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Measuring relationships between self-compassion, compassion fatigue, burnout and wellbeing in student counsellors and student cognitive behavioural psychotherapists: a quantitative survey

Abstract

Background: Prolonged deficiency in self-care strategies puts counsellors and psychotherapists at risk of burnout and compassion fatigue. **Aim:** To measure associations between self-compassion, compassion fatigue, well-being, and burnout in student counsellors and student cognitive behavioural psychotherapists. **Method:** A quantitative survey using four validated data collection instruments: (1) Professional Quality of Life Scale; (2) Self-Compassion Scale; (3) short Warwick and Edinburgh Mental Well-being Scale; (4) Compassion For Others scale, was used to measure relationships between self-compassion, compassion fatigue, wellbeing, and burnout. **Participants:** A mixed sample of student counsellors and student cognitive behavioural psychotherapists (n=54) in their final year of study. **Results**: This preliminary study shows that student counsellors and student cognitive behavioural psychotherapists who reported high on measures of self-compassion and well-being also reported less compassion fatigue and burnout. **Implications for practice**: Compassion fatigue and burnout are found in many modern day, highly stressful healthcare professions. The practice of self-compassion could help student practitioners manage these symptoms and subsequently improve their professional quality of life.

Key words: burnout, compassion fatigue, counsellors, cognitive behavioural psychotherapists, self-compassion, wellbeing

Introduction

Compassion and empathy are necessary tools for therapists and health care professionals to effectively treat their clients (Figley, 2002b). However, working with these psychological tools can bring costs for counselling practitioners (Figley, 1995). Whilst compassionate care is essential for clients, it also plays a significant role in the development of counsellor and psychotherapist self-care (Raah, 2014). If healthcare professionals have the ability to offer care and compassion to themselves in times of suffering they will also be better prepared to show compassion towards the individuals they care for (Heffernan et al, 2010).

Self-compassion

The psychological sciences view compassion as recognising one's own or another's distress, and making an attempt to alleviate it (Gilbert, 2009). Developing self-compassion has been shown, in the literature, to have many benefits (Boellinghaus et al., 2012). Recent research suggests there is a link between self-compassion and psychological well-being (Germer & Siegel, 2012; Gilbert, 2000, 2009, 2010; Hutcherson, et al., 2008; Lutz et al., 2008; Neff, 2003; Neff, et al., 2005; Neff & Vonk, 2009). For example, individuals that possess self-compassionate qualities and do not judge themselves too harshly are less likely to suffer with mental health issues (Neff, et al., 2007), are more likely to cope with symptoms of stress (Leary et al., 2007), have greater emotional resilience (Gilbert & Proctor, 2006), are less afraid of failure, employ effective coping strategies when distressed (Neely et al., 2009) and are at less risk of compassion fatigue and burnout (Thompson et al., 2014).

A literature review by Raab (2014) identified mindfulness, empathy and loving kindness as factors that cultivate self-compassion. Developing a compassionate mind may thwart compassion fatigue (Figley, 2002; Gilbert, 2005) and help to reduce

mental health problems (Gilbert & Proctor, 2006; Judge et al., 2012), psychosis (Mayhew & Gilbert, 2008; Laithwaite et al., 2009; Braehler et al., 2012), symptoms of trauma (Ashworth et al., 2012; Beaumont et al., 2012; Beaumont & Hollins-Martin 2013; Bowyer et al., 2014), eating disorders (Gale et al., 2012), and personality disorders (Lucre & Corten, 2012).

Compassion fatigue and burnout

Personal and professional factors can cause compassion fatigue in counsellors and psychotherapists, (Zeidner et al., 2013), with mental health workers most at risk (Moore & Cooper, 1996) and higher prevalence in therapists working closely with trauma (Sodeke-Gregson et al., 2013).

Stamm (2009) suggests that three factors contribute to the health of the practitioner: compassion satisfaction, secondary traumatic stress/compassion fatigue, and burnout. When compassion satisfaction is high and both burnout and compassion fatigue low, it is considered the optimal balance for professionals. Adams and Riggs (2008) found in a sample of trainee therapists that trauma symptoms were associated with a personal history of trauma, defence style and level of experience*.* Burnout in practitioners has been associated with patient dissatisfaction and longer recovery times (Vahey et al., 2004).

