



Compassion Fatigue: A survey on how social service professionals experience the phenomenon

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The purpose of this study was to create a survey for social service professionals to see how common compassion fatigue is among this certain group. The purpose was also to raise awareness for the phenomenon of compassion fatigue. The target group was all the social service professionals.

The theory for this thesis was based on written material by Charles R. Figley who is the creator behind the whole concept. The nature of this study was a quantitative research. The data for this study was collected via google form survey and our respondents were found from a Facebook group called "Sosionomien uraverkosto". The total received responses from the Facebook group were 223.

The idea for this study came from the lecturer Riikka Kanervo who introduced the term of compassion fatigue. After a few discussions together and receiving our lecturers' feedback, the final form of our study developed.

The base of this survey is B. Hudnall Stamms Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales. The test allows usage in the terms mentioned by the creator of the test. The test keeps its original form and it is not used in purpose to earn money.

The results for this survey were mainly positive. Most of the respondents were happy with their job and with the fact that they can help others. One alarming finding was that over 60% of the respondents answered that their workload seems endless.

To give a greater understanding of the discussed topic, it is explained how one can count his/her own results for the test we used. Compassion fatigue is a serious issue and professional helpers should be aware of this phenomenon as well as the information on how to recognize and avoid compassion fatigue.

Keywords: compassion fatigue, burn out, secondary traumatic stress disorder, social service professionals

Table of Contents

1	Introduction	5
2	Terminology	6
3	Compassion Fatigue	6
3.1	Compassion Fatigue in Finland.....	9
3.2	Survival Strategies.....	9
4	Methodology and Variables in Quantative Research	11
5	Survey	11
5.1	Challenges	12
5.2	Research ethics	13
6	Implementation	14
6.1	Our survey	14
7	Results.....	17
7.1	Overall results for the Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales and how to analyse your score	38
8	Feedback.....	41
9	Conclusion	41
	References	41
	Figures.....	45
	Appendices.....	48

1 Introduction

The aim of this thesis was to get a greater understanding of the concept of compassion fatigue. The aim was also to research how common the issue is among social service professionals.

This thesis is a quantitative research based on theoretical materials. The material that was used is mostly written by Charles R. Figley, who invented the term of compassion fatigue. The quantitative research material was gathered with a questionnaire that was created with Google forms. The questionnaire is based on the test created by Beth Hudnall Stamm Compassion satisfaction and compassion fatigue (Proqol) version 5. The terms for using the test in this study were: mentioning the creator, the test is in its original form and the test is not used in purpose to earn money. According to these terms the test could be to used in this study.

The questionnaire was published in Sosionomien uraverkosto, a closed Facebook group to reach the specific target group which was all the social service professionals who has a working life experience. A total of 223 answers were received. The questionnaire includes statements that are related to three different sections; compassion satisfaction scale, burnout scale and compassion fatigue/secondary trauma scale. Also, few variables were added to get more specific information about the respondent. These variables included respondents age, sex, working experience in the social services field as well as in which section the respondent is working at the moment. In the end a voluntary open question was added, which asked: what empowers the respondents in his/her job. The questionnaire was translated to Finnish to get more answers as the questionnaire was posted on a Facebook group for Finnish social service professionals.

Later, the data was translated into English for this thesis. The questionnaire was open for the participants from the 3rd of September 2018 until the 24th of September 2018. The method on how one is able to count his/her own score in B. Hudnall Stamms test is discussed in this thesis.

2 Terminology

In this chapter, some of the main key concepts are explained related to compassion fatigue. The Compassion fatigue will be explained in more detail later on. This part will help you to understand our study.

Burnout is physical, an emotional and a mental stage of exhaustion that is a result of the helpers' inability to handle everyday stress factors at work. It's also a result of a long-term exposition to emotionally demanding situations. Burnout is a chronic stress disorder (Nissinen, 2002).

Compassion is "a feeling of a deep sympathy and sorrow for another who is stricken by suffering or misfortune, accompanied by a strong desire to alleviate the pain or remove its cause" (Figley, 2002, page 2).

Compassion satisfaction is the feeling when one is satisfied with his/her effort to help someone. The term compassion satisfaction includes all positive feelings (Sacco et al. 2017).

Compassion stress happens when one is exposed to someone else's hard situation. Even though the stress reaction is physical the symptoms lead from one's ability to identify and sympathize with others' feelings and reactions (Toivola, 2004).

Fatigue is an unusual tiredness resulting from mental or physical effort or illness. (Wedro, 2018).

Post traumatic stress disorder or **PTSD** is a disorder caused by a traumatic event. PTSD is a natural feel after a traumatic incident (The National Institute of Mental Health Information Resource Center, 2016).

Secondary traumatic stress disorder or **STSD** is a disorder caused by a traumatized person. A person is suffering from STSD when he/she is caring for someone suffering from a traumatized event and negative emotions arise (Figley, 2002).

3 Compassion Fatigue

In this chapter, the whole concept of compassion fatigue is explained in detail.

Compassion is explained as a complex emotion that allows helpers to sustain emotional balance while holding the helped ones' despair in one hand and hopefulness in the other (Lewin, 1996).

In 1995 Figley developed the concept given by Joinson C. Figley gave a special name, compassion fatigue, to the particular secondary traumatic stress disorder or STSD emerged from deep involvement with a primarily traumatized person.

The only difference between post-traumatic stress disorder or PTSD and secondary traumatic stress disorder or STSD is that one is more traumatized by other persons traumas and experiences rather than the traumatic event itself (Figley, 2002). This can be caused for example in a close client-helper relationship.

In the field of traumatology as secondary traumatic stress, compassion fatigue is the latest known developing concept (Figley, 1982). Posttraumatic stress disorder or PTSD is not possible without one being traumatized either directly or indirectly. The phenomenon of secondary traumatic stress disorder is the latter pathway. There are few reports of the frequency and prevalence of his type of stress reaction. Yet, burnout, countertransference, worker dissatisfaction and other related concepts may have disguised this common issue based on theoretical analysis and secondary data (Figley, 1995). A more convenient term for secondary traumatic stress disorder is compassion fatigue. Compassion fatigue is almost identical to PTSD, although it applies to those who are emotionally altered by someone else's trauma which is usually a client or family member (Figley, 1995).

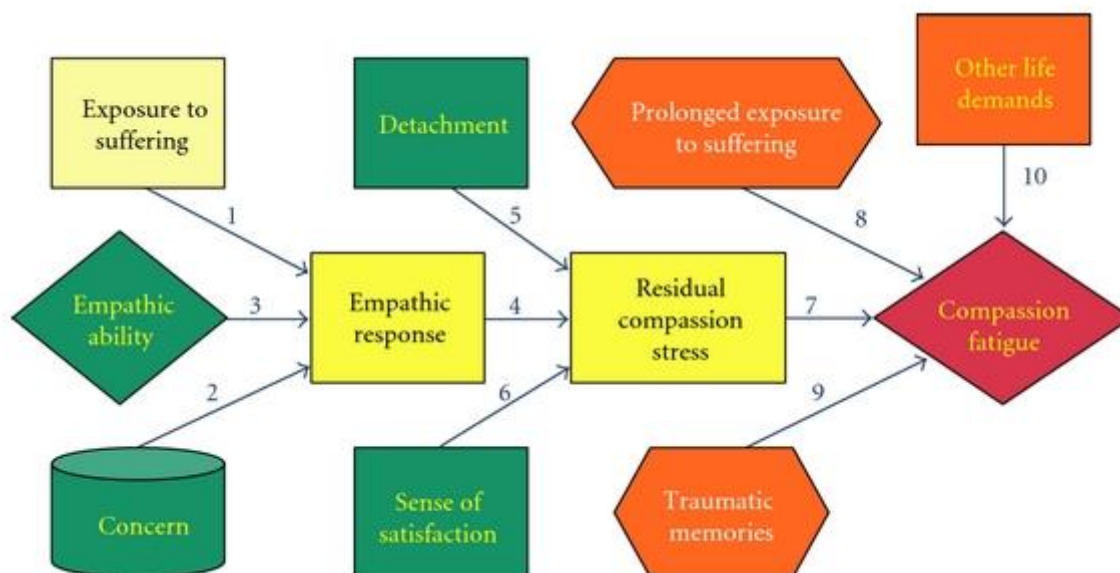


Figure 1: Compassion fatigue process (Figley, 2006).

According to Figley's model (Figure 1), compassion fatigue is a developing process in a person, in this case social service professional, who has the ability to be empathic or be motivated to help when the professional notices that the care recipient is mentally in pain.

Compassion stress is developed by social service professional when he/she has empathic response combined with inability to isolate himself/herself from the caregiving situation and the professional is not feeling satisfaction with the caregiving situation. Compassion fatigue is a result of compassion stress if the professional has lengthened disclosure to suffering combined with traumas and competing life demands (Figley, 2002).

TABLE I.2
Examples of Compassion Fatigue Burnout Symptoms

Cognitive	Emotional	Behavioral	Spiritual	Personal Relations	Somatic	Work Performance
Lowered concentration	Powerlessness	Inpatient	Questioning the meaning of life	Withdrawal	Shock	Low morale
Decreased self-esteem	Anxiety	Irritable	Loss of purpose	Decreased interest in intimacy or sex	Sweating	Low motivation
Apathy	Guilt	Withdrawn	Lack of self-satisfaction	Mistrust	Rapid heartbeat	Avoiding tasks
Rigidity	Anger/rage	Moody	Regression	Isolation from others	Breathing difficulties	Obsession about details
Disorientation	Survivor guilt	Regression	Sleep disturbance	Overprotection as a parent	Aches and pains	Apathy
Perfectionism	Shutdown	Nightmares	Pervasive hopelessness	Projection of anger or blame	Dizziness	Negativity
Minimization	Numbness	Appetite changes	Anger at God	Intolerance	Increased number and intensity of medical maladies	Lack of appreciation
Preoccupation with trauma	Helplessness	Hypervigilance	Questioning of prior religious beliefs	Loneliness	Other somatic complaints	Detachment
Thoughts of self-harm or harm to others	Sadness	Elevated startle response	Loss of faith in a higher power	Increased interpersonal conflicts	Impaired immune system	Poor work commitments
	Depression	Accident proneness	Greater skepticism about religion			Staff conflicts
	Emotional roller coaster	Losing things				Absenteeism
	Depleted					Exhaustion
	Overly sensitive					Irritability
						Withdrawal from colleagues

Figure 2: Examples of Compassion Fatigue Burnout Symptoms (Pelkowitz 1997, referred by Figley in 2002).

Figley (2002) refers to an unpublished study by Pelkowitz (1997), which provided a useful table (Figure 2) to conceptualize the impact of compassion fatigue as well as many of the symptoms. Pelkowitz examines the phenomenon in cognitive, emotional, behavioral, spiritual, personal relations, somatic and work performance point of views.

Some of the cognitive symptoms are lowered concentration, decreased self-esteem, apathy and thoughts of self-harm or harm to others. Few of the emotional symptoms are powerlessness, anger, fear, helplessness and depression. Behavioral symptoms are impatientness, moody, nightmares, appetite changes and losing things. Some of the spiritual symptoms can be questioning the meaning of life, loss of purpose and lack of self-satisfaction. Isolation from others, loneliness, mistrust and intolerance are few of personal relations related symptoms. A person suffering from compassion fatigue may also discover somatic symptoms such as shock, sweating, breathing difficulties, dizziness and impaired immune system. At work compassion fatigue may come up with symptoms like low morale and motivation, avoiding tasks, negativity and lack of appreciation.

According to Nissinen, her book “Auttamisen Rajoilla” was the first book about compassion fatigue that was published in Finnish language. From this we can conclude that compassion fatigue is somewhat unknown phenomenon as there is only few researches and data about it in Finnish.

From time to time helpers underline that while helping, the helper is dealing with normal human life miseries. People have always been able to manage with common sense and hence that carrying miseries didn't need special attention. This kind of thinking explains why dealing with compassion fatigue has been negative. People have always been suffering from hard feelings, but life still keeps going. Nobody paid attention to compassion fatigue. A human has a natural ability to live with misery, handle those consciously or subconsciously and find his/her way to survive (Nissinen, 2002).

