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Modelling the mitigation of the negative effects on human resource management

(Work-in-Progress)

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ABSTRACT

Human resource professionals are often overlooked in the study of frontline workers and the negative effects of burnout, compassion fatigue, stress and vicarious trauma even though exposure to these negative workplace conditions is intrinsic to their job description. Understanding how these negative workplace conditions affect human resources professionals will lead to reduced employee absenteeism and higher staff turnover and mitigate the effects of presenteeism, such as reduced productivity and loss of general work satisfaction. In this paper, the literature is explored to examine the impact of negative workplace conditions on an organisation's operations in the context of workplace programmes and compassion satisfaction. A model is presented to explain how individual and organisational interventions mitigate the negative workplace conditions of burnout, compassion fatigue, stress and vicarious trauma on workplace performance and compassion satisfaction. This model will form the basis for further research into the negative effects of employment conditions impacting human resource managers.

Keywords: Burnout, compassion fatigue, human resources professional, stress.

INTRODUCTION

Human resources management (HRM) practices contribute to organisations' success through training, work-life and motivation combined with corporate culture, values and organisational goals. Human Resource (HR) professionals are responsible for recruitment, training, and development, and administering remuneration and employee benefits, including being abreast with employment laws and requirements with an increased focus on work-life programs designed to strategically manage the workforce (Akter et al., 2021; Ashton, 2018; Farndale et al., 2010). The alignment of HR with the business strategy, re-engineering organisation processes, communicating with employees, and managing transformation and change are primary HR functions (Ulrich, 1997). For example, understanding how burnout (BO) and compassion fatigue (CF) affects human resource personnel's work attitudes may provide practitioners with helpful information to decrease compassion fatigue and improve their empathic care at work.

There is an extensive and substantive body of work on BO, CF and related issues, but little is known about these topics regarding their impact on human resource managers. Workers face many emotional changes that contribute to CF and BO and suicide and long-term mental health issues (Maheen et al., 2021). Human resources managers are human and not immune to negative feelings such as sadness and stress. They are often at the forefront of dealing with the fallout of negative worker experiences. Still, little is known about the effect this has on managers of those affected staff.

This paper seeks to generate a model that aims to fill the literature gaps in relation to human resource managers and their work experience with regard to the construct conditions and seeks to explain how they are affected by largely unrecognised compassion fatigue and BO, which affects their psychological, behavioural and immunological conditions and these, in turn, have an impact on the organisation through increased absenteeism, higher staff turnover, reduced productivity and loss of general work satisfaction, all of which can be compensated for with increased compassion satisfaction. There are many casual attributes that affect the constructs of condition, intervention and proscriptio that impact an organisation. The casual attributes often share similar precursory triggers, and these triggers may activate more than one conditional construct simultaneously. Intervention constructs, therefore, may, through addressing one of the conditions, have a positive impact on the other conditions that were not directly targeted. It is the holistic nature of compassion satisfaction, which incorporates all interventions that has the greatest impact on the organisation in terms of resolving the construct conditions.

LITERATURE REVIEW

The effects of psychological, behavioural, and clinical conditions on workers in an organisation, in general, will be examined in terms of negative workplace conditions. Furthermore, there is an examination of the interventions that can be used to

mitigate these negative conditions, categorised into organisational supports and the role of individual commitment. The workplace outcomes of compassion satisfaction and workplace performance are reviewed.

Negative Workplace Conditions

There are four components to workplace conditions that need to be addressed by Human Resources (HR): 1) stress, a syndrome that consists of emotional exhaustion, depersonalisation and a low personal accomplishment; 2) burnout (BO), a syndrome where the individual employee suffers some form of physical and emotional exhaustion involving the development of negative self-concept, negative job attitudes, and loss of concern; 3) compassion fatigue (CF), a disorder where long-term exposure to the individual or collective organisational trauma leads to avoidance of others, intrusive thoughts, and hypervigilance, disenfranchisement, dissatisfaction and disengagement; and vicarious trauma, (VT), an acute affective disorder where the third party is actuated to parallel the trauma of the original victim.

