

Rethinking Compassion Fatigue as Moral Stress

Donna Forster MSW MPA PhD

EAP Counsellor

Kingston, Ontario, Canada

ABSTRACT

Health and social services professionals often interact with individuals who are economically and socially marginalized because of age, race and/or disability. Providing services to these individuals involves complex emotional and ethical reasoning. As a consequence, these professionals are subject to compassion fatigue and also, moral stress. While the professional literature recognizes compassion fatigue and moral stress as distinct concepts, this paper demonstrates that a more complete understanding of compassion fatigue includes a previously ignored moral component and proposes that compassion fatigue is more correctly understood as a form of moral stress.

Key words:

Compassion Fatigue, Moral Stress, Marginalized Populations

Introduction

Health and social services professionals often provide services to individuals who are socially and economically marginalized because of age, race and/or the presence of some form of physical, mental or emotional impairment. Providing services to these individuals involves complex emotional and ethical reasoning. Consequently, professionals experience both compassion fatigue and also, moral stress. While the professional literature recognizes compassion fatigue and moral stress as distinct concepts, this paper demonstrates that a more complete understanding of compassion fatigue includes a previously ignored moral component and proposes that compassion fatigue is more correctly understood as a form of moral stress.

Compassion Fatigue

Compassion fatigue is an emotional response which occurs within the professional and in response to the clinical material presented by clients. Najjar et al (2009) reviewed recent research on compassion fatigue and concluded that the term is generally used when referring to the secondary trauma experienced by

a professional as he/she engages with the traumatic stories of clients. They suggest that it is the act of providing empathy, understood as entering or projecting oneself into the worldview of the client, which is the source of the trauma. As Sabo (2006) notes, it is the exposure to suffering in another person which leads to compassion fatigue. In this way, compassion fatigue is distinguished from post-traumatic stress disorder in which the individual is directly exposed to the traumatic event (Sabo, 2006). This view of compassion fatigue is supported by many authors working in this area including Bride, Radey and Figley (2007) and also, Siebert (2004).

Figley (2002) distinguishes between compassion fatigue and compassion stress. Compassion stress is the precursor to compassion fatigue and is defined as the emotional residue left behind after the provision of empathy and the ongoing demand to relieve the suffering of others. According to Figley, when compassion stress builds over time, it leads to compassion fatigue. The professional who experiences compassion fatigue experiences a reduction in the ability to bear the suffering of others and is often left feeling confused, helpless and isolated from peers. Figley (2002) and Najjar et al (2009) make further distinctions between compassion fatigue and burnout. While compassion fatigue can develop quickly and in response to the suffering of others, burnout builds gradually through continued exposure to emotional and organizational demands. Burnout leads to mental, physical and physical exhaustion in the professional (Najjar et al 2009, Figley, 2002).

Taking a closer look at the word 'compassion' both supports and challenges current understandings regarding compassion fatigue. As the dictionary defines compassion, it is sympathetic pity and concern for the suffering of others (Soanes, 2001). Current uses of the word 'compassion' tend to focus on the role of sympathy and empathy (Schantz, 2007; Nussbaum, 2001). While both empathy and sympathy refer to feeling states, they are distinguished by the prefix indicators 'em' and 'sym'. Consequently, 'sym' means that sympathy is a state of being in which an individual is simultaneously affected with the same feeling as someone else while the prefix 'em' or 'in' suggests the word empathy refers to the ability to enter into, but not share, the feelings states of another person. Therefore, sympathy is the experience of shared states or feelings and empathy is the act of imaginatively reconstructing the circumstances of another person without the shared experience of pain or suffering (Davies, 2001; Nussbaum 2001). As these concepts are applied to clinical relationships,

professionals are encouraged to provide empathy and discouraged from the experience of sympathy (Schantz, 2007; Nussbaum, 2001). According to Schantz (2007), empathy is viewed as more valuable to the clinician because it supports a more detached and observational role for the professional.

Compassion is a complex response generated by the suffering of others. It is meant to be translated into compassionate behaviour. This move from response to behaviour is mediated by several factors. According to Nussbaum (2001), compassionate behaviour is motivated by the recognition that there is suffering in another person and that this suffering is serious. Therefore, circumstances which require a compassionate response are not trivial or minor in nature; there is a magnitude or severity to the situation. In addition to magnitude, there is some recognition that the suffering is not deserved. Compassion occurs in response to bad luck or circumstances that are beyond one's control; it is not a response to actions which might be blameworthy or consequences which are the direct result of risk taking or personal negligence. Degrees of innocence or magnitude are subject to evaluative processes mediated by ethical frames of reference. Consequently, each compassionate response can be traced to a foundation in ethics.

