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RESEARCH ARTICLE

Pandemic impact on higher education faculty self-care, burnout, and compassion satisfaction

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Abstract
This correlational study examined the relationship between self-care, burnout, compassion satisfaction, and secondary traumatic stress among higher education faculty members during the COVID-19 pandemic. The results inform higher education faculty members about the effects of self-care and suggest strategies to reduce burnout, compassion satisfaction and secondary traumatic stress.

KEYWORDS
burnout, compassion satisfaction, faculty, higher education, secondary traumatic stress, self-care

A basic existential human need is to find meaning and purpose in one's work, or in how one spends the majority of their time (Frankl, 1984). Humanistic counseling and career counseling have recognized this commonality (Chen, 2001) and the need of one's self-actualization through one's work. This concept is illustrated more recently through a phenomenon called "the great resignation" (Klotz & Bolino, 2016; Sheather & Slattery, 2021). It is speculated that the large amount of people that resigned voluntarily during the COVID-19 pandemic (estimated to be about 4 million) did so not only for economic reasons, but also because the pandemic forced them to reevaluate what is important in their lives (Sheather & Slattery, 2021).

However, this existential need of finding fulfillment in one's work is not new. The affiliation individuals have with their job and the problems that may develop when that connection goes awry are documented as an important phenomenon of the modern age. The term *burnout* is considered vital in the research field because of the suggestive power of the term to capture the truths of an individual's occurrences in the workplace (Maslach et al., 2001). Freudenberger's (1975) introduction of the term burnout, describing exhaustion seen amid caregiving professions such as nurses, social workers, or teachers, is now over 30 years old. This concept appeared first in articles written by Freudenberger (1975), a psychiatrist occupied in an alternative health care agency, and by Maslach (1976), a social psychologist who studied emotions in the workplace.

Another important term, referring to a basic human need to promote empathy and connection, and opposite of burnout, is *compassion satisfaction*. This refers to the positive emotions that professionals

of all facets experience from assisting others. Compassion satisfaction is seen when individuals assist or care for others and end up feeling satisfaction from their work (Ledoux, 2015). Examples include when a nurse discharges a patient who has been ill for weeks, a therapist who has seen their client progress through therapy, or an educator who sees their student improve in their discipline. Many workplaces are theoretically compassionate arenas in nature, due to happenings in employees' personal lives or to administratively encouraged instances (Rynes et al., 2012).

However, since March 2020, many places of work have been impacted by the negative changes imposed by the COVID pandemic. As such, higher education settings have had to adjust quickly to a very unpredictable environment. Disruptions related to attendance for students, health concerns, and transitioning to online learning at all levels of education are just a few examples of the continuous impact on higher education (Brooks et al., 2020). Restricted social engagement, limited access to school-based mental health services, and other limitations to academic access and development are impacting students at all levels (Phelps & Sperry, 2020). Many high school graduates are delaying college, and at the same time other young adults return to college. College students face a different campus environment than prior to the pandemic, a need for an alternative daily routine, and uncertainty upon graduation (Haleem et al., 2020). These changes are impacting not only students' mental health, but their professors' mental health as well.

HUMANISTIC FRAMEWORK

Within a humanistic counseling framework, it is vital for educators to partake in personal development and professional growth through meaningful humanistic relationships and interactions (AHC, 2012). To follow the standards and accomplish the objectives of humanistic counseling, educators should strive toward social and emotional wellness. The alignment with a humanistic framework is an essential part of comprehending human potential and development (Greenblatt, 2011). One of the first humanistic principles state that humans have an awareness of the self and others, even though deeper levels of awareness are sometimes unavailable. Although humanism is not without limitations, its strengths in aiding individuals productively deal and learn from the givens of existence (burnout) may be an effective placement for educators to use in multifaceted circumstances regarding self-care and compassion satisfaction (Aloni, 2013).

COMPASSION FATIGUE—BURNOUT AND SECONDARY TRAUMATIC STRESS

In typical situations, faculty members of all disciplines and status seek meaning through their work activities, such as teaching, research, outreach programs, and other duties as assigned. However, many of these demands may expose faculty to burnout, lack of compassion satisfaction, and secondary traumatic stress. In the context of the pandemic, these effects can be greatly amplified. Researchers noted educators' emotional exhaustion or loss of compassion toward students and their job related directly to teaching-specific stressors (Roeser et al., 2012; Sangganjanavanich & Balkin, 2013). An educator's stress may impair personal and professional abilities, as well as compromise efficiency, which can negatively influence student achievement (Klusmann et al., 2016; Moeller & Chung-Yan, 2013).

Aversive emotional capability is most comprehensively encapsulated by the phenomenon of compassion fatigue, which includes burnout and secondary traumatic stress. Compassion fatigue may lead to negative approaches toward others (i.e., depersonalization) and a growing feeling of work-related dissatisfaction (i.e., diminished personal and work accomplishment; Watts & Robertson, 2010). From a humanistic viewpoint, burnout happens "when the calling of caring for others and giving to others in an area such as emotional growth, intellectual growth, or physical well-being no longer gives sufficient meaning and purpose in one's life" (Skovholt, 2001, p. 111).

Secondary traumatic stress is a condition developing from exposure to aspects of a traumatizing event as experienced by someone for whom the individual cares (Mordeno et al., 2017). As such, the very aspect that provides meaning to an educator's work—connecting and empathizing with students—creates the risk of secondary traumatic stress. Due to the various roles held by educators and the changing role of higher education, unanticipated experiences with students who experienced primary trauma may have a negative effect, causing secondary traumatic stress for faculty (Friedman et al., 2010). In a humanistic-existential outlook, secondary traumatic stress may be seen as a standard response to an undesirable experience. Such an experience may interrupt our sense of dwelling the world in a safe way (Vachon et al., 2016).

Understanding humanistic perspectives in self-care is vital. Humanistic values imply that individuals can make choices that impact them and others, and the choices created add responsibility to their daily lives. Educators, regardless of teaching level and subject, are often drawn to teaching because of a core yearning to make a direct and positive change in the lives of other individuals, as that is what brings meaning and purpose to their lives (Bartholomew et al., 2014). Because of their altruism, educators often put their own emotional needs and self-care aside while encouraging, advising, teaching, and mentoring their students (Harris et al., 2016). In addition, low self-care strategies and lack of knowledge of self-care, may also amplify the workplace stressors (Andrew et al., 2016; Boccio et al., 2016). A significant characteristic of a humanistic standpoint on educator preparation, is to prepare educators for good self-care. Anderson (2010) defined basic self-care for educators to include attention to bodily needs such as diet, physical exercise, and rest, as well as basic physical safety at school; appealing needs such as a pleasing workspace and campus environment; and emotional/spiritual needs such as having enriching activities outside of work, connecting with family/friends, and engaging in other activities such as journaling, and reflection. Anderson (2010) also emphasized the significance of stability in one's work life.

Several researchers recognize that finding meaning and purpose in one's work is crucial when looking at one's general wellness (Chen, 2001; Sangganjanavanich & Balkin, 2013; Sodeke-Gregson et al., 2013). Research also examined the association between workplace demands, as well as negative coping and attributional behaviors, with high levels of depression and anxiety, and low job satisfaction in higher education professionals (Mark & Smith, 2012). Researchers also revealed that unaddressed symptoms of compassion fatigue may increase an educator's risk of burnout, while indications of compassion satisfaction may diminish burnout risk (Bettini et al., 2017; Ogaswara et al., 2013). However, the literature is sparse in discussing self-care as a preventive factor of compassion fatigue, burnout, and secondary stress. There is also little information provided in the literature connecting self-care positively with compassion satisfaction. This study aims to find the connection between these concepts—self-care and compassion satisfaction, burnout, and secondary traumatic stress.

METHODS

This research utilized a quantitative, correlational design to examine the relationship between self-care and burnout, compassion satisfaction, and secondary traumatic stress among faculty members during the COVID-19 pandemic. The study sought to answer the following research questions:

RQ1: Is there a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, workplace) and compassion satisfaction among faculty members?

RQ2: Is there a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, workplace) and burnout among faculty members?

RQ3: Is there a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, workplace) and secondary traumatic stress among faculty members?

An a priori power analysis was calculated through G*Power software (Faul et al., 2007) in order to examine the minimum sample size requirements. Using conventional parameters for alpha ($\alpha = 0.05$)

and power (0.95), it was determined that a minimum of 138 participants would be sufficient for the data collection.

Instrumentation

First, the researchers sought institutional review board's approval through two higher education institutions to collect data. Researcher one sent inquiring emails to academic deans and program chairs at the two selected universities to distribute the online, anonymous Qualtrics survey to faculty members at the appropriate institutional review board-approved research site. For this study, the researcher administered a demographic questionnaire, the Professional Quality of Life Scale (ProQOL) and the NAMI (National Alliance on Mental Illness) Self-Care Inventory. The demographic questionnaire contained questions about gender, age, level of education, level of education taught, and years of experience teaching. In addition, it included questions regarding employment, such as experience as faculty, teaching part-time or full-time, teaching undergraduate/graduate students, and teaching modality (online, face-to-face, or both). The data was used for descriptive purposes.

The ProQOL measures compassion satisfaction and compassion fatigue (burnout and secondary traumatic stress). This tool is a 30-item self-care report instrument. This measurement uses 5-point Likert scale responses that indicate an individual's rating of different aspects of professional life. The options are: "Never"—1, "Rarely"—2, "Sometimes"—3, "Often"—4, and "Very Often"—5. There are three subscales in the instrument, with 10 questions each, measuring compassion satisfaction, burnout, and secondary traumatic stress. The ProQOL's three subscales met the acceptable threshold for internal consistency: compassion satisfaction ($\alpha = 0.91$), burnout ($\alpha = 0.79$), secondary traumatic stressa ($\alpha = 0.81$).

The NAMI Self-Care Instrument measures self-care frequency. This tool is a 56-item self-report instrument. This measurement uses 5-point Likert scale responses that indicate an individual's frequency of self-care practices with five dimensions—physical, psychological, emotional, spiritual, and workplace. The Likert-scale points correspond to: "It Never Occurred to Me"—1, "Never"—2, "Rarely"—3, "Occasionally"—4, and "Frequently"—5. Each subscale was computed through adding of the respective items comprising the variable. Each subscale was a continuous measurement. The subscale addressed physical, psychological, emotional, spiritual, and workplace/professional self-care. The Crohbach's alpha tests for each of the scales met the acceptable threshold for internal consistency ($\alpha > 0.70$): physical self-care ($\alpha = 0.79$), psychological self-care ($\alpha = 0.76$), emotional self-care ($\alpha = 0.69$), spiritual self-care ($\alpha = 0.83$), and workplace self-care ($\alpha = 0.78$).

Procedure

The researcher sent enquiring emails to academic deans, program chairs and Listservs, which included an anonymous Qualtrics online survey link. This link included the informed consent form and survey. Participants who were 18-years-old and older and who currently held a faculty member title were asked to participate. Upon reviewing the informed consent, participants who agreed to participate completed the demographics questionnaire, the ProQOL, followed by the NAMI Self-Care Instrument.

Missing data

Incomplete responses from the survey were removed from the final data set. After incomplete responses were eliminated, the 182 participants who completed the survey were tested for missing data. Out of the 182 participants, 40 participants showed missing data and through inspection it was determined to be random for 12 of the participants. It was determined that the amount of nonrandom

missing data for 28 of the cases did not render valid scores, and these cases were eliminated from the final analysis (Acock, 2005). The final data set used in the final analysis had an *N* of 154 participants. Based on the a priori analyses (minimum of 138 participants), the total participant amount of 154 was sufficient.

