

June 2021

## Sustainability of Community Engagement at Institutions of Higher Education: A Look at Compassion Fatigue and the College Student Mental Health Crisis

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### Recommended Citation

Chiu, Katherine A.; Craig, Briana G.; and Rabago, Naomi L. (2021) "Sustainability of Community Engagement at Institutions of Higher Education: A Look at Compassion Fatigue and the College Student Mental Health Crisis," *VA Engage Journal*: Vol. 9 , Article 1.  
Available at: <https://commons.lib.jmu.edu/vaej/vol9/iss1/1>

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Over the last few decades, U.S. institutions of higher education (IHE) have sought to reinvigorate their commitments to serving the community and promoting civic participation (Farner, 2019; Roper & Hirth, 2005; Weerts & Sandmann, 2008). This is most often achieved through community engagement, which is defined as the “collaboration between [IHE] and their larger communities . . . for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity” (Public Purpose Institute, 2021c, para. 13). In 2017, the Carnegie Foundation for the Advancement of Teaching partnered with the Swearer Center at Brown University to continue to recognize IHE for outstanding efforts in community engagement through the Elective Classification on Community Engagement (Carnegie Foundation, 2017a; Public Purpose Institute, 2021c). The application cycle for this classification takes place every five years, and all applicants must supply substantial data and documentation in order to be recognized as a “community engaged institution” (Public Purpose Institute, 2021b). In 2020, 119 colleges and universities across the nation received recognition for their deep engagement on local, state, and national levels (Public Purpose Institute, 2021a). Of those colleges and universities, 63% were re-classified, indicating a pattern of continuous and sustainable engagement efforts (Public Purpose Institute, 2021a). However, pushing IHE toward a higher standard of engagement involves major considerations and challenges (Holland, 2009; Weerts & Sandmann, 2008).

At the most basic level, engagement efforts require buy-in from senior leadership, appropriate infrastructure, and necessary funding (Farner, 2019; Holland, 2009). In addition to these fundamental considerations, there are also challenges in conducting assessment, making space for dynamic dialogue with community stakeholders, and giving students the ability to shape their community experiences (Holland, 2009; Weerts & Sandmann, 2008). Some IHE have

taken an extra step in demonstrating their commitment to sustained community engagement efforts by incorporating engagement into their mission and vision statements. For instance, James Madison University (JMU), a public research institution in Virginia, approved their new vision “to be the national model for the engaged university: engaged with ideas and the world” in 2014 (James Madison University, 2020c). JMU became a Carnegie Community Engaged institution in 2010 (James Madison University, 2020d), and was reclassified in 2015 and 2020 (Carnegie Foundation, 2017b; Vass, 2020). Their approach to engagement is defined by three facets: engaged learning, community engagement, and civic engagement. Since JMU has embraced the movement toward enhanced engagement, this institution is well suited for relevant research inquiries.

An annual survey on student perceptions and satisfaction revealed that more students at JMU participate in community service than any other student activity (Table 22; James Madison University, 2019). Regardless of whether students became involved as a byproduct of clubs and classes or out of their own personal interest, community service has maintained the highest reported participation since 2015 (James Madison University, 2019). However, data also shows that there has been a 7% decrease in students who participated in community service due to personal interest between the years 2015 and 2018 (Table 22; James Madison University, 2019). In fact, it is the only type of activity that experienced an overall decrease in participation within that time frame. This trend reveals a potential vulnerability in sustained community engagement efforts facilitated by IHE, and suggests that inconspicuous personal factors may be deterring students from these experiences. With this information, it is important to question what is causing diminished student interest in community engagement and how new IHE standards of community engagement can be sustained by those at the forefront. One plausible explanation for

reduced student interest, and thus, participation, is the ongoing and rapidly increasing student mental health crisis. In order to investigate the sustainability of community engagement efforts at IHE, this study aimed to examine one dimension of the college student mental health crisis by analyzing the existence and potential weight of compassion fatigue among students engaging in service.

**Table 1**

*Data from Continuing Student Survey: Participation in JMU Activities*

Students have participated in . . .	% in 2015	% in 2018
Community Service - Club	57	59
Community Service - Personal Interest	56	49
Community Service - Class/Academic Requirement	38	43
Internship	27	32
Research	23	23
Study Abroad	10	16
Practicum	12	13
Capstone Project	8	8
Alternative Spring Break Program	5	8

*Note.* This data was sourced from the JMU Continuing Student Survey (James Madison University, 2019).

### **College Student Mental Health Crisis**

On a national scale, 1 in 5 adults in the U.S. live with mental illness, and 75% of all lifetime mental illnesses begin by age 24 (National Alliance on Mental Illness, 2019). As such, there is a growing concern for the mental well-being of young adults, especially students. In 2012, a national study found that 73% of students have experienced a mental health crisis while in college (National Alliance on Mental Illness, 2012). These numbers suggest that mental health crises are more than 3 times as prevalent among college students as they are among the general adult population. The problem at-hand is further illustrated by annual data from the National

College Health Assessment, which found that 87.4% of college students feel overwhelmed by their responsibilities and 84.7% feel exhausted for reasons unrelated to physical activity (American College Health Association [ACHA], 2019). Many students also reported feeling hopeless (55.9%), very lonely (65.6%), and too depressed to function (45.1%); and a troubling number of students (13.3%) seriously considered suicide (ACHA, 2019). Unfortunately, all of these student feelings exhibited a net increase since fall 2015 (ACHA, 2016), corresponding with the 7% decrease in students who participated in community service as a result of their own personal interest (James Madison University, 2019).