Nissinen (2002) also claims that professional helpers are dealing with something that is not normal. Hence the encumbrances that comes from helping needs to be studied more closely. Most of the helpers working hours are filled with the problems in life as well as facing the miseries. The helper needs special support in handling the negative information that's received to keep his/her ability to work, because the basic education given at schools or working experience is not enough. If the professional is not supported in work challenges, it can lead to burnout. All caregivers are at risk of emotional exhaustion from their work (Badger,2000). This is the reason why it is important to raise awareness to social service professionals, because all are at risk of compassion fatigue.

3.1 Compassion Fatigue in Finland

In Finland compassion fatigue has not been discussed a lot in the media. One of the articles that was found during the research process was from Anna - magazine. The article written by Sanna Wirtavuori (2018) claimed that empathic people are in a risk of getting compassion fatigue. For the article psychotherapist Marica Brandt-Pihlström was interviewed. There are some lectures available for professionals about the topic and Laurea University of Applied Sciences has started courses focusing on burn out and compassion fatigue. Jaana Kauppinen who currently works in Pro-Tukipiste is a well-known lecturer about different topics related to well-being at work including the phenomenon of compassion fatigue. In Finland the possibility of rehabilitation from compassion fatigue has not been modeled broadly (Palmunen, 2013).

3.2 Survival Strategies

This chapter focuses on the survival strategies of compassion fatigue. Christina Maslach claims that while researching fatigue the question should be “what happened” instead of “who's fault is it”. According to Maslach, attention should be in the situation, where the person is

with the opposite side such as customers, colleagues, administration or the whole organization. Different sides affect each other and ones way of acting as well as to the beginnings of tiring processes (Nissinen, 2007).

The fight or flight response is a body's natural way to response to fear or stressful situation. Adrenalin and cortisol hormones are released, digestion slows down, major muscle groups gets more blood, and other reactions happens in the body during this response (Jarrett & Walters 2018). According to Figley (2002) rescuing (caretaking), attaching, asserting (goal achievement), adapting (Goal Surrender), fighting, fleeing, competing and cooperating are the eight survival strategies that are related to fight or flight response.

There has also been discussion online about 10 ways to prevent compassion fatigue (Good therapy 2016). According to the article the best ways to prevent compassion fatigue are education, practicing self-care, setting emotional boundaries to the clients, engaging in outside hobbies, cultivating healthy friendships outside of work, keeping a journal, boosting ones resiliency, using positive coping strategies and identifying workplace strategies and seeking personal therapy.

Badger (2007) discusses about these factors in her article. Badger explains the ways to prevent compassion fatigue through her own personal experience. Practising self-care means that professional should first be able to worry about his/her own wellbeing and after that focus on others. As an example, Badger used quotation from the airline flight attendants; "In the case of an emergency, place your oxygen mask on first before helping someone else". Empathy and emotional involvement are required to achieve supportive and powerful professional-client relationship. The professional should set emotional boundaries so that he/she is not living the trauma and pain of the client he/she is taking care of. The network that professional builds and uses as support minimizes stress reactions. High work stress level is strongly connected with compassion fatigue hence reducing work stress is important. The use of active coping methods is also important while coping with stress. Humour, social support, scheduling and planning are examples of active coping methods. Developing and utilizing self-awareness is a tool to prevent compassion fatigue. It might seem like a lot of work, but while doing correctly the hard work pays of. Self-awareness can be developed for example by journaling, reading, discussing with others, counselling or meditating. Also the right balance between work and social life prevents stress and that way compassion fatigue.

A rehab program called Accelerated Recovery Program ARP invented by Gentry, Baranowsky and Dunning (2002) was invented to prevent and recover from compassion fatigue. The program consists from five different sessions. The program can be used for either individuals or groups. The program has came up with good results (Figley, 2002).

4 Methodology and Variables in Quantative Research

In this part the methodology used for this thesis is explained more detailtely. Also the variables in quantative research is discussed.

Center for innovation in research and teaching claims in their website that qualitative, quantitative and mixed methods are the three main research design methods. In this thesis quantitative research methods are used because compassion fatigue became the research topic. The test composed by Beth Hundalls was found during the research, which was a great platform for a survey as it's theory is based from neurobiological, experimental and social research (Rothschild & Rand 2010). Quantitative method is a research method used to provide numerical data which is later analyzed. It has well-thought questions and later the data can be analyzed using the tools designed by Hudnalls. As the survey has been created with google forms, the analyzing of the results are time consuming with the help of the software. Individual person is used as the unit of analysis, as the respondents will answer the survey individually.

A variable refers to a characteristic or attribute of an individual or an organization that can be measured or observed and that varies among the people or organization being studied (Punch,2003). Individual variables are those that (probably) cause, influence or affect outcomes (Creswell 2014). Four individual variables were used. The meaning was to research compassion fatigue as a phenomenon and find factors that affect wellbeing and management of work.

The questionnaire included four variables: Age, sex, which sector answerer works for, and work experience in the social service field. The reason for using these variables is to research which factors affect compassion fatigue as a phenomenon.

5 Survey

Survey is a broad word which is used for many different ways and forms in research. A survey is a detailed and quantified description of a population- a precise map or a precise measurement of potential (Sapsford 2006). Using surveys as a research method is a central strategy in social research (Punch 2003). The survey we used is quantitative, and it produces numerical data. At the end of the survey is an open-ended question which is qualitative research.

Versatility, efficiency & generalizability are features why surveys are used in the social service field. Surveys are not always thought of as the best research method, but with a well-designed survey it is possible to increase understanding about any social matter. Surveys are

popular because data can be collected from many people at relatively low cost, and depending on the survey design, relatively quickly. (Engel & Schutt 2016).

The reason for choosing a survey as the research tool is because the aim was to conduct a research that potentially many social service professionals would answer and as much data as possible would be collected. The goal was to make a survey that would be quick and effortless to answer. Aim was to get a broad understanding of compassion fatigue among social service professionals. Social media was used (Facebook) and a closed social service group was utilized to gather the data. It was considered that the members could be willing to answer the brief survey.

The audience was a facebook group called “Sosionomien uraverkosto” (Social service career network, own translation). Facebook is a social media platform. This Facebook group is meant for social service professionals and students to network and communicate with each other. This facebook group has over 2,200 members and this is why it was thought that it would be a platform to conduct and gather data for the research question. When professionals join the Facebook group, he/she must introduce himself/herself and tell where he/she is working. This way it can be almost sure that everyone who answered the survey should be social service professionals.

5.1 Challenges

With all research challenges need to be considered. Some of these challenges include quality of data, ethical questions and factors that affect the respondents answers. These challenges will be explained with more detail in this chapter.

Data collection is the process of gathering and measuring information. In this case, it is gathering and measuring the information we got from the survey. It is important to gather the data thoroughly and correctly. To make it more clear, the results are shown with tables in the ‘results’ part.

When making any kind of research, it is important to analyze the researchers’ reliability and validity. Reliability means the stability of response. Response rates and frame of mind of the respondent affect the research validity. Validity means whether the data represents what we think they represent. The questionnaire was not distributed to individual social service professional, but to a social media platform Facebook to a closed group. The response rate was 223 respondents. The high response rate was surprising. Taking into consideration that the survey was not sent to individuals but to a fairly big social media group and the response rate was about 10%, it can be concluded that the validity is still fairly good.

One factor that needs to be taken into consideration is that the survey was posted in a social media sub-group, and that gives a certain kind of respondents and results. Online questionnaires are fairly a new way to conduct a survey, and a website (Google survey) was used to preserve respondents anonymity. It is also a modern way to collect data on the internet. The survey was put in a facebook group where there are only social service professionals and also students, there is still the possibility of not knowing if all respondents were part of our target group. Another issue with using an online questionnaire is the sampling error. Sampling error is the threat of the validity where a certain demographic segments of the population may be under-presented or not presented at all (Gray 2009). Not all social service professionals are represented in this survey, and it is a factor to take into consideration. Only the ones who are a part of this social media platform (Facebook) were able to answer this survey and this factor needs to be taken into consideration when analysing and learning about our results. It is important to remember that the results could vary drastically if another way to conduct and gather data was chosen.

5.2 Research ethics

Ethics is a philosophical term from the Greek word *ethos* which means character or custom. When thinking of the ethical perspective of research, it is necessary to take into consideration the researchers role and behavior to the respondents (and people who are affected by) the research (Gray 2009).

When conducting a research, it is important to ensure that the respondents give their consent and are aware of the content and aim of the survey and research. The respondents answered the survey voluntarily. It is essential that the participants are provided with sufficient and accessible information about a project so that they can make an informed decision as to whether to become involved, or not (Crow et al., 2006). According to Sudman (1998), the amount of information given to respondents should reflect the degree of risk involved in the study. It was informed to the target group that we are social service students from Laurea University of Applied Sciences, and we are making a thesis about compassion fatigue. The information we gave for the possible respondents: what the target group (social service professionals) is, what our aim is for the research, and how long the survey would take the respondents time (max. 5 minutes). This is all shown in the cover letter in the Facebook post that was posted on the group (Appendix 1).

Confidentiality is often an ethical issue to think about while conducting a survey. The survey was conducted online, in the Google Forms- platform. The focus was on making the questionnaire as ethically correct as possible. The respondents did not have to leave any other personal information than the variables, which meant that the respondents identity is

kept private. With these variables it is almost impossible to identify the answerer. No names or other personal data were collected. The confidentiality was taken into consideration while conducting this research.

6 Implementation

The survey is cross-sectional, which means that the data was collected at one point in time (Punch,2003). Cross-sectional research has its strengths and weaknesses. One of cross-sectionals strengths is that the survey can be made with no (or little) costs, and the implementation is faster than in a longitudinal survey in which the survey is implemented in two or more different occasions/times. Cross-sectional survey is a common method used by graduate students (Punch,2003).

Variables were decided to treat individually and not cross-study them. The believe was to get basic new information on compassion fatigue and learn how social service professionals feel about the phenomena.

The survey can also be considered as a small-scaled survey. A small scaled survey is commonly used with graduate students, and students and researchers who are new to research. A small scaled survey can be done with fairly small or limited sources such as money and time. With small scaled surveys it is important to remember the four main elements (Punch 2003):
-What is the purpose or objective of the survey, how will the variables be measured, from whom will the data be collected and how will the data be analyzed.

The survey has been done in a non-experiental method and design. Naturally appearing variations in our variables were used, which made it possible to study the relationship between them (Punch,2003). Naturally appearing variations means variables such as age, gender and work experience. These variables occur naturally in respondents and are not manipulated.

6.1 Our survey

The survey was made with Google Forms. The survey was made in Finnish, and the content and results were translated to English for this thesis. The form of data collection was on a social media platform Facebook, and in the subgroup of Sosionomien uraverkosto, social service career network. The data was collected from individuals through Google Documents, a survey platform where one can make a survey and through the link people can answer the survey anonymously. Social media was decided to use to distribute the survey because the goal was to reach professionals who voluntarily wanted to answer the questionnaire. The survey was made anonymous and after analyzing the survey, the material will be deleted.

The survey that was used is called “Professional Quality Of Life Scale, Compassion Satisfaction and Compassion Fatigue (ProQOL) Version 5 (2009)” and it’s created by Beth Hudnall Stamm. The survey was translated to Finnish. In each claim the answerer had to choose an answer on a scale 0 to 5, zero meaning never, one meaning rarely, two meaning few times, three meaning quite often, four meaning often and five meaning very often. This was explained to the respondents as they open up the survey (Appendix 2).

- _____ 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 feel invigorated after working with those I [help].
- _____ 7. I find it difficult to separate my personal life from my life as a [helper].
- _____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- _____ 9. I think that I might have been affected by the traumatic stress of those I [help].
- _____ 10. I feel trapped by my job as a [helper].
- _____ 11. Because of my [helping], I have felt "on edge" about various things.
- _____ 12. I like my work as a [helper].
- _____ 13. I feel depressed because of the traumatic experiences of the people I [help].
- _____ 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. I feel worn out because of my work as a [helper].
- _____ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- _____ 21. I feel overwhelmed because my case [work] load seems endless.
- _____ 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 am proud of what I can do to [help].
- _____ 25. As a result of my [helping], I have intrusive, 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 recall important parts of my work with trauma victims.
- _____ 29. I am a very caring person.
- _____ 30. I am happy that I chose to do this work.

© B. Hudnall Stamm, 2009. *Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL)*.
/www.isu.edu/~bhstamm or www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold.

