

Compassion Fatigue/Burnout

Description/Etiology

Vicarious trauma, compassion fatigue, and burnout are widely recognized potential consequences of social work, with the first two occurring particularly in social workers with extensive direct client contact and who work in the areas of sexual trauma, child protective services, intimate partner violence, or with clients who have otherwise experienced trauma. The three terms frequently are used interchangeably. However, although they may occur simultaneously and have overlapping causes and effects, vicarious trauma, compassion fatigue, and burnout are three distinct phenomena that require different interventions (that may also overlap) to resolve.

Vicarious trauma, also known as secondary trauma, occurs in social workers engaged in work that involves repeatedly listening to and working with clients who have experienced trauma. Vicarious trauma happens because of the impact of repeatedly hearing about and empathizing with trauma experienced by clients, which eventually causes trauma in the social worker. The social worker experiences actual symptoms of trauma such as mood swings, intrusive thoughts and imagery, sleep disturbance, and difficulties with trust and intimacy. Vicarious trauma differs from countertransference in that it occurs across time and clients rather than as a specific reaction to a specific client; it does not have any potential therapeutic benefit; and it occurs only when working with clients who have experienced trauma. Awareness of the potential for experiencing vicarious trauma and building professional and personal support networks as well as habits of self-appraisal and self-care can decrease the likelihood of vicarious trauma occurring.

Compassion fatigue is the loss of the ability to feel and show compassion for clients. Compassion fatigue's defining aspect is working in situations that involve repeated or long-term involvement with clients who have negative outcomes such as clients in hospice care, chronically homeless clients, or alcohol and substance abuse clients who continually relapse. It can develop while working with clients who have, or who have not, experienced trauma. Essentially, compassion fatigue grows out of a feeling that the social worker has seen it all before and nothing that is done makes any difference. Social workers experiencing compassion fatigue may feel hopeless, have difficulty experiencing pleasure, develop a negative attitude towards work and clients, experience difficulty focusing, and have sleep disturbances. In addition to the steps that are helpful in reducing vicarious trauma, compassion fatigue might be decreased by steps as simple as taking a vacation or developing a hobby. Also helpful are establishing clear professional boundaries, including a clear understanding of the social worker's responsibilities and realistic definitions of successful outcomes for clients.

Burnout is commonly understood as the result of work producing emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment. Burnout is not necessarily related to client contact and may occur in any social worker. Emotional exhaustion may include feelings of being drained, overextended emotionally, and having no emotional resources left. Depersonalization is distancing oneself from clients and co-workers and is frequently accompanied by a cynical attitude towards work. A decreased sense of personal accomplishment refers to feeling dissatisfied with work and having a sense of not achieving anything meaningful. Burnout has many possible causes, some in no way related to clients such as limited resources (e.g., reduced budgets as caseloads increase), inadequate clinical supervision, conflicting demands and instructions from managers,

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organizational inefficiency, or emphasis on paperwork rather than client needs. Other contributors to burnout include conflicts between the social worker's values and those of the client or agency, requirements to report client behavior that may result in negative outcomes for the client, and incompatible social worker, client, and organizational priorities. Vicarious trauma and compassion fatigue can also contribute to burnout.

Facts and Figures

In a study of nurses and doctors in an oncology department in a hospital in China that used the standard measure for burnout (i.e., the Maslach Burnout Inventory –Human Services Survey), investigators found that 52% reported emotional exhaustion, 39.4% reported depersonalization, and 59.3% reported a low sense of personal accomplishment (Denget al., 2016).

Researchers who investigated client perceptions of social workers' burnout as it related to the working alliance, client hope, and clients' perception of their own positive change concluded that clients who perceived their social worker to have higher levels of burnout reported lower levels of hope, less effective working alliances resulting in a less productive working relationship between the social worker and the client, and less progress for themselves (Savaya et al., 2016).

In a longitudinal study of social workers in a public child welfare agency in a large city in the United States, authors found that higher levels of work stressors (e.g., role conflict and role ambiguity) caused higher levels of burnout and disengagement (Travis et al., 2016).

Risk Factors

Risk factors for vicarious trauma, compassion fatigue, and burnout overlap and amplify one another.

- › Vicarious trauma – working with clients who have experienced trauma, inadequate clinical supervision, inadequate support networks (professional and personal)
- › Compassion fatigue – long-term work with clients with negative outcomes, unrealistic expectations for client progress and social worker impact
- › Burnout – inadequate organizational support (e.g., funding, clinical supervision, continuing education support), ineffective organizational functioning, large caseloads, conflicting organizational demands and expectations, inappropriate social worker boundaries about work, underdeveloped or neglected personal life

Signs and Symptoms/Clinical Presentation

Signs and symptoms of vicarious trauma, compassion fatigue, and burnout may overlap. They include sleep disruption, intrusive thoughts or imagery about work or clients, free-floating irritability or anger, decreased pleasure in formally pleasurable activities, feelings of hopelessness, emotional exhaustion, loss of sense of personal accomplishment related to work, difficulty focusing, withdrawal from work involvement and clients, overworking or underworking, and trouble with intimacy.

