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# Building Resilience during Compassion Fatigue: Autoethnographic Accounts of College Students and Faculty

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**Abstract:** Compassion fatigue (CF) is a well-researched topic in the fields of mental health and nursing. However, studies on CF in the fields of primary, secondary, and higher education are very recent and scant. Compassion fatigue (CF) can be defined as the empathic strain or general exhaustion experienced by helping professionals such as psychotherapists, nurses, social workers, healthcare workers, family caregivers, and elderly caregivers. In this paper, utilizing the Double ABC-X Stress Model, we explored the antecedents, experiences, and consequences of compassion fatigue among college students and professionals who have previous personal experiences with stress and trauma, work with children and families, and work in higher education to prepare professionals to work in such fields. This study uses an autoethnographic approach, where the five authors of the study were also the participants. Utilizing the lifespan and ecological perspectives, we examined the symptoms preceding compassion fatigue and preventative strategies, as well as risk factors and protective factors. This study covers a breadth of compassion fatigue, from predisposition to onset and recovery, and considers alternative strategies for coping, including creating meaning from difficult experiences.

**Keywords:** compassion fatigue; double ABC-X model; resilience; secondary traumatic stress; meaning making

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## 1. Introduction

We've all heard the phrase "Simple acts of love will change the world" or some variation of "Be the change you wish to see. . ." But what about acts that aren't so simple, and what if the change requires sacrifice? What about those acts of love that cost us, drain us, and possibly even traumatize us? Due to their dispositions, many professionals are in human service fields that require them to practice compassion while working with in-need populations that could affect their well-being [1]. Empathy is the central component of compassion, and when high amounts of empathy are present, continued exposure to the distress of others can lead to fatigue and psychological stress [2,3]. Empathy and compassion are related but distinct concepts, both involving an understanding and concern for others' feelings. Empathy is the ability to understand and share the feelings of another person. It involves putting yourself in someone else's shoes and imagining how they are feeling, whether emotionally or mentally.

Compassion goes a step further than empathy. It involves feeling empathy for someone, but it also includes the desire to take action to alleviate their suffering. Compassion fatigue (CF) can be defined as the empathic strain or general exhaustion experienced by helping professionals such as psychotherapists, nurses, social workers, healthcare workers, family caregivers, and elderly caregivers [4,5]. Throughout this paper, we have used "CF" in place of compassion fatigue. CF in primary, secondary, and higher education fields is understudied [6–9]. This study asks the following research questions: How do college students and faculty in higher education, specifically in the fields of study where they trained to work with children and families (i.e., teachers and psychologists) experience compassion fatigue? Furthermore, what are the antecedents, experiences, and consequences of

compassion fatigue? How do ecological factors (i.e., risk and protective factors) shape their experiences? For example, how do previous personal experiences with stress and trauma affect CF? Or what kinds of support do they receive from their colleagues and families to cope with CF? Utilizing the ecological (i.e., individual and contextual factors) and lifespan (i.e., over a span of life and with different age groups) autoethnographic data collected from the five authors of this paper, we explored the topic of CF in the field of education through the lens of the Double ABC-X Model [10]. Together we identified the ways compounded stressors, available resources, and perception of the stressors combined to produce a crisis (i.e., bonadaptation or maladaptation) in this case of CF among professionals.

*Importance of the Study*

The current study makes several contributions to the field of CF: (1) There are very few studies done in the field of education on this topic [7,9,11]. Our study makes an important contribution in the field of higher education. (2) To date, there are no studies on CF using autoethnographic methods. This study allowed us to integrate our personal life experiences and enhance the depth of our findings. (3) The Double ABC-X Model has been extensively used to study family stress and coping, but its applicability to the field of CF is an important contribution of this study. (4) The autoethnographic methods used in this study allowed us to reflect on our life experiences, from childhood to adulthood, examining the motivations to choose our career/academic paths and how we experience CF. It is important to study CF through a lifespan perspective to examine how its onset and intensity are influenced by life experiences over time. (5) This study used ecological perspectives to assess risk and protective factors at an individual level, as well as familial, societal, and cultural levels [12].

## 2. The Double ABC-X Model and Compassion Fatigue (CF)

The Double ABC-X Model is a framework often used to examine the outcomes of a family's compounded stressors over time, given their resources and perceptions [10]. In this paper, we utilize this framework to describe the experiences of professionals enduring CF, considering their familial and non-familial contexts over a period. In the Double ABC-X Model, CF or burnout is considered the "X" factor or the crisis.

Working in a helping profession often involves long-term and regular exposure to the trauma and suffering of others. Compounded with additional demands such as heavy workloads, lack of support, and individual life stressors, this exposure could result in an increased risk of CF. The combination of stressors is considered the "A" factor of the Double ABC-X Model. Through our autoethnographic accounts, we found that the childhood and personal experiences of professionals also contribute to these compounding stressors. Early experiences, positive or negative, play a crucial role in how we, as child and family professionals in the field of higher education, cope with CF. These experiences act as initial stressors. This can determine the degree to which CF is experienced when one is exposed to the trauma of others.

The "B" factor includes having available resources or lack thereof, which can help or harm individuals experiencing these stressors. Skills for coping, professional training, and strong support systems help prevent the onset of CF. It is important, when needed, to develop new coping strategies, seek help, and build stronger support networks.

The "C" factor, or the perception of these stressors, can appear different for everyone. For example, some may experience feelings of helplessness or be overwhelmed by the suffering of others. Others may feel confident in their ability to cope with their stress while helping those who are suffering. Proximity to the situation can play a role in the perception of the stressor(s) if the experience triggers the professional's own past.

The combination of these factors may result in bonadaptation or maladaptation to the stressor(s) (factor "X"). If an individual uses their resources and coping strategies effectively and can continue to care for others without significant personal injury, they have experienced bonadaptation. Lack of resources and ineffective coping strategies may lead to decreased empathy, exhaustion, and unhappiness, resulting in maladaptation or CF.

## 3. Risk Factors of Compassion Fatigue

The onset of CF for individuals in caregiving roles may be influenced by various risk factors at the individual, professional, and organizational levels. At each of these levels, the goal is to increase the protective factors to build resilience.

### 3.1. Individual

Individuals who feel a lot of empathy for others or are more emotionally sensitive may be more likely to be affected by their clientele's stress, which may lead to CF. Professionals who have experienced trauma may be more vulnerable to experiencing CF due to their own unresolved stress/trauma, especially if the clientele they are helping is experiencing a similar situation [13]. Lack of positive coping skills may also serve as a risk factor for professionals. In these instances, neglecting self-care and personal health is detrimental to maintaining emotional stability in the workplace, increasing the risk of CF [4].

