

The Role of Leadership with Compassion Fatigue in Caregiving Professions

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### **Abstract**

Compassion fatigue is an issue that has plagued caregiving fields for years. The burnout, stress and lack of support has been a topic of discussion that is ongoing due to constant research and interest on the ever-popular topic. Though there is much research, the problem still exists. This paper looks at how management and leadership play a role on compassion fatigue, coping strategies and skills needed to help mitigate the symptoms, and what more is needed. Through my research, I found that the most influential piece regarding compassion fatigue in caregiving professions relies heavily on the management styles and workplace environment.

Keywords:

*Compassion Fatigue, Leadership Support, Caregiving Fields*

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## **Introduction**

Most young professionals enter the field of human service work with the desire to help others. This is often due to the need to answer an overwhelming call to embrace a deeper, more meaningful and service impacting life. This call to service typical involves working with those who may be poor, vulnerable, underserved, underprivileged, or otherwise suffering in their personal human experience in some way. While helping professionals are eager to support, the indirect exposure to their clients' trauma increases the likelihood of those workers to experience negative psychological responses, including work-related stress, secondary trauma, compassion fatigue and burnout.

Work-related stress and burnout in the helping professions are at such high levels that some experts believe there is cause for concern of a public health crisis. Studies have found that those in the helping profession have extremely high levels of depression, stress and burnout that far exceed those of the general population.

By exploring past studies, including prevalent surveys that are used to help determine if compassion fatigue is being experienced by caregivers, I have compiled the following information.

## **Literature Review**

### **Burnout and Compassion Fatigue**

Compassion fatigue and burnout are becoming more and more prevalent in the caregiving world. In fact, the World Health Organization has now placed burnout on its International Classification of Diseases diagnostic manual. According to Eileen McDargh, "it is no longer

considered just a “stress syndrome” but rather a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed” (McDargh, 2020). This stress is, simply put, a direct result of professional caregivers giving their all to their clients.

Austin give a great example of what compassion fatigue truly breaks down into: “the simple meaning of the words “compassion” (“to suffer together with”) and “fatigue” (from the Old French fatiguer, “to be weary”) seems to capture what has befallen health professionals with compassion fatigue.” Austin, W. (2013). From this statement, Austin explains how the simple meaning of the two words put together can draw such an important meaning of what healthcare professionals face on a daily basis. They work together with clients, “suffering together” with them. Hearing their stories, feeling their pain, anguish and heartbreak, and taking on some of those stressors themselves- fatigue.

### **Compassion Fatigue**

Compassion fatigue is a form of suffering that originates from work activity and can cause physical and mental illness. It is represented by physical and/or mental fatigue as a result of compassion that can be experienced by health professionals. “Compassion fatigue is the result of a progressive and cumulative process, which is caused by prolonged, continuous and intense contact with patients whose demand is suffering.” (Pirelli, et. al. 2020). Compassion fatigues also manifests itself with distinct physical, social, emotional, spiritual, and intellectual changes that increase in intensity. Due to these physical ailments, helping professionals cannot always cope in a healthy way. The symptoms of compassion fatigue are similar to those of someone who experiences direct trauma. Instead of experiences the direct trauma, compassion fatigue

compasses the process of “empathizing with clients’ emotional pain and suffering without the presence of direct or indirect trauma exposure” (Pirelli, et. al. 2020).

## **Caregiving Work**

Caregiving organizations are recognizable by their simple, yet essential gesture of caring for others. The relationship between caregiver and seeker is the key to understanding the connection for the organization. Though many are different: schools, hospitals, rehab centers, private offices, etc., “each setting shares with one another an essential gesture: the creation of relationships between those who provide and those who seek some form of care, in the form of learning, healing, or growing in some fashion or another.” (Kahn 2005).

Caregiving fields encompass a large group of different people, in a variety of roles, who work in a variety of places. A caregiving institution is referred to as, “an institution whose members direly provide for people who seek healing, growth, ministry, learning or support of one kind or another. What is unique to these organizations is how the work itself puts a special stress on individuals.” (Kahn 2005). Caregiving fields include social workers, teachers, nurses, ministers, therapists, or childcare workers. For this study, we will focus on the mental health field specifically, to include social workers, therapists, counselors and case managers.

The issue of stress and burnout in conjunction with compassion fatigue has been a topic of interest for years. Stress is common for many, and there are an infinite amount of occupations and careers that are considered “high stress”. According to Hricova and Lovasova:

“If we look at the individual in the context of an ecological perspective, the stress definition should focus on the external environment that may endanger the individual. In this context,

stress can be characterized as a specific case of the burden, which exceeds the rate of adaptive capabilities and possibilities of the individual.”

