

This assignment will apply the theoretical lens of symbolic interactionism, in exploring the profession of social work where the risk of the concept of compassion fatigue has become prevalent. Initially there will be a focus on clarifying which concept of compassion fatigue that will be explored, once clarified there will be a deeper exploration by definition and to establish if the concepts of burnout is entirely similar or partially in characteristic to compassion fatigue, with noting that term compassion fatigue can be used interchangeably with secondary stress disorder and vicarious traumatisation . There will be a brief note to demonstrate that CF is prevalent in many caregiving occupations, before focusing on the professional sector of social work. The profession of social work will be discussed linking to the practices that allows for attachment to develop that results in compassion fatigue to prosper through the theory of symbolic interactionism. There will be an exploration of the detriments that can emerge from compassion fatigue. There will be an exploration to how compassion fatigue can be overcome or prevented, through exploring practices, professional and holistic, of resilience relating to achieve compassion and job satisfaction.

As per the introduction, there are two concepts of compassion fatigue. Firstly it can be outlined as the method of when the media over displays images or articles that are used to sensationalise and gain an emotional response, and how the audience gradually declines their response overtime to become wholly detached and unsympathetic to the original purpose the media anticipated (Moeller, 1999). In comparison, compassion fatigue is also observed as a negative aspect that emerges in caregiving professions, often described as the ‘cost of caring’ (Figley, 1995, p.9), and therefore this is the concept that will be the focus for the remainder of this assignment.

Compassion, for centuries, has been central to many religious studies, although when turning to social psychology literature it has appeared within concepts such as altruism and empathy (Batson, 1999), and in psychotherapy literature, compassion is rooted in terms such as unconditional positive regard, empathy and client-therapy rapport (Gillath, Shaver and Mikulincer, 2005). Dalai Lama (2001; 2002) asserts that the term compassion has only recently become apparent in its own right, through the work of Buddhism. Characteristics of compassion are exhibited through displays of ‘empathy, sensitivity, kindness and warmth (Haslam, 2015, p2). Having looked to the dictionary meanings and broken down the concept of compassion fatigue, compassion is defined as having ‘a strong feeling of sympathy for people

... and a desire to help them' (Oxford Learner's Dictionary, No Date a, online) that has originated from the Latin of *compati* to mean "suffer with". Along with fatigue, firstly meaning to be extremely tired, however with further analysis when the term is used after a noun, fatigue can be defined as 'not wanting to do a particular activity any longer because you have done too much of it' (Oxford Learner's Dictionary, No Date b, online), and by chance, the term compassion fatigue is utilised as an example, with their interpretation being 'the inability to feel pity for other people's suffering anymore' (Oxford Learner's Dictionary, No Date b, online).

However, in peer-reviewed articles, journals and literature, there have been varying definitions of compassion fatigue (Lee *et al.*, 2019) this is reflected as a consequence of burnout and vicarious trauma having complementary attributes to compassion fatigue yet they are also contrasting concepts (Hunsaker, Maughan and Heaston, 2014; Lee, *et al.*, 2019).

One of the earliest definitions would be coined in 1992 by Carla Joinson, she states that there is a notion that professionals working in health and social care roles are 'losing their ability to nurture' (Hunsaker, Maughan and Heaston, 2014, p.3), with nurture being defined as 'to care for and protect somebody' (Oxford Learner's Dictionary, No Date c, online). Aycock and Boyle (2009) assert that compassion fatigue displays symptoms as emotional, physical, and spiritual exhaustion that is immersed by considerable emotional anguish. It has also been described as a symbolic definition, where it is described as 'holding patients' despair in one hand and their hopefulness in the other' (Lewin, 1996). Saxena (2019) believes compassion fatigue is a form of persistent stress, emotional exhaustion, and apprehension from working with others suffering from a traumatizing experience that occurs over time, however it can be difficult to identify within oneself and from others, and this aggravates over time and can be difficult to defeat. Compassion fatigue is also used interchangeably with terms such as vicarious traumatization (McCann and Pearlman, 1990) and secondary traumatic stress (Kapoulitsas and Corcoran, 2015).

When considering burnout, this is utilised to describe exhaustion, physically and mentally, of working alongside others, not necessarily with, as in the caring profession, it can be triggered from job dissatisfaction or being overwhelmed in a situation within employment, it is a process

that occurs over time, similarly to compassion fatigue, however it is an easier process to overcome (Lee *et al.*, 2019).

