ProQOL R-IV  PROFESSIONAL QUALITY OF LIFE SCALE

Compassion Satisfaction and Fatigue Subscales—Revision IV

Helping people puts you in direct contact with their lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. We would like to ask you questions about your experiences, both positive and negative, as a Chaplain. Consider each of the following questions about you and your current situation. Select the number that honestly reflects how frequently you experienced these characteristics in the last 30 days.

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

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

© B. Hudnall Stamm, 1997-2005. Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-IV (ProQOL). http://www.isu.edu/~bhtam. This test may be freely copied as long as (a) author is credited, (b) no changes are made other than those authorized below, and (c) it is not sold. You may substitute the appropriate target group for [helper] if that is not the best term. For example, if you are working with teachers, replace [helper] with teacher. Word changes may be made to any word in italicized square brackets to make the measure read more smoothly for a particular target group.

This information is presented for educational purposes only. It is not a substitute for informed medical advice or training. Do not use this information to diagnose or treat a health problem without consulting a qualified health or mental health care provider. If you have concerns, contact your health care provider, mental health professional, or your community health center.

**SCALE DEFINITIONS**
The ProQOL is composed of three discrete scales that do not yield a composite score. Each scale is psychometrically unique and cannot be combined with the other scores. Considerable work has been undertaken to create a composite indicator score but to date, no satisfactory arrangement has been discovered. The key reason for this is the complex relationship between the scales. It is possible for people to report high scores on CS combined with high scores on CF; this is not atypical among those who retain their altruistic desire to help when working in distressing situations such as in war or refugee camps. Typically, we do not see high scores on burnout with high satisfaction, but there is a particularly distressing combination of burnout with trauma. These latter cases seem to be at the greatest risk for negative outcomes, including, but not limited to, depression or PTSD and bad professional judgment which may contribute to patient care error or poor administration.

**Compassion Satisfaction:** 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. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

**Burnout:** 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. Higher scores on this scale mean that you are at higher risk for burnout.

**Compassion Fatigue/Secondary Trauma:** Compassion fatigue (CF), also called secondary trauma (STS) and related to Vicarious Trauma (VT), is about your work-related, secondary exposure to extremely stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called VT. If your work puts you directly in the path of danger, such as being a soldier or humanitarian aide worker, this is not secondary exposure; your exposure is primary. However, if you are exposed to others’ traumatic events as a result of your work, such as in an emergency room or working with child protective services, this is secondary.
exposure. The symptoms of CF/STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

**Self-scoring directions, if used as self-test**

1. Be certain you respond to all items.
2. On some items the scores need to be reversed. Next to your response write the reverse of that score (i.e. 0=0, 1=5, 2=4, 3=3). Reverse the scores on these 5 items: 1, 4, 15, 17 and 29. Please note that the value 0 is not reversed, as its value is always null.
3. Mark the items for scoring:
   a. Put an X by the 10 items that form the **Compassion Satisfaction Scale**: 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.
   b. Put a check by the 10 items on the **Burnout Scale**: 1, 4, 8, 10, 15, 17, 19, 21, 26, 29.
   c. Circle the 10 items on the **Trauma/Compassion Fatigue Scale**: 2, 5, 7, 9, 11, 13, 14, 23, 25, 28.
4. Add the numbers you wrote next to the items for each set of items and compare with the theoretical scores.

![Figure 6: General Quartile Cut-Points](image)

**Theoretical Scores:**

Below are the scale definitions and the average scores. This is reported on the scoring handout provided to individuals when they are given their scores.
Compassion Satisfaction: 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. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job. The average score is 37 (SD 7; alpha scale reliability .87). About 25% of people score higher than 42 and about 25% of people score below 33. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 33, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout: 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. Higher scores on this scale mean that you are at higher risk for burnout. The average score on the burnout scale is 22 (SD 6.0; alpha scale reliability .72). About 25% of people score above 27 and about 25% of people score below 18. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 22, you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Compassion Fatigue/Secondary Trauma: CF/STS and related to VT is about your work-related, secondary exposure to extremely stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called VT. If your work puts you directly in the path of danger, such as being a soldier or humanitarian aide worker, this is not secondary exposure; your exposure is primary. However, if you are exposed to others’ traumatic events as a result of your work, such as in an emergency room or working with child protective services, this is secondary exposure. The symptoms of CF/STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event. The average score on this scale is 13 (SD 6; alpha scale reliability .80). About 25% of people score below 8 and about 25% of people score above 17. If your score is above 17, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.
Cut Scores (figure 6): The measure is best used in its continuous form. However, many people prefer to have cut scores to indicate relative risks or protective factors.

Accordingly, a conservative quartile method is used with high (top 25%), middle 50%, and the low (bottom 25%), generally useful for screening, except close to the borders of the cut points. At the borders, extreme caution should be exercised with any decision making. Please note that while we provide cut scores based on the 75th percentile, we do not recommend that the measure be used for anything other than screening, and we prefer from a statistical perspective to use the continuous numbers. New data are being collected and if there are ways to improve the scoring, this information will be posted as soon as it is available. Currently, there are several studies using the ProQOL format. If you are willing to donate your raw data to the databank, we will run your sample against the existing database for you.