Excessive stress, burnout and experiences of secondary trauma and caregiver fatigue can start to physically affect one’s health. “An increase in emotional exhaustion and feelings of anxiety occur.” (Hricova & Lavasova, 2018).

The stress of caregiving affects not only those who are providing the care, but it also begins to take affect on those around them. Family, friends, colleagues, and even clients can begin to feel the burnout and compassion fatigue setting in. According to Austin, “Health professionals experiencing the phenomenon are unable to reach out with the attentiveness necessary for healing and comfort.”

### **The Cost of Compassion Fatigue**

Compassion fatigue has drastic effects on employees, this we know. But outside of the employee, their family, their friends, their colleagues and personal network, the strains of compassion fatigue and burnout also have drastic costly effects on an organization. According to Jessica Dzuback and her article, *Compassion Fatigue: You Are Not Alone* she breaks down some of the most common ways compassion fatigue affects the organization as a whole:

- high absenteeism
- constant changes in co-worker relationships
- inability for teams to work well together
- desire among staff to break company rule
- outbreaks of aggressive staff behavior

- inability of staff to meet deadlines and complete tasks
- lack of flexibility
- negativism toward management
- reluctance towards change
- inability to believe in improvement

Because of this drastic list of issues that may arise due to compassion fatigue, many companies around the world have started to complement wellness programs in order to attempt to reduce the psychological toll caregiving has on its providers. Workplace wellness programs are essential for workers in caregiving positions. In order for these programs to be even slightly successful, they need to be readily available, easy to access and hit the needs of all involved. “Corporate spending on workplace wellness program is estimated at \$50 billion dollars globally and is expected to grow 7 percent annually to 2025.” (McDargh 2020). Although this sounds like a lot, the National Institute of Mental Health states that workplace wellness programs have failed to improve people’s health or change their work experience. Now, with such drastic financial support of wellness programs, why is there no change? The main reason for this is that wellness programs, although they have good intentions, puts the burden back on the employee rather than the organization recognizing and acknowledging that they may be part of the problem. It’s like asking your employees to work mandatory overtime for 12 weeks straight and then offering them a pizza part AT work AFTER their shift ends. It’s a nice gesture, but the wrong way to address it.

### **Leadership Support**

According to the article: A Call for Moral Community 2020, in today’s day and age, helping professionals work in a complex, competitive, budget-driven organizations with multiple

stakeholders and endless amounts of standards, regulations and the highest demand for excellence because human lives are at stake. (Epstein et. al., 2020). While there are downsides and upsides to any position, the workplace environment deserves to be looked at more closely when it comes to burnout and caregiver fatigue, “most respondents identified work characteristics related to current work conditions (e.g., excessive workload demands, poor workplace climate” (Epstein et. al., 2020).

In the book, *Burnout to Breakthrough 2020*, they discuss some of the main reasons why employee burnout is so high in organizations:

- **RESOURCES AND COMMUNICATION:** Infrequent feedback and communication; inadequate training; out-of-date technology and equipment
- **CONTROL:** Ideas not listened to; lack of control over job and decisions; performance goals imposed rather than created collaboratively.
- **WORKLOAD:** Unreasonable expectations; too little time to complete tasks; work unreasonably interfering with homelife.
- **JOB SECURITY AND CHANGE:** Job insecurity; fear of skill redundancy; change for the sake of change.
- **WORK RELATIONSHIPS:** Aggressive management style; others taking credit for your success; isolation and/or lack of support.
- **JOB CONDITIONS:** Inequality in pay and benefits; dull, repetitive work; difficult customers.
- **OVERLOADING MEETINGS AND EMAILS:** In too many organizations, the corporate culture requires meetings upon meetings, often involving people who do not need to be there or

with content that could have been handled by a phone call or a simple email (sent only to the people who need to see it). Not everyone has to “become aligned” or sign off. And emails alone often stand for escalation and error. The average frontline supervisor devotes about eight hours each week to sending, reading, and answering emails—many of which should never have been sent.

- **OVERLOADING TALENT WITH TOO MUCH WORK:** Capable employees are inundated, and too often no one stopped to question if the “work” was really efficient and required.

When it comes to compassion fatigue and burnout in the caregiving professions, leadership is a crucial piece to whether or not employees are taking care of themselves and those around them appropriately. It is the job of the leadership professionals to help recognize, acknowledge and address those who are experiencing signs and symptoms of compassion fatigues, stress and burnout. “Training for supervisors and administrators is important to help develop management, leadership communication and conflict resolution skills. A more interactive leadership style may fit today’s emergency workers better than it did of years past.” (Figley, C. 1995).