Any employment relating to social care should be displaying attributes of respect, compassion and dignity, all of which are not invaluable (Haslam, 2015) and as a result compassion fatigue may arise, these professions have been identified where compassion fatigue can arise from, oncology nursing (Perry *et al.*, 2011), emergency department nursing, (Hunsker, Maughan and Heaston, 2014), employees working in residential childcare (Audin, Burke and Ivztan, 2017), therapeutic clinicians (Miller and Sprang, 2017) teachers of pupils with additional learning needs (Hoffman and Palladino, 2007), midwifery (Leinweber *et al.*, 2008) and for the purpose of this assignment, Bride (2007); Harr *et al.* (2014); Geoffrion, Morselli and Guay (2015) assert that social workers are susceptible to compassion fatigue.

Social work is a profession that involves working with vulnerable people, these may be adults or children, individuals or families, or others that are in need of support (Trevithick, 2009) and therefore is a profession that is rewarding and yet stressful, as the emotional demands can take its toll (Collins, 2008; Kinman and Grant, 2011, Grant and Kinman, 2014) where research has uncovered that there are higher levels of stress and burnout from work related incidents within social working (Lloyd, King and Chenoweth, 2002; Johnson *et al.*, 2005; Collins, 2008), although Saxena (2019) emphasises that compassion fatigue can emerge at any period in one's career. In practice, social working involves interacting with the service users, through verbal and non-verbal communication, where non-verbal communication involves the use of gestures and body language to demonstrate and observe expression (Nelson, 1980), these communication skills are rooted in the theoretical aspect of symbolic interactionism (vom Lehn and Gibson, 2011).

Symbolic interactionism is rooted in the field of sociological psychology (Crawford and Novak, 2018). The theory developed from the work of George Herbert Mead in the 1930s, alongside theorists such as John Dewey and Charles Horton Cooley (Aksan *et al.*, 2009), however when Mead died, Herbert Blumer, a student of Mead, continued the work and coined the term symbolic interactionism (Sandstrom, Martin and Fine, 2003). Symbolic interactionism is a micro level theory, that considers the social processes based on three principles, the first being an act of giving a meaning to something, the second being that meanings are given on

interactions, however the interpretation can vary as the meaning is not agreed upon, and final when a meaning is given it is not permanent, everyday life can causes changes (Aksan *et al.*, 2009).

Compassion can be viewed from the psychological theory of attachment, the work of John Bowlby in the 1960s (Ainsworth and Bowlby 1991; Cassidy and Shaver 1999). Bowlby worked as a psychotherapist alongside being a theorist and scholar, and although the theory is focused upon a parent-child relationship, it can be applied to the relationship between a social worker and the service user, where ones ingrained behavioural system as the caregiver acknowledges the needs of others (Gillath, Shaver, Mikulincer, 2005). It is through developing relationships from demonstrating compassion and empathy and the use of communication the practitioner absorbs the detrimental information from the service user (Hansen *et al.*, 2018). However, Haslam (2015) has observed both displays of compassion and lack of compassion since the 1980s in caring professions.

Suffering from compassion fatigue, burnout or stress can cause risks, with risk being defined by Whittaker and Taylor (2017, p.375) as being ‘the probability of harm occurring’. Practitioners are human by nature, and empathy and compassion are attributions that are predisposed within, however whilst undertaking roles in the caring sector, practitioners are at risk of both physical and emotional damage (Flairty, 2011). Figley (1995) asserts that by helping service users, that are suffering or traumatized, may result in the practitioner becoming stressed that could lead to compassion fatigue, and this could act as a form of measure of self-protection in the future, by not allowing other service users emotions and suffering to be absorbed.

Having compared two articles that have researched signs and symptoms of compassion fatigue and burnout, there are some commonalities, chronic exhaustion, frustration, somatic symptoms, social withdrawal, and cynicism (Portnoy, 2011; Boyle, 2015). Additional effects of compassion fatigue are sadness, apathy, depression (Boyle, 2015) insomnia, numbing of emotions, and loss of focus, it is also possible to trigger past traumatic events, procrastination, personal concerns over ones safety, there is also a risk of addiction (Portnoy, 2011) whereas burnout has stages of symptoms, within the early stage, frequent colds, headaches, moodiness, lowered resilience and an increase in interpersonal conflicts, the advanced stage is when the

symptoms are consistent with compassion fatigue and noted above (Portnoy, 2011). The table below, allows for a clear visual comparison, it illustrates signs, symptoms and triggers of burnout, compassion fatigue and vicarious traumatization (Sabo, 2011).