Figley (1995) introduced the notion of compassion fatigue suggesting that compassion fatigue occurs as a result of knowing about a traumatising event that a person has suffered. Figley (1995) claims that compassion fatigue is the ‘cost of caring’ and psychotherapists’ prolonged deficiency in self-care strategies puts them at risk of burnout and compassion fatigue (Jackson et al., 1986). Burnout and compassion fatigue have been shown to reduce attention and concentration, affect communication, and can lead to heart and/or mental health problems (Miller et al.,

1988; Spickard et al., 2002). Consequently, it may be important for counsellors and psychotherapists to develop techniques that desensitise and educate them about compassion fatigue (Figley, 2002b).

Self-care strategies such as Compassionate Mind Training (CMT) (Gilbert, 2009) and Mindfulness-Based Stress Reduction (MBSR) (Christopher & Maris, 2010) can be taught and may prevent burnout and compassion fatigue. Thieleman and Cacciatore (2014) found a positive association between mindfulness and compassion satisfaction, and an inverse correlation between mindfulness and compassion fatigue amongst bereavement specialists

Given that it is possible to develop self-compassion (Gilbert et al., 2006; Harman & Lee, 2010; Neff et al., 2007), by challenging self-criticism and self-judgment and teaching self-soothing techniques (Gilbert 1997; Gilbert et al. 2004; Gilbert & Irons, 2005; Harman & Lee, 2010; Neff, et al., 2007), lecturers can improve care offered to student counsellors and psychotherapists which may in turn reduce levels of counsellor burnout (Brewin, 2006).

Rationale

Acknowledging the need emphasised within the literature to teach self-care strategies to student counsellors and psychotherapists, we wanted to augment the literature by taking a different approach: that is, to support the need for self-care strategies through exploring relationships between self-compassion, well-being, compassion fatigue, and burnout using validated scales.

The research question asked was: what are the relationships between self-compassion, well-being, compassion fatigue and burnout in student counsellors and student cognitive behavioural psychotherapists?

Method

A quantitative survey using four validated data collection instruments was implemented to measure relationships between: (1) self-compassion; (2) compassion fatigue; (3) well-being; and (4) burnout.

Participants

Participants were a mixed sample of student cognitive behavioural psychotherapists (CBP) and person-centred counsellors (n=54) in their final year of study. No inclusion or exclusion criteria were applied.

Data collection instruments

Four data collection instruments were used to measure participants' self-compassion, compassion fatigue, well-being, and levels of burnout.

(1) *The Professional Quality of Life (ProQOL) scale*

The *Professional Quality of Life* (ProQOL) scale (Stamm, 2009) consists of 30 items divided into three subscales (i) compassion satisfaction, (ii) compassion fatigue, (iii) secondary traumatic stress and burnout, and has been validated by Stamm (2009). Item responses relate to thoughts about statements over the last 30 days, which are recorded on a Likert scale ranging from 1 to 5 (1=never; 2=rarely; 3=sometimes; 4=often, 5=very often). Sample items include, 'I feel connected to others,' and 'I feel overwhelmed because my workload seems endless.'

(2) *The Self-Compassion Scale*

The *Self-Compassion Scale* (long-version) (Neff, 2003) consists of 26 items divided into six subscales (i) self-kindness, (ii) self-judgment, (iii) mindfulness, (iv) common humanity, (v) isolation, and (vi) over identification, and has been validated by Neff

(2003). Items are scored using a Likert scale ranging from 1 (almost never) to 5 (almost always). Sample items include; 'I'm disapproving and judgemental about my own flaws and inadequacies,' and 'I try to be loving towards myself when I feel emotional pain.'

