



**QUALITY OF LIFE ASSESSMENT:
A study of U.S. animal
shelter staff well-being**

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INTRODUCTION

Animal shelter work encompasses a broad range of tasks and responsibilities; some roles involve direct animal care (e.g., kennel attendant, animal services officer) while others are more administrative in nature (e.g., adoption coordinator, executive director). Each of these roles may have its own stresses — those of an adoption coordinator being different from those of a shelter’s animal services staff, for example. In some shelters — smaller agencies, especially — staff often fill multiple roles, subjecting themselves to the stresses associated with each one. But even in the largest shelters, where roles and responsibilities are more narrowly defined, the pressure to provide the best outcome for each animal in one’s care is felt by all shelter staff.

All animal shelter work is demanding and, not surprisingly, these demands can take a toll on staff well-being. The past few years have been especially demanding, an emotional roller coaster as shelters struggle to navigate a series of unprecedented challenges, including pandemic-related restrictions, the shortage of veterinary professionals, an increase in animal admissions, the expiration of eviction moratoriums, and rising inflation.

In April 2023, Best Friends Animal Society (BFAS) surveyed shelter staff across the U.S. to better understand aspects of their mental, physical, and social health. Among the questions we hoped to answer with this research were:

- How does shelter staff well-being compare to that of individuals employed in other “helping professions” (e.g., nurses, firefighters)?
- How does shelter staff well-being compare to that of the general public?
- To what extent might various shelter metrics (e.g., annual animal intake, save rate) correlate with levels of staff well-being?

In this report, we present the results of our Shelter Staff Well-being Survey and put them into context by comparing them to results from other surveys across various fields (e.g., nursing). Our findings illustrate the various ways that the well-being of animal shelter staff often suffers as a direct consequence of the work these individuals are asked to do. Given the findings, one might argue that shelter staff should be considered first responders, deserving of their community’s respect — and a range of support services to ensure their well-being (e.g., behavioral health counseling).

For this reason, we also provide some guidance — obtained largely through a review of the extensive body of compassion fatigue^a literature — for how shelter staff might improve well-being at both an individual and organizational level.

ACKNOWLEDGMENTS

The authors would like to express our appreciation for Dr. Chris Segrin, whose guidance throughout this project was an invaluable help. In addition, we thank the hundreds of shelter workers who made time in their busy, often chaotic schedules to participate in our survey.

^aOther terms, such as *secondary traumatic stress* or *empathy fatigue* are sometimes used to mean the same thing. Throughout this report, we have chosen to use the term *compassion fatigue* since it is likely to be familiar to most readers.

TERMINOLOGY

Professional Quality of Life (ProQOL) scale

This is a survey instrument designed to measure the extent to which job-related stresses affect the well-being of people in the “helping professions” (e.g., nurses, veterinarians). Results are reported for three interrelated measures: compassion satisfaction, burnout, and compassion fatigue (see below).

PROMIS (Patient-Reported Outcomes Measurement Information System)

This is a survey instrument designed to assess health measures over various domains (e.g., mental, physical, social).

Compassion Satisfaction (CS)

Dr. Beth Hudnall Stamm, who developed the ProQOL tool, describes CS as “the positive feelings about people’s ability to help.”¹

Burnout (BO)

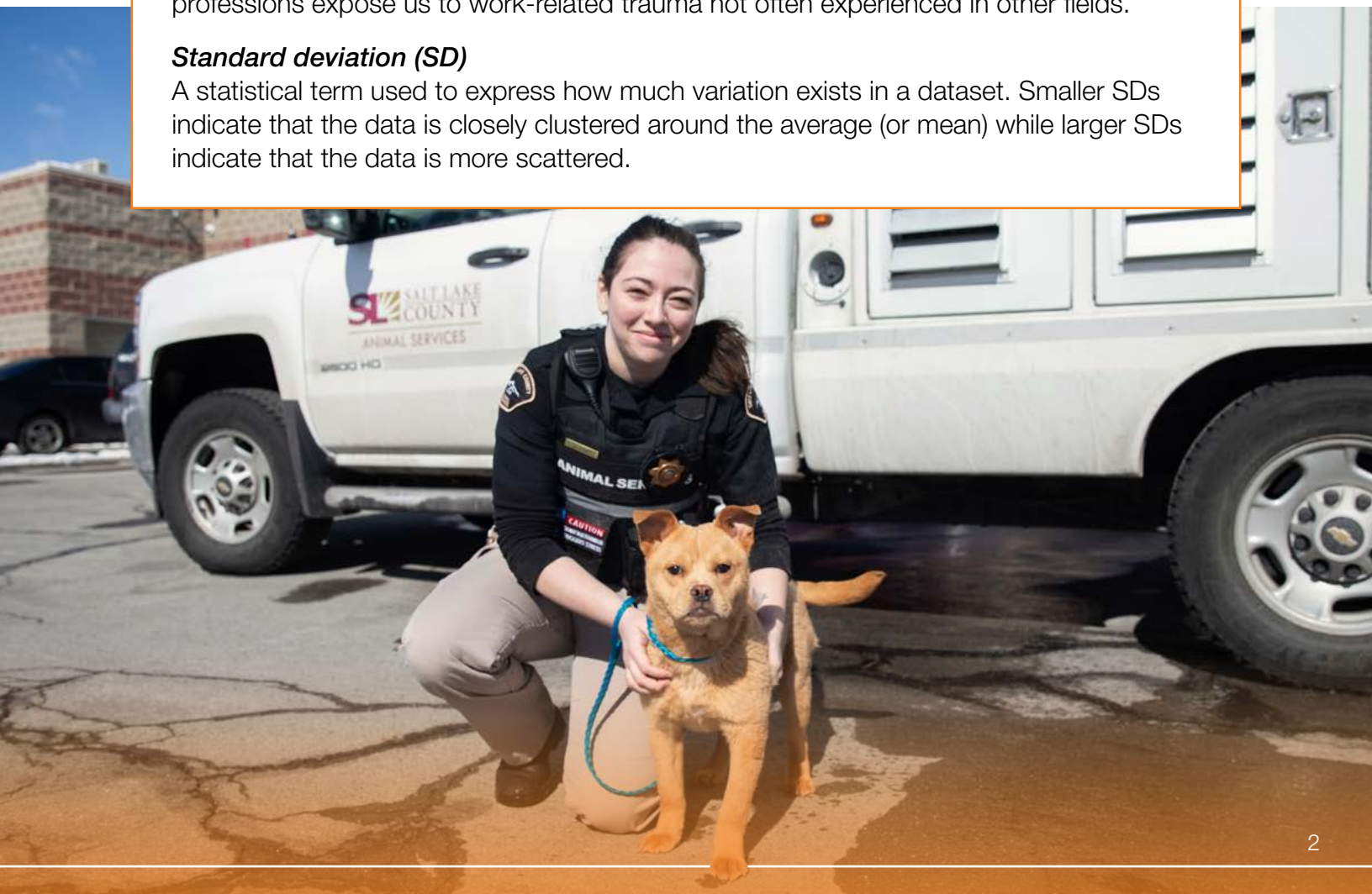
Many people are familiar with the signs of burnout, including “exhaustion, frustration, anger, and depression.”¹

Compassion Fatigue (CF)

Some symptoms of burnout can also be signs of CF, which is a “negative feeling driven by fear and work-related trauma.”¹ One way to think about the difference between burnout and CF is that burnout is about the work we do while CF is about the *kind* of work we do. Working too hard at any job can lead to burnout, but jobs in the helping professions expose us to work-related trauma not often experienced in other fields.

