Organizational Approaches to Helping Employees Combat Burnout and Vicarious Trauma: A Qualitative Case Study

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Abstract
This paper focuses on qualitative research data gathered through thirteen semi-structured interviews that explored policies and strategies one local organization has put in place to help its direct service employees combat burnout and vicarious trauma. This qualitative study gathers knowledge on innovative practices this local organization is adopting to support self-care and reduce stress amongst its employees. Strategies highlighted in this paper include off-site trainings, collaborative and team infused culture, work time devoted to counseling sessions, educational opportunities, and debriefing training.
Keywords: Burnout, vicarious trauma, compassion fatigue

Introduction

Social workers and other helping professionals are called on to go above and beyond to advocate, protect, collaborate with, and provide their clients with resources. In doing their job, social workers can experience burnout, compassion fatigue, and vicarious trauma. Vicarious trauma, burnout, and compassion fatigue are often used interchangeably in research literature to describe the cumulative and detrimental effects a helping professional can experience from being exposed to, or having explicit knowledge of traumatic material and/or tragic and distressing events of the clients or population they serve (Doukessa & Mitchell, 2003; Harr, 2013; Michalopoulos & Aparicio, 2012). The effects and symptoms of this kind of trauma have been described to be similar to those of Post-Traumatic Stress Disorder (PTSD) (Harr, 2013). Therefore, it is necessary that more emphasis be placed on the health and well-being of the helping professionals who are in the front lines doing the work, to mitigate the possible mental health effects of their work.

Past research indicates that organizational predictors of burnout, compassion fatigue, and vicarious trauma include poor on-the-job training, high caseloads, low peer and supervisory

supports, unfairness in organizational structure, and low employee engagement (Newell & MacNeil, 2010; Ravalier, 2010). Individual symptoms that may present themselves at varying degrees include apathy, rigidity, decreased self-esteem, difficulty concentrating, anxiety, guilt, fear, sadness, increased absenteeism, and feelings of powerlessness (Harr, 2010). This research study adds to this body of knowledge. The research question this study was attempting to answer was: "What protective factors do employers implement to reduce rates of burnout and vicarious trauma in social workers?"

Methodology

The data for this research study was gathered through thirteen 30-45-minute semi-structured interviews with employees of an organization that works directly with individuals who are experiencing homelessness. After the interviews were conducted and transcribed, the data was analyzed utilizing a line by line inductive method to uncover emerging themes related to organizational protective factors to combat burnout and vicarious trauma at this organization. The sampling frame for this population was identified as employees of the organization that worked directly with the client population mentioned above; from which a sample of convenience was chosen.

Findings and Discussion

The themes that emerged from the data collected were grouped under two main themes namely, organizational policies/strategies and organizational culture aspects that employees mentioned, that helped them deal with the stress, burnout, and vicarious trauma associated with their jobs. Policies/strategies employed by the organization that were mentioned by participants included; opportunities for off-site trainings, availability of onsite

counseling services offered to employees on a monthly basis, a generous pay and benefits package including employee assistance program (EAP) that is accessible to family members, a generous amount of paid time-off (PTO) that can be gifted to other co-workers if needed, and educational and continuing professional development opportunities offered onsite that can be completed during work hours.

Organizational Culture aspects that emerged from the data included the faith-based culture of the organization and encouragement to freely and comfortable incorporate and express spirituality. Research participants shared that they completed spiritual activities and rituals at work through prayer and devotionals, they shared that they had feelings that they were a part of a team that truly valued one another, being able to openly communicate with supervisors when there was a problem or if they had questions, viewing leadership as being authentic and transparent, and feeling that self-care was treated as an important part of their work as reflected by the leadership in their personal choices and actions.

The findings of this study suggest that organizational policies, practices, and culture play and impact how employees handle the stresses of their jobs. The results of this study support the idea that normalizing the experience of helping professionals who are dealing with burnout, compassion fatigue, and vicarious trauma, communicates it as an occupational hazard and not a personal or professional flaw or shortcoming (Wilson, 2016; Harr, 2013). These results also support the belief that it is in the best interest of organizations to assist in providing supports for helping professionals that lead to better-quality services to the populations that are served.

Limitations

Limitations of this study include its small sample size that was conveniently picked, which affects the generalizability of the study. Given that the study was conducted at only one organization with a handful of employees, the hope is that it will garner further consideration into this research question and that future studies will be conducted to continue to develop knowledge on what part organizations have in helping their employees manage vicarious trauma, compassion fatigue and burnout.

Conclusion

In conclusion, the results of this study support the importance of meaningful organizational policies and practices that support employee well-being. The practices highlighted by the study results included organizational policies, strategies and culture that support direct service employee well-being and help alleviate vicarious trauma and burnout. Given that the highest predictor for experiencing burnout, vicarious trauma, and compassion fatigue is working in a helping profession, it is important to consider that organizations intentionally adopt practices and a culture that supports their direct service employees.

References

Doukessa Lerias, & Mitchell K. Byrne. (2003). Vicarious traumatization: symptoms and predictors. Stress & Health: Journal of the International Society for the Investigation of Stress, 19(3), 129. Retrieved from https://doi.org/10.1002/smi.969

Fakunmoju, S. B., & Kersting, R. C. (2016). Perceived Effects of Student Loan Forgiveness on Turnover Intention among Social Workers in Massachusetts. Social Work, 61(4), 331–339. https://doi.org/10.1093/sw/sww051

Finklestein, M., Stein, E., Greene, T., Bronstein, I., & Solomon, Z. (2015). Posttraumatic Stress Disorder and Vicarious Trauma in Mental Health Professionals. Health & Social Work, 40(2), e25–e31. Retrieved from https://doi.org/10.1093/hsw/hlv026

Harr, C. (2013). Promoting Workplace Health by Diminishing the Negative Impact of Compassion Fatigue and Increasing Compassion Satisfaction. Social Work & Christianity, 40(1), 71–88. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=asn&AN=85443978&site=ehost-live&scope=site&custid=s3915890

Michalopoulos, L., & Aparicio, E. (2012). Vicarious Trauma in Social Workers: The Role of Trauma History, Social Support, and Years of Experience. Journal of Aggression, Maltreatment & Trauma, 21(6), 646–664. https://doi.org/10.1080/10926771.2012.689422

Newell, J. M., & MacNeil, G. A. (2010). Professional Burnout, Vicarious Trauma, Secondary Traumatic Stress, and Compassion Fatigue: A Review of Theoretical Terms, Risk Factors, and Preventive Methods for Clinicians and Researchers. Best Practice in Mental Health, 6(2), 57–68. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=asn&AN=60132515&site=ehost-live&scope=site&custid=s3915890

Newell, J. M., & Nelson-Gardell, D. (2014). A Competency-Based Approach to Teaching Professional Self-Care: An Ethical Consideration for Social Work Educators. Journal of Social Work Education, 50(3), 427–439. https://doi.org/10.1080/10437797.2014.917928

Ng, I. H. (2010). What if Social Workers Were Paid More? Administration in Social Work, 34(4), 351–360. https://doi.org/10.1080/03643107.2010.500988

Ravalier, J.M (2010). The influence of work engagement in social workers in England. Occupational Medicine, 68(6), 399–404. https://doi.org/10.1093/occmed/kqy087

Wilson, F. (2016). Identifying, Preventing, and Addressing Job Burnout and Vicarious Burnout for Social Work Professionals. Journal of Evidence-Informed Social Work, 13(5), 479–483. Retrieved from https://doi.org/10.1080/23761407.2016.1166856