Although the aforementioned trends are a culmination of gradual shifts, the year 2020 will undoubtedly leave a lasting impact on mental health across the world. On January 21, 2020, the first U.S. case of coronavirus (COVID-19) was confirmed in Washington state and the virus that caused it, SARS-CoV-2, started to gain public attention in the U.S. (American Journal of Managed Care Staff [AJMC], 2020; Baker, 2020; see Table 2). Since the World Health Organization declared COVID-19 a pandemic on March 11, 2020, the world has drastically changed (AJMC, 2020). In an effort to stifle the spread of the virus, several precautions have been instituted on organizational and individual levels, such as limiting the number of people allowed in public spaces. Though these precautions have saved many from the deadly virus (Collins, 2020; Hsiang et al., 2020), COVID-19 has still claimed the lives of hundreds of thousands of people in the U.S. within a single year (Roser, Ritchie, Ortiz-Ospina, & Hasell, 2020). In addition to lockdowns, travel restrictions, and transitions to virtual working and learning, the U.S. has also grappled with major racial reckoning and political polarization (APA, 2020; DoSomething Editors, 2020; International Crisis Group, 2020). Between the isolation,

grief, tension, and instability co-created by the COVID-19 pandemic and prominent socio-political issues, mental health has reached a new level of urgency (APA, 2020).

According to a recent national survey, nearly 75% of students reported that their mental health worsened during the pandemic (Active Minds, 2020). Even though COVID-19 is not the focus of this study, the research was conducted during the pandemic. As such, it is important to highlight the pandemic's additive effect on the existing college student mental health crisis. Prior to the COVID-19 pandemic, there were already many students with multiple mental health diagnoses, and the demand for counseling services at IHE was rapidly increasing. For instance, the 2019 National College Health Assessment found that one-third of student respondents (33.1%) were either diagnosed or treated for at least one mental health condition, with nearly half of those students naming depression and anxiety as their dual diagnoses (ACHA, 2019). For over a decade, IHE across the U.S. have experienced substantial increases in the utilization of counseling services (Lipson, Lattie, & Eisenberg, 2019). In fact, one study found that counseling center appointments grew by 30% from 2009 to 2014, which was six times greater than the growth of IHE enrollment in that time frame (Xiao et al., 2017). At the JMU Counseling Center, high service demands and limited resources placed significant constraints on their ability to provide individual counseling services in 2019 (The Breeze, 2019). Prior to the COVID-19 pandemic, 82% of university presidents at public IHE reallocated funding to meet these increased needs (Chessman & Taylor, 2019). However, these problems are only expected to worsen, and prior university efforts may not be enough for a post-COVID-19 world.

**Table 2***Contextualizing the COVID-19 Pandemic*

Date in the Year 2020	Event	Cumulative Number of Confirmed . . .	
		COVID-19 Cases in the U.S.	COVID-19 Deaths in the U.S.
January 21	First COVID-19 case confirmed in the U.S.	1	0
March 9	JMU spring break begins	554	21
March 11	World Health Organization declares COVID-19 pandemic	1,025	28
March 11	JMU extends spring break to move classes and other operations to virtual spaces	1,025	28
March 13	JMU spring break ends	1,663	40
March 23	JMU virtual learning begins	35,206	471
March 26	Survey sent to JMU students	69,194	1,050
April 18	Survey closed	702,164	37,054

*Note.* Information on COVID-19 events were sourced from the American Journal of Managed Care (AJMC, 2020). Data on cumulative confirmed COVID-19 cases and deaths were sourced from OurWorldinData.org (Roser et al., 2020).

**Burnout, Compassion Fatigue, and Secondary Traumatic Stress**

*Compassion fatigue* is a relatively recent and broad concept that accounts for the gradual emotional, physical, and spiritual strain on those in helping professions and caregiver roles (Figley, 1995a; Figley Institute, 2012). In particular, it derives from caring for individuals experiencing deep pain, suffering, and trauma (Compassion Fatigue Awareness Project, 2020).

Although compassion fatigue and burnout can co-exist, their root causes are very different.

*Burnout* is primarily associated with prolonged occupational stressors (Carlotto & Câmara, 2019) and discrepancies between an individual's expectations and their reality (Maslach et al., 2001).

These discrepancies are called "mismatch" and they can manifest in several ways, such as

through unresolved conflicts with coworkers, insufficient rewards for work, and differences in values or ethical standards (Maslach et al., 2001). Unlike compassion fatigue, burnout does not necessarily involve primary or secondary exposure to trauma (Figley, 1995a). Compassion fatigue, on the other hand, is largely rooted in unresolved trauma from adverse childhood experiences (ACEs), such as child abuse, child neglect, domestic violence, substance dependence, parental mental illness, divorce, and death (Bauer, 2019; Compassion Fatigue Awareness Project, 2020).

