Compassion fatigue: experiences in occupational health, human resources, counselling and police

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Background This study examines the impact that working with distressed employees, clients and members of the public has on four caring professions: occupational health advisors (OHAs), human resource advisors (HRs), counsellors (CLs) and family liaison officers (FLOs).

Aims To measure the levels of compassion fatigue in caring professions and to identify the mechanisms that lead to increased levels of personal growth.

Methods Two hundred and seventy-six professionals (64 HRs, 53 OHAs, 114 CLs and 45 FLOs) completed the Carer Belief Inventory (CBI) (Tehrani, N. The cost of caring—the impact of secondary trauma on assumptions values and beliefs. Couns Psychol Q 2007;20:1–15.) and Short-Form of the Goldberg questionnaire (Goldberg D, Bridges K, Duncan-Jones P, Grayson D. Detecting anxiety and depression in a general medical setting. Br Med J 1988;297:897–899). The participants in the study were attendees at presentations or training courses on employee wellbeing. Survey involved in the study also measured sources of support and coping mechanism.

Results There were few differences in the level of negative beliefs between groups, although CLs were found to experience more feelings of isolation and FLOs and CLs were more likely to believe that there was no justice in the world. OHAs, CLs and FLOs were significantly more likely to demonstrate personal growth than HRs. Reflection on the work facilitated through professional or peer supervision and a healthy lifestyle was found to be associated with higher levels of personal growth and satisfaction with their performance at work.

Conclusions The results suggest that the provision of professional or peer supervision may be helpful in increasing reflection and ‘sense making’ leading to personal development and growth. Other forms of support that were found to be helpful included taking exercise, healthy eating and engaging in a hobby.

Key words Compassion fatigue; caring professions; personal growth; supervision; support.

Introduction

Occupational health advisors (OHAs), human resource advisors (HRs), counsellors (CLs) and family liaison officers (FLOs) are professions where there is a high level of exposure to the negative emotions from clients, customers or members of the public with an expectation that assistance and support will be provided. However, there is a cost to engaging with the stories and lives of distressed and traumatized people that can result in the carer experiencing symptoms similar to those of the people that they are supporting. These negative experiences have been described as compassion fatigue or secondary trauma [1] and are regarded as a natural consequence of helping or wanting to help distressed people. Some of the effects of dealing with distressed employees are subtle and involve a gradual change to the professional’s underlying beliefs, values or assumptions at a pre- or unconscious level. These changes have been explained by the social construction theories [2] which suggest that people build their beliefs, values and assumptions into a cognitive schema or map of past responses and experiences forming a persistent set of knowledge that is available to guide subsequent perceptions and appraisals. These socially constructed patterns of thinking allow new information to be accommodated and assimilated into existing knowledge schema. For caring professionals, the continual exposure to customers or client’s distress, fear, anger and anxiety can result in their feelings, attitudes and beliefs being changed, affecting the way they view the world [3].

Why anyone would willingly put themselves at risk of psychological pain and injury through working in a caring profession is pertinent. The response may be that while it has been shown that there is a risk of secondary trauma or
compassion fatigue, this is not the only, nor even, the most likely outcome. There is an emerging body of evidence to show that where a professional carer is able to understand and make sense of their caring role, they have an opportunity to create meaning out of the chaos of distress. This sense-making process makes personal growth a real possibility [4] for the resilient or hardy worker, the more extreme traumatic exposure the greater the potential for increased levels of personal growth [5].

A number of qualities have been identified in caring professionals that have been shown to have the power to transform the negative effects of traumatic exposure into growth [6]; these include the ability to (a) create positive emotional states and an ability to challenge the negative emotional affect, (b) generate high levels of physical and mental energy, (c) create meaning and to live life for the moment and (d) feel connected to and behave altruistically towards others. These salutogenic or health-enhancing effects of understanding and making sense of a traumatic or distressing event can be facilitated by a range of personal and professional activities [7], including maintaining physical health and fitness, enjoying a healthy work/life balance, using reflection, meditation or other form of reflective practice, accessing and using social support, having defined professional boundaries and accessing professional supervision or consultative support.