### 3.2. Professional

Caregivers with a substantial workload consisting of long hours may endure stress that can lead to emotional exhaustion. In addition, professionals who are regularly exposed to traumatic situations are likely more at risk for developing CF. Individuals working in the mental health profession have a higher risk of trauma exposure from those they work with, which may cause CF. In academia, high workload, constant pressure to publish and secure funding, and managing administrative responsibilities may contribute to high levels of stress. Faculty working with students who are dealing with personal and academic issues may experience emotional distress [14]. Primary and secondary school teachers may have to manage disruptive behavior in the classroom while dealing with the pressures to meet educational standards and improve students' performance, which could lead to chronic stress. Additionally, navigating conflicts with parents/guardians can contribute to stress [15].

### 3.3. Organizational

Organizational risk factors focus on support systems within the workplace and individuals' personal lives, as well as the environment and culture of the workplace. Lack of support from employers, colleagues, or friends and family may lead to feelings of isolation and feeling overwhelmed. In the same vein, a generally poor work environment can influence the onset of CF. Insufficient staffing and lack of resources can generate a high-stress environment, and if a workplace does not prioritize employee well-being, emotional stability may be sacrificed [16]. The competitive nature of academic positions and the prevalence of short-term contracts may create significant anxiety and stress. Additionally, insufficient support from administration and colleagues can lead to feelings of isolation and burnout [14]. Unrealistic expectations from faculty members and administration, especially for faculty of color, who tend to put in extra work hours to serve on committees and support students from underrepresented minoritized (URM) students, make them prone to cultural taxation [17]. A lack of adequate teaching resources and support staff can hinder effective teaching and increase stress levels [15].

## 4. Symptoms, Antecedents, and Consequences of Compassion Fatigue (CF)

### 4.1. Symptoms

CF is recognized by various symptoms. Individuals may face emotional exhaustion and feeling overwhelmed or drained. CF often overlaps with other psychological and physical presentations, including burnout, depression, anxiety, increased irritability, and decreased life satisfaction. Burnout and CF are terms often used interchangeably, but Figley made a distinction between the two [3]. Burnout refers to the gradual onset of physical and/or emotional exhaustion following an inability to cope with built-up job-related stress, while CF often occurs immediately and intensely and can occur following a single traumatic event. Figley posited that CF stemmed from an erosion of the caregiver's

empathy, while burnout didn't directly impact empathy [18]. Ongoing exhaustion may impede feelings of empathy and concern or caring for others [3]. Studies have shown that CF is linked to physical fatigue and tiredness, as well as having trouble falling or staying asleep, headaches or migraines, and gastrointestinal issues [19]. CF can also lead to behavioral issues, difficulty in interpersonal relationships such as withdrawing from friends and family, neglecting self-care, decreased productivity, missing work, changes in appetite, and substance abuse [7]. Cognitive symptoms include decreased concentration and problems with memory [5].

### 4.2. Antecedents

Self-reflection is crucial to recognize the onset of CF and what can trigger it. Garnett and colleagues identified three levels of factors that can be viewed as antecedents of CF: individual, organizational, and systemic [20]. On an individual level, prior experience of psychological distress, including burnout, stress, anxiety, and depression, exacerbated the onset of CF in many healthcare providers. It was found that excessive empathetic engagement and overidentification with patient suffering was linked to more intense feelings of CF. Feeling unsupported in the workplace due to insufficient compensation, social isolation, and underappreciation provoked psychological distress in healthcare professionals. Early career professionals are likely to experience mental/emotional fatigue, low mental state, depression, and early withdrawal that suggest that they might start to feel CF [21]. Garnett and colleagues also suggested that systemic changes are necessary to support health professionals' well-being during global health crises, such as the COVID-19 pandemic [20]. Many healthcare facilities, schools, and universities are undermanned as a result of low professional retention and faulty recruitment processes. This leads to a more stressful work environment and, in turn, a higher risk of experiencing CF.

### 4.3. Consequences

Within the fields of mental health and education, experiencing CF may have consequences for both those working in these fields and those they serve. When experiencing emotional distress and feelings of depression, anxiety, and decreased job satisfaction, the effects can trickle down to the clientele (e.g., children and families/patients and students) with whom the professionals interact on a regular basis. Experiencing CF impacts not only the individual and the populations they serve but can also have significant effects among familial relationships. One study from Garnett and colleagues found that experiencing CF predicts greater parental burnout, child abuse and neglect, spouse conflict, and substance abuse [20]. Similar studies revealed that healthcare workers who experience CF report lower job satisfaction, reduced professional commitment, and a deteriorating workplace culture [4,5,20].

## 5. Differences in CF across Professional Fields

There are differences in how one may experience CF, depending on their field of work. Mental health professionals are often more directly exposed to the trauma of others on a consistent basis, leading to acute and chronic stress, which may make them vulnerable to feelings of emotional exhaustion or burnout. However, individuals working in therapeutic fields must follow ethical guidelines in their practice. To maintain a professional boundary, licensed professionals are discouraged from becoming personally and emotionally involved in their clientele's lives. In this practice, it is important that therapist and patient remain separate and not become emotionally entwined. To ensure this, professionals often refrain from sharing many personal details or anecdotes. It is possible that this degree of separation from the patient, and the involvement of coping strategies, allows professionals to maintain a solid emotional boundary that prevents exhaustion [22]. Additionally, professionals are encouraged to prevent transference or countertransference from occurring. Transference refers to a phenomenon where the patient or client directs feelings from their personal life towards the therapist. Countertransference refers to the therapist's reactions and emotions

toward the patient [23]. When this occurs, it can be counterproductive to the therapeutic relationship, as therapist and patient develop altered or misconstrued perceptions of each other.

Contrarily, educators may not be exposed to the trauma of others as often. However, continual pressures to meet expectations at various levels while supporting their students may lead to burnout [6,8]. Their primary job is to teach and mentor, rather than helping others process trauma. However, due to the nature of the educator–student relationship, especially in the fields that train professionals to work with children and families, educators can become much more personally involved in their students' lives while maintaining a professional boundary. Educators can become role models in the lives of their students, fostering meaningful connections and deeper relationships. This often allows for educators and students to share personal details and experiences of one's life, to form stronger connections. According to Hooks, "Professors who expect students to share confessional narratives but who are themselves unwilling to share are exercising power in a manner that could be coercive" [24]. To create an open learning environment and build trust with their students, it becomes essential for professors to share their vulnerabilities within professional boundaries. When a traumatic experience ensues, students may feel inclined to share with educators who have become important figures in their lives.