The preceding discussion regarding compassion and compassionate behaviour draws attention to a missing element in current approaches to compassion fatigue. As discussed by Nussbaum (2001), all compassionate behaviour is informed by value judgments. The definition of compassion fatigue as the reduced response to suffering in another person neglects the ethical foundations of this experience. Having established that value judgments play a role in compassionate behaviour, it is arguable that compassion fatigue is both an emotional and ethical experience. Through its discussion of moral stress, the next section highlights some unexplored connections between moral stress and compassion fatigue.

Moral Stress

Professionals are exposed to, and expected to resolve, ethical conflicts on a regular basis. Generally speaking, when presented with an ethical dilemma, the professional lists possible choices of action, uses ethical codes of conduct to identify the most appropriate course of action and then, follows through with this action. According to Gibson (2003), most ethical conflicts include competing demands between an individual, his/her employer and professional ethics. However, through the careful consideration of ethical codes of conduct, the professional eventually arrives at what would be described as either the least harmful or the right course of action.

While ethical conflicts can be resolved through the application of ethical codes of conduct, moral stress occurs in response to a unique type of ethical conflict. Lütznén et al (2003) distinguish between moral distress and moral stress. More specifically, moral distress is the impact that moral decision making has over time on the professional while moral stress refers to the awareness that competing values are at play and that they cannot be resolved due to external constraints. As Raines (cited in Källemark et al., 2004) uses the term, moral stress refers to situations in which the professional knows the right thing to do but is prevented, for

various reasons, from engaging in what he/she has defined as the right course of action. As such, moral dilemmas are recognizable because they are experienced by the professional as 'no-win' situations. Adding to the view that there is a moral quality to health care work, Lütznén et al (2006) argue that moral values are at play in clinical decision making and that moral sensitivity encourages awareness of the role that values play in the workplace. When health care workers are repeatedly exposed to these 'no-win' conflicts between moral values, they experience moral stress or burden (Lütznén et al, 2006).

The concept of moral stress is gaining recognition within the healthcare literature. While Lütznén et al (2006) acknowledge the benevolent sentiment which motivates moral behaviour; they do not want moral stress reduced to an emotional or cognitive experience. However, Greenfield (2007) proposes that the role of emotions should not be downplayed as discomfort, stemming from emotions like guilt and contempt, gives the professional an early indication that an ethical conflict is occurring. In addition, Tessman (2005) suggests that continued exposure to moral conflicts and decision making have emotional consequences which cannot be ignored.

Tessman (2005) is primarily concerned with moral conflicts and the impact that these have on those who work with people who are marginalized due to race, age or disability. She is particularly concerned with tragic dilemmas, those dilemmas which are not resolvable due to external constraints and which are referred to as 'no-win' situations within the moral stress literature. Lütznén et al (2006) believe that these dilemmas lead to a moral burden in the professional while Tessman defines the impact as a moral trace or remainder. However, Tessman goes beyond recognizing the moral impact on the professional. She argues that professionals working with those who are marginalized, due to race, age or disability, are emotionally affected by their work. More specifically, professionals may need to use anger when advocating on behalf of clients in order to assist them in accessing social and financial resources. While the strategic use of emotions is recognized within the literature on emotional labour (James, 1992; Brotheridge and Grandey, 2002; Zapf, 2002), Tessman believes that the professional who continues to respond to suffering, over time, must choose between indifference and anguish. Professionals who are morally burdened may also experience emotional exhaustion, confusion and hopelessness. Although Tessman does not use the word compassion fatigue to describe the accumulation of these stresses, her description of the impact on the professional is very similar to that provided by those writing in the area of compassion fatigue.

According to Tessman (2005), the professional who responds compassionately to the suffering of others, over time, will experience either indifference or anguish. As outlined by Figley (2002), "compassion fatigue, like any other kind of fatigue, reduces our capacity or our interest in bearing the suffering of others" (p. 1434). Mathieu (2007) also describes compassion fatigue as an emotional experience which is characterized by emotional exhaustion. Compassion fatigue experienced as emotional exhaustion is further supported by Najjar et al (2009). The consequences of compassion fatigue are described using very similar terms and these similarities lead one to question the distinctions between compassion fatigue and moral stress. Furthermore, the work done by Nussbaum (2001), in which she

outlines the ethical foundations to compassionate behaviour, lends further credibility to the argument that compassion fatigue is a form of moral stress.

The links between compassion fatigue and moral stress indicate that compassion fatigue is a complex concept. The following section provides a case vignette which illustrates compassion fatigue as moral stress. The vignette provides a foundation for the discussion of clinical implications associated with these arguments.