Figure 3, B.Hudnall Stamm, 2009, *Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL)*

The whole survey is shown above (Figure 3). The survey has total of 30 statements. The first statement was if the answerer is happy. In the second part the statement says that the answerer is preoccupied with more than one person he/she helps. The 3rd statement is that he/she gets satisfaction from being able to help people. The 4th statement states whether he/she feels connected to others and 5th that he/she jumps or startled by unexpected sounds. The statement number six is that he/she feel invigorated after working with those

he/she helps. The 7th statement is that he/she finds it difficult to separate his/her personal life from his/her life as a helper. The 8th statement says that he/she is not as productive at work because he/she is losing sleep over traumatic experiences of a person he/she helps. The 9th and 10 statements are he/she thinks that he/she might have been affected by the traumatic stress of those he/she helps and he/she feels trapped by his/her job as a helper. Because of his/her (helping), he/she has felt “on the edge” about various things is the 11th statement. The 12th statement says that he/she likes his/her work as a helper. 13th and 14th statements say that he/she feels depressed because of the traumatic experiences of the people he/she helps and that he/she feels as though he/she is experiencing the trauma of someone he/she has helped. The 15th statement is that he/she has beliefs that sustains him/her. The rest of the statements are he/she is pleased with how he/she is able to keep up with helping techniques and protocols, he/she is the person he/she always wanted to be, his/her work makes him/her feel satisfied, he/she feels worn out because of his/her work as a helper, he/she has happy thoughts and feelings about those he/she helps and how he/she could help them, he/she feels overwhelmed because his/her case work seems endless, he/she believes he/she can make a difference through his/her work, he/she avoids certain activities or situations because they remind him/her of frightening experiences of the people he/she helps, he/she is proud of what he/she can do to help, as a result of his/her helping, he/she has intrusive, frightening thoughts, he/she feels “bogged down” by the system, he/she has thoughts that he/she is a “success” as a helper, he/she can’t recall important parts of his/her work with trauma victims, he/she is very caring person and he/she is happy that he/she chose to do this work.

To get a better understanding of the answerer his/her age, sex, the sector in which the answerer is working as well as the working experience in years in social service field was asked. In the end was a voluntary open question asking what empowers the professional most at work. As it would be interesting to know what helps professionals to stay motivated and focused in the social service field, a platform for an open-ended answer was given.

The research survey was posted on the 3rd of September 2018 and data was collected until the 24th of September 2018.

Making the questionnaire visually attractive is needed to take into consideration when conducting a survey. The survey was made as clear and bright as possible. White as the background color, some light purple and flowers were used in the layout. The survey had to look appealing for the respondents to answer. It was also stated in the introduction that the survey will only take maximum of five minutes to answer. If the duration of the survey would have been longer, there most likely wouldn’t be as many answers as now.

The aim was that the respondents knew exactly what survey they were going to take part in and it was made clear why this research was conducted. An introduction letter (Appendix 3) was written, telling the reasons of this research, and where the data given will be used.

7 Results

The results are shown in this chapter. The tables in each statement are included as those can help the reader visually understand the results. All the tables are from this research and made for this thesis. The response rate was 223 respondents of which 183 answered the open question at the end. Four variables were at the beginning of the survey and after that was the Beth Hundalls survey about compassion fatigue. At the end a voluntary open question was added : what empowers the respondent at work the most.

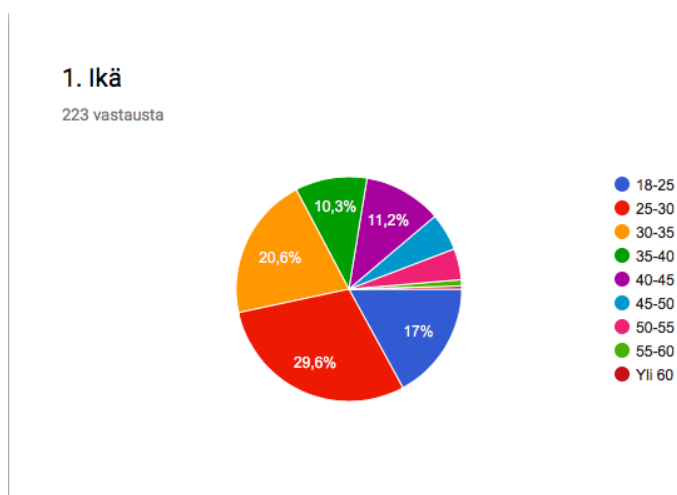


Table 1

The first question asked was the answerers age. The respondents were from all different age groups (Table 1). The highest response rate gotten was from respondents who were 25-30-year olds, shown as red in the chart, which was 29,6% of all the respondents. As shown in orange, the second highest response group were 30-35-year olds with the response of 26,6%. Blue was the third biggest response group with 17% of respondents which included respondents of 18-25-year olds. 10,3% of the respondents were aged 35-40, 11,2 % of the respondents were aged 40-45 and 5,4% were 45 to 50-year olds. 50 to 55 year olds were 4,5% of the respondents and 55 to 60 was 0,9% and the smallest age group was over 60-year-old in which one answer was got which is 0,4% of the response rate.

After publishing this survey, a feedback was given about the age distribution. One respondent gave feedback saying that she had a hard time choosing between two answers, because she was 25, and she could have either choose the red (25-30) or the blue (18-25) answer. This mistake can falsify the results. 46.6% of the respondents were aged 18 to 30. 48.1% of the respondents were aged between 30-45. With this, we can conclude that 94,7% of the respondents were aged between 18-45.

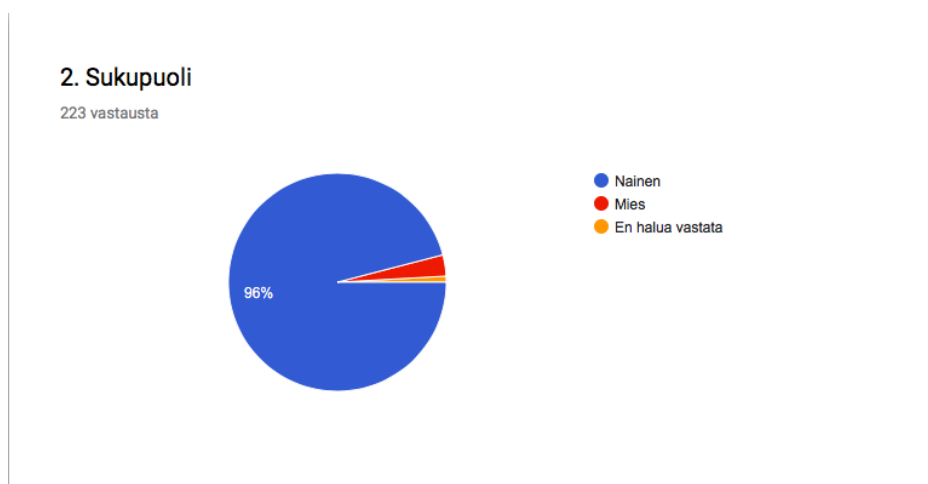


Table 2

With this variable, we gave four different choices to choose the gender from: Female, male, I do not want to answer and other.

96% of respondents identified themselves as women. Seven men answered our survey (3,1%)

Two of the respondents did not want to answer and tell their gender. For this variable one feedback was given. If a respondent did not identify themselves as female or male and did not want to use the "I do not want to answer" answer, they could choose "other". This also meant that they had to identify what "other" meant, and this concerned one respondent.

The respondent understood that the survey platform was the reason why you could not choose "other" without identifying what it means. 96% of all the respondents were female (Table 2).

3. Työskentelen

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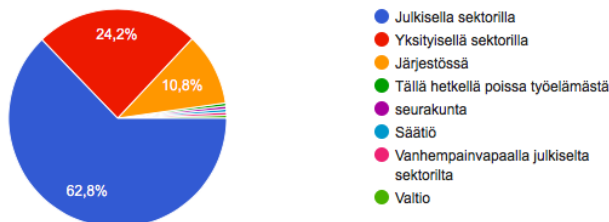


Table 3

62,8% of the respondents worked in the public sector and 24,2% of the respondents worked in the private sector (Table 3). 10,08% of the respondents worked in a non-governmental organization. When the survey was made, the above-mentioned choices were already written. The Google-survey platform also gave an option to choose and add 'other' answers if the respondent could not find an answer that fits their situation. The added answers were: the church, foundation and the state. The added answers made up 1,2% of the responses, plus 0,8% of fabricated results.

One respondent wrote that he/she is not working at the moment and another answered that he/she is on parental leave from the public sector. These responses were not a part of our target group, and can falsify our results. The percentage of the falsified results is 0,8% (two respondents).

4. Työkokemus sosiaalialalla

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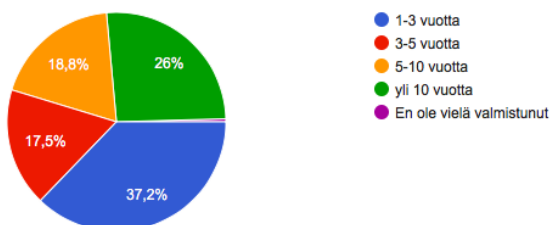


Table 4

The fourth question was work experience in the social service field. All of the work experiences were represented fairly well. 37,2% of the respondents had worked in the social service field 1-3 years. 17,5% of the respondents had been working in the field 3-5 years and 18,8% of the respondents had been working 5-10 years. 26% had been working in the field for over 10 years (Table 4). One respondent stated that he/she had not graduated yet.

One issue that was realized after publishing the survey is that there is a possibility to choose between two different answers if you have three years of work experience. This of course has manipulated our analysis, hence we will count 1-5 years of work experience together which made 54,7% of all the respondents. 44.8% had worked for over five years. One respondent (0.4%) stated that he/she has not graduated yet. Another issue to think about while analysing is that a person can work in the social service field even though he/she is not graduated. These people can have a hard time to decide which answer to choose: work experience or that the respondent has not graduated.

1. Olen onnellinen.

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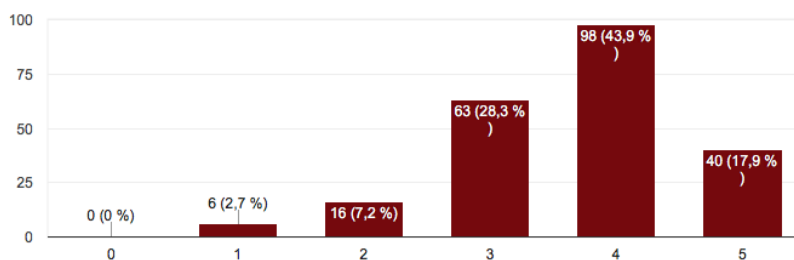


Table 5

The first statement was 'I am happy'. The respondents answered quite high on how happy they feel. 90,1% of the respondents answered between three and five, which means that they feel happy quite often, often or very often (Table 5).

None of the respondents answered a zero, which means that the respondent would not feel happiness ever. This is a good result, and it is hoped that the social service professionals will feel happiness in the future. Of course there are many different factors that affect persons happiness, and work is only one factor.

2. Enemmän kuin yksi asiakkaistani vaivaa mieltäni.

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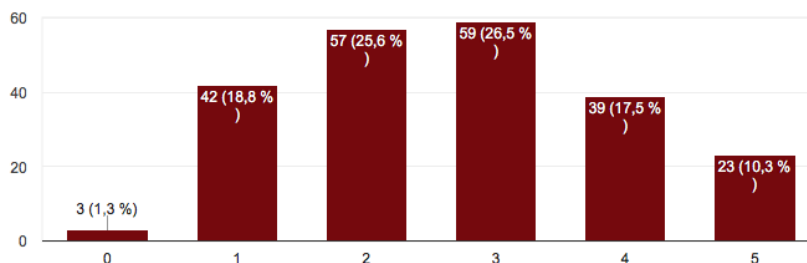


Table 6

The second statement in the questionnaire is ‘‘I am preoccupied with more than one person I help’’. 26,5% of the respondents answered that they feel preoccupied quite often. 25,6% responded that more than one client preoccupies their mind a few times. 18,8% answered rarely to the previous question and 17,5% answered four, which means that more than one client preoccupies the respondents mind often. 10,3% responded that it happens very often, and only 1,3% of the respondents answered that clients never preoccupy the helper (Table 6).

With these results we can conclude that 54,3% of the respondents feel that clients preoccupy the helper often to very often and only 1,3% of the respondents never feel this way. Being close to clients and feeling their feelings can result into post-traumatic stress disorder, or in other words compassion fatigue (Nissinen, 2002). These results are alarming.