Stress is a common and normal physical response to challenging or new situations. Stress has both mental and physical aspects. The body's stress response is also known as the 'fight or flight response when your body has adapted to respond to danger. Stress is problematic when an individual feels overwhelmed and unable to cope with a situation. Maslach and Jackson (1986) described how stress consisted of emotional exhaustion, depersonalisation, and low personal accomplishment. One of the major contributing factors to engendering stress in the workplace is the management of productivity expectations (Colvin and Thompson 2020). In HR, productivity is linked to the resolution of workplace predicaments and is measured as a level of stability, compliance, and job satisfaction of employees. While stress is derived from feelings associated with depersonalisation, dislocation, and guilt at failing to maintain performance standards within the organisation for general employees (Colvin and Thompson 2020), HR is, however, more linked to individual feelings of isolation and ostracism (Howard et al. 2020). Notwithstanding the cause of stress, the inability to cope with occupational stress results in depression and anxiety reduced job satisfaction and reduced collegial interactions, all of which are leading causes of CF and BO in the workplace (Alkhalaf et al., 2020; Bridger et al. 2019; Howard et al. 2020; Keesler and Troxel 2020).

Burnout occurs following prolonged, repeated exposure to stress in stressful situations and work environments, resulting in signs of fatigue, physical ailments, mood, and irritability. Burnout comes on gradually because of reoccurring stress. The term 'burnout syndrome' was introduced to describe the physical and emotional consequences of workplace stress and emotional fatigue with physical signs that included a weakened immune system leading to susceptibility to colds, reoccurring headaches and gastrointestinal problems, and behavioural symptoms of irritation, frustration, being quick to anger (Freudenberger 1974). Later, Pines and Maslach (1978) redefined BO as the physical and emotional exhaustion involving the development of a negative self-concept, negative workplace attitudes, and loss of concern for clients. The World Health Organisation added BO to the International Classification of Diseases in May 2019. It defined it as an "occupational phenomenon resulting from chronic workplace stress that has not successfully been managed", with symptoms including exhaustion, depleted energy levels and negative feelings towards work and the work environment. Therefore, BO is a condition resulting from personal and organisational stressors, producing a state of emotional exhaustion, depersonalisation and negative self-worth (Jackson and Maslach 1981; Upton 2018; Ortega-Campos et al. 2020; Silva et al. 2020).

Compassion fatigue is often associated with healthcare professionals and is primarily physical and emotional exhaustion over time. Professionals in this area report increased depression, anxiety, and stress levels due to the workplace and their role. However, the most subtle characteristic of compassion fatigue is the effect on those caring for others through empathy and compassion. Compassion fatigue, or empathetic distress fatigue, is defined as an acute affective disorder increasingly occurring among workers who work with the suffering of others (Rauvola et al., 2019; Silva et al., 2020). In HR, this is akin to the repetitive conflict and emotional distress of employees faced with scenarios of underperformance, disciplinary violations or termination. More recently, there has been a shift to the use of empathic distress fatigue to further distinguish CF from its close-related condition, secondary traumatic stress, which is often conflated (Coulter and Fitzgerald, 2019; Bridger et al., 2020; Ling et al. 2021). Figley (1995) was more explicit in his description, depicting CF as a state of emotional exhaustion regarding the negative repercussions following the intention and behavioural steps required to help a traumatised person.

Vicarious trauma (VT) occurs when individuals work with clients who experience trauma and experience a negative transformation in themselves. In 1990 the term VT was first coined by McCann and Pearlman when researching psychotherapists working with trauma survivor clients. Over the years, this expanded to include those working with trauma survivors, including first responders, social workers, health care professionals, and humanitarian workers. Unlike stress, BO CF and VT are cumulative and build up over time. Vicarious trauma can be considered an occupational hazard in workplaces where staff, such as HR managers, are repetitively exposed to traumatised employees. They may include the emotional and psychological effects of workplace-induced injury and its ongoing management and litigation, leading to ongoing indirect exposure to the details of others' traumatic experiences). The concept of vicarious trauma was first introduced by Pearlman and Saakvitne (1995) and is often used interchangeably with CF and BO. Notably, while the conditions of CF can contribute to BO and negatively affect workplace outcomes and lead to a period of absenteeism, VT.