RESULTS AND ANALYSIS

Pre-data analysis

The research used the IBM SPSS Statistics 26 to calculate all statistical analyses. Univariate and multivariate outliers were identified and removed from further inferential testing. These reductions lowered the final sample to 151 cases. Demographics for the sample are as follows: 27.2% were male, 62.5% were female, 2% were transgender male, 0.7% were transgender female, and 7.3% identified as "other." For Age, 1.3% were in the 18–24 range; 25% were in the 25–34 range; 28.5% were in the 35–44 range; 25.2% were in the 45–54 range; 15.9% were in the 55–64 range, and 3.3% were 65 or older. Ethnicity is as follows: White 47.7%; Black or African American: 14.6%; Asian: 6%; Hispanic 22%; others: 9.3%. Education level is as follows: bachelor's 2.6%; master's: 47.7%; doctorate 49%; others: 0.7%. Higher education taught is as follows: undergraduate 50.3%; Graduate: 28.5; Both: 21.2%. Main teaching modality is as follows: face-to-face 35.8%; Online 23.8%; Both 40.4%. Experience teaching is categorized as follows: 0–5 years 39.7%; 60–10 years 21.2%; 11–15 years 20.5%; 16–20 years 10.6%; 21 years or more 7.9%. Type of teacher: full-time: 60.9%; part-time: 39.1%

RESULTS

A multiple linear regression was conducted to examine the predictive relationship between self-care (physical, psychological, emotional, spiritual, workplace) and ProQOL compassion satisfaction to address Research Question 1. The five self-care factors in combination significantly predicted compassion satisfaction, $F(5, 145) = 21.03$, $p < 0.001$, $R^2 = 0.420$. The coefficient of determination (R^2) indicated that 42.0% of the variance in compassion satisfaction can be explained by self-care (physical, psychological, emotional, spiritual, and workplace). This is a large effect size. Physical self-care ($B = 0.25$, $t = 2.80$, $p = 0.006$) and emotional self-care ($B = 0.36$, $t = 2.59$, $p = 0.011$) had significant, positive relationships with compassion satisfaction. Psychological self-care, spiritual self-care, and workplace self-care were not significant predictors in the model.

A multiple linear regression was conducted to examine the predictive relationship between self-care (physical, psychological, emotional, spiritual, workplace) and burnout to address Research Question 2. The five self-care factors in combination significantly predicted burnout, $F(5, 145) = 33.39$, $p < 0.001$, $R^2 = 0.535$. The coefficient of determination (R^2) indicated 53.5% of the variance in burnout can be explained by self-care (physical, psychological, emotional, spiritual, and workplace). This is a large effect size. Physical self-care ($B = -0.15$, $t = -2.30$, $p = 0.023$) and emotional self-care ($B = -0.42$, $t = -4.13$, $p < 0.001$) had a significant, negative relationships with burnout. Psychological self-care, spiritual self-care, and workplace self-care were not significant predictors in the model.

A multiple linear regression was conducted to examine the predictive relationship between self-care (physical, psychological, emotional, spiritual, workplace) and secondary traumatic stress to address Research Question 3. The five self-care factors in combination significantly predicted secondary traumatic stress, $F(5, 145) = 17.70$, $p < 0.001$, $R^2 = 0.379$. The coefficient of determination (R^2) indicated 37.9% of the variance in secondary traumatic stress can be explained by self-care (physical, psychological, emotional, spiritual, and workplace). This is a medium effect size. Physical self-care ($B = -0.18$, $t = -2.15$, $p = 0.033$) and emotional self-care ($B = -0.42$, $t = -3.16$, $p = 0.002$) had significant,

negative relationships with secondary traumatic stress. Psychological self-care, spiritual self-care, and workplace self-care were not significant predictors in the model.

DISCUSSION

The significant relationship between self-care and compassion satisfaction, as well as its large effect size reflected in these results, suggests that faculty who practice self-care (particularly physical and emotional, due to significant predictors in the models) are more likely to experience higher compassion satisfaction. Not only does it allow faculty to provide positive experiences for their students, but it also helps faculty members find gratitude and meaning in their work, often creating a sense of loyalty to the organization and the career (Andrew et al., 2016). Unaddressed symptoms of compassion fatigue may increase an educator's risk of burnout, while indications of compassion satisfaction may diminish burnout risk (Bettini et al., 2017). Actively planning and engaging in physical and emotional self-care could improve an educator's compassion satisfaction and may help workplace productivity and responsibilities (Andrew et al., 2016).

Engaging in self-care is negatively related to burnout, which means that when self-care increases, burnout decreases among faculty. These results were not unexpected, however, the large effect size was surprising. As seen in the literature reviewed, due to current adjustments in the area of postsecondary education (i.e., switching to an online teaching modality, using new online technologies), faculty members are challenged with increasing workplace projects, which can lead to increased work-related stress and obstruct health and wellness (King-White & Rogers, 2018). Lack of self-care engagement can amplify these problems. The results suggest that self-care will allow faculty members to eliminate possible negative disruptions in their work, and increase finding meaning in it (Moeller & Chung-Yan, 2013).

These results show that participants who engage in self-care activities are more likely to experience lower levels of secondary traumatic stress. Eating regularly, taking time off when sick or tired, and providing affirmation to oneself are just some examples of how regular self-care can decrease stress and lower the impact of being exposed to someone else's stress (Dugan & Barnes-Farrell, 2017). Often, faculty may feel guilty about taking time off work, due to pressing deadlines and delayed workloads (Andrew et al., 2016). However, by not taking the time to practice self-care, faculty members are at a higher risk of suffering from secondary traumatic stress (Barkhuizen et al., 2014). Primary stress due to work pressures can compound the impact of experiencing traumatic secondary stress through interaction with students who are dealing with their own traumatic stress, particularly during the pandemic. In the end, faculty impacted by secondary traumatic stress will likely show less emotional support for students in need, creating a vicious cycle with serious long-term effects (Barkhuizen et al., 2014).

According to this study, both burnout and secondary traumatic stress decrease when physical self-care increases. Physical self-care will not only help individuals avoid or overcome burnout, but it can also increase overall health (Bressi et al., 2017). Providing the space and opportunity within an institution to engage in physical self-care may help higher education institutions deal with faculty retention, as well as faculty engagement and viewing their work as meaningful. Faculty members who are physically healthy tend to miss less work caused by illness (Kravits et al., 2010). Fewer workdays missed will lead to a stronger feeling of emotional well-being and sense of purpose.

Emotional self-care allows individuals to get in touch with their feelings and promote better emotional availability. According to the results of our study, when emotional self-care increases, compassion satisfaction increases as well, and burnout and secondary stress decrease. An emotionally strong faculty member can encourage colleagues to find purpose and success in their work at the institution, as well as provide a safe place for students to persist through degree programs that can lead to personal and career success. Thus, from a humanistic perspective, self-care is not simply a logical, performance-based venture; it is a core matter of human necessities, goals, needs, hopes and fears, a lifelong first-hand process of determining personal meaning and purpose (Richards & Combs, 1992).

Individuals who practice self-care and take breaks by briefly concluding their work, relaxing, and stepping away with the measured purpose of reinstating their psychobiological direction reach a more ideal state of relief and functionality in their everyday life (Dugan & Barnes-Farrell, 2017). Although professional discontentment among higher education faculty members may have possible disparaging effects on student education and institutional effectiveness, research revealed the possible antecedent to this issue (Barkhuizen et al., 2014). In their role of support to students, faculty are at risk of absorbing students' stress, and thus be impacted by secondary traumatic stress. Self-care seems to equip faculty to face these stressors more successfully.

LIMITATIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH

This research was conducted during the COVID-19 pandemic. The effects of the global pandemic may have impacted the results of the survey. The COVID-19 pandemic is the largest global public health challenge of this century (Knipe et al., 2020). Given the severity of the pandemic, this may have added stressors to many participants to increase or decrease self-care activities. Being at home possibly created an increase in the amount of stress indicated in the survey.

Another limitation is that many participants in this study had backgrounds in mental health, counseling, and education (due to the Listserv of counselor educators and higher education industry surveyed). It is possible that many participants who completed the survey recognized the importance of self-care. Their professional background may have contributed to their strong values and their high levels of compassion satisfaction, and low levels of burnout and secondary traumatic stress.

IMPLICATIONS FOR HUMANISTIC COUNSELING AND ADVOCACY

Humanism is a positive, whole-person philosophy that focuses on what makes each individual respected. Integrating humanistic approaches in counseling higher education faculty can promote self-care not as a luxury, or a bonus, but as a necessity for longevity in the field and for promoting a positive culture of holistic health. The results of this study suggest that adopting policy changes to create a culture of self-care within higher education institutions could be beneficial to faculty members. Faculty members who belong to an institution and work for leaders who embody the importance of self-care within policy would likely be more apt to participate in self-care activities.

Although the research was focused on the impact of self-care strategies on the well-being of educators, the results suggest secondary benefits to students. Students benefit from faculty members who find meaning in their work, and who have compassion for others. Students who connect positively with their faculty members are more likely to persist through their degree programs and attain educational goals. When faculty members practice self-care and enjoy its benefits, they pass those benefits onto their students (Castor et al., 2019).

There are several strategies to create a culture of self-care, particularly as the disruptions of the pandemic are still in place. Administrators may want to frequently practice flexibility regarding the needs of individual faculty members to fully embrace humanistic practices of self-care. Scheduled events could take place, allowing faculty members to not only participate in physical self-care but also connect with colleagues and mental health professionals to access emotional self-care. Promoting a culture of self-care that encourages breaks from work during the workday, as well as daily, weekly, and yearly mandatory time outside of work hours can help faculty find adequate balance between work and self-care.

Professional development for faculty focused on types of self-care may add to the general understanding of self-care and the variety of activities in which faculty can participate. Helping faculty

understand the importance of self-compassion and adjusting expectations for their work can also promote a culture of self-care (Sangganjanavanich & Balkin, 2013). As a return investment, self-care may add to a faculty members renewed meaning and purpose, and translate into longevity to the institution.

While many institution administrators may feel that there are opportunities for self-care provided to faculty, the reality is that these resources are not always accessed. Sometimes the stigma of needing to take care of oneself or feeling so overwhelmed with demands that actually taking time for self-care feels like yet another task, can deter faculty members from actually using the provided resources. Other times, the barriers may be in the individuals themselves. Many faculty members have difficulty allowing themselves to benefit from self-care. Promoting self-care as an institutional value could have positive long-term consequences.

Through utilizing client centered, humanistic approaches, counselors can support higher educators in giving themselves permission to self-care. When self-care is purposely fostered, it will also provide renewed purpose and meaning in one's work. The fact that self-care positively correlates with compassion satisfaction, and negatively correlates to burnout and secondary traumatic stress should give higher education faculty and administrators a basis to change the institutional culture. In the end, using self-care on a regular basis will help faculty find renewed meaning and purpose in their profession, to the benefit of students, institutions, and society at large.

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REFERENCES

Acock, A. C. (2005). Working with missing values. *Journal of Marriage and Family*, *67*(4), 1012–1028. https://doi.org/10.1111/j.1741-3737.2005.00191.x

Aloni, N. (2013). Empowering Dialogues in Humanistic Education. *Educational Philosophy & Theory*, *45*(10), 1067–1081. https://doi.org/10.1111/j.1469-5812.2011.00789.x

Anderson, M. (2010). *The well-balanced teacher: How to work smarter and stay sane inside the classroom and out*. Association for Supervision and Curriculum Development.