3. Saan tyydytystä siitä, että voin auttaa ihmisiä.

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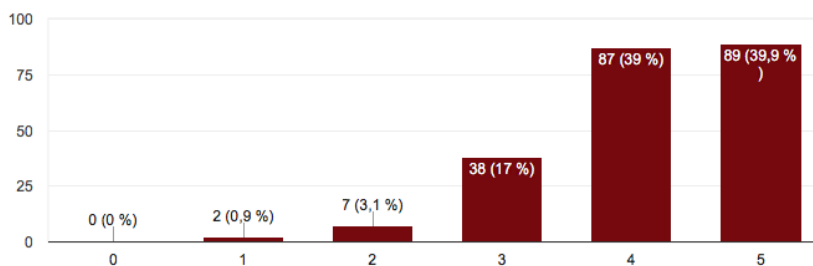


Table 7

The third statement was ‘‘I get satisfaction from being able to help people’’. None of the respondents answered a zero, which means that each respondent feels satisfaction from being

able to help. 39,9% feel satisfied very often while helping people, and 39% feel it often. 17% of the respondents answered three which means that they feel quite often satisfied while helping people. Only 0,9% answered one which means rarely and 3,1% answered two which means few times. With these results we can conclude that 95.9% of the respondents feel satisfied while helping people quite often to very often (Table 7). These results are pleasing to analyse. Majority of the respondents get satisfaction while helping people.

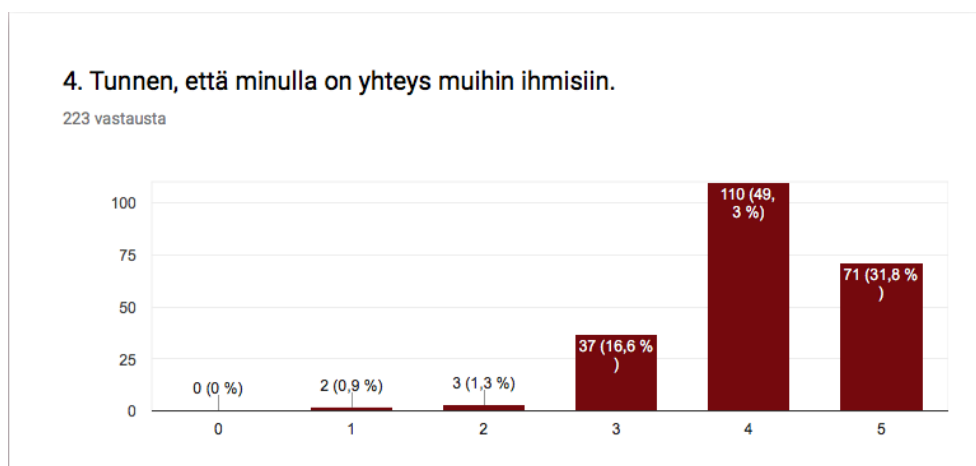


Table 8

The next statement was: I feel connected to others. 49,3%, almost half of the respondents, answered that they feel often connected to people. 31,8% responded that they feel connected very often to people. 16.6% of the respondents felt quite often connected to people. Only 0.9% answered few times and rarely 1.3%, which means that only 2,2% of all the respondents feel that they rarely or few times feel connected to people. None of the respondents answered that they never feel connected to people (Table 8). We can conclude that 97,7% felt either quite often to very often that they feel connected to people.

5. Tunnen itseni virkistyneeksi työskenneltyäni asiakkaitteni kanssa.

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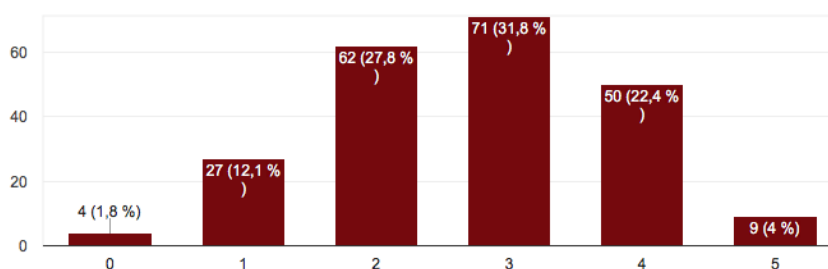


Table 9

The next statement number 5 was he/she feels invigorated after working with those he/she helps. 54,2% of the respondents answered that they feel invigorated after working with those they help often to quite often, answering three or four. The response rate for the answer rarely was 12,1 percent. 4% answered that they feel very often invigorated. Only 1,8% of the respondents answered that they never feel invigorated after working with those they help (Table 9).

According to this data over half of the respondents 58,2% feels themselves quite often to very often invigorated after their work.

6. Yksityiselämäni erottaminen työstäni auttajana on minulle vaikeaa.

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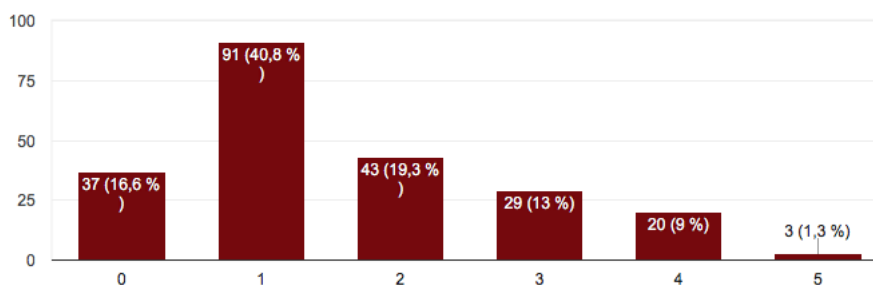


Table 10

The 6th statement was whether he/she finds it difficult to separate his/her personal life from his/her life as a helper. The response rate for the answer rarely (1) was 40,8%. 19,3% answered that they have few times find it difficult to separate their personal life from their life as helpers. 16,6% of the respondents answered never, 13% quite often and 9% very often (Table 10). Only 1,3% answered that they very often find it difficult to separate their personal life from their life as helpers (Table 10).

7. Asiakkaani traumaattiset kokemukset valvottavat minua.

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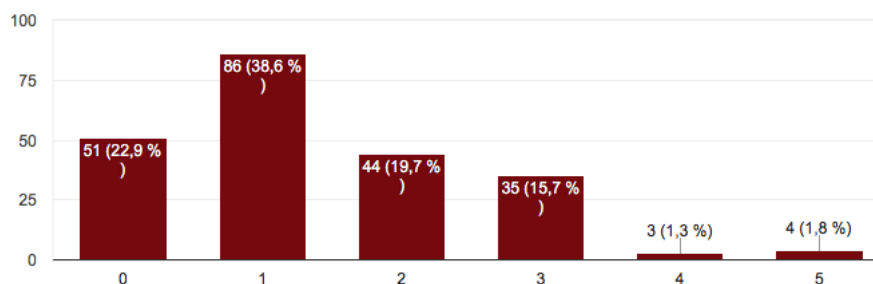


Table 11

The 7th statement was that he/she is not as productive at work because he/she is losing sleep over traumatic experiences of a person he/she helps. 38,6% answered that they rarely lose sleep over traumatic experiences of a person he/she helps. 22,9% of the respondents answered that they never lose sleep over the persons traumatic experiences they help. 19,7% answered few times and 15,7% answered that they quite often lose sleep over the persons traumatic experiences they help and as a result aren't as productive at work (Table 11). Only 1,3% and 1,8% answered that they are often or very often not as productive at work because they are losing sleep over traumatic experiences of a person they help. According to this data we can conclude that our respondents are mostly not suffering from compassion fatigue.

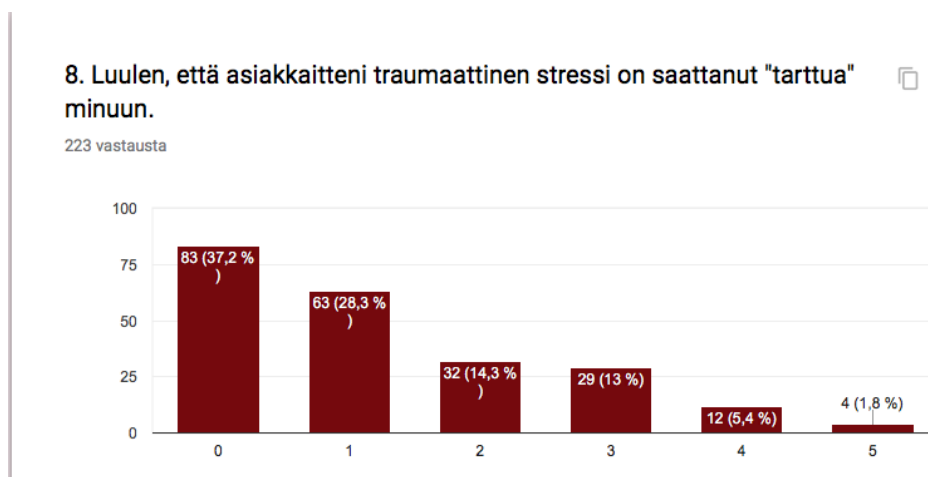


Table 12

The 8th statement was that he/she thinks that he/she might have been affected by the traumatic stress of those he/she helps. Most of the respondents, 37,2% answered that they have never felt like they have been affected by the traumatic stress of those he/she helps (Table 12). 28,3% of the respondents answered that they rarely felt like they have been affected. 14,3% and 13% answered that they have few times to quite often felt affected by others trauma. Only 5,4% and 1,8% answered that they have often to very often felt that they have been affected by the traumatic stress of those who they help (Table 12).

9. Tunnen olevani jumissa auttamistyöni takia.

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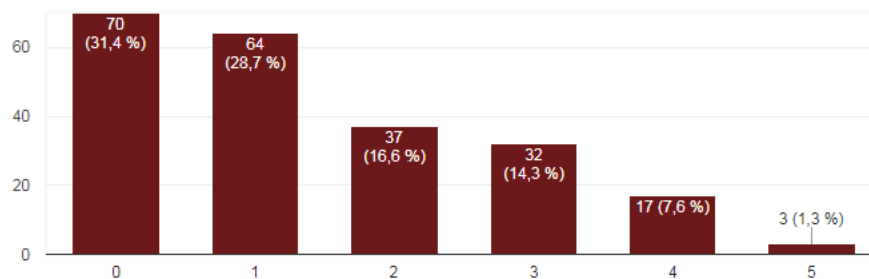


Table 13

9th statement was that he/she feels trapped by his/her job as helper. More than half, 60,1% of the respondents answered that they never or rarely feel (0 or 1) trapped by their job. 16,6% answered that they have few times felt trapped by their job. The response rate for the answer quite often was 14,3 percent. Only 8,9% answered that they often or quite often feel trapped by their job as helpers (Table 13). With this we can conclude that 23,2% of the respondents feel quite often to very often trapped as a helper. That is a quite large number, and these feelings can affect professionals wellbeing.

10. Hätkähän kuullessani yllättäviä ääniä.

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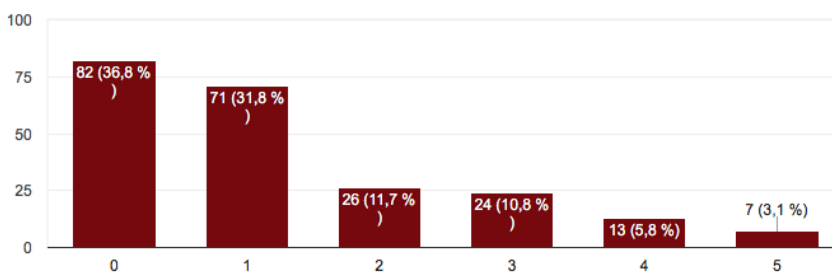


Table 14

The statement 10 was that he/she jump or is startled by unexpected sounds. Most of the respondents answered never (36,8%) or rarely (31,8%). The percentage rate for answer few times was 11,7%, for quite often 10,8% and for often 5,8%. Only 3,1% answered that they very often jump or are startled by unexpected sounds (Table 14).

