

Compassion fatigue and resilience: A qualitative analysis of social work practice

Maryanne Kapoulitsas

College of Arts, Victoria University, Melbourne, Australia

Tim Corcoran

The Victoria Institute, Victoria University, Melbourne, Australia

Abstract

Compassion fatigue is a term used to describe behaviour and emotions experienced by those who help people who have experienced trauma. It is viewed as a potential consequence of stress related to such exposure and is understood to be influenced by the practitioner's empathic response. The aims of this study were to obtain greater understanding of social workers experience of working with distressed clients; examine what develops personal, professional and organisational resilience; and explore ways in which workers can be better protected from compassion fatigue. The research design was qualitative using semi-structured interviews involving six social workers presently working with distressed clients or clients known to have experienced distress. Four major themes were identified using thematic analysis: (i) the complexities of social work, (ii) supportive and unsupportive contexts, (iii) promoting personal well-being/self-protection and (iv) resilience as a changing systemic and complex process. The findings provide important insights into the participants' experiences of working with distressed clients and, more specifically, their experience of compassion fatigue and stories of resilience. The research provides clear direction for future research at organisational, educational and interpersonal levels.

Keywords

Resilience, compassion fatigue, practitioner experience, social constructionism

Corresponding author:

Maryanne Kapoulitsas, College of Arts, Victoria University, Melbourne, Australia.

Email: mkapoulitsas@optusnet.com.au

Introduction

Helping professionals such as social workers increasingly provide support to survivors of trauma including domestic violence and childhood abuse (Bride, 2007). Although a rewarding profession, social work can be stressful due to the emotionally demanding nature of the work (Collins, 2008; Grant and Kinman, 2011). The complexities associated with promoting client well-being and managing personal emotion add to the stressful nature of practice (Grant and Kinman, 2011). Social workers often have a deep connection to their work. Their drive to improve the lives of individuals and more broadly society is reportedly based on altruism (Radey and Figley, 2007), exposing them to compassion fatigue (CF; Figley, 1995).

Compassion fatigue is a term used to describe behaviour and emotions experienced by those who help people who have experienced trauma. It is viewed as a potential consequence of stress related to such exposure and understood to be influenced by one's empathic response (Portnoy, 2011). Conversely, practitioner-focussed research recognises the importance of resilience in promoting well-being, ensuring the provision of high-quality service delivery (Grant and Kinman, 2011) and professional growth (Collins, 2008). Resilience is a complex construct that refers to a person's capacity to overcome adversities that would otherwise be expected to have negative consequences (Kinman and Grant, 2011; Rutter, 2007). Whilst resilience is understood to be a common experience (Collins, 2007), here it is not viewed as a personality trait but instead a modifiable construct (Rutter, 2007) influenced by interchangeable psychosocial factors (Greene et al., 2004). This interaction between the individual and their environment occurs at different levels including familial, communal and social (Hernandez et al., 2007).

The relationship between resilience and CF deserves greater attention. Research in this area has been predominately quantitative and focused on the negative effects associated with CF. For example, the prevalence and severity of individual symptoms (Cornille and Meyers, 1999) as opposed to social workers' strengths and experience of resilience. The qualitative research presented here explores potential actions said to enhance resilience and reduce CF amongst social workers working with clients who have experienced distress.

Conceptualising practice

Social work has been identified as being amongst the most rewarding professions (Collins, 2008) although commonly viewed as a stressful occupation (Curtis et al., 2010). The safety of workers can at times be compromised (Horwitz, 1998), and it can involve working with vulnerable groups (Farley et al., 2009). Social workers can be employed in various practice settings that may include but are not limited to child and family, aged care, mental health, drug and alcohol, education and criminal justice (Segal et al., 2007). The complexities and emotional challenges associated with the profession of social work have been extensively documented (Bride, 2007; Grant and Kinman, 2011).

Compassion fatigue

CF or the 'cost of caring' (Figley, 1995: 9) is viewed as a typical response associated with the exposure to other people's narratives involving personal trauma. It can be cumulative (Killian, 2008) and affect an individual's emotional well-being (Portnoy, 2011). Individuals are thought to be more vulnerable to experiencing CF when empathy is present along with exposure to people who have experienced trauma (Figley, 1995). Various terms other than CF have been used interchangeably to describe this human experience including Secondary Traumatic Stress (STS; Figley, 1995) and vicarious traumatisation (McCann and Pearlman, 1990). Despite nuances by definition, there are no distinct differences that set them apart (ProQOL, 2012). Figley (1995) acknowledges STS may have negative connotations and CF is a more accurate description of the experience and a more widely accepted term by practitioners.