Table Overview of Burnout, Compassion Fatigue and Vicarious Traumatization

BURNOUT	COMPASSION FATIGUE	VICARIOUS TRAUMATIZATION
HALLMARK SIGNS • Anger & frustration • Fatigue • Negative reactions towards others • Cynicism • Negativity • Withdrawal	HALLMARK SIGNS • Sadness & grief • Nightmares • Avoidance • Addiction • Somatic complaints • Increased psychological arousal • Changes in beliefs, expectations, assumptions • 'witness guilt' • Detachment • Decreased intimacy	HALLMARK SIGNS • Anxiety, sadness, confusion, apathy • Intrusive imagery • Somatic complaints • Loss of control, trust & independence • Decreased capacity for intimacy • Relational disturbances (crossover to personal life)
SYMPTOMS • Physical • Psychological • Cognitive • Relational disturbances	SYMPTOMS (mirror PTSD) • Physical • Psychological distress • Cognitive shifts • Relational disturbances	SYMPTOMS (mirror PTSD) • Physical • Psychological distress • Cognitive shifts • Relational disturbances • **permanent alteration in individual's cognitive schema
KEY TRIGGERS • Personal characteristics • Work-related attributes • Work/organizational characteristics	KEY TRIGGERS • Personal characteristics • Previous exposure to trauma • Empathy & emotional energy • Prolonged exposure to trauma material of clients • Response to stressor • Work environment • Work-related attitudes	KEY TRIGGERS • Personal characteristics • Previous exposure to trauma • Type of therapy • Organizational context • Healthcare structure • Resources • Re-enactment

Image 1: Sabo (2011)

Although, there are risks to the professionals physical, mental, emotional and spiritual wellbeing, there are negative knock effects to others, Saxena (2019) asserts that social workers

ability to engage with a service user diminishes to an inefficient manner, where they have reached a point in their employment where they are no longer focusing on the service user, but instead it is merely a task that needs accomplishing, that is emotionless (Haslam, 2015). Whereas Mathieu (2007) notes that it can become difficult to separate personal and working life, it can lead to absenteeism, this is when an employee frequently takes time off from their employment, and also affect personal relationships.

Walsh, Stephens and Moore (2000) argue that taking on additional cases and working additional hours is what is expected within these caring professions, to the detriment of social workers that when they reach tipping point things evidently fall apart. Hawkins and Shohet (1989, cited in Brown and Bourne, 1996) assert that when social workers suffer from any form of stress or fatigue, it has a knock-on effect, that impacts colleagues and the hierarchical system, with further impact upwards in the economic and political discourse. Social Care Wales (2017); Grant and Kinman (2020) argue that an employer has a duty of care over an employee and as such there should be relevant policies implemented to protect employees from acts of violence, working alone and how to cope with pressure.

Having considered that there has been or there is potential of risk, of compassion fatigue, to social workers, there needs to be an approach to prevent or overcome this. It is observed that resilience could assist as a method to overcoming a deficiency, with negative statements such as 'glass half empty' (Pooley and Cohen, 2010, p.30) altering to the positive approach of 'glass half full' (Pooley and Cohen, 2010, p.30). When considering resilience, there has been controversy in its definition, as to the make-up of the term, it could be considered as 'a characteristic/personal quality, a process, or an outcome' (Ahern, Ark and Byers, 2008, p.32). Whereas Masten and Wright (2010) believe that these notions could be conjoined, where the phenomenon of resilience relies on the processes and outcomes, to achieve a positive successful outcome from a process of coping (Leipold and Greve, 2009). Having analysed many definitions in their research Pooley and Cohen (2010, p.37) quote that resilience is 'the potential to exhibit resourcefulness by using available internal and external recourses in response to different contextual and developmental challenges'.

When looking at possible methods to prevent or overcome compassion fatigue, the professional approach would be to turn to reflective practice. Reflective practice is a

fundamental aspect of social work practice (Horner, 2009) that is continual (Knott, 2016) and also considered as an ethical issue, where a social worker should be able to identify their limits of practice, and when they feel unsure, they must seek support in order to continue working in an effective and safe manner (British Association of Social Workers, 2014). Reflective practice allows for feelings, thoughts and actions to be analysed and evaluated, as a means to process encountered experiences (Bolton, 2010; Bulman, Lethlean and Gobbi, 2012) development of skills and knowledge (Cottrell, 1999) and aids in continuous professional development (Knott, 2016).