With compassion fatigue being so prevalent in caregiving professions, it seems important that leadership mirror and model trauma-sensitive behaviors, with not only their employees, but also clients. Silard talks about utilizing the COR theory in regards to interpersonal relationships between leadership and employees when it comes to compassion fatigue.

“COR theory defines psychological stress as ‘a reaction to the environment in which there is (a) the threat of a net loss of resources, (b) the net loss of resources, or (c) a lack of resource gain following the investment of

resources. In COR theory, resources refer to objects, personal characteristics, conditions or energies that are valued by the individual or that serve as a means for attainments of the objects, personal characteristic, conditions or energies”

COR theory connects with the compassion fatigue because it requires energy and the emotional effort associated with stress and burnout. “When a non-profit leader interacts with a staff person in a way that one of the resources is augmented, the staff persona is likely to experience less stress associated with their roll. Consequently, they are more likely to become more engaged in their work and their organization.” (Silard, A. (2020)). I believe this theory is important because it not only connects the individual to the environment in which they are working in and the people in which they are working with.

Another theory connected to the leadership piece is the humble leader theory. One specific point that I found most important is “that humble leadership fosters followers' constructive and adaptive responses to their inexperience, gaps in development, and mistakes. Humble leaders make self-awareness, emotional regulation, social learning, and teachability explicit and salient in his or her interactions with followers (Owens & Hekman, 2012). Followers of a humble leader are less likely to experience disillusionment and the associated mistrust, disloyalty, contempt, and dissatisfaction with their leader over time because the leader never tried to create any illusions from the beginning” This theory makes the connection between humble leaders and how their actions affect those around them.

One study that focused on utilizing the ProQOL (Professional Quality of Life Assessment), which helps measure the prevalence of compassion satisfaction, compassion fatigue, and burnout, found that “The low level of manager support was a significant predictor of

higher levels of burnout and compassion fatigue among emergency department nurses, while a high level of manager support contributed to a higher level of compassion satisfaction.” (Lesly, K et. al. 2015). The ProQOL survey is a great start for leadership teams and upper management to help evaluate how their employees are feeling, even in an anonymous way.

### PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

#### Compassion Satisfaction and Fatigue (ProQOL) Version 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

**1=Never      2=Rarely      3=Sometimes      4=Often      5=Very Often**

1. I am happy.
2. I am preoccupied with more than one person I [help].
3. I get satisfaction from being able to [help] people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I [help].
7. I find it difficult to separate my personal life from my life as a [helper].
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
9. I think that I might have been affected by the traumatic stress of those I [help].
10. I feel trapped by my job as a [helper].
11. Because of my [helping], I have felt "on edge" about various things.
12. I like my work as a [helper].
13. I feel depressed because of the traumatic experiences of the people I [help].
14. I feel as though I am experiencing the trauma of someone I have [helped].
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a [helper].
20. I have happy thoughts and feelings about those I [help] and how I could help them.
21. I feel overwhelmed because my case [work] load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
24. I am proud of what I can do to [help].
25. As a result of my [helping], I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a [helper].
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

Surveys like this are a great way for employees to see specific data points and help them recognize how they may be feeling, even without them realizing it. Personally, I have utilized similar surveys in my professional career, and more often than not, I did not realize where I was in the burnout and stress stages until I read the questions and saw a number value attached to it. That is why these types of surveys and assessments are so important. They highlight areas that may not be apparent to the person directly, or may spark a question or need to look further into something.

### **Coping Strategies**

Many social work students may be exiting their programs and entering the workforce lacking the professional training to recognize and or address the signs and symptoms of occupational stress-related conditions such as professional burnout and the indirect or secondhand effects of trauma-related care. (Newell, 2017). This lack of understanding of the effects of burnout, stress and secondhand trauma will carry over into their professional careers, causing an increase in high absenteeism, decrease in work capacity and ultimately causing harm to those they looking to support. It is important that both the professional and the environment in which they work are aware of the stressors that come in to play and can recognize when this becomes too much, making changes in order to alleviate some of the burden.

Personal self-care is important, but according to the article, *Recognizing Compassion Fatigue and protecting Wellbeing*, “improving our individual coping strategies and skills on a personal level has an important role in improving our health and wellbeing, evidence suggests that a systems-level approach (including organizational, cultural, social and physical aspects) is needed if effective and sustainable health and wellbeing interventions are to be created.” This

article lays out specific coping skills that are seen in both positive and negative ways, so comparisons can be made and built on or recognized and adjusted.

Table 1: Coping strategies	
Positive	Negative
Exercise	Skipping meals
Engaging in a hobby	Working through breaks
Yoga and meditation	Smoking
Connecting with others	Excessive drinking of alcohol
Listening to music	Withdrawing from family and friends
Watching a film	Being snappy and irritable towards others

### The need for research

With the rise of compassion fatigue in caregiving professions, there is a need for ongoing research. Like anything, research in this field can only produce beneficial results. Though they may call for an increase in programs, support and leadership trainings, the long-term results based on this research far outweighs the potential costs. We all see and recognize the physical, psychological and emotional risks and costs that are a result of compassion fatigue,

“The emotional and psychological risks associated with being in a direct practice with vulnerable populations and the essential use of self-care strategies to address this important aspect of human service work has been an overlooked issue in social work education.” (Newell, 2017).

But the ongoing need for leadership at all levels, as well as peers and coworkers to check in on each other is critical. Though there seems to be endless amounts of research on this topic, specifically now that we have experienced and are still currently in the middle of a pandemic where emotions are heightened, those in the caregiving field are at an even higher risk for

compassion fatigue. Even with all the research and evidence, the problem still exists. Having personally experienced compassion fatigue and seeing others experience it as well, I don't think there will ever be a "cure" for it. I believe the research needs to focus more on treatment programs, employee support, peer support, and the need for self-care. There has been such an interesting look at millennials are so supportive of self-care, and it is constantly criticized as being "lazy" but are we the first generation to recognize the increase in mental health symptoms and utilize our vacation and sick time in a wiser manner to take care of ourselves first? Verses older generations who may not believe in utilizing this workplace benefit, or "fighting" through the symptoms. This would be another very interesting area of interest to research.

### **Framework and Methods**

Based on the existing research and current available surveys that are widely utilized by caregiving professionals to help monitor themselves and those around them, I found the following information to be most useful and beneficial.

There is no doubt that compassion fatigue has been a factor in your life or someone you personally know while working in a caregiving field. On average, around 70% of people who work in a caregiving field have experienced symptoms directly related to compassion fatigue. There is also a direct correlation between leadership styles, management support, relationship and rapport building and understanding and the wellbeing of their employees. One study in particular looked at the need for being able to recognize the signs and symptoms of compassion fatigue, and found that the key to successfully overcoming it was building emotional resilience. The piece I found most interesting regarding this study, was that though it is calling for the person to help build their emotional resilience, which to me sounds like a personal journey, it

actually spun my thought process and dove into how leadership and management were responsible for helping to build that foundation, and continuingly to help build upon it. (Gentry, E. 2018).

### **Discussion and Analysis**

Based on the research I conducted, I found that compassion fatigue is a very prevalent issues that plagues the majority of those in caregiving profession at some point in their career. Personally, I have been affected by caregiver fatigue, and have seen many colleagues, peers, employees and even leadership be affected by it as well. A wonderful quote by Dr. Naomi Rachel Remen says, “The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.” I don’t believe there will ever be a “cure” so to speak for compassion fatigue. I believe that is the responsibility of the caregiver, peers, colleagues, supervisors and leadership to be aware, recognize and address the signs and symptoms as they happen. Its human nature in most cases to feel compassion and empathy, but it also our responsibility to take care of ourselves. You cannot help others if you first cannot help yourself- just like they say on an airplane: you must first put on your oxygen mask before helping someone else.

Personal experience and training in this area is of key importance for leadership. It is difficult for someone in a leadership position to understand and relate to their staff when they have not been the ones on the front line to so speak. Leadership and management styles can be molded, taught or evolve over time, but the key points of understanding compassion fatigue, building relationships with your employees and understanding the difficulties they are facing due to their caregiving profession is crucial.

A few areas that I would like to investigate more on would be how does the generational differences between works affect their view on compassion fatigue? I know in my personal experience with my current place of employment, we have a staff member from every generation ranging in ages from 30-80. It's interesting to see the different view points on things, so compassion fatigue and self-care would be a great expansion project.

Another area that I'm interested in would be how leadership and management personally deal with compassion fatigue themselves. Based on my research, I found that the leadership was supposed to be the support and backbone for the employees. But at what point do they get to their breaking point? They are now taking on the emotions of their employees, who are taking on the emotions of their clients, and so forth and so on. This building of emotions and trauma will come to a breaking point- so what's next?

### **Conclusion**

As the research on compassion fatigue continues to evolve, it is important to recognize the effort and need for positive reinforcement and support from direct supervisors and upper management, as well as peer support. Organizations must address workforce issues, including environmental effects increase the stress response leading to burnout. Meaningful recognitions, appropriate and adequate staffing, and effective decision making from leadership all affect the overall work environment. The direct correlation between positive work environment and atmosphere with the ever-concerning burden of compassion fatigue are imminent. Continued research and improvable techniques to help mitigate these symptoms are crucial. My hope is that this ongoing research will someday help to eliminate compassion fatigue as a whole, as these

effects so many in the field and in turn can cause severe harm to those that are seeking the help and supported needed.

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