Various symptomatology have been used to describe the cognitive, emotional, behavioural and somatic impacts of CF upon the helping professional. From a cognitive perspective, these may include lowered concentration, apathy, minimisation and preoccupation with trauma (Portnoy, 2011). Emotionally, individuals may feel powerless, angry, guilty, depressed and experience distressing dreams (Figley, 1995; Portnoy, 2011). The behavioural indicators of CF may include irritability, moodiness and withdrawal. Sweating, a rapid heart rate and dizziness are all examples of somatic symptoms related to CF (Figley, 1995; Portnoy, 2011).

Conceptualising resilience

An increasing problem with literature related to resilience is the lack of uniform definitions (McGeary, 2011). Debate surrounding explanations of resilience focus on whether the concept is primarily considered as a personality trait or a process influenced by various contexts (Jacelon, 1997). According to Ungar (2011), this trait-process debate undermines the usefulness of the term. He also contends that qualitative research can provide a more in-depth understanding of resilience in various contexts and address the current limitations associated with existing resilience research (Ungar, 2003).

Resilience was originally understood to be a personality trait associated with cognitive ability (Fayombo, 2010; Lam and McBride-Chang, 2007). However, more recently, the concept was redefined and understood as a psychosocial process (Earvolino-Ramirez, 2007; Friborg et al, 2005).

According to Masten (2001), resilience manifests in actions performed by individuals, relationships, families and communities. Saleebey (2006) also views resilience as a common response to adversity and defines the term as a process involving growth and expression of insight, knowledge and capacities as a consequence of challenges experienced. Similarly, Rutter (2007) explains the concept as a phenomenon whereby an individual exposed to risk experiences a relatively positive outcome that would ordinarily have lead to negative repercussions.

Ungar (2012) expands on process-oriented perspectives highlighting an ecological understanding of resilience emphasising reciprocal interaction between the person and their environment. He suggests the complexity of social and physical ecologies should be recognised in research rather than simple associations being made between protective processes and predictable outcomes. He postulates the process of growth during stressful experiences as culturally and temporally grounded, and this cultural relativity refers specifically to shared beliefs, values and customs groups display. Ungar (2005) invites us to adopt a thicker description of resilience, one that moves beyond an individual's ability to simply survive and thrive, towards a more complex understanding that involves multiple interactions and negotiations.

Resilience has been recognised as playing a significant role in assisting practitioners to deal with stress. Collins (2007) suggested resilience is a common occurrence amongst social workers. Resilience as a factor circumventing the negative effects of work-related stress in intrinsically challenging environments may explain the capacity for certain employees to thrive under high levels of stress (Kinman and Grant, 2011). In research examining the predictors of stress and resilience in social workers, those who demonstrated highly developed 'social and emotional competencies' were considered more resilient to stress (Kinman and Grant, 2011). The social and emotional competencies outlined included emotional intelligence, reflective ability, social competence and empathy. In a prior study, Grant and Kinman (2011) examined various social competencies such as emotional intelligence, reflective ability, social competence and empathy in trainee social workers as predictors of resilience. The nature of the relationship between psychological distress and resilience was also investigated. Findings suggested trainee social workers with highly developed emotional and social competencies demonstrated greater resilience which acted as a mitigating factor to the effects of stress. Kinman and Grant (2011) suggest enhancing resilience through targeted interventions should occur early in an individual's social work career.

The role of workplaces in promoting resilience is thought to be significant. Kinman and Grant (2011) suggest that pathogenic conditions in certain workplaces prevent social workers from thriving. At an individual level, they draw attention to the interventions that promote individual coping abilities suggesting that unless social work trainees are provided with strategies in the early stages of their career, such circumstance will have negative implications on their experience of the intrinsically demanding nature of the work. It is further proposed these interventions will not be successful unless the structural causes of stress are acknowledged (Grant and Kinman, 2011).