As part of reflection, the psychological learning model, known as the four stages of learning or competence, can be applied. The model can be traced back to the work of Noel Burch in the 1970s, the model is structured to four stages, firstly the unconscious competence stage, where one wants to attempt something knew, following to the conscious incompetence stage, where one aims to learn something know, moving up to the conscious competence level, where one can perform the task, having mastered the task, one can move to the final stage of unconscious competence, where it is possible to become complacent in the role (Crosbie, 2005). Therefore, it is crucial to remain working at the conscious competence stage, where it is possible to reflect and evaluate on tasks, in order to improve yet to ensure there is no decline in performance.

Mulligan (2004) asserts that professionals need to have the ability to recognise that their compassion reserves have been exhausted and that they need to take time to replenish. The holistic approach would be to consider practices such as setting intentions, meditation and journal writing (Mulligan, 2004). Setting intentions, asks for one to create an intention within the scope of their tasks that would reflect on appropriate values, and a practitioner can use this intention to work effectively, it is different to setting a goal, it is there as a thought provoking prod (Mulligan, 2004), meditation and mindfulness are an eastern practice to assist in self-care, it asks that one seeks peace within oneself, allows for 'heightened awareness of one's thoughts, body, and emotions as one moves through the ordinary tasks of the day' (Epstein, 1999, p.834), whereas journal writing could be considered as the informal method of reflective practice, noted above, where it is possible to express feelings, heal and reflect on occurred events, drawing on insight, when considering these issues, often revelations appear to these situation, that clarify the underlying issues of these occurred situations (Pennebaker, 2004). Iacono (2017) notes that self-care has been an integral part eastern philosophical culture and practice

for centuries, however it has only recently become a practice within western culture, however, still encounters opposition. Self-care allows for one to heal the anguish from compassion fatigue, through acceptance and willingness to restore one's emotional, physical, mental, and spiritual self (Ladner, 2004).

Saxena (2019) believes that the universal attribute to compassion fatigue is the inadequacy of one's ability to fulfil self-care and therefore it is essential to develop self-care and self-compassion, as Hansen *et al.*, (2018) assert that demonstrating compassion and empathy can lead to job satisfaction, through positive emotional and cognitive consequences of being able to assist, along with a sense of achievement from the social worker, this has been seen as rewarding and a means that can outweigh the negative effects (Salston and Figley, 2003). Harr *et al.*, (2014) assert that it is this sense of satisfaction that entices people to work in the social working profession, through the psychological concept of altruism, where altruism is defined as 'the unselfish concern of one individual for the welfare of another' (Martin, Carlson, Biskit, 2010, p106) that is unified with the underlying principles of social work, such as to respect, empower and promote the service users wellbeing, their human rights and to achieve social justice (Davies, 2008; Horner, 2009; Trevithick, 2009; British Association of Social Workers, 2014).

Iacono (2017) also present his criticism to social work education, students are provided with theoretical models and concept of how to manage work with service users, however there is not enough guidance or training required to assist in matters such as stress or compassion fatigue, and therefore it is suggested in his paper that further considerations are required in assisting social work students to be prepared, in knowing the techniques that can control the risk of compassion fatigue, this in turn would assist in keeping social workers in the profession, lower absenteeism and promote an effective working manner all round.

In conclusion, when looking to the concept of compassion fatigue, it was important to clarify that there were two interpretation, therefore there was a brief note to clarify the concept of this assignment was that of discussing the negative effects of working with people that have experienced traumatic events. The assignment continued to look at the concept of compassion fatigue with dictionary meanings linking to the root meanings in Latin, and although the explanation given in the dictionary is a true reflection of the term compassion fatigue, the

assignment pursued to academic resources for a definition and clarification of related concept of burnout, having considered the meaning of compassion fatigue Stamm (2010, p.12) would consider the term to be associated with the 'bad stuff'.