Although it is unlikely that anyone working with distressed or traumatized employees will be totally unaffected, some workers appear to have an increased level of vulnerability. It has been shown that the caring professionals who demonstrate the greatest capacity for experiencing empathy are the most likely to absorb the symptoms of troubled employees. If the employee’s story triggers memories of traumatic events from the caring professional’s own life, this may prevent them from being able to listen or attend to the needs of their patient or client. In a study of caring professions, it has been shown that 50% were vulnerable to compassion fatigue [8]. The incidence of compassion fatigue can be reduced when the carer has access to professional support [9]. The importance of regular personal and professional supervision has been identified as essential [10]. Professional carers have found that discussing cases with colleagues, attending training workshops, spending time with family or friends, having holidays, socializing, exercising, limiting workload, developing spiritual life and supervision to be the most helpful [11]. For many carers, being confronted with negative and distressing events can be transformational; victims of major traumas have been found to experience positive growth [12].

Methods

The study involved 276 professionals working in one of the following areas: occupational health, human resources, counselling and police family liaison. In each of the roles there was a high involvement in dealing with distressed and traumatized people. All of the participants had attended a training course or presentation delivered by the author. At the end of the training course or presentation, the participants were given a brief outline of the study and asked if they would be willing to take part by completing a short survey and questionnaire; participation was voluntary and anonymous. The ethics of the study were checked against the ethical guidelines prepared by the British Psychological Society [13]. The information gathered included demographic information on the profession, gender and age (Table 1). The Carer Belief Inventory (CBI), which measured four positive and nine negative attitudes and beliefs, used a five-point scale. In addition, there were questions on supervision, other sources of support and coping strategies. All the support items were scored as either ‘yes’ or ‘no’. The participants also completed the Goldberg short-form anxiety and depression questionnaire, which has nine items for anxiety and depression, the cut-off levels being >5 for anxiety and >2 for depression. The questionnaire was input and the results were analysed using a statistical analysis package, SPSS 14.0 [14]. There was no missing data in the completed surveys and none of the people asked to take part in the study refused to do so.

Results

The statistical analysis included comparing the CBI mean scores for the four professional groups. The data were normally distributed and appropriate for parametric testing [15]. The mean scores for positive items for the HR group were compared with the scores of the other groups using a t-test, which showed that they had a statistically significantly lower level of positive growth compared with other groups for each of the items apart from the item ‘a belief in your own competence’ where their scores were significantly lower than the CLs and lower than the other groups (Table 2). The independent t-test also showed the mean scores for the negative items had fewer significant differences between the groups apart from the CLs having a significantly higher mean score for ‘a sense of isolation or being alone’, and FLOs and CLs a significantly higher score for ‘a feeling that there is no justice in the world’ (Table 3). In the light of the wide

<table>
<thead>
<tr>
<th>Role</th>
<th>Number</th>
<th>Female</th>
<th>20–29</th>
<th>30–39</th>
<th>40–49</th>
<th>50–59</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHA</td>
<td>53</td>
<td>70</td>
<td>5</td>
<td>15</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>HR</td>
<td>64</td>
<td>70</td>
<td>16</td>
<td>30</td>
<td>23</td>
<td>26</td>
</tr>
<tr>
<td>CL</td>
<td>114</td>
<td>80</td>
<td>6</td>
<td>6</td>
<td>33</td>
<td>39</td>
</tr>
<tr>
<td>FLO</td>
<td>45</td>
<td>33</td>
<td>3</td>
<td>47</td>
<td>50</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 1. Demographics of the four professional groups in the study.
difference in the age profile between the groups, a check was carried out to identify whether there was a significant difference between professional carers under and over 40 years; no significant difference was found.