Horwitz (1998), following work by Rutter (1987), developed four principles suggested to promote resilience in social work practice. These include the reduction of risk, avoiding negative chain reactions, development of self-esteem and openness to life opportunities. Each of these points will be addressed as listed. Horwitz (1998) identified the significance of minimising exposure to trauma-related experiences in the workplace by way of enhancing resilience. Second, avoiding negative

chain reactions after exposure to a traumatic experience can assist in building resilience by implementing early intervention strategies soon after. The development of self-esteem can also contribute to resilience in social workers who worked with clients who have experienced trauma related events. This translates to social workers who are given an opportunity to achieve goals in an environment which is supportive and validating. Here, we re-emphasise our concerns regarding concepts like self-esteem or resilience being employed to reify properties presumably possessed by an individual as opposed to describing performative relational actions (cf. Harré, 1998: 130–135). Finally, if social workers are open to new opportunities, they uphold a positive view of the future allowing them to continue to have positive experiences despite the at times negative aspects of their work.

Methodology

A social constructionist approach informed the research design. The broad underpinnings of this design are ontological suggesting that socially embodied practices (e.g. child protection work) contribute to how ways of being are enacted (i.e. whether resilience is possible in a given circumstance; Corcoran, 2009). Alongside this, epistemological considerations concerning theory and the production of knowledge are also central to the research design (Crotty, 1998). Aspects taken from community psychology and narrative theory also played an important role in shaping the research. Community psychology seeks to enhance well-being from individual to community levels through innovative and alternate interventions (Kagan et al., 2011). It adopts a holistic and ecological understanding of the individual seeing people as an integral part of their context, highlighting the interconnectedness of the person with relational and collective systems (Nelson and Prilleltensky, 2005). Narrative theory forms a theoretical foundation in this research as it specifically focused on the structure, function and psychosocial implications of narratives (Freedman and Combs, 1996). Within a social constructionist framework, our narratives actively help to create multiple realities and emerge from unique lived experiences. Respecting how individual narratives develop requires an explicit acknowledgement of the discursive and embodied nature of experience, both recognised as important features of a social constructionist stance (Corcoran, 2007).

Six social workers took part in the research. All six participants were females employed in a community service organisation and their ages ranged between 23 to 32 years. The length of time each participant had been working in the field varied from three to twelve years. All participants had obtained degrees in social work and other undergraduate or postgraduate tertiary qualifications. Three of the participants had a psychology degree or were currently studying psychology. Following approval from the Ethics Department within the community service organisation, purposive and criterion sampling (Cresswell, 2007) was employed to recruit participants from a clearly defined group for whom the research question held relevance. Tertiary trained social workers eligible for membership with the Australian

Association of Social Workers working in a community service organisation were invited to participate in the research. An email was sent to all staff in the organisation inviting them to participate in the study. Those who met the criteria were invited to contact the first author to obtain further information and arrange a suitable time to conduct the interview in a confidential space. Semi-structured interviews allowed for rich and detailed accounts of their experience to be obtained. Audio recordings of the interviews were transcribed verbatim. Participants were asked to choose a pseudonym to ensure anonymity and this was then used in the interview, transcript and reporting phases of the study. Any information that could reveal participant identity was also altered to adhere to confidentiality strictures.

Thematic analysis was used with the transcribed interviews as it permits epistemological flexibility and was subsequently compatible with constructionist paradigms (Braun and Clarke, 2006). Given the rationale informing the research design and analysis, sociocultural and structural contexts of individual experiences were the primary focus (Burr, 1995). A latent approach to thematic analysis was employed acknowledging that 'the development of themes themselves involves interpretive work, and the analysis that is produced is not just description, but is already theorised' (Braun and Clarke, 2006: 84). To gain a greater familiarity with the data, the transcriptions were read and re-read and initial ideas were documented. Initial codes were then generated systemically across the data set. Once codes had been ascribed, potential themes were identified, reviewed and defined based on relevant theory.

Hearing from practitioners

The primary aims of this research were to gain greater understanding of the social worker's experience when working with distressed clients and, more specifically, to explore what helps in developing resilience and how this might protect workers from experiencing CF. Emergent interview themes included the complexities of social work; supportive and unsupportive contexts; promoting personal well-being; and resilience as a changing systemic and culturally complex process. Each will be discussed in turn.

Direct practice

The participant's narratives captured complexities associated with the support they provide to clients, often in an outreach capacity, either in the client's home or another mutually agreed location. Participants identified a range of issues that their clients faced including family violence, sexual, physical and emotional abuse, environmental neglect, offending, mental health, drug and alcohol issues and child protection involvement. Alongside these is the unpredictable and unknown nature of the work and all of the participants shared an experience that demonstrated this.