On the other hand, it may lead to the worker having to exit the workplace permanently due to an inability to cope (Stamm 1999; Figley 2002b; Bride 2007; Adams et al. 2008; Hunt et al. 2019; Rauvola et al. 2019). Therefore, the differentiating factor between the concepts is: that BO emerges over time and results from the stresses of the work environment; CF results from

exposure to human suffering, and VT is the personalisation of third-party trauma. Each of these (BO, CF, and VT) can be managed and lead to recovery if identified and addressed early. However, the recovery time differs substantially, with VT being the most extended enduring condition (Rauvola et al., 2019; Silva et al., 2020).

Interventions - Organisational support

There are three organisational supports that can be used to mitigate negative workplace conditions: 1) workplace support, where the employee has a sense of being cared for and belonging to the organisation; 2) mindfulness, where individuals are encouraged to build internal resilience and develop coping strategies; 3) self-care, the organisation has a responsibility to encourage through the provision of specialised programmes that enhance an individual's ability to develop internal strength to deal with workplace stressors.

Supportive workplace environments strongly affect the individual's perception of positive and negative situations (Buckley et al., 2020). Workplace social support is more than regular staff meetings; workplace settings may not be safe to share personal impacts and challenges regarding daily tasks without the risk of being seen as weak or incompetent (Pace et al., 2019; Brend and MacIntosh, 2021). Similarly, a lack of support and guidance from supervisors and limited opportunities for personal development, coupled with task density (Kheswa 2019). In particular, workplace social support has five prerequisite needs to be available to assist the individual (Brend and MacIntosh, 2021): 1) to feel safe from fear of reprisal or judgment; 2) to have a sense of being cared for with support from colleagues, such as invitations to sharing experiences; 3) to knowingly have available and dependable trustworthy supports; 4) to have non-judgemental interactions when encountering difficult workplace encounters, and 5) to have a level of autonomy in scheduling to manage tasks and create affirmative control of the workers personal and professional choices and processes. Similarly, there are four key aspects required of the support person within the workplace (Brend and MacIntosh, 2021): 1) a necessity to have both knowledge and practical experience within the discipline that the clients are engaged in; 2) a high degree of emotional management to deal with the expose to distressing client narratives, and 3) the ability to assist clients in making sense of their feelings and thoughts to bring alternative pathways to show that the work is making a difference, and 4) to validate the personal experience of the worker. Fundamentally a workplace that consists of a fractured community lacks the spirit of togetherness needed to build strong social support (Florian et al., 2019).

The use of short courses with didactic and experiential mindfulness education via a structured, skills-training course delivered in a group setting has been found to be effective in managing BO (Alkhaldeh et al., 2019). Mindfulness-based interventions, resiliency programs, and coping strategies could be beneficial to organisations through wellness programs and build resilience, self-compassion and greater cooperation and supportive culture within the workplace setting, as well as increased empathy (Wahl et al., 2018; Rauvola et al., 2019; Miller et al. 2020). Those individuals within the workplace with greater mindfulness had increased self-kindness, less self-judgement, and reduced levels of isolation through avoidance (Miller et al 2020). Mindfulness-based interventions are cost-effective to implement and, therefore, can be scaled and implemented in a range of organisations (Rohlf, 2018; Grimes, 2019; Rauvola et al., 2019).

Self-care is a broad concept, referring to individual responsibilities for healthy lifestyle behaviours, encouraged and supported through internal organisational programmes that are required for human development and functioning and those activities required to manage acute and chronic healthcare conditions. Backman and Hentinen (1999) found that patients identified four levels of self-care performance: responsible, formally guided, independent, and abandoned. Other qualitative studies on the meaning of self-care to patients have identified themes such as "body listening" or monitoring of bodily cues, managing social context and lifestyle, having control over treatment, taking care, and not harming self (Leenerts & Magilvy, 2000; Thorne, Paterson, & Russell, 2003). Self-care has been found to significantly impact moderating the effects of BO and CF through the build-up of coping resources (Bridger et al. 2020). Self-care is a process of being and reflecting on oneself through exercise, meditation, and journaling (Buckley et al., 2020). Behaviours that were found to be significant in fostering self-care were found to be: attire, seeking medical assistance when necessary; regular meals; listening to self; finding amusement; contact with significant others; spending quality time with others; recreational activities; meaningfulness in actions; focusing on non-materialistic aspects of life; singing; accepting ones knowledge limitations, and being inspired; having hope; having pets or companion animals (Keesler and Troxel, 2020).