11. Olen ollut auttamistyöni vuoksi hermostunut erilaisista asioista.

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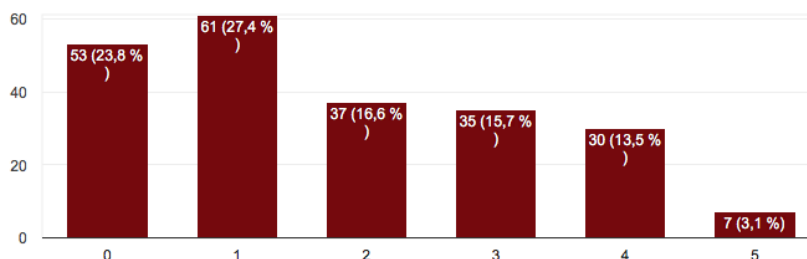


Table 15

The statement number 11 was that because of his/her helping, he/she has felt "on edge" about various things. 27,4% of the respondents answered that they rarely have felt "on edge" about things, 23,8% answered that they have never felt this way and 16,6% answered that they have few times felt this way. 15,7% of the respondents answered that they quite often feel this way and 13,5% feel like this often. Only 3,1% answered that they have very often felt like "on edge" about various things (Table 15).

12. Pidän työstäni.

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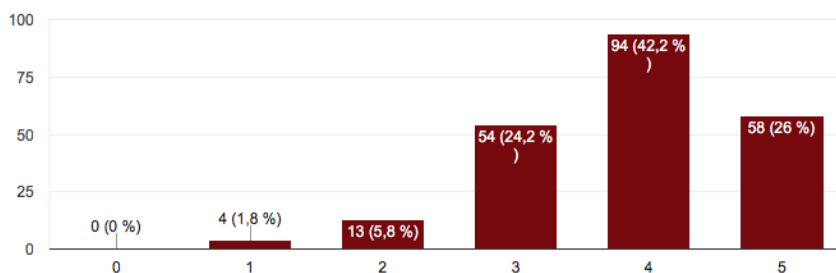


Table 16

The 12th statement was that he/she likes his/her work as a [helper]. Most of the respondents answered that they quite often, often or very often like their work as helpers as shown in Table 16. 42,2% answered that they often like their work, 26% that they very often like their work, and 26% answered 5, meaning that they very often like their job as a helper. Only 5,8% and 1,8% answered that they few times or rarely like their work. Nobody answered that they never like their work (Table 16).

According to this data we can conclude that people are very pleased with the helping work they are doing. Social services are often called a "calling" and most people choose this path/career because they want to help clients.

13. Työni tekee minusta alakuloisen.

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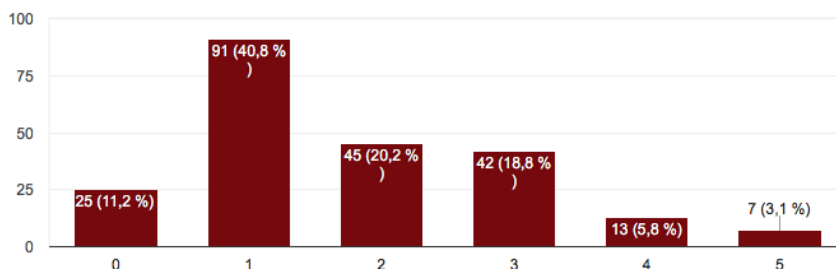


Table 17

The statement number 13: he/she feels depressed because of the traumatic experiences of the people he/she helps. 40,8% answered that they have rarely felt depressed 20,2% that they have few times felt depressed and 18,8% that they have quite often felt depressed. 11,2% of the respondents answered that they have never felt depressed and only 5,8% and 3,1% of the respondents answered that they have often or very often felt depressed.

According to this data we can conclude that 88,8% of the answerer have felt depressed feelings in some level because of the traumatic experience of the people they have helped (Table 17).

14. Tunnen ikään kuin kokevani jonkun asiakkaan traumaa.

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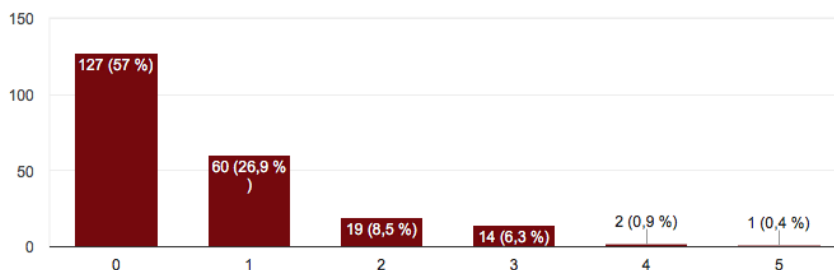


Table 18

The statement 14th was that he/she feels as though he/she is experiencing the trauma of someone he/she has helped. More than half of the respondents, 57% answered that they

never feel as though they are experiencing the trauma of someone they have helped. 26,9% answered that they have rarely, 8,5% few times and 6,3% quite often experienced such feelings. Only 0,9% and 0,4% answered that they often or very often feel that they are somehow experiencing the trauma of someone they have helped (Table 18).

The results are good as this certain feeling is one symptom of compassion fatigue.

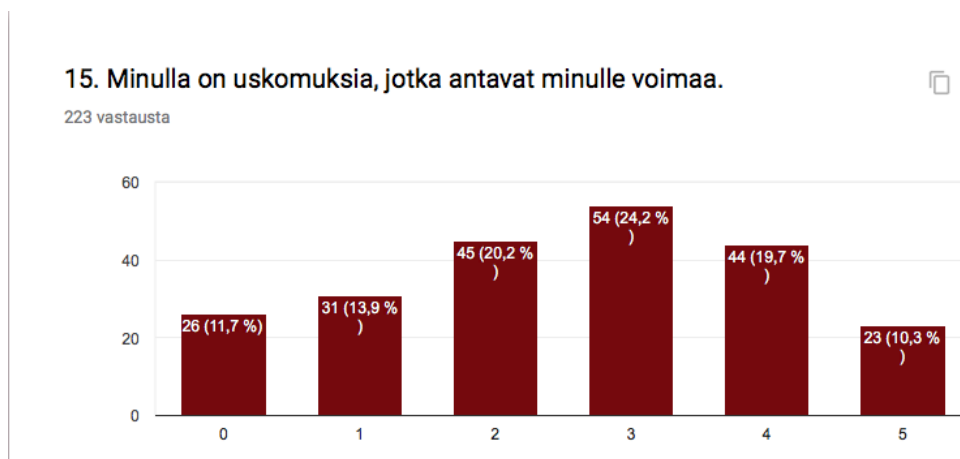


Table 19

The statement number 15 was that he/she has beliefs that sustain him/her. 24,2% answered quite often, 20,2% few times, 19,7% often, 10,3% very often and 13,9% rarely. In conclusion 30% of the respondents answered often to very often that he/she has beliefs that sustain him/her. 11,7% of the respondents answered that they have no beliefs that sustains them (Table 19).

16. Olen tyytyväinen mahdollisuuksiini pysyä työni tekniikoiden ja menettelytapojen tasalla.

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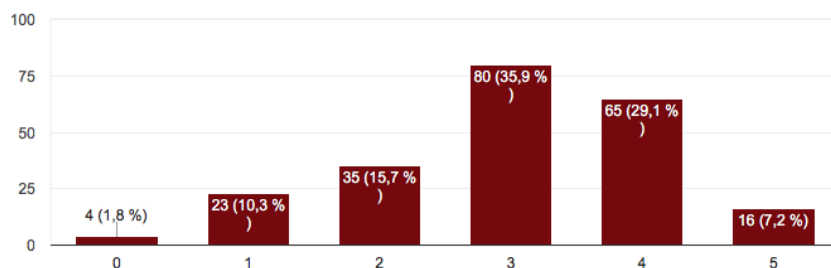


Table 20

The 16th statement was that he/she is pleased with how he/she is able to keep up with helping techniques and protocols. The respondents are quite often pleased with how they are

able to keep up with helping techniques and protocols. 35,9% responded that they are often to very often pleased with the feeling. 29,1% answered that they are often pleased, 35,9% quite often, 15,7% that they have been few times pleased and 10,3% that they are rarely pleased. 7,2% of the respondents thought that they are very often pleased with how they are able to keep up with helping techniques and protocols. Only 1,8% answered that they are never pleased (Table 20).

According to this data we can conclude that respondents are quite happy with the training opportunities they are offered.

17. Olen se ihminen, joka olen aina halunnutkin olla.



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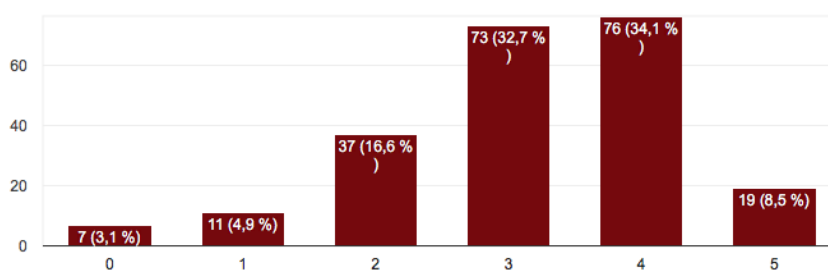


Table 21

The statement number 17 was that he/she is the person he/she always wanted to be. 34,1% of the respondents answered that they are often the person they have always wanted to be. 32,7% answered that they are quite often the person they have always wanted to be. 16,6% of the respondents feel that they have few times been the person they have always wanted to be. 8,5% answered that they are very often the person they have always wanted to be. Only 4,9% and 3,1% of the respondents answered that they are rarely or never the person they have always wanted to be (Table 21).

18. Työni tekee minut tyytyväiseksi.



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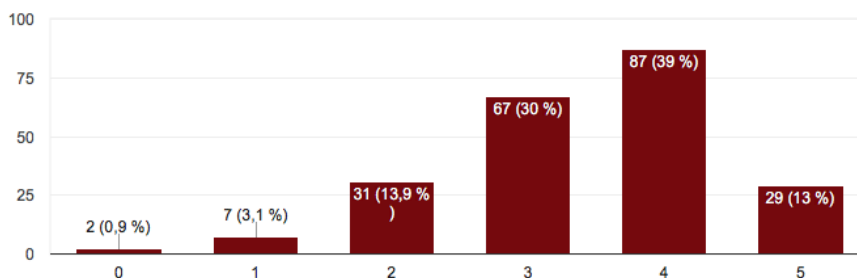


Table 22

The 18th statement as the Table 22 shows was that his/her job makes him/her feel satisfied. 39% answered that their job often makes them feel satisfied, 30% answered that their job quite often makes them feel satisfied, 13% answered that their job very often makes them feel satisfied, 13,9% answered that their job has few times made them feel satisfied, 3,1% answered that their job rarely makes them feel satisfied and 0,9% answered that their job never makes them feel satisfied.

With this data we can conclude that 82% of the respondents are satisfied quite often to often with their current job (Table 22).

19. Työni auttajana väsyttää minua.

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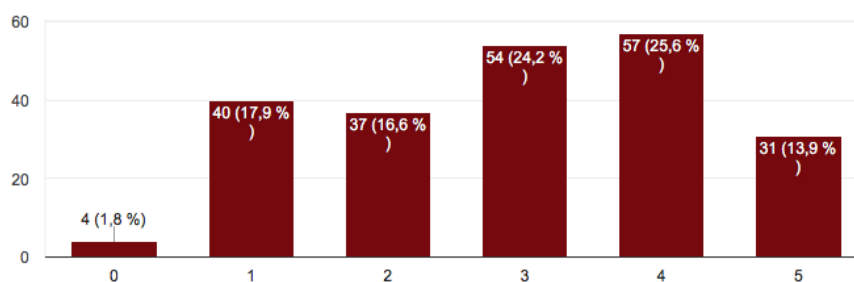


Table 23

The 19th statement as the Table 23 shows was that he/she feels worn out because of his/her work as a helper. 25,6% answered that they often feel worn out because of their work, 24,2% answered that they quite often feel worn out, 17,9% answered that they rarely feel worn out because of their work, 16,6% answered that they few times feel worn out because of their work. 13,9% of the respondents answered that they very often feel worn out and 1,8% answered that that they never feel worn out because of their job.

According to this data, we can conclude that even though 82% of the respondents are satisfied with their current job, 63,7% feels quite often to very often worn out because of their job (Table 23). According to the data we can state that social service careers can be tiring.

