



Stressful Factors, Experiences of Compassion Fatigue and Self-care Strategies in Police Officers

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Accepted: 5 July 2022 / Published online: 19 July 2022
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Abstract

Police officers routinely face stressful and possibly traumatic events in their work which may result in them experiencing compassion fatigue. The aim of this study was to explore compassion fatigue experiences in police officers, along with the stressful factors that may lead to compassion fatigue and the coping strategies they use in combating compassion fatigue. The convenience sample of 41 police officers was recruited via social media focused on police work. Data were collected using an online battery of questionnaires with open-ended questions prompting them to share their experiences of compassion fatigue, stress factors and self-care strategies. The data were analysed using deductive (theoretical) thematic analysis. After identifying recurring statements, statements were coded using pre-existing individual codes, and each statement was categorized into the emerging domains, subdomains, categories and subcategories. The results described the stressful factors and experiences of compassion fatigue as well as coping strategies in the 7 domains described by Figley in *Front Psychol* 9:2793, 2002b: emotional, behavioural, personal relations, somatic, spiritual, cognitive and work performance.

Keywords Compassion fatigue · Coping · Self-care · Police officers · Qualitative research

Introduction

Police officers frequently face traumatic, critical and highly dangerous situations, including violence, abuse, offenders, accidents and casualties (Cross and Ashley 2004; Karlsson and Christianson 2003). Their work includes comforting people after the death of a close one, assisting car accident victims and listening to victims recounting or telling their story of assault (Johnson et. al. 2019). Because they work with traumatized victims, they may experience symptoms of compassion fatigue (Andersen and Papazoglou 2015), known as the “cost of caring” (Figley 1995). According to Figley (2002a), compassion fatigue can be defined as a state of tension and preoccupation with traumatized people through re-experiencing their traumatic events, resulting in the desire to avoid the traumatized person and any reminders of their trauma as well as reduced capacity or interest in bearing the suffering of others. In literature, it is often

described under several different terms, most often secondary traumatic stress, vicarious traumatization and compassion fatigue. All these terms describe the negative impact of helping as a result of exposure to stressful and traumatic events in their work, which causes the helping professional experiencing symptoms similar to posttraumatic stress (Bercier and Maynard 2015). Some authors, for example, Thomas and Wilson (2004) tried to differentiate between these terms; however, no evidence has yet shown that these terms are conceptually different (Craig and Sprang 2010; Stamm 2010). As per Stamm (2005), compassion fatigue can also be conceptualized as a combination of burnout, related to difficulties handling work, and secondary traumatic stress, which is associated with exposure at work to other people’s stressful events. Compassion fatigue can have multiple negative effects on all sorts of helping professionals. These effects can be categorized into the seven domains defined by Figley (2002b): cognitive (e.g. decreased concentration, disorientation, apathy), emotional (e.g. powerlessness, anxiety, numbness), behavioural (e.g. irritability, withdrawal, hypervigilance), spiritual (e.g. loss of purpose, questioning prior beliefs, lack of self-satisfaction), personal relations (e.g. decreased interest in intimacy, isolation from others, increased interpersonal conflicts), somatic (e.g.

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sweating, rapid heartbeat, dizziness) and lastly work performance (e.g. lowered motivation, absenteeism, exhaustion). Although some helping professionals develop compassion fatigue, many may also experience positive aspects of helping, known as compassion satisfaction (Stamm 2005). These professionals remain committed and effective in their work and may feel a sense of pleasure and satisfaction from helping others.

Although police officers are exposed to stressful and traumatic events in their day-to-day work, experiences of compassion fatigue among this population remain an understudied topic (Andersen and Papazoglou 2015). Previous research has focused mostly on the prevalence of compassion fatigue and its relationship with different variables. The research shows that the prevalence of compassion fatigue varies greatly, with 16 to 82.5% participants in different countries having a moderate or high degree of compassion fatigue. Research on assault police officers found that 84% of participants scored low and 16% medium on compassion fatigue (Turgoose et al. 2017). Similarly, low levels of compassion fatigue were identified among urban police officers in the USA (Grant et al. 2019). A study of police officers from Finland showed that 10% of participants scored high and 50% medium in compassion fatigue (Papazoglou et al. 2019). Furthermore, the results of another study by Papazoglou et al. (2017) indicated that 42% of police officers in Finland scored moderate to high in compassion fatigue. Among Northern American officers, 23% had high and extreme levels and 11% moderate levels of compassion fatigue, and only 17% of participants showed moderate to high levels of burnout (Andersen et al. 2018). A recent study conducted by Burnett et al. (2020) reported levels of moderate to high compassion fatigue among 82.5% of the police officers from the UK participating in the study, with 80% of participants also reporting moderate to high levels of burnout.

Collins and Gibbs (2003) focused on the sources of occupational stress in police officers and found that most police officers ranked highly in organizational issues such as work demands that impinged on their home life, lack of consultation and communication, lack of control over their workload, inadequate support or excess workload in general. Violanti and Gehrke (2004) in their research found that the homicide of another officer and dealing with victims were associated with the greatest risk of trauma symptoms occurring in police officers. Compassion fatigue and burnout scores were found to be related to an increase in reliance on co-workers, general distrust and turnover intentions protectiveness of the family (Perez et al. 2010). However, supportive relationships were related to lower scores of compassion fatigue and burnout (Perez et al.

2010). Brady (2017) found that strong social support outside of work and positive coping mechanisms may be a protective factor against compassion fatigue and that work-related factors such as exposure to disturbing materials, low support and feeling overwhelmed at work are all associated with higher compassion fatigue and burnout. Empathy and compassion satisfaction were found to be associated with lower levels of burnout and compassion fatigue; they may therefore be a protective factor for the police (Grant et al. 2019).

Not much research has been done on police compassion fatigue using qualitative measures. Conn and Butterfield (2013) conducted a study using the critical incident technique in order to explore coping strategies for compassion fatigue among police officers. The authors identified categories such as self-care (exercise, prayer, meditation, sleep, time-out, etc.), family/significant other support, talking with co-workers, not being emotionally engaged, supporting work environment, mental health resources, personality and ability to help the victim as supportive factors in coping with compassion fatigue. MacEachern et al. (2019) in their study described symptoms of compassion fatigue, including being emotionally and physically drained, exhausted, stressed, having sleeping difficulties, altered emotional response to work and being able to better empathize. The most recent study by Civilotti et al. (2021) used a quantitative–qualitative method to explore experiences of traumatic accidents among police officers. They found that traumatic events at work were related to aggression, contact with deaths, forced hospitalizations or violence involving children.

Up to now, there has been no qualitative study on police officers' overall experience of compassion fatigue, including stressful factors, experiences and coping strategies. By filling the gap, we hope to better understand the factors contributing to the development of compassion fatigue, experiences of compassion fatigue and how police officers cope with it. Furthermore, as the ongoing pandemic of COVID-19 impacted police officers as well in increased workloads and pressure, it is important to study their experiences during such strained and unpredictable times.

Aim of the Present Study

The aim of this study is to use a qualitative approach to explore experiences of compassion fatigue in police officers. We focus on exploring the stressful factors that contribute to the development of compassion fatigue, police officers' symptoms and experiences of compassion fatigue and lastly the self-care strategies police officers use to cope with the symptoms of compassion fatigue.

Methods

Research Team

The research team was made up of two members. The first member of the research team was the first author of this study, a postgraduate student acting as the assessor who conducted the primary qualitative analysis. The second member of the research team was the postgraduate student's supervisor, who has extensive experience in qualitative research and acted as the auditor. The first author works primarily on quantitative and qualitative research into compassion, self-compassion, self-criticism and compassion fatigue. The second author works on qualitative and quantitative research into compassion, self-compassion, self-protection and self-criticism.

Research Sample

Forty-one police officers were recruited via social networking sites and police work-focused forums. The research sample consisted of 12 women and 29 men, with a mean age of 40.71 years ($SD = 10.4$). Of the participants, 92.7% were of Slovak nationality and the remaining 7.3% were of Hungarian nationality. In terms of length of work experience, 2.4% participants were students; 24.4% had spent 0–5 years working in the police, 26.8% had spent 6–10 years, 17.1% had spent 11–15 years, 12.2% had spent 16–20 years, 7.3% had spent 21–25 years, 7.3% had spent 26–30 years and 2.4% had spent 31–35 years. The inclusion criteria included participants having to actively work as a police officer; therefore, the student participants were excluded from the data analysis. In terms of dealing with members of the public, 17.1% of participants spent less than 5 h per week, 34.1% spent 5–10 h, 14.6% spent 11–15 h, 19.5% spent 16–20 h, 2.4% spent 21–25 h, 4.9% spent 26–30 h, 4.9% spent 36–40 h and 2.4% spent more than 41 h. Compassion fatigue was experienced at least sometimes by 82.9% of participants, and 17.1% indicated that they had never experienced compassion fatigue.

Procedure

The data for the present study were collected in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments as well as comparable ethical standards. The study was approved by the ethical committee of a related university.

Firstly, online informed consent and demographic information were obtained from all participants. Participants were

also asked to indicate how many hours per week are they dealing with members of public, indicating their frequency of contact with people help or provide assistance. They were also asked to indicate how often they are experiencing the symptoms of compassion fatigue on a scale ranging from never to everyday. This question also included description of compassion fatigue as a state of tension and preoccupation with traumatized patients through re-experiencing traumatic events, resulting in a desire to avoid patients and reminders of their trauma, and a reduced capacity or interest in bearing the suffering of others (Figley 2002a). Participants then filled out an online battery of questionnaires consisting of open-ended questions about their experiences with helping. The questionnaire included questions focused on:

1. What they considered most stressful in their profession — to determine the possible preconditions of compassion fatigue.
2. How compassion fatigue manifests in their life and their experiences of it.
3. The self-care strategies they find useful and employ in the management of compassion fatigue.

The last question included 7 follow-up questions, prompting participants to indicate how in particular they take care of different areas of their life — physical, work, cognitive, emotional, personal relations, spiritual and behavioural, on a regular basis. All of the questions included in the questionnaire were mandatory for participants to fill out.

Open-ended questions in the form of questionnaire were chosen as a type of data collection due to easy administration, access to a larger number of potential participants over shorter period of time and its potential to gather rich and focused data relevant to the research aim (Braun et al. 2021); Braun and Clarke 2006). At the same time, this type of data collection carries benefits for participants as well (e.g. accessibility, less of a burden, control over the participation) (Braun et al. 2021) and it was considered as more suitable for the current ongoing pandemic of COVID-19 which had severe impact on police profession in increased workloads and pressure; therefore, it was considered to be less exhausting for participants.

Data Analyses

For the data analyses, we used a thematic (deductive) analysis methodology. The categorization was based on the model of compassion fatigue described by Figley (2002b) which affects seven domains: cognitive, emotional, behavioural, spiritual, personal relations, somatic and lastly work performance. In the first step, the assessor read the initial data several times to become familiar with it. In this step, recurring statements and

emerging themes were identified in the data. In the next step, the statements were coded using pre-existing individual codes. The theoretical thematic analysis approach was used to verify Figley’s model of compassion fatigue symptoms (2002b). In the next step, we went through the individual codes to identify patterns in them and categorized them into emerging themes — domains, subdomains, categories and subcategories. The assessor then submitted the categorization to the auditor. The auditor checked the first categorization and provided feedback to the assessor. The auditor’s comments were considered and implemented. Afterwards, we reviewed the categorization several times to make sure it was an accurate representation of the data. Lastly, we interpreted and compiled the results.

Results

Stressful Factors Contributing to Compassion Fatigue

The stressful factors identified among police officers can be categorized into seven main domains: emotional,

behavioural, personal relations, somatic, spiritual, cognitive and work performance. These domains were further divided into subdomains, categories and subcategories. The subdomains and categories for cognitive and emotional stressors are listed in Fig. 1 together with frequency of occurrence.

The cognitive domain contained all the statements related to cognitive functioning. We identified three subdomains — handling responsibility, dealing with danger and dealing with situations out of my control. Handling responsibility could be further divided into these categories such as having to make quick decisions “If you need to use coercive means or a service weapon you have to make that decision within a few seconds”, making the right decisions “Making the right decision and approaching and solving the situation correctly” or protecting others and their assets “When we protect someone’s property, health and life...”. The second subdomain referred to dealing with danger and contained these categories: being assaulted “...every day we could be assaulted...”, losing one’s life “...the possibility of losing your life”, ill health “Ill health” or being exposed to danger in day to day life “Every day could bring a dangerous situation”. Lastly, the subdomain dealing with situations out of

Fig. 1 Subdomains and categories for cognitive and emotional stressful factors, with number of occurrences

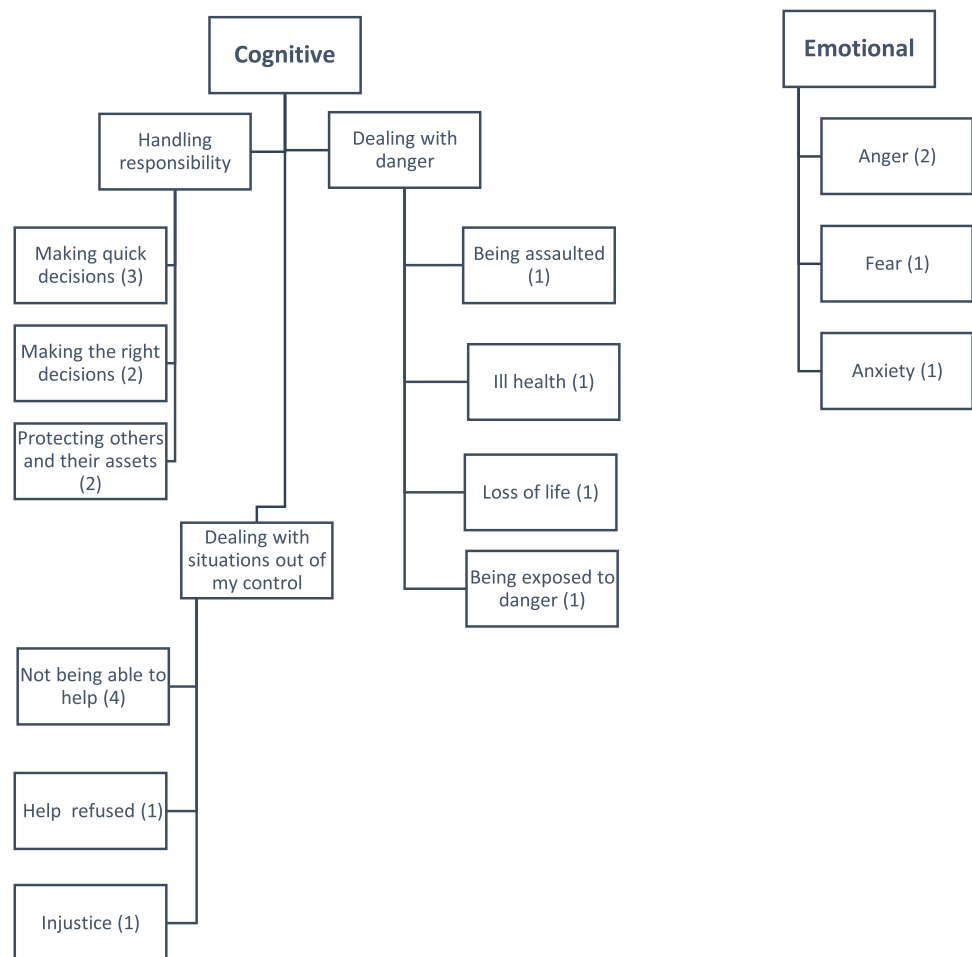
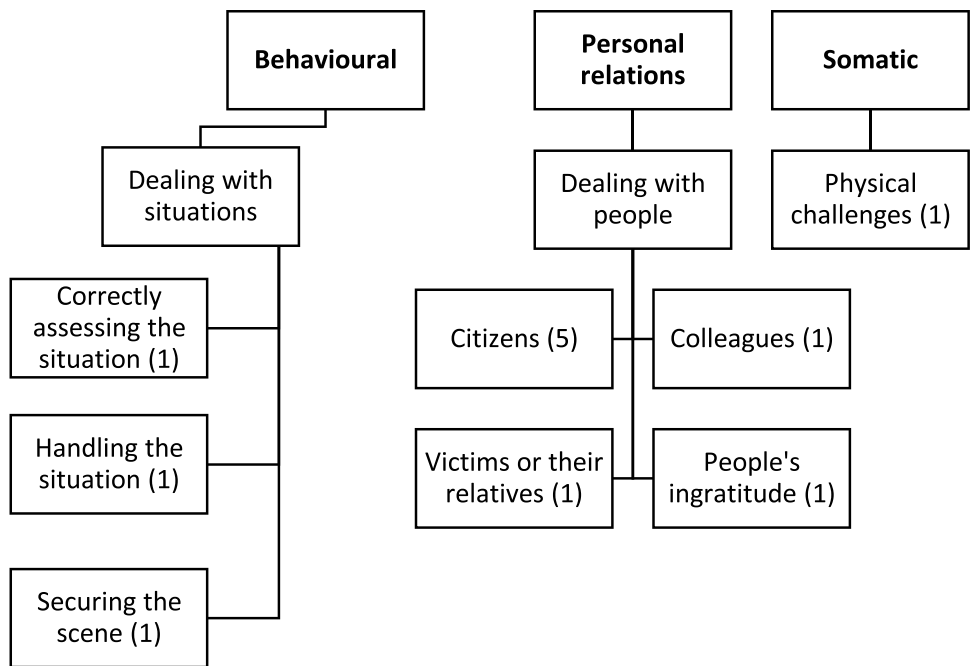


Fig. 2 Subdomains and categories for behavioural, personal relations and somatic stressful factors, with number of occurrences



my control contained the categories of not being able to help others “Sometimes even when you want to help you can’t”, help refused “When I want to help but they refuse to let me” and injustice “Injustice”.

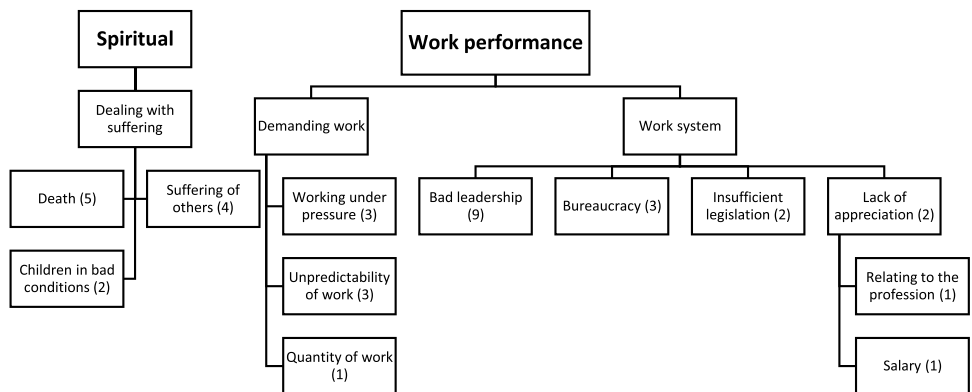
The emotional domain contained all statements related to experiencing emotions. We identified three subdomains: anger, fear and anxiety. Police officers described having to deal with various emotions in their work such as anger “Anger”, fear “Sometimes fear” and anxiety “Stress”.

The subdomains and categories for behavioural, personal relations and somatic stressors are listed in Fig. 2. The behavioural stressor domain includes all statements related to actions. We identified one subdomain — dealing with situations — which includes three categories — correctly assessing the situation “Assessing the situation correctly...”, handling the situation “Handling the situation and getting successful results” and securing the crime scene “Securing the crime scene, footprints at the place of the crime and the

direct impact on further investigations,...”. The personal relations domain included all statements regarding contact with other people. One subdomain was identified — dealing with people. It includes four categories: having to deal with the public “Explanations, warnings about offences”, colleagues “Colleague misunderstanding”, victims or their relatives “Communicating with the victims of the crime and relatives” and people’s ingratitude “The ingratitude of some people”. The somatic stressor domain included statements related to physical sensations. Only one subdomain was identified — physical challenges “High physical demands”.

The spiritual and work performance subdomains and categories are listed in Fig. 3. The Spiritual domain includes all statements related to spiritual thoughts and values. We identified one subdomain — dealing with suffering. Police officers mentioned having to deal with suffering, for example, in relation to coming into contact with death “Deceased people” and children in bad conditions “Unacceptable living

Fig. 3 Subdomains, categories and subcategories for spiritual and work performance stressful factors, with number of occurrences



conditions of children” or with the suffering of others “The suffering of some people”.

The work performance stressor domain includes all statements concerning work-related difficulties and stressors. We managed to identify two subdomains — demanding work and work system. The demanding work subdomain includes these categories: working under time pressure “Being in a hurry”, unpredictability of the work “I don’t know what awaits me each day” and the quantity of work “A lot of work”. The work system subdomain contained these categories: bad leadership “Superiors without the necessary qualities, knowledge and experience”, bureaucracy “Bureaucracy”, insufficient legislation “Insufficient legislation” and lack of appreciation either for the police profession “Underestimation of the profession” or in terms of salary “The pay”.

Experiences of Compassion Fatigue

The statements relating to experiences of compassion fatigue were categorized into seven main domains: (1) cognitive, (2) emotional, (3) behavioural, (4) personal relations, (5) spiritual, (6) somatic and (7) work performance. These were further divided into subdomains and categories.

The cognitive experiences domain contains all the statements related to cognitive functioning. The subdomains and categories are listed in Fig. 4. Police officers mentioned various intrusive thoughts they had, such as an endless flow of thoughts “An endless flow of thoughts in my head”, thinking about the problem “I tend to think a lot about the problem”. Other cognitive statements were about whether they had done everything right “I think about whether I did everything right”, about how they let it get to that stage “How did I let it engulf me like this?” or the best way of helping “I try to figure out the best way of helping”.

The emotional experiences domain contains all statements on expressing emotions. The subdomains are listed in Fig. 4. Participants stated they had feelings of sadness “I feel depressed”, nervousness “Internal tension”, fear “Excessively frightened about those close to me”, apathy “Literally in no mood for anything”, helplessness “A feeling of helplessness” and lastly uselessness “The feeling of being useless”.

The behavioural experiences domain contained all participant statements related to actions and behaviours. Figure 4 shows the behavioural experiences subdomains and categories. Participants mentioned unpleasant behaviours such as irritability “Irritability” or saying/doing something they would not usually do “I say or do something I wouldn’t under normal circumstances”. They also mentioned making mistakes “I make more mistakes” and procrastinating “I become resigned and procrastinate.”

The personal relations domain includes all statements related to relationships with others (see Fig. 5). Police officers described wanting to isolate themselves from others by not communicating “I don’t feel like talking” or through a preference for solitude “I need to be alone”. The somatic domain includes all statements related to body sensations. Participants mentioned having aches and pains “Headaches”, sleep difficulties such as the inability to sleep “I can’t sleep” or nightmares “I am having bad dreams” and lastly the feeling of exhaustion “I feel so tired both mentally and physically”. The spiritual experiences domain includes all statements related to spiritual beliefs or changes in spirituality. Participants mentioned thinking about the meaning of it “I wonder whether there is any meaning to it”. And lastly, the work performance domain contains all statements related to the impact on work performance. Participants mentioned having lost the motivation to work “Sometimes I feel

Fig. 4 Subdomains and categories for cognitive, emotional and behavioural experiences of compassion fatigue, with number of occurrences

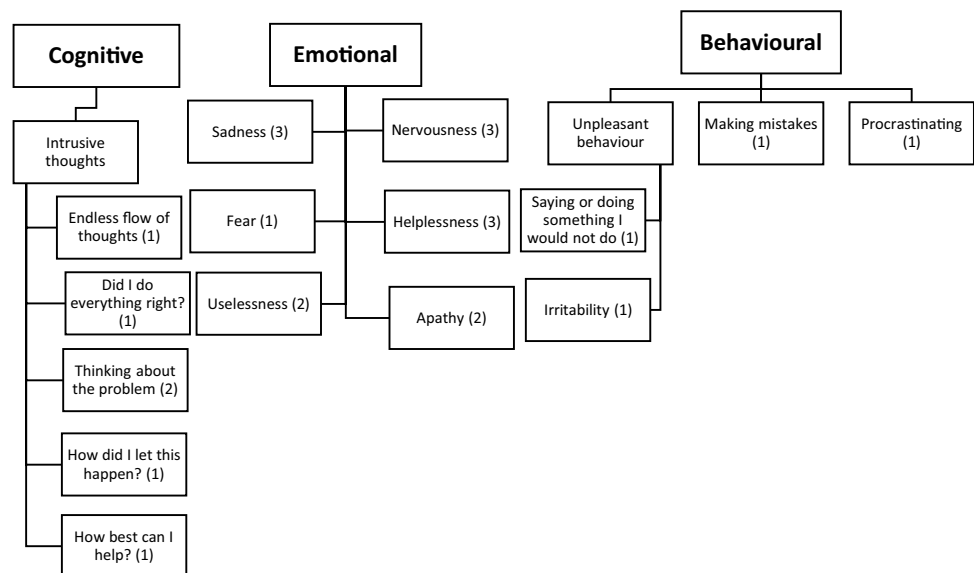
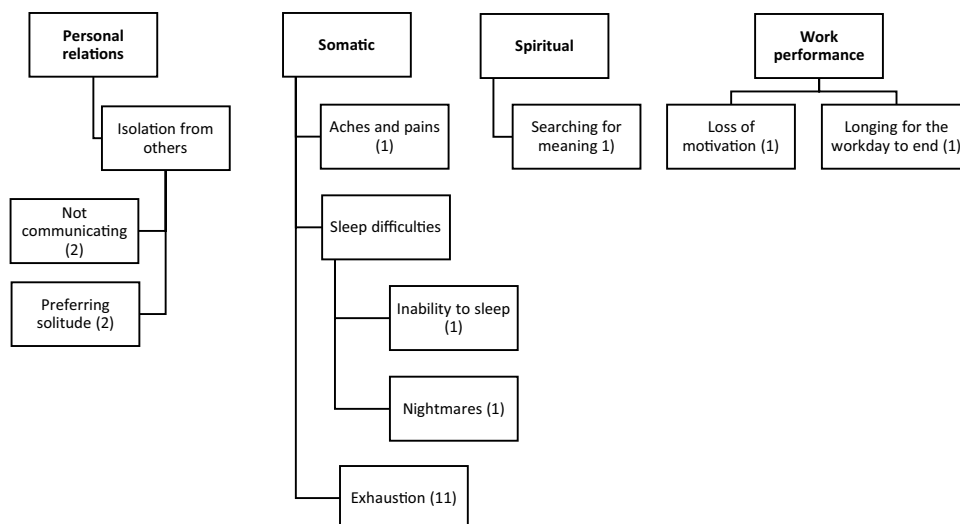


Fig. 5 Subdomains and categories for personal relations, somatic, spiritual and work performance experiences, with number of occurrences



demotivated” and longing for the workday to end “When will my shift finally come to an end”.

Coping with Compassion Fatigue

The coping strategies were categorized into seven main domains: (1) cognitive, (2) emotional, (3) behavioural, (4) personal relations, (5) somatic, (6) spiritual and (7) work performance. These were further divided into subdomains and categories.

The cognitive coping strategies domain contains all statements related to taking care of the mind or cognitive functions. Participants mentioned engaging in activities to expand their knowledge, such as further education, expanding PC skills, legal knowledge or languages. They were also working on their logical thinking using crosswords or games, learning how to detach from people or on being understood by others. The subdomains and categories are listed in Fig. 6.

The emotional coping strategies contained all statements related to dealing with emotions (see Fig. 6). Participants mentioned trying to process their emotions and experiences either by writing a diary, regulating their emotions or visiting a psychologist. The other subdomain was taking care of pets and spending time with them.

The behavioural strategies contained all statements related to actions. We identified three subdomains containing actions such as being outdoors, focusing on self-growth by trying new things, overcoming bad habits, self-control, self-improvement, reflecting on past behaviour, cultivating a strong will or starting new habits and hobbies such as music, playing games, creative activities, fishing or watching the stars. The subdomains and categories are listed in Fig. 7.

The personal relations domain included all statements related to taking care of relationships with others. The

subdomains, categories and subcategories are listed in Fig. 7. Participants took care of relationships by keeping in contact with others — children, friends, close others or their family through spending time with them — doing joint activities, maintaining communication and offering to help.

The somatic coping strategies domain includes all statements related to taking care of the body. Police officers said they kept fit by taking exercise such as hiking, walking, fitness, running or just in general. They also spent time relaxing, having massages or saunas or engaging in wellness. They also focused on maintaining regular sleep habits, eating habits and taking care of their appearance. The subdomains and categories can be seen in Fig. 8.

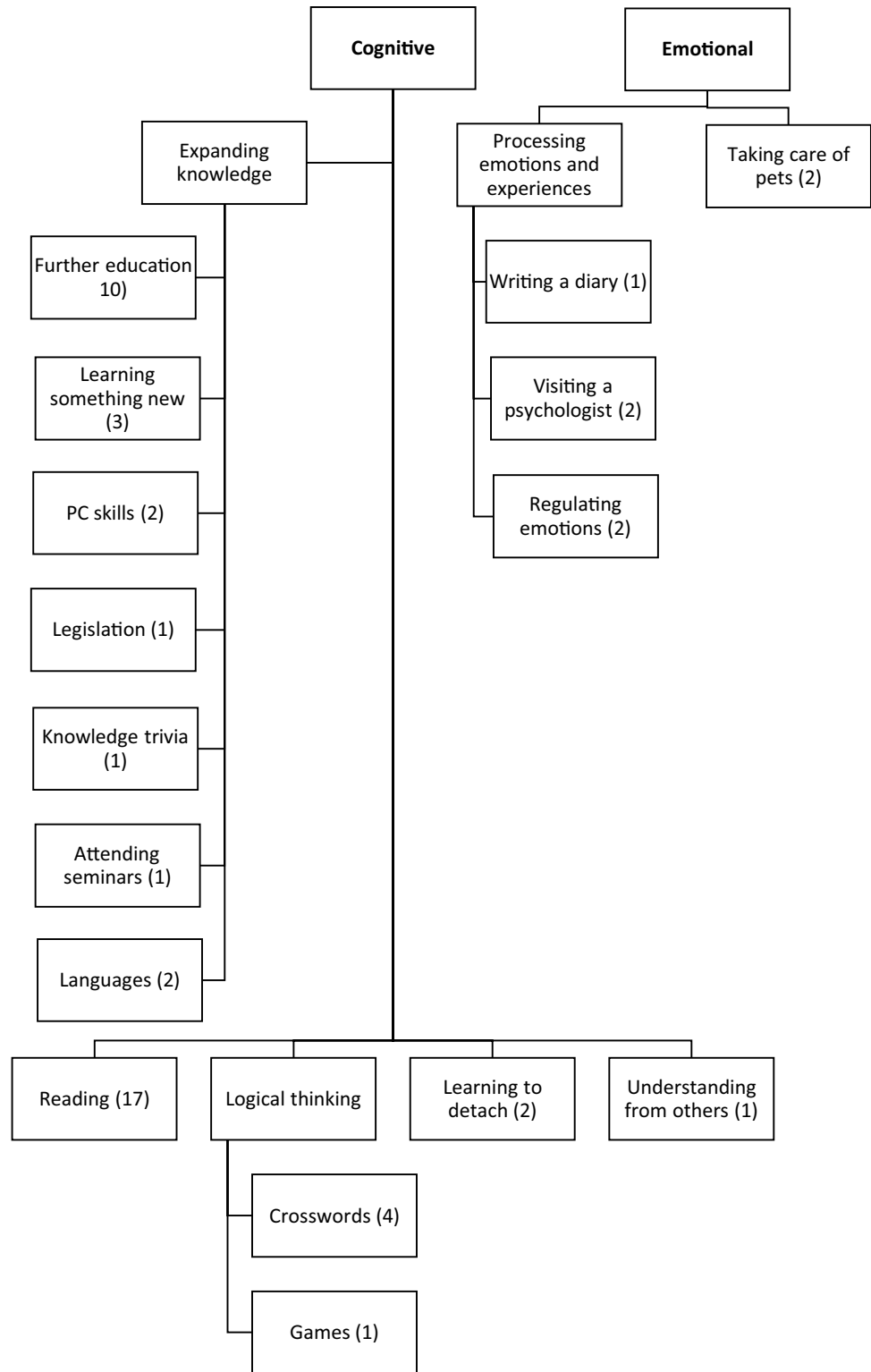
Spiritual coping strategies include all statements related to working with spiritual beliefs. Police officers mentioned working on their visions, praying, reading motivational literature, practising gratitude, meditating, sticking to their rules or trying to think positively. The subdomains of spiritual coping strategies are listed in Fig. 8.

Lastly, work-related coping strategies include all statements related to their work performance. Participants worked on their performance by managing their work — task prioritization, time management and trying to find better options. They also tried to keep in touch with colleagues, maintained a work-life balance and took breaks from work by going on vacation or taking time off. The subdomains and categories are listed in Fig. 9.

Discussion

The present qualitative study focused on the stressful factors and experiences of compassion fatigue among police officers, as well as coping strategies. Police officers face traumatic and stressful situations in their day-to-day lives,

Fig. 6 Subdomains and categories for cognitive and emotional coping strategies, with number of occurrences

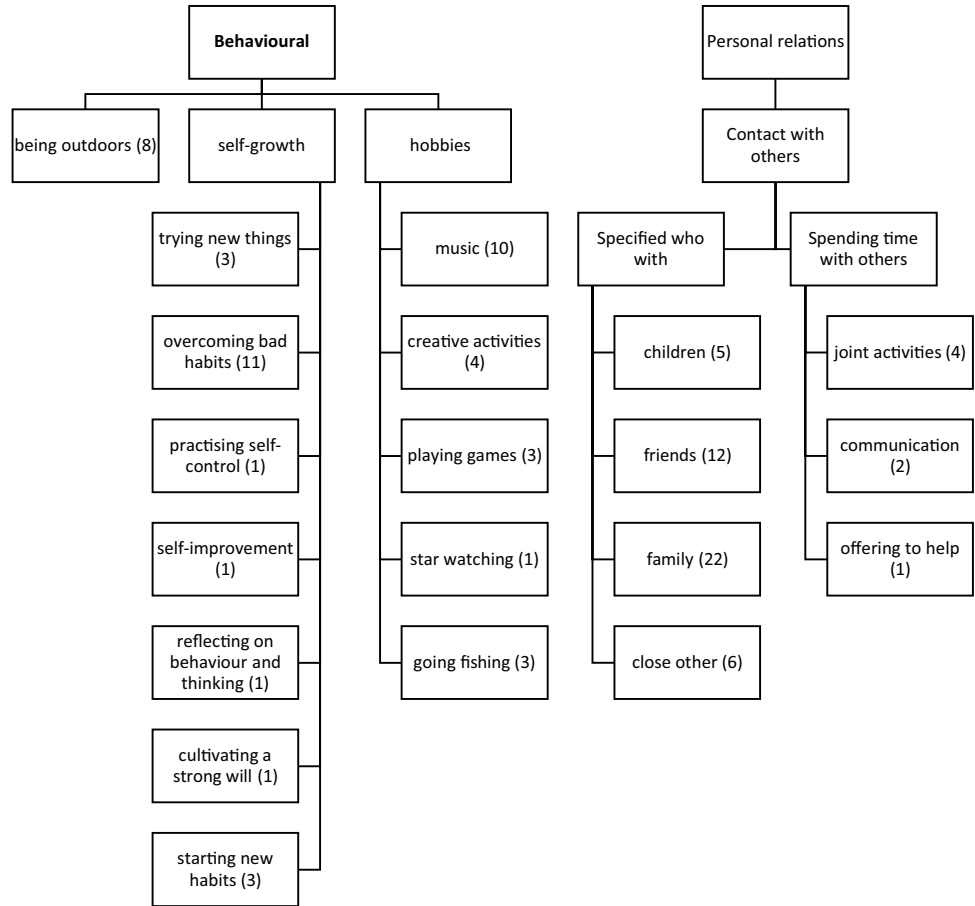


which means they are at risk of developing compassion fatigue. Thus far, only a few studies have explored experiences of compassion fatigue among police officers using a qualitative approach. Our study provides a comprehensive

overview of police officers’ experiences of compassion fatigue.

Our results show that compassion fatigue experiences among police officers encompass seven domains, as defined

Fig. 7 Subdomains and categories for behavioural and personal relations coping strategies, with number of occurrences



by Figley (2002b): emotional, cognitive, behavioural, personal relations, somatic, spiritual and work performance. These domains can be used to describe the three stages of compassion fatigue studied in this paper — stressful factors, experiences and coping strategies.

The seven domains captured the stressful factors possibly contributing to development of compassion fatigue. The police officers in our study talked of having to cope with various cognitive stressors such as having a lot of responsibility and the dangers of their work, or dealing with

Fig. 8 Subdomains, categories and subcategories for somatic and spiritual coping strategies, with number of occurrences

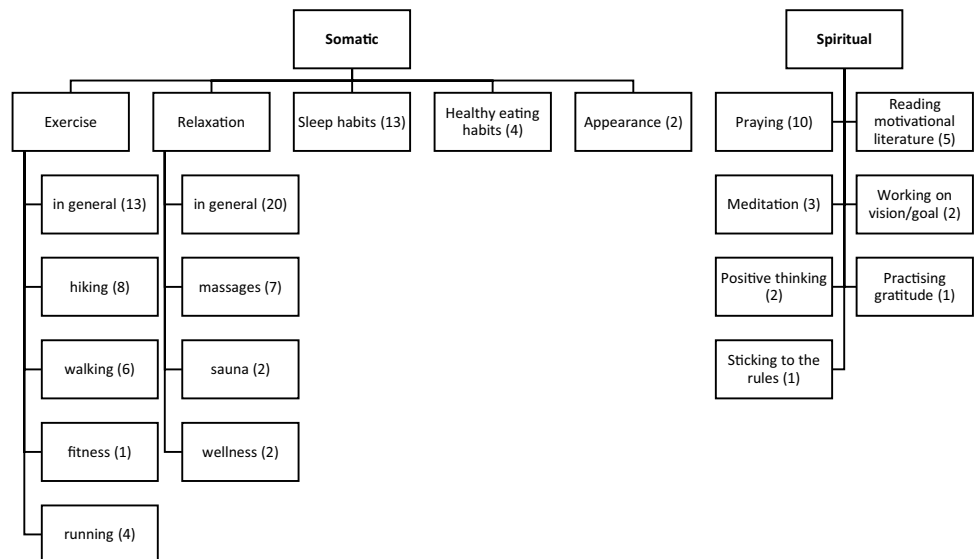
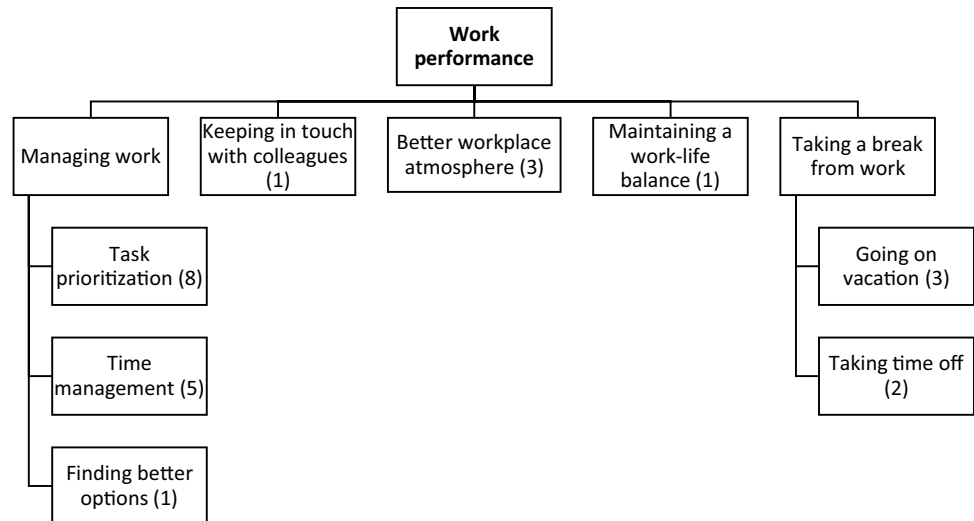


Fig. 9 Subdomains and categories for work performance coping strategies, with number of occurrences



situations they could not control or influence. In their work, they also have to deal with people's problems and physical challenges. Police officers are also exposed to suffering and understandably find it stressful when witnessing death, the suffering of other people, children living in bad conditions or being treated badly, which is similar to the findings of Civilotti et al (2021). The most represented domain of stressful factors was the work performance domain. Police officers talked of work-related stressors such as having a highly demanding and exhausting job and the poor system of police work, weak and incompetent leadership and high levels of bureaucracy. These findings are in line with previous research conducted by Collins and Gibbs (2003) that found police officers ranked highest on organizational and work stress issues as well. Some of the identified stressful factors seem to be more closely related to development of burnout, such as those described in work performance domain (e.g. workload, leadership, etc.), somatic or even behavioural domain. On the other hand, some of these stressors can be thought of as more related to secondary traumatic stress, such as those described in spiritual domain (e.g. contact with death and suffering) or cognitive domain (e.g. responsibility or situations out of their control). However, as it seems, the combination of both of these is what entails the compassion fatigue experience, as described by Stamm (2005). Future studies could benefit from focusing more closely on the secondary traumatic stress part of compassion fatigue, which is related directly to the traumatic events of participants. For example, what traumatic situations in their work in particular has left police officers impacted and in what ways.

These stressful factors feed into experiences of compassion fatigue. These experiences were represented by the seven domains. These findings indicate that compassion fatigue is a multidimensional construct affecting various areas of police life. The police officers in our study

experienced compassion fatigue by way of various negative emotions, intrusive thoughts, behavioural changes, the desire to avoid people, questioning the meaning, loss of motivation to work and somatic experiences, such as aches and pains, sleep difficulties or total exhaustion — with the latter being mentioned the most. These results similar to those from previous studies, described in MacEachern et al. (2019), who identified the symptoms of compassion fatigue as feeling both emotionally and physically drained, exhausted, having sleep difficulties, an altered emotional response among other things. Our results however describe the symptoms of compassion fatigue in more detail.

Lastly, police officers developed coping strategies that they found helpful, or actively used to combat compassion fatigue. These coping strategies can also be described using the seven domains to which they relate — emotional, cognitive, behavioural, personal relations, somatic, spiritual and work performance. Our findings are similar to those described by Conn and Butterfield (2013) in their research, which included various self-care strategies, support from others and a supportive work environment. The police officers in our study described their efforts to expand their knowledge, various approaches to body care or fitness, such as exercising or eating healthy foods. Others included trying to get a handle on their emotions and experiences, behavioural approaches such as focusing on self-growth or hobbies, maintaining personal relations and lastly trying to improve work management, colleague relationships or taking a break from work.

The prevalence of compassion fatigue in our research sample was 82.9% as indicated by the participants, which is fairly high but similar to previous research showing that the prevalence ranges from 11 to 82% (Andersen et al. 2018; Burnett et al. 2020; Grant et al. 2019; Papazoglou et al. 2019, 2017; Turgoose et al. 2017). The high rate of

compassion fatigue may be partly attributed to the COVID-19 pandemic, which was ongoing during the data collection and had an impact on the police force.

Thus far, no study has focused on a more extensive exploration of the stressful factors contributing to compassion fatigue, experiences and coping strategies in police officers. Our research supplies the missing knowledge that will enable researchers to better understand the situations and experiences police officers encounter in their work. It could be used to develop interventions for coping with compassion fatigue. Our study summarizes the whole experience of compassion fatigue on all three levels.

Limitations

The main limitation of our study is the form in which the data was collected. Written data collection is useful for obtaining a sufficient amount of key information over a fairly short period of time whilst avoiding a long rewriting process, along with the ability to reach more participants. However, the data obtained is more brief, less detailed and more limited, even though it did provide the key and relevant information for the aim of this study. Despite the small number of occurrences in the data, it is still considered relevant in qualitative research (e.g. Benoit et al. 2007; Dekker et al. 2020; Milne et al. 2003; Potter et al. 2014). Future studies could benefit from incorporating interviews or perhaps diary methods in order to gain more insight into police officers' experiences directly with secondary trauma, or traumatic events that they encountered during their work.

Implications

Our findings provide greater understanding of police officers' experiences of compassion fatigue, describing possible preconditions of developing compassion fatigue in terms of various stressful factors police officers consider as most stressful in their work. These stressors if not treated or addressed may in time grow into experience of compassion fatigue and its various symptoms affecting both their personal and professional lives. Understanding of these stressors can help researchers come up with checklists of early warning signs of compassion fatigue, in order for police officers to capture them sooner than they emerge into compassion fatigue. Furthermore, understanding the overall experience of compassion fatigue from stressors, experiences and symptoms of compassion fatigue to coping strategies, we can utilize these findings for the use and development of interventions to alleviate and combat compassion fatigue, with focus on the stressors and experiences of compassion fatigue, in order to help police officers increase their well-being and stay effective in their work. Furthermore, our findings describe various coping strategies used by police

officers to cope with compassion fatigue, and these could be used to prepare guidelines for police officers to prevent them from developing compassion fatigue symptoms.

Conclusion

The present study provides a full overview of the compassion fatigue experience, including stressful factors, experiences and coping strategies among police officers. The results of this study suggest that compassion fatigue is accompanied by cognitive, emotional, behavioural and somatic changes, as well as changes in personal relations and work performance, as described by Figley (2002b). Our study brings more information and insights into compassion fatigue experience in police officers which could be used to develop interventions for alleviating compassion fatigue.

Author Contribution JH and NO designed the research project. NO collected data. NO and JH conducted the qualitative analysis. NO wrote the first draft of the article. Both authors JH and NO interpreted the results, revised the manuscript and read and approved the final manuscript.

Funding Writing this work was supported by the Vedecká grantová agentúra VEGA under Grant 1/0075/19.

Availability of Data and Materials In order to comply with the ethics approval of the study protocols, data cannot be made accessible through a public repository. However, data are available upon request for researchers who consent to adhering to the ethical regulations for confidential data.

Declarations

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Written informed consent was obtained from all individual participants included in the study.

Consent to Participate Informed consent was obtained from all individual participants included in the study.

Consent for Publication There is no content for providing informed consent for publication.

Conflict of Interest The authors declare no competing interests.

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