There was clarification that research have noted compassion fatigue to be prevalent in many caring and helping profession. Proceeding to focus on social work, linking at how attachment and symbolic interactionism are the foundation to create relationships that allows a services user to discuss traumatising events, and this is how compassion fatigue materialises. A comparison of the consequences and detrimental physical, mental, and emotional concerns were explored from compassion fatigue and burnout, with an added image that demonstrated this explanation in a clearer way. Thus requiring the concept of resiliency, a method of overcoming compassion fatigue, and looking to the professional ethical praxis of reflective practice, it was also advised that self-care regimes from a holistic approach was appropriate to stabilise one's sense of compassion to accomplish a sense of satisfaction from the employment again, where Stamm (2010, p.13) would consider this aspect to mean the 'good stuff', to summarise the ability to return to the profession where many united through altruism to provide support to those in need. With a final reference that concept such as stress and compassion fatigue should be presented to social work student along with considerations to the holistic practices to assist in becoming a resilient professional.

References.

- Ahern, N. R., Ark, P. and Byers, J. (2008) 'Resilience and coping strategies in adolescents', *Paediatric Nursing*, 20, pp. 32-36.
- Aksan, N., Kisac, B., Aydin, M. and Demirbukan, S. (2009) 'Symbolic Interaction Theory', *Procedia Social and Behavioural Sciences*, 1(1), pp. 902-904.
- Audin, K. Dr., Burke, J, Dr. and Ivtzan, I. Dr. (2017) 'Compassion Fatigue, compassion satisfaction and work engagement in residential care', *Scottish Journal of Residential Child Care*, 17(3) pp. 1-25.
- Aycock, N. and Boyle, D. (2009) 'Interventions to manage compassion fatigue in oncology nursing', *Clinical Journal of Oncology Nursing*, 13(2), pp. 183-191.
- Batson, C.D., Floyd, R.B., Meyer, J.M., & Winner, A.L. (1999). "And who is my neighbor?": Intrinsic religion as a source of universal compassion', *Journal for the Scientific Study of Religion*, 38, pp. 445–457.
- Bolton, G. (2010) *Reflective Practice: Writing & Professional Development*. 3rd edn. London: Sage Publications Ltd.
- Boyle, D.A. (2015) 'Compassion Fatigue: The Cost of Caring', *Nursing*, 45(7), pp. 48-51.
- Bride, B. E. (2007) 'Prevalence of secondary traumatic stress among social workers', *Social Work*, 52(1), pp. 63-70.
- British Association of Social Workers (2014) *The Code of Ethics for Social Work*. Birmingham: BASW.
- Brown, A. and Bourne, I. (1996) *The Social Work Supervisor*. Berkshire: Open University Press.
- Bulman, C., Lathlean, J., & Gobbi, M. (2012). 'The concept of reflection in nursing: Qualitative findings on student and teacher perspectives', *Nurse Education Today*, 32(5), e8-e13.
- Cassidy, J. & Shaver, P.R. (eds) (1999). *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford Press.
- Collins, S. (2008) 'Statutory Social Worker: Stress, Job Satisfaction, Coping, Social Support and Individual Differences', *British Journal of Social Work*, 38(6), pp. 1173-1193.
- Cottrell, S. (1999) *The Study Skills Handbook*. Hampshire: Palgrave.
- Crawford, L.A. and Novak, K.B. (2018) *Individuals and Society: Sociological Social Psychology*. 2nd edn. Oxon: Routledge.