*Building Resilience*

Fostering resilience is crucial to maintaining the ability to recognize and adapt to the empathetic strain brought on by CF. The American Psychological Association (n.d.) defines resilience as "[the ability to adapt] to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands" [25]. Resilience is characterized by an ability to manage emotions in the face of stress [26]. Human resilience is a dynamic process of interactions between multiple systems ranging "from the biological to the sociocultural, and mutable given strategic targeting and timing" [27]. Many systems must be engaged in building resilience while working through CF [28]. Navigating difficult experiences is inevitable, and everyone experiences varying degrees of challenges. Some may be relatively small (e.g., getting turned down for a job), while others can be much more dire (e.g., natural disasters, abuse, loss of a loved one, etc.) and take up considerable mental space. Resilience does not prevent individuals from experiencing negative emotions or trauma, but it can allow for bonadaptation to the stressor(s). Building resilience is necessary to combat symptoms of CF by aiding in emotional regulation, stress management, sustained empathy, and adaptability [29]. Individuals who have developed resilience are able to look at difficult situations from a practical perspective and focus on what they can actively do to better the situation itself or improve their perception of it. Focusing on what is manageable rather than what isn't can allow individuals to feel a sense of control over their situation, permitting the confidence to regulate themselves. When one's emotions are regulated, experiencing empathy for others can feel less overwhelming. While some individuals may be more naturally more resilient than others, resilience can be built by educating professionals about the risks of secondary traumatic stress (STS) and promoting self-care attitudes and behaviors among professionals [30], so that resilience can mediate the relationship between CF and burnout [29].

## 6. Materials and Methods

For this paper, we utilized autoethnographic methodology, a qualitative approach that allowed us to be creative and analytical in sharing our personal experiences of CF to engage professionals in our respective fields and beyond [31]. "With autoethnography, the researcher(s) use(s) their experience to engage themselves, others, culture(s), politics, and social research; to balance(s) intellectual and methodological rigor, emotion, and creativity, and strives for social justice to make life better" [32]. Autoethnography combines two words: auto and ethnography; while ethnography means looking outward or at a world

beyond our own, autobiography means looking inward for a story and intention [33]. Our autoethnographies allowed us to connect our lived experiences, personal and professional, in relation to the growing scholarship on compassion fatigue in the fields of Child Development, Family Relationships, and Psychology. Utilizing ecological and lifespan approaches, by sharing our own experiences in the contexts of our families and communities, and by examining our current and past experiences, we were able to provide insights that connect with first-hand knowledge about the antecedents, symptoms, consequences, and risk/protective factors associated with CF.

### 6.1. Procedures

The authors of the manuscript are also the participants of this autoethnographic study. Each author had a clear understanding of what autoethnography entailed and chose to participate in the study voluntarily. The first four authors are college students in the fields of Psychology and Child and Family Relationships; the fifth author has been a faculty member in the Department of Child Development for eleven years. The professor proposed the idea of the study with her Children and Stress class in the fall of 2023, including the tentative title and the methodology. Student authors of the current study volunteered to participate. As a group, we refined the topic and methodology together during the spring of 2024. We generated the autoethnographic data without using identifiable information in the examples, where, through methodological, conceptual, epistemological, and positional reflexivity, we examined the topic of compassion fatigue and what it entailed.

We created a list of questions to interview each other and chose to record our interviews to allow for active listening and reflecting while writing about our experiences. Some examples of interview questions included: What is your understanding of CF, why do we experience it, and why is it important for professionals in higher education to be aware of it? In your experience, what factors have contributed to CF? What roles have your experiences with trauma and stress played in the work that you do with children and families? How have you used your experiences as a motivation to support children and families? Or does seeing stressors in children's lives amplify your stress? Each interview averaged an hour.

We embraced vulnerability; created meaning from our experiences that have shaped us as empathetic individuals and professionals; and explored the signs of CF, strategies to cope with our stressors, and how to build resilience during CF. Each author wrote their part of the autoethnography to generate data. Participants then had the freedom to include, add, or edit the information recorded in the interviews. Next, we read each other's autoethnography to provide another opportunity for each writer to reflect more and ensure we were moving from an evocative autoethnography approach to an analytical approach at this stage [34–36].

### 6.2. Coding

An autoethnography relies on the core assumptions of the inductive mode of research, which encourages the breadth and the depth of exploration. Adopting a grounded approach, we connected our autoethnographic data with the existing literature on CF, the antecedents, experiences, and consequences. We used inductive thematic coding for the autoethnographic data by creating segments and categories of the data at the individual and contextual levels [37]. We each read at least two transcripts of autoethnography belonging to others in the group and coded independently. Through this "careful reading and re-reading of the data", we identified themes relative to CF [38]. Each transcript was coded at least twice among the group. Further, the second and fifth authors met twice to generate relevant codes out of the segments and categories of data identified by various coders in the group [37]. Finally, the codes were shared with all authors to achieve an agreement. Any disagreements were resolved through discussion. In our writing, we incorporated the Double ABC-X Model by identifying stressors, resources (such as coping strategies and tangible assets), perceptions, and the experiences of the CF over time.

### 6.3. Trustworthiness

Many scholars have agreed that autoethnography is a valid method for contextual research, as we cannot separate personal experiences from social and relational contexts [31]. Even though there is no single established criteria for the trustworthiness of autoethnographic research, we have utilized a combination of evocative (i.e., to evoke emotional resonance through interviewing and writing the autoethnography) and analytical approaches (i.e., to use the autoethnographic data to gain a broader understanding of the phenomenon) to establish trustworthiness [34–36,39]. Based on our interviews, we were able to evoke our personal experiences and understanding of compassion, personal and cultural foundations of empathy, burnout, symptoms and consequences of CF, and risk and protective factors in our personal and professional lives. To move toward an analytic approach, we read each other's essays, provided comments, asked questions, and offered connections with the literature on CF. Each author worked on the feedback on the data by using realistic and objective interpretation of their experiences, also known as analytical reflexivity [39].

### 6.4. Participants

In this paper, we address the participants (authors) by their first names and use first person point of view in our autoethnography. Of the five authors, four are current college students: two from the field of Psychology and two from Child Development and Family Relationships. One author is a faculty member with a specialization in Human Development and Family Studies. The first author, the second author, and the fourth author plan to become a counselor, school psychologist, and clinical psychologist with a focus on trauma, respectively, whereas the third author aims to teach students in the primary grades. The fifth author has been in the field of higher education for thirteen years. We were able to observe differences in conceptualizing and processing CF from different age groups, as our ages range from 20 to 48 years old.