20. Suhtaudun myönteisesti asiakkaisiini ja siihen, kuinka olen pystynyt auttamaan heitä.

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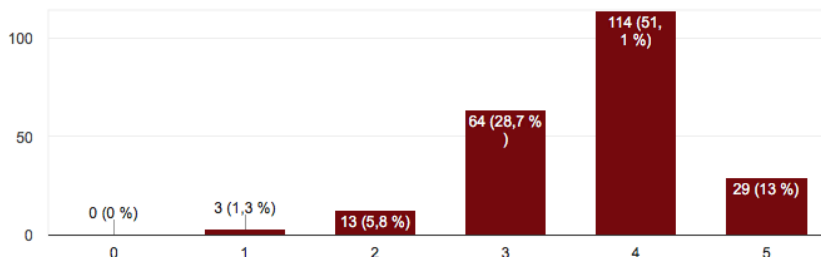


Table 24

The 20th statement was that he/she has happy thoughts and feelings about those he/she helps and how he/she could help them. 51,1% answered that they often have happy thoughts and feelings about those they help and how they could help them, 28,7% answered that they quite often have happy thoughts and feelings about those they help and how they could help them. 13% of the respondents answered that they have had few times happy thoughts and feelings about those they help and how they could help them. Only 1,3% of the respondents answered that they rarely have happy thoughts about those they help and how they could help them (Table 24).

According to this data, we can conclude that 92,8% of the respondents have a positive attitude towards their customers and to their work input.

21. Vaadittava työtaakka tai asiakastapausten määrä tuntuu ylivoimaiselta.

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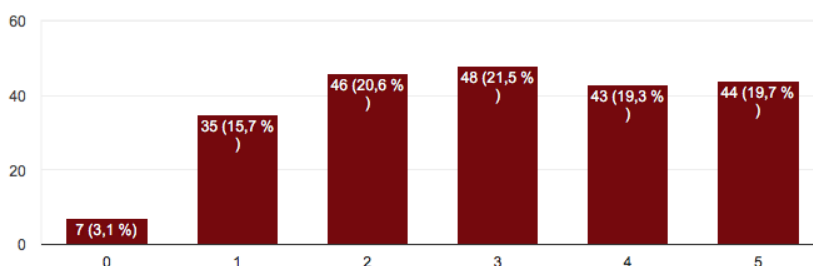


Table 25

The 21st statement was that he/she feels overwhelmed because his/her case work load seems endless. 21,5% answered that they quite often feel overwhelmed because their case work load seems endless. 20,6% that they have few times felt overwhelmed because the case work

load seems endless. 19,3% of the respondents answered that they often feel overwhelmed because their case work load seems endless. As much as 19,7% answered that they very often feel overwhelmed because their case work load seems endless. 15,7% and 3,1% of the respondents answered that they rarely or never feel overwhelmed (Table 25).

According to this data we can conclude that 60,5% answered that they feel quite often to very often overwhelmed because his/her case work load seems endless (Table 25). These results are alarming.

22. Uskon, että työlläni on merkitystä.



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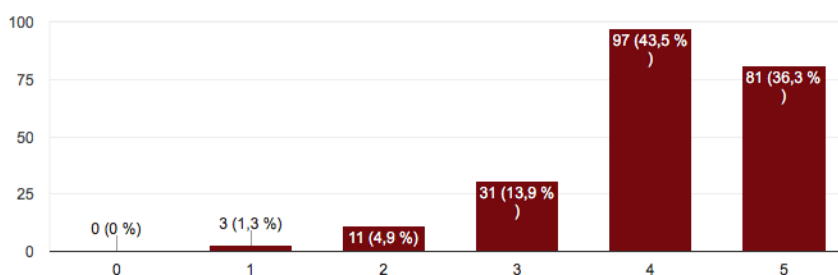


Table 26

The 22nd statement was that he/she believes he/she can make a difference through his/her work. 43,5% and 36,3% answered that they often or very often believe that they can make a difference through their work. 13,9% answered that they quite often believe that they can make a difference through his/her work. Only 4,9% and 1,3% of the respondents answered that they have few times or rarely believed that they can make a difference through their work (Table 26).

According to this data we can conclude that 79,8% answered four or five meaning that they often or very often believe that they can make a difference through their work (Table 26).

23. Vältän tietynlaista toimintaa tai tiettyjä tilanteita, koska ne tuovat mieleeni asiakkaideni pelottavat kokemukset.



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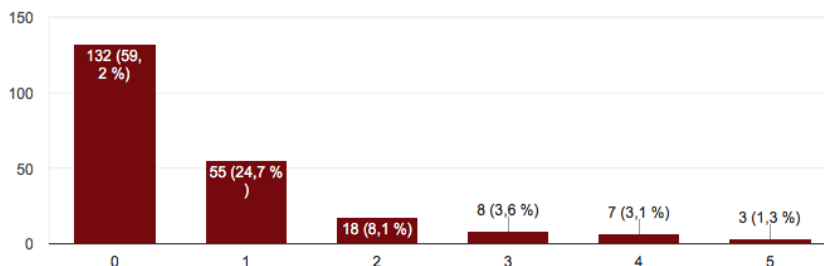


Table 27

The 23rd statement was that he/she avoids certain activities or situations because they remind him/her of frightening experiences of the people that he/she helps. 59,2% of the respondents answered that they never avoid certain activities or situations because they remind them of frightening experiences of the people that they help. 24,7% answered that they rarely avoid certain activities or situations because they remind them of frightening experiences of the people that they help. 8,1% answered that they have few times avoided certain activities or situations because they remind them of frightening experiences of the people that they help. Only 3,6%, 3,1% and 1,3% of the respondents answered that they quite often to very often avoid certain activities or situations because they remind them of frightening experiences (Table 27).

According to this data 83,9% answered that they never or rarely avoid certain activities or situations because they remind them of frightening experiences of the people that they help.

24. Olen ylpeä siitä, mitä voin tehdä auttaakseni asiakkaita.



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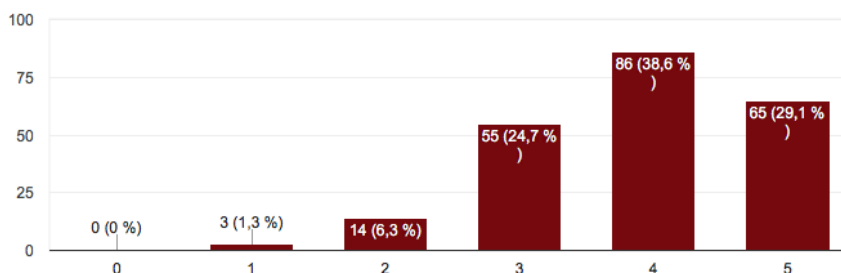


Table 28

The 24th statement was that he/she is proud of what he/she can do to help. 38,6% answered that they are often proud of what they can do to help. 29,1% of the respondents answered that they are very often proud of what they can do to help. 24,7% answered that they are quite often proud of what they can do to help. Only 6,3% answered that they are few times and 1,3% that they are rarely proud of what they can do to help. Nobody answered that they are never proud of what they can do to help. With this we can conclude that 92,4% of the respondents feel proud to be a helper quite often to often (Table 28).

25. Auttamistyöni johdosta mieleeni tunkeutuu pelottavia ajatuksia.

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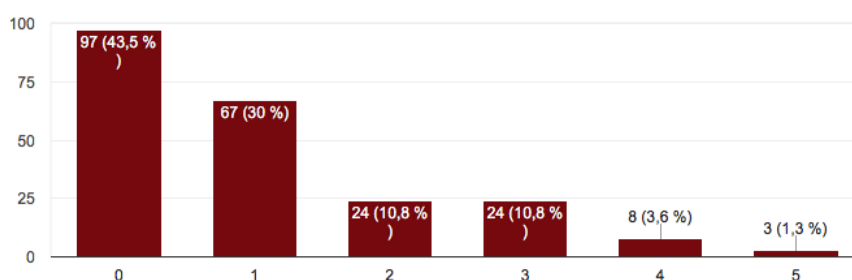


Table 29

The 25th statement was that as a result of his/her helping, he/she has intrusive, frightening thoughts. The most chosen answer with the percentage of 43,5 was that as a result of his/her helping, he/she never has intrusive, frightening thoughts. The second mostly answered option with 30% of the answers was as a result of his/her helping, he/she rarely has intrusive, frightening thoughts. 10,8% answered that as a result of his/her helping, he/she few times has intrusive, frightening thoughts. The option “quite often” got the same percentage 10,8%. Only 3,6% and 1,3% of the respondents answered that they often or very often have intrusive, frightening thoughts as a result of his/her helping. In conclusion, 73,5% of the respondents never or rarely feel intrusive, frightening thoughts and 21,6% of the respondents feel it a few times to quite often (Table 29).

26. Tunnen, että järjestelmä "sitoo käteni."



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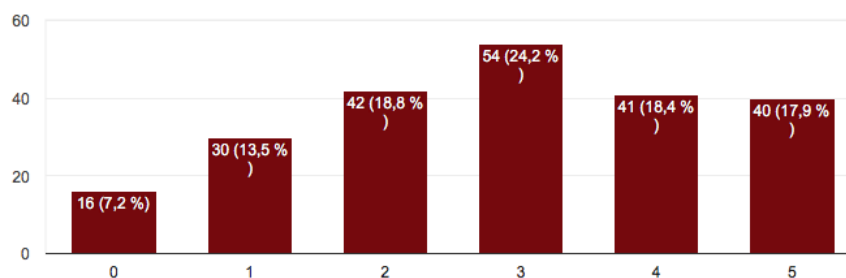


Table 30

The 26th statement was that the respondent feels “bogged down” by the system. 24,2% of the respondents felt like they quite often feel bogged down by the system. 18,4% and 17,9% though that they feel often to very often bogged down by the system. The percentage for the answer he/she has few times felt bogged down by the system was 18,8. 13,5% of the respondents answered that they rarely feel bogged down by the system. Only 7,2 of the respondents answered that they never feel bogged down by the system.

As a conclusion according to the data we can state that the response rate for answer quite often, often or very often is 60,5% which is alarming (Table 30).

27. Ajattelen onnistuneeni auttajana.

223 vastausta

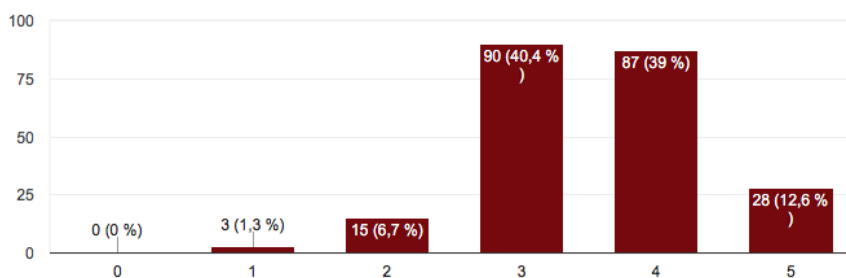


Table 31

The 27th statement is that he/she has thoughts that he/she is a “success” as a helper. 40,4% of the respondents answered that they quite often thought that he/she is a success as a helper. 39% often thought that they are success as a helper and 12,6% very often thought that they are a success as helpers. Only 6,7% and 1,3% of the respondents thought that they have few times or rarely been success as helpers. No one answered that they have never thought that they have been a success as a helper (Table 31).

This data proves that social service professionals are confident and proud of their work as 92% answered that they quite often, often or very often feel that they are a success as helpers.

28. En muista tärkeitä katkelmia työstäni trauman uhrien kanssa.



223 vastausta

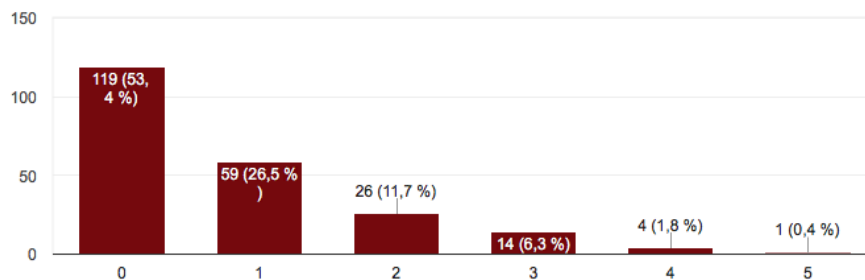


Table 32

The 28th statement was that he/she can't recall important parts of his/her work with trauma victims. Over half of the respondents 53,4% answered that they never cannot recall important parts of their work with trauma victims (Table 32). 26,5% answered that they rarely can't recall and 11,7% that they few times can't recall important parts of their work with trauma victims. 6,3% percent and 1,8% answered that they quite often or often cannot recall important parts of their work with trauma victims. Only 0,4% answered that they very often can't recall important parts of their work.

