



Compassion Fatigue in Social Work Students

Author(s)

Miranda Smith, MSW Candidate

University of Nevada, Reno

Compassion Fatigue

In my first year of field placement as a master's of social work student, I interned at a local hospital. In the second semester, I stayed specifically in the trauma ICU, and to some extent, the ER, places of high emotional stress for social workers and nurses due to the near-constant exposure to the effects of trauma and death (Adams & Riggs, 2008; Badger et al., 2008; Bride, Jones, & Macmaster, 2007; Dane & Chachkes, 2003; Dominguez-Gomez & Ruteledge, 2009). I was concerned that I would be negatively affected by this experience, so I started researching the negative effects of working in a helping capacity with traumatized individuals for one of my classes. This is when I first discovered the concept of compassion fatigue, which is related to burnout and to secondary traumatic stress as well as vicarious trauma (Dane & Chachkes, 2003; Figley, 1999; Noushadd, 2008; Stamm, 2010). According to Stamm (2010), compassion fatigue consists of both burnout and secondary traumatic stress, and thus has symptoms of exhaustion, frustration, anger, and depression, as well as negative feelings driven by fear and work-related trauma. Signs of compassion fatigue can include insomnia, physical/emotional exhaustion, a diminished sense of enjoyment, irritability, and avoidance (Figley, 1995).

Several studies have examined students' risks for compassion fatigue (Barlow & Hall, 2007; Harr & Moore, 2011). Social work students often have limited free time due to school, work, and personal responsibilities and experience high amounts of stress as a result of the combined pressure of these responsibilities and their identities as emerging professionals (Radey & Figley, 2007; Ying, 2011). Interning in the field adds to this stress. While Barlow & Hall (2007) found that field instructors reported noticing that students were sometimes distressed by client circumstances, they also noted that instructors might underestimate their responses and fail to recognize situations that are overwhelming for students. And though students can be impacted by working with clients and may experience large amounts of stress as a result of being in field placements, they were reluctant to share or process experiences with field instructors or faculty liaisons (Barlow & Hall, 2011). As a result, students were found to be at higher risk for burnout and at similar risk for compassion fatigue as helping professionals (Harr & Moore, 2011).

One explanation for this risk is that preparation in the classroom doesn't provide for the experience

of affective learning in field (Barlow & Hall, 2011). Several studies note that it is necessary to prepare students throughout the curriculum, to inform students about compassion fatigue and help them learn to identify and cope with it before they enter the field (Bussey, 2008; Dane, 2002; Smullens, 2012; Ziegielewski, Turnage, & Roest-Marti, 2004).

Currently, recommendations to help mediate the effects of compassion fatigue suggest interventions at the individual and organizational levels. Individuals are encouraged to engage in self-care, including eating correctly, exercising, taking time off, having personal therapy, and spending time with friends and family (Radey & Figley, 2007). Organizations are prompted to limit or diversify caseloads and provide adequate supervision while increasing awareness in the workplace about the effects of compassion fatigue and providing screenings to identify its early stages (Figley, 2002; Radey & Figley, 2007). While some of these interventions have been effective, one study by Bober and Regehr (2005) found that while participants believed that coping strategies like leisure activities, self-care activities, and supervision would help with their symptoms, their beliefs did not mean that they spent more time engaging in those activities.

My Experience in Field

Seeing trauma and death in the trauma ICU made me concerned that I might start to experience symptoms of compassion fatigue. My supervisor discussed compassion fatigue at length with other social workers and nurses, so she made me aware of it early in my placement. She discussed how the trauma ICU had a high turnover of nurses, because nurses couldn't be exposed to so much trauma and death for long periods of time and still provide the same level of care to patients. As my supervisor was so aware of secondary traumatic stress, I think she helped me to avoid many compassion fatigue symptoms I may have had. She did this by asking me about what I was doing to engage in self-care and made sure to encourage me to spend time with friends and take breaks from homework.

We also discussed difficult cases at length, so I was able to process what I was feeling about those cases. For example, one day we had two cases come in of people my own age who were very seriously injured. We were unable to talk about the cases that day because we were so busy, but I couldn't stop thinking about the patients, feeling as though I could easily be one of them and imagining what that would be like. I also kept thinking about their families and the impact it had on them. After reflecting on this, I talked to my supervisor one day and told her cases involving people my age who were seriously injured or killed really stuck with me. We talked about how certain cases are going to affect social workers differently because of their experiences or other factors. We discussed how talking about how or why we are affected by cases with someone else can be very helpful and important to make sure that our reaction doesn't affect the people we are trying to help. Because she was so available to talk about stress and compassion fatigue and I felt comfortable going to her with feelings as they came up, we were able to take a more proactive approach in dealing with my reactions. It helped me let go of the cases and stop carrying them around with me, a reaction that

could have led to me becoming reluctant to work with patients in similar situations.