**Riley**. I am a 20-year-old Caucasian, cisgender woman and a first-generation college student at Cal Poly Humboldt University, Arcata, CA. I will be graduating with a B.A. in Psychology with a minor in Early Childhood Development in the spring of 2025. I was born and raised in the northern Bay Area in Fairfield, CA. I completed two A.A. degrees in Psychology and Sociology at a junior college before transferring. I currently work as a peer mentor and peer health educator at the university. I plan to earn an M.A. in Counseling Psychology, become a Licensed Marriage and Family Therapist (LMFT), and work with children and families.

**Amanda**. I am a 38-year-old, cisgender woman, returning student, and I am about to graduate from Cal Poly Humboldt with a B.A. in Child Development and Family Relationships and a minor in Music. I am currently taking the prerequisite courses needed for a M.A. in Psychology. I was raised the eldest daughter in a home of mixed ethnic background. My stepfather was an immigrant from the Philippines who served in the U.S. military for 40 years, and my mother is of Norwegian heritage. My biological father, mi papa, was from a large city in Mexico, where I visited many times after I was reunited with him at the age of fifteen. I am a wife and mother of two and a caregiver to my two nieces, who are trauma survivors. I would like to work with children and families who are experiencing psychological and emotional challenges in their lives.

**Sara**. I am a 23-year-old, Mexican/American cis-woman and am currently working on finishing a B.A. in Child Development and Family Relationships at Cal Poly Humboldt. I am a second-year preschool teacher and a part-time personal trainer. My goal is to go into the field of Education and work with primary grades. My vision is to work with 1st–3rd grade, creating engaging, healing, and safe spaces for children while supporting their dreams.

**Angel**. I am a 21-year-old cisgender Alaskan Native/Caucasian woman, currently pursuing my college education. I am an assistant preschool teacher, with five years of experience and continuing, now moving to a Montessori school to be an assistant teacher.

I work with the nonprofit organization Big Brothers Big Sisters, mentoring at-risk youth. I am also a first-generation undergraduate in the Department of Psychology at Cal Poly Humboldt, with minor studies in Early Childhood Development, Language Arts, and Communication. I hope to work toward my LMFT and Licensed Professional Clinical Counselor (LPCC) licenses, eventually earning my PsyD. In addition to helping my future clients and teaching, I plan to find a way to offer free mental health counseling to women's and homeless shelters in my community.

**Meenal**. I am a 48-year-old straight cis-woman, who was born in a lower-middle, class family in Northern India. I moved to the U.S. in 2005 to work on my PhD in Human Development and Family Studies at Michigan State University, East Lansing, MI. I have been working in a faculty position in the Department of Child Development at Cal Poly Humboldt since 2013. My research interests/areas center around resilience, identity development and exploration, and belongingness among youth and college students, especially among historically underrepresented minorities and immigrant families.

### *6.5. Findings*

Based on the thematic analysis of our autoethnographies, we organized the findings into five major sections: (1) Motivations for the Professional Field of Choice; (2) Roots of Empathy; (3) Our Understanding of Compassion; (4) Risk and Protective Factors in Compassion Fatigue; (5) Coping with CF.

## 7. Motivations for the Professional Field of Choice

There are commonalities in our experiences that have informed our decisions to enter our respective fields. Each of us has stated having a need or desire to care for others by offering empathy, professional support, and a safe and nurturing environment. Personal experiences seem to have predisposed us for empathy and compassion, affecting each of our career and academic discipline choices. For example, Riley shared "Having experienced much trauma and turmoil due to my own upbringing as a child, I wanted to enter a field where I could help children manage similar traumatic experiences, assisting them and their families in navigating such difficult situations". Amanda added "I chose this field because I experienced a great deal of stress in my childhood, and also into my adulthood. I recognize that early life experiences shape the way we see the world, and how we participate in it". Sara shared

> During my childhood, like many children, I had to endure adverse childhood experiences (ACEs) that gave me the power and strength to be able to provide support for others and children who need it. During my upbringing and two years of preschool teaching, I have come to learn that an angry child is a hurt child or a child in pain.

Angel shared similar childhood experiences that drove her into a caregiving field, explaining

> Due to having been exposed to trauma early on and having constant stressors, I expressed a strong interest in preventing and learning about it. At an early age, I often found myself in a caregiving role that continued throughout my teen years.

Meenal grew up in India in a lower-middle class family that influenced her career choices, stating

> My father was a professor, and my mother was a homemaker. I grew up in a very intellectual environment, where academics was a top priority. I wanted to be a teacher for young children but during my college journey, I learned that I wanted to work with college students who wanted to work with children, and that became my career path.

We all deeply care about the well-being of children, families, and communities, which serves as motivation for us to enter these fields. These personal experiences, positive or negative, acted as strong driving forces, propelling us in our fields of study and practice.

**8. Roots of Empathy**

The way each of us developed our sense of empathy is related to the experiences we had as children. One example Meenal shared was growing up with an extended family, which was stressful at the time but, in hindsight, helped her to hold compassion and share resources with others in need: "I grew up in a household where my parents would bring many cousins to stay with us over the years, who did not have access to good schools in their village, and other extended family members who needed access to health in the city". Similarly, Angel also grew up around many people at her home. While this experience allowed her to build empathy toward those in need, she was also exposed to ACEs.

> From the ages of 9 to 16, my family sheltered various relatives, many of whom were escaping domestic violence or struggling with addiction, fleeing from the law, or just needing somewhere to sleep for a while. These experiences, however, exposed me to domestic violence, substance abuse, and the weight of caring for others.

Sara's mother modeled strength and resilience during difficult circumstances, which served as a foundation for empathy.

> I always looked up to my mother, who was divorced and raised two young children by herself. She worked extremely hard, moved to the U.S., and learned English as she was able to gain an education and find a career to support her family. Despite the support from my mother, our entire family had to endure the exposure to domestic abuse, substance abuse, and poor mental illness for years of our lives. I found safety and comfort at school and clung to my educators/peers as if they were also family. I want to support children who are going through similar circumstances and provide that safe space that every child deserves.

Amanda, as an 8-year-old child, witnessed her toddler brother's hospitalization, who was diagnosed with Guillain Barre Syndrome, a physically debilitating disease, which paralyzed him. This experience was pivotal in building empathy.