Furthermore, an important aspect of self-care is the need for defined boundaries that are supported at the administrative level, such as time off and an organisational recognition of the unpredictability of workloads (Colvin and Thompson, 2020). Supervisors have a key role in promoting individual competence in self-care and managing stress and other factors contributing to BO and CF through training (Kabadayi et al., 2019; Colvin and Thompson, 2020). Furthermore, the role of self-care is to enable the building of coping mechanisms to deal with emotions and promote self-management by constructing internal barriers that protect against negative emotions (Font-Jimenez et al., 2019).

Interventions - Individual Commitment

There are three individual commitments that can be used to mitigate the negative workplace conditions: 1) spirituality, where the employee is encouraged to see the broader picture of their contribution rather than become entrenched and focused on one particular workplace issue; 2) resilience, a reflection on the individuals' ability to process negative emotions encountered in the

workplace and avoid feelings of guilt and negative self-harming actions of self-denial ; 3) empathy, having the ability to figuratively to walk in another person's shoes without wearing them.

Spirituality means different things to people. It has a broad concept with many perspectives. Mostly, it is associated with having a connection to something bigger than us. Searching for the meaning of life and there is extensive literature on spirituality Delaney (2018). Engagement within the workplace brings self-satisfaction, and this can increase spirituality and has three dimensions:

- (1) Meaningfulness, sense of return on investments of self in role performance;
- (2) Safety, feeling of being able to show and employ self without fear of negative consequences to self-image, status, or career; and
- (3) Availability, a sense of possessing the physical, emotional, and psychological resources necessary for investing self in role performances (Adnan et al. 2020, p. 4).

Where is a lack of engagement, fatigue can be induced by external forces, such as the organisation carrying out a particular task that carries a negative emotion in relation to fulfilling that task (Adnan et al., 2020). In contrast, Compassion is a key to engagement and achieving connectedness within the workplace. With it, a sense of meaningfulness and vigour in addressing difficulties encountered gives rise to workplace satisfaction through increased passion, enthusiasm, and commitment (Adnan et al., 2020).

Resilience measures the individual's ability to recover from life stressors (Kapoulitsas and Corcoran, 2015). It is grounded in the hardiness of an individual to recover following exposure to a negative emotion-generating situation (Bridger et al., 2020). Therefore, a high degree of interpersonal characteristics is involved in building an individual's resilience, such as the ability to adapt, interpersonal skill levels and the ability to withstand adversity (Keesler and Troxel, 2020). Resilience often means the ability to cope with guilt and self-denial, which fosters the chronic disrepair that comes with the repairing of others (Gerard, 2020). Resilience is also correlated with mindfulness, self-compassion, and self-care (Miller et al., 2020). Resilience is the ability to adapt to environmental changes physiologically and psychologically. It is a survival skill required of every member of the animal kingdom. In humans, it is often manifested as the difference between individuals' conceptualising themselves as survivors versus victims; that is, the difference between individuals who can take care of themselves and others versus individuals unable to care for themselves when subjected to substantial stressors Ginzburg 2012. Resilience measures the individual's ability to recover from life stressors (Kapoulitsas and Corcoran, 2015). It is grounded in the hardiness of an individual to recover following exposure to a negative emotion-generating situation (Bridger et al. 2020). Therefore, a high degree of interpersonal characteristics is involved in building an individual's resilience, such as the ability to adapt, interpersonal skill levels and ability to withstand adversity (Keesler and Troxel, 2020).

Empathy is the process when you are imaginatively able to place yourself in another's role and situation to understand the other's feelings, points of view, attitudes, and tendencies to act in a given situation. Burnout and CF can be mediated with empathetic perspective-taking through the building of interpersonal relationships; however, this can also have the converse effect of increasing the risk of losing perspective and becoming personally involved (Bridger et al., 2020). The tone and structure of the language have an impact on how empathy is engendered within the workplace, with the necessity to have a "voice of empathy", which is non-confrontational, non-organisational and personalised speech (Caringal-Go and Canoy, 2018). In contrast, the "voice of resolve" is the voice of management; it strives toward efficiency and process, accepts responsibility, and is seen as human resources orientated, reinforcing policies and procedures (Caringal-Go and Canoy, 2018). These two voices are often in conflict, making empathