The Lived Experience of Compassion Fatigue and Burnout in Social Workers: The Role of Moral Distress and Shame

Susan L. Glassburn
Kathy Lay
Meredith Canada

Abstract: *Compassion fatigue and burnout evoke a professional and often personal crisis. This interpretative phenomenological analysis explored the lived experience of these phenomena for twelve social work professionals who self-identified as having an episode of compassion fatigue and/or burnout. While the literature is replete with many of the tangible factors that can lead to compassion fatigue and burnout, such as a toxic workplace, emotionally challenging clients/client stories, and personal vulnerabilities, few studies have explored the qualitative lived experience. During data analysis, two salient themes emerged from the stories of the participants: moral distress and shame. These concepts are explored in order to deepen the understanding and complexity of compassion fatigue and burnout. The implications of this study suggest that social work education, self-care, and supervision may not adequately prepare or buffer social workers from these phenomena.*

Keywords: *Compassion fatigue, burnout, moral distress, shame, professional development*

At some point in their careers, many social workers will find that the demands of their work exceed their emotional or physical capacity. Compassion fatigue (CF) and burnout are well-documented phenomena within the helping professions. Social work is renowned for its empathy and engagement with clients and their systems, and the emotional demands of those connections may set the stage for CF or burnout to occur; therefore, understanding both phenomena is critical for social work practitioners. Compassion fatigue and burnout are often used as overarching terms, encompassing other constructs such as secondary traumatic stress and vicarious traumatization, although they are often conflated together (Sutton et al., 2022).

Although often used interchangeably, CF and burnout represent distinct yet overlapping constructs. Both are considered umbrella terms that encompass related experiences such as secondary traumatic stress (STS) and vicarious traumatization (VT), though they are frequently conflated (Sutton et al., 2022). Compassion fatigue has been described as "the cost of caring" (Figley, 2002). As Figley explains, "The very act of being compassionate and empathic exacts a cost under most circumstances. In our effort to view the world from the perspective of the suffering, we suffer" (p. 1434). Gustafsson and Hemberg (2022) evoke the emotional toll of CF by referring to it as "bruises in the soul." CF is a stress response that can result in feelings of helplessness, confusion, and isolation (Figley, 1995).

Susan L. Glassburn, PhD, LCSW, Associate Professor, Kathy Lay, PhD, MSW, Faculty Emeritus, and Meredith Canada, MSW, MPA, doctoral candidate, School of Social Work, Indiana University, Indianapolis, IN.

Burnout, in contrast, is more closely associated with chronic workplace stressors than with direct emotional labor. It is marked by emotional exhaustion, cynicism, a sense of ineffectiveness, depersonalization, and reduced professional satisfaction (Lim et al., 2019; Maslach & Leiter, 2016). While CF arises primarily from empathic engagement, burnout stems from the broader organizational and structural contexts in which social workers operate. Despite these different origins, both conditions can produce similar outcomes—including anxiety, exhaustion, and physical illness (Singh et al., 2020).

Secondary traumatic stress (STS) and vicarious trauma (VT) are often seen as expressions of CF. STS is characterized by intrusive thoughts, numbing, and avoidance of reminders that cause arousal because of exposure to information about a traumatic event, such as a client story (Figley, 2002). Recent research has indicated that those practitioners who develop STS are often those whose CF is triggered by their own personal traumatic experiences (Turgoose & Maddox, 2017). VT is caused by repeated exposure to traumatic information such as violent images, repeatedly hearing traumatic stories, or seeing graphic images. VT, meanwhile, involves enduring changes in one's cognitive schemas—shifts in beliefs about safety, trust, control, intimacy, and self-worth—resulting from repeated exposure to others' trauma (McCann & Pearlman, 1990).

The definitions of CF, burnout, STS, and VT have become increasingly intertwined, with overlapping and sometimes conflated meanings (Choi, 2017). Additionally, people who experience one of these are likely to experience another, further complicating discrete definitions and experiences (Cummings et al., 2018). No single concept analysis has definitively differentiated CF from these related constructs, perhaps because emotional exhaustion lies at the core of each (Maddock, 2024; Turgoose & Maddox, 2017). While conceptual distinctions are important, the personal and professional consequences of these phenomena—regardless of label—are profound and demand attention.

Compassion Fatigue and Burnout in Social Work

Social work is a profession characterized by high emotional labor, intensive job demands, and frequent exposure to distressing human experiences—all of which contribute to significant risk for CF and burnout (Maddock et al., 2023; Stanley & Sebastine, 2024). Several studies have documented the prevalence of CF and burnout in the profession. In a sample of 77 social workers in Spain, 37.6% reported burnout (Caravaca-Sánchez et al., 2019). In a large study of 3,421 social workers in the UK, Ravalier et al. (2020) found that stress levels of social workers were very high, with 50% of them being dissatisfied in their roles citing working conditions, lack of autonomy, and lack of managerial support as particularly problematic. Maddock (2024) found that a significant proportion of social workers reported mild to severe levels of anxiety and depression related to work stress. Diaconescu (2015) found in a systematic review of social work and burnout that several factors contributed: a large amount of work, time pressure, management, conflict in the work climate, ethical/moral dilemmas, and a disconnect between values and policy at the micro and macro levels. Notably, early-career social workers are especially vulnerable to burnout (Benner & Curl, 2018; Pretorius, 2020), and even MSW students report symptoms

of burnout and STS while in field placements due to competing role demands (Butler et al., 2017).