> I was deeply affected by my brother's illness, and so my mother agreed to take me with her to visit him for a week. That week was transformative for me. The hospital was very small, and there were many other children there with various health issues. All of them were very sick. I made friends with the children there, and it opened my heart in a way I had never experienced before. Through this extremely challenging situation, I was able to be a real help and a friend to children who hadn't experienced "normal" childhoods.

Additionally, Amanda shared

> I have noticed that because of my own experiences I'm not as surprised by the things I have heard. I'm not as emotional about personal tragedies as I might have been had I not experienced tragedy myself. I find I can connect to people, and feel deeply, without being scared into hiding or becoming depressed. I feel my past has motivated me to push into the future, as a light into some of the darkest parts of humanity.

Riley was raised in a low-income family, where both parents struggled with substance abuse disorder, which caused Riley and her younger brother to move around under the care of different guardians. These childhood experiences elicit strong emotions and empathy toward people/clients who go through similar experiences. Riley shared one example:

> When working in a behavioral health clinic that primarily serviced a population that was low-income, disabled, or struggling with addiction, I sat with many

> patients who had very traumatic stories. I had one patient who had struggled with addiction since age 12, and by their mid-40s, they had experienced a lot of trauma throughout their life. This patient's story hit very close to home for me, and it had affected me more than I expected. I couldn't stop thinking about them and hoping they were okay. That week, I spent a lot of time alone, very reserved from my friends and family. This was very early in my academic/professional career working in a helping position, and unfortunately, I did not have many skills to address the burnout. I still think about this patient to this day.

Riley concluded "I feel that it is worth making sacrifices to help better the lives of children and their families. After all, we enter these fields to make a difference in others' lives, and sometimes that can be stressful for us".

## 9. Our Understanding of Compassion

### *9.1. Compassion*

As a group we established that compassion is the ability to offer active listening, feel empathy toward the individual who has encountered stressors or traumatic experiences, and when possible, to take action to support the individual. According to Meenal, "compassion consists of empathy and action—understanding someone's emotional state and taking action to mitigate the difficult emotions that someone is going through due to their stressor or trauma". Sara shared "Having the empathy, care and vulnerability to feel the responsibility/duty to attempt to provide support is compassion to me". All of us have shared our desires and passions to leave a substantial mark on individuals, providing them with care, compassion, and empathic support.

### *9.2. Compassion Fatigue*

We reflected on our personal definitions of CF so that we are cognizant of the understanding of its importance, what leads to CF (i.e., antecedents), what consequences we face with it, and its symptoms (e.g., when we are feeling it). Riley described CF as

> Feelings of emotional and/or physical exhaustion that are often accompanied with being exposed to the suffering and traumatic experiences of others. In some cases, experiencing CF can result in a diminished sense of empathy or ability to care for others, which can impact the quality of care provided.

Sara shared "[CF] is feeling the impact of others' experiences and emotions when they aren't your own but become yours and impact your day to day life, functioning, and interactions. CF and empathy can affect an individual's ability to practice detachment". According to Meenal, "CF is when I am feeling empathetic, but I cannot take action to resolve an issue". She further added "We experience CF because we care—we care not just about our family, friends, peers, students, and colleagues, but we also care about ALL children, families, and communities, due to the nature of our profession". Amanda shared that the lack of readiness for handling difficult emotional situations could lead to higher likelihood of CF: "It is most likely that people experience it because they are not properly prepared to handle the stress emotionally and cognitively, and as a result the person experiences what is called 'secondary trauma'". Angel suggested people who have been exposed to similar situations beforehand may be more apt to handle the situation but may be highly prone to feeling CF.

> When you work with people who undergo extreme stresses and traumas, and they confide in you, you find yourself giving them your understanding; you feel their pain just as it is. Being a preschool teacher and a future therapist, I have come to learn that you can never really know what someone else is going through or what their experience feels like, regardless of thinking you have had a similar experience. So all you can do is show compassion and empathy and let them know that maybe everything won't be okay but that you're there for them in any way that they need you to be. However, feeling this so strongly and so honestly

> can leave you feeling drained, and for me, sometimes numb; like I've felt so much in so little time that I can't possibly feel anymore.

### 9.3. Importance of Recognizing CF

It is important for all professionals, emerging and established, working in fields that require an exchange of sensitive information and emotion to understand CF. Riely shared

> [With our understanding of CF], we may be able to think about ways we can be healthy and centered enough to take care of others. The ability to recognize symptoms of CF can ensure a quality of care for patients and clients, as well as professional longevity and personal well-being for the caregiver.

Angel shared that, when people are aware of CF, they are more likely to take preventative measures. "We might be able to recognize [CF] when it is occurring to us or colleagues. Knowing how to cope with it is necessary to give the best care to the patient, student, family member, friend, co-worker, customer, or anyone else". Depending on the support available to a person in their workplace, how they experience and manage CF can affect not just their mental health but their financial well-being as well. Amanda shared

> Professionals are overexposed to other people's difficult personal situations in their field of work, often giving enormous amounts of emotional and mental output. It is something to be prepared for because as professionals it affects their livelihood. It isn't practical to take extended time off to recover to then go back to the same situation.

### 9.4. Symptoms of Compassion Fatigue

We shared noticeable symptoms that we experienced during CF. Some of these included poor quality or chronic lack of sleep, emotional and/or physical exhaustion, irritability, declined mental health, anxiety, depression, continued crying, and brain fog. Riley shared her experiences with CF:

> CF can have very similar symptoms to depression and anxiety, almost as if the trauma you are assisting the patient with is becoming your own. Excessive fatigue, changes in appetite, social withdrawal, decreased productivity and concentration, and sadness are some symptoms I have experienced.

A feeling expressed by most of us was the sense of guilt we are not able to do our best as a result of CF. Angel expressed "I want to connect with others, I often can't muster the energy to respond or talk, which leads to feelings of guilt. I struggle with internal battles to keep others from feeling unimportant due to my inability to engage". Other symptoms included a general sense of emptiness, overstimulation, and a lack of empathy. Meenal shared that, when she experiences CF,

> Sometimes, which is not often, when I experience indifference toward certain issues, which come after I am way too overwhelmed and cannot deal with fatigue, that's when I know that I am going into the burnout stage. I also become irritated and impulsive in my response to issues that I consider distal as far as the priority is concerned, but the person dealing with those issues considers them proximal and constantly needs my attention. My communication becomes more direct and may lack empathy at that time. When I become exhausted, I have a difficult time discerning between the importance of issues.

This range of symptoms may lead one to think CF must be more prevalent than we know.

### 9.5. Perception and Meaning Making in Compassion Fatigue (CF)

At times during our reflective process, we discovered philosophical elements in our experiences of CF. One such element was whether it is a necessary evil with hidden benefits for those who really want to immerse themselves in a helping role. Each of us recognized

that experiencing CF had some positive associations, such as having a deeper understanding of what others are going through. Experiencing an abundance of compassion was looked at positively by our group members, but simply feeling deep compassion was not enough for any of us to say CF was necessary. For example, Riley shared

> Feeling stress and exhaustion on behalf of the people you are helping is an indication that you are experiencing immense empathy and compassion for them. However, some people may be more skilled at compartmentalizing these feelings and keeping them separate from their own lives and may not need to experience CF to fully immerse themselves in a helping role.

Meenal expressed a similar perspective and shared that her experience with CF has made her aware of the importance of balance. "There is a fine line. It is important to understand our limitations and the signs of CF to have the happy dance—going there and coming back".

For each of us, our previous experiences of adversity and the introduction of new stress has resulted in bonadaptation. Through adversity, it is as though we have gained a valuable perspective grounded in lived experiences. However, we cannot say that adapting well once or twice means an individual will always adapt well. The risk of CF is maladaptation each time. Therefore, many of us agreed that, while CF may have fringe benefits, it is not necessary in order to be immersed in a helping role. However, through the examination of our CF experiences, we realized that each one of us had our own meaning making process.

## 10. Risk and Protective Factors in CF

An important component to our exploration of CF is investigating the risk and protective factors that influence the way we cope with stress in our lives and careers (future and current). We reflected on our past experiences with stress, noting details that reveal possible causes, such as stress level, management strategies, and prior instances of CF.

### *10.1. Risk Factors*

We reflected on the traumatic events and ACEs from our pasts that have a strong influence on the way we handle stress now. These risks were compounded by daily stress/workplace stress, which can be significant for us when we work with our clientele, who must be going through traumatic events, ACEs, and daily stressors.

**Individual**. Our individual responses to daily or workplace stress demonstrate the various ways people can be at risk for CF. Riley expressed "Fatigue for me is when a patient or client is going through a very traumatic experience that is very similar to one that I have experienced myself". This "triggering" of emotions from past traumatic experiences is a risk that must be addressed with thoughtful coping strategies. Other risks of stress in the workplace may be relationship based. Most members of our research group talked about feeling a sense of obligation to their work that may surpass what is considered healthy. Amanda shared how feeling that people need her more than they do contributes to her stress. Both Sara and Angel expressed a tendency to overwork themselves and that balancing work and their personal lives greatly increases their risk for CF. Overall, the passion to help others while not considering our individual risks and importance of self-care may exacerbate the risks for our health.

**Family, Community, and Beyond**. We all shared the risk factors that our childhood experiences posed. Some examples included our families where divorce, sick family members, separation and deportation, substance use disorder, and death and losses were traumatic and stressful. Meenal shared

> While academic success was emphasized in my family and my parents took care of us, emotional expression was discouraged, especially if those emotions were negative. As a child and an adult, I struggled to express myself. Now after many years into adulthood, I feel comfortable being vulnerable and encourage my students to do so.

Meenal further shared that time is a crucial commodity for her and not having enough time to prepare or decompress due to work demands; moral and ethical obligations to support college students, children and families, and colleagues; being asked to serve on several committees and contribute to various projects; inability to spend enough time with friends and family; and inability to have enough free time to spark creativity and improve productivity are stressful.

For those who have experienced first-hand traumatic experiences and are exposed to secondary trauma in the workplace, macro-level events such as war, global climate change, and societal unrest can further compound the risk for CF. We found that major events involving civilians and children were especially stressful for us. Meenal reflected "I find myself helpless in solving issues of genocide, child hunger, violence, and other traumatic events and atrocities happening in the world now. I don't even know if my daily actions will make a bigger change". Amanda further testified to the risk of global problems contributing to CF.

> Recently the war on Gaza had pushed me to the brink mentally and emotionally, especially the effects on the civilian population. I felt a great sense of responsibility for people on the other side of the world, all while trying to balance my own life as a mother, wife and student. I felt I was helpless, and I started to become numb.

Numbness and apathy were feelings that accompanied a very high level of stress among our group. They give rise to questions about the prevalence of CF in society, as we all experience macro-level stressors, and recognizing this kind of stress is an important step toward resolution.

### *10.2. Protective Factors*

We spoke about protective factors at the individual, familial, and community levels.

**Individual**. Professional experience in the field over a period serves as a protective factor for coping. Meenal shared "With time and experience, I have learned the happy dance between the CF and coming back from it". Amanda spoke about maintaining spiritual health by seeking silence, meditation, and the steadying effects of daily prayer as both a protective factor and coping strategy. Reflective practice is a highly valued stress practice in all our lives, personally and professionally, requiring introspection (i.e., internal) and reflection (i.e., ability to write and share with others); both aspects serve as protective factors.

**Family, Community, and Beyond**. Family and extended family were commonly identified protective factors among our group. Meenal was born to a family who placed a high value on academic achievement that worked hard to provide a quality education for her. Riley experienced stability when living with her grandparents and aunts and uncles. Sara remembered her mother's hard work caring for her and a sibling during childhood, her current employer checking in on her, her significant other, and even her emotional support cats. Angel expressed that, while her home life was challenging and her social life was overwhelming, she had a coach in high school who supported her by paying attention to her and offering her support. She remembers "My coach recognized my lack of sleep, and maybe even at the time my CF and tried to persuade me to slow down, and that I had to take care of myself too". Meaningful relationships have been a source of support and a primary protective factor for all of us.

One factor that we share is our ability to attend college and the protective elements that being a part of a college community can bring, such as financial support, access to health and mental health services, clubs, volunteer opportunities, mentorship, and diverse perspectives from others in our community and from the world. We are all part of Cal Poly Humboldt, but membership at this school has the added benefit of access to services at any of the other CSU campuses. A college education improves employment opportunities and serves as protective factors that increase not only our potential for success financially but also our understanding within our respective fields, so that we may be

effective practitioners and support for others. Meenal's positive team environment in her department served as a protective factor for her.