The relationships between the positive and negative items in the CBI were identified using a bivariate Pearson correlation [16]. The results showed that there was a positive correlation between all the negative items and the other two positive items (a belief in my own competence and a feeling that I learned a lot) and a negative correlation between all the negative items and the other two positive items 'a sense of doing a good job' and 'a sense of completion or fulfilment'. The results indicating that higher levels of distress were associated with increased levels of learning and competence, but that the same negative items were also related to feelings of not doing a good job or being fulfilled by work.

The percentage of professional group members experiencing anxiety or depression above the cut-off level was calculated. The results showed that in the FLOs and HRs, 14% of their groups had anxiety levels above the cut-off level and that depression levels were highest in CLs and HRs with 24% and 18%, respectively, above the cut-off level for depression. Although female subjects in the study were found to have a slightly higher level of anxiety and depression than male subjects, this was not statistically significant. In addition, no significant difference was found in the scores for anxiety or depression scores based on age.

There were three types of supervision accessed by the groups. Professional supervision provided by a mental health professional or counselling supervisor, management supervision by a line manager and peer supervision involving professional carers coming together to discuss case work and other issues related to their work in a formal setting. The analysis showed that the highest level of professional supervision was accessed by the CLs where supervision is a professional practice requirement, 91% of CLs were in receipt of professional supervision and 60% had access to peer supervision. In the OHA group, 55% had professional and 51% peer supervision. HRs and FLOs had lower levels of all forms of supervision. Friends and colleagues were the most frequently used source of

Table 2. The mean scores for the four positive CBI items showing HR with significantly lower scores than OHA, CL and FLO

<table>
<thead>
<tr>
<th>Role</th>
<th>Competence</th>
<th>Learnt a lot</th>
<th>Did a good job</th>
<th>Fulfilment</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR</td>
<td>3.05</td>
<td>3.56</td>
<td>3.44</td>
<td>3.11</td>
</tr>
<tr>
<td>OHA</td>
<td>3.30</td>
<td>4.04**</td>
<td>3.81*</td>
<td>3.60**</td>
</tr>
<tr>
<td>CL</td>
<td>3.56**</td>
<td>4.12**</td>
<td>3.91**</td>
<td>3.65**</td>
</tr>
<tr>
<td>FLO</td>
<td>3.24</td>
<td>4.00*</td>
<td>3.96**</td>
<td>3.51*</td>
</tr>
</tbody>
</table>

*P < 0.05, **P < 0.01.

Table 3. Comparison of the mean negative CBI item scores for the four groups

<table>
<thead>
<tr>
<th>Role</th>
<th>Overwhelmed</th>
<th>Nothing I can do</th>
<th>Isolation</th>
<th>Should cope better</th>
<th>Not cared for</th>
<th>Loss of innocence</th>
<th>No trust</th>
<th>World is dangerous</th>
<th>No justice</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHA</td>
<td>2.66</td>
<td>2.19</td>
<td>2.26</td>
<td>2.66</td>
<td>2.81</td>
<td>2.25</td>
<td>2.25</td>
<td>2.70</td>
<td>2.57</td>
</tr>
<tr>
<td>HR</td>
<td>2.70</td>
<td>2.48</td>
<td>2.22</td>
<td>2.84</td>
<td>2.69</td>
<td>1.59</td>
<td>2.41</td>
<td>2.59</td>
<td>2.48</td>
</tr>
<tr>
<td>CL</td>
<td>2.74</td>
<td>2.30</td>
<td>2.67*</td>
<td>2.74</td>
<td>2.66</td>
<td>2.32</td>
<td>2.37</td>
<td>2.88</td>
<td>2.80*</td>
</tr>
<tr>
<td>FLO</td>
<td>3.38</td>
<td>2.51</td>
<td>2.13</td>
<td>2.56</td>
<td>2.60</td>
<td>2.11</td>
<td>2.82</td>
<td>2.89</td>
<td>3.29**</td>
</tr>
</tbody>
</table>

*P < 0.05, **P < 0.01.

