WHEN CARING COMES WITH A COST: A QUALITATIVE PARTICIPATORY ACTION RESEARCH STUDY OF COMPASSION FATIGUE IN MEDICAL EDUCATION STUDENT AFFAIRS PROFESSIONALS

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EXECUTIVE SUMMARY

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The focus of this study is on the lived experiences of medical education student affairs professionals assisting medical students in times of crisis or through traumatic events that led to compassion fatigue. Using a phenomenological approach, qualitative data was collected from participants who, in addition to their professional role, also serve as a regional leader in the Group on Student Affairs within the Association of American Medical Colleges. Three major themes emerged, which were the interpretations of compassion fatigue, the experiences and impacts from compassion fatigue, and the support and understanding needed for those impacted by compassion fatigue. Utilizing the frameworks of Reflective Practice and Critical Theory of Love, this study culminates in the creation of an action plan aimed to help medical education student affairs professionals and their institutional leadership identify, address, and overcome the impacts of compassion fatigue while building a community of care.

Dedicated to my parents and sister, they always believed in me more than I believed in myself. To my husband, who has brought more to my life than I ever imagined was possible. Thank you for encouraging me to take this educational journey, I cannot wait to get back to our weekend adventures we gave up for the past three years. To my loyal four-legged writing partner who spent every hour of this work by my side, I could not have done this without your help!

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LIST OF ABBREVIATIONS

MESAP	Medical Education Student Affairs Professionals
MESA	Medical Education Student Affairs
CTOL	Critical Theory of Love
AAMC	Association of American Medical Colleges
IHSA	Integrated Holistic Student Affairs
GSA	Group of Student Affairs
PDI	Professional Development Initiative
APA	American Psychological Association
SLU	The Saint Louis University
PAR	Participatory Action Research
UD	University of Dayton

CHAPTER ONE: INTRODUCTION

Problem of Practice

Medical education student affairs professionals (MESAP) play a significant role of supporting, encouraging, and standing alongside medical students in the highs and lows of their educational years. It is a role built on a strong commitment to meeting personal and academic needs of medical students and building trust to allow entry into vulnerable spaces of a student's experience. With this commitment comes great joys and fulfillment from helping a medical student during such a critical time of their personal and academic growth. But the commitment also comes with personal sacrifices of time, energy, and potential impacts to one own's mental health due to the possibility of compassion fatigue. I aim to use this Dissertation in Practice to help MESAP identify and acknowledge the effects of compassion fatigue while creating a supportive community and resource toolkit for those impacted by compassion fatigue.

Statement of the Problem

The professional field of student affairs is one that focuses on the holistic care and development of students as they navigate their college experiences, including caring for students' mental and emotional health (American Council on Education, 1949; Lynch, 2017). Those who dedicate their career to serving students have responsibilities, such as supporting students going through a crisis or traumatic event, which locate their role among the helping professions. A helping professional creates positive interactions between themselves and a person they are serving, initiated to nurture growth of, or address the problems of a person's physical, psychological, intellectual, or emotional constitution (Graf et al., 2014). Commonly defined categories of helping professionals

include fields such as nursing, social work, psychological and mental health counseling, and first responders for medical and fire emergencies. All of these professions have at least one attribute in common, coming beside and assisting another human who finds themselves in distress.

In the 1980's, Charles Figley first called professional burnout in the helping professions a form of secondary victimization (Figley, 1983). Figley later introduced the term "compassion fatigue", a state in which professionals who help clients in distress can experience the same negative effects as their clients (Figley, 1995). According to Figley, a helper can be susceptible to trauma despite not directly experiencing it; secondary traumatic stress and compassion fatigue can come from merely learning about the event (Figley, 1995). The impacts of compassion fatigue on a professional are varied, reaching into realms of physical and psychological needs, relationships with others, and requiring organization skills to be successful in their role (Mendenhall, 2006). Common impacts on a professional experiencing compassion fatigue include chronic exhaustion, headaches, sleep disturbance, agitation, irritability, feeling overwhelmed, reduction in empathy, feeling scattered, and struggles to meet professional and personal obligations (Mendenhall, 2006).

Compassion fatigue is a consequence or "cost to caring" for those in helping professions, generally stemming from repeated exposures to traumatic situations that can wear down a professional resulting in negative psychological symptoms and burnout (Figley, 1995). Like Figley, Newell and MacNeil (2011) also state that compassion fatigue is a form of secondary trauma as the helper does not experience the trauma first-hand, but the trauma is experienced emotionally as they care for the person they are

assisting. For student affairs professionals, compassion fatigue arises from the stress associated with establishing nurturing relationships with students, learning about the student's experience of and resulting from trauma, and lacking the professional support and training to combat compassion fatigue (Hoy & Ngyen, 2020). Typically, student affairs professionals are the first person a student in distress connects with, and they are constantly building empathetic relationships with the students they serve. Compassion Fatigue may be a natural consequence from that work (Raimondi, 2019).

I have worked in student affairs for nearly three decades and have experienced the personal and professional impacts of compassion fatigue. I have been working in student affairs in medical education since 2017 and have seen the impact and stress of this work grow exponentially during this time, especially as the world experienced the COVID-19 pandemic together. Medical education changed drastically in 2020 and increased the mental health fragility of medical students due to changes in clinical and other educational experiences that help them obtain a residency after their four years of medical education (Ferrl & Ryan, 2020). Medical students have an immense amount of pressure on their training, with MESAP being asked to solve both systematic stressors and assist with personal times of distress for the students they serve. In addition to the academic rigor of medical education, medical students are also juggling financial debt, sleep deprivation, continual exposure to sickness and death, and training mistreatment, all of which can create higher psychological stress and disorders for this specific type of student (Nair et al., 2023).

Despite the fact that student affairs professionals are impacted by compassion fatigue, this field is not usually considered a helping field. This study addresses this

problem of practice specifically in reference to MESAP. This study will explore the lived experiences of MESAP who have served medical students in times of crisis or through traumatic events that led to compassion fatigue. The study will also identify high impact practices MESAP have utilized to combat compassion fatigue impacts to their personal and professional lives. Lastly, this study seeks to illuminate that compassion fatigue should be recognized as an impact to MESAP and that intentional support from institutional leadership is needed for those assisting medical students through traumatic events and times of crisis. The study will conclude with an action research plan outlining how MESAP and their institutional leadership can utilize a collectively developed toolkit to identify, address, and overcome the impacts of compassion fatigue while building a community of care.

Deficiencies in the Organizational Knowledge Record

Little research has been done in the field of higher education to investigate how compassion fatigue affects student affairs professionals (Carter, 2019; Lynch, 2017; Raimondi, 2019**)**. Student affairs has a human services component, thus the professionals working in the field have a potential for consistent exposure to student suffering, students experiencing traumatic events, which leads to negative impacts of compassion fatigue on them as helpers (Stoves, 2014). While information is known about the impacts of trauma on a primary victim, not much is known about the secondary effect from assisting with traumas on the student affairs professional providing the support (Lynch & Glass, 2018).

Most graduate programs do not prepare new student affairs professionals with information on how to identify compassion fatigue in themselves or how to mitigate the negative effects of constant exposure to student traumas (Spano, 2011). New

professionals may enter the field without understanding how the nature of the work and the conversations they will have with students may influence their mental health and vulnerability to compassion fatigue (Raimondi, 2019). They also may not have the words needed to describe what they are feeling. This is important because having acknowledgement and specific terminology can provide relief from the impacts of compassion fatigue they may experience (Raimondi, 2019).

Audience

This study examines the lived experiences of MESAP who have assisted medical students through traumatic experiences and times of crisis. The audience for this study includes practitioners in this specific field of work, along with the institutional leaders who support them. Participants in this study have shared their experiences that have led to compassion fatigue, but also solutions to combat the impacts of compassion fatigue. MESAP and their institutional leaders can both learn from this study and apply best practices that will be identified into their specific college of medicine. Other parties that can benefit from this study are student affairs practitioners who work with professional students, such as nursing and pharmaceutical science students.

Overview of Framework, Methods, and General Research Questions

This qualitative participatory action research study was conducted using a phenomenological approach, which focuses on the subjective experience of participating individuals (Merriam & Grenier, 2019). Using a phenomenological approach will help to better understand the lived experience of student affairs leaders working in medical education who have experiences with impacts of compassion fatigue (Figley,1995). This study is informed by frameworks of Reflective Practice (Finlay, 2008) and the Critical

Theory of Love (Brooks, 2017). By using a phenomenological approach, this study will examine common experiences of the MESAP who assist students through times of crisis and through traumatic events to discover meaning in and solutions to combating the impact of compassion fatigue (Creswell & Guetterman, 2019). This study has nine interview participants, with the interviews being the main source of data, providing crucial insight into the impacts of compassion fatigue. This study seeks to answer the following research questions:

1. What are the common experiences and personal/professional impacts of student affairs leaders in medical education that have manifested into symptoms of compassion fatigue?

    1a. What, if any, are high impact practices the leaders utilized to combat compassion fatigue effects on their personal and professional lives.

    1b. What, if any, were the supportive measures the leaders received when experiencing compassion fatigue that made a positive difference to them.

Limitations

Three limitations have been identified with this study. The first limitation is my personal closeness to the topic as well as the professional experiences of the interview participants. This limitation may create the effects of overidentifying with participants, which has a possibility to bias the qualitative results (Schonfeld & Mazzola, 2013). To overcome this, a semi-structured interview structure will be used with all participants that provides a base of questions with options for follow-up (Mertler, 2020). A second limitation is that this study has only nine interview participants, with only two participants identifying as men. A more equal balance of genders could have provided

more context if one gender handles the impacts of compassion fatigue differently than the other. A final limitation of this study is that the interviews were conducted during one of the busiest times of the academic year in medical education, just prior to fourth year medical students learning where they match for their residency training. The timing could have heightened the stress participants were under at the time of their interview. This limitation could also conflate compassion fatigue with burnout in the participant responses as well as in my interpretation of data collected.

Review of Related Literature

Frameworks Informing the Study

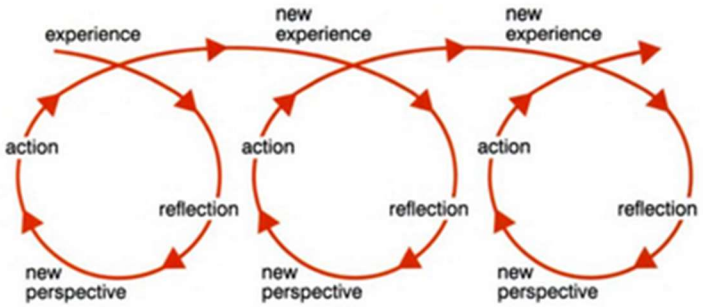
The frameworks of Reflective Practice and Critical Theory of Love inform this study. Both frameworks bring intentional approaches to an individual's experience to reflect, process, heal, and learn from as they move through an experience.

Reflective Practice. Finlay (2008) broadly defined reflective practice as a cyclical process of "learning through and from one's experiences to gain new insights of self and practice" (p.1). Finlay created her model of Reflective Practice for those in the nursing profession, but she indicated that it can be applied widely, though it may look different depending on the organization or profession in which it is applied. For student affairs, reflective practice can be embraced formally or used in a fluid manner when experiencing a specific element of the mission to serve student needs. Elements of reflective practice include learning through and from experiences, gaining new insights, examining assumptions, having self-awareness, evaluating one's own responses critically, and life-long learning (Falmouth, n.d.). Jasper (2003) created a visual of reflective practice (see Figure 1 for a reproduction of this visual) that shows the cyclical

nature of the process as well as it being an ongoing process that continually supports development and learning. Reflective practice is not thinking about something that has happened simply in a retrospective manner, but it is a strategy to employ for planning for the future on the basis of what we know and on what we can anticipate (Jasper, 2003).