Andrew, K., Richards, R., & Levesque-Bristol, C. (2016). Assisting in the management of faculty role stress: Recommendations for faculty developers. *Journal of Faculty Development*, *30*(1), 7–14. https://doi.org/10.1123/jtpe.2016-0165

AHC Association for Humanistic Counseling. (2012). *What makes us humanistic counselors*. http://afhc.camp9.org/Default.aspx?pageId=831706

Barkhuizen, N., Sebastiaan, R., & Fons, J. R. V. (2014). Burnout and work engagement of academics in higher education institutions: Effects of dispositional optimism. *Stress and Health*, *30*(4), 322–332. https://doi.org/10.1002/smi.v30.4

Bartholomew, K. J., Ntoumanis, N., Cuevas, R., & Lonsdale, C. (2014). Job pressure and ill-health in physical education teachers: The mediating role of psychological need thwarting. *Teaching and Teacher Education*, *37*, 101–107. https://doi.org/10.1016/j.tate.2013.10.006

Bettini, E., Jones, N., Brownell, M., Conroy, M., Park, Y., Leite, W., Crockett, J., & Benedict, A. (2017). Workload manageability among novice special and general educators: Relationships with emotional exhaustion and career intentions. *Remedial and Special Education*, *38*(4), 246–256. https://doi.org/10.1177/0741932517708327

Boccio, D. E., Weisz, G., & Lefkowitz, R. (2016). Administrative pressure to practice unethically and burnout within the profession of school psychology. *Psychology in the Schools*, *53*(6), 659–672. https://doi.org/10.1002/pits.21931

Bressi, S. K., Bressi, S. K., Vaden, E. R., & Vaden, E. R. (2017). Reconsidering self care. *Clinical Social Work Journal*, *45*(1), 33–38. https://doi.org/10.1007/s10615-016-0575-4

Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, *395*(10227), 912–920. https://doi.org/10.1016/S0140-6736(20)30460-8

Castor, T., Foster, K., Ramsier, H., Velez, R., & Walker, A. (2019). *Valencia college high impact practice*. Valencia College.

Chen, C. P. (2001). On exploring meanings: Combining humanistic and career psychology theories in counseling. *Counseling Psychology Quarterly*, *14*(4), 317–330. https://doi.org/10.1080/09515070110091308

Dugan, A. G., & Barnes-Farrell, J. L. (2017). Time for self-care: Downtime recovery as a buffer of work and home/family time pressures. *Journal of Occupational and Environmental Medicine*, *59*(4), e46–e56. https://doi.org/10.1097/JOM.0000000000000975

Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, *39*(2), 175–191. https://doi.org/10.3758/bf03193146

Frankl, V. E. (1984). Man's search for meaning*:* An introduction to logotherapy. Simon & Schuster.

Friedman, M. J., Resick, P. A., Bryant, R. A., & Brewin, C. R. (2010). Considering PTSD for DSM-5. *Depression and Anxiety*, *28*(9), 750–769. https://doi.org/10.1002/da.20767

Freudenberger, H. (1975). The staff burnout syndrome in alternative institutions. *Psychotherapy: Theory, Research & Practice*, *12*, 72–83.

Greenblatt, S. (2011). *The swerve: How the world became modern*. (pp. 10–11.) WW Norton & Company.

Haleem, A., Javaid, M., & Vaishya, R. (2020). Effects of COVID 19 pandemic in daily life. *Current Medicine Research and Practice*, *10*(2), 78–79. https://doi.org/10.1016/2Fj.cmrp.2020.03.011

Harris, A. R., Jennings, P. A., Katz, D. A., Abenavoli, R. M., & Greenberg, M. T. (2016). Promoting stress management and wellbeing in Educators: Feasibility and efficacy of a school-based yoga and Mindfulness intervention. *Mindfulness*, *7*(1), 143–154. https://doi.org/10.1007/s12671-015-0451-2

King-White, D., & Rogers, E. E. (2018). Promoting self-care and work-life balance among practitioners in higher education (ED590256). ERIC. https://files.eric.ed.gov/fulltext/ED590256.pdf

Klotz, A. C., & Bolino, M. C. (2016). Saying goodbye: The nature, causes, and consequences of employee resignation styles. *Journal of Applied Psychology*, *101*(10), 1286–1404. http://doi.org/10.1037/apl0000135

Klusmann, U., Richter, D., & Lüdtke, O. (2016). Teachers' emotional exhaustion is negatively related to students' achievement: Evidence from a large-scale assessment study. *Journal of Educational Psychology*, *108*(8), 1193–1203. https://doi.org/10.1037/edu0000125