Table 4. Showing positive correlations of the CBI items competence and learning and negative correlation of the CBI items doing a good job and fulfilment with the nine negative CBI items

<table>
<thead>
<tr>
<th></th>
<th>Overwhelmed</th>
<th>Nothing I can do</th>
<th>Isolation</th>
<th>Should cope better</th>
<th>Not cared for</th>
<th>Loss of innocence</th>
<th>No trust</th>
<th>World is dangerous</th>
<th>No justice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competence, positive correlation</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>P &lt; 0.01</td>
<td>P &lt; 0.001</td>
<td>P &lt; 0.001</td>
<td>P &lt; 0.01</td>
</tr>
<tr>
<td>Learned a lot, positive correlation</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>P &lt; 0.01</td>
<td>P &lt; 0.01</td>
<td>P &lt; 0.01</td>
<td>P &lt; 0.01</td>
</tr>
<tr>
<td>Did a good job, negative correlation</td>
<td>P &lt; 0.001</td>
<td>P &lt; 0.01</td>
<td>P &lt; 0.001</td>
<td>P &lt; 0.001</td>
<td>P &lt; 0.001</td>
<td>P &lt; 0.01</td>
<td>P &lt; 0.01</td>
<td>P &lt; 0.001</td>
<td>P &lt; 0.001</td>
</tr>
<tr>
<td>Fulfilment, negative correlation</td>
<td>P &lt; 0.001</td>
<td>P &lt; 0.01</td>
<td>P &lt; 0.001</td>
<td>P &lt; 0.001</td>
<td>P &lt; 0.001</td>
<td>P &lt; 0.01</td>
<td>P &lt; 0.01</td>
<td>P &lt; 0.001</td>
<td>P &lt; 0.001</td>
</tr>
</tbody>
</table>

NS = non-significant.
support with over 70% of caring professions talking to their friends and colleagues, whereas over 50% of carers talked to their family. Exercise was used by over 60% of OHAs, CLs and FLOs but only 28% of HRs. Engaging in hobbies and healthy eating were used most by OHAs and CLs. Thirty-six per cent of CLs prayed compared with only 4% of FLOs and 71% of CLs and 45% of OHAs regarded themselves as having spiritual beliefs compared with 32% of HRs and 13% of FLOs.

The combined data from the 276 caring professionals were then analysed with a series of repeat measure ANOVAs [17] to identify which of the methods of support/supervision was most closely associated with the personal growth items (Table 6). Talking to friends and colleagues or family had no significant effect on the positive growth items and is not included on the table. The greatest positive impact came from professional and peer supervision that were related to higher levels in the four positive growth items. Management supervision did not have a significant effect on experiences of competence, learning or fulfilment; however, it was related to the carer’s perceptions of doing a good job. Taking exercise and engaging in hobbies were positively related to the four positive growth items and praying, healthy eating, spiritual and religious beliefs were associated with increased levels of learning.

The final analysis was to identify the relationship between levels of anxiety, depression and the personal growth items. The two-tailed Pearson correlation showed no significant correlations between increased levels of anxiety and depression and a lack of competence and learning; however, the feeling that one had not done a good job and a lack of fulfilment was correlated with anxiety $P < 0.05$ and depression $P < 0.001$.

**Discussion**

The principal findings emerging from this study show that working environments that expose caring professionals to distress and trauma can be both harming and beneficial. Where the CBI results identified a high score for the negative items, these were found to be associated with low scores on feelings of having done a good job and a lack of fulfilment. However, paradoxically, the same negative items were also associated with increased feelings of competence and learning. The determinants on whether an experience is involved in increasing learning and competence or in producing feelings of not doing a good job and feeling unfulfilled were found to be related to the availability of supervision, personal reflection and a healthy lifestyle. The differences found in the levels of positive CBI scores in the four groups of caring professionals were related to the opportunities the members of the groups had to reflect upon and assimilate their working experiences. The CL group, which had most access to formal supervision sessions (professional or peer), had higher CBI scores for learning, competence, fulfilment and the sense of doing a good job. The HR group, on the other hand, had little formal supervision and obtained most support informally from friends and family, with the result that they had the lowest level of positive CBI scores, raising an issue for those responsible for the management and support of HR. While the results showed that the role

