- _____ 25. Como resultado de mi trabajo profesional, tengo pensamientos molestos, repentinos, indeseados.
- _____ 26. Me siento “estancado” (sin saber qué hacer) por la manera como funcionan las cosas en este lugar.
- _____ 27. Considero que soy un buen profesional.
- _____ 28. No puedo recordar determinados acontecimientos relacionadas con participantes en el programa que son muy traumáticas.
- _____ 29. Soy una persona demasiado sensible.
- _____ 30. Estoy feliz por haber elegido hacer este trabajo.

FOCUS GROUP QUESTIONS

Thank you for your participation in our meeting last month and for joining me again today. Your participation has been very helpful to me and has given me information about how to help social service workers reduce their chances of developing Compassion Fatigue (Brief explanation about Compassion Fatigue).

Today, I want to hear your thoughts about the intervention. We will talk about things like: what you liked and what you did not like about it; what you thought was particularly useful, and what you thought did not really help you as a social service worker.

I want you to feel comfortable to share as much as you are comfortable sharing. I also want you all to treat this space as a private space. Please do not share with anyone outside of this group what we talked about today.

Does that sound okay? Are there any questions about any of what I have just said before we get started?

1. Let's talk about the AI intervention overall.
2. Tell me about what you learned from the workshop/ intervention we did.
3. Which topics/lessons were the most interesting for you?
4. What made these topics/lessons that you liked more interesting than the others?
5. What did you like most from this workshop?
6. If you were asked to go through this workshop again, what, if anything, would you do differently?
7. What are some of things that were challenging to you on this workshop? How were you able to overcome these challenges?
8. What are the things that you did not like on this program? What made you not to like these things?
9. What are some of the things (like skills, or strategies) that you remembered from the intervention over the last month?
10. Was there an idea or strategy from the workshop that was useful to you over the last month? Which strategies or ideas did not seem realistic for you?
11. What are your thoughts about Compassion Fatigue now that you have gone through this intervention?
12. What are some reasons you think some people may experience burnout while working as social service workers?
13. What did you think about the structure and length of the intervention? Was it too long, too brief, or just the right length?
14. Finally, is there anything else about your experience in the Intervention that you would like to share with me?

PREGUNTAS PARA EL FOCUS GROUP

Gracias por su participación en el taller del mes pasado y por estar aquí conmigo otra vez hoy. Su participación ha sido muy útil para mí, y me ha dado información acerca de cómo ayudar a que los trabajadores de servicio social reduzcan las probabilidades de desarrollar Fatiga de Compasión.

El día de hoy quiero escuchar lo que piensan acerca de la intervención. Vamos a hablar acerca de cosas como por ejemplo, las cosas que les gustaron, y las cosas que no les gustaron de la intervención, las cosas que les parecieron particularmente útiles y las cosas que ustedes creen que definitivamente no les ayudan en su trabajo de servicio social.

Quisiera que se sientan con la confianza de compartir todo lo que quieran. También quiero que sepan que este es un espacio privado. Por favor no vayan a compartir con nadie fuera del grupo aquí presente lo que hemos hablado hoy. ¿Qué les parece? ¿Tienen alguna pregunta hasta ahora?

Vamos a empezar.

1. Primero, quiero que hablemos acerca del programa de la intervención como tal:
2. Por favor, cuéntenme sobre lo que aprendieron en el taller que hicimos. Qué aprendieron en cada una de las fases de A.I. (Discover, Dream, Design, Deliver, Conclusión).
3. ¿Qué temas/fases fueron más interesantes para ustedes?
4. ¿Qué hizo que ese tema/fase fuera más interesante que los demás?
5. ¿Qué fue lo que más le gustó del taller?
6. Si la/lo invitaran a participar en un taller como este en el futuro, ¿qué haría diferente?
7. ¿Qué cosas le fueron difíciles durante este taller? ¿De qué manera logró usted superar esa dificultad?
8. ¿Qué cosas no le gustaron de este taller? ¿Porqué no le gustaron?
9. ¿Qué cosas del taller ha recordado usted a lo largo del mes que acaba de pasar?
10. ¿Hubo alguna idea que surgiera en el taller que le fue de utilidad durante el último mes? ¿Qué idea o sugerencia del taller no le fue de utilidad en absoluto?
11. ¿Qué piensa usted acerca de la Fatiga de Compasión ahora que ha realizado este taller?
12. ¿Porqué cree usted que algunas personas experimentan Fatiga de Compasión cuando trabajan en Servicio social?
13. ¿Qué le parecieron la estructura y la duración de la intervención? Fue demasiado larga, demasiado corta, o de la duración ideal?
14. Finalmente, ¿Hay alguna cosa acerca de su experiencia en este taller que le gustaría compartir conmigo?