- Crosbie, R. (2005) 'Learning the soft skills of Leadership', *Industrial and Commercial Training*, 37(1), pp. 45-51.
- Dalai Lama (2001). *An Open Heart: Practicing Compassion in Everyday Life*. Boston: Little Brown.
- Dalai Lama (2002). *The Dalai Lama's Book of Love and Compassion*. Glasgow: Thorsons Publications.
- Epstein, R. (1999). 'Mindful practice', *Journal of the American Medical Association*, 282(9), pp. 833-839.
- Figley, C.R. (1995) *Compassion Fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatised*. New York: Brunner.
- Flarity, K. (2011) 'Compassion Fatigue', *ENA Connection*, 35 (7) p.10.
- Geoffrion, S. Morselli, C. and Guay, S. (2015) 'Rethinking Compassion Fatigue through the lens of Professional Identity: The Case of Child-protection Workers', *Trauma, Violence and Abuse*, 17(3), pp. 270-283.
- Gillath, O., Shaver, P.R. and Mikuliner, m. (2005) 'An Attachment-Theoretical Approach to Compassion and Altruism', in Gilbert, P. (ed) *Compassion Conceptualization, Research and Use in Psychotherapy*. London: Routledge.
- Grant, L. and Kinman, G. (2014) 'Emotional Resilience in the Helping Professions and how it can be enhanced', *Health and Social Care Education*, 3(1), pp. 23-34.
- Grant, L. and Kinman, G. (2020) *Developing Emotional Resilience: A Guide for Social Workers*. Available at:
<https://markallenassets.blob.core.windows.net/communitycare/2020/04/Community-Care-Inform-emotional-resilience-guide.pdf> (Accessed 25 May 2020).
- Harr, C.R., Brice, T.S., Riley, K. and Moore, B. (2014). 'The Impact of Compassion Fatigue and Compassion Satisfaction on Social Work Students', *Journal of the Society for Social Work and Research*, 5(2), pp. 233-251.
- Hansen, E.M., Eklund, J.H., Hallén, A., Bjurhagēr, C.S., Norrström, E., Viman, A. and Stocks, E.L. (2018) 'Does Feeling Empathy Lead to Compassion Satisfaction? The Role of Time Perspective', *The Journal of Psychology*, 152(8), pp. 630-645.
- Haslam, D. (2015) 'More than Kindness', *Journal of Compassionate Health Care*, 2(6), pp. 1-3.

- Hoffman, S. and Palladino, J.M. (2007) 'Compassion Fatigue As A Theoretical Framework To Help Understand Burnout Among Special Education Teachers', *Journal of Ethnographic & Qualitative Research*, 2, pp. 15-22.
- Horner, N. (2009) *What is Social Work? Context and Perspectives*. 3rd edn. Exeter: Learning Matters.
- Hunsker, S., Maughan, D. and Heaston, S. (2014) 'Factor that Influence the development of Compassion Fatigue, Burnout, and Compassion satisfaction in Emergency Department Nursing', *Journal of Nursing Scholarship*, 47(2), pp. 186-194.
- Iacono, G. (2017) 'A Call for Self-Compassion in Social Work Education.', *Journal of Teaching in Social Work*, 37(5) pp. 454-476.
- Johnson, S., Donald, I., Taylor, P., Cooper, C., Cartwright, S. and Millet, C. (2005). 'The experience of work-related stress across occupations', *Journal of Managerial Psychology*, 20(2), pp. 178-187.
- Kapoulitas, M. and Corcoran, T. (2015) 'Compassion Fatigue and Resilience: A Qualitative Analysis of Social Work Practice', *Qualitative Social Work*, 14(1) pp.86-101.
- Kinman, G. and Grant, L. (2011) 'Exploring stress resilience in trainee social workers: The role of emotional and social competencies', *British Journal of Social Work*, 41(2), pp. 261-275.
- Knott, C. (2016) 'Reflective Practice Revisited', in Knott, C. and Scragg, T. (eds) *Reflective Practice in Social Work*. 4th edn. London: Learning Matters.
- Ladner, L. (2004) *The Lost Art of Compassion- Discovering the Practice of Happiness in the Meeting of Buddhism and Psychology*. New York: Harper Collins Publishers.
- Lee, E., Daugherty, J. Eskierka, K. and Hamelin, K. (2019) 'Compassion Fatigue and Burnout, One Institution's Intervention', *Journal of PeriAnesthesia Nursing*, 34(4), pp. 767-773.
- Leinweber, J. and Rowe, H. J. (2008) 'The cost of 'being with the woman': secondary traumatic stress in midwifery', *Midwifery*, 26, pp. 76-87.
- Leipold, B. and Greve, W. (2009) 'Resilience: A conceptual bridge between coping and development', *European Psychologist*, 14, pp. 40-50.
- Lewin, R.A. (1996). *Compassion: The core value that animates psychotherapy*. Northvale, NJ: Jason Aronson.
- Lloyd, C., King, R. and Chenoweth, L. (2002) 'Social Work Stress and Burnout: A Review', *Journal of Mental Health*, 1(3), pp 255-265.