Workshop on Compassion Fatigue

Aside from my experience in the field, I have also explored compassion fatigue in the classroom. While presenting a poster for a class about a possible compassion fatigue workshop idea for field placement students, I learned about the lack of knowledge my fellow classmates have about their risk for compassion fatigue in their field placements. "Isn't that something that just happens to professionals who have been in the workplace for a long time?" and "Students don't have that problem," were common comments. For other classmates, however, when they heard the definition of compassion fatigue, they were surprised, saying that they felt they might be experiencing it but didn't know it. If students don't know what compassion fatigue is, they might not be comfortable talking about it to their field instructors. If they do talk to their field instructors, the instructors might not know about secondary traumatization and compassion fatigue, or might not know how to help.

While little research has been conducted regarding interventions with students and compassion fatigue specifically, interventions with students in other areas have included teaching students in seminars to better handle stressful situations (Ziegielewski et al., 2004). Incorporating a trauma response and recovery certificate program into the curriculum has also been found to be effective in preparing students to deal with trauma in the field (Bussey, 2008).

From the existing research about these concepts, my experience in the trauma ICU, and my classmates' responses, it is clear that compassion fatigue should be addressed with social work students while they are still in school. I am planning to conduct a workshop for students in practice class addressing compassion fatigue and preparing them to recognize and cope with these issues in internships and the workplace. This kind of workshop could also be made available to field placement supervisors and faculty liaisons to make them aware of the risks of secondary traumatization and compassion fatigue in interns and to help them cope with these issues if they surface.

References

- Barlow, C., & Hall, B.L. (2007). 'What about feelings?': A study of emotion and tension in social work education. *Social Work Education, 26*(4), 399-413.
- Bober, T., & Regehr, C. (2005). Strategies for reducing or recognizing vicarious trauma: Do they work? *Brief Treatment and Crisis Intervention, 6*(1), 1-9.
- Bride, B.E., Jones, J. L., & Macmaster, S.A. (2007). Correlates of secondary traumatic stress in child protective services workers. *Journal of Evidence-Based Social Work, 4*(3/4), 69-80.
- Bussey, M.C. (2008). Trauma response and recovery certificate program: Preparing students for effective practice. *Journal of Teaching in Social Work, 28*(1/2), 117-144.
- Campbell, C. (1999). Empowering pedagogy: experiential education in the social work classroom. *Can-*

dian Social Work Review, 16(1,) 35–48.

Dane, B. (2002). Duty to inform: Preparing social work students to understand vicarious traumatization. *Journal of Teaching in Social Work*, 22(3/4), 3-20.

Dane, B. & Chachkes, E. (2003). The cost of caring for patients with an illness. *Social Work in Healthcare*, 33(2), 31-51.

Figley, C. R. (1995) *Compassion fatigue as secondary traumatic stress disorder: An overview*. United States: Psychology Press.

Figley, C. R. (1999). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (2nd ed., pp. 3-28). Lutherville, MD: Sidran.

Harr, C. & Moore, B. (2011). Compassion fatigue among social work students in field placements. *Journal of Teaching Social Work*, 31, 350-363.

Noushadd, P. P. (2008). *From teacher burnout to student burnout*. Retrieved from newtrier.k12.il.us

Radey, M. & Figley, C. R. (2007). The social psychology of compassion. *Clinical Social Work Journal*, 35, 207-214.

Smullens, S. (2012). What I wish I had known: Burnout and self-care in our social work profession. *The New Social Worker*, Fall, 6-9.

Stamm, B.H. (2010). *The concise ProQOL manual* (2nd ed.) Pocatello, ID: ProQOL.org.

Ying, Y. (2011). The effect of educational disequilibrium in field work on graduate social work students' self-concept and mental health. *Journal of Teaching in Social Work*, 31(3), 278-294.

Ziegielewski, S.E., Turnage, B. & Roest-Marti, S. (2004). Addressing stress with social work students: A controlled evaluation. *Journal of Social Work Education*, 40(1).