Figure 1

Melanie Jasper's Reflective Practice Visual, 2003



Critical Theory of Love. With the Critical Theory of Love (CToL), love for others must be re-conceptualized to help rectify oppression through pedagogical and epistemological violence in education (Brooks, 2017). CToL engages the breadth of humanity by affirming the social and cultural identities of others, understanding the historical and contemporary context in which they exist, understanding how power and oppression traumatizes, co-creating rehumanizing practices that heal and restore, teaching knowledge, and educates for wholeness and completeness, and measuring effectiveness of our practices are at lessening oppression and creating wholeness and completeness (Brooks, 2017). In student affairs, decisions need to be made quickly, applying the CToL as part of decision making assures humanization and attention to care for each individual involved (Witenstein & Thakur, 2023).

Both Reflective Practice and CToL frameworks involve humanizing experiences. They create an intentional pause to reflect on what has happened to a person as an individual and what learning can be gleaned from the experience that is being reflected on. They allow for individual and intentional validation of a person and the impact an experience has directly to them, not comparing it to an experience of another. Both theories will be critical in developing an action plan for combatting compassion fatigue in MESAP. Using these theories will allow the opportunity to not only reflect intentionally for each professional, but also to take a humanizing approach to the help that will be given to them.

Related Research

Five topics emerged in the process of reviewing research related to compassion fatigue in MESAP. The five topics, which are detailed below, are the uniqueness of medical education, student affairs in medical education, resources available to MESAP, medical students in distress, and managing distress on college campuses.

Medical Education. In the United States, medical education is a professional doctoral degree program in which a student is educated and prepared to meet the evolving health needs of the community they serve as a licensed physician. The Association of American Medical Colleges (AAMC) was founded as a non-profit association in 1876 and is dedicated to transforming health through medical education, health care practices, research in medicine, and community collaborations (AAMC, n.d.). As of 2023, there are 171 accredited United States and Canadian medical schools, and the AAMC leads services and efforts for more than 96,000 medical students and provides professional

development resources, networking opportunities and exclusive content to all AAMC members (AAMC, n.d.).

Though the four years of medical education is a time of "personal growth, fulfillment, and wellbeing," it is also four years of challenges that can increase students' potential to develop depression, anxiety, and stress (Dyrbye et al., 2006, p. 354). By its nature as a training program, medical education mirrors the hardships of a future physician's life as it has long hours of training, intense clinical experiences, and a heavy workload with high learning expectations (Fino et al., 2020). While these experiences are necessary for medical students to gain the needed medical knowledge and skills, they can create negative stressors for the students, which may lead to negative consequences for personal wellbeing, learning outcomes, and quality of care to patients (Fino et al., 2020).

Student Affairs in Medical Education. A student affairs office and the services and programs it provides vary in medical education from school to school. Student affairs offices were developed over time in parallel with a medical school's curriculum as well as standards set by and monitored by the Liaison Committee on Medical Education (Grieco et al., 2022). The services offered by student affairs offices in medical education range from providing academic support, personal counseling, financial counseling, and career advising. For most student affairs offices, the interaction between students and staff falls on the student to initiate (Grieco et al., 2022). Within the AAMC, there is a growing push to incorporate the use of Integrated Holistic Student Affairs (IHSA) model that promotes a personalized, equitable, student-centered approach to service (Grieco et al., 2022). The IHSA model provides a shift in services from being reactive to pro-active,

empowering equitable practices for all medical students to thrive during their medical education experience.

In recognition of the growing problem of medical student wellness, there are calls to enhance medical student wellbeing by providing avenues for medical students to develop not only the needed professional skills but also self-care knowledge that will sustain their wellbeing throughout their intense training and into their professional careers (Kemp et al., 2019). The MESAP are vital connections and support for medical students who are distressed, have a threat to their wellbeing, or who have other challenges related to their personal and academic success.

AAMC Resources for Student Affairs Professionals in Medical Education. The AAMC has professional affinity groups that can be joined depending on a staff or faculty members' specific role in medical education. The AAMC Group of Student Affairs (GSA) addresses issues in medical school admissions, student affairs, student diversity affairs, student financial assistance, and student records (AAMC, n.d.-a.). One of the activities of the GSA is gathering data on emerging trends to help anticipate and effectively respond to changes in medical education. The GSA shares the trends via their website, the Professional Development Initiative (PDI), at in-person and annual gatherings, as well as establishing a listserv for members to interact with one another.

At the time of this study, there were no published AAMC resources, including from the GSA, for MESAP that provided information or personal commentaries for aspects related to compassion fatigue, burnout, wellbeing, or general wellness. Through an equity audit of the AAMC website, data was collected that highlights AAMC online resources are weighted slightly more toward medical students than faculty, leaving

professional staff without any resources identified for their roles. Nearly all the medical student-focused resources were commentary articles written by medical students and published by the AAMC. The faculty resources came directly from the AAMC leadership or research/news articles published by the organization.

Medical Students in Distress. While little research has been conducted on MESAP, there is more information on medical students themselves. The transition into a professional academic program, such as medical education, can be stressful as medical students may deal with fears of inadequate personal competence, concerns with competing with high achieving peers, and fears of not having an adequate base of knowledge to be successful (Reaume & Ropp, 2005). There is growing data that medical students have a higher rate of depression and suicide than the general population and that the peak of their depressive symptoms is at the end of pre-clerkship years (Berkowitz, 2019; Givens & Tjia, 2002; Shahaf-Oren et.al., 2021). A University of Michigan study found that medical students with a mild to severe depression diagnosis were less likely to seek treatment than medical students with no diagnosis or mild diagnosis of depression (Rotenstein et al., 2016). Qualitative responses in that study indicate that medical students with depression seek treatment less often as they feel they will be stigmatized or thought of as inferior in the field of medicine.

In 2019, stated in a report to the Council of Medical Education that burnout in medical students and residents continues to be widely reported and that medical students are three times more likely to commit suicide than the rest of the general population in their age range in other educational settings (Berkowitz, 2019, p 2). Berkowitz reports that national health institutions and physician associations are becoming aware of the

scope of physician burnout and the problem of medical students not seeking out mental health services. Prominent academic associations and health care organizations are raising visibility about burnout and calling on health systems to consider positions such as chief wellness officers to assist their providers (Berkowitz, 2019). The American Medical Association has begun working with state medical licensing boards and hospitals to remove stigma related to mental health in hopes of alleviating medical student fears about consequences for their future medical licenses when disclosing mental health concerns (Berkowitz, 2019).

Moir and colleagues provide important research offers hope for turning the growing problem of medical student depression into an opportunity to better manage depression in this high-risk group before they enter their residency workplace (Moir et al., 2018). They base their study on the data that mental health deteriorates during medical school years and then further declines in the workplace (Dyrbye et al., 2006). Moir and colleagues believe that improving levels of depression in medical students requires an approach from medical schools that includes having a wellbeing curriculum, student-led support, and faculty services (Moir et al., 2018). The skills medical students develop from these support approaches, such as normalizing, self-compassion, asking for help, collegiality, and trusting resources, can carry into the wellness and resiliency they take with them into their residency practice.

The American Psychological Association (APA) posted a 2017 article called *The Road to Resilience* in which they define resiliency as involving the behaviors, thoughts, and actions that anyone can learn and develop. Similar to building muscle, building resiliency takes time and intentionality, involving a focus on connections, wellness,

healthy thinking, and meaning that can empower a person to withstand and learn from difficult experiences (APA, 2017). The concept of building resiliency can also be incorporated into medical school curriculum, such as that implanted by The Saint Louis University (SLU) School of Medicine implemented in the 2009-2010 academic year for the class of 2013 medical students (Slavin et al., 2014). After SLU implemented their proactive changes that incorporate time for mental health services and wellness activities, they found positive associations between their new curricular model and declining rates of depression and anxiety in their medical students (Slavin et al., 2014).

Managing Distress on College Campuses. Mental health concerns are not limited to medical students. College students are struggling with emotional and behavioral health concerns and problems at higher numbers than in the past (Brunner et al., 2014). A study by the American College Health Association revealed that over half of the students surveyed experience emotional distress, such as sadness, anxiety, or emotional exhaustion (Raimondi, 2019). A Center for Collegiate Mental Health survey conducted in 2016 indicated that the number of students seeking services at counseling centers on their college campuses has grown at five times the rate of institutional enrollment (Lynch & Glass, 2018). Counseling centers may seem to be the best place for students in distress to seek help, but they are often underutilized by student populations with high emotional needs (Cheng et al., 2013). This includes students with minoritized social identities (linked to race, gender, sexual orientation, low income, or first generation), men, and international students (Locke et al., 2016). Despite the increase in counseling needs, colleges and universities are unable to fund counseling centers to hire adequate mental health professionals to support students in need (Lynch & Glass, 2018).

Managing the distressed student population is not just the job of the counseling centers, as students often rely on student affairs professionals to fill the surrogate counseling role at crucial times of need (Lynch & Glass, 2018). Students have come to rely on student affairs professionals for their compassion, support, guidance, and understanding. In order for them to become effective helpers for distressed students, these professionals need to develop awareness, knowledge, and skills to assist struggling students (Reynolds, 2017). Inadequate mental health staffing coupled with lack of training for student affairs professionals, who are many times acting as first responders to students in distress, creates a potential for trauma to go unaddressed or become inadvertently exacerbated (Lynch, 2017).

Conclusion

In comparison to research on medical student wellbeing and mental health, there is little research on the practices of student affairs offices in medical education and how best to support medical students in distress. Medical students have high acute personal and mental health needs, and the student affairs staff tend to be the first direct contact when medical students seek the crucial help they need. This study addresses the gap in literature and research and will help MESAP identify compassion fatigue, know the impacts they may experience in both their personal and professional lives, and provide support and guidance on how to quickly combat compassion fatigue to continue serving their crucial population of medical students.

Action Research Design and Methods

Positioning the Study

Action research is designed to provide systematic inquiry by a researcher who has a vested interest in the environment being studied to improve an issue being encountered by those working directly within the environment (Creswell & Guetterman, 2019, Mertler, 2020). Action research creates a cyclical process and uses specific tools to address challenges unique to the environment in order to implement positive changes that will impact the researcher's own practice (Mertler, 2020). Participatory action research (PAR) aims for open, broad-based involvement of participants to collaborate in decision making and engagement as equals to ensure their wellbeing (Creswell & Guetterman, 2019). Collaboration and participation by the researcher with participants are vital to ensure improvements for the environment will be made after critical reflection through the research process (Mertler, 2020).

This study is based first in action research as this method specifically uses frameworks and reflective practice to address real-life issues that have an impact on people's lives and their wellbeing (Stringer & Aragon, 2021). Mertler (2020) describes PAR as a method used to improve the quality of livelihood for those in the group that is being studied. Thus, this study is further based in PAR as it seeks to empower the participants and bring about a change in the MESA field.

This study concludes with an action plan that will involve stakeholders to collectively develop a toolkit to identify, address, and overcome the impacts of compassion fatigue. PAR is the best method to employ in this study as it centers on the wisdom of my participants and positions them to help be the architects of the action plan,

rather than just objects of study (Galletta and Torre, 2019). Utilizing the PAR method positions this study to build inquiry into what is and what could be (Galletta and Torre, 2019), utilizing the collective wisdom of involved stakeholders.

Population Selection

In order to answer the research question of what the common experiences and personal/professional impacts of student affairs leaders in medical education that have manifested into symptoms of compassion fatigue, this study has a diversity of professionals interviewed and who share their experiences serving medical students while in a MESA position. I employed a purposeful and criterion-based selection of participants, which required me to create a list of criteria for participants (Merriam & Grenier, 2019). The criteria for interview participants were the following: (a) they must hold the position of Assistant or Associate Dean of Students at an AAMC school and (b) they must be in a senior leadership position at their college of medicine with staff who support medical students reporting directly to them. Of the interview participants, I had at least two from each of the four AAMC regions to best represent participants from around the country. The identification of criterion-based potential participants was done by utilizing the AAMC website for professionals involved in the four regional GSA groups. In addition to meeting the criteria for this study, each participant has a terminal degree and serves in a regional GSA committee leadership position.

The participants in this study include nine medical educational professionals who serve as either an Assistant or Associate Dean of Student Affairs at a medical college. Each of the participants also serve as committee leaders on their regional AAMC GSA, with membership representing the western, southern, central, and northeastern regions of

AAMC affiliated medical schools. Six participants serve at a public medical college while three serve at private medical school schools. Two participants serve at a community-based medical school in the western and central AAMC regions. A community-based medical school is one where the delivery of medical education is partnered with local health centers, allowing medical students to become integrated into the social and medical communities where their medical learning occurs (Kelly et al., 2014). The average amount of time the participants have been serving in MESA is ten years.

Personal demographics of participants were obtained at the beginning of each interview (see Table 1). This study had seven participants who identified as female and two participants who identified as male. There was a 14-year difference between the youngest and oldest participant, with the mean age of participants being 48 years old. The participants have a range of ethnic diversity, with five different ethnicities represented. Six participants earned a MD degree, while the remaining three earned a PhD.

Table 1

Interview Participant Demographic Information

Pseudonym	Years in Medical Education Student Affairs	Terminal Degree Earned	Gender	Age	Ethnicity
Dr. Murphy	9	MD	Male	41	Latino
Dr. Nell	9	MD	Female	46	Chinese
Dr. Lynn	6	PhD	Female	55	Caucasian
Dr. Isabella	13	MD	Female	54	African American
Dr. Miller	10	MD	Male	45	Caucasian/Latino
Dr. Donnelly	12	PhD	Female	52	Latina
Dr. Vincent	16	MD	Female	49	Latina
Dr. Senna	9	MD	Female	49	Chinese
Dr. Lewis	14	PhD	Female	43	MENA

Researcher Role and Positionality

Qualitative researchers identify meaning as how a person understands and experiences their world at a specific point in time or in a specific context (Merriam & Grenier, 2019). Merriam and Grenier (2019) identify that qualitative research must be inductive from learned understandings of the gathered findings. It also must be descriptive in sharing of the process and findings. To do qualitative research, a researcher must first be aware of the two philosophical foundations for how one views knowledge and of reality: ontology and epistemology. Ontology is a theory of being and reality,

focusing on what can be known about how something exists (Hesse-Biber, 2017). Epistemology is a theory of knowledge and how a researcher understands and gains knowledge (Hesse-Biber, 2017). Once ontology and epistemology models are defined, it is then that a researcher creates their methodology, which is how research will be done, creating a bridge between assumptions and research design (Hesse-Biber, 2017).

I am aligned with the relativism/interpretivism position for my view on ontology. I believe that there are multiple realities and that an individual's reality is shaped by things such as the culture, society, and the political structures they live in. I see my role as the researcher to be the instrument through which to learn of my participants' realities. I use a phenomenological approach to gain understanding of their lived experiences. I hold an empiricist position for epistemology as I believe in inductive reasoning, that knowledge comes from our individual experiences, and that our senses help us discover truth and knowledge. As the sole researcher for this study, I strived to create questions for my participants that allow for multiple findings due to their individual experiences. From these findings, themes were developed and shared. I place great weight on my personal morals and values, so as a researcher hold true to my ethical code as I seek to validate the research findings from my participants.

My position and experiences from being in the field of student affairs for nearly thirty years has created a deep interest in this participatory action research project, which I recognize can also include potential biases. I have worked my way from entry level positions to top administrative roles and have assisted thousands of students in their educational journey. Much of this assistance has been joyful and fulfilling as I helped students reach their educational goals, but it has also been filled with heartache and

concern from helping students through times of personal crisis, disappointment, and distress. My experiences are not unique in student affairs. I need to allow my participants to share their own professional stories about how compassion fatigue has impacted them, rather than assuming we share similar experiences and personal impacts from the commonality of serving students. To assist in keeping personal experiences and biases at bay, I utilized reflective commentary and journaling to create an audit trail, member-checked data collected with interview participants, used thick and rich descriptions of the phenomenological approach used, and performed triangulation to reduce effects of my bias as the researcher by recruiting participants outside of my specific College of Medicine. Triangulation was an important step in the analysis process, as it related multiple sources to develop verification and consistency without any bias from me as the researcher (Mertler, 2020).

Ethical and Political Considerations

This action research project relies on a foundation of a trusting collaboration between participant and researcher to learn the impact of compassion fatigue on MESAP. To obtain this needed foundation, it is important for me to utilize a person-oriented research ethic approach, similar to patient-centered care in the medical field (Cascio & Racine, 2018). I aimed to be respectful of and responsive to all participants in the project, providing individualization for comfortable participation. I allowed the participant experiences to emerge through an authentic venue, not through my personal and professional experiences. To do this, I utilized *epoche* and *bracketing*, two techniques of phenomenological qualitative research. Epoche is the process of making a commitment to critical self-reflection to ensure that the researcher's personal views and experiences are

not tainting what they hear from participants (Bednall, 2006). Bracketing removes prior knowledge in order to separate data into observations and interpretations (Stahl & King, 2020).

In addition to utilizing a person-oriented research ethic approach, I respected all participants and protected their findings with confidentiality measures. I secured informed consent to participate in the action research project and participants were able to elect to discontinue at any point of the project. I kept all survey and interview materials confidentially stored in password protected electronic files. All participants are anonymized.

Data Collection Methods

Data for this qualitative study was collected by semi-structured interviews, to provide insight into the experiences of the MESAP. Approval for the study was obtained from the Institutional Review Board of the University of Dayton (UD) in December 2023 (see Appendix A for IRB approval letter). Recruitment for participants utilized purposeful selection that began in February 2024 by viewing the published website of AAMC GSA leadership. I first emailed potential participants from my professional email address as confirmation the study was being done by someone who works in their current field (see Appendix B for copy of email), directing participants to a second email sent from my UD email with study details and the official Invitation to Participate (see Appendix C for second email). All subsequent communication with interview participants was done with my UD email. Twelve MESAP were invited to participate, with nine accepting the interview invitation. Participants were given the ability to select an interview day and time that worked best for them.

Once an interview time was determined, I sent each participant a Zoom link via the UD Outlook calendar feature that also included the purpose of the study as well as the interview guide (see Appendix D for interview guide). Each interview included eight open-ended questions, and when appropriate, follow-up questions and probes were used to gather additional data or understand the response better (Moser & Korstjens, 2018). Interview questions are exploratory in design and will prompt participants to share experiences from their unique perspectives.

At the beginning of each interview, there were greetings and light conversation to create a welcoming environment. I asked if I could collect personal demographics from each participant prior to recording in the event there was a demographic they did not feel comfortable to have recorded. Once recording began, I started the interview by sharing the definitions I would be using in this study for a *traumatic event* as well as a *crisis experience* prior to asking any interview questions. A traumatic event is a shocking, scary, or dangerous experience that can affect someone emotionally and physically (National Institute of Mental Health [NIMH], 2024). Crisis experience is one's perception or experience of an event or situation that exceeds the person's current resources and coping mechanisms (James & Gilliland, 2001). Once the interview was completed, I informed each participant of how I would be following up with them. As our national GSA conference was just a few weeks away, I also inquired if they would be there in hopes that we might be able to meet in person, and I was able to meet all but two. After each interview was conducted, I created a memo that included my initial reflections, notes about participant demeanor and comfort level I picked up via the video

feed, key words each participant used, and notes for possible themes for my research findings (Hesse-Biber, 2017).

Data Analysis Procedures

Once interviews were completed, I utilized my UD Zoom account to transcribe each interview into a Word document. Each document was edited to create a clean transcription, removing filler words and correcting words that had errors in the original recording. To conduct data analysis, I used Braun and Clarke's (2006) thematic analysis approach that includes six stages. These six stages utilize open and axial coding processes.

Immerse Oneself in Data. I became familiar with the data first by carefully listening to each participant and taking detailed notes during and after each interview. I then reviewed each audio file multiple times, which helped me understand the commonalities among and differences between what participants were sharing. This process is an interactive one that allowed me as a researcher to engage in deep listening, analysis, and interpretation (Hesse-Biber, 2017). I then took the opportunity to create clean transcripts, removing filler words and correcting any words that were originally transcribed incorrectly.

Generate Initial Codes. I employed an open coding process to make sense of the data (Creswell & Guetterman, 2019). I printed each interview transcription Word document and underlined specific words and sentences of each transcript that I found important, and then broke the data into initial codes that organized the details and quotes into meaningful units. To do the initial coding, I also wrote notes in the margins with my

thoughts that were forming about similarities I was finding between participant responses.

Search for Themes. For each code, I circled quotes I could use to help support the findings I was beginning to determine. Codes were then formed into themes and subthemes. I then clustered interviews together that I felt were similar or different, asking myself what things, ideas, or factors made for the similarity or differences (Hesse-Biber, 2017).

Review Themes. I reviewed my themes, creating memos I would use to validate how each theme captured an aspect of the data in a patterned way, regardless of whether that theme captures the majority experience. (Scharp & Sanders, 2018)

Define and Name Themes. Though themes can be developed before, during, or after data collection and analysis (Ryan & Bernard, 2003), I defined my themes and created subthemes utilizing prominent expressions, terms, and ideas mentioned by participants.

Produce the Report. Once themes were defined, I related them back to literature and the two theoretical frameworks used to inform this study. This is an important step to establish the connection between data and themes (Mishra, & Dey, 2022).

Procedures to Address Trustworthiness, Credibility, and Transferability

Dependability. Dependability in research is important as it helps to establish that the findings are consistent and can be repeated (Cresswell & Guetterman, 2019). One way that dependability is created is by being transparent in the development of a research project (Hesse-Biber, 2017). Transparency throughout my study design and communications, along with secure storage of data and audio files being reviewed and

checked for accuracy, aid with developing dependability and consistency (Hesse-Biber, 2017). I utilized my UD Zoom account for hosting each interview, video recording the interview, and transcribing the audio file into a Word document. I compared transcripts against recordings for accuracy, with corrections to the transcription document being made as needed. I created memos after each interview to help create an audit trail for my findings (Shenton, 2004).

Confirmability. Confirmability in research is a process employed to establish neutrality and objectivity in the study and in the data (Mertler, 2020). Actions of this mini-study to ensure confirmability began with the literature review where I was able to identify key concepts for my theme of compassion fatigue in MESAP (Hesse-Biber, 2017). In addition to the literature review, I also practiced reflective commentary (Shenton, 2004) in the form of weekly journaling once data collection began (Russell & Kelly, 2002, pg. 2).

Credibility. Credibility in research establishes that the results are credible, believable, and from the participants involved (Mertler, 2020). With nearly three decades in the field of student affairs, it was important for me to develop credibility via qualitative research elements to ensure that I am representing data from my participants, not from my personal experiences. To do this, I utilized direct quotes that came from the participants sharing their experiences (Shenton, 2004). I employed data source triangulation to fully understand the phenomena of compassion fatigue in MESAP by using purposeful sampling and direct quotes by all interview participants (Patton, 1999, p. 1193). These triangulation methods showed consistency in participant experiences, which was also member-checked by sharing transcripts and themes with participants for

their review and comments. Lastly, I chose purposive sampling to allow for triangulation by gathering data from those from the specific professional experiences needed of student affairs leaders in medical education. I intentionally chose participants not from my specific college of medicine to avowing any power dynamic in the interviewer/participant relationship.

Transferability. Transferability in research involves descriptive and contextualized statements so that anyone reading the study can fully understand the particular setting (Mertler, 2020). To develop transferability, I used thick and rich descriptions to help the findings be applied to other phenomenological situations (Shenton, 2004). A rich description of findings along with a clear design of the study and interview protocols was used to develop transferability to help make this study applicable to future studies in different professional populations (Stahl & King, 2020 p. 27).

CHAPTER TWO: RESULTS OF RESEARCH

Within this chapter, I will share the results of my qualitative participatory action research study that explored the lived experiences of MESAP who have served medical students through times of crisis or through traumatic events that led to them being impacted by compassion fatigue. The study aims to answer what the common experiences and personal/professional impacts of student affairs leaders in medical education are that have manifested into symptoms of compassion fatigue. Results identify high impact practices the student affairs leaders have utilized to combat compassion fatigue impacts to their personal and professional lives. Lastly, results illuminate that compassion fatigue should be recognized as a risk MESAP and that intentional support from peers and institutional leadership is needed for those assisting medical students through traumatic events and times of crisis. The study results lead to the development of an action plan to address the issue and impact of compassion fatigue in MESAP.

Reporting Qualitative Results

Data from nine individual interviews was collected over a span of two weeks in late February 2024 into early March 2024. Initial communication with each participant was done over email, leading up to a semi-structured interview taking place on Zoom with an average interview time being 23 minutes. Each interview was recorded and transcribed via Zoom, with transcription finalized into a Word document saved to my personal UD online Google drive. Pseudonyms for all participants are used to protect their identity, as well as the identity of the medical school where they currently work. Results of the findings are shared throughout this chapter, showcasing the experiences of

participants as they shared during their interviews. Table 2 summarizes the overview of themes and subthemes.

Table 2

Overview of Themes and Subthemes

Themes	Subthemes
Interpretations of Compassion Fatigue	• Being a vessel of someone else's pain • Feeling someone else's pain
Experiences and Impacts	• Common medical student experiences • Personal impacts from duties of professional role
Support and Understanding	• High impact practices • Missing elements of support

Three themes emerged across the nine interviews from statements made by participants: (1) Interpretations of Compassion Fatigue, (2) Experiences and Impacts, and (3) Support and Understanding. The first theme came from responses to the interview questions asking if participants had heard of the term compassion fatigue, how they would describe it, and what other professions may experience it. Participants also shared what similarities these other professions may have with MESA. Two subthemes of being a vessel and feeling someone's else's pain emerged. The first theme adds to the literature by showing that little research has been done on including student affairs as a helping profession that can be impacted by compassion fatigue as well as the need that compassion fatigue is not a well-known or understood aspect of professional work.

The second theme, Experiences and Impacts, is where the participants spent the most time sharing. The first subtheme of common medical student experiences

highlighted the intensity of the work the MESAP do each day. The interview questions that were asked that led to this theme were what experiences medical students have that led to traumatic or crisis experiences, if they experience times where they had to help more than one student at a time through traumatic or crisis experiences, if those times were anticipated or unexpected. Participants were then asked to share how they feel on the days that follow them helping a student through a traumatic or crisis experience, which lead to the second subtheme of personal impacts from the duties of their professional role. The second theme adds to literature by showing the changing landscape of the intensity of medical student needs and the intensive support MESAP give to their students. This support, including the time and emotions involved, comes with a cost to a professionals' personal health and work/life balance, which literature identifies as impacts of compassion fatigue.

The last theme, Support and Understanding, directly relates to my proposed action plan. Participants were asked to share what personal or professional impacts they have felt due to compassion fatigue, what they personally do to combat the impacts, what supportive measures they may have from their institution, and what supportive measures are missing. Participants expressed ideas that could be added to a toolkit as an outcome of my proposed action plan, as well as strong interest to continue the work of addressing compassion fatigue in MESAP. The concept of creating a community of care and understanding came from this theme and the two subthemes that emerged. This third theme adds to literature by showing the need for reflective practice, as well as the humanizing approach of recognizing a person at their individual level and the intentional care and attention needed.

Interpretations and Depictions. Of the nine interview participants, all but one had heard of the term "compassion fatigue," either from their work in MESA or from being a practicing physician. When asked what other professions might experience compassion fatigue, participants mentioned first responders, those in healthcare and social services, and teachers. Dr. Donnelly described similarities between her work in MESA and those in the listed professions as "always listening, offering empathy and compassion for situations, problem solving for an individual, and follow up with them." Dr. Miller made the connection between professions as "having to develop interpersonal relationships where people trust you, confide in you and rely on you to make good choices for them." Dr. Lewis indicated that all the professions "work tremendously with the future of people" and often times are doing so in broken systems. Dr. Nell stated that all professions she listed, including MESA, have a "responsibility in caring for someone, which means that you never know what is going to walk in the door." She goes on to mention that there has to be flexibility, "you need to be able to recognize the crisis, not minimize it, and then activate whatever resources are necessary for that person in their specific situation" (Dr. Nell). Though participants had strong commonality in sharing what other professions experience in terms of compassion fatigue, I found the participants' responses to my question on how they would describe compassion fatigue fell into two subthemes: being a vessel for someone else's pain and compassion fatigue as something that is felt.

Subtheme a: Being a Vessel for Someone Else's Pain. As the sole researcher interviewing each participant, it became evident to me that all participants have had significant experience assisting medical students through times of crisis or through

traumatic events, and all showed thoughtfulness and responsibility to help medical students through their experiences. I found Dr. Senna's response to describing compassion fatigue, "being present, being a vessel for someone's pain and suffering," coming from the work she does each day for medical students. She went on to say that in addition to being a vessel for someone else's pain and suffering, she also needs to "sit with them, be uncomfortable with them, empathize with them, and really be present in the moment" (Dr. Senna). This type of action does not come without a cost to the caring. "Compassion fatigue comes from the hearing of and caring for the needs of others, at one point the gravity of all of it hits you. Whether it comes like a mountain of bricks or just comes in slow waves" described Dr. Nell). Dr. Lewis said that with compassion fatigue, "empathy starts to diminish" while another participant described it "leading to burnout, resulting from being in a helping role with others over a period of time" (Dr. Lynn).

Subtheme b: Feeling Someone Else's Pain. Dr. Vincent, the participant with the greatest number of years in MESA shared,

> I have heard of compassion fatigue, but I guess I felt it more. I first felt it in providing direct patient care, when you just keep getting the same issues over and over again. And you try to address them, but they're not being addressed, and you have no control over that. You feel like you're tapped out. You then start to protect yourself from having to feel compassion because you just can't (Dr. Vincent).

Dr. Nell described feeling the "heaviness of what they [students] are feeling, absorbing a lot of the emotions that they have." Dr. Senna shared that it is "being so exhausted and personally drained that you cannot feel the compassion that you feel like

you should have, or that you normally do have, in those moments that call for it." Student affairs is a profession where "you give so much of yourself and are giving so much of your psychological energy to support others and what they need at the time, it is impossible for you not to feel that toil at some point," said Dr. Donnelly. Dr. Vincent mentioned that when she is experiencing compassion fatigue, she feels like she is "constantly apologizing all the time.. Dr. Isabella is not only a physician and MESAP, but also a marathon runner. When sharing, she mentioned that the lack of reserve one feels when experiencing compassion fatigue is "not for lack of desire to help, it is just not available to give…just like being a runner, you can be fatigued during a marathon and have the desire to keep going but your body may say otherwise (Dr. Isabella).

Experiences and Impacts. This theme is where I saw participant responses having the most in common with one another, showcasing the expertise each of them has in this specific field of MESA. Their responses to the personal impacts of compassion fatigue also aligns with the literature on the impact of compassion fatigue. Dr. Lynn provided insight into the importance of remembering that "you're not going to fix every student. Not every student is going to be a physician. And that's okay. They can go on to lead a great life." The two subthemes I found to the theme of experiences and impacts are the common types of traumatic events medical students go through and the personal impacts each professional feels as they assist medical students.

Subtheme a: Common Types of Medical Student Traumatic Event or Crisis Experience. All participants were similar in their identification of common experiences of medical students who are going through a traumatic event or a crisis experience. The most common response was a student going through their own mental or health crisis,

followed by an unexpected loss of a loved one or an unexpected health concern of a loved one. When explaining some of the common events she helps medical students with, Dr. Isabella shared "what is shocking, scary, or dangerous is variable to the person at times." This is important to keep in mind, especially when a student may be having a crisis due to an academic issue or failure, or from something specific that happened in a curricular aspect, be in classroom or in a clinical setting. Without pause, Dr. Murphy said that "there isn't a week that [we] aren't dealing with more than one student having their own crisis." Participants also shared that they are often helping medical students through the end of a personal relationship or partner violence. Dr. Lewis mentioned that "sometimes what they are experiencing can be a trigger for me." She shared that this was an important realization for her as she acknowledged that she might not be able to respond exactly to what the student needs in the moment.

When asked about helping multiple students through times of traumatic events or crisis experiences, all participants mentioned the stressors of helping their students through Match. This can be an extremely difficult week of helping students through not matching to residency and keeping their motivation going through a very short period of secondary applications and interviews with residency programs. Dr. Isabella said that "What I've found actually challenging in balancing or navigating a situation where multiple students are involved in a collective event is being able to address the varying needs of the students based on their processing." Dr. Donnelly said she finds it "difficult to give students peace and comfort in a way that they can identify with" during collective times of crisis, like Match. Dr. Senna noted the difficult time of Match in which she is

having to meet the match success rate goals of the college and the emotional needs of students. “It’s hard, there are tears everywhere” (Dr. Senna).

***Subtheme b: Personal Impacts from Duties of Professional Role*.** Participants spoke to the aspects of their roles in MESA impacting them and their loved ones. Not only do they feel physically and mentally drained and exhausted, but the personal worry they feel for students going through times of a traumatic event or a crisis experience causes overwhelm and self-doubt. During such times, they cannot give to loved ones or to other aspects of their job as much as they need to. “You give, you use your battery at work. And so when you go home, they [loved ones] get the leftovers.” said Dr. Isabella. When having experienced compassion fatigue, Dr. Miller related it to being in a negative balance, and “it is that negative balance that is making one unable to access their compassion.” He speaks to having to “be able to be generous with his compassion,” but such generosity is depleting his resources and then ability to give to his loved ones. Dr. Murphy recalled the many times that he needed to answer emails from home at 4 a.m., go into work for a full day, and then stay awake late into the night to continue working and answering emails. Dr. Murphy shared “life sucks when drama is happening, those are words you can take verbatim.” He shared that during these times, he feels that he is not doing his job right. **“**One of the things that is difficult in student affairs is that “we don’t really have boundaries” said Dr. Nell.

During times of this level of overwhelm, Dr. Vincent questioned whether she wants to continue in her student affairs role. Dr. Lewis said that at times, her position and the work she does makes her feel like she is in “Groundhog Day,” working through similar types of traumatic events and crisis experiences with students over and over. Dr.

Donnelly finds it "incredibly overwhelming, to intake all of their [student's] concerns and fears, then to help them with what they need." These MESAP do not do this work to "intentionally make their, or anyone else's lives difficult; they go into it because they want to help," said Dr. Vincent. Dr. Nell shared that she often feels ongoing concern for the students she helps, "I want to check in and want to make sure they are ok." She experiences a sense of gratitude knowing that she is able to be present and support students, "even if the help is in a small way" (Dr. Nell).

Support and Understanding. The final theme I found was the need for support and understanding, two important elements that each participant spoke to. It was evident that the helping role of a MESAP has personal and professional impacts, and I appreciated the vulnerability in how participants shared what they do to help with these impacts and what pieces are missing at their respective colleges of medicine. "Talking helps triangulate our own responses and reactions going on" (Dr. Lynn). "Having a community to talk to and process is needed, talking to people is very important" (Dr. Lewis).

Subtheme a: High Impact Practices. Participant responses indicated a number of high impact practices they utilize to combat the impacts of compassion fatigue. The first is sharing with trusted peers and loved ones. "I have a lovely team. We, as a community, the things that we can share amongst ourselves, we [the team] spend a lot of time supporting and acknowledging where each one is," said Dr. Isabella. Dr. Nell utilizes the coworkers and colleagues around her, making sure they are aware of the student situation so she can fully debrief what is going on. She also utilizes talking with her spouse, in which she noted "having somebody who just listens without offering anything else helps

me because I am a verbal processor." Dr. Donnelly shared the importance of having "a good in-house team that is willing to reach out and help me, support me and the entire team" as well as the importance of knowing the people on campus who can help, including those outside of the college of medicine such as campus security. Dr. Murphy also indicated the importance of sharing with his team, but especially finds "group texts with other student affairs deans" to be an important way to process and strategize ways to help his medical students. This aligns with Dr. Lynn who utilizes coworkers to "bounce things off of, maybe vent to a bit, but also problem solve."

Having time to pause, reflect and process was important to participants. "I need internal time to recharge. Much of my job externally I perform as an extrovert, so it is draining" (Dr. Isabella). Dr. Senna not only shares with others but spends "a lot of time internal processing." Two participants indicated that they have therapists, which they found to be incredibly helpful as a high impact practice.

Subtheme b: Missing Elements of Support. Each participant expressed loyalty to their MESA roles, to their students, and to their specific college of medicine. But that does not mean that there are not missing support mechanisms, especially when they are experiencing compassion fatigue. "Our institution has a very difficult time showing that they love us," said Dr. Murphy. "They [our schools] need to make sure that people are taking care of themselves and take time if they need it" expressed Dr. Senna. "There is a disconnect between the people above me [administrative leadership] and understanding. They are very supportive and very thankful for what I do, but also continually ask me to do other things with no resources or limited resources" (Dr. Nell). Dr. Vincent sees a crisis in medical education with the number of people leaving the profession. "Those

above us [administrative leadership] do not recognize that there is a problem, a systemic issue," said Dr. Vincent. "We need to have other people, not in student affairs, be able to recognize that this is the world that student affairs lives in. Because I do not think people necessarily understand" (Dr. Nell).

"We do not spend enough time in our community to normalize some of the experiences we have and to make it okay to need to step away a little bit. We need tools to engage people with this" (Dr. Miller). Dr. Isabella said we need to "support each other and do the reflective work." "Reflection is tough, rumination is easy," expressed Dr. Miller. Dr. Vincent mentioned a similar thought, "we need the ability to approach someone who can be able to coach you through different, difficult, traumatic events and can validate that.. Dr. Nell's statement provides a validation of the importance of this study.

> How do we bring up compassion fatigue without any formal instructions, workshop, or webinar. We need a toolkit but also perspectives of different people who have worked in student affairs. We need acknowledgment of what we do is hard. Once we acknowledge it [compassion fatigue] then we can start looking at how to help each other with it (Dr. Nell).

Summary of Findings and Discussion

The findings of this study are divided into three themes: interpretations of compassion fatigue, experiences and impacts, and support and understanding. Though interview participants were consistent in their experiences and the impacts they felt from compassion fatigue, they each shared unique personal stories of the impacts, helpful measures to combat those impacts, and what institutional support they have or are still

needed at their institutions and from their institutional leadership. The following pages include a summary of these findings and detail the next steps of my action plan.

Interpretations of Compassion Fatigue

All interview participants served in their MESA position during the Covid-19 pandemic, and all indicated that this was a very difficult time for them both personally and professionally. They felt that they could never truly take time away from work as the medical student needs were so heightened during that time. An "ideal worker norm" has unfortunately helped shape the student affairs profession, setting a standard expectation that professionals are available nonstop and without outside responsibilities (Sallee, 2020), many times at the expense of their families and personal wellbeing (Bettencourt et al., 2022). Participants of this study are constantly showcasing empathy to their medical students. This constant giving of empathy and individualized support can lead to compassion fatigue as a result of reoccurring exposure to trauma and burnout.

Stamm (2005) defined burnout as including feelings of hopelessness, not being able to do a job effectively, and feeling as if one's efforts do not make a difference, notes Craig and Sprang (2009). A significant difference between compassion fatigue and burnout is that burnout does not include symptoms related to secondary traumatic stress (Craig & Sprang, 2009). Burnout typically occurs in organizations that make high demands on their professionals while providing their professionals with very low personal rewards (Middleton, 2015). Organizations can take important steps to reduce burnout, including changing systematic factors. This would help the issue that happens often, in which it is the professionals themselves who take the necessary steps to reduce the impacts of secondary traumatic stress (Middleton, 2015).

My findings highlight that assisting medical students through times of crisis or through traumatic events, which are often unexpected, creates a personal impact on student affairs professionals. As participants shared, the normal workload of their professional position or their life obligations does not stop when they are helping a student through a traumatic event or crisis experience. My interview participants indicated feeling a variety of emotions (such as being worried, tired, distant, drained) after assisting a medical student in distress. These emotions can lead to compassion fatigue risk factors such as having unrealistic expectations of yourself, being unable to give emotional support, overextending oneself, and letting work interfere with personal life (Figley, 1995). These important factors were found throughout a variety of my participant responses, which provides validation that student affairs is a helping field and can be impacted by compassion fatigue.

The negative impacts of compassion fatigue on a professional lead to a decreased motivation for their work, which then can lead to poor professional judgments (Rudolph et al., 1997). Organizations must recognize that secondary trauma and compassion fatigue may be occurring, though this acceptance of the possibility is typically slower for those in management positions as they often do not have daily contact with traumatized individuals (Osofsky et al., 2008). With the growing number of students seeking assistance with their times of crisis or traumatic events (Lynch & Glass, 2018), student affairs professionals are at the limit of the output they can do in their roles, indicating that change must be made.

Experiences and Impacts

As previously mentioned in the qualitative findings section of this chapter, interview participants had consistency in their responses to what the common times of crisis or traumatic events were that medical students seek their assistance with. This showcased how unique the role of student affairs is in the field of medical education, and how unlike it is to other academic colleges and student populations. The finding of a strong commonality of medical student experiences that student affairs professionals assist with highlights the need for a community among medical education student affairs colleagues as their professional experiences are so similar.

When student affairs professionals experience compassion fatigue, their empathy is reduced, causing a potential change in how they respond to a situation (Hoy and Nguyen, 2020). Unfortunately, when dealing with the impacts of compassion fatigue, a student affairs professional's response may bring unintentional harm to their student who was originally traumatized (Raimondi, 2019). As Dr. Lewis mentioned during her interview, at times she finds a student's traumatic experience to be personally triggering. When personal triggers happen, professionals may need to compartmentalize their feelings, which can create a sense of distance between them and the traumatic event. Buchanan and Keats (2011) find that people will cope differently "depending on their personal history and the nature or context of the trauma environment they are negotiating" p. 128. This study also finds that people will go out of their way to avoid things that remind them of a traumatic event, as a means to prevent second traumatization or retriggering (Buchanan & Keats, 2011).

Student affairs professionals have various motives for entering this specific professional field. Some, like myself, enter the field because they were impacted by a student affairs administrator during their educational experiences, and others enter the field as a way to help improve student experiences. Regardless of the motive, student affairs work requires professionals to have a strong level of care, invest in student relationships, and spend time addressing numerous student needs (Perez & Bettencourt, 2023). This constant labor of caring can foster a negative work experience and departure from the field of student affairs (Perez & Bettencourt, 2023). Middleton notes a connection between compassion fatigue and attrition in the workplace. Compassion fatigue can be associated with early resignations, staff turnover, decrease in organizational effectiveness, and increased difficulties with personal relationships outside of the workplace (Middleton, 2015).

Three interview participants indicated that though they have felt the impacts of compassion fatigue, they have also experienced compassion satisfaction in their work helping medical students through times of crisis or traumatic events. Compassion satisfaction is a positive consequence, in which a professional has a positive feeling related to their ability to help (Yilmaz & Ustun, 2018). As compassion fatigue is a consequence of caring, compassion satisfaction is a reward for caring (Yilmaz & Ustun, 2018). As this study reflects on the negative impacts of compassion fatigue, it is beneficial to be mindful that compassion satisfaction appears to be an effective buffer against burnout in professionals (Stamm, 2010). My research findings found that participants believed in the work they do in medical education and believed their work does make a difference in the lives of their medical students.

Support and Understanding

Every interview participant mentioned how self-care and peer support were critical to the times where they were being emotionally and physically impacted by compassion fatigue. When going through this type of post-secondary professional stress, it can be easy for the professional to feel that the college's mission is misaligned with their professional needs. This is an important finding that ties into the Critical Theory of Love (CToL), in which we are to affirm personhood, understand how systems can oppress or traumatize, and create experiences that heal and restore (Brooks, 2017). CToL recognizes that every individual experience is different and there is a responsibility to tend to a whole person and offer destigmatization and healing (Brooks, 2017).

Interview participants indicated that during times when they felt they were being impacted by compassion fatigue, they knew they could not take care of others if they did not take care of themselves. Some sought personal counseling and mindfulness activities to combat the impacts of compassion fatigue. But these personal actions they take do not solve the problem, there needs to be help by their institution. Conditions in the workplace need to be created for those in student affairs to understand and prioritize their wellness. They may have good intentions to practice self-care, but if the environment does not allow them to succeed, they will not succeed (Furr, 2018). Organizations should provide mental health insurance coverage, explicitly acknowledge the job stress and possibility of compassion fatigue on staff, provide educational workshops and develop peer support, and provide adequate coverage for staff in stressful positions (Osofsky et al., 2008).

Interview participants indicated that many in their institutional administration, or non-student-facing roles, do not truly understand compassion fatigue and the personal

and professional impacts it has on the one experiencing it. Professionals are more likely to experience the impacts of compassion fatigue when overwhelmed in their work, or when they are not given time and support to process difficult aspects of their work (Perez & Bettencourt, 2023). Organizations can also help professionals being impacted by compassion fatigue by creating a community of care and a work environment that supports self-care (Squire & Nicolazzo, 2019). Organizations can create space for reflective practice to help professionals reflect on experiences, strategize on how to avoid things that did not go well, and work towards repeating things that did (Koshy, 2017). Koshy's steps of reflection are similar to Finlay's Reflective Practice framework (2008) in that the process is cyclical. Koshy asks professionals to (a) identify the situation (who/what/where), (b) identify how they feel, (c) identify why an event happened, (d) identify what could have been done differently, (e) identify how one's practice will change, and (f) identify what will happen when the reflection is put into practice with the next experience (Koshy, 2017).

Discussion

Of my research findings, the subthemes of personal impacts from the duties of the professional role, the practices participants employ to combat impacts of compassion fatigue, and the missing elements of support at their institution have the greatest impact to moving forward with my proposed action plan and organizational change plan. The concept of understanding, acknowledging, and addressing compassion fatigue are crucial elements of my action plan to create a collectively developed toolkit to help combat the effects of compassion fatigue for those who work in MESA. Participants noted that acknowledgement from their institutional leadership would greatly help them in their

times of compassion fatigue. It will be important that not only the student affairs professionals, but also their supervisors and other institutional leadership, have access to the online toolkit available to learn from and implement suggested practices outlined for organizational change.

An unexpected finding of this study was how each participant spoke to the importance of community and helping one another through times of compassion fatigue. Their comments made clear that an outcome of my action plan needs to be the development of community, both among those who help develop the toolkit as well as those who will use it. Lastly, there is much overlap between burnout and compassion fatigue. The toolkit will need to be intentional with addressing each condition.

Implementation and Assessment Plan

Results from this study illuminate that compassion fatigue should be recognized as an impact to MESAP and that intentional support from peers and institutional leadership is needed for those assisting medical students through traumatic events and times of crisis. I have created an Action Plan (see Appendix E), which will address these needs. A brief description follows, with more details in Chapter 3.

Description of Action Process

Through the findings from this study, it was evident that a resource toolkit be developed that could be used to address the professional and personal impacts of compassion fatigue for those who work in student affairs within medical education. The creation of the toolkit cannot be done without stakeholders helping create and edit content, then publishing the toolkit to a website. The process of creating the toolkit will

be an iterative process, and implementation will need to be assessed and then improvements made as the toolkit is utilized by MESAP.

The toolkit will also help address the need for a community of care and understanding for MESAP. I expect the stakeholders that will collaborate in the development of the toolkit will form a strong and trusting community. A second community of stakeholders will be formed by those who utilize the toolkit, strengthening the community they have at their respective college of medicine and with their institutional leadership.

Timeline. The timeline for my action plan will be November 2024 to November 2026 and will be broken into four phases. The first phase of the action plan will be November 2024 to February 2025, and this will be a time of outreach to find stakeholders who would like to contribute to the creation of the toolkit. The second phase will be from March 2025 to October 2025, in which the toolkit is created. The third phase will be November 2025 to March 2026, in which outreach MESAP will be done via the AAMC's PDI, letting them know of this research, the developed toolkit, and presentations available at upcoming conferences. The final stage will be April 2026 to November 2026, in which feedback will be gathered and used to make improvements to the toolkit based on evaluation by users and updated for the AAMC November 2026 national conference.

Stakeholders. There are multiple stakeholders needed in the implementation of my action plan. First would be MESAP who wish to contribute to the creation of the toolkit. A number of which interview participants indicated interest in. Next will be colleagues who work at the AAMC, specifically within their GSA support area. They will be pivotal in partnering to share the results of the action plan with the general GSA

membership at regional and national conferences. A technology team will need to be developed at my college of medicine to help properly publish the toolkit online to make it available within the medical education community. GSA participants at various conference presentations and PDI presentations will be needed for feedback. And finally, the users of the toolkit will be crucial stakeholders as they are at the heart of my action plan.

Outcomes. After using the toolkit, users will have a clear understanding of compassion fatigue and be able to recognize it within themselves and others. They will be able to create positive resolutions to their impacts caused by compassion fatigue and increase their work/life balance in positive ways. The creation and implementation of the toolkit will create a community of care and understanding within MESAP.

Outcome Measurements. Outcomes will be measured in the third and fourth phases of this action plan by tracking the number of downloads of the toolkit and number of attendees at AAMC conferences where the topic of this study and the toolkit are presented. Once the toolkit is available online, effectiveness will be measured by both quantitative and qualitative measures utilizing surveys and interviews of toolkit users, which will measure current usefulness as well as suggest improvements for subsequent toolkit versions.

Logic Model

Logic Models have five key components: Inputs, Activities, Outputs, Outcomes, and Impacts. Inputs are the available resources that will be used to implement a program, activities are the planned strategies from using the inputs, and outputs are the products received from the activities (Giancola, 2021, p. 123). Outcomes are both the short and

long-term changes at the participant level anticipated from the program, and impacts are the intended and unintended changes that come from the implanted program (Giancola, 2021, p. 123). Assumptions for the logic model are that there will be participation and investment of all stakeholders, that the toolkit collaborators will have the collective knowledge and expertise needed, and that the field of MESA is ready for the topic of compassion fatigue. External factors tied to the logic model are costs associated, time zones for participants that may limit their collective time together, and the ability of toolkit collaborators to find needed time to invest in the action plan. The following tables summarize the logic model inputs and outputs (see Table 3) and outcomes and impacts (see Table 4).

Table 3

Logic Model Inputs and Outputs

Inputs	Output - Activities	Output – Participation
Investment of creators of toolkit, including a shared time to work together and collaborate. Technology experts and resources Professional gathering spaces such as shared online space and professional conferences	Creation of toolkit Development of online hosting platform Development and implantation of professional presentations Evaluation mechanism to collect formative feedback	Community of care and understanding with toolkit creators Community of care and understanding with toolkit users Positive change to work/life balance

Table 4

Logic Model Outcomes and Impact

Short	Medium	Long
Identification and commitment of six to eight collaborating toolkit stakeholders Commitment to organizational change with AAMC student affairs division leadership	Awareness of topic via online resources and conference sharing Awareness and support from administrative leadership 25 people at each conference presentation 10 toolkit users with feedback to toolkit contributors	Positive change in support measures for medical education student affairs professionals Positive change in work/life balance for SA professionals? Community of 100 people involved with creation, further development, and usage of toolkit Positive trend of retention in medical education student affairs

CHAPTER THREE: ACTION PLAN AND CHANGE PROCESS

In this third and final chapter of my dissertation in practice, I describe in greater detail the anticipated steps in implementing an action plan and organizational change process, as well as implications to practice and future research. A comprehensive action plan and organizational change plan have been created based on the results of my qualitative participatory action research study that explored the lived experiences of MESAP who have experiences compassion fatigue as a result of serving medical students through times of crisis or traumatic events. Utilizing the frameworks of Reflective Practice and CToL, the action plan results in a toolkit that will help users have a clear understanding of compassion fatigue and be able to recognize it within themselves and others. Toolkit users will be able to develop resolutions for negative impacts caused by compassion fatigue and increase their work/life balance in positive ways. The creation and implementation of the toolkit will produce a community of care and understanding within MESAP and their administrative leadership. As a result, the organizational change plan will create opportunities for the AAMC to use their website and organizational activities to acknowledge and address the impacts of compassion fatigue to MESAP. The chapter ends with implications for future practice and research, as well as closing statements on how the study answered my problem of practice.

Anticipated Steps During the Action Plan Process

Appendix E outlines the objectives, tasks, people, locations, resources, and funds associated with the action plan. The action plan has four phases over a two-year period. Table 5 summarizes each action plan phase, the steps taken in each phase, and the stakeholders involved in each phase.

Table 5

Action Plan Phases

Phase	Time	Action Steps	Stakeholders
Phase One	Four Months	Email communication	Contributing Toolkit Stakeholders
		Share research findings and goals for toolkit	
Phase Two	Eight Months	Collectively develop toolkit	Contributing Toolkit Stakeholders
		Identify and procure hosting website	AAMC Student Affairs Divisional Staff
		Begin organizational change with AAMC	COM Technology Team
Phase Three	Five Months	Promote toolkit	Contributing Toolkit Stakeholders
		Present at AAMC PDI meetings, business meetings, conferences	AAMC PDI Leadership Team
		Identify potential toolkit users	AAMC Conference and PDI Session Attendees
Phase Four	Seven Months	Implement toolkit	Contributing Toolkit Stakeholders
		Collect formative evaluation and feedback to further develop toolkit	AAMC Student Affairs Divisional Staff
			COM Technology Team
		Promote next iteration of toolkit	AAMC PDI Leadership Team
		Create resources to be added to AAMC website for medical education student affairs professionals	AAMC Conference and PDI Session Attendees
			Toolkit Users

The objectives of the action plan are developed from my findings of the interpretations and depictions of compassion fatigue, the experiences of medical students

and personal impacts of compassion fatigue felt by student affairs professionals, and the support and understanding needed to implement high impact practices to combat compassion fatigue. Table 6 shows the objectives connected to a specific phase of the action plan.

Table 6

Action Plan Phase Objectives

Phase	Objectives
Phase One	Build a community of care and understanding
Phase Two	Collectively create a toolkit
Phase Three	Offer knowledge and resolutions to compassion fatigue
Phase Four	Expand the community of care and understanding
	Positive increase to work/life balance in medical education student affairs professionals
	Develop organizational change with AAMC resources for professionals

Phase One

The first phase of the action plan is four months in length, dedicated to outreach to MESAP to promote the opportunity to be a contributing toolkit stakeholder. I will first communicate with interview participants as each expressed interest in being involved with the next steps of this action research plan. If additional contributing toolkit stakeholders are needed, I will utilize the GSA listserv for the Western Region of AAMC and seek additional contributors. Contributing toolkit stakeholders will have expertise in MESA and have relatable experiences that have led them to knowing the impacts of compassion fatigue.

During phase one, I will share with contributing toolkit stakeholders the findings of my research, my goals for a toolkit to help MESAP, and identify the key components of the toolkit that need to be built. The outcomes for phase one are to have six to eight contributing toolkit stakeholders and identify a bi-weekly meeting time to be implemented in phase two. These outcomes will be measured by keeping detailed notes from my communication action steps and developing a list of contributing stakeholders. There are no costs associated with phase one of the action plan.

Phase Two

The second phase of the action plan is the longest phase at eight months in length. During this phase, the contributing stakeholders will collectively design and develop the toolkit, utilizing their expertise in MESA, personal experiences, and the findings of this study to create the identified modules of the toolkit. There will be six sections to the toolkit. These sections will include modules that address (1) the definition of compassion fatigue; (2) what do the effects feel like; (3) how does it effect a professionals work and life; (4) what are self-care strategies that can be employed in times of compassion fatigue; (5) workplace implementations, and (6) connecting with a peer for support. Reflective practice will be implemented in each section of the toolkit. Sections will also include aspects of applying the CToL, in which acknowledging and calling out the pain and individual experiences of others brings restorative practices to individual environments.

Two additional stakeholder groups will be introduced to the action plan in phase two. First, connections with the AAMC student affairs divisional staff will be made to raise awareness of this project and gain support for an organizational change plan involving their online resources and support to constituents. The next stakeholder group

that will be added in phase two is a technology team from my specific college of medicine. This crucial group of stakeholders will help the toolkit contributors identify the best online platform for hosting the completed toolkit and provide shared online storage space.

Outcomes for phase two include bi-weekly Zoom meetings to collaborate with one another and work collectively as toolkit contributing stakeholders. Trust will need to be developed among this group, so all feel comfortable and supported to share thoughts and ideas during the bi-weekly meetings and any other communication needed outside of the set meeting times. Outcomes will be measured by the creation of two to three modules for each section of the toolkit, identification of an online hosting space, and up to three meetings with the AAMC student affairs divisional staff. Costs associated with this phase will be dependent on the technology platform identified.

Phase Three

Phase three begins a year after the action plan was initiated and will be five months of promoting the toolkit to MESAP, along with accompanying professional development and information sharing sessions. Outreach will be done by AAMC listserv messages, addressing the toolkit at GSA business meetings of each AAMC region, connecting my research findings and toolkit creation in an AAMC PDI session, and AAMC conferences. An additional step of sending information directly to institutional leaders of medical colleges will be made with the assistance of AAMC student affairs divisional staff, as institutional leaders are a pivotal toolkit user determined by my research findings.