(3) *The Short Warwick and Edinburgh Mental Well-being Scale* (sWEMWBS)

The *short Warwick and Edinburgh Mental Well-being Scale* (sWEMWBS) is a shorter version of the 14-item *Warwick and Edinburgh Mental Well-Being Scale* (Tennent et al, 2009), and has been validated by Tennant et al (2009). The short version consists of seven positively worded items that enquire about well-being over the prior two weeks. Items are scored using a Likert scale ranging from 1 to 5 (none of the time=1, rarely=2, some of the time=3, often=4, all of the time=5). A sample item is, 'I've been feeling optimistic about the future.'

(4) *Compassion For Others scale (CFO)*

The *Compassion For Others* (CFO) scale (Pommier, 2011) consists of 24 items divided into six subscales (i) kindness, (ii) indifference, (iii) common humanity, (iv) separation, (v) mindfulness, (vi) disengagement, and has been validated by Pommier (2011). Item responses are recorded on a Likert scale ranging from 1 (almost never) to 5 (almost always), with reverse scoring applied to the indifference, separation, and disengagement sub-scales. A sample item is, 'when people cry in front of me I usually don't feel anything at all.'

Procedure

The four scales, an information sheet and a consent form were placed in packs and issued at commencement of university-based teaching sessions. Student counsellors and student cognitive behavioural psychotherapists were asked to

participate in the research, with assurance of no consequences in terms of course progression. Descriptive statistics were calculated, and the data was analysed using the statistical package SPSS 20.

Ethical considerations

Ethical approval was obtained from the University Ethics Committee. The first author (EB) was aware of her dual role with some of the participants as both a researcher and lecturer on counselling and psychotherapy programmes. To minimise any potential negative implications, data was therefore collected by the second author (MD) who also gave an overview of the project as he did not lecture on counselling or psychotherapy courses.

Informed consent was obtained from all participants and anonymity and confidentiality were assured. Students were informed that they had the right to withdraw their data at any stage. The whole process of administration and data-collection took around 30 minutes.

Results

Mean and standard deviation scores for all measures are shown in Table I.

Table I: Mean and standard deviation scores for compassion for others, self-compassion, compassion satisfaction, compassion fatigue, burnout and well-being

Questionnaire	N	Mean	S.D
CFOS	54	4.2	.52
SCS	54	3.1	.64
CS	54	41	4.5
CF/STS	54	21	5.2
BO	54	21.6	5.7
sWEMWBS	54	25.4	4.3

CFOS, compassion for others scale; SCS, self-compassion scale; CS, compassion satisfaction; CF/STS, compassion fatigue/secondary traumatic stress; BO, burnout; sWEMWBS, the short Warwick and Edinburgh mental well-being scale.

Results show a mean score of 4.2 for *compassion for others,* which is considered high by Pommier (2011). However, *self-compassion* was 3.1, indicating a moderate score (Neff, 2003). *Compassion satisfaction* was high with a mean score of 41, and results also reveal low scores for *compassion fatigue* 21 and *burnout* 21.6 (Stamm, 2009) (see Table 1). *Well-being* was in line with the UK national average.

Pearson's correlations between *self-compassion*, *burnout*, *compassion fatigue*, *compassion satisfaction*, *well-being*, and *compassion for others* are show in Table II.

Table II: Pearson's correlations between self-compassion, burnout, compassion fatigue, compassion satisfaction, well-being and compassion for others

	Self-compassion	Burnout	Compassion fatigue	Compassion satisfaction	Well-being	Compassion for others
Self-compassion	1	-.486**	-.350*	.055	.439**	.061
Burnout	-.486**	1	.580**	-.376**	-.555**	-.289*
Compassion fatigue	-.350*	.580**	1	-.418**	-.415**	-.319*
Compassion satisfaction	.055	-.376**	-.418**	1	.336*	.341*
Well-being	.439**	-.555**	-.415**	.336*	1	.318*
Compassion for others	.061	-.289*	-.319*	.341*	.318*	1

**p<0.01 level (2-tailed).
*p< 0.05 level (2-tailed).

The correlation analysis reveals a significant negative relationship between *self-compassion* and *burnout* (*r* = -.486), and *self-compassion* and *compassion fatigue* (*r* = -.350). Also, *self-compassion* correlates positively with *well-being* (*r*

=.439). No significant relationship between *self-compassion* and *compassion for others* was found. Students who reported greater *compassion for others*, scored less on *burnout* (*r* = -.289) and *compassion fatigue* (*r* = -.319). In addition, those with high *compassion for others* reported higher *well-being* (*r* = .318) and *compassion satisfaction* (*r* = .341).