Vanessa commenced working in the field of social work six years ago and works with families that have statutory involvement with child protection. Her experience of working with a client who she identified as challenging illustrates this level of unpredictability that workers can face each visit.

I just didn't know what I was getting you know usually you are either met with hostility from the get-go so you know you're going to be abused at any visit you know that you can terminate at any time or you get the families who really want to engage this one was a bit of both and you just didn't know which one you were going to get. (Line 306)

Emma, who is in her early 30s, provides support and advocacy to children, young people and their carers with statutory involvement with the Department of Human Services. Her firsthand experience of this unpredictability involved her personal safety being compromised after a client threatened to physically attack her.

I've been threatened if I come into prison again to facilitate an access with a young person and mum um the mum was threatening to physically attack me and so I had a red flag on my name whenever I come into the prison and they're more vigilant about watching me [...] after that threat I knew that I've seen that she definitely had the potential to become violent and she was very quick tempered so I didn't really want to put myself in that unsafe situation. (Lines 541, 549)

Adriana spoke about working with mandated young people and the uncertainty about their well-being in between their contact:

...there was a lot of pressure and a lot of responsibility on us as the workers so a lot of it was um about needing to know where the young person was almost 24/7 especially if they were so high risk and high profile because there was as horrible as this sounds there was a pretty good chance that not all of them but there was a few that were so up there that there was a pretty good chance that they would um either be locked up over night for re-offending and pretty serious offending and then also then there was also a high risk depending on their behaviours [...] of you hearing that they've overdosed [...] and there'd be coroners inquests and all of that would come back on us especially if you were the last person to see them before this stuff happened. (Lines 88–98)

Each of the participant's accounts outlined above reference experiences that have the potential to evoke CF, be that via exposure to the complexity of issues affecting their clients or the unpredictability of the work related to their own personal safety or the well-being of their clients.

Emotional difficulties

Each participant identified and described an intensity of emotion experienced during or as a result of their work with distressed clients. Four of the participants (Anna, Vanessa, Adriana and Emma) described their emotional response at times as one of anxiety and the others spoke about feeling ‘distracted’ (Ella), ‘stressed’ (Ella and Sarah) and ‘overwhelmed’ (Sarah).

Adriana, who has worked in the field for approximately four years, is aged in her mid-20s and currently works with youth. She reflected on her past experiences of working with high-risk young people involved in the criminal justice system. In reflecting on her experiences she said: ‘Sometimes if I’m working with a distressed client I do take that home with me a little bit and I have suffered anxiety because of it in the past’ (Line 68). She spoke in greater detail about her personal emotional responses:

I burnt out really badly [...] I was really moody I was snapping at people 24/7 both at home and at work so it affected everything [...] that’s when the anxiety started happening I’d never suffered anxiety in my life and then there was the heart palpitations and all that sort of stuff [...] Emotionally there’d be times when I would just break down at work and cry and I wasn’t the only one there was a lot of workers in the same situation. (Lines 108, 121, 124, 131)

Vanessa also framed her emotional response to working with a particularly challenging client as one of anxiety and she shared the following experience:

I’ll be honest it was getting so out of hand that I was getting anxious before I would actually go and see her when I actually started thinking about her and start to plan my visits [...] I was actually getting anxious [...] I would be driving to the house please don’t be home [...] because of the way it was actually impacting on me. (Lines 249, 254, 256, 259)

Ella has been employed in the field for the last five years working in various roles with children and young people and she recalled feeling ‘distracted for about two weeks’ (Line 90) after she picked up a case and read about the sexual assault of a child for the first time. Both Ella and Emma reported having dreamt or had nightmares about their clients and Emma provided a detailed account of this emotional impact after working with a client around themes of murder:

... you may find that you start having nightmares and stuff like that that’s something I’ve experienced pretty recently myself [...] I went home that night and I did have nightmares about deaths happening for the next two days and um I didn’t even realise it affected me that much. (Lines 181, 204)

Emotional responses to work-related concerns, like those cited above, are not unusual for practitioners (Bell, 2003; Bride, 2007; Figley, 1995; Jenkins and Baird, 2002; Killian, 2008; Slattery and Goodman, 2009).