**Table 5.** Showing the percentage of group members accessing each type of support

<table>
<thead>
<tr>
<th>Role</th>
<th>Professional supervision</th>
<th>Management supervision</th>
<th>Peer supervision</th>
<th>Friend/colleague</th>
<th>Family</th>
<th>Spiritual guide</th>
<th>Praying</th>
<th>Exercise</th>
<th>Hobby</th>
<th>Healthy eating</th>
<th>Spiritual beliefs</th>
<th>Religious beliefs</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHA</td>
<td>55</td>
<td>28</td>
<td>51</td>
<td>85</td>
<td>55</td>
<td>8</td>
<td>23</td>
<td>60</td>
<td>55</td>
<td>50</td>
<td>45</td>
<td>36</td>
</tr>
<tr>
<td>HR</td>
<td>19</td>
<td>21</td>
<td>22</td>
<td>84</td>
<td>68</td>
<td>3</td>
<td>10</td>
<td>28</td>
<td>30</td>
<td>14</td>
<td>32</td>
<td>21</td>
</tr>
<tr>
<td>CL</td>
<td>91</td>
<td>38</td>
<td>60</td>
<td>74</td>
<td>50</td>
<td>8</td>
<td>36</td>
<td>60</td>
<td>72</td>
<td>54</td>
<td>71</td>
<td>22</td>
</tr>
<tr>
<td>FLO</td>
<td>29</td>
<td>20</td>
<td>27</td>
<td>80</td>
<td>78</td>
<td>4</td>
<td>4</td>
<td>64</td>
<td>47</td>
<td>16</td>
<td>13</td>
<td>11</td>
</tr>
</tbody>
</table>

**Table 6.** Correlations between the CBI positive items, supervision and types of support

<table>
<thead>
<tr>
<th>CBI positive items</th>
<th>Professional supervision</th>
<th>Management supervision</th>
<th>Peer supervision</th>
<th>Spiritual guide</th>
<th>Praying</th>
<th>Exercise</th>
<th>Hobbies</th>
<th>Healthy eating</th>
<th>Spiritual beliefs</th>
<th>Religious beliefs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competence</td>
<td>$P &lt; 0.001$</td>
<td>NS</td>
<td>$P &lt; 0.01$</td>
<td>NS</td>
<td>NS</td>
<td>$P &lt; 0.05$</td>
<td>$P &lt; 0.05$</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>Learned a lot</td>
<td>$P &lt; 0.001$</td>
<td>NS</td>
<td>$P &lt; 0.01$</td>
<td>NS</td>
<td>NS</td>
<td>$P &lt; 0.01$</td>
<td>$P &lt; 0.01$</td>
<td>$P &lt; 0.01$</td>
<td>$P &lt; 0.01$</td>
<td>$P &lt; 0.001$</td>
</tr>
<tr>
<td>Did a good job</td>
<td>$P &lt; 0.001$</td>
<td>$P &lt; 0.001$</td>
<td>$P &lt; 0.01$</td>
<td>NS</td>
<td>NS</td>
<td>$P &lt; 0.001$</td>
<td>$P &lt; 0.001$</td>
<td>NS</td>
<td>$P &lt; 0.01$</td>
<td>$P &lt; 0.05$</td>
</tr>
<tr>
<td>Fulfilment</td>
<td>$P &lt; 0.001$</td>
<td>NS</td>
<td>$P &lt; 0.001$</td>
<td>$P &lt; 0.001$</td>
<td>NS</td>
<td>$P &lt; 0.001$</td>
<td>$P &lt; 0.001$</td>
<td>$P &lt; 0.05$</td>
<td>NS</td>
<td>NS</td>
</tr>
</tbody>
</table>