Due to their proximity to client trauma, social workers are also at heightened risk for CF (Caringi et al., 2017; Barrera-Algarín et al., 2023). The profession inherently requires compassionate engagement, making CF an occupational hazard (Ramiro, 2014). Several studies have investigated the incidence of CF in social work. Barrera-Algarín et al. (2023) found that despite social workers having higher than average levels of emotional intelligence, more than 90% were still evidencing higher than average levels of CF (Barrera-Algarín et al., 2023). Denne et al. (2019) found a link between CF and impaired clinical judgment among child welfare social workers, highlighting the direct professional implications. Pelon (2017) found social workers in hospice experienced moderate to high levels of CF, balanced by moderate to high levels of compassion satisfaction, which is the pleasure and fulfillment derived from helping others through their work (Stamm, 2010). Jiang and Jiang (2024) found that for social workers working in areas with violence, turnover intention was predicted by the predominance of either compassion fatigue or compassion satisfaction.

Qualitative research offers further insight into how social workers experience and cope with CF and burnout. Kapoulitsas and Corcoran (2015) looked at compassion fatigue and resilience for six social work participants. They found that all the participants experienced emotionally intense feelings, such as anxiety, stress, and even nightmares. Supervision, when available and perceived as supportive, was a resilience factor, as was debriefing with colleagues and continuously monitoring their own personal and professional well-being. Yi et al. (2018) interviewed twelve oncology social workers and found that they experienced CF when their ability to help was limited or when they were not able to meet the tangible needs of patients. In a related study, Yi et al. (2016) found that for pediatric oncology social workers, both professional and personal strategies were essential to mitigating the impact of compassion fatigue, which manifested in their ability to attend to patient's feelings, their own physical and mental well-being, and decreased ability to participate in family life.

In sum, CF and burnout in social work stem from an interaction of personal, contextual, and organizational factors (Yi et al., 2018). These experiences are not uncommon and are increasingly recognized as significant occupational risks (Maddock, 2024). The COVID-19 pandemic has only exacerbated these issues (DeLuca et al., 2024), bringing renewed urgency to the need for prevention and support (Watson & Begun, 2025).

This study seeks to deepen understanding of the lived experiences of social workers who have endured compassion fatigue or burnout. Despite growing interest in these topics, few qualitative studies have explored their personal and professional toll in depth. By interviewing twelve social workers who have navigated such episodes, this research aims to illuminate how practitioners experience, cope with, and make meaning of these pivotal moments in their professional lives.

Method

Methods

Interpretative phenomenological analysis (IPA; Smith et al., 2009) was employed to understand the lived experience of social workers experiencing an episode of CF and/or burnout. IPA seeks to understand how someone makes sense of an experience, such as a significant event or transition in their lives; as such, it was deemed an appropriate method to examine the meaning of CF and burnout to participants. IPA utilizes the double hermeneutic, which means researchers interpret how the participants make sense of the experience. "IPA wants to know in detail what the experience for this person is like, what sense this particular person is making of what is happening to them" (Smith et al., 2009, p. 3). IPA involves multiple philosophical traditions, including phenomenology, hermeneutics, and idiography, which combine to focus on the interpretation of experience in its many layers and complexities (Smith et al., 2009).

Participants

After approval from the university IRB, social workers were recruited via alumni listservs, social media, and snowball sampling. The recruitment email asked for BSW or MSWs who had experienced a significant episode of CF and/or burnout. Participants were not asked to decide whether they had CF or burnout or both since colloquially they are often used interchangeably, and we did not want to constrain their stories in order to meet our definitions. They told their story as they defined the constructs. There was no time limit on when the episodes had occurred, so some were recent and some remote. Participants were interviewed just prior to the COVID 19 pandemic. Interviewers used a semi-structured interview guide and began with the prompt, "Tell me about a time in your social work career when you experienced an episode of compassion fatigue or burnout." Additional questions asked were about the effects of the episode on their personal and professional life, how they tried to mitigate their CF/burnout, and how they make sense of it now. Seventeen social workers responded and reported a self-defined episode of CF and/or burnout, and twelve agreed to be interviewed. Of the 12 social workers who participated in this study, two had obtained Bachelor of Social Work (BSW) degrees, and 10 had a Master of Social Work (MSW) degree. There were three males and nine females ranging in age from 27 to 57. Ten participants identified as white, one as African American, and one as mixed race. Participants were given a nominal gift card for participation.

Data Analysis/Procedure/Credibility of the Research

Interviews were conducted in person at a private location convenient for the participant. Each author did multiple interviews, which were audio recorded, transcribed, and organized in tables in Microsoft Word documents, with columns for first and second level codes. Transcripts were de-identified by the interviewer prior to analysis by the other researchers, and each participant was given a pseudonym. Each researcher coded all of the interviews independently, following the Interpretive Phenomenological Analysis (IPA)

method outlined in Smith et al. (2009). In IPA, data analysis is iterative and dynamic and "moves from the particular to the shared, and from the descriptive to the interpretive" (Smith et al., p. 79). There are six steps involved in IPA and the research team followed them closely. For analysis, we: 1) read and reviewed a single interview individually, 2) made notes on the interview to identify concepts in a line-by-line fashion, and 3) met as a group to collaborate on coding and began to label preliminary themes. 4) Together, we reorganized the themes. Several themes were prominent from the start, and others increased in prominence through discussion. 5) We then repeated this process with each interview, continuing to code individually, and then met to discuss the presence of the more prominent themes and additional emerging themes. This required re-reading previous interviews and re-coding for newly understood concepts. We developed summaries of each interview around the specific themes that were identified. 6) Finally, we established linkages between interview themes and condensed the findings into two main findings: shame and moral distress.

Findings

This study's findings suggest multiple factors come together for an experience of CF/burnout. These factors are often a complex mix of job or professional environment, personal characteristics, and pre-existing risk factors. While some of the factors for CF/burnout have been identified in the literature, as previously stated, this study focuses on two unique themes that emerged from the participants' lived experience: moral distress and shame. These phenomena existed for almost all participants in some fashion and surprised the researchers with their prevalence.

Moral Distress

Our participants evidenced what manifested as moral distress in many of their stories, although none of them mentioned this term directly. We will define moral distress here briefly but will elaborate upon this phenomenon in the discussion section. Moral distress is an "integrity compromising experience" resulting from value conflicts among personal, professional, and institutional domains (Fantus et al., 2017, p. 2274). Our participants gave evidence of four situations that evoked moral distress, and each will be discussed along with exemplar quotes given:

1. Moral distress caused by the disconnect between the agency mission and how that mission is operationalized;
2. The moral distress of feeling you have to do things that feel unethical in order to meet productivity or please management;
3. Seeing clients get less than adequate service because of factors seemingly beyond one's control; and
4. A sanctioned erosion of personal boundaries.

1) Disconnects With the Agency Mission and How it is Operationalized

Several participants noted that what an agency purports to do versus what it really does was distressing to witness. As Mary said about the dysfunction within her large agency:

> *Like the whole system is just insane. Just insanity – that's the way I felt. But yeah,.....there's so many levels that prevent people from being able to do their actual job. I just – like it doesn't surprise me that people don't stay in this job. I don't know how they can.*

In a field where we care for others, not valuing the social worker and caring for them when they are distressed is also a big disconnect. Olivia says that while working in child welfare, her distress responses to the horrible things that she saw were downplayed. "There was no recognition of what that did to case managers and when I would bring things up....[management] just saw me as being dramatic." Kristin recounts:

> *...and she [supervisor] also said at one point just kinda talking – this isn't a place for people who are right fighters or who want to honor values and ethics because that's just not how this place works and I was like, 'oh, you're really talking to somebody that is a right fighter and somebody that honors my values and the ethics of social work,' and ...she said people don't last here if they value those things and I was just like Whoa! That's pretty disheartening.*

2) Feeling You Have to Do Things That Are Unethical in Order to Meet Productivity or Please Management

Several participants discussed situations in which they were asked to provide services to clients that were not needed to meet productivity expectations and the agency's fiscal needs. Mary was put on a performance improvement plan at work due to not billing enough client hours, and felt that she was blatantly asked to alter the assessment so that clients would qualify for more services:

> *I said, 'Well, how am I supposed to fix this?' And I said, 'Do you have more cases for me?' and she said, 'No.' And then she tried to tell me that I needed to see clients who didn't need to be seen even more often. At that point in time, morally I was like I cannot justify doing that, like that's being dishonest and that's not OK.*

Kristin echoes this by saying, "I struggle at this job because I want to empower people and encourage them to take control of their own medical care and teach them to be independent, and that is not what the director wants." Brenda talked about the no-win binds that agencies put you in. She said,

> *... you're basically asking me to provide more services than what I think that they need...and it took the moment of me saying 'Medicaid fraud' for them to put a red flag on me and make my life a complete living hell.*

Justin also had to provide service to clients who did not need it and felt that he was just wasting his time by policing people who were simply arrested for occasional marijuana use. Daisy also felt she was being asked to provide services to youth who did not need

them. "That system of billing, having to bill, having to associate these kiddos [with] these heavy diagnoses that I just didn't feel like were appropriate." On a supervisory level, Renee, a former manager, talked about writing up staff for underperforming even though the caseloads were ridiculously high and they could not make the required productivity due to job constraints.

3) Seeing Clients Get Less Than Adequate Service and Have That Be Beyond One's Control

A few participants talked about how difficult it was to see clients not get the services they deserved. One participant shared, "That's really hard! I mean, how do you manage 175 people and really give them the attention that they deserve and do what is respectful?" Another participant, Wendy, said that giving excellent service to her clients means that her family suffers as there is not enough time to do both, so she often gives less than she would like, which feels bad to her. Renee talked about feeling so responsible for client outcomes as a manager:

> *I would be working ten-hour days, go home, take my work home, work at home, get called on-call in the middle of the night, work again, I wouldn't be able to sleep because I was so stressed about bad outcomes, and I'd be blamed because I was at the top.*

4) Sanctioned Erosion of Personal and Professional Boundaries

Some participants expressed distress at having their personal boundaries erode over time. Carl talked about noticing that he was working too much: "I didn't really realize what was going on at first. It took a while for it to kinda all sink in that, wait a minute -- this is way too much and I'm getting paid a salary." Wendall, who worked well above the expected hourly requirement, said, "You can't put a price on not being able to enjoy your life." One participant said that they saw mixed messages about work-life balance. On the one hand, supervisors said you should do good self-care; on the other, supervisors worked 24/7.

> *Some supervisors will say that, but then they're doing the things that they don't expect you to do and then you feel kinda this, well, everybody in the organization feels this way that from the top down they're not following the expectations, then they may view me as an inferior worker and that I better adapt to this work culture. So then they're 24/7 doing all this stuff.*

Professional boundaries guide how we practice, and participants observed how those boundaries became relaxed for themselves and others in difficult workplaces. Participants saw peers talking negatively about clients or taking shortcuts when doing their work and "relying on old tricks and stuff that just comes naturally to you and that kind of stuff that – where you're not wanting to enhance your skills."

Shame

Shame is "an intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging" (Brown, 2006, p. 45). Gibson (2016) has written extensively about shame and social work practice and says that it is often related to an experience of failure in a particular context (Gibson, 2016). When the context is related to one's professional life, it can cause an individual to question their professional competence and identity (Murphy & Kiffin-Peterson, 2017).

Dana's experience led her to believe she was not cut out for working in mental health, although she had felt a strong calling to work with youth who were involuntary clients. A client injured her, and the crisis made her question her ability to stay in the profession.

> *… I was going what have I done? Why have I even wasted all of my time and effort to get my master's degree for nothing? For nothing and that's how I – I just feel like in that moment, like I can't do this anymore, I cannot do this… I felt like this is what I was called to do and here I am uncertain of what I've done…*

At no point did she reflect on the possibility that the system in which she was working was flawed or even toxic. Kristin was very invested in fixing a broken system, and later she felt embarrassed about her optimism as she realized that she had taken on too much. "I've been a program manager …but I really thought I saw a place that I could make change and saw some divisions that I thought I could help build – bridge the gap – such a silly, hopeful girl I am!"

Carl was in an agency and was expected to see a huge number of clients. He talked about feeling overwhelmed and burned out but saw his exhaustion as his fault. **"** I guess my stamina was not what I thought it was...clients are getting added and added and added…" He attributed his inability to keep up due to personal deficiency and poor time management. Wendall expressed a sense of failure because he left the profession due to burnout and felt guilt and embarrassment about his need to leave the field for a while to re-group.

> *...there's a guilt factor for me because my burnout contributed to me leaving the profession, that there's some guilt that I left the profession and that I could be contributing in more important ways than what I'm doing right now.*

Secrecy often accompanies shame (Brown, 2015) and may serve to intensify the feeling. Mary worried her co-workers would find out how she was feeling, thus acknowledging that her experience must be kept from others. "So there was a part of me that was like I don't know how much I could let him [co-worker] know how much I was struggling just because I was worried he would go back and tell his co-workers." Additionally, she identified how feelings of "not good enough" got triggered and perhaps exacerbated, "… but I just never felt like I was good enough, so here I am trying to serve people and doing this job and doing the best that I can, but never feeling like you're good enough…"

Renee expressed feeling shamed/blamed for staying at an overwhelming job as an attack on her professional integrity. A person close to her told her to get out and implied she would be the problem if she stayed in the job.

> *I'm also trying to be very careful because I know when people were – when (person named) was like you need to get out of there! You need to get out of there! That wasn't really helpful to me because I was in survival mode and I wanted to stick my time out for the vested part…yeah, I mean, it's like an attack to your integrity.*

Renee had a professional identity and a strong commitment to her job, which she felt was being labeled as problematic. The simplistic suggestion to leave was not experienced as helpful and was perceived as shaming.

Rarely did individuals in this study hold the system or agency culture responsible for work environments where expectations were unrealistic and where there was a lack of supervision or appropriate role modeling. More often, individuals blamed themselves for their actions in a way that induced shame and cast doubt on their competence.

Shame and Altered Professional Identity

Professional identity can be a blessing and a curse. Kristin and Dana described the costs of over-identifying as a social worker. Kristin has worked in the field for many years. She reflected that over time, the stress of the work, compounded with an unsupportive work environment, wore her down. She stated that while she had good insight into her wellness needs, at some point, she no longer actively engaged in helpful self-care and began to withdraw. She said that she had a one-dimensional identity. "If my good friends that call me for help or something, I can come out of it, like I can identify as a helper and that is *it*. I've lost any other identity over the years."

In some instances, ongoing work stress and hostile work environments eroded their self-confidence and made the individual question their ability to be an adequate social worker. After Brenda left an agency with a challenging supervisor, she identified herself as a "walking rug." She stated:

> *I will say in my job now, I am petrified to stand up for myself – I won't do it just because I've done it once before and it backfired, so a lot of the time I have been the walking rug.*

Even after Brenda left the agency and was working in a new, supportive agency, she was hesitant to assert herself and felt powerless as a social worker.

While not all participants expressed an altered professional identity due to the shame of having CF/burnout, several questioned their ability to be a social worker, with many needing to change jobs to escape their situation; several even left the field altogether for a while until they could heal.

Discussion

In *The Perfect Storm,* Junger (1997) wrote about the convergence of several weather systems that came together to create the perfect storm. A cold front, extratropical low, and a hurricane brought lethal rough seas, strong winds, and high crashing waves, leading to the term, "perfect storm" (Junger, 1997). Even though forecasting provides us with the ability to have some sense of what is to come, it does not fully prepare us for the consequences of trying to navigate a nearly impossible situation with factors beyond our control.

Like the perfect storm, contributing factors to CF and burnout are complex, intertwined, and uniquely experienced by individuals depending on their own personal and professional histories. The stories that the participants told in this study were highly emotional; many cried during the retelling of their experiences, and they often blamed themselves for their situations. They told stories of survival in difficult situations, often feeling caught between agency policies, client needs, and personal well-being. For many, their CF/burnout was evidence of their personal failure, poor performance, or lack of fit with the profession. A few participants were able to see how the bigger system issues had put them in a difficult position and did not self-blame; however, many of the participants described and mourned their own culpability to some degree. While coding and analyzing participant stories, the researchers were struck by the emergence of two unanticipated constructs that were a part of the majority of participant accounts – moral distress and shame.

Moral Distress

The social workers in this study experienced multiple constraints, such as pressure to bill over providing quality service, overwhelming workloads, and supervision that did not provide clinical debriefing of difficult client stories and personal trauma triggers. They worked in agencies where they were asked to do things they did not agree with, such as see clients who did not need service. They saw vulnerable clients experience difficult things and held their stories of trauma. At times, their feelings of distress were minimized or stigmatized. Moral distress was identified in the nursing field in the 1980s (Jameton, 1984) but has emerged in the social work literature only in the mid-2000s (Fantus et al., 2022; Weinberg, 2009). Like nursing, social workers are at the mercy of agency-wide and systemic constraints such as value conflicts, poor staffing, and large workloads (Weinberg, 2009). Moral distress is the "physical or emotional suffering that is experienced when constraints (internal or external) prevent one from following the course of action that one believes is right" (Pendry, 2007, p. 217). McCarthy and Gastmans (2015) and Fantus et al. (2022) believe that moral distress operates across multiple areas: clinical situations, working conditions, limited resources, structural conditions, and moral sources.

Social workers are well-acquainted with ethical dilemmas, which are conflicts between competing values (Virginia Commonwealth University [VCU] School of Social Work, 2020). When social workers feel that their professional values about what is right are violated, they can begin to feel a disconnect with their work, and perhaps a disconnect with their professional identity. Overtime, this disconnect could manifest in significant burnout or CF. While it is not the goal of this research to determine the causal relationship

between moral distress and CF/burnout, the prevalence of moral distress in social work is an emerging factor in the CF/burnout literature. In nursing, CF has already been linked to moral distress and is associated with poorer outcomes for patients (Lamoureux et al., 2024). The common thread is "that moral distress occurs when professionals are unable to do what they believe is the right thing" (Attrash-Najjar & Strier, 2020, p. 23). The distress from moral distress can be conceptualized as a complex interplay between external constraints and the individual characteristics of the social worker (van der Kuip, 2020). Social workers often find themselves working inside systems guided by policies that force them to compromise to provide the best care possible in light of significant constraints.

Shame

Social workers in this study often blamed themselves or felt embarrassed for having an episode of CF or burnout. While most of them knew that they had been put in difficult or untenable situations, they still felt that they should have been able to cope better, set better boundaries, or had an earlier awareness of the problematic situation. These "shoulds" brought about a sense of disappointment in themselves that they were unable to avoid having CF/burnout. In social work, we preach self-care as both a prevention and a remedy for CF/burnout (Lombardero-Posada et al., 2022), and to become burned out could be interpreted as a sign of failure, which brings a sense of shame. Gibson (2014) writes extensively about shame in the social work profession. Shame refers to an individual viewing themselves negatively following a mistake or incident and thinks, "I am bad" instead of "I did a bad thing" (Gibson, 2014). Professional social work identity is associated with a "professional self-concept based on attributes, beliefs, values, motives, and experiences" (Webb, 2016, p. 355). Situations where practitioners feel they are not doing "good social work" may produce shame (Gibson, 2014). Shame is experienced as an overwhelming assault on self-concept and identity, how individuals define themselves and who they perceive themselves to be. The primary means of assault are negative judgments, whether these judgments originate from others or oneself (Van Vliet, 2009).

In this study, getting burnout or CF was incongruous with the kind of social worker that participants saw themselves to be. Gibson (2014) says that for social workers, "shame can be seen as a reaction to a threat to the social worker's sense of personal or professional identity" (p. 421) which can be an assault to their personal integrity. Finnan et al. (2021) reported that psychotherapists, similar to social workers, reported burnout eroding their sense of identity and resulting in feelings of inadequacy, shame, self-criticism, and feeling like a fraud. Feeling burned out was embarrassing to therapists, complicated by the fact that they could not express these feelings to others for fear of being labeled inadequate (Finnan et al., 2021). As in our study, participants questioned whether they should remain in the field and felt that as helpers, they should not need help.

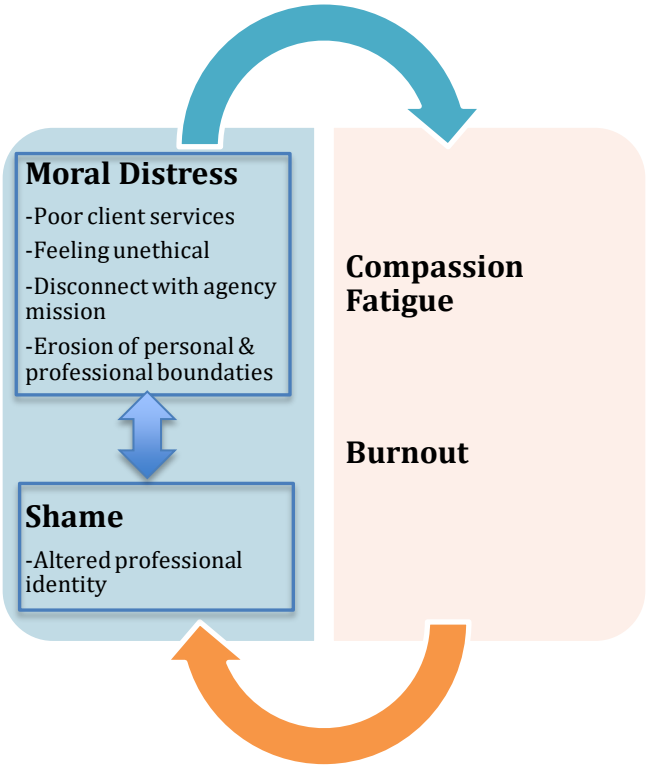
Is there a connection between moral distress and shame? Gibson (2014) points out that social workers can experience difficult situations in which they have to choose what is required from their organization or job versus what is right or needed for the client. This moral dilemma/distress may produce shame as they choose between disappointing self/

personal integrity and disappointing supervisors who will judge them for their deficits. Both situations can produce shame in a social worker.

> An organisational culture that promotes conformity, secrecy and denial of human experiences may result in an environment of shame where practitioners blame themselves for poor practice feeling stressed and ultimately feeling like they are not helping service users. (Gibson, 2014, p. 423)

In our study, many participants talked about the conflict between conforming to the norms and expectations of the agency and doing good social work as they perceived it to be. In toxic workplaces, conformity to those ideas can feel like a betrayal of self and bring about personal and professional shame (Gibson, 2019). The connection between shame and burnout has been noted in the literature (Barr, 2020; Finnan et al., 2021), and while the relationship is not necessarily directional (i.e., shame causes burnout or burnout causes shame), they are intertwined (Figure 1). Social workers in our study felt shame about getting burnout, but the reverse could also be the case in that their repeated sense of shame of not meeting their own or others' standards caused them to withdraw energy and become burned out.

Figure 1. *Possible Relationship Between Moral Distress, Shame and Compassion Fatigue and Burnout*



Limitations

This study invited participants to be interviewed if they felt they had experienced an episode of CF or burnout. The authors did not ask participants to determine which category applied to them, as the constructs are overlapping for professionals let alone study participants. We also did not specify a timeframe for when they experienced the episode of CF/burnout, so while most of the experiences occurred within the past year or two, others were more remote and that could affect recall. Our sample was predominantly female and white, which are also limitations. We interviewed participants just prior to COVID-19, and other studies have shown that the pandemic did bring about intense experiences of moral distress, CF, and burnout related to the distress of caring for patients during that time (Latimer et al., 2022; Tritt, 2022). Whether the pandemic exacerbated existing feelings of CF and burnout is unknown. Moreover, as a qualitative study, the results are not generalizable; however, they may bring a richness to and a deeper understanding of these experiences.

Implications for Practice and Social Work Education

There are many important implications from this study for practice and for educators. A social worker can experience moral distress as a part of their work, contributing to burnout. In addition, feeling burned out can evoke feelings of intense shame and even lead a social worker to question their professional goals and career choice. The person-in-environment lens is particularly salient in CF/burnout. The dynamic interaction between the practice environment and the social worker constantly impacts the social worker's feelings about themselves and their effectiveness, as well as their identity as a social worker (Tham & Lynch, 2021).

While supervision can help mitigate burnout (Caringi et al., 2017; Finnan et al., 2021), a supervisor colluding or enmeshed with a dysfunctional agency is unlikely to provide the counsel needed for someone experiencing moral distress in that same setting. Social workers may be unable to articulate their sense of shame at experiencing burnout as they may see personal inadequacy as the root of the issue when embroiled in a dysfunction system, especially absent of validation in supervision. Supervisors can also see a social worker's emotional distress as a personal or professional deficiency (Kapoulitsas & Corcoran, 2015) and not normalize those feelings as a part of working with challenging situations.

The importance of self-care should not be minimized; however, it cannot transcend a toxic environment. The insidious nature of CF/burnout may make it difficult for social workers to identify toxic environments until they are consumed by them, and self-care strategies may be inadequate at that point to remediate the toxic effects. Salloum et al. (2015) advocate that social workers would benefit from trauma-informed self-care, which encompasses emotional self-awareness, and actively engaging in strategies such as supervision, and attending trainings on avoiding secondary traumatization and work/life balance. Self-care may mean leaving a position harmful to the social worker, although this

may not be possible due to economic constraints and feelings of commitment to client's wellbeing.

Tham and Lynch (2021) observed that social work education may not adequately prepare social workers for these moral discrepancies. It seems too simplistic to tell social work students that if they do "good" self-care, they can prevent burnout. It is important to consider the complexities of agency and business models that do not support social work values and ethics. These sorts of moral dilemmas cannot be transcended by an individual's self-care. Discussions with social work students about the importance of self-care should also include more depth and nuance about the potential for CF, burnout, moral distress, and shame to prepare them more thoroughly, and to also let them know that becoming burned out or developing compassion fatigue does not mean they are a "bad" social worker. Preparing social work students to understand and identify burnout, compassion fatigue, moral distress, and shame are essential for self-awareness and self-care. Because moral distress and shame may be normative experiences in social work, discussing shame resilience could be helpful to social work students and practitioners. Brown (2006) discusses shame resilience theory as important to the recovery from shame. In this theory, people need to find a way to connect with others, experience empathy, and "speak the shame," which allows externalization, thus giving them freedom from being trapped in it.

Conclusion

This interpretive phenomenological study sought to understand the lived experience of social workers who self-identified as having an episode of CF and/or burnout. Participants in this study felt responsible for their burnout and, over time, came to see the perfect storm that produced it, and gained some distance from the experience. All of them were engaged in social work at the time of the interview, although several had to take less stressful jobs, or a non-social work job for a while to recover. Two salient themes emerged as participants discussed their episodes of CF or burnout - moral distress and shame. The authors were surprised by the prevalence of moral distress and shame woven throughout the stories of CF and burnout and believe that a recognition of the prevalence of moral distress and shame in social work careers adds to a richer understanding of the complexity of burnout and compassion fatigue and subsequently their remediation.

References

Attrash-Najjar, A., & Strier, R. (2020). Moral distress and privatisation: Lost in neoliberal translation. *Ethics and Social Welfare, 14*(1), 21-38.

Barr, P. (2020). Burnout in neonatal intensive care unit nurses: Relationships with moral distress, adult attachment insecurities, and proneness to guilt and shame. *Journal of Perinatal Medicine, 48*(4), 416-422.

Barrera-Algarín, E., Castro-Ibáñez, R., Vallejo-Andrada, A., & Martínez-Fernández, R. (2023). Compassion fatigue syndrome in social workers and its relationship with emotional intelligence. *Social Work, 69*(1), 26-34.

Benner, K., & Curl, A. (2018). Exhausted, stressed, and disengaged: Does employment create burnout for social work students? *Journal of Social Work Education* 54(2), 300-309.

Brown, B. (2006). Shame Resilience Theory: A grounded theory study on women and shame. *Families in Society: The Journal of Contemporary Human Services, 87*(1), 43-52.

Brown, B. (2015). Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead. Avery.

Butler, L. D., Carello, J., & Maguin, E. (2017). Trauma, stress, and self-care in clinical training: Predictors of burnout, decline in health status, secondary traumatic stress symptoms, and compassion satisfaction. *Psychological Trauma: Theory, Research, Practice, and Policy*, *9*(4), 416-426.

Caravaca-Sánchez, F., Barrera-Algarín, E., Pastor-Seller, E., & Sarasola-Sánchez-Serrano, J. L. (2019). Prevalence and risk factors associated with burnout syndrome among social work professionals in municipal social services in Spain. *Global Social Work, 9*(17), 89-109.

Caringi, J. C., Hardiman, E. R., Weldon, P., Fletcher, S., Devlin, M., & Stanick, C. (2017). Secondary traumatic stress and licensed clinical social workers. *Traumatology, 23*(2), 186-195.

Choi, G. Y. (2017). Secondary traumatic stress and empowerment among social workers working with family violence or sexual assault survivors. *Journal of Social Work*, *17*(3), 358-378.

Cummings, C., Singer, J., Hisaka, R., & Benuto, L. T. (2018). Compassion satisfaction to combat work-related burnout, vicarious trauma, and secondary traumatic stress. *Journal of Interpersonal Violence*, *36*(9-10), NP5304-NP5319.

De Luca, R., Bonanno, M., Maggio, M. G., Todaro, A., Rifici, C., Mento, C., Muscatello, M. R. A., Castorina, M. V., Tonin, P., Quartarone, A., Pugliese, M. E., & Calabrò, R. S. (2024). Compassion fatigue in a cohort of south Italian nurses and hospital-based clinical social workers following COVID-19: A cross-sectional survey. *Journal of Clinical Medicine*, *13*(14), 1-13.

Denne, E., Stevenson, M., & Petty, T. (2019). Understanding how social workers compassion fatigue and years of experience shape custodial decisions. *Child Abuse & Neglect, 95,* 1-14.

Diaconescu, M. (2015). Burnout, secondary trauma, and compassion fatigue in social work. *Revista de Asistenta Sociala* [*Social Assistance Magazine*]*, 3,* 57-63.

Fantus, S., Greenberg, R., Muskat, B., & Katz, D. (2017). Exploring moral distress for hospital social workers. *British Journal of Social Work, 47*, 2273-2290.

Fantus, S., Cole, R., & Hawkins, L. (2022). "The hierarchy in your constraint:" A qualitative investigation of social workers' moral distress across the U.S. health system. *Social Work in Health Care, 61*(6-8), 387-411.

Figley, C. R. (1995). *Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized.* Brunner/Mazel.

Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *In Session: Psychotherapy in Practice, 58*(11), 1433-1441.

Finnan, S., McMahon, A., & Russel, S. (2021). "At what cost am I doing this?" An interpretative phenomenological analysis of the experience of burnout among private practitioner psychotherapists. *Counseling and Psychotherapy Research, 22*, 43-54.

Gibson, M. (2014). Social worker shame in child and family social work: Inadequacy, failure, and the struggle to practise humanely. *Journal of Social Work Practice, 28*(4), 417-431.

Gibson, M. (2016). Social worker shame: A scoping review. *British Journal of Social Work, 46,* 549-565.

Gibson, M. (2019). The role of pride, shame, guilt, and humiliation in social service organizations: A conceptual framework from a qualitative case study. J*ournal of Social Service Research, 45*(1), 112-128.

Gustafsson, T., & Hemberg, J. (2022). Compassion fatigue as bruises in the soul: A qualitative study on nurses. *Nursing ethics*, *29*(1), 157-170.

Jameton, A. (1984). *Nursing practice: The ethical issues*. Prentice-Hall.

Jiang, C., & Jiang, S. (2024). Compassion fatigue and compassion satisfaction: The underlying mechanisms between work-related violence exposure and turnover intention in the social work setting. *Human Service Organizations: Management, Leadership & Governance*, *48*(4), 522–533.

Junger, S. (1997). *The perfect storm*. W. W. Norton & Company, Inc.

Kapoulitsas, M., & Corcoran, T. (2015). Compassion fatigue and resilience: A qualitative analysis of social work practice. *Qualitative Social Work, 14*(1), 86-101.

Lamoureux, S., Mitchell, A., & Forster, E. (2024). Moral distress among acute mental health nurses: A systematic review. *Nursing Ethics,* 31(7), 1178-1195.

Latimer, A., Fantus, S., Pachner, T. M., Benner, K., & Leff, V. (2022). Palliative and hospice social workers' moral distress during the COVID-19 pandemic. *Palliative & Supportive Care*, *21*(4), 628-633.

Lim, W. Y., Ong, J., Ong, S., Hao, Y., Abdullah, H. R., Koh, D. L., & Mok, U. S. M. (2019). The abbreviated Maslach Burnout Inventory can overestimate burnout: A study of anesthesiology residents. *Journal of Clinical Medicine*, *9*(1), 1-14.

Lombardero-Posada, X., Mendez-Fernandez, A., Aguiar-Fernandez, F., Murcia-Alvarez, E., & Gonzalez-Fernandez, A. (2022). Social workers' self-care practices: Buffering the influence of work-family interferences on burnout and engagement. *Health and Social Work, 47*(3), 195-204.

Maddock, A. (2024). The relationships between stress, burnout, mental health and well-being in social workers. *The British Journal of Social Work*, *54*(2), 668-686.

Maddock, A., McGuigan, K., & McCusker, P. (2023). A randomised trial of mindfulness-based social work and self-care with social workers. *Current Psychology*, *42*(11), 9170-9183.

Maslach, C., & Leiter, M. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry, 15*, 103-111.

McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3*(1), 131-149.

McCarthy, J., & Gastmans, C. (2015). Moral distress: A review of the argument-based nursing ethics literature. *Nursing Ethics, 22*(1), 131-152.

Murphy, S. A., & Kiffin-Petersen, S. (2017). The exposed self: A multilevel model of shame and ethical behavior. *Journal of Business Ethics, 141*, 657-675.

Pelon, S. B. (2017). Compassion fatigue and compassion satisfaction in hospice social work. *Journal of Social Work in End-of-Life & Palliative Care*, *13*(2-3), 134-150.

Pendry, P. (2007). Moral distress: Recognizing it to retain nurses. *Nursing Economics, 24*(4), 217-221.

Pretorius, T. (2020). Compassion fatigue and self-care: voices of newly qualified social workers (Doctoral dissertation). Stellenbosch: Stellenbosch University.

Ramiro, B. E. (2014). Una aproximacio´n a la influencia de la inteligencia emocional percibida en su relacio´n con los niveles de Burnout y Engagement en el desempeno~ del Trabajo Social [An approach to the influence of perceived emotional intelligence in its relationship with levels of burnout and engagement in social work performance]. Revista Internacional de Trabajo Social y Bienestar [*International Journal of Social Work and Welfare*], *3,* 123-125.

Ravalier, J. M., McFadden, P., Boichat, C., Clabburn, O., & Moriarty, J. (2020). Social worker well-being: A large mixed methods study. *The British Journal of Social Work*, *51*(1), 297-317.

Salloum, A., Kondrat, D., Johnco, C., & Olson, K. (2015). The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers. *Children and Youth Services Review, 49,* 54-61.

Singh, J., Karanika-Murray, M., Baguley, T., & Hudson, J. (2020). A systematic review of job demands and resources associated with compassion fatigue in mental health professionals. *International Journal of Environmental Research and Public Health*, *17*(19), 1-28.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Doing interpretative phenomenological analysis: A practical guide to method and application.* Sage.

Stamm, B. H. (2010). *The concise ProQol manual* (2nd ed.). ProQoL.org.

Stanley, S., & Sebastine, A. J. (2024). Predictors of compassion fatigue and compassion satisfaction in social workers (A quantitative Study from India). *Human Service Organizations: Management, Leadership & Governance*, *48*(5), 540-554.

Sutton, L., Rowe, S., Hammerton, G., & Billings, J. (2022). The contribution of organisational factors to vicarious trauma in mental health professionals: A systematic review and narrative synthesis. *European Journal of Psychotraumatology*, *13*(1), 1-21.

Tham, P., & Lynch, D. (2021). 'Perhaps I should be working with potted plants or standing at the fish counter instead?': Newly educated social workers' reflections on their first years in practice. *European Journal of Social Work*, *24*(3), 541-553.

Tritt, M. (2022). *Social work experiences of moral distress amid COVID-19* (Doctoral dissertation). Kutztown University.

Turgoose, D., & Maddox, L. (2017). Predictors of compassion fatigue in mental health professionals: A narrative review. *Traumatology, 23*(2), 172-185.

Van der Kuip, M. M. (2020). Conceptualising work-related moral suffering—Exploring and refining the concept of moral distress in the context of social work. *British Journal of Social Work*, *50*(3), 741-757.

Van Vliet, J. (2009). The role of attributions in the process of overcoming shame: A qualitative analysis. *Psychology and Psychotherapy Theory Research and Practice, 82*(Pt 2),137-52.

Virginia Commonwealth University [VCU] School of Social Work. (2020). What is an ethical dilemma in social work? Author.

Watson, V. C., & Begun, S. (2025). Burnout in social work: A review of the literature within the context of COVID-19. *Social Work in Public Health*, *40*(1), 19-30.

Webb, S. (2016). Professional identity in social work. In M. Dent, I. Bourgeault, J-L. Denis, & E. Kuhlmann (Eds.), *The Routledge companion to the professions and professionalism* (pp. 355-370). Routledge.

Weinberg, M. (2009). Moral distress: A missing but relevant concept for ethics in social work. *Canadian Social Work Review, 26*(2), 139-151.

Yi, J., Kim, J., Akter, J., Molloy, J. K., Kim, M., & Frazier, K. (2018). Pediatric oncology social workers' experience of compassion fatigue. *Journal of Psychosocial Oncology, 36*(6), 667-680.

Yi, J., Kim, M., Choi, K., Kim, S., & O'Connor, A. (2016). When does compassion fatigue hit social workers? Caring for oncology patients in Korea. *Qualitative Social Work*, *17*(3), 337-354.

Author note: Address correspondence to Susan L. Glassburn, School of Social Work, Indiana University, Indianapolis, IN, 46202. Email: susglass@iu.edu