- Masten, A., & Wright, M. O. (2010) 'Resilience over the lifespan: Developmental perspectives on resistance, recovery, and transformation', in Reich, J., Zautra, A.J. and Hall, J. (eds) *Handbook of adult resilience*. The Guilford Press: New York.
- Mathieu, F. (2007) 'Running on Empty: Compassion Fatigue in Health Professionals', *Rehab & Community Care Medicine*. Available at: <https://www.compassionfatigue.org/pages/RunningOnEmpty.pdf> (Accessed: 22 May 2020).
- Martin, G.N., Carlson, N.R. and Biskit, W. (2010) *Psychology*. 4th edn. Essex: Pearson Education Limited.
- McCann, L. and Pearlman, L.A. (1990) 'Vicarious traumatising: A framework for understanding the psychological effects of working the victims', *Journal of Traumatic Stress*, 3(1), pp. 131–148.
- Miller, B. and Sprang, G. (2017) 'A Components-Based Practice and Supervision Model for Reducing Compassion Fatigue by Affecting Clinician Experience', *Traumatology*, 23(2) pp. 153-164.
- Moeller, S.D. (1999) *Compassion Fatigue: How the Media Sell Disease, Famine, War and Death*. London: Routledge.
- Mulligan, L. (2004) 'Overcoming Compassion Fatigue', *Kansas Nurse*, 79(7), p. 1.
- Nelson, J.C. (1980) *Communication Theory and Social Work Practice*. New Jersey: Prentice-Hall.
- Oxford Learner's Dictionary (No Date a) *Compassion*. Available at: <https://www.oxfordlearnersdictionaries.com/definition/english/compassion> (Accessed: 20 May 2020).
- Oxford Learner's Dictionary (No Date b) *Fatigue*. Available at: <https://www.oxfordlearnersdictionaries.com/definition/english/fatigue?q=fatigue> (Accessed: 20 May 2020).
- Oxford Learner's Dictionary (No Date c) *Nature*. Available at: https://www.oxfordlearnersdictionaries.com/definition/english/nature_1?q=nature (Accessed: 20 May 2020).
- Pennebaker, J. (2004) *Writing to Heal*. Oakland, California: New Harbinger Publications.
- Perry, B., Toffner, G., Merrick, T. and Dalton, J. (2011). 'An exploration of the experience of compassion fatigue in clinical oncology nurses', *Canadian Oncology Nursing Journal*. 21(2), pp. 91-97.

- Pooley, J. and Cohen, L. (2010) 'Resilience: A Definition in Context', *The Australian Community Psychologist*, 22(1), pp. 30–37
- Portnoy, D. (2011) 'Burnout and Compassion Fatigue Watch for the Signs', *Health Progress*, 92(4), pp. 46-50.
- Sabo, B. (2011) 'Reflecting on the Concept of Compassion Fatigue', *The Online Journal of Issues in Nursing*, 16(1), manuscript 1.
- Salston, M. and Figley, C.R. (2003) 'Secondary Traumatic Stress Effects of Working with Survivors of Criminal Victimization', *Journal of Traumatic Stress*, 16(2), pp. 167-174.
- Sandstrom, K.L., Martin, D.D. and Fine, G.A. (2003) 'Symbolic Interactionism at the End of the Century', in Ritzer, G. and Smart, B. (eds) *Handbook of Social Theory*. London: SAGE Publications Ltd.
- Saxena, S. (2019) *Therapy for Therapists: Coping with Compassion Fatigue*. Available at: <https://pro.psychcentral.com/therapy-for-therapists-coping-with-compassion-fatigue/> (Accessed on 8 December 2019).
- Social Care Wales (2017) *The Social Worker – Practice guidance for social workers registered with social care Wales*. Cardiff: Social Care Wales.
- Stamm, B. H. (2010). *The Concise ProQOL Manual*. Available at: https://programs.caringsafely.org/wp-content/uploads/2018/01/ProQOL_Concise_2ndEd_12-2010.pdf (Accessed 23 May 2020).
- Trevithick, P. (2009) *Social Work Skills A Practice Handbook*. 2nd edn. Berkshire: Open University Press.
- Walsh, M., Stephens, P. and Moore, S. (2000) *Social Policy and Welfare*. Cheltenham: Stanley Thomas (Publishers) Ltd.
- Whittaker, A. and Taylor, B. (2017) 'Understanding Risk in Social Work', *Journal of Social Work Practice*, 31(4), pp. 375-378.
- Vom Lehn, D. and Gibson, W. (2011) 'Interaction and Symbolic Interactionism', *Symbolic Interaction*, 34(3), pp. 315-318.

Image Reference.

Image 1: Sabo, B. (2011) 'Reflecting on the Concept of Compassion Fatigue', *The Online Journal of Issues in Nursing*, 16(1), manuscript 1.