NS = non-significant.
of management supervision was not significantly related
to learning, competence or fulfilment was significantly
associated with the sense of having done a good job.
Achieving a good life balance, including taking exercise,
engaging in leisure activities and healthy eating, is known
to reduce work-related stress [8]. In this study, these ac-
tivities were also found to be significantly associated with
higher scores for the positive CBI items. While profes-
sional carers experiencing lower CBI scores for learning
and competence were not found to be suffering from anxi-
ety or depression, those with low scores for competence
and fulfilment did experience significantly more anxiety
and depression.

The strength of this study is the connection it creates
between the magnitude and nature of occupational
demands and the achievement of growth and mastery
and the challenge this finding offers to others to test these
findings in other groups of workers.

However, there are limitations to the study; the
number of subjects in three of the groups was small
and there was an imbalance in the age and gender profile
of the four groups. The study also failed to use a control
group of workers to identify any differences between
professional caring workers and workers engaged in other
demanding roles. As this study has been undertaken by
a practitioner researcher the subjects came from a limited
number of organizations and may not be representative of
the wider populations in the four professions.

The main implication of these results is the importance
of providing the caring professionals with opportunities
for formal and informal reflection on their work. Effective
professional and peer supervision should be designed to
meet three needs: (1) to deal with technical and ethical
issues, (2) for education, learning and development, and
(3) acknowledgement of the emotional impact of the
work [17]. The primary aim of the professional super-
visor is, therefore, to increase the knowledge, growth and
resilience of the supervisee. Personal reflection found in
prayer and spirituality, whilst including elements similar
to those found in supervision, are rather different, tending
to be a private and personal experience. Spirituality has
been shown to have a significant impact on resilience
in improving recovery rates in patients [18] to reducing
the incidence of post-traumatic stress in carers [19].
However, there are limits to the impact of spiritual reflec-
tion in the world of the professional carer, where the
gaining of practical knowledge, skills and recognition
for achievement are more readily available from a support-
ive peer or manager. While the most common source of
support identified in this study was talking to friends,
colleagues and family, none were associated with the per-
sonal growth or perceived role effectiveness. It is unlikely
that this informal support will provide the frameworks to
transform the underlying cognitive schema from being
a victim of distress to one where the carer’s efforts are ade-
quately recognized and transformed into growth. Phys-

ical wellbeing, on the other hand, in terms of taking
exercise, eating a healthy diet, having hobbies and other
interests had a positive impact on the development and
fulfilment of the caring professionals. Manager supervi-
sion is important in helping professional carers recognize
that they have done a good job and as a result reduce their
experience of anxiety and depression.

This study has shown that although dealing with
difficult and demanding workplace situations can be
distressing, with the right support it is possible to trans-
form distress into positive learning and new skills. More
research is needed to identify the key aspects of the super-
visory relationship that maximizes these positive
outcomes and identifies the mechanisms involved in
transforming negative experiences into a positive learn-
ing. Consideration should also be given to other variables
including personality or coping style that may influence
the willingness of caring professionals to engage in
demanding work. Further studies using the CBI should
look to replicate the results in the wider professional
groups.

Key points

- This research emphasizes the importance of
  providing workers dealing with distressed or
  traumatized clients the time and opportunity to re-
  flect on their experiences.
- This reflection through professional or peer super-
  vision helps them to learn and become more
  competent in their profession.
- Managers have an important role in encouraging
  and supporting their teams as this helps them feel
  that they are doing a good job and reduces the
  incidence of anxiety and depression.

Conflicts of interest

None declared.

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ing of the cost of caring. In: Hudnall Stamm B, ed. Second-
ary Traumatic Stress: Self-care Issues for Clinicians, Researchers
& Educators. 2nd edn. Baltimore, MD: Sidran Press, 1999;
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