## 11. Coping with CF

Our autoethnographic research helped us to flush out our own personal coping strategies, looking for commonalities and differences that could help us see how others might be experiencing CF, and inform our recommendations later in this paper. We found that each of us have preferred daily practices that promote compassion and contribute to our well-being. Both social and solitary activities were found to be valuable for coping with stress, sometimes preferring time alone to recuperate and reflect and other times wanting friends and colleagues to reflect with and share our thoughts. Self-care strategies included cooking nutritious meals, spending time outdoors, and engaging physically via exercise or expressive movement (e.g., dancing). Professionally, building a supportive and trusting team has been useful in preventing burnout. Reflective practice is an important strategy that all of us utilize, which can be done alone or in community settings. Another strategy we found to be valuable to a professional is compartmentalizing and prioritizing (cognitive coping). Other times, discussing challenges with colleagues and peers, within professional boundaries, or speaking with a friend helped reset (i.e., socio-emotional coping). Meenal shared

> I have developed a strategy based on proximal and distal issues: what needs to be done first and what can wait? What can I do with my limited time and resources at present? Who needs most of my time? What can I resolve in my immediate environment?

While we have discussed the importance of self-care and regulating practices, we also understand that taking care of one's own needs is not as simple as it seems. Financial restrictions, time constraints, and a tendency to prioritize others' needs before our own were all named as reasons we have neglected our own care. This is another area that requires further research, in hopes that awareness will contribute to a shift in the availability of self-care services for individuals working in human services.

## 12. Discussion and Conclusions

This paper, utilizing the lifespan and ecological perspectives, collected the autoethnographic data from the five authors to explore the topic of compassion fatigue (CF). As a group, we established that "compassion is the ability to offer active listening, feel empathy toward the individual who has encountered stressors/traumatic experiences, and when possible, to take action to support the individual". We agreed we felt emotional and/or physical exhaustion due to the exposure to the suffering and traumatic experiences of others. In some cases, experiencing CF may result in a diminished sense of empathy or ability to care for others, which can impact the quality of care provided. Our personal experiences, macro-level events around the world that affect children and families, coping strategies, support systems, and our professional experiences affect our ability to cope with CF. Our findings were in alignment with research on CF [2–5,40,41]. We, however, found that feelings of helplessness and inability to take action for events beyond our control led to higher CF among our group. Additionally, we contributed to the literature of CF by exploring our personal experiences. In future CF studies, we encourage using lifespan and ecological perspectives.

We utilized the Double ABC-X Model to analyze the autoethnographic data [10]. Within the model, "A" refers to the stressor(s) affecting the individual. This may include an abrupt traumatic event; a combination of many small stressors, long-term, or chronic stressors; and more. The model was used to examine the stressors, personal and professional, leading to CF in the contexts of families, communities, and beyond over a period in the lifespan of the participants [12]. We also acknowledged that the macro-level events that affect children and families drastically (e.g., war, genocide, COVID-19, and deportation of family members) can lead to CF among professionals in the field. We also examined

the roots of empathy in our lives that shaped our dispositions and motivations to choose certain professions and careers that are in line with previous research [1]. Jung's theory of the "wounded healer" is useful in analyzing the foundation of prior experiences that connect to the predisposition to CF, burnout, and STS. "Wounded healer" refers to someone who, through their own personal suffering or wounds, gains the ability to help others who are also suffering. The core idea is that personal pain and trauma can deepen a healer's empathy and understanding, making them more effective in their healing or teaching work. More future research is needed in "meaning making", which involves the use of prior traumatic experiences and ACEs as factors that can inform our work with others (Jung, 1951). This involves introspection and reflection of our experiences in order to understand how stressors or traumas have contributed to strength and resilience and how this meaning making enables us to provide support and care for others, an area closely aligned with the research on posttraumatic growth [42].

The "B", in the Double ABC-X Model refers to the resources and protective factors the individual has available to cope with the stressor(s). In our paper, we found that these resources were available to us at multiple levels, starting with the individuals and expanding to their family, friends, and the greater community. Our identified coping strategies function as protective factors. Additionally, our educational resources such as college coursework that focuses on children and stress, family structures, lifespan principles, and neuroscience build our professional understanding that we can use for coping. Our direct experiences with clientele have served as important resources as well. The more experience we gain in the field, the more likely we are to develop better coping strategies [30]. Familial and relational support contribute to building resilience by offering perspective, emotional support, and resources when needed. Though everyone has a unique experience of CF, it is important to acknowledge that there are some universal strategies that alleviate the intensity of stress that causes CF. These types of resources can be seen in multiple contexts over time and across the various experiences of a professional. Based on our findings in this research, the use of individualized preventative strategies, as well as organized, systematic support networks, is key to alleviating symptoms of CF and building resilience [29].

The "C" in the ABC-X Model refers to the individual's perception of the stressor(s) (i.e., perception of initial events and continuous interpretation of crisis as new stressors arise). We learned, through our autoethnographies, that perception and meaning making of our experiences are complex processes that require us to consider the current resources and processes. For example, while some of us found that we were able to connect with our clientele better based on our prior experiences, listening to them also triggered us, depending on the current resources (e.g., whether we have support or not) and processes (e.g., we go through a nonlinear process of coping and trigger is always a risk). Listening to each other during the process of data collection for this paper also provided us different perspectives. It is important in this field of work to have strong trusting teams that could provide our insights in day-to-day professional challenges and opportunities to reflect on our processing. Building protective factors, resilience, is an important way to encourage positive or at least "workable" perception of CF [30].

The X in the ABC-X Model refers to the crisis or level of stress that the individual experiences. In the Double ABC-X Model, X is the result of a compounding aA (stressors), bB (resources: existing and new), and cC (perception of X+aA+bB) [10]. For our purposes, X is analyzed as either bonadaptation or maladaptation, a response to CF after a buildup of stressors that interact with the mitigating resources available and one's perception over time. Our group comes to an understanding that learning about CF (i.e., the definition, antecedents, symptoms, and consequences) is an important part of coping with it. We reflected on how and why we experience it, how we recognize it, and most importantly, how to cope with it. Coping strategies are different from protective factors and include preventative and intervention strategies. They can be a part of everyday stress management or for the times of heavy burden. Protective factors can include stress management techniques

but distinctly include personal histories, family situations, economic security, and other external systems of support. How a person experiences the Double ABC-X Model is unique to them, but logically, stress management is easier when an individual is well supported in difficult times.

### 12.1. Implications: Practitioners and Policy

Effective interventions and prevention strategies are crucial to navigating CF. We recommend preventative strategies that may be integrated with the environment to support professionals and staff. This can include allocated time for reflection, self-care benefit packages, team building groups, meditation or movement groups/classes, stress management seminars, etc. Social media can be a resource for connecting professionals in the field, with expressed interest in trading strategies that build resilience in the workplace. Post-COVID-19, many schools have integrated social-emotional learning programs that are building compassion and resilience in children. Programs like this would also benefit adults. These strategies point to our groups' action-oriented approach, practicing support beyond checking-in: "What action can we take to support each other in the workplace?