29. Olen hyvin herkkä ihminen.



223 vastausta

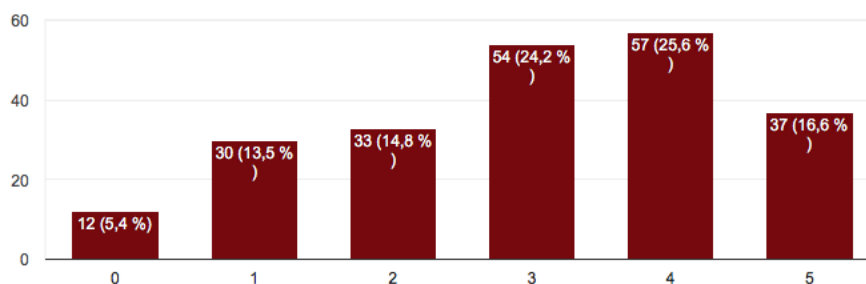


Table 33

The statement number 29th was that he/she is very caring person. 25,6% of the respondents answered that they are often very caring. 24,2% answered that they are quite often very caring. 16,6% of the respondents answered that they are very often very caring. 14,8% and

13,5% stated that they are few times to rarely very caring. Only 5,4% answered that they are never caring (Table 33). In conclusion, 43,4% of the respondents answered that they are sensitive quite often to often. This data tells a lot about the social service professionals and their nature.

30. Olen iloinen, että valitsin tämän työn.

223 vastausta

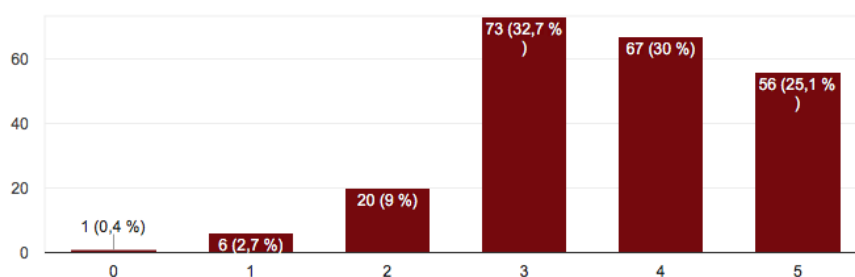


Table 34

The last statement before the open question was that he/she is happy that they chose to do this work. 32,7% answered that they are quite often happy that they chose to do this work. 30% and 25,1% of the respondents answered that they are often or very often happy that they chose to do this work. The response rate for answer number two was 9%. 2,7% chose that they are rarely happy that they chose their work. Only 0,4% answered that they are never happy that they chose to do this work (Table 34).

An open question was made in the end (Appendix 4), because it was interesting to know which factors empower the respondents to work in social service field. The open question was not a part of B. Hundalls questionnaire. This question was voluntary, and the answers received was 186 answers from 223 respondents. The open questions were answered in the Finnish language but translated to English due to this thesis.

77 of the open question respondents answered "other" which is difficult to analyze, because it could mean anything, so the focus was on the remaining 109 open answers. A few different topics came up in our open question: importance of (good)colleagues, team leaders and the working environment and the feeling of achieving something are factors that empower our respondents.

Out of the 109 open questions, 25 answers pointed out the importance of great co-workers, employers and good working environment. This empowers many of the respondents.

The greatest findings of the open question was that 69 answers stated that helping clients, noticing changes in clients life and getting gratitude from clients empowers our respondents. With this finding, it could be stated that with many helpers the client is in the center of their work and helping is the reason why social service professionals do their job.

Other answers included factors such as ‘‘own life outside work’’, ‘‘feelings of accomplishment’’ and reasonable work- and client amounts and a calm working environment.

7.1 Overall results for the Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales and how to analyse your score

To get a greater understanding of the overall results and to analyse them better, the average answer for each statement was counted. One error that was noticed while calculating the results was that in the Google form survey, few questions were in the wrong order compared to the original one. This fault has been taken into consideration and won't change the results. For this part of the thesis the questions has been switched to the right order so the reader is able to use this survey for his/her own good. As even number was needed for each result, the average answer has been rounder either up or down depending on if the average result is closer to the higher or lower solid number.

✓	$\frac{4}{2}$	1. Olen onnellinen.
	$\frac{3}{3}$ ✗	2. Enemmän kuin yksi [autettavistani] vaivaa mieltäni.
✓	$\frac{4}{4}$ ✗	3. Saan tyydytystä siitä, että voin [auttaa] ihmisiä.
✓	$\frac{4}{2}$	4. Tunnen, että minulla on yhteys muihin ihmisiin.
	$\frac{1}{3}$ ✗	5. Hätkähdän kuullessani yllättäviä ääniä.
	$\frac{2}{3}$ ✗	6. Tunnen itseni virkistyneeksi työskenneltyäni [autettavieni] kanssa.
	$\frac{2}{2}$	7. Yksityselämäni erottaminen työstäni [auttajana] on minulle vaikeaa.
✓	$\frac{1}{1}$	8. [Autettavani] traumaattiset kokemukset valvottavat minua.
	$\frac{1}{1}$	9. Luulen, että [autettavieni] traumaattinen stressi on saattanut ”tarttua” minuun.
✓	$\frac{1}{1}$	10. Tunnen olevani jumissa [auttamistyöni] takia.
	$\frac{2}{2}$	11. Olen ollut [auttamistyöni] vuoksi hermostunut erilaisista asioista.
	$\frac{4}{4}$ ✗	12. Pidän työstäni [auttajana].
	$\frac{2}{2}$	13. Työni [auttajana] tekee minusta alakuloisen.

Figure 4, Beth Hudnall Stamm 1997-2005 Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-IV (ProQOL)

<u>1</u>	14.	Tunnen ikään kuin kokevani jonkun [autettavani] traumaa.
√ <u>3=3</u>	15.	Minulla on uskomuksia, jotka antavat minulle voimaa.
<u>3</u> ×	16.	Olen tyytyväinen mahdollisuuksiini pysyä [auttamistyön] tekniikoiden ja menettelytapojen tasalla.
√ <u>3=3</u>	17.	Olen se ihminen, joka olen aina halunnutkin olla.
<u>3</u> ×	18.	Työni tekee minut tyytyväiseksi.
√ <u>3</u>	19.	Työni [auttajana] väsyttää minua.
<u>4</u> ×	20.	Suhtaudun myönteisesti [autettaviini] ja siihen, kuinka olen pystynyt auttamaan heitä.
√ <u>3</u>	21.	Vaadittava työtaakka tai asiakastapausten määrä tuntuu ylivoimaiselta.
<u>4</u> ×	22.	Uskon, että työlläni on merkitystä.
<u>1</u>	23.	Vältän tietynlaista toimintaa tai tiettyjä tilanteita, koska ne tuovat mieleeni [auttamieni] ihmisten pelottavat kokemukset.
<u>4</u> ×	24.	Olen ylpeä siitä, mitä voin tehdä [auttaakseni].
<u>1</u>	25.	[Auttamistyöni] johdosta mieleeni tunkeutuu pelottavia ajatuksia.
√ <u>3</u>	26.	Tunnen, että järjestelmä "sitoo käteni".
<u>4</u> ×	27.	Ajattelen onnistuneeni [auttajana].
<u>1</u>	28.	En muista tärkeitä katkelmia työstäni trauman uhrien kanssa.
√ <u>3=3</u>	29.	Olen hyvin herkkä ihminen.
<u>4</u> ×	30.	Olen iloinen, että valitsin tämän työn.

Figure 5, Beth Hudnall Stamm 1997-2005 Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-IV (ProQOL)

The Finnish version of the questionnaire is found in "Apua Auttajalle" by Babette Rothchild and Marjorie L. Rand translated by Paula Holländer & Kirsti Kivinen in 2010 (Figure 4 and Figure 5).

To count the results it's important that each statement has an answer. In few parts the score is inverse which means that zero stays zero, one turns to five, two turns two four, three stays as three etc. The statements that are supposed to count this way are the statements numbers 1, 4, 15, 17 and 29.

The next thing to do is draw a cross next to all the ten statements that forms the Compassion satisfaction scale. These statements are numbers 3, 6, 12, 16, 18, 20, 22, 24, 27 and 30 (Figure 4 and Figure 5).

After that draw a check digit to those 10 statements that forms the burnout scale. These statements are numbers 1, 4, 8, 10, 15, 17, 19, 21, 26 and 29 (Figure 4 and Figure 5).

The step after previous one is to circle all the last 10 statements that forms the trauma/compassion fatigue scale. These statements are numbers 2, 5, 7, 9, 11, 13, 14, 23, 25 and 28 (Figure 4 and Figure 5).

The last step is to count the points in each section and compare the results to theoretical points. In this survey the average points for compassion satisfaction were 37, burnout points 24 and trauma/compassion fatigue points 15.

Compassion satisfaction means the satisfaction that a professional is able to feel when he/she is able to do his/her work well. These can be situations where one is experiencing satisfaction because he/she is helping people through his/her work. This can also mean that you are feeling positive feelings towards your colleagues. In this scale, the higher scores means higher satisfaction towards ones ability to be a greater help in his/her work. The average score is 37. Approximately 25% of people gets more than 42 points and approximately 25% under 33 points. If ones result hits the highest end of the scale one is getting a lot of satisfaction from his/her work. If the score is under 33 one might have some problem in his/her work or there can be another reason such as getting satisfaction from somewhere else than from things related to work (Holländer, Kivinen, 2010). In this survey the average score for compassion satisfaction was 37, so generally people are satisfied with their ability to do their work well.

Most people have an understanding of what burnout means. Burnout is related to negative feelings such as hopelessness, and challenges to work effectively at work. These negative feelings usually appear slowly. Burnout scales average points are 22. The higher the score is the higher the risk for burnout is. Approximately 25% of the people gets over 27 points and approximately 25% of the people gets under 18 points. If ones points are under 18, the results most likely tells about ones positive feelings towards the ability to do effective work. If ones score is more that 27, he/she should probably think what are those factors that makes him/her feel like one is not doing work effectively. The score might reflect from respondents current mood. If the score keeps staying over 27 or if the high score stays for a longer period of time, one should start to pay attention to his/her feelings (Holländer, Kivinen, 2010).

The last section is compassion fatigue also known as secondary trauma scale. Secondary exposure means that you're constantly exposed to someone elses traumatic experiences in your work. The symptoms for compassion fatigue begins quickly and are related to certain occurrence. Some examples of these symptoms can be insecurity, difficulties to sleep and flashbacks about the traumatic event. In this scale the average score is 13 points. Approximately 25% of the people gets under 8 points and approximately 25% of the people gets over 17 points. If the score is under 17 one should consider what are the factors that makes him/her feel afraid at work. High scores do not automatically tell that a person has a problem, but it needs to be taken into consideration (Holländer, Kiviniemi, 2010). In our survey the average results for this section was 15 points, which is more than the average but still under 17.

8 Feedback

As stated earlier in the research, we were pleasantly surprised of the extent of the respondents.

When publishing the survey, our names, school and the purpose of the survey were stated clearly. Our contact information was included if someone had questions or comments. Also the aim was stated clearly which was to research compassion fatigue among social service professionals (Appendix 2). Luckily, some feedback was received. Although our e-mail addresses were posted for this purpose, all the feedback that was gotten came straight through Facebook comments and messenger. All in all the feedback was extensively positive. A few of the feedback we got we have already been told in the 'analyzing the survey' part, such as the gender feedback and the age mistake we made.

One respondent asked whether she could answer our survey even though she is working in Sweden. Our target group was social service professionals so we told her that she could take part in our survey.

A few respondents commented that this is a very important topic, and that it is great that someone is raising awareness of the phenomenon.

9 Conclusion

Our aim was to raise awareness about compassion fatigue and challenge social service professionals to think about their well being and coping mechanisms on their workload.

Although many of the respondents are not experiencing compassion fatigue at the moment, it is important to raise awareness and discussion about this phenomenon. In our results it is clear, that many social service professionals like their job and it empowers them, although the workload is often too much to handle.

We found some red flags in our research: An alarming finding we found is that 39,5% of the respondents feel often to very often worn out as a helper. 39% of the respondents feel often to very often overwhelmed because the workload seems endless.

Some positive findings were that 68,2% of the respondents liked their job often to very often and that 67.7% of the respondents feel often to very often that they are proud of what he/she can do to help.