Supportive and unsupportive contexts: Access to supervision and quality of supervision

Access to and quality of supervision emerged as a common theme during the interviews. All six participants discussed the contribution of formal structured supervision, access to informal supervision with supervisors and support from colleagues in promoting a supportive and positive environment. All participants had access to supervision, and five participants also discussed the opportunity for informal supervision. In similar research conducted by Slattery and Goodman (2009) and Egan (2012), the majority of participants reported access to supervision.

Vanessa, whose manager had an 'open door' when it came to supervision, stated: 'My manager is pretty open to phone calls you know whenever I need to so with that mum particularly I was on the phone every visit to my manager' (Line 320). Sarah, who is in her late-20s, has been working as a social worker for the past six years and currently works primarily with families performing a variety of case management-related tasks. Similar to Vanessa, she engaged in informal supervision after difficult visits. Sarah described the following incident: 'I had to come back and have a chat with my manager about how I was feeling about that because my values are so strong and because of my past history and that happening to me' (Line 138). Sarah said she felt confronted when, through her work with a particular client, her own past personal issues were brought up but through discussion with her supervisor and team she was able to 'separate' her own emotions and continue to work with the client.

Ella spoke about the positive aspects of having 'impromptu' as well as structured supervision. When discussing supervision with her manager she stated: 'We have it fortnightly [...] we couldn't have it any less than that because there's too much build up of stuff I mean even week to week I'm in his office like three four times just to say oh I'm just going to update you about this' (Lines 417, 419). Adriana too noted an improvement in the frequency of supervision offered in her current workplace: 'Actual formal supervision from my team leader um... I never got that before and I find that really beneficial' (Line 312).

Access to regular supervision in itself was not the only factor that was viewed as beneficial by participants with all providing examples of how the quality of the supervision played a key role in developing a supportive work environment. Adriana identified how in her previous employment a senior worker provided her with the support that had been lacking from her team leader and gave her an opportunity to have informal and formal debriefing and 'brainstorm' various interventions. As she identified: 'Having such as senior worker I guess um sit there and help work out what the best next step would be helps put your mind at ease a little bit to say that yeah I'm doing what I can' (Line 173).

Ella similarly expressed her view that talking with her supervisor helped her explore the options rather than letting it 'revolve' in her head. In addition to this, she felt discussion with her supervisor after a particularly difficult telephone call or home visit enabled her to 'leave it at work' (Lines 194, 219). She also highlighted how the process of supervision gave her a much needed 'fresh perspective', so her work with a particular family did not become 'stagnant' (Lines 223, 228).

Conversely, although Anna had access to formal supervision in the workplace, she did not view it to be supportive. Her supervisor was reportedly from a different disciplinary background, and Anna identified a lack of trust and feelings of judgement and betrayal as the key reasons contributing to this. Anna instead paid for external supervision to provide her with the support to continue to work with clients and to discuss the emotional impacts of the work. Anna stated:

I don't feel I can trust my supervisor cause I've given her information in the past and she's um used it against me essentially [...] I also don't feel like um our approaches to the work are the same [...] I don't feel she understands that it is possible to experience anxiety in our work and still be competent I think she sees anxiety as a sign of incompetence [...] so I don't feel I can go to her so I actually pay for some external supervision. (Lines 136, 142, 147).

Anna's experience highlights the potential for a worker's heightened emotional response to be seen by management as a personal/professional deficiency. Recognising this, Maltzman (2011) has called for the implementation of a STS-directed organisational self-care model aimed at normalising emotional and physiological responses to trauma-related work. Anna's experience also illuminates the interplay between the quality of supervision and the professional relationship. Relationships with supervisors viewed as authentic, empowering and engaging are considered to be factors that help to reduce STS (Slattery and Goodman, 2009). This is further supported by Anna's view that external supervision 'validates' her feelings and further assists her to 'contain' her own feelings and issues.

In recalling the unsupportive management structure of her previous position, Adriana felt the support from her colleagues was 'let down' by her team leader and management. It was her experience that the managers had become 'desensitised' and subsequently struggled to relate to workers (Lines 252, 114). In comparing her two experiences, Adriana said this:

Here is so different [...] I love it here I think that at (name of agency) ... everyone bounces off each other and I think that makes a massive difference ... everyone is just so open and I think that makes for a much more calm and I don't know just a good working environment. [...] The regular supervision like actual formal supervision from my team leader um whereas I never got that before and I find that being really beneficial. (Lines 259, 272, 309).

