Compassion Fatigue as an Ethical Threat to Practice: Supervisor and Agency Responsibilities in Preventing Worker Burnout

Stephanie Hicks –Pass[1]

[1] *Department of Social Work, Austin Peay State University, USA*

Abstract

Social workers are at risk of developing compassion fatigue and burnout due to their professional responsibilities. Recently, the NASW has incorporated self-care as an ethical requirement for our profession placing even more emphasis on social workers to care take of themselves as well as care for their clients. However, what are the ethical responsibilities of the employment agencies in the prevention of compassion fatigue and burnout in the social work profession? This article will explore compassion fatigue and burnout as an ethical dilemma and the subsequent responsibilities employers bear in preventing burned out in the employee pool in order to avoid unintentional harm to clients.

Keywords: Social Worker, Burnout, Professional, Responsibilities, Emotions

The National Association of Social Workers recently made notable changes to the professional code of ethics of addressing self-care as an ethical responsibility of social workers and was accomplished this by adding self-care as a component of the Code of Ethics for the social work profession in 2021 (Murray, 2021). The development in the most recent revision of the Code of Ethics brings explicit attention to self-care and its importance for all practitioners. This revision places ethical importance of self-care as well as care for clients on the professional as a professional and ethical responsibility (Murray, 2021). Historically, social workers have been well indoctrinated into the concept of ethical responsibilities for client care, however, the NASW now places responsibility for self-care as a prerogative. It is now time for supervisors and agencies to understand their ethical responsibility in employee self-care as well.

The high rate of social worker burnout and compassion fatigue has well documented and well researched in the last decade, and has been especially important to address in light of the last few years of the Covid 19 epidemic. Practitioners have been inundated with techniques and to reduce stress such as mindfulness, mediation, yoga, exercise, stress rooms at work and while these techniques have benefits, this article will explore the ethical responsibility of supervisors and the supervisory roles in reducing compassion fatigue. What responsibility do the supervisors and agencies hold to ensure that workers do not become unnecessarily burned out? It is overly simplistic to place the responsibility on the individual worker to care take their own mental health when their employment system is challenging. Thus, what roles do the supervisor and agencies assist in reducing the burnout threats social workers face in everyday practice settings? What can the agency do to assist its practitioners in preventing burnout and retaining good workers? Before we get to those concepts, first, let's explore the issues of compassion fatigue and burnout.

Review of Literature

Burnout and compassion fatigue are common threats that lurk within the social work field. Charles Figley earlier has defined compassion fatigue as "the formal caregiver's reduced capacity or interest in being empathic or "bearing the suffering of clients" and is "the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced or suffered by a person" (Figley, 1995). The definition has evolved over the last three decades to, however, the intent remains similar, and the reduced ability to cope with caregiving responsibilities. Figley goes further to explain that compassion fatigue and burnout share similarities and can co-exist but are somewhat different (Figley, 1995). Burnout, while an older term, developed in the 1960s to address the feelings of distress that free health care clinic workers were experiencing while treating vulnerable patients (Freudenberger, 1974) The term has been expanded to include any type of employment-related stress regardless of occupational field.

Compassion fatigue and burnout share similarities and are often mistaken for the same problem, however, burnout is often experienced as a type of fatigue that is more specific and often experienced from helping and caring for others who are in high-stress situations (Brennan, 2020). Compassion fatigue can occur with any helping professional or caregiver, it carries deep emotional exhaustion, it can ebb and flow daily, and can be the result of one exposure to trauma (or vicarious trauma) or repeated traumas (Newell and Gordon; 2010). When the provider begins to feel that nothing they do will help the situation; when their viewpoint of the work is sk, which indicatesr of compassion fatigue. Distorted thoughts such as feelings of hopelessness, depression, disconnection from reality, and dissociation may follow the practitioner from the office to home affecting their home-life as well (Heath, 2018).