Case Vignette

Jen is a counselor working for a local community mental health agency. This agency integrates individuals with mental health challenges back into the community after hospitalization. Recently, Jen finds her energy lacking. She is worrying more about her vulnerable female clients who, due to lack of financial resources, are forced to live in rougher parts of the city. She notices that she is becoming far more aggressive in her approach to lobbying for increased financial supports to her clients. Upon her return home at the end of the day, Jen needs to take long showers before she can 'switch gears' and reconnect with her family and their concerns. Jen seeks out the services of her Employee Assistance Program. Her EAP counselor suggests she has compassion fatigue and gives her emotional awareness exercises as homework. Jen uses the strategies but doesn't feel much better. She just cannot let go of the guilt and anger she feels about her clients and their living conditions. When Jen finally speaks to her supervisor, she is encouraged to think of her fatigue and its moral foundations. Jen comes to understand that her ability to respond compassionately is affected by her judgments about a variety of issues. She sees her clients as victims whose suffering is worsened by strict government policies. The anger she feels at this injustice and the anger she uses to mobilize government services on behalf of her clients are hard to let go of at the end of the day. She concludes that her fatigue is a complex interaction between emotions and judgments and that she needs to take a different approach to her compassion fatigue.

Discussion

Through the case vignette, we see a client who is exposed to two different ways of thinking about compassion fatigue. Viewing compassion fatigue as emotional exhaustion due to vicarious trauma means that Jen is encouraged to develop her emotional awareness skills. Other strategies which come out of this approach include the recommendation that Jen discuss the issue with colleagues, seek out debriefing when necessary and, finally, develop her awareness and capacity to respond when experiencing the early warning signs of compassion fatigue (Mathieu, 2007). Bride, Radey and Figley (2007) would also recommend that Jen focus on developing her intellectual, social and physical resources in order to manage her stress while implementing self-care strategies which promote optimism, happiness and positive attitudes. While viewing compassion fatigue as vicarious trauma leads to a focus on emotional and self-care as well as stress management in Jen, the introduction of a moral element would mean encouraging her to educate herself regarding the contributions that morals and value judgments have made to her experience of compassion fatigue.

Kirschner et al (2001) propose that professionals like Jen need more than brief training in ethical behaviour to cope with the impact of moral stress. Ethical training is considered inadequate as the content of ethical dilemmas will change over time and providing this kind of training may lead some professionals to conclude that all ethical conflicts can be resolved through the standardized application of codes of conduct. Gibson (2003) suggests that training in moral awareness is a more appropriate approach. This means encouraging the professional to accept that conflicts are a part of life and that the role of the professional includes making difficult choices under complicated circumstances. Through promoting moral awareness and also, autonomy in thinking and decision making, professionals are better able to discern which dilemmas are resolvable through the application of codes of ethics and which require more independent thinking and problem solving. Taylor and Bentley (2005) also encourage professionals to learn more about existentialism. The professional would learn that anxiety and guilt are inevitable consequences of decisions made in the face of difficult situations both at work and at home. Jen, the professional in the case vignette, would be encouraged to understand that she will have unresolved emotions about her difficult cases and that she will carry some residual anxiety and guilt home with her at the end of the day. She will gain further insight into and support for her 'cleansing rituals' and realize that these are important tools for switching gears at the end of the day. Finally, as Tessman (2005) suggests, professionals like Jen can reduce the impact of moral stress through recognizing that suffering and sadness can co-exist with more positive emotions like joy. In other words, professionals need to strive for emotional equilibrium in order to buffer themselves from the consequences of exposure to suffering in others.

Conclusion

The current literature on compassion fatigue presents an incomplete definition of the problem. A closer look at compassion, compassionate behaviour and moral stress reveals previously unidentified connections between these concepts. While the implications of these connections require more detailed discussion and debate, they provide justification for the argument that compassion fatigue is a form of moral stress.

References

- Bride, B.E., Radey, M., Figley, C.R. (2007). Measuring Compassion Fatigue. *Clinical Social Work Journal*, 35, 155-163.
- Brotheridge, C.M., and A.A. Grandey. (2002). Emotional Labor and Burnout: Comparing Two Perspectives of 'People Work'. *Journal of Vocational Behavior*, 60, 17-39.
- Davies, O. (2001). *A Theology of Compassion: Metaphysics of Difference and the Renewal of Tradition*. Grand Rapids, Michigan: William B. Eerdmans Publishing Co.
- Figley, C. (2002). Compassion Fatigue: Psychotherapists' Chronic Lack of Self Care. *JCLP/In Session: Psychotherapy in Practice*, 58(11), 1433-1441.
- Gibson, K (2003). Contrasting Role Morality and Professional Morality: Implications for Practice. *Journal of Applied Philosophy*, 20(1), 17-29.