Standard deviation (SD)

A statistical term used to express how much variation exists in a dataset. Smaller SDs indicate that the data is closely clustered around the average (or mean) while larger SDs indicate that the data is more scattered.





SUMMARY OF KEY FINDINGS

We heard from 243 shelter staff members representing 122 shelters, making this the largest survey of its kind to date. (Respondent demographics are provided in [Appendix Table A1](#) while employment details are provided in [Appendix Table A2](#).) We used the Patient-Reported Outcomes Measurement Information System (PROMIS) so that shelter staff scores could be compared to those of the general public, and the Professional Quality of Life (ProQOL) scale so that shelter staff scores could be compared with those of others employed in the helping professions. (For a detailed explanation of each instrument, please see the Research Methods section.)

High job satisfaction and intent to continue working at shelter

- Nearly half of our shelter staff respondents (49.4%) recorded compassion satisfaction (CS) scores in the high range, with the remainder falling into the moderate (39.1%) or low (11.5%) range ([Figures 1](#) and [2](#)). These scores are an obvious reflection of the considerable satisfaction shelter staff experience from doing their work.
- Additional evidence of job satisfaction was seen in respondents' intention to continue working at their current shelter for the foreseeable future. Nearly three quarters of respondents (74.8%) indicated that they're likely to continue, while the remainder indicated that they're either somewhat likely (19.8%) or unlikely (5.4%) to continue.

FIGURE 1. Compassion satisfaction (bottom), burnout (middle), and compassion fatigue (top) scores. The darkest sections of each bar indicate high scores while the lightest sections indicate low scores. (High/moderate/low thresholds are based on recommendations following a review of published studies.² See Research Methods section for additional information.)

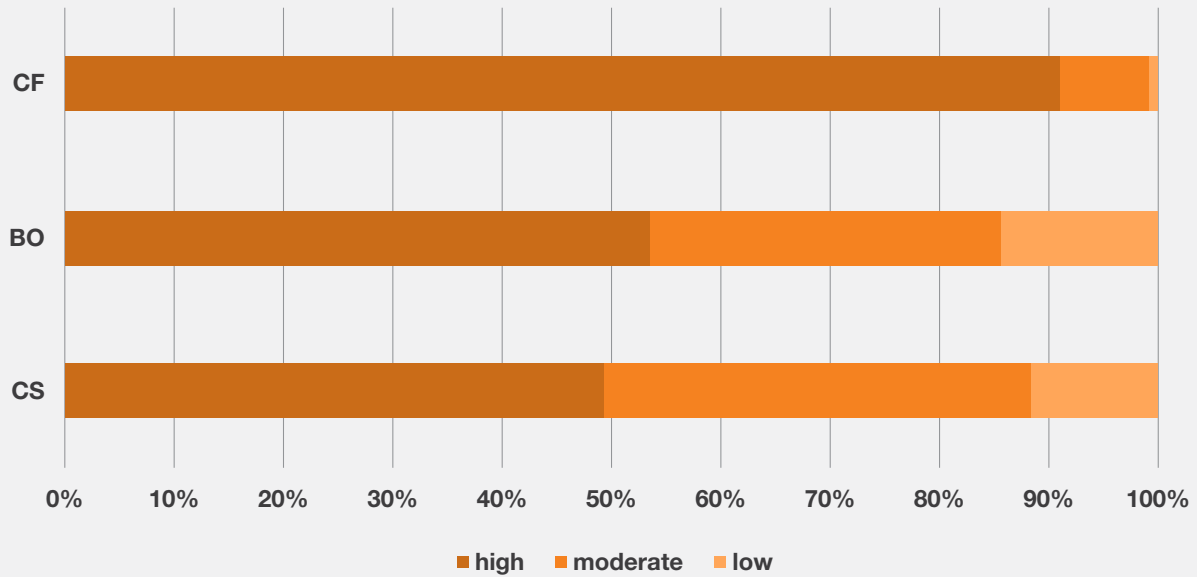
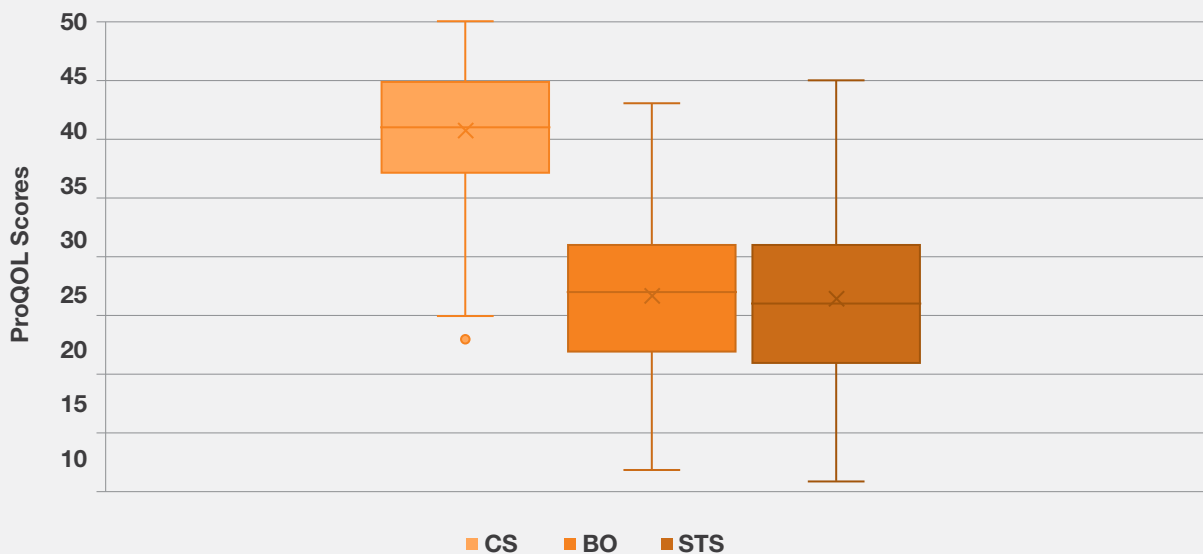


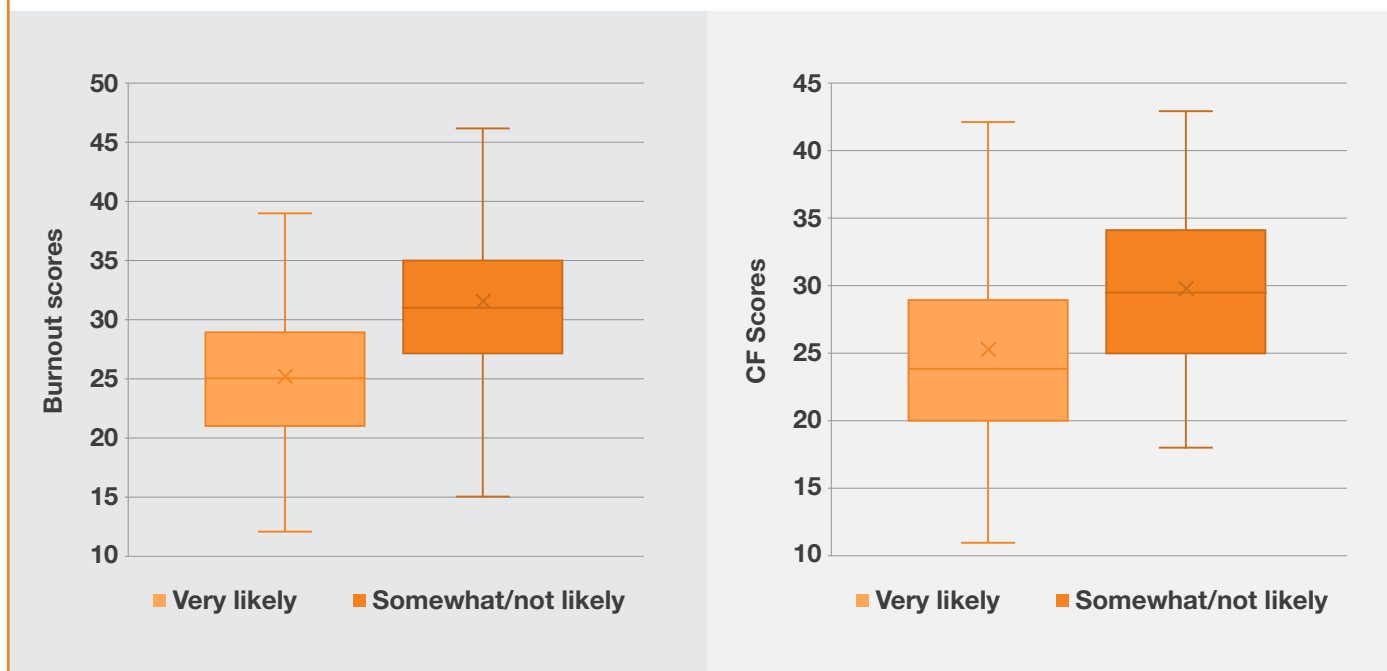
FIGURE 2. Box plots showing CS, BO, and CF scores. Boxes are bounded by 25th and 75th quartiles with a horizontal bar indicating the medians. Vertical lines indicate minimum and maximum values.



High burnout and compassion fatigue

- More than half our respondents (53.5%) recorded BO scores in the high range, with the remainder falling into the moderate (32.1%) or low (14.4%) range (Figure 1).
- Roughly nine in 10 of our respondents (90.9%) recorded compassion fatigue (CF) scores in the high range, with the remainder falling into the moderate (8.2%) or low (0.8%) range (Figures 1 and 2).
- These high BO and CF scores suggest worrisome levels of work-related distress among our respondents. Indeed, BO and CF scores were among the highest we've seen in the published literature. Although moderate and high scores weren't entirely unexpected, their magnitude relative to those reported by others in the helping professions was.
- Shelter staff reporting higher BO scores indicated that they were less likely to continue working at the shelter where they are currently employed compared to staff reporting lower BO levels (Figure 2). Given the high costs associated with staff turnover (in any field), this has obvious implications for the policymakers who oversee budgets for their animal services agencies.^b
- A similar trend was observed for CF scores (Figure 3).^c

FIGURE 3. Burnout scores (left) for shelter staff indicating that they were very likely to continue working at their current shelter (mean 25.1, SD 6.1) compared to those indicating that they were either somewhat likely or not likely to continue (mean 31.5, SD 6.0). Boxes are bounded by 25th and 75th quartiles with a horizontal bar indicating the medians. Vertical lines indicate minimum and maximum values. CF scores are shown on the right (very likely: mean 25.3, SD 7.0; somewhat/not likely: mean 29.8, SD 6.6).



^b $t(240) = 7.10, p < .001$.

^c $t(240) = 4.36, p < .001$.

High anger, anxiety, depression, and fatigue

- Additional signs of compromised well-being were observed in mean scores for anger, anxiety, depression, and fatigue, all of which fell into the mild/moderate range, notably higher than those of the general population.
- Anger, anxiety, depression, and fatigue scores correlate strongly with BO and CF scores. Higher anger scores, for example, are generally associated with higher BO and CF scores (see [Figure 5](#)).

Well-being impacts felt across the board

- The high BO and CF scores recorded by our shelter staff respondents were observed across the board, having little or no relationship with a shelter's annual intake, save rate, or organization type, for example. This indicates that there is probably not one easy fix available to improve shelter staff well-being. On the other hand, it might be the case that tools available to improve well-being can be effective regardless of a shelter's specific situation.^d
- It's virtually impossible to examine shelter staff well-being in 2023 without considering the possible effects of the COVID-19 pandemic and the "great resignation." However, we found no significant differences between CS or CF scores of staff who've been involved with animal welfare work for three years or less and scores of staff with four or more years of experience.^e We did, however, observe a relatively minor difference between their BO scores, with staff hired post-pandemic experiencing slightly less BO than those hired pre-pandemic.^f

^d Analyses of Variance (ANOVAs) were run to determine if ProQOL scores varied by organization type and no significant effects were found (F -values < 2.0, p -values > .12). Pearson correlation coefficients were calculated to determine if there was a relationship between ProQOL scores and annual intake and/or save rate; no significant relationships were found (Pearson's r < +/- 0.10, p -values > 0.11).

^e CS: $t(240) = 0.34, p > .05$; CF: $t(240) = -0.04, p > .05$

^f BO: $t(240) = -1.69, p = .09$





A DEEPER DIVE INTO OUR KEY FINDINGS

Our shelter staff well-being survey provided us not only with a better understanding of animal care workers' well-being, but also a glimpse into some of the employee-level factors that are likely to have an effect on it (e.g., how long an individual has been involved in the animal welfare field). In addition, we were able to examine the possible influence of some shelter-level factors (e.g., annual intake, save rate) on staff well-being. As noted in the executive summary, our analysis yielded four themes. Here, we expand on each of those themes and put our findings into context.

High job satisfaction and intent to continue

The mean CS score we observed was 40.8 (SD 5.92), which is considered moderate to high.² To put this into context, the shelter staff we surveyed reported CS levels comparable to those reported by shelter staff in other

studies,³⁻⁵ notably higher than those reported in some studies of veterinary professionals,⁶ and slightly higher than those reported in some studies of critical care medical professionals⁷⁻⁹ and child protection workers.^{10,11} By contrast, higher CS scores were reported in studies of ocean lifeguards,¹² former and current dog fosters,¹³ foster parents (of children) in the U.K.,¹⁴ and “mental health professionals treating military service members with combat trauma.”¹⁵

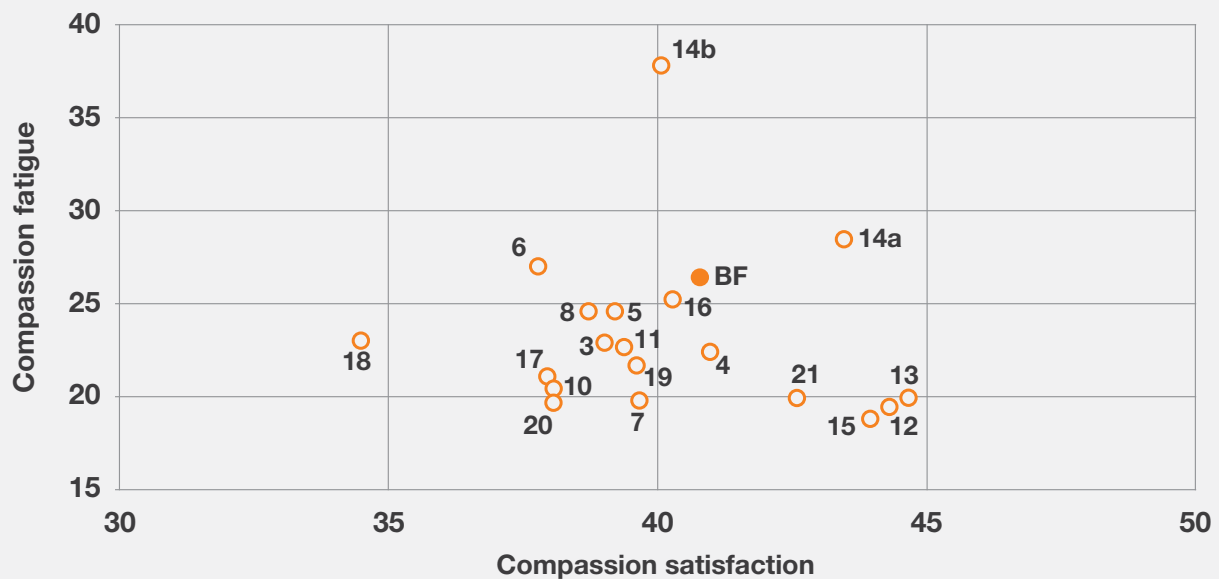
High levels of CS among shelter staff should come as little surprise. This kind of work can obviously be incredibly rewarding. Given the many challenges associated with the work they do — and the impacts of these challenges on staff well-being, as reflected in high burnout and STS scores — high levels of CS likely explain, at least in part, why so many shelter staff keep coming back to work that is difficult and often heartbreaking.

A detailed discussion of CF scores is included in the following section. However, it is worth noting here that a comparison of CS and CF scores reveals an interesting relationship. The combination of high CS and high CF scores among the shelter staff we surveyed sets them apart from those recorded by many other helping professions. Of the 19 studies whose results are illustrated in Figure 4, only one reported higher CS and CF scores. This was a study of adults in the U.K. caring for foster children,¹⁴ including those expressing a strong interest in continuing this work (data point 14a) and those with “low intent” (data point 14b). The study with CS and CF scores closest to those we observed among shelter staff (data point 16) comes from a study of health care frontline providers deployed by

non-governmental organizations to work with Ebola patients in West Africa between 2014 and 2015.¹⁶ Obviously, the stresses associated with these vastly different jobs are not the same. The impacts on well-being, however — as measured by the ProQOL instrument — are surprisingly similar.

High levels of CS seem to be integral to animal sheltering work, but this may lead staff to experience and tolerate high levels of CF and BO. If much of the trauma that comes with animal sheltering work cannot be avoided, it is important that shelter staff has access to techniques and programming that can mitigate its impact.

FIGURE 4. CS and CF scores from various studies. The solid dot indicates scores for U.S. shelter staff from our study. Numbers refer to the list of references found at the end of this report.



- | | | | |
|----|-------------------------------------|-----|-----------------------------------|
| 3 | Shelter/euthanasia staff | 14a | Foster parents (“high intent”) |
| 4 | Shelter staff | 14b | Foster parents (“low intent”) |
| 5 | Shelter staff and vet professionals | 15 | Military mental health |
| 6 | Veterinary professionals | 16 | Ebola responders |
| 7 | ER/trauma center | 17 | Animal lab techs |
| 8 | ER nurses (Covid) | 18 | UK police |
| 10 | Child protection | 19 | CISM responders |
| 11 | Child protection | 20 | Military medicine |
| 12 | Ocean lifeguards | 21 | Healthcare volunteers |
| 13 | Dog fosters | BF | BFAS shelter staff survey results |

High burnout and compassion fatigue

The mean BO score we observed was 26.7 (SD 6.69), considered moderate to high.² This level of burnout is comparable to levels reported by shelter staff in some studies^{3,4} but slightly higher than those reported in another.⁵ The scores we recorded were also comparable to those reported by studies of veterinary professionals,⁶ medical trainees learning surgical techniques,²² and “full-time police officers in the northwest of England, UK, with no previous diagnosis of PTSD.”¹⁸ Interestingly, BO levels among the shelter staff we surveyed were comparable to⁹ or exceeded those reported by critical care medical professionals.^{7,8}

The mean CF score we observed was 26.4 (SD = 7.14), well above the threshold (18) to be considered high,² and exceeding those reported by shelter staff in other studies.³⁻⁵ Indeed, the CF levels reported by the shelter staff we surveyed exceeded most of those reported in the published literature,

including from studies of critical care medical professionals^{7,8} (with at least one exception⁹), child protection workers,^{10,11} and therapists working with survivors of sexual violence and other trauma survivors.²³ One of the few studies reporting comparable CF values involved veterinary professionals.⁶

There’s evidence to show that feeling passionate about one’s work — generally considered a positive attribute, especially in the animal welfare field — can itself contribute to burnout.²⁴ We saw the potential impact of burnout when we asked respondents how likely they were to continue working at their current shelter for the foreseeable future. The mean burnout score for those indicating that they were very likely to stay was 25.1 (SD 6.1), far lower than the mean (31.6, SD 6.0) for those indicating that they were somewhat likely or not likely to stay. A similar trend was seen for CF (Figure 3).