Pearson correlations between *self-kindness*, *self-judgement*, *compassion for others*, *compassion satisfaction*, *compassion fatigue*, *burnout*, and *well-being* are shown in Table III.

Table III: Pearson's correlations for associations between self-kindness, self-judgement, compassion for others, compassion satisfaction, compassion fatigue, burnout and well-being.

	Compassion for others	Compassion satisfaction	Burnout	Compassion fatigue	Well-being	Self-kindness	Self-judgment
Compassion for others	1	.341*	-.289*	-.319*	.318*	.142	-.059
Compassion satisfaction	.341*	1	-.376**	-.418**	.336*	.051	-.045
Burnout	-.289*	-.376**	1	.580**	-.555**	-.442**	.545**
Compassion fatigue	-.319*	-.418*	.580**	1	-.415**	-.221	.511*
Well-being	.318*	.336*	-.555**	-.415**	1	.352*	-.364**
Self-Kindness	.142	.051	-.442**	-221	.352*	1	-.592**
Self-Judgement	-.059	-.045	.545**	.511*	-.364**	-.592**	1

**p<0.01 level (2-tailed)
*p< 0.05 level (2-tailed)

No significant association was found between *self-kindness and self-judgement* and *compassion for others* or *compassion satisfaction.* In contrast, both positive and negative associations on measures of *compassion fatigue*, *burnout* and *well-being* were found. *Self-kindness* correlated positively with *well-being* (*r* = .352) and was inversely related to *burnout* (*r* = - .442). *Self-judgement* correlated negatively with *well-being* (r = -.364), and more positively with *compassion fatigue* (*r* = .511) and *burnout* (*r* = .545). The findings indicate a significant relationship between student therapists who are kinder to themselves and increased *well-being*, with fewer reporting *burnout.* Conversely, *self-judgement* was associated with increased *compassion fatigue* and *burnout,* and low levels of *well-being*.

Further analysis was conducted using independent samples t-test, with split scores (high versus low) for *self-compassion* (see *Table IV*).

Table IV: The mean difference on all measures for students categorised as having low/high levels of self-compassion

Scale	Low self-compassion	High self-compassion	t	p-value
Compassion for others	4.3 (.48)	4.3 (.51)	.039	ns
Compassion satisfaction	42.1 (2.9)	42.0 (4.8)	-.082	ns
Compassion fatigue	21.8 (4.1)	17.4 (4.0)	2.48	<.05
Burnout	26.8 (8.0)	18.3 (4.0)	3.41	<.001
Well-being	22.1 (4.5)	27.8 (1.8)	-4.37	<.001

Results show that having greater *self-compassion* is associated with reduced *compassion fatigue* (M=17.4, S.D=4.0) t (21) = 2.48, p=<.05, *burnout* (M=18.3,

S.D=4.0) t (21) = 3.41, p=<.001, and higher *well-being* (M=27.8, S.D= 1.8) t (21) = -4.37, p=<.001. The results support data from the correlation analysis, with those higher on *self-compassion* experiencing less *burnout*, *compassion fatigue*, and greater *well-being*.

Discussion

Results indicate that student counsellors and student psychotherapists who score high on measures of self-compassion experience improved well-being and compassion satisfaction, and report fewer symptoms of compassion fatigue and burnout. We also found that positive scores of self-kindness corresponded with increased well-being and less burnout. Scores on the measure of self-judgement were inversely correlated with well-being and positively correlated with compassion fatigue and burnout. Furthermore, those in the high self-compassion group showed less compassion fatigue and burnout, as well as greater well-being than those in the low cohort.