With the data we got from the survey and the open questions it is that social service professionals like their job but feel often that the workload is endless. Empowering factors

are colleagues, achievements and the expression of one's (clients) gratitude. We believe that we got a reliable amount of answers and we have also analyzed some challenges we have faced while conducting this research. We are pleased with the results and of the outcomes of this research. Thesis as a learning process has been challenging, but we have learned essential skills such as: beginners of research skills, importance of scheduling and finding the necessary background information of the subject. We hope that this research can be used as a base of further research.

We hope that we have started conversation and spreading and raising awareness about compassion fatigue in Finland. The term is more known abroad, but we hope to see the term used more here in Finland. It is essential for social service professionals and other helpers to know about this phenomenon and know the warning signs as well as risk factors that can lead to compassion fatigue. As the Accelerated Recovery Program ARP has come up with good results and currently we have nothing similar to that, we hope that in the future health care in Finland offers this or similar program to ensure that professional helpers would have more strength and tools for their own wellbeing.

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Figures

Figure 1: First figure.....7.

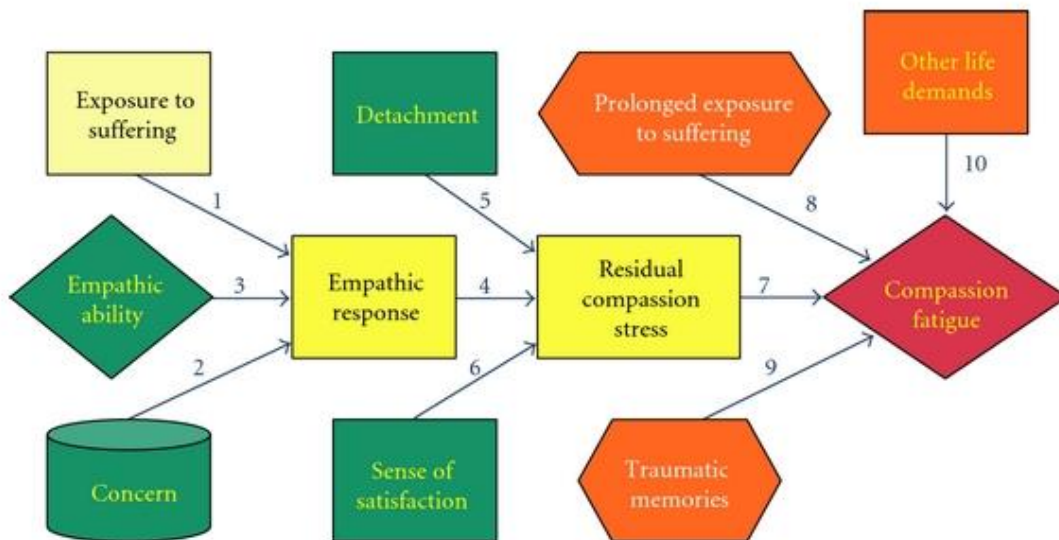


Figure 1: Compassion fatigue process (Figley, 2006).

Figure 2: Second figure.....8.

TABLE 1.2
Examples of Compassion Fatigue Burnout Symptoms

Cognitive	Emotional	Behavioral	Spiritual	Personal Relations	Somatic	Work Performance
Lowered concentration	Powerlessness	Inpatient	Questioning the meaning of life	Withdrawal	Shock	Low morale
Decreased self-esteem	Anxiety	Irritable	Loss of purpose	Decreased interest in intimacy or sex	Sweating	Low motivation
Apathy	Guilt	Withdrawn	Lack of self-satisfaction	Mistrust	Rapid heartbeat	Avoiding tasks
Rigidity	Anger/rage	Moody	Pervasive hopelessness	Isolation from others	Breathing difficulties	Obsession about details
Disorientation	Survivor guilt	Regression	Anger at God	Overprotection as a parent	Aches and pains	Apathy
Perfectionism	Shutdown	Nightmares	Questioning of prior religious beliefs	Projection of anger or blame	Dizziness	Negativity
Minimization	Numbness	Appetite changes	Loss of faith in a higher power	Intolerance	Increased number and intensity of medical maladies	Lack of appreciation
Preoccupation with trauma	Fear	Hypervigilance	Greater skepticism about religion	Loneliness	Other somatic complaints	Detachment
Thoughts of self-harm or harm to others	Sadness	Elevated startle response		Increased interpersonal conflicts	Impaired immune system	Poor work commitments
	Depression	Accident proneness				Staff conflicts
	Emotional roller coaster	Losing things				Absenteeism
	Depleted					Exhaustion
	Overly sensitive					Irritability
						Withdrawal from colleagues

Figure 2: Examples of Compassion Fatigue Burnout Symptoms (Pelkowitz 1997, referred by Figley in 2002).

Figure 3: Third figure..... 15

- _____ 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 feel invigorated after working with those I [help].
- _____ 7. I find it difficult to separate my personal life from my life as a [helper].
- _____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- _____ 9. I think that I might have been affected by the traumatic stress of those I [help].
- _____ 10. I feel trapped by my job as a [helper].
- _____ 11. Because of my [helping], I have felt "on edge" about various things.
- _____ 12. I like my work as a [helper].
- _____ 13. I feel depressed because of the traumatic experiences of the people I [help].
- _____ 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. I feel worn out because of my work as a [helper].
- _____ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- _____ 21. I feel overwhelmed because my case [work] load seems endless.
- _____ 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 am proud of what I can do to [help].
- _____ 25. As a result of my [helping], I have intrusive, 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 recall important parts of my work with trauma victims.
- _____ 29. I am a very caring person.
- _____ 30. I am happy that I chose to do this work.

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Figure 3, B.Hudnall Stamm, 2009, *Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL)*

Figure 4: Fourth figure 38

✓	$\frac{4}{2}$	1. Olen onnellinen.
	$\frac{3}{3}$	2. Enemmän kuin yksi [autettavistani] vaivaa mieltäni.
✓	$\frac{4}{4}$	3. Saan tyydytystä siitä, että voin [auttaa] ihmisiä.
✓	$\frac{4}{2}$	4. Tunnen, että minulla on yhteys muihin ihmisiin.
	$\frac{1}{3}$	5. Hätkähdän kuullessani yllättäviä ääniä.
	$\frac{2}{3}$	6. Tunnen itseni virkistyneeksi työskenneltyäni [autettavieni] kanssa.
	$\frac{2}{2}$	7. Yksityiselämäni erottaminen työstäni [auttajana] on minulle vaikeaa.
✓	$\frac{1}{1}$	8. [Autettavani] traumaattiset kokemukset valvottavat minua.
	$\frac{1}{1}$	9. Luulen, että [autettavieni] traumaattinen stressi on saattanut "tarttua" minuun.
✓	$\frac{1}{2}$	10. Tunnen olevani jumissa [auttamistyöni] takia.
	$\frac{2}{2}$	11. Olen ollut [auttamistyöni] vuoksi hermostunut erilaisista asioista.
	$\frac{4}{2}$	12. Pidän työstäni [auttajana].
	$\frac{2}{2}$	13. Työni [auttajana] tekee minusta alakuloisen.

Figure 4, Beth Hudnall Stamm 1997-2005 Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-IV (ProQOL). Published in Finnish in 2010: Apua Auttajalle, B. Rothschild & M L. Rand.


Figure 5: Fifth figure 39

	$\frac{1}{1}$	14. Tunnen ikään kuin kokevani jonkun [autettavani] trauma.
✓	$\frac{3}{3}$	15. Minulla on uskomuksia, jotka antavat minulle voimaa.
	$\frac{3}{3}$	16. Olen tyytyväinen mahdollisuuksiini pysyä [auttamistyön] tekniikoiden ja menettelytapojen tasalla.
✓	$\frac{3}{3}$	17. Olen se ihminen, joka olen aina halunnutkin olla.
	$\frac{3}{3}$	18. Työni tekee minut tyytyväiseksi.
✓	$\frac{3}{3}$	19. Työni [auttajana] väsyttää minua.
	$\frac{4}{4}$	20. Suhtaudun myönteisesti [autettaviini] ja siihen, kuinka olen pystynyt auttamaan heitä.
✓	$\frac{3}{3}$	21. Vaadittava työtaakka tai asiakastapausten määrä tuntuu ylivoimaiselta.
	$\frac{4}{4}$	22. Uskon, että työlläni on merkitystä.
	$\frac{1}{1}$	23. Vältän tietynlaista toimintaa tai tiettyjä tilanteita, koska ne tuovat mieleeni [auttamieni] ihmisten pelottavat kokemukset.
	$\frac{4}{4}$	24. Olen ylpeä siitä, mitä voin tehdä [auttaakseni].
	$\frac{1}{1}$	25. [Auttamistyöni] johdosta mieleeni tunkeutuu pelottavia ajatuksia.
✓	$\frac{3}{3}$	26. Tunnen, että järjestelmä "sitoo käteni".
	$\frac{4}{4}$	27. Ajattelen onnistuneeni [auttajana].
	$\frac{1}{1}$	28. En muista tärkeitä katkelmia työstäni trauman uhrien kanssa.
✓	$\frac{3}{3}$	29. Olen hyvin herkkä ihminen.
	$\frac{4}{4}$	30. Olen iloinen, että valitsin tämän työn.

Figure 5, Beth Hudnall Stamm 1997-2005 Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-IV (ProQOL) . Published in Finnish in 2010: Apua Auttajalle, B. Rothschild & M L. Rand

Appendices

Appendix 1: First appendix	13
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Noora Savolainen
September 3 · Add Topics

Hei!

Olemme sosiaalialan (sosionomi, AMK) opiskelijoita Laurean Ammattikorkeakoulussa. Teemme opinnäytetyötä aiheesta myötätuntopuomus ilmiönä sosiaalialalla. Ohessa on lyhyt kysely, jonka vastaamiseen menee korkeintaan 5 minuuttia. Vastaukset annetaan nimettöminä. Toivomme vastauksia jokaiselta sosiaalialan ammattilaiselta. Olisimme erittäin kiitollisia mikäli vastaat kyselyymme!

Mikäli sinulla herää kysymyksiä otathan meihin yhteyttä sähköpostitse julia.lehto@student.laurea.fi tai noora.savolainen@student.laurea.fi

Ystävällisin terveisin,
Julia Lehto & Noora Savolainen

Appendix 2: Second appendix	15
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Osio 2/3 ^ ⋮

Valitse asteikolta 0-5 se vaihtoehto, mikä parhaiten kuvaa tuntemuksiasi ja kokemuksiasi viimeisen 30 päivän ajalta.

0 = Ei koskaan
1 = Harvoin
2 = Muutaman kerran
3 = Melko usein
4 = Usein
5 = Hyvin usein

Auttamistyöllä tarkoitamme mitä tahansa työtä, jota sosiaalialan tutkinnolla on mahdollista tehdä (esim. lastentarhanopettajat tai sosiaalihoajaajat).

Appendix 3: Third appendix 17

Osio 1/3
⤴ ⋮

Sosiaalialan ammattilaisten kokemuksia myötätuntouupumuksesta

Kyselyn avulla pyrimme selvittämään sosiaalialan ammattilaisten kokemuksia myötätuntouupumuksesta. Tavoitteenamme on selvittää, onko myötätuntouupumus alallamme yleistä ja kartoittaa tietämystä siitä, mitkä seikat vaikuttavat myötätuntouupumukseen edistävästi tai ehkäisevästi.

Kysely tehdään nimettömänä ja käsittelemme kaikki vastaukset luottamuksellisesti. Analysoimme keräämäämme aineistoa opinnäytetyössämme ja poistamme aineiston julkaisun jälkeen.

Osiossa 1 kysymme perustietojasi. Kysymyksiin vastataan valitsemalla se vastaus, mikä parhaiten kuvaa elämäntilannettasi.

Osiossa 2 vastausvaihtoehdot ovat lineaariset asteikolla 0-5. Tarkemmat ohjeet osion 2 alla.

Osion 2 pohjalla olemme käyttäneet B. Hundnall Stammin kehittämää kyselyä.

Osiossa 3 on avoin kysymys, johon voi halutessaan vastata.

Appendix 4: Fourth appendix 37

Osio 3/3
⤴ ⋮

Avoin kysymys

Kuvaus (valinnainen)

Mikä työssäsi voimaannuttaa sinua eniten?

Pitkä vastausteksti