Sadly, ACEs are quite common in the U.S. In 2019, 61% of adults reported experiencing at least one ACE, and 16% reported experiencing four or more (Centers for Disease Control and Prevention [CDC], 2019). Unresolved trauma from ACEs often acts as a primer for mental illness, chronic health conditions, violence victimization, and substance misuse in adulthood (Bauer, 2019; CDC, 2019). Moreover, those who experience ACEs tend to care for others at a young age (Compassion Fatigue Awareness Project, 2020). Compassion fatigue scholars believe this early exposure to caretaking teaches individuals to elevate others' needs above their own while simultaneously overdeveloping their sense of personal responsibility (Compassion Fatigue Awareness Project, 2020). Altogether, these attributes may make individuals who experience ACEs more likely to pursue careers in helping professions, which commonly lead to burnout. Extensive literature highlights how burnout and compassion fatigue disproportionately affect those working in healthcare, social work, education, and other human service professions (Adams et al., 2006; Carlotto & Câmara, 2019; Halbesleben & Rathert, 2008; Jurado et al., 2019; Kolaski & Taylor, 2019; Passalacqua & Segrin, 2012). Rates of burnout are often as high as 60% among physicians (Shanafelt et al., 2002), 70% among nurses (Bakhamis et al., 2019), 70% among chaplains (Hotchkiss & Leshner, 2018), and 30% among teachers (Jurado et al., 2019).



Research has also found high percentages of compassion fatigue among early-career oncology nurses (Finley & Sheppard, 2017) and foster carers (Hannah & Woolgar, 2018). These roles have the potential to unintentionally expose individuals who experienced ACEs to further traumatization through *secondary traumatic stress* (STS). This phenomenon is a close relative of compassion fatigue and results from second-hand exposure to traumatic events experienced by someone else (Figley Institute, 2012).

We have not been directly exposed to the trauma scene, but we hear the story told with such intensity, or we hear similar stories so often, or we have the gift and curse of extreme empathy and we suffer. We feel the feelings of our clients. We experience their fears. We dream their dreams. Eventually, we lose a certain spark of optimism, humor and hope. We tire. We aren't sick, but we aren't ourselves. (Figley, 1995b, p. 3-28)

Burnout and compassion fatigue are both characterized by emotional and physical exhaustion, reduced empathy, and depersonalization (Bakhamis et al., 2019; Figley Institute, 2012; Halbesleben & Rathert, 2008; Jurado et al., 2019; Passalacqua & Segrin, 2012; Ratanawongsa et al., 2008). More than 20 studies have found significant correlations between physician burnout and the likelihood of medical error, suboptimal care, and declines in patient safety (Hall et al., 2016; Shanafelt et al., 2002; Williams et al., 2007). Those experiencing compassion fatigue exhibit similar symptoms as well as a desensitization to patient stories (Figley Institute, 2012). This gives insight to the impact burnout and compassion fatigue can have on not only the helping professional or caregiver, but also those within their care. These hidden, yet rippling effects speak to the potential consequences for those who have similar roles in different settings. For instance, very few studies have explored the impact of sustained community engagement on full-time staff working at community agencies. One of the only

studies that falls within the realm of community-engaged professionals examined 548 Brazilian public servants and found that 31% lacked enthusiasm for their position, 31.5% had high levels of psychological exhaustion, and 17.3% had high levels of indifference and detachment (Carlotto & Câmara, 2019). These findings should be considered alarming because prior research shows people in collectivist cultures, such as Brazil, experience less stress and indirect costs of emotional labor than those in individualist cultures, such as the U.S. (Butler et al., 2007; Hofstede Insights, 2019; Mastracci & Adams, 2019). This suggests that people in the U.S. with similar professions and social roles may experience even higher rates of diminished enthusiasm and exhaustion.

### **Compassion Satisfaction**

Due to a lack of literature regarding compassion satisfaction among students, we can turn to research that focuses on community engagement professionals who are involved in this work as part of their career. Community engagement professionals at IHE are motivated to seek these types of roles due to four overarching factors: opportunity, values, place, and profession (Pasquesi et al., 2019). Although 56% of community engagement professionals claim their primary long-term career objective is to ascertain a particular position or role, another 22% claim personal values as their main career objective (Pasquesi et al., 2019). Examples of values described by respondents are “[improving] human capacity to solve public problems” and “[working] in partnership with others to create a more just and equitable world” (Pasquesi et al., 2019). This illustrates how many individuals in caring professions, such as healthcare, education, and community engagement have an intrinsic motivation for their respective work. The pleasure and sense of fulfillment derived through helping others and making contributions to society is called *compassion satisfaction* (Stamm, 2010). Like compassion fatigue, compassion satisfaction

is a major component of professional quality of life (Stamm, 2010). However, the powerful persuasions of intrinsic motivation and compassion satisfaction can be compromised and threatened. The lack of enthusiasm observed among public servants (Carlotto & Câmara, 2019) and high rates of self-reported medical error (Hall et al., 2016) are evidence of this. These observations call into question whether those in community-engaged roles have experiences similar to those in other helping professions, and whether it is negatively impacting those that they serve. These questions can, and should, be extended to students at IHE who have community engaged roles, as they may be similarly susceptible to threatened compassion satisfaction. Especially as student mental health worsens over time (ACHA, 2019; Active Minds, 2020), it becomes increasingly important to examine whether the way they engage with their communities is also changing.

### **Deeply Engaged Students**

It is clear that symptoms of burnout and compassion fatigue have serious, negative consequences for individuals who serve in empathetic roles. However, there is a lack of information about the ways in which compassion fatigue affects those who serve communities in non-medical capacities, especially college students. The need for this research is emphasized by the recent surge of mental health diagnoses and feelings of hopelessness among college students (ACHA, 2019; Lipson et al., 2019). A recent study explored how burnout derives from mental health deterioration, struggles to persist through higher education, determination to achieve and meet others' expectations, and insistence on overcoming obstacles without necessary support (Kundu, 2019). The article reported that students embody behaviors without regularly evaluating and revisiting their passion and purpose (Kundu, 2019). As noted earlier, there are higher rates of self-reported medical error and suboptimal care among physicians experiencing burnout (Hall et

al., 2016). This suggests a possibility that any student experiencing compassion fatigue may put their communities and the populations they serve at risk in similar ways. Therefore, it is important to consider the ways in which compassion fatigue may diminish the quality of community interactions and civic engagement, particularly among students who are deeply engaged.

In 1995, Morton postulated that students primarily engage in service-learning in three ways: charity (direct service), project (creating or aiding service programs through organizations), and social change (addressing social problems systemically). Morton (1995) asserted that students prefer to engage in direct service. However, students also tend to believe that project-based service is more likely to be sustained over the course of one's lifetime (Bringle et al., 2006). Direct service often provides students with instant gratification and fulfillment; however, it may not be the most sustainable method of engagement over long periods of time. In order to sustain community engagement efforts, many researchers emphasize the importance of matching students to service opportunities that fit their motives (Bringle et al., 2006; Houle et al., 2005). This has the potential to maximize the degree of student interest and effort as well as the length of their engagement. The proper use of student passion and skill can help lessen the burden on full-time staff at community organizations while also bringing new ideas and skills to the table. Another argument for matching students to service opportunities is to prevent potential exacerbation of indirect costs that result from mismatched expectations. As described earlier, mismatch is a major contributor to burnout (Maslach et al., 2001). Not only does mismatch impact students on a personal level, but it could also have severe ramifications for community organizations and the populations they serve. Whether based on student-identified preferences or

the existing structures at IHE, direct service is the most common way for students to engage through service-learning courses and co-curricular programs (Bringle et al., 2006).

### **Purpose**

In order to understand whether there is diminished quality or quantity of community engagement, and whether unintentional harm is occurring through these efforts, we must first understand if students are experiencing symptoms of compassion fatigue. Although it is highly unlikely that students would have the same expectations or responsibilities as medical professionals, their roles at IHE and within their surrounding communities should not be dismissed. Determining whether students experience compassion fatigue is just one step toward ensuring community engagement efforts are intentional, sustainable, and high quality.

### **Research Questions**

Specifically, our research sought to answer the following questions:

1. Are students who engage in the community experiencing compassion fatigue?
2. What resources do students use for support in their community-based roles?

### **Methods**

#### **Participants**

Researchers emailed a survey to students enrolled at JMU and affiliated with the university's Community Service-Learning office during the 2019-2020 academic year. The mission of their office is to "cultivate positive social change through mutually beneficial service partnerships, critical reflection, and the development of engaged citizens" (James Madison University, 2020b). They offer numerous programs that facilitate service-learning and engagement opportunities at local, national, and international levels.

Of the 292 students invited to participate in the survey, only 46 (15.8%) responded. Out of the 46 survey respondents, 36 (78.3%) reported involvement in service during the Spring 2020 semester. The majority of those involved in service ( $n=21$ ; 45.7%) became involved through the Alternative Break Program, a student-led service-learning experience that emphasizes active citizenship. Other sources of involvement included student organizations and service-learning courses (see Table 3). Students also reported service work associated with a variety of social issues (see Table 3). The average number of hours this sample of students spent engaging in service per week ranged from 0 to 20 hours ( $M = 5.53$ ;  $SD = 5.64$ ).

Researchers intentionally omitted demographic information from data collection due to recent research investigating how demographic characteristics may influence responses through stereotype threat and priming (Fernandez et al., 2016). Additionally, our research questions did not focus on these variables because the inclusion of such variables may have (1) threatened the anonymity of our respondents, (2) increased the likelihood of overfit in our statistical model (having many variables and a smaller sample size means our model loses generalizability; Tabachnick & Fidell, 2013), and (3) distracted from the intention of our study. However, to contextualize this study, James Madison University consisted of a majority white (75%) and female (58%) undergraduate student body in the 2019-2020 academic year (James Madison University, 2020a).

## **Procedures**

Institutional Review Board (IRB) approval was obtained prior to collecting anonymous online survey data between March 2020 and April 2020. The email sent to potential participants included a link to the Qualtrics survey. Before completing the survey, each participant was provided a cover letter that explained the study purpose and asked for their consent before

proceeding. Upon completion of the survey, participants were given an opportunity to enter a randomized drawing to receive one of two \$25 VISA gift cards.

**Table 3**

*Sample Representation for Service Involvement*

	Count	%
<u>How Students Got Involved</u>		
Student Organization (Org)	6	13.0
Service-Learning Course (SLC)	2	4.3
Alternative Break Program (ABP)	21	45.7
Other	5	10.9
Total	34	73.9
<u>What Issues Were Involved</u>		
Environmental	5	10.9
Health	3	6.5
Homelessness	5	10.9
Youth Development	7	15.2
Abilities/Disabilities	4	8.7
Other	10	21.7
Total	34	73.9

*Note.* Those who listed “Other” for how they got involved specified that it was either unrelated to the university (n = 2) or involved more than one source (n = 3). Those who listed “Other” for “What Issues Were Involved” listed issues such as mental health, life after prison, community

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building (n = 2), or immigration and refugee work (n = 5). Involvement percentages are based on the number of students in the overall sample (46).

## Measures

The survey started with three questions used to assess the extent to which participants were involved in community engagement. The first question asked how the participant became involved in their current service opportunity; the second asked which social issue they addressed most frequently; and the third asked how many hours the student engaged in this work on a weekly basis. Next, the Professional Quality of Life (ProQOL) scale was administered to determine the positive and negative effects that students experience as a result of helping others who are experiencing trauma or suffering (Stamm, 2009). This 30-item Likert scale has been used since 1995 and contains three subscales that focus on compassion satisfaction ( $\alpha = .88$ ), burnout ( $\alpha = .75$ ), and secondary traumatic stress (STS,  $\alpha = .81$ ). Each subscale has ten questions. Scores can range from 10 to 50 for each subscale, with higher scores indicating greater levels of compassion satisfaction, burnout, or STS, respectively (see Table 4).

### Table 4

#### *Relevant Definitions from ProQOL*

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*Compassion Satisfaction* is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society.

*Compassion Fatigue* breaks into two parts. The first part concerns things such as exhaustion, frustration, anger and depression typical of burnout. Secondary Traumatic Stress is a negative feeling driven by fear and work-related trauma. It is



important to remember that some trauma at work can be direct (primary) trauma. Work-related trauma can be a combination of both primary and secondary trauma.

*Burnout* is one element of the negative effects of caring that is known as Compassion Fatigue. Most people have an intuitive idea of what burnout is. From the research perspective, burnout is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment.

*Secondary Traumatic Stress (STS)* is an element of compassion fatigue. STS is about work-related, secondary exposure to people who have experienced extremely or traumatically stressful events. The negative effects of STS may include fear, sleep difficulties, intrusive images, or avoiding reminders of the person's traumatic experiences. STS is related to Vicarious Trauma as it shares many similar characteristics.

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*Note.* All definitions sourced from The Concise ProQOL Manual (Stamm, 2010).

## **Results**

### **Descriptive Statistics**

This sample of students averaged high on compassion satisfaction, low on burnout, and low on STS (see Table 5). In this sample, the ProQOL compassion satisfaction, burnout, and STS subscales had reliabilities of Cronbach's  $\alpha = .75, .67, \text{ and } .77$ , respectively. Burnout scores were significantly correlated with compassion satisfaction scores ( $r = -.38, p = .02$ ) and STS

scores ( $r = .644, p < .01$ ). However, compassion satisfaction and STS were not significantly correlated ( $r = .07, p = .70$ ).

**Table 5**

*Descriptive Statistics for ProQOL and Hours of Service*

	<i>N</i>	<i>M</i>	<i>SD</i>	Min	Max
Compassion Satisfaction	37	42.19	3.73	34	48
Secondary Traumatic Stress	36	22.83	5.42	13	39
Burnout	37	21.14	4.69	13	33
Weekly Hours of Service	34	5.53	5.64	0	20

*Note.* Compassion satisfaction, secondary traumatic stress, and burnout were measured with subscales from the ProQOL scale (Stamm, 2009). Scores range from 10 to 50 for each subscale, with higher scores indicating higher levels of compassion satisfaction, secondary traumatic stress and burnout, respectively.

### Regression Analysis

The researchers conducted a multiple regression analysis to determine if compassion satisfaction could be predicted from several student community engagement variables. Multiple regression is a statistical technique that uses both numerical and categorical variables to predict a numerical outcome variable (e.g., Compassion Satisfaction). This allowed the researchers to use a numerical predictor, hours spent doing service weekly (Hours), in tandem with various categorical variables: service involvement in the Spring 2020 semester (Involved), how a student became involved in service (Org, SLC, ABP), and what social issue they most frequently address

(Environment, Health, Homelessness, Youth, Abilities). This multiple regression model did not significantly predict compassion satisfaction,  $F(10,36) = 1.02$ ,  $p = .45$ , and explained about 28% of the variance in compassion satisfaction,  $R^2 = .28$ . None of the predictors significantly contributed to the model's prediction of compassion satisfaction (see Table 6).

**Table 6**

*Coefficients Predicting Compassion Satisfaction*

	<i>b</i>	SE <i>b</i>	$\beta$	t	p	<i>sr</i> <sup>2</sup>
Intercept	42.43	1.41		30.17	0	
Org	1.01	2.53	0.1	0.4	0.69	<0.01
SLC	-4.19	3.55	-0.26	-1.18	0.25	0.04
ABP	3.29	2.66	0.45	1.23	0.23	0.04
Environment	-1.45	2.54	-0.11	-0.57	0.57	0.01
Health	0.86	2.99	0.06	0.29	0.78	<0.01
Homelessness	-1.8	2.63	-0.13	-0.69	0.5	0.01
Youth	3.56	2.58	0.38	1.38	0.18	0.05
Abilities	2.51	2.53	0.21	0.99	0.33	0.03
Hours	-0.03	0.14	-0.05	-0.24	0.81	<0.01
Involved	-2.81	3.12	-0.3	-0.9	0.38	0.02

*Note.* How a student became involved in service (Org, SLC, ABP) and the social issues they addressed (Environment, Health, Homelessness, Youth, Abilities) were dummy-coded variables with students who picked “Other” operating as a reference group for both. Dummy-coding is a statistical method that allows categorical predictor variables to be used in estimation models.

### Qualitative Responses

When asked about what resources should be provided for undergraduate students in service roles, students supported (1) the university counseling center, (2) providing resources and information to students, and (3) on-site care. This sample of students overwhelmingly supported the university counseling center, as many students discussed the merit of group and individual counseling as well as other resources the counseling center supports, such as meditation.

Although several students suggested giving students access to information, few students stated specific ideas of what information and resources should be available. Only one recommended providing free subscriptions for meditation apps. As far as on-site care, several students mentioned that on-site group discussion, reflection and debriefing after service would be valuable. One student recommended journaling, while another recommended a mentorship program. Another student suggested that a survey should be given to students at the end of their service that monitored their mental health.

## **Discussion**

### **Implications of Results**

Compassion satisfaction is a major component of professional quality of life, and therefore plays a significant role in dictating individual willingness and ability to sustain community engagement efforts. Fortunately, the students that participated in this study were very satisfied with the work they were doing in their communities, as evidenced by their high compassion satisfaction scores. Although the results of this study do not align with our original hypotheses, the data indicate that these students had the resources and skills needed to combat compassion fatigue. However, extraneous variables at the individual and institutional level could have substantially impacted our findings. For instance, direct service is rooted in instant gratification and is often preferred by students (Bringle et al., 2006; Morton, 1995). It also happens to be the most common type of engagement available through service-learning courses and co-curricular activities (Bringle et al., 2006). This could explain why compassion satisfaction scores were higher than expected. As such, it is important to acknowledge that compassion fatigue may still exist among students who were not involved in this study, and that compassion fatigue could still be silently affecting communities through engagement efforts.

Many students indicated that the university counseling center was an effective resource for processing challenges and emotions that arise through service. This supports the need for IHE funding that preserves these essential resources and expands their availability to all students who request them (Chessman & Taylor, 2019; Lipson et al., 2019; Xiao et al., 2017), not only those struggling with mental health crises, but also those looking to maintain and build positive mental health. Unfortunately, this research did not collect information on the number of students who used university counseling services while engaging in service. Therefore, it cannot be determined whether counseling services had any impact on the observed compassion satisfaction scores. Although the overwhelming student support for university counseling services should not be ignored, more research is needed to determine what specific factors, resources, and skills allow students to remain satisfied in their community engagement.

### **Suggestions for IHE**

Based on existing literature and the rising need for student mental health services, we believe a combination of the following recommendations will better position IHE to address mental health concerns related to community engagement. We believe the following will promote compassion satisfaction, minimize symptoms of compassion fatigue, and maximize the benefits of community engagement for all involved. Our five overarching suggestions include: 1) matching students to service; 2) preparation for service; 3) reflection of service experiences; 4) promotion of long-term service involvement; and 5) mental health support for students, faculty, and staff.

### **Matching Students to Service**

Several researchers emphasize a deep connection between student motives and the integrity of their actions (Houle et al., 2005; Morton, 1995). This research suggests that there are

several possible explanations for why the compassion satisfaction scores of study participants were higher than anticipated. Perhaps students possessed an advanced understanding of their community engagement intentions prior to service or chose service opportunities that adequately matched their values and expectations (Morton, 1995). In order to promote the compassion satisfaction experienced by students, it is important for IHE to help match students to service opportunities based on their motives and expectations. This will not only maximize the benefits of service, but also prevent indirect costs of student mismatch, which severely impact community organizations and the populations they serve. Matching students can be facilitated through a central service-learning or community engagement office that focuses on 1) building community relationships, 2) learning about community-identified needs, and 3) cultivating mutually beneficial connections between interested students and organizations.

### **Preparation for Service**

IHE should also adequately prepare students for their community engagement in order to mitigate symptoms of compassion fatigue. They should help students analyze their intentions, determine appropriate ways to engage with vulnerable populations, and provide opportunities to learn and have meaningful conversations before exposure. The process of preparing students for successful community engagement requires identified spaces and professionals. These dedicated resources are also necessary for developing lasting community relationships (Eyler, 2002).

Although this involves substantial investment from IHEs, it may be worthwhile for those that are focused on integrating engagement into their missions, visions, and core values. More importantly, it has the potential to mitigate symptoms of compassion fatigue, burnout, and STS by priming students for the ways they will be engaging with others and how that engagement may negatively impact their mental health. This, in turn, decreases the likelihood of residual

effects that cascade from fatigued individuals, especially errors that lead to the diminished care and safety of others (Hall et al., 2016).

### **Reflection on Service Experiences**

When students engage in service for a defined duration, such as through service-learning courses or alternative breaks, it is also necessary for IHE to promote reflection. Better yet, IHE should create systems and have dedicated student or staff personnel that lead the reflective process. Group reflection, in particular, is useful for peer learning and multi-perspective critical thinking in academic settings (Tsang, 2011). In addition, reflection has been linked to increased cognitive capacity for dealing with complex social issues in service-learning contexts (Eyler, 2002). Reflective processes offer students the ability to learn and grow from their service experiences. One of the fundamental purposes of IHE is to create avenues for students to explore career options, and research suggests that reflection helps connect service-learning to curricular concepts and career aspirations (Bringle et al., 2006). Through this synthesizing experience, students may feel increased satisfaction and motivation to engage in long-term service commitments, or will be able to better identify service opportunities that more closely align with their motives and interests. Similar to the act of preparing for service, conducting meaningful, multi-dimensional reflection that strengthens student learning requires appropriate time, spaces, professionals, and other scaffolding (Hullender et al., 2015). Without scaffolding and assistance from professionals, students may not realize the need for reflection as a means for understanding and contextualizing their service experiences. More importantly, without reflection, students may miss out on opportunities to build stronger relationships within their student groups and with their community partners.

### **Promotion of Long-Term Service Involvement**

Although direct service appears to be the preferred and most convenient method of service (Bringle et al., 2006; Morton, 1995), IHE should frame community engagement with an emphasis on long-term service involvement and community voice. According to Jacoby (2014), IHE should offer a spectrum of service-learning opportunities that are intentionally developed and prioritized based on student interest, community needs, and other relevant factors. There are three different modes of service-learning, which are classified based on the extent to which an individual interacts with the community organization and population being served. These include direct, nondirect, and indirect service (Delve, Mintz, & Stewart, 1990). *Direct service* involves face-to-face interactions with the population being served (i.e., serving food at a local shelter); *nondirect service* takes place at a community organization, but does not involve face-to-face interaction with the population being served (i.e., organizing food donations at a local food pantry); and finally, *indirect service* is characterized by physical distance from both the community organization and the population being served (i.e., collecting food on campus for a food drive; Jacoby, 2014). IHE should introduce students to the various forms of service-learning described by both Morton (1995) and Jacoby (2014). Meanwhile, IHE should also determine ways to bolster their capacity to address community-identified needs and communicate the importance of community voice to students who are engaging in service-learning. A combination of direct, nondirect, and indirect service is necessary to produce long-term solutions for social change. Although direct service is a convenient method for engaging students, nondirect and indirect service options should also be incorporated into student learning. If IHEs create avenues for students to assist community organizations in various ways, there may be positive outcomes for fortifying student interest, strengthening community relationships, and sustaining community engagement efforts.



By leveraging student passions, motives, intrinsic values, and expectations, IHE may be able to develop deeper community connections and civic engagement. Research shows that students who follow a cycle of personal connection to learning, acting, and reflecting on community needs are the most effective in long-term service, including post-graduation (Morton, 1995). Another way for IHE to promote long-term service involvement is by helping students develop their own personal philosophies and core belief systems associated with community engagement. When individuals align their service with their interests and motivations, this creates a supportive foundation for stamina and resilience in long-term service involvement (Morton, 1995). In turn, when students are committed and resilient in their community engagement, there are serious advantages for community organizations. This is particularly true for students who remain engaged with the same organization, as this provides continuity and reduces turnover. This not only reduces the amount of labor required by organizational staff to train students, but also improves student capacity to be more productive, take initiative, and entice other students to become involved in that particular organization.

### **Mental Health Support for Students, Faculty, and Staff**

Even amid the tragedies of the COVID-19 pandemic, researchers have found that prosocial activities like volunteering generate greater social satisfaction (Sin et al., 2020). There is also research to support the claim that volunteering with others or for a social issue of particular personal value can undermine depression and anxiety (Faces & Voices of Recovery, 2021). Furthermore, investing in social connections and relationships through activities like volunteering can lengthen human life and effectively reduce mortality by nearly 45% (Zaraska, 2020). The benefits of service on an individual level are very clear and must be acknowledged. However, the potential for symptoms of burnout, compassion fatigue, and

secondary traumatic stress also vary depending on several factors, including individual experiences. While burnout may have a more gradual onset, secondary traumatic stress can easily result from one encounter.

The college student mental health crisis is relevant to discussions about compassion fatigue and burnout because of their undeniable overlap with symptoms of depression, anxiety, and post-traumatic stress disorder. Exhaustion, hopelessness, isolation, loss of interest, and subnormal or abnormal function are just a few of the symptoms shared by these five mental health conditions (Compassion Fatigue Awareness Project, 2017; Mayo Clinic, 2020a; Mayo Clinic, 2020b; Mayo Clinic, 2020c; Mayo Clinic, 2020d). Generally speaking, many students attend IHE during a crucial period of emotional and social development (Hutchison et al., 2016). As such, IHEs are well-suited to provide timely counseling services that help students cope with ACEs that occurred prior to their enrollment. This creates an opportunity for young adults to address unresolved trauma that frequently stimulates compassion fatigue (Compassion Fatigue Awareness Project, 2020). On a larger scale, and in terms of long-term health outcomes, timely counseling has the potential to reverse anticipated physical and mental health consequences of ACEs (Bauer, 2019; CDC, 2019). Moreover, by establishing robust mental health services, IHE can help further reductions in mental health stigmatization (Lipson et al., 2019) and make these services more accessible.

Those who prioritize community engagement need sufficient mental health support. This is particularly true for community engagement professionals at IHEs and full-time staff at community-based organizations. However, this also applies to students who value community engagement and internalize community welfare as a high priority (similar to their academic studies and other commitments). Although the number of students who take this stance is not

clear, all caregivers need to be taken care of, too. They respond to urgent community-identified needs, and for many of them, this work is deeply rewarding. However, the growing presence of burnout, compassion fatigue, and STS should not be ignored. Engaged students, faculty, and staff all deserve to be supported in ways that not only permit their survival, but also sustain their ability to thrive in long-term service commitments. This becomes increasingly evident through the COVID-19 pandemic (APA, 2020). As people living in the U.S. experience increased housing and food insecurity, community needs rise dramatically and the number of vulnerable persons exponentially increases (Center on Budget and Policy Priorities, 2020). While students, faculty, and staff continue to respond to these needs, IHEs must take ownership of developing support structures that promote long-term involvement and facilitate critical response to unmet needs within communities.

### **Limitations and Suggestions for Future Research**

One of the greatest limitations to this study was the impact of the COVID-19 pandemic, which may have reduced the number of students that were able to participate due to personal challenges and other barriers. Moreover, state-mandated stay-at-home orders (Commonwealth of Virginia Office of the Governor, 2020) and the dangers associated with the pandemic significantly altered (a) the number of community-engaged students, and (b) the way students ultimately engaged with the community (in comparison to the intentions expressed prior to the onset of the pandemic). This is not a reflection on the students themselves, but rather, a result of student compliance with university directives to vacate residence halls and student housing and engage with courses and other activities virtually (James Madison University, 2020e). These unexpected events may have also contributed to our small sample size, which inhibits the statistical power and validity of the data. An additional limitation to this study is the potential for

participation or non-response bias, where those who participated differ from those who chose not to participate. For instance, it is very possible that the participants in this study had generally positive service experiences and thus, had positive remarks. In that same sense, those who chose not to participate in this study may have had negative experiences.

This study was further limited by the lack of prior research on how students are mentally and emotionally affected by community engagement, and whether or not students exhibit compassion fatigue. In absence of literature on this topic, it was difficult to determine the best method for characterizing deep engagement and conducting this research. Additionally, the limited knowledge on this specific topic led to our unintentional exclusion of important questions that would provide further context for our results. For instance, it would have been beneficial to ask students whether they have used, or currently use, counseling services to process their service experiences. A wide range of questions could have been more useful in establishing a firm base for future research to expand upon. Another potential limitation was created by the choice to survey only students who were connected to the Community Service-Learning office. The sources of service involvement for this sample differed from those reported by the university for the entire student population (James Madison University, 2019). As such, it is possible that the sample did not accurately reflect the university as a whole.

Future studies should explore what factors, if any, heighten compassion satisfaction among students in service roles. This information could inspire and inform both universities and community organizations to think about how they honor and support engaged students. It would also be beneficial to perform a comparative analysis of multiple universities to determine the specific aspects of different community engagement initiatives, community engagement preparation processes, and mental health resources (i.e., counseling services) that help students

succeed. It is important to know whether the majority of undergraduate students experience high compassion satisfaction through community engagement, or if this is unique to a subset of universities with specific programs, models, or environments. Finally, further research should determine whether student satisfaction in community engagement has any correlation to unintentional, deleterious effects on local communities.

## **Conclusion**

Institutionalization of engagement in higher education is beneficial for not only knowledge and resource exchange, but also for building stronger community relationships (Carnegie Foundation, 2017a). Community engagement is a mutually beneficial process that stimulates growth for all. However, the benefits of engagement can be undermined by symptoms of burnout and compassion fatigue. Prior literature shows that nurses and other medical personnel experience extremely high rates of burnout, which can lead to increased medical error and negative patient outcomes (Bakhamis et al., 2019; Shanafelt et al., 2002). Medical professionals are often at the forefront of caring for those experiencing challenging, and potentially traumatizing, situations. Undergraduate students that engage with their communities are frequently exposed to similar circumstances, and it is important to recognize the parallels between these roles. Determining whether students experience compassion fatigue provides an opportunity to assess potential risks to the community and proactively develop solutions and preventive measures for the future.

In this study, undergraduate students who were in service roles and suspected of deep engagement in their communities did not experience high rates of compassion fatigue. Although this likely results from a conglomeration of different individual, community, and cultural factors, it is inherently positive, and indicates that students are highly satisfied by their roles in the

community. This knowledge presents a responsibility to determine how students in service roles can continue to be supported and encouraged in ways that boost their compassion satisfaction and minimize their compassion fatigue. This is essential to sustaining community engagement and the health of undergraduate students, many of whom are already challenged by the growing mental health crisis (Lipson et al., 2019).

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