The results inform us that student counsellors and student cognitive behavioural psychotherapists with higher levels of self-compassion experience greater well-being and reduced burnout, in keeping with literature that reports on the benefits of cultivating a compassionate self (see Leaviss & Uttley, 2014 and Beaumont & Hollins-Martin, 2015).

The literature also reports the negating effects of the internal self-critic on general well-being (Gilbert, 2006; Neff, 2007), with participants in our sample scoring high on the self-judgement subscale also experiencing more compassion fatigue and burnout. Classically, compassion fatigue occurs in counsellors when levels of compassion in the workplace become eroded due to secondary trauma and/or discovering that the imagined role differs from reality (Figely, 1995; Blomberg &

Sahlberg-Blom, 2005). Compassion satisfaction, and self–care have been shown to impact positively on counsellors working with trauma (Sodeke-Gregson et al., 2013), with these concepts further extended to explore whether enjoying a therapeutic alliance with clients, and being kinder to the self, initiates greater compassion, reduced burnout, and/or compassion fatigue.

Contribution and advantages

To our knowledge this is the first study to examine the relationship between self-compassion, compassion fatigue, burnout and well-being among student counsellors and cognitive behavioural psychotherapists. This preliminary study shows students who report higher levels of self-compassion and well-being also report fewer symptoms of compassion fatigue and burnout.

This first small study has initiated important discussions about the potential implications for improving counselling students' ability to gain better outcomes for themselves. Compassion fatigue and burnout are authentic experiences for individuals, with learning self-compassion strategies important for protecting students from symptoms, and by doing so improving the quality of their professional lives.

Limitations of study

The small sample size in our study is a limitation and replication of our study using larger numbers of students is recommended. In addition, a longitudinal component, extending data collection to the start, middle, and end of courses, and possibly beyond, may have yielded more fruitful data. A qualitative component would also have complemented the current data through explaining cause, effect and the lived experience of students undergoing counselling training.

Further research

Healthcare professionals such as counsellors and psychotherapists enter into their profession with a desire to help other people manage the difficulties of life. However, for some the trauma and stressors of 'life as a therapist' along with the pressures of everyday life and education can lead to burnout and compassion fatigue. Further research examining this process of change for students and practitioners is recommended.

Exploring strategies to help student counsellors and psychotherapists develop compassion for one's own suffering could also be explored further. Developing compassion for oneself may promote self-care, reduce self-criticism, compassion fatigue, and burnout and equip students wanting a career within the counselling and psychotherapy professions with the necessary tools needed to face the rigours of education and patient care.

Conclusion and recommendations

'Self-care' is recognised as a preventive factor for work-related stress (Figley, 2002a). There are many recommendations for developing self-care, for instance, Mindfulness Based Stress Reduction (MBSR) (Christopher & Maris, 2010) and Compassionate Mind Training (Gilbert, 2009). The current paper alludes to self-compassion as having the potential to be of benefit to students' own health and general well-being.

This preliminary study shows that students' who score high on measures of self-compassion and well-being, report fewer symptoms of compassion fatigue and burnout. This could have implications for developing new approaches in counselling and psychotherapy training. When entering into a course of study where students bear witness to the devastating effects of trauma, there is a need for intervention

strategies for the student. For example, students could be taught strategies to help them increase self-compassion. Following a course of MBSR training, Shapiro et al. (2007) found that therapists reflected greater self-kindness and acceptance towards their patients. We therefore recommend that further research examine intervention strategies that help student counsellors and psychotherapists develop self-compassion.

Compassionate Mind Training (CMT) is one such approach that could guide further research. Compassion fatigue is also referred to as secondary traumatic stress, as therapists can absorb the client's traumatic experiences (Figley, 2002b). CMT has been shown to be effective when treating primary trauma (Beaumont & Hollins Martin 2013; Beaumont et al., 2012), and is especially useful for reducing self-judgement (Gilbert, 2006); therefore its potential to benefit practitioners warrants further investigation. Taking this into consideration, self-care strategies could reduce symptoms of fatigue, burnout and self-criticism and increase well-being. This in turn could help students manage the stresses of education and practice, which may make them more effective counsellors and psychotherapists in the future.

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