Burnout, on the other hand, is defined as "a psychological syndrome that involves a prolonged response to chronic interpersonal stressors on the job" (Leiter & Maslach, 2004, p. 93). Burnout consists of three components, emotional exhaustion, cynicism, and personal efficacy. However, emotional exhaustion is considered the central element of burnout resulting in cynicism about one's work and low efficacy (Leiter, Harvie, & Frizzell, 1998; Leiter & Maslach, 2004; Maslach & Leiter, 1997).) The two problems share overlapping symptoms thus for this article the author has chosen to address the prevention of both issues as an ethical concern.

Unintentional Harm to Clients

While compassion fatigue and its associated burnout cause harm to the social worker in practice, it also unintentionally causes harm to clients. The National Association of Social Workers recognized this when it added the self-care component to the Code of Ethics. Compassion fatigue and burnout can present ethical dilemmas in the workplace for practitioners. Being burned out in practice can result in social workers being distracted, feeling poorly motivated, or being callous towards clients during the helping process, thus can impacting a social worker's engagement, assessment, and intervention with clients (Orpustan-Love, 2014). Recent research on nursing burnout has found that nurse burnout is associated with worsening safety and quality of care, decreased patient satisfaction, and nurses' organizational commitment and productivity (Jun, Ojemeni, Kalamani, Tong, Crecelius; 2021). Like nursing, the client-social worker relationship is built on trust and collaboration, thus, when the social worker is distracted, hurried or overwhelmed success is threatened. Evaluation methods may suffer and the client may feel a lack of rapport with the clinician. Furthermore, the social worker can find it more difficult to utilize a strengths based approach when their own worldview is complicated by trauma and physical and environmental stress (Gilbert, 2015). Among social workers, compassion fatigue tends to occur as a result of exposure to client suffering and can result in the service provider experiencing a reduced capacity for or interest in being empathic (Adams, Boscarino, & Figley, 2006; Figley, 1995) Compassion fatigue and burnout can result in a lack of advocacy on behalf of the client as the social worker feels less "motivation to stand in that gap" or add one more task to a growing list of duties is too overwhelming to even consider. The result of this lack of advocacy is that the client feels that the social worker's intention is false or that they lack reliability and connection with the client due to experiencing burnout or compassion fatigue.

Furthermore, researchers have found when clients receive care from social workers who are burned out and have plans on leaving their position, the clients report being less satisfied with their care than those with social workers who appeared with higher reports of self-care (Landrum & Knight, 2011). As social workers become more burned out, they are more likely to change positions (and/or leave the field) in order to find relief from the stress symptoms (Heath, 2018). The combination of high caseloads and organizational stress has been cited in research as reasons why child welfare workers are more likely to leave their positions in search of new ones (APHSA, 2005). This creates more problems for the remaining workers with higher caseloads to cover the lost worker and a lack of access for the clients to experienced clinicians (Heath, 2018).

Social workers care for the clients, however, there is a prerogative to also care for themselves. However, if the agencies social workers employ have a responsibility to protect the employees. If a social worker is experiencing burnout or compassion fatigue due to high caseloads, this can affect the agency's mission. In the end, the agency may lose qualified workers due to turnover. Perhaps, the bigger question is "What can be done to avoid assist workers from becoming fatigued and burned out?" What role do supervisors play in assisting their workers to prevent compassion fatigue and burnout?

Understanding Compassion Fatigue, Burnout, and Trauma as a Supervisor

Supervisory relationships have been defined as "a process, activity, and relationship(s), based in an organizational professional and personal mandate, with designated roles, and boundaries, in which particular functions are performed to facilitate the best/competent service/practice with clients" (Heath, 2018). In the working environment, the supervisor is the role model, the mentor as well as the person who monitor the supervisee's productivity, habits, attitudes, and any other changes to the professional context. The supervisor is responsible in guiding the employee in the development of self-monitoring skills, time management, and utilizing self-care methods to prevent burnout,

it is the supervisor's ethical obligation to intervene in situations where the well-being of a worker is being compromised.