The costs associated with staff turnover vary widely; at the lower end of the scale, Work Institute estimates the cost to be 33% of an individual's annual salary."²⁵ For veterinary staff, the costs can be much higher—one study estimated the cost of turnover to be \$114,911 for companion animal vets and \$24,000 for technicians.²⁶ Additional (less easily quantified) costs of turnover can include lower morale and decreased productivity throughout an organization.²⁷ And it's been shown that work-life balance and well-being are the second and fifth most common reasons, respectively, why people leave their jobs.²⁸

In a previous survey, conducted July 28 through August 6, 2021, we asked shelters and rescue groups about staffing issues. The vast majority of our 187 respondents (87%) reported staffing shortages at their organizations; 40% were operating 10–25% below fully staffed levels while 22% reported being down more than 25%.²⁹ The impact most often mentioned by respondents (75%) was increased stress

among staff. In addition, 57% of respondents reported a reduced ability to provide good public service and support to their adopters and fosters, while 42% reported a reduction in animal care services. Although we don't have updated figures for staffing shortages, anecdotal information suggests that this issue persists today.

Even setting aside the animal welfare and staff well-being implications, shelter staff burnout has clear implications for policymakers: Reducing burnout is simply good for business. And since roughly 76% of U.S. shelters are either operated by municipalities or private agencies with municipal contracts — accounting for approximately 80% of animals admitted to shelters annually — this is an issue likely to be of interest to taxpayers and voters.



Anger, anxiety, depression, and fatigue

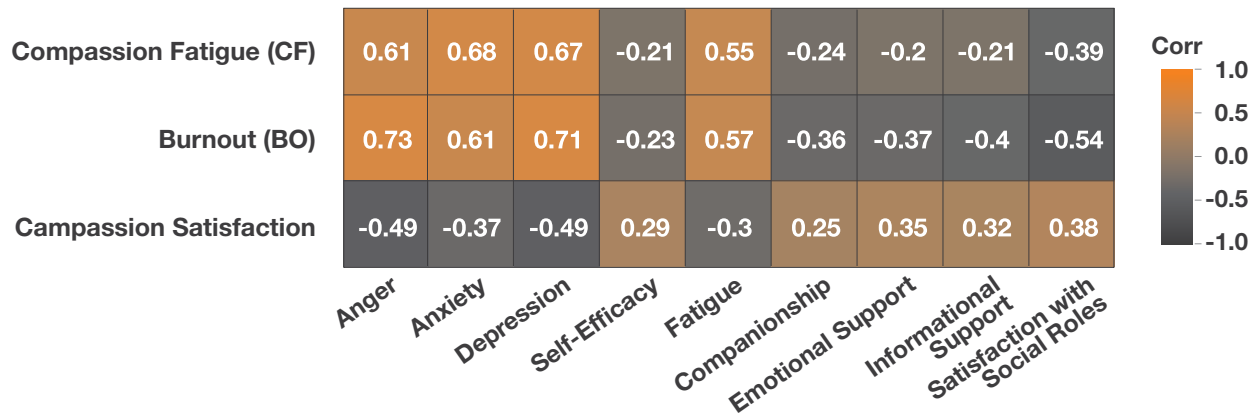
PROMIS scores for anger, anxiety, depression, and fatigue were significantly higher than those of the general public (mean 50, SD 10; [Table 1](#)).

TABLE 1. Summary of PROMIS scores.

| | mean (SD) |
|---|-------------|
| Mental health | |
| Anger (<i>n</i> = 243) | 60.0 (10.3) |
| Anxiety (<i>n</i> = 239) | 57.2 (9.4) |
| Depression (<i>n</i> = 241) | 54.8 (9.7) |
| Self-efficacy (<i>n</i> = 243) | 51.3 (9.2) |
| Physical health | |
| Fatigue (<i>n</i> = 243) | 61.3 (9.5) |
| Social health | |
| Companionship (<i>n</i> = 243) | 51.0 (9.4) |
| Emotional support (<i>n</i> = 243) | 51.2 (8.9) |
| Informational support (<i>n</i> = 243) | 51.7 (9.4) |
| Satisfaction with social roles & activities (<i>n</i> = 241) | 46.4 (8.0) |

Symptoms of poor well-being (e.g., anger, anxiety) would seem to go hand in hand with high levels of BO and CF. Indeed, our survey results reveal a strong correlation between certain symptoms (as measured with PROMIS scores) and both BO and CF ([Figure 5](#)). Taken together, these results reinforce the point made previously that shelter staff should be considered first responders — and require the same level of support services to ensure their well-being.

FIGURE 5. Correlations of PROMIS measures with ProQOL measures. Cells colored in gray show negative correlations and cells colored in orange show positive correlations. Darker hues indicate stronger correlations. All correlations were significant ($p < .01$).



Well-being impacts felt across the board

As noted previously, the BO and CF scores we observed among shelter staff are high enough to be cause for concern. It's important to note, however, that these scores were spread over broad ranges (12–46 for BO and 11–45 for CF). This raises an obvious question: *Which factors might be contributing to lower BO and CF scores?*

Two factors were of particular interest to us — save rates and annual intake. This was in part because of previous research on the subject. A survey of U.S. shelter staff conducted December 2017 through April 2018 revealed significant positive correlations between live release rates and BO, CS, and CF.⁴ Although we used save rate rather than live release rate in our analysis, the two metrics are similar enough³⁰ that we would expect to see similar relationships in our results. However, we found no significant correlations between save rate or annual intake and BO and CF⁹ (Figures 6 & 7).

There are a number of possible explanations for the differences in the results of the two surveys. For example, the median live release rate (LRR) for the shelters surveyed in the earlier survey was 81%, compared to a median save rate of 93% for shelters responding to our survey.^h And the range of LRRs in our survey was much narrower, possibly obscuring any relationship with staff well-being. In addition, our survey was conducted well after the beginning of the COVID-19 pandemic, at a time when there might have been a shift in these relationships (e.g., resulting from a steady increase in admissions following pandemic restrictions).

In any case, the two results are not necessarily in conflict. It makes sense, for example, that staff working in shelters with higher rates of lifesaving can experience both higher CS (from their many lives saved) *and* CF (as each life lost is felt more acutely).

⁹ All Pearson's *r* values < +/- 0.10, all *p*-values > 0.11.

^h Although there are differences in the ways save rate and LRR are calculated, these differences do not account for the differences between the survey results.



FIGURE 6. BO (top) and CF scores (bottom) as a function of annual animal intake.

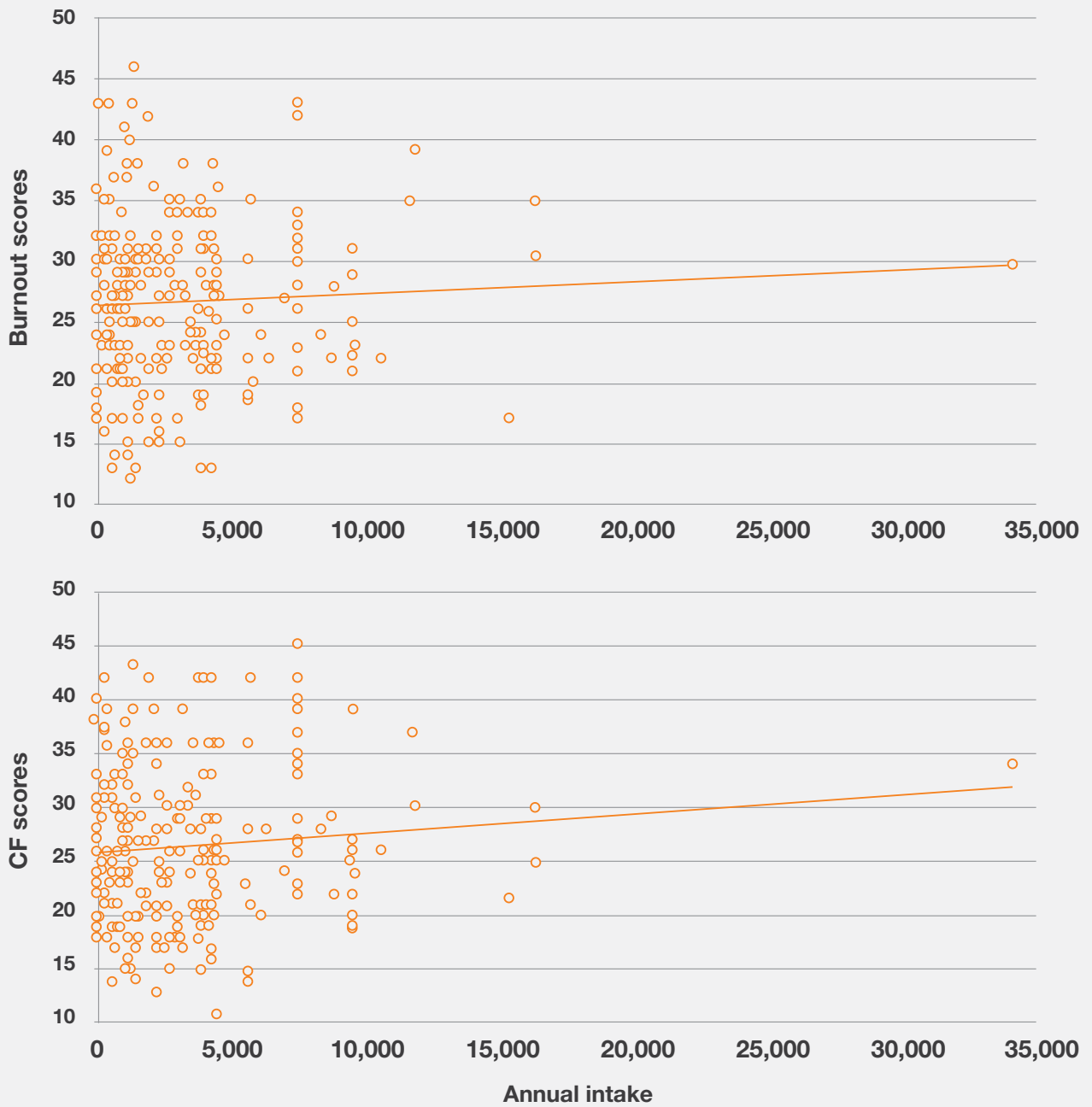
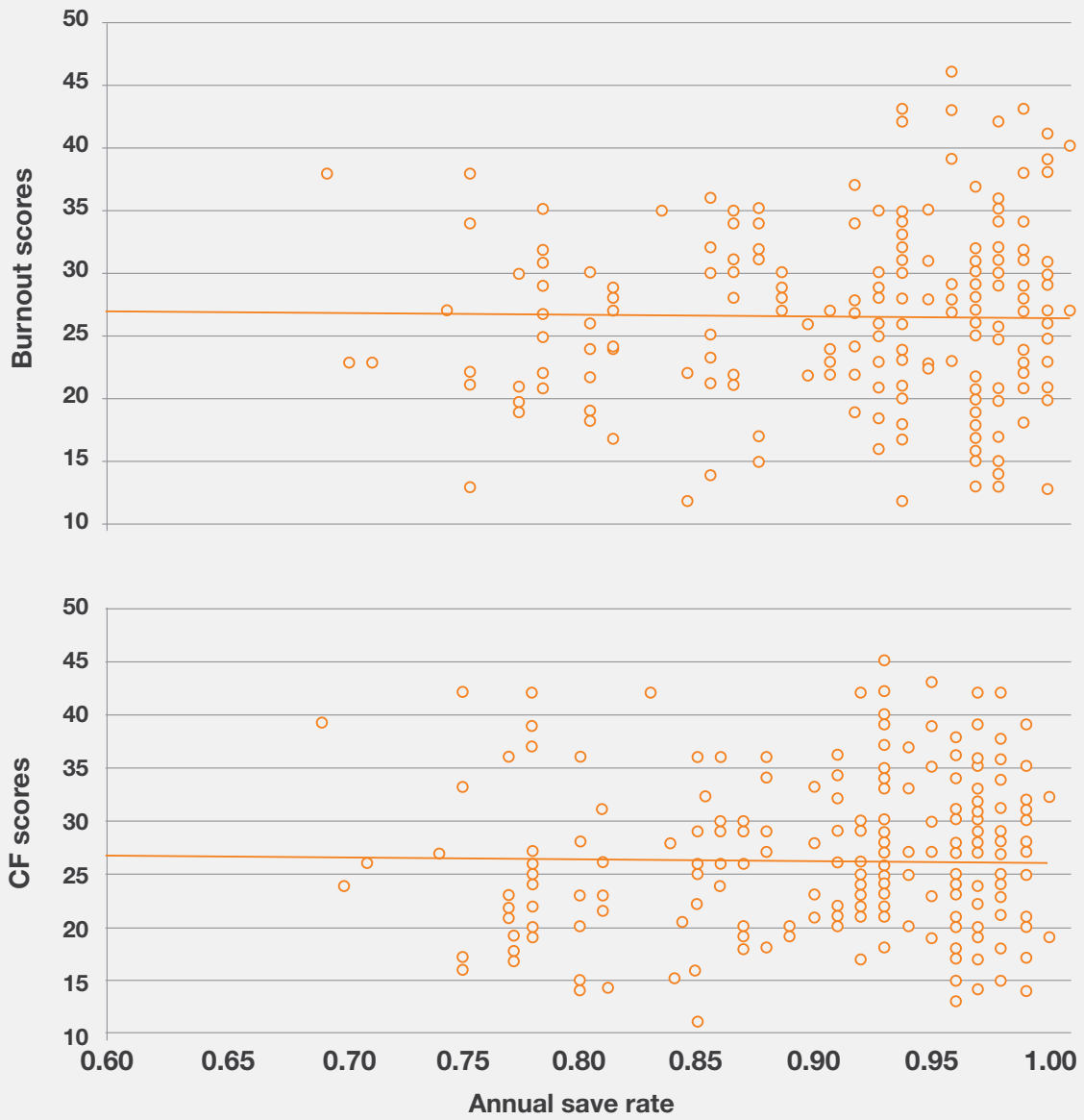


FIGURE 7. BO (top) and CF scores (bottom) as a function of annual animal save rate.





RESOURCES

Perhaps the most obvious reaction to our shelter staff well-being survey results will be: “We already knew staff were struggling; what can we do about it?” Although the research to date has provided relatively little in terms of mitigation measures that have been tested in a shelter environment, there are some compelling results to help point the way. For example, it’s been suggested that decisions surrounding the euthanasia of specific animals can be traumatic even for shelter staff not directly involved with the euthanasia. Making decisions surrounding euthanasia as a group — with input from staff other than management — might reduce related stress levels.^{4,31}

In addition, the experiences of other helping professions (e.g., veterinary medicine) can likely provide useful guidance.

- The American Animal Hospital Association’s “Veterinary Practice Team Well-being” guide (available [online](#)) was published in 2019 as part of the organization’s Healthy Workplace Culture Initiative. Each brief chapter provides

practical advice, based on the experience of veterinary professionals, for ways to improve staff well-being. Obviously, running a veterinary practice isn’t the same as running a shelter; however, the many similarities offer an opportunity to learn from a field that’s committed considerable resources to better understanding staff well-being in recent years.

- The results of Shanti Project’s Veterinary Mental Health Initiative’s pilot program (report available [online](#)) reveal some impressive improvements in well-being among veterinary professionals who met as a group for 10 weeks. Using the ProQOL scale, the researchers documented a 64% increase in compassion satisfaction, a 64% decrease in burnout, and a 45% decrease in compassion fatigue. Although the pilot program included only a small sample (17), the results are nevertheless encouraging. Given the relatively easy implementation and impressive results, shelters should give serious consideration to similar “group sessions.”

- Authors Laura van Dernoot and Connie Burk suggest that their book, *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*, “is written for anyone who is doing work with an intention to make the world more sustainable and hopeful — all in all, a better place — and who, through this work, is exposed to the hardship, pain, crisis, trauma, or suffering of other living beings or the planet itself. It is for those who notice that they are not the same people they once were, or are being told by their families, friends, colleagues, or pets that something is different about them.”³² It’s not difficult to see how this might resonate with shelter staff. Through the book’s methodical structure and practical advice, one becomes hopeful that, just as van Dernoot and Burk promise, “we can make a difference without suffering.” (Available in various formats; additional information is available [here](#).)
- A recent Workhuman survey of more than 4,100 full-time employees across a range of industries found that more than one-third (37%) were “planning to look for a new job in the next 12 months.”³³ Among the reasons most often cited for leaving their current employer were burnout and a lack of psychologically safety. Survey participants

came from a range of industries, but these two factors, at least, are likely to be familiar to anybody involved with animal sheltering. In their report (available [online](#)), Workhuman offers the following advice for how to encourage staff retention: “Recognizing employees for the work they do is proven to increase engagement, satisfaction, and productivity in the workplace. For organizations struggling to minimize burnout and maintain productivity, authentic appreciation may be a solution.” And to foster psychological safety, managers are encouraged to have “authentic and genuine dialogues with your employees. Ask them what you can do to help them achieve their best. Probe them about what conversations you need to have to be sure nothing is overlooked. And challenge them to think about ways they can help even more.”

Additional resources

- The Trauma Stewardship Institute offers a number of resources on the organization’s [website](#), some free and others available for purchase. (Their Tiny Survival Guide, a free PDF, includes the very appropriate tip, “spend time with animals.”)



RESEARCH METHODS

We used an online survey to collect four different types of information. The Professional Quality of Life (ProQOL) and Patient-Reported Outcomes Measurement Information System (PROMIS) scales were used to quantify various aspects of shelter staff well-being. We also collected basic demographic information and details about participants' experience in the animal welfare field. The complete survey instrument is available upon request.

The survey was available online, via Qualtrics, from April 5 through June 8, 2023. Recruitment was done primarily through e-mail communication with Best Friends' Network Partners.ⁱ Additional recruitment was done through social media (e.g., a Facebook group open only to network partners) and e-mail communication facilitated by the National Animal Care & Control Association.

Participation was limited to paid U.S. shelter staff and was entirely voluntary. A \$5 Amazon gift card code was sent to participants who shared their e-mail address. Respondents were free to quit the survey at any point and were able to skip any question that they did not wish to answer. All responses were anonymous. The research protocol was reviewed and

approved by the Institutional Review Board at the University of Arizona under protocol number MOD00003395.

The ProQOL Scale

This scale is made up of 30 Likert-scale items broken into two primary components: compassion satisfaction and compassion fatigue, with compassion fatigue being made up of two components (burnout and secondary traumatic stress).^j Compassion satisfaction, burnout, and compassion fatigue were each scored separately. Following previous research,²³ we used mean substitution for missing values.^k Although this method is biased toward the mean, it was justified in this case because (1) there was relatively little data missing, and (2) the "pattern of missing data" was unclear, making it difficult to use multiple imputation instead.³⁴

As ProQOL was originally envisioned, scores ≤ 22 suggest low levels of the domain being measured, scores of 23–41 indicate moderate levels, and scores ≥ 42 indicate high levels. However, a 2018 review² examined "normative data" from dozens of studies and proposed different thresholds ([Table 2](#)).

TABLE 2. Scoring thresholds for ProQOL.

| | Low | Moderate | High |
|-------------------------|-----------|----------|-----------|
| Compassion satisfaction | ≤ 33 | 34–41 | ≥ 42 |
| Burnout | ≤ 19 | 20–26 | ≥ 27 |
| Compassion fatigue | ≤ 13 | 14–17 | ≥ 18 |

ⁱ More than 4,400 shelters and rescue groups across the country who regularly share their data with us.

^j For the purposes of this report, we've used the more familiar term *compassion fatigue* rather than secondary traumatic stress.

^k A total of 10 values (0.14%) were missing across the ProQOL section of the survey.

PROMIS

This data collection system is quite extensive but for our purposes, we've selected only nine scales across three domains (Table 3).

TABLE 3. PROMIS domains, scales, and item bank designations.

| Health domain | Scale | PROMIS item bank designation | No. of items |
|-----------------|---|------------------------------|--------------|
| Mental health | | | |
| | Anger | v 1.1 short form 5a | 5 |
| | Anxiety | v 1.0 short form 4a | 4 |
| | Depression | v 1.0 short form 8a | 8 |
| | Self-efficacy | v 1.0 short form 4a | 4 |
| Physical health | | | |
| | Fatigue | v 1.0 short form 7a | 7 |
| Social health | | | |
| | Companionship | v 2.0 short form 4a | 4 |
| | Emotional support | v 2.0 short form 6a | 6 |
| | Informational support | v 2.0 short form 4a | 4 |
| | Satisfaction with social roles & activities | v 2.0 short form 4a | 4 |

Raw PROMIS scores were converted to *t*-scores so that they could be compared to those of the general U.S. adult population (a mean of 50 and standard deviation of 10).



APPENDIX

TABLE A1. Respondent demographics.

| | <i>n (%)</i> |
|---|--------------|
| Gender identity (<i>N</i> = 243) | |
| Male | 26 (10.7) |
| Female | 206 (84.8) |
| Non-binary | 7 (2.9) |
| Transgender | 2 (0.8) |
| Other | 1 (0.4) |
| Prefer not to say | 1 (0.4) |
| Age (<i>N</i> = 243) | |
| 18–25 | 33 (13.6) |
| 26–35 | 68 (28.0) |
| 36–45 | 67 (27.6) |
| 46–55 | 31 (12.8) |
| 56–65 | 37 (15.2) |
| > 65 | 7 (2.9) |
| Prefer not to say | 0 (0.0) |
| Race (<i>N</i> = 243; more than once choice allowed) | |
| White | 228 (93.8) |
| Black or African American | 4 (1.6) |
| American Indian or Alaska Native | 3 (1.2) |
| Asian | 9 (3.7) |
| Native Hawaiian or other Pacific Islander | 1 (0.4) |
| Some other race | 6 (2.5) |
| Prefer not to say | 1 (0.4) |
| Ethnicity (<i>N</i> = 241) | |
| Hispanic or Latino | 19 (7.9) |
| Not Hispanic or Latino | 219 (90.9) |
| Prefer not to say | 3 (1.2) |
| Level of education (<i>N</i> = 243) | |
| No formal educational credential | 1 (0.4) |
| High school diploma or equivalent | 20 (8.2) |
| Some college, no degree | 52 (21.4) |
| Postsecondary nondegree award | 4 (1.6) |
| Associate degree | 37 (15.2) |
| Bachelor's degree | 82 (33.7) |
| Master's degree | 39 (16.0) |
| Doctoral or professional degree | 6 (2.5) |
| Prefer not to say | 2 (0.8) |
| Marital status (<i>N</i> = 243) | |
| Never married | 67 (27.6) |
| Married | 101 (41.6) |
| Living with a partner | 40 (16.5) |
| Separated | 2 (0.8) |
| Divorced | 26 (10.7) |
| Widowed | 5 (2.1) |
| Prefer not to say | 2 (0.8) |
| Parent/caregiver (<i>N</i> = 243) | |
| Yes | 83 (34.2) |
| No | 159 (65.4) |
| Prefer not to say | 1 (0.4) |
| Current financial situation (<i>N</i> = 242) | |
| Cannot get by without assistance | 10 (4.1) |
| Struggling to get by | 17 (7.0) |
| Just getting by | 89 (36.8) |
| Able to get by with a little left over | 89 (36.8) |
| Able to get by very comfortably | 37 (15.3) |

TABLE A2. Respondent employment/position(s).

| | <i>n (%)</i> |
|--|--------------|
| Shelter type (<i>N</i> = 243) | |
| Municipal | 54 (22.2) |
| Private shelter with contract(s) | 83 (34.2) |
| Private shelter without contract(s) | 91 (37.4) |
| Unlisted shelters | 4 (1.6) |
| Anonymous* | 11 (4.5) |
| Position at shelter (<i>N</i> = 243; more than once choice allowed) | |
| Management | 135 (55.6) |
| Operations, admissions | 45 (18.5) |
| Operations, adoptions | 49 (20.2) |
| Operations, animal care | 62 (25.5) |
| Operations, medical | 38 (15.6) |
| Administrative (e.g., data entry) | 34 (14.0) |
| Other | 51 (21.0) |
| Time in current position (<i>N</i> = 243) | |
| < 1 year | 44 (18.1) |
| 1–3 years | 100 (41.2) |
| 4–6 years | 56 (23.0) |
| 7–10 years | 20 (8.2) |
| 11–15 years | 13 (5.3) |
| > 15 years | 10 (4.1) |
| Time at shelter (<i>N</i> = 243) | |
| < 1 year | 27 (11.1) |
| 1–3 years | 89 (36.6) |
| 4–6 years | 55 (22.6) |
| 7–10 years | 26 (10.7) |
| 11–15 years | 24 (9.9) |
| > 15 years | 22 (9.1) |
| Intent to continue working at this shelter for the foreseeable future (<i>N</i> = 242) | |
| Very likely | 181 (74.8) |
| Somewhat likely | 48 (19.8) |
| Not likely | 13 (5.4) |
| Position(s) in animal welfare field (<i>N</i> = 243; more than once choice allowed) | |
| Shelter staff (paid) | 217 (89.3) |
| Enforcement/field services | 21 (8.6) |
| Rescue organization staff | 21 (8.6) |
| Shelter or rescue volunteer | 3 (1.2) |
| Other | 10 (4.1) |
| Time in animal welfare field (<i>N</i> = 242) | |
| < 1 year | 17 (7.0) |
| 1–3 years | 58 (24.0) |
| 4–6 years | 54 (22.3) |
| 7–10 years | 35 (14.5) |
| 11–15 years | 35 (14.5) |
| > 15 years | 43 (17.8) |

* Assumed to be shelters, not rescue organizations.

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