Stakeholders involved in phase three include the toolkit contributors, the PDI leadership team, and attendees for any of the presentations at GSA business meetings, PDI monthly sessions, or an AAMC conference. The first outcome for phase three is to identify ten users of the toolkit, with at least two being institutional leadership. The second outcome will be four presentations at GSA business meetings (one for each AAMC region) and two PDI sessions on Zoom. Costs associated with this phase will be related to conference travel, registration, housing and meals.

Phase Four

The final stage of this action plan will be from May 2026 to November 2026, in which formative evaluation and feedback will be gathered by toolkit users to guide improvements to the toolkit. This final phase involves all identified stakeholders: toolkit contributors, the PDI leadership team, and attendees for any of the presentations at GSA business meetings, PDI monthly sessions or at an AAMC conference, the technology team, and most importantly users of the toolkit. Costs associated with this phase will be related to any changes in technology platforms, conference travel, registration, housing, and meals.

The first outcome for phase four is to expand the community of care and understanding. This will be done by connecting the toolkit users with toolkit contributors as mentors in exploring the impacts of compassion fatigue. From the formative evaluation and feedback gathered, toolkit collaborators will be able to track if there was a positive increase in work/life balance expressed by MESAP toolkit users. The third outcome, to develop organizational change with AAMC resources for MESAP, will be

measured by adding four new resources to the website and providing two PDI sessions to the GSA community.

Summary of Action Plan

This action plan is a two-year process that involves six stakeholder groups to create a toolkit for MESAP that includes three outcomes. The first outcome of this toolkit is to create a clear understanding of compassion fatigue, with toolkit users being able to recognize it in themselves and others. The second outcome is for toolkit users to increase their work/life balance by creating resolutions to negative effects of compassion fatigue. The final outcome is to create a community of care and understanding in MESAP.

The work of developing the toolkit, along with connections made with toolkit users, will help produce a community of care and understanding within MESAP and their institutional leadership as compassion fatigue is addressed. As the action plan is implemented, a MESA culture will be created that aligns with the CToL so MESAP can feel safe to speak openly about the impacts of compassion fatigue. Reflective practice measures will be encouraged for toolkit users to help increase their personal self-awareness, help them gain clarity on how to deal with impacts from difficult situations, and help them identify and implement strategies to make improvements.

Analysis of Organizational Change and Leadership Practice

This action plan will lead to an organizational change by acknowledging and addressing the impacts of compassion fatigue on MESAP. Not only will change happen for professionals as individuals, but the action plan will also lead to changes withing each college of medicine as well as the AAMC GSA community of MESAP. Leadership

practices will need to be employed at the organizational and stakeholder levels to lead the anticipated change efforts to successful outcomes.

Organizational Change Analysis

Successful organizations have a culture that involves a known set of beliefs regarding their mission and vision. The culture of an organization creates a "superglue bond" that unites the members of the organization with the work to accomplish the mission of the organization (Bolman & Deal, 2008). It is vital that organizations be open to change to evolve and thrive. When organizational change occurs, it specifically helps the members of the organization identify with their organization's identity, understand their role in it, and help determine the organization's path of evolution (Hatch, 2018). Organizational culture thus continues to be created and refined by the shared history of the members of the organization and the elements of structural stability, depth, breadth, and patterning of their norms, values, behavior, and traditions (Schein, 2016).

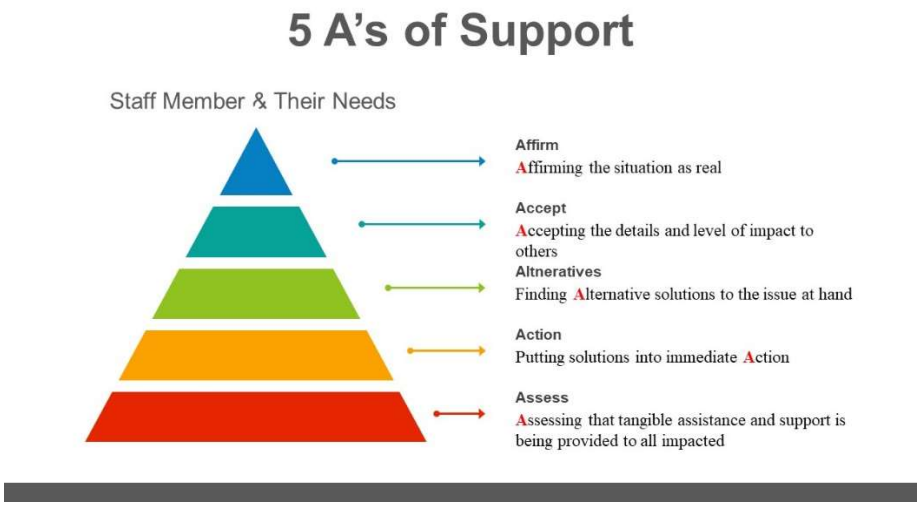
A theoretical perspective is the similarities by which a group of theorists define their concepts and use them to create an explanation of what they are studying (Hatch, 2018). Organizational culture as defined by the symbolic perspective immerses researchers directly into the organization to explore how culture exists in various dynamic states with the ability to stay as is but also to grow in the changing landscape of the organization. The organizational change proposed will tie in Reflective Practice and CToL to ensure growth can happen, not only for the individual professional but the entirety of MESA.

Type of Organizational Change Plan

The 5 As of Support. An important part of the toolkit created by my action plan is the 5As of Support framework. I developed this framework to help a professional when dealing with impacts of compassion fatigue as part of the toolkit created by my action plan. The 5 As of Support framework can also be used by the AAMC to help create organizational change for the purpose of allowing collaboration with stakeholders to develop and publish resources for student affairs professionals and to create a supportive community specifically for those who are at risk for compassion fatigue.

Figure 2

Lisa Burch-Windrem's 5 As of Support Framework (2023)



The organizational change plan that I propose will be vital to bring equity of resources and guidance to MESAP to demonstrate that their wellbeing and mental health is equally important as that of other constituents served by the AAMC. The 5 As of Support utilizes Reflective Practice and the Critical Theory of Love as key concepts to

affirm and understand others, to measure the effectiveness of our practices, and to create wholeness and completeness (Brooks, 2017).

As an established organization, the AAMC is not in crisis or a state of decline but is ready for evolutionary change in which this organizational change plan can assist with (Clark, 1972). It is important to support the staff who are at the front lines of service to medical students with knowledge and training to allow them to do their work at the highest level and to show that they are a priority to the organization (Lipsky, 2010). The 5 As of Support framework provides a map for accomplishing this.

Affirm the Situation Is Real. An aspect of organizational change starts by allowing for uncomfortable conversations about the organization, including identifying what is going well, what is not going well, and what can be improved (Scott, 2001). The review of literature and audit of the AAMC website reveals a lack of information about the wellness of a segment of the organization's membership. This is likely an unintentional omission. Affirming that the situation is real can be done by alerting the AAMC leadership who oversee the GSA community of these findings and expressing a willingness to come alongside them to make changes needed. An easy first step for the change would be to develop a section on the GSA portion of the website that provides direct links to general information for wellness, wellbeing, and how to combat compassion fatigue.

Accept the Details and Level of Impact to Others. Organizational change cannot be done by one person; a collective engagement is needed to be most successful (Hyde, 2012). The GSA community of the AAMC can utilize their listserv and send members a survey that will gather data on the common understanding of compassion fatigue, the

acceptance of the student affairs profession as being a helping profession, and feedback from those who have been impacted by compassion fatigue. This step would be crucial to gathering additional stakeholders to engage in creating equity focused changes and provide needed information and support guided by the AAMC.

Find Alternative Solutions to the Issue at Hand. Once a collection of interested participants for creating changes is obtained, the GSA can use its resources of regional groups to have an in-person session at their annual conference where this group can brainstorm solutions they may have, create an initiative document to bring forward to the GSA leadership to prioritize as they meet regularly throughout an academic year. This would allow the opportunity to learn from others by acknowledging the funds of knowledge they bring from their lived experiences that might be different from those of others in the group (Llporat & Esteban-Guitart, 2018). One solution would be the creation of the toolkit discussed earlier, which would help institutional leaders support their student affairs professionals who are being impacted by compassion fatigue, and who are thus being at risk of not being able to fully help distressed students.

Putting Solutions into Immediate Action. Once solutions are determined from the stakeholders and vetted to be the best steps for moving forward, the AAMC and/or GSA can make the necessary website changes to add the resources and communicate that they are ready to be utilized. Similar actions of deciding best steps for moving forward was recently done with the successful implementation of the GSA Professional Development Initiative, so I believe this is an attainable aspect of the organizational change plan. Communication by the GSA steering committee to the deans and directors

of student affairs in their membership will be needed for alerting them to the toolkit being created to support their professionals.

Assessing that Tangible Assistance and Support Is Being Provided to All Impacted. Assessments can be done on the developed resources and initiatives to determine what has been successful and what may need additional strategies to be effective. A follow-up survey could be given to GSA memberships to gather both quantitative and qualitative data for needed adjustments determined by this model of reflective practice. This could be an iterative process ensuring equality to valuable resources and tools being provided to all members of the AAMC.

Reflection on Leadership Practices

For the proposed action and organizational change plans to be successful, leadership practices need to be applied not only at the organizational level, but at the stakeholder and personal levels as well. For my organizational change plan, a systems thinking model to create change should be utilized. A systems thinking model is applied when an issue is important, chronic, has a known history, and has been unsuccessfully solved in the past (Goodman, 1997). Despite the fact that student affairs professionals are impacted by compassion fatigue and not yet considered to be working in a helping field, a systems thinking model can assist with the problem of compassion fatigue in MESAP. Systems thinking allows one to inquire more deeply into a problem at hand, understand responsibility, and be a creative problem solver. This is done by applying the 5 Cs of systems thinking: curiosity, clarity, compassion, choice, and courage (Stroh, 2011). This organizational change plan is allowing me as a leader to be curious about a problem I see, leading to deep inquiry. This deep inquiry leads me to gain clarity to see the problem

accurately and completely, to have compassion for all involved knowing the problem is not the responsibility of one person alone, to make a choice in a solution to try, and to muster courage to accept that there might be other solutions or alternative to explore.

Quinn (2015) describes a positive organization as one that is a system in which its people flourish and excel in expectations (pg. 27). Quinn describes four steps leaders need to take when implementing change. They are to (1) accept the responsibility for the purpose, (2) see the link between the purpose and listening to others, (3) embody the purpose, and (4) meet the people where they are (Quinn, 2015). When thinking about the leadership needed for stakeholders involved, it is critical to acknowledge issues happening, think through the impacts to all involved (making sure no group is being left out or undervalued), collaborate with others who have insight, experiences, and knowledge they can specifically bring to the problem, and focus on creating tangible changes that will make a lasting impact and strengthen the organization and all involved with it.

The proposed organizational change plan is important to me as a MESAP, but also as an individual leader who supports multiple team members. It is important that I reflect on my leadership practices. In doing so, I identify as a leader with skills in servant leadership, authentic leadership, and transformational leadership, I have intuition and discernment that allows me to see in others what they may not see in themselves. I have a strong work ethic, and I use it in a way to encourage others to do the best they can and to grow in the talents they are lending to their workplace. I have strong organizational skills and the ability to discern what steps are needed to get goals and objectives to be met. I am a collaborator focused on team building and investing in others to make them feel that

they belong where they are, which leads to the ability to create a team environment that is trusting and has the passion to do what is needed for the group to meet our goals. I truly enjoy getting to know colleagues and providing leadership and direction that can be personalized to help each grow and advance in a way that works best for them. I do not shy away from difficult conversations, strive to be truthful, and to provide a sense of stability through communication I give.