Knipe, D., Evans, H., Marchant, A., Gunnell, D., & John, A. (2020). Mapping population mental health concerns related to COVID-19 and the consequences of physical distancing: A google trends analysis. *Welcome Open Research*, *5*, 82. https://doi.org/10.12688/wellcomeopenres.15870.1

Kravits, K., McAllister-Black, R., Grant, M., & Kirk, C. (2010). Self-care strategies for nurses: A psycho-educational intervention for stress reduction and the prevention of burnout. *Applied Nursing Research*, *23*(3), 130–138. https://doi.org/10.1016/j.apnr.2008.08.002

Ledoux, K. (2015). Understanding compassion fatigue: Understanding compassion. *Journal of advanced nursing*, *71*(9), 2041–2050.

Mark, G., & Smith, A. P. (2012). Effects of occupational stress, job characteristics, coping, and attributional style on the mental health and job satisfaction of university employees. *Anxiety, Stress & Coping*, *25*(1), 63–78. https://doi.org/10.1080/10615806.2010.548088

Maslach, C. (1976). Burned-out. *Human Behavior*, *1*(5), 16–22.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job Burnout. *Annual Review of Psychology*, *52*(1), 397–422. https://doi.org/10.1146/annurev.psych.52.1.397

Moeller, C., & Chung-Yan, G. A. (2013). Effects of social support on professors' work stress. *International Journal of Educational Management*, *27*(3), 188–202. https://doi.org/10.1108/09513541311306431

Mordeno, I. G., Go, G. P., & Yangson-Serondo, A. (2017). Examining the dimensional structure models of secondary traumatic stress based on DSM-5 symptoms. *Asian Journal of Psychiatry*, *25*, 154–160. https://doi.org/10.1016/j.ajp.2016.10.024

Ogaswara, E., Shiihara, Y., & Ando, M. (2013). Development and evaluation of a self-care assessment inventory for workers. *Japan Journal of Nursing Science*, *10*(1), 10–23. https://doi.org/10.1111/j.1742-7924.2012.00206.x

Phelps, C., & Sperry, L. L. (2020). Children and the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*(S1), S73. https://psycnet.apa.org/doi/10.1037/tra0000861

Richards, A. C., & Combs, A. W. (1992). Education and the humanistic challenge. *The Humanistic Psychologist*, *20*(2/3), 372–388.

Roeser, R. W., Skinner, E., Beers, J., & Jennings, P. A. (2012). Mindfulness training and teachers' professional development: An emerging area of research and practice. *Child Development Perspectives*, *6*, 167–173. https://doi.org/10.1111/J.1750-8606.2012.00238.X,

Rynes, S. L., Bartunek, J. M., Dutton, J. E., & Margolis, J. D. (2012). Care and compassion through an organizational lens: Opening up new possibilities. *Academy of Management Review*, *37*(4), 503–523. https://doi.org/10.5465/amr.2012.0124

Sangganjanavanich, V. F., & Balkin, R. S. (2013). Burnout and job satisfaction among counselor educators. *The Journal of Humanistic Counseling*, *52*(1), 67–79.

Sheather, J., & Slattery, D. (2021). The great resignation – how do we support and retain staff already stretched to their limit?. *The BMJ*, *375*(2533), https://doi.org/10.1136/bmj.n2533

Skovholt, T. M. (2001). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals*. Allyn & Bacon.

Sodeke-Gregson, E. A., Holttum, S., & Billings, J. (2013). Compassion satisfaction, burnout, and secondary traumatic stress in UK therapists who work with adult trauma clients. *European Journal of Psychotraumotatology*, *4*, http://doi.org/10.3402/ejpt.v4i0.21869

Vachon, M., Bessette, P. C., & Goyette, C. (2016). *"Growing from an invisible wound" A humanistic-existential approach to PTSD*. IntechOpen.

Watts, J., & Robertson, N. (2010). Burnout in university teaching staff: A systematic literature review. *Educational Research*, *53*(1), 33–50. https://doi.org/10.1080/00131881.2011.552235

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