Participants' narratives suggest that when dealing with the complexities of working with distressed clients, supportive work environments help to promote positive outcomes. The relationship between a supportive workplace in reducing CF has also been previously reported (Badger et al., 2008; Slattery and Goodman, 2009).

Debriefing with colleagues

The notion of debriefing with colleagues was a common occurrence amongst the participants and they perceived this as largely positive. Adriana, Anna, Emma, Ella, Vanessa and Sarah were all able to debrief with colleagues as well as supervisors. The benefits included 'bouncing ideas' off colleagues (Adriana), 'not being judged' (Vanessa), using co-workers as a 'sound board' (Vanessa), 'resource sharing' (Sarah and Ella) and feeling 'like you're supported and to feel like you're part of a team' (Ella, Line 394). Anna, who did not often debrief with colleagues in her team, instead did this with colleagues outside of her team and felt it provided her a 'fresh perspective'. Sarah and Emma found the support they received from more experienced colleagues to also be extremely helpful. The pivotal role of workplace support from colleagues was highlighted in Slattery and Goodman's (2009) research that suggested a decreased likelihood of experiencing STS when workers received higher levels of support from their colleagues.

Promoting one's personal well-being

The significance of promoting practitioner well-being was evident during the interviews with all six of the participants highlighting activities they did outside of work that specifically assisted in managing stress. For example, the majority of participants spoke about the importance of being physically active. Adriana, Vanessa, Anna and Sarah all discussed how engaging in physical activities of interest including swimming (Anna), walking (Anna), meditating (Anna), going to the gym (Sarah), yoga (Adriana), exercise (Adriana) and more generally maintaining an active lifestyle (Vanessa) were important for stress relief. Ella discussed how having regular massages assisted her in relaxation. Anna said that going to art galleries helped to put her 'mind in a completely different space' (Line 223). Researchers have identified exercise and other activities of interest as being key elements in the promotion of well-being (see for e.g. Killian, 2008).

Saakvitne (2002) has documented the importance of maintaining nurturing and meaningful personal relationships as a strategy of protection and self-care in the human services. A common theme emanating from the interviews was the importance of family and social networks. Highlighted below are some examples:

The other really good thing is getting together with people so seeing friends or family because that puts your mind in a completely different space cause you're talking about different things and you can forget all about work. (Anna, Lines 220, 222)

I tend to talk to my mum if I decide to talk but of course I do de-identify [...] I've got a supportive environment anyway whether it's at work or at home. (Vanessa, Lines 332, 352)

Emma identified that workers may be placing themselves in a vulnerable position by not prioritising their needs and highlighted several potential concerns if practitioner's needs are not given primacy:

I think it can catch up with you if you don't watch it and... if you don't check in regularly with yourself... you can just spiral down and then you might end up having to take time off [...] so it's important to catch yourself you know before you fall. (Lines 433, 434, 439)

The process of regularly checking or assessing one's psychological well-being can reduce the deleterious effects of the work-related stress (Saakvitne, 2002). In this study, participants used phrases such as 'putting mind in different space' (Anna) and 'stress relief' (Adriana) to describe the advantages of taking time out.

Resilience as a changing systemic and complex process

The participant's reports demonstrate how what accounts as resilience can be potentially influenced by many factors. Emma discussed her own personal experience of resilience as a shifting process that was influenced by various experiences including workplace demands, personal issues and self-care. Vanessa felt certain personal experiences had taught her how to be resilient and Adriana thought her past adverse professional experiences had provided a strong learning base. In addition to this, Ella and Emma both described how personal experiences also had the potential to lower their own capabilities. Ella described resilience as a fluctuating process that was reduced when she was working with demanding clients and this affected her mentally, emotionally and physically.

Emma discussed her 'natural' low-level anxiety as being advantageous in this type of work:

I think you do need a level of personal resilience and probably a natural kind of low level of anxiety as a personal trait helps. I'm talking from um seeing staff members that I've been working with previously um go through some um you know irreparable psychological damaging stuff for them when I've noticed they've naturally had a higher anxiety level. (Lines 226–233)

Vanessa and Adriana also reflected on their personal characteristics as playing a role regarding resilience.