Implications

Future Practice

This study was designed to find the common experiences and personal/professional impacts of student affairs leaders in medical education that manifested into symptoms of compassion fatigue. Although the study achieved that goal, there is still work to be done. One of the first practices that needs attention is to intentionally speak about the issue of compassion fatigue. Specifically, those in the profession need to acknowledge that MESAP are impacted by compassion fatigue and affirm the personal and professional impacts being felt by these colleagues. Bourg-Carter (2014) found that denial is considered one of the most detrimental symptoms of compassion fatigue as it can exacerbate how fatigued and stressed an individual is. The more the MESA field can address the issue, the more quickly impacted professionals can move from denial to acknowledgment and acceptance.

As found in literature, educational preparation programs geared toward student affairs professionals do not often include the topic of compassion fatigue as a professional impact (Spano, 2011). Intentional training and other resources, such as the proposed toolkit as an outcome of the actional plan, are important to implement for both

future and current professionals. Additionally, practitioners need to learn their role limits and boundaries, establish mentor support, and foster activities to nurture their personal life (Skovholt & Trotter-Mathison, 2016). These practices can be supported by initiatives that will be in the toolkit, along with engagement with the community of care the proposed action plan will help build.

Future Research

This research gave insight into the MESAP population, a population that has no studies done on their impacts from compassion fatigue. The findings from this study have created additional questions about MESAP experiences that should be explored in future research projects. A specific area for research is how the longevity of these professionals in the MESA field may be changing due to the changes in medical student needs. It is estimated that 50% to 60% of student affairs professionals exit the profession within the first five years (Tull, 2006). It would be beneficial to the MESA community to find out if their attrition is similar to that of other student affairs professionals in Tull's study. Additionally, future research into MESA and their compassion satisfaction rates would be beneficial to further explore how to combat the impacts of compassion fatigue found in this study. A person's interaction with their work environment, and the stimuli within, can add to their level of compassion satisfaction (Bernstein Chernoff, 2016). Additional research can be done exploring elements of compassion satisfaction that could assist if it is found that compassion fatigue impacts retention of professionals in the field of MESA.

The CToL was created in 2017, seven years before this study was completed. During this research project, I found no application of CToL to medical education in any published sources. Therefore, research can be done in how CToL-focused practices can

support outcomes focused on individuality and justice to further work on compassion fatigue in MESAP. Intentional work of creating humanizing approaches when dealing with unknowns and reflecting on the impacts utilizing a human-centered approach are at the heart of CToL (Witenstein & Thakur, 2023). For this reason, the frameworks of CToL along with Reflective Practice, will be pivotal to research growing out of the findings of this study.

Conclusion

This qualitative participatory action research study was effective in answering the research question: What are the common experiences and personal/professional impacts of student affairs leaders in medical education that manifested into symptoms of compassion fatigue? The findings identified that participants shared a common experience of the time and attention needed to assist medical students through unexpected personal losses, mental health crisis's, and drastic disappointments of match-related incidents. Findings found that these times of medical student traumatic and crisis situations happen often for the MESAP participants. Many times, these situations are unexpected, which causes additional turmoil due to loss of time and attention to other duties. The constant support with trauma and crisis impacts the MESAP participants as they are in a continual cycle of helping, which leads to the effects of compassion fatigue. Findings show that there are high impact practices that help the MESAP participants. These practices include the support measures they received that acknowledged the mental and personal health impacts of their work and the ability to connect with peers and loved ones who understand the professionals and validate what they are experiencing.

As a scholar practitioner, this study and the proposed action and organizational change plans are personally important to me as I have seen the impacts of compassion fatigue in myself as well as in numerous peers over my nearly thirty years in the field. The study validated experiences that many times have left us drained, exhausted, and embarrassed at not being able to handle well. This study has identified the truth behind this problem of practice and validates that the field of student affairs should be considered a helping field.

The dissemination of this study and the creation and implementation of the action plan will address a crucial deficit in the understanding, acceptance, and of compassion fatigue that is impacting student affairs professionals who work in medical education. This study would not be possible without the vulnerability of participants sharing their experiences, and the work by other scholars done to this point. I will use the outcomes of this study, action plan, and organizational change plan to create critical conversations at the national level of medical education to implement important changes to better the work/life balance of our MESAP.

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APPENDIX A: University of Dayton IRB Approval

Danita Nelson updated ticket **21833640** **IRB D-2 Fast-Track Survey/Interview Application** on Thu 11/30/23 1:49 PM Eastern Standard Time with the following information:

"Changed Status from New to Approved.

EXEMPT (d)(2); Approved Wed 11/22/23 12:09 PM Eastern Standard Time
TICKET ID: 21833640

RESEARCHER: Lisa Burch-Windrem

PROJECT TITLE: Compassion Fatigue in Medical Education Student Affair Professionals

The Institutional Review Board has reviewed the subject proposal and has found this research protocol is exempt from continuing IRB oversight as described in 45 CFR 46.104(d)(2).* Therefore, you have approval to proceed with the study.

REMINDERS TO RESEARCHERS:
· As long as there are no changes to your methods, and you do not encounter any adverse events during data collection, you need not apply for continuing approval for this study.
· The IRB must approve all changes to the protocol prior to their implementation, unless such a delay would place your participants at an increased risk of harm. In such situations, the IRB is to be informed of the changes as soon as possible.
· The IRB is also to be informed immediately of any ethical issues that arise in your study.
· You must maintain all study records, including consent documents, for three years after the study closes. These records should always be stored securely on campus.

Please let me know if you have any questions. Best of luck in your research!

Best regards,

Danita Nelson
IRB Administrator
Office for Research
University of Dayton
300 College Park
Dayton, OH 45469-7758
937-620-2550
Email: IRB@udayton.edu

APPENDIX B: WSU Email

Dear Dr.X,

Greetings from Elson S. Floyd College of Medicine at Washington State University! My name is Lisa Burch-Windrem, and I have served in our Student Affairs office since we accepted our inaugural MD class in 2017. Though I have only been in medical education for seven years, I have been a Student Affairs professional for nearly thirty academic years. I have seen and experienced a lot in those three decades assisting students, especially in times of crisis or turmoil. This experience has left me with a desire to research Compassion Fatigue Impacting those in Medical Education Student Affairs for my Dissertation in Practice as part of the Leadership for Organizations EdD at University of Dayton.

I had the privilege to be on the WGSA Committee for two years and that has been one of the most fulfilling professional activities I have been a part of. I gleaned so much information and wisdom from my WGSA peers! With that experience, I wanted to do selective participation for my qualitative study on Compassion Fatigue and select interview participants who currently serve on a regional GSA committee and have recently had or have a role of Assistant or Associate Dean of Students at their institution. I know that personal and professional calendars are full this time of year, but I hope you consider joining me on this important topic that impacts many in our field. I am looking to hold 1-hour zoom interviews between now and March 8, 2024.

I will be following up this email with one from my University Dayton doctoral student email address (burchwindreml1@udayton.edu) with details of my study and how to contact me if you are interested in being an interview participation. Thank you for the consideration and taking the time to read through this first email I am sending.

Sincerely,
Lisa Burch-Windrem

APPENDIX C: Invitation to Participate

You are invited to participate in a research study being completed by Lisa Burch-Windrem, a doctoral student at University of Dayton. This study will be used for her dissertation to answer the research question "What are the common experiences and personal/professional impacts of student affairs leaders in medical education that have manifested into symptoms of compassion fatigue?"

My dissertation in practice explores the common experiences and personal/professional impacts of student affairs leaders in medical education that have manifested into symptoms of compassion fatigue. Through qualitative research, high impact practices will be identified that these professionals have used to combat the impacts of compassion fatigue, along with highlighting the supportive measures they have received. After findings have been found, a tool kit will be developed to implement at medical schools to help limit the impact of compassion fatigue and obtain a healthy work/life balance for those who serve in Student Affairs specifically in Medical Education.

If you agree to be in the study, the following will occur:

- You will be asked to complete one interview with Lisa Burch-Windrem which will last approximately 60 minutes.
- The interview session will take place over Zoom and will be audio recorded.
- During the interview, you will be asked to:
    - Reflect on your experiences as a Student Affairs professional in Medical Education assisting students through traumatic or crisis experiences.
    - Reflect on your understanding and any experiences of Compassion Fatigue.

There is no physical risk to participants of this study. Due to the nature of some of the interview questions posed during the interview process, there is a small mental health risk to the participant. In the event that a sensitive subject or memory is brought forth, the participant may experience discomfort and/or anxiety.

By participating in this research, you will gain a better understanding of potential compassion fatigue in your role as a recent Student Affairs professional as well as to help assist other professionals via the creation of a tool kit with tools, training, and strategies to help combat the personal and professional impacts due to compassion fatigue.

If interested in participation, please see the attached Invitation to Participate and respond to this email for next steps.

If you have questions about the research, please contact Lisa Burch-Windrem via phone (208-952-5410) or email (burchwindreml1@udayton.edu).

Thank you for your consideration!

Lisa Burch-Windrem

APPENDIX D: Interview Guide

Demographic Question, prior to recording:

1. How many years have you been working in the field of Student Affairs in Medical Education?
2. Please share the roles you held in Student Affairs and how long you served in each role.
3. Please share the educational degrees you have obtained.
4. If comfortable doing so, would you share your gender.
5. If comfortable doing so, would you share your age.
6. If comfortable doing so, would you share your ethnicity.

Interview Questions:

1. When assisting a student with a traumatic or crisis experience, what were some of the most common experiences they were going through?
2. Have you ever experienced assisting multiple students going through traumatic or crisis experiences at the same time? If so, what was that experience like for you?
    a. Follow-up if needed: How many of these traumatic or crisis experiences were anticipated, and how many were unplanned/unexpected when you became aware of it?
3. After providing support to a student(s) who experiences a traumatic event, describe how you felt on the days that followed:
    a. Follow-up if needed: After assisting a student(s) with a traumatic or crisis experience, who or what did you utilize to debrief the situation?
4. Have you heard of the term Compassion Fatigue and if so, can you describe what Compassion Fatigue is?
5. What other professions do you know experience Compassion Fatigue?
    a. Follow-up if needed: What similarities do these other professions have with Student Affairs?
6. If comfortable, please share any personal or professional impacts in your role in Student Affairs where you have felt due to Compassion Fatigue.
7. In reflecting on what you know of Compassion Fatigue and your experience supporting students through traumatic events, what supportive measures from supervision or colleagues, tools or training were most helpful to you?
8. Are there any other comments you would like to share about your knowledge or experience with Compassion Fatigue that would be helpful to this study and the development of a tool kit to help Student Affairs professionals serving in Medical Education?

APPENDIX E: Action Plan

Objectives and Outcomes (What)	Tasks (How)	Person(s) (Who)	Time (When)	Location (Where)	Resources	Funds
Objective 1: Create an online toolkit for medical education student affairs professionals to help overcome the personal and professional impacts of compassion fatigue. Outcome 1: Toolkit users will have a clear understanding of Compassion Fatigue and be able to recognize it within themselves or others. Outcome 2: Toolkit users will be able to create positive resolutions to their impacts and increase their work/life balance. Outcome 3: Community building	Analyze data and identify themes from information collected from participants. Create the toolkit utilizing an online platform. Coordinate with AAMC on how to disperse toolkit to student affairs members medical educatio at conferences. Perform evaluation from users of toolkit for effectiveness and input for improvements.	Student affairs professionals to help create toolkit AAMC GSA office staff (Director, Assistant Director) Technical Support (technology staff at workplace and at AAMC) Participants at conferences Users of toolkit	Start: November 2024 End: November 2026	Online at college's sharepoint website, linkable to AAMC website Conference presentation	Email Zoom platform Document Center Website hosting platform	Funds for technology assistance Cost of hosting platforms Conference registration and travel