Social work supervisors hold an ethical duty to monitor the employment conditions and the employees to potential areas of concern and make accommodations when possible. Furthermore, it is a supervisor's duty to monitor the limitations of supervisees and the potential impact of unintended harm. Beks and Doucet (2000) found in their study that supervisees experienced fewer episodes of burnout when their supervisor assessed workers' expectations and beliefs about client outcomes and interventions, as well as developing personal wellness plans, and staying available for supervisees. It was also found when the supervisees modeled self-care behaviors and healthy boundaries when the supervisor practiced these behaviors (Beks & Doucet, 2020).

Social work supervisors who understand burnout, compassion fatigue, secondary trauma, and vicarious trauma can act as a mitigating factor in their supervisees' emotional and mental health and reduce the risk of their workers developing burnout symptoms. Therefore, one of the many responsibilities of the supervisor is to become familiar with potential indicators of burnout and compassion fatigue among employees (Kadushin et al., 2014). Being aware of the physical impact of stress and burnout on employees, and being able to decipher the difference between stress and burnout/compassion fatigue is an important tool for supervisors and relies on healthy communication between the employee and the supervisor. For the supervisor, it can be easy to dismiss (or miss) these symptoms especially as seasonal changes and general stress can lead to the same issues and are usually temporary. The difference is that in burnout and issues such as compassion fatigue, these physical problems become chronic. This highlights the importance of being able to observe patterns, which can help supervisors determine whether office workers are getting sick because there is a virus going around the office, or if workers have been getting sick every two weeks and showing signs of fatigue resulting from an excessively high and emotionally taxing caseload.

Similarly, to the symptoms of depression, a person who is emotionally burned out will feel a sense of hopelessness, feel discouraged and psychologically fatigued, and may feel resentment towards their job (Kadushin et al., 2014). As a result, the quality of work decreases, and absenteeism and tardiness increase as mental and emotional strain lead to avoidant behavior toward work (Kadushin et al., 2014). One way to combat these feelings of hopelessness is healthy communication between colleagues such as through debriefing or clinical supervision meetings. However, for these meetings to work, there must be a feeling of safety and collaboration between the participants.

Creating Safe Spaces for Supervisees

Having healthy communication with employees was especially complicated due to the Covid pandemic. The era of Covid 19 changed how supervision took place for many practitioners. Clinicians went from face-to-face interaction to remote meetings with supervisors, while some have returned to face-to-face interactions, others may never return to previous methods. Additionally, the need for services during Covid 19 changed as well, some services need increased such as mental health and hospital services, while others may have decreased. While supervisors may not have complete control over caseload levels they can control the quality of their supervision interactions. Research supports that, regardless of which method of supervision (group, face to face, or remote), creating safe spaces and a collaborative environment to discuss is of supreme importance. By creating "a safe, collaborative relationship", supervisees can "feel safe to explore their own lived experiences relevant to the work" (Krug & Schneider, 2016), which augments self-reflection and, consequently, emotional intelligence (Ingram, 2013). A collaborative approach to supervision invariably communicates the expectations of and reinforces trust within the supervisory relationship (Krug & Schneider, 2016), and fosters trust in the supervisee's ability to grow and self-direct (CSAT, 1999; Talley & Jones, 2019). On the other hand, several sources highlighted the fact that though supervision and therapy serve similar purposes in different contexts, the supervisory relationship must avoid crossing this professional boundary of providing therapeutic services (Krug & Schneider, 2016; Stargell et al., 2020; Talley & Jones, 2019). The supervisor must hold space for and support the supervisee, but it is equally important to recognize when the supervisee's concerns overextend the supervisor's scope of practice (Krug & Schneider, 2016). Supervisees need to feel comfortable in approaching the supervisor for assistance without fear of reproach and retaliation and alternatively, supervisors must feel comfortable in that position.