Educational institutions should distribute equitable workload to teachers and professors with clear boundaries, which may help prevent overextension and allows teachers to focus on their core responsibilities. Primary, secondary, and higher education should offer counseling, workshops, and wellness programs to help teachers/professors manage stress and CF. Training sessions on recognizing and coping with CF can empower faculty with self-care strategies. Peer support and mentorship programs can also play a vital role. Institutions can create networks to share experiences and offer guidance, reducing feelings of isolation. De-stigmatizing mental health discussions encourages a supportive culture, normalizing open conversations about emotional well-being. Hiring specialized support staff, such as counselors and academic advisors, can reduce the non-teaching responsibilities of professors and teachers, alleviating emotional burdens. Recognizing the emotional labor primary, secondary, and higher education teachers/professors contribute is another critical step. Finally, expanding student mental health services and offering resilience training for students can reduce the emotional load placed on teachers/professors.

The first step to working with compassion fatigue (CF) is to recognize the symptoms. Identifying and addressing predictors of CF, such as high workload and lack of support, is essential in developing effective prevention measures [5]. Building protective factors such as compassion satisfaction and self-care practices can buffer against the adverse effects of CF and promote well-being and help build resilience [18,29]. McEwan and colleagues emphasized training in a compassionate approach to distress, enabling professionals to engage empathetically without becoming overwhelmed [43]. Additionally, Karyagina and Roshchina underscored the role of empathy training in enhancing professionals' ability to manage burnout and CF [44]. Rogers' person-centered approach provides a valuable framework for addressing CF by promoting empathy, self-awareness, authenticity, and a supportive environment. These principles help professionals balance their empathetic engagement with self-care, ultimately reducing the risk of CF and enhancing their effectiveness and satisfaction in their roles [40,41]. A major agreement across research is that training programs are a necessary protective factor for CF and can help us develop the necessary skills to manage empathy and, overall, well-being. Unconditional positive regard, which involves accepting and valuing individuals without judgment, is especially impactful in fields like medicine, mental health, and teaching. It creates a supportive environment where everyone feels understood and valued, reducing the risk of compassion fatigue (CF). By offering warmth, respect, and care regardless of behavior, it fosters trust and safety. In therapy, it helps clients explore their feelings, while, in education and relationships, it promotes openness, personal growth, and emotional well-being [40,41].

In addition to self-care, intervention strategies such as Mindfulness-Based Stress Reduction (MBSR) and resilience training like compassion mind training known as Compassion Focused Therapy (CFT) are known to be effective [45]. MBSR is a meditation

therapy originally used to reduce stress among patients experiencing a variety of illnesses. Some examples include breathing when taking steps, walking slowly, meditation, mindful yoga, etc. CFT practices, inspired by Buddhist philosophy, include rhythm breathing, body scanning, the creation of a safe place within oneself, compassionate flowing out, and compassionate self [46]. The CFT may help professionals to educate on how to bring themselves back to the present while coping with CF. A comprehensive review of various intervention strategies for healthcare, emergency, and community service workers to cope with CF was conducted by Cocker and Joss, which could be applicable to educators and students in primary, secondary, and higher education [47].

### 12.2. Future Research in CF

Derived from the question is CF increasing or declining, we suggest many areas of future research on CF: (1) How has the COVID-19 pandemic affected people's experiences with compassion fatigue? Has it created more apathy among medical professionals, educators, and mental health workers, since they are known to experience serious burnout? Will there be long-term effects of the pandemic on their ability to be compassionate? New research into how the COVID-19 pandemic has impacted the mental health industry is necessary. COVID-19 may have caused more apathy among medical professionals, educators, and mental health workers, since they are regularly exposed to the stress of others. This concept attracted the attention to the long-term effects of the pandemic and an individual's ability to be compassionate and willing to provide empathetic professional roles. (2) How do issues like climate change, genocide, and violence against children and families affect compassion fatigue? Are these issues increasing attitudes of indifference among people generally and, more specifically, professionals who work in fields that are already emotionally taxing? (3) Is there a decline in the number of interested professionals in the fields of care and education? (4) Has the shift away from stigmatizing mental health shaped compassion fatigue in any way? Have professionals experienced more CF with the increase in mental health services? (5) According to a recent poll by the American Psychiatric Association, the people of the United States, especially younger generations, experience loneliness. Is a societal decline in compassion resulting in this loneliness? (6) How do professionals in the field of education and caregiving make meaning of their personal experiences while working with their clientele? (7) What role does social media play in compassion fatigue? How does it affect our ability to empathize when we are constantly consuming sensationalized information, images, and videos of people in unimaginable hardship, slanderous comments, and predictions of a grim and terrifying future? Through social media, we relate to so many people, but are those interactions enough to simulate/replace the real life human-to-human interactions we have historically always had access to? The influence of macrosystems on our ability to empathize with others is a compelling concept worth further exploration.

### 12.3. Limitations

The study comes with limitations. Our data include the autoethnographic accounts of five authors, which limits the generalizability of our findings. While the mental health and nursing literature provided individual, professional, and organizational levels of risk and protective factors, our data have limitations due to the reason that four of us are students and we have yet to gain professional work experience in the area. The data at the professional and organizational levels are limited to the professor author of this paper.

### 12.4. Contributions of the Study

Regardless of the limitations, the current study makes several contributions to the field of CF. The studies on CF in the fields of higher education are scant [7,9,11]. Our study makes an important contribution in the field of higher education. Our autoethnographic accounts on the topic of CF allowed us to introspect and reflect and ultimately allowed us to integrate our personal life experiences and enhance the depth of our findings. The autoethnography

methods used in this study allowed us to reflect on our life experiences, including from childhood to adulthood, in examining the motivations to choose our career/academic paths and how we experience CF. Future research in this area could be done by using more creative methodologies to cover the topic in depth and breadth. We found that the Double ABC-X Model has strong applicability in the field of CF and contributes to the stress and coping literature for professionals in the fields of Child and Family Relationships, Education, and Psychology. Lifespan perspectives are important to study compassion fatigue, because it should be examined over time, in different life stages. This study used ecological perspectives to assess the risk and protective factors at the individual level but also at the familial, societal, and cultural levels [12]. Future research ought to examine the personal experiences of professionals who work with children and families, as their health is an important consideration to improve efficiency and productivity.

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