Social Work Assessment

› **Client History**

- Because in cases of burnout, compassion fatigue, and vicarious trauma the social worker is in the role of the client, the best assessment is continuous self-evaluation and self-awareness about work and attitudes towards work and clients
- Clinical supervision and any employee evaluation process that is in place can also be useful in assisting a social worker with engaging in continuous self-awareness and self-evaluation

› **Relevant Diagnostic Assessments and Screening Tools**

- The standard tool for burnout screening is the Maslach Burnout Inventory–Human Services Survey (MBI-HSS)
- The Professional Quality of Life Scale (ProQOL) is available in 25 languages
- Copenhagen Burnout Inventory (CBI) measures burnout in three areas: personal, work-related, and client-related

› **Laboratory and Diagnostic Tests of Interest to the Social Worker**

- There are no laboratory tests directly related to burnout, compassion fatigue, and vicarious trauma. However, there may be somatic symptoms (e.g., intestinal distress, tension in the neck or back, sleeplessness) that provide insight for the social worker and that need to be treated

Social Work Treatment Summary

- › Social workers should be aware of their own cultural values, beliefs, and biases and develop specialized knowledge about the histories, traditions, and values of their clients. Social workers should adopt treatment methodologies that reflect their knowledge of the cultural diversity of the communities in which they practice

- › Social workers should practice with awareness of and adherence to the social work principles of respect for human rights and human dignity, social justice, and professional conduct as described in the International Federation of Social Workers (IFSW) Statement of Ethical Principles, as well as the national code of ethics that applies in the country in which they practice (International Federation of Social Workers, 2018)
- › The primary treatment for burnout, compassion fatigue, and vicarious trauma is prevention by developing habits of self-awareness, self-evaluation, and self-care. Mindfulness practices such as meditation have proven successful in increasing self-awareness, emotion regulation skills, and psychological flexibility (Crowder & Sears, 2017; Harker et al., 2016)
- › Resilience, the quality of being able to overcome adverse experiences and maintain a long-term outlook, has been shown to decrease stress (Harker et al., 2016). Social workers can experience vicarious resilience (which can be thought of as the opposite of vicarious trauma) when they work with clients who have experienced trauma and focus on the positive aspects of that work. Vicarious resilience occurs when social workers recognize and incorporate into their own lives strengths that might be exhibited by some clients, such as spirituality, the presence of hope in apparently hopeless circumstances, resourcefulness in facing trauma, or focus on self-awareness and self-care. Furthermore, the work itself might help social workers with the ability to remain present in the moment with clients, or recognize their position of power and privilege relative to the client and thereby increase their cultural competence (Killian et al., 2017)
- › Advocating for organizational change to address the issues leading to burnout such as limited resources or burdensome paperwork can both provide immediate relief of symptoms of burnout and long-term change to decrease the causes of burnout

Problem	Goal	Intervention
Social worker who works with trauma survivors feels symptoms of trauma	Decrease trauma symptoms and put in place habits of self-care to avoid re-occurrence	Seek clinical supervision or other therapeutic help. Increase and habitualize attention to self-awareness and self-care
Social worker feels depersonalized with respect to work and clients and has decreased effectiveness at work	Reinvigorate compassion for clients and interest in work	Seek clinical supervision or other therapeutic help. Examine expectations about client success, develop and use habits of self-care, establish boundaries between work and personal life
Social worker develops a generally negative attitude towards work and clients	Change attitude from negative to positive	Assess for reasons for development of negative attitude. Address reasons (e.g., reduce caseload, take a vacation, take training course)
A social worker notices symptoms of vicarious trauma, compassion fatigue, or burnout in another social worker	Maintain highest possible level of service to clients and health of social worker with vicarious trauma, compassion fatigue, or burnout	Discuss observations and concerns with clinical supervisor or affected social worker

Applicable Laws and Regulations

- › Each country has its own standards for cultural competency and diversity in social work practice. Social workers must be aware of the standards of practice set forth by their governing body (e.g., National Association of Social Workers in the United States, British Association of Social Workers in England), and practice accordingly
- › Applicable national codes of conduct and reporting of misconduct by social workers should be adhered to

Available Services and Resources

- › Compassion Fatigue Awareness Project, <http://www.compassionfatigue.org/index.html>
- › Professional Quality of Life, https://proqol.org/Home_Page.php
- › International Society for Traumatic Stress Studies, <http://www.istss.org/public-resources/vicarious-trauma-toolkit.aspx>
- › American Institute of Stress, <https://www.stress.org/>

Food for Thought

- › Authors of a study of burnout in hospice workers found that the primary causes of burnout were related to particularly difficult cases and workload (Quinn-Lee et al., 2014)
- › In a study of social workers in England who had experienced workplace aggression such as assault or threatening behavior while working in group homes for children, researchers found that the social workers who had experienced aggression had higher levels of burnout than staff who had not experienced client aggression. The authors theorized that as staff burnout increased, social workers became depersonalized from the clients and that clients perceived this and were in turn more likely to act aggressively towards those staff members (Winstanley & Hales, 2015)

Red Flags

- › Symptoms of vicarious trauma are the same as those of primary trauma, and so symptoms of PTSD may be present and need to be treated
- › Vicarious trauma, compassion fatigue, and burnout may lead social workers to engage in inappropriate behavior with clients

Discharge Planning

- › Because the social worker is the client there is no discharge

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