Focus on Wellness; Stress Reduction

While this sounds simple in the text this is complicated in reality. The World Health Organization has identified stress at work as a top concern listing the following problems as risk factors for mental health: inadequate health and safety policies; poor communication and management practices; limited participation in decision-making or low control over one's area of work; low levels of support for employees; inflexible working hours; and unclear tasks or organizational objectives (WHO; 2022)

This report goes further to give ideas on how employers can promote wellness at work by implementing and enforcement of health and safety policies and practices, including identification of distress, harmful use of psychoactive substances, and illness and providing resources to manage them; informing staff that support is available; involving employees in decision-making, conveying a feeling of control and participation; organizational practices that support a healthy work-life balance; programs for the career development of employees; and recognizing and rewarding the contribution of employees (WHO 2022).

Furthermore, when discussing burnout, Maslach and Leiter (1997) identified six areas of work life in which mismatches between the person's expectations and the job are considered to be predictive of burnout, whereas a match is believed to enhance work engagement. These six areas are defined as follows: Workload or job demands placed on an employee given a specified amount of time and resources; Control or opportunity for employees to make important decisions about their work, as well as their range of professional autonomy and ability to gain access to resources necessary to do their job effectively; Rewards or recognition for work contributions, i.e., financial, social, and/or internal; Community or quality of the social context in which one works, including relationships with managers, colleagues, and subordinates; Fairness or the extent that openness and respect are present in the organization and the decision-making process; and Values or the representation of the congruence between the organization's priorities and values and those of the employee (Maslach and Leiter, 1997). Perhaps by focusing on improving the quality of interactions in these areas, the risk of burnout can be reduced in the agency overall.

Lastly, becoming an agency that is focused on employee wellness also means incorporating an attitude of encouraging people to utilize vacation and sick days, to be able to work from home when possible, to have flexible hours to accommodate family life needs, to hold remote meetings, outdoor meetings, meetings in alternative settings to meet the need of the group. It is also an agency that encourages the use of Employee Assistance Programs and normalizes talking of stress coping skills and family life in healthy ways. This is where the supervisor can set the tone of the office culture. By focusing on stress reduction and wellness the overall health of the workers can be improved. Wellness is a lifestyle.

Supportive Supervisor and Realistic Expectations

One article published in 2021, found that in particular, supportive agencies and supportive supervisors reduced the social workers feelings of distress and helped build resilience in more novice social workers (Seng, Subramaniam, Chung, Syed, Chong; 2021). Previous research supports the findings that organizational support can have a mitigating effect on psychological distress of workers (Sull and Moore; 2015).

In the era of this busy, understaffed Covid 19 world, it is rather unrealistic to demand that all agencies lower caseloads, create relaxation rooms and give days off for people's birthdays. However, creating a supportive office culture, and a healthy workplace environment usually begins with communication patterns as much as material items. Pizza days and coffee cups are appreciated, but what is also appreciated is being recognized for the work done. The ability to utilize vacation and sick days (the ability to have vacation and sick days as a benefit) and supervisors that make the employee feel "heard" and "listened to". Healthy workplaces make for healthy workers.

Conclusion

Supervisors are human too, and also prone to being overworked themselves. Thus, the entire responsibility cannot fall on one level of management. Ethical care of the employees is a "top down" responsibility. However, the supervisor provides a "cushion" for the employee. They are the advocate for the social worker, while the social worker is the advocate for the client. The supervisor of the department has an ethical responsibility to protect the clients and the employees from unintentional harm by safeguarding the department from being overworked and overextended, thus keeping both parties safe. While compassion fatigue and burnout are both real and ethical problems, they are not simple to resolve. They are, however, preventable in most cases. With proper oversight and caretaking of the employees, healthy management, and departments can maintain a healthy workforce even with challenging circumstances.

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