As discussed earlier, contemporary critically informed research suggests that conceptualisations of resilience should move beyond the idea of personal traits and be understood as being influenced by an interaction between genetics,

environmental change and risk (Rutter, 2007) and/or social and physical ecology (Ungar, 2012). Resilience is thus witnessed and realised in actions performed by individuals, relationships, families and communities (Masten, 2001). Here once again we highlight our concern regarding the reification of properties presumably possessed by an individual (e.g. self-esteem or resilience) as opposed to engaging such concepts as descriptions of performative relational action.

The majority of participants viewed themselves as resilient practitioners. Anna, who did not identify herself as a resilient worker, felt that resilience needed to be recognised and it currently went 'unnoticed' in her workplace. In comparison to other participants, Anna did not appear to have an immediate support network within her team and direct management however received supervision external to the organisation and support from colleagues outside of her team. This differed from the other participants who all spoke of supportive professional relationships with their supervisors and colleagues within their team. This further illustrates the significant role of organisations in enhancing resilience amongst social workers (Horwitz, 1998; Kinman and Grant, 2011).

Conclusion

From listening to the practitioners involved in this study, the concept of resilience emerges as a complex, systemic and changing process that has the potential to be influenced by a variety of experiences. The interviews revealed complexities inherently associated within the field of social work with distressed clients and these difficulties were often related to the emotional impact experienced by workers. Social workers commonly enter the profession for altruistic reasons (Radey and Figley, 2007) and this capacity to demonstrate empathy, coupled with exposure to challenging situations, including but not limited to threats to personal safety, unpredictability and exposure to narratives of distress, can have a deleterious impact on the emotional well-being of workers. Striving to understand these experiences may normalise worker's emotional responses and provide greater insight into how best to support staff and ameliorate the potentially damaging effects of CF.

A supportive work environment and positive supervision played a pivotal role in shaping what accounted for resilience amongst participants. So too support for professional development, education, personal experiences, safety measures, self-care, and self-protection. Supervision was depicted as a crucial aspect of the work and had the potential to be both positive and potentially harmful. Participants reflected on both past and current experiences of supervision, within this organisation and other workplaces, and their reports reinforce the significant role supervision can play in reducing CF. The results suggest the need for strong support systems to be made available to staff allowing them to speak openly about their experiences in a safe environment. Incorporating knowledge regarding the risks of CF and promotion of resilience in professional training may further enhance practitioner skills in ways that ensure workers feel supported to continue to work in the field.

This study demonstrates that processes involved in developing or enhancing practitioner resilience are complex. From a systemic perspective, organisations can play an influential role strengthening worker capacity by creating supportive environments (Slattery and Goodman, 2009). The findings of this research may also provide important insight into staff retention in this field. Further research regarding supervision in the workplace may help to provide greater understanding of what constitutes supportive professional relationships for social workers and how these might reduce CF and relate to the promotion of resilience. The contribution of social work tertiary training and professional development in raising awareness of CF should also be further explored. This may assist in preparing social workers for the unpredictable and fluctuating nature of the work that they are likely to encounter. And finally, prospective research might look to expand on Ungar's (2012) conceptualisation of resilience as a complex ecological process and how this relates to CF.

While the research provided significant insights into practitioners' experience of CF, it is important to consider limitations of the research design. All participants were female and although this could also be viewed as a limitation, i.e. only providing insight into female experiences, it is worth noting the majority of social workers employed in Australia are predominantly women (Martin, 1996). Even so, it was not the intent of the study to generalise results so as to represent all practitioners and this point extends to gender as a sample variable.

Participant selection criteria were very specific targeting those with an accredited social work degree. As a result, three interested practitioners working in social work roles could not take part in the research or were excluded from the analysis subsequently limiting the sample size. Social workers undergo training during their studies specific to the field, one of the main reasons this criteria was set. It is however important to note many practitioners with tertiary qualifications other than social work are employed within social work positions and future studies may not apply the same selection criteria.

This qualitative study explored social workers' experiences of working with distressed clients, examining how resilience is enacted personally, professionally and organisationally and ways in which these actions serve to protect workers from CF. It became apparent relationships between resilience and CF move outside and beyond causal explanation and instead manifest in a variety of unique experiences and interactions across settings and situations. This conclusion helps to draw attention away from the kinds of individually directed and deficit-based understandings that dominate the literature producing more inclusive and nuanced accounts of professional practice.

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