- Greenfield, B. (2007). The role of Emotions in Ethical Decision Making: Implications for Physical Therapist Education. *Journal of Physical Therapy Education*, 21(1), 14-21.
- James, N. (1992). Care=organization + physical labour + emotional labour. *Sociology of Health and Illness*, 14 (4), 488-509.
- Kälvemark, S., Höglund, A.T., Hansson, M.G., Westerholm, P., Arnetz, B. (2004). Living with Conflicts: Ethical Dilemmas and Moral Distress in the Health Care System. *Social Science and Medicine*, 58, 1075-1084.
- Kanter, J. (2007). Compassion Fatigue and Secondary Traumatization: A Second Look. *Clin Soc Work J.*, 35, 289-293.
- Kirschner, K.L., Stocking, C., Brady-Wagner, L., Jajnesnica-Foye, S., (2001). Ethical Issues Identified by Rehabilitation Clinicians. *Arch Phys Med Rehabil*, 82(2), S2-S8.
- Lamendola, F. (1996). Keeping Your Compassion Alive. *American Journal of Nursing*, 96(11), 16R-16T.
- Lützn, K., Dahlqvist, V., Eriksson, S., Norberg, A. (2006). Developing the Concept of Moral Sensitivity in Health Care Practice. *Nursing Ethics*, 13(2), 187-196.
- Lützn, K., Cronqvist, A., Magnusson, A., Andersson, L. (2003). Moral Stress: Synthesis of a concept. *Nursing Ethics*, 10(3), 312-322.
- Mathieu, F. (2007). Running on Empty: Compassion Fatigue in Health Care Professionals. *Rehabilitation and Community Care Medicine*, Spring, 8-10.
- Najjar, N., Davis L.W., Beck-Coon, K., Carney-Doebbeling, C. (2009) Compassion Fatigue: A Review of the Research to Date and Relevance to Cancer-care Providers. *Journal of Health Psychology*, 14(2), 267-277.
- Nussbaum, M. C. (2001). *Upheavals of Thought: The Intelligence of Emotions*. New York: Cambridge University Press.
- Sabo, B.M. (2006). Compassion Fatigue and nursing work: Can we accurately capture the consequences of caring work? *International Journal of Nursing Practice*, 12, 136-142.
- Schantz, M.L. (2007). Compassion: A Concept Analysis. *Nursing Forum*, 42(2), April-June, 48-55.
- Siebert, D.C. (2004). Depression in North Carolina Social Workers: Implications for Practice and Research. *Social Work Research*, 28 (1), 30-41.
- Soanes, C. (Ed.) (2001). *The Oxford Dictionary of Current English*. (3rd Ed). New York: Oxford University Press.
- Stebnicki, M. (2000). Stress and Grief Reactions Among Rehabilitation Professionals. *Journal of Rehabilitation*, Jan/Feb/March, 23-29.
- Sykes, J.B. (Ed.) (1986). *The Concise Oxford Dictionary of Current English*. (7th Ed). New York: Oxford University Press.
- Taylor, M.F., Bentley, K.J. (2005). Professional Dissonance: Colliding Values and Job Tasks in Mental Health Practice. *Community Mental Health Journal*, 41 (4), 469-480.
- Tessman, L. (2005). *Burdened Virtues: Virtue Ethics for Liberatory Struggles*. New York: Oxford University Press.
- Zapf, D. (2002). Emotion Work and Psychological Well-Being: A Review of the Literature and Some Conceptual Considerations. *Human Resource Management Review*, 12, 237-238.

Acknowledgements:

Funding has been received from the Southeastern Ontario Community-University Research Alliance in Intellectual Disabilities (SEO CURA in ID; www.seocura.org) program of research. SEO CURA in ID is supported by a grant from the Social Sciences and Humanities Research Council of Canada (SSHRC) [#833-2003-1008]. The views expressed in this article are not necessarily the views of all SEO CURA in ID partners, researchers, collaborators or of SSHRC.

The author would like to express her appreciation to Dr. Mary Ann McColl and Dr. Joseph A. Fardella for their contributions to earlier drafts of this manuscript.

Competing Interests: none

Address for Correspondence:

*Dr. Donna Forster
43 Holland Crescent
Kingston On
K7L-5P9*

Email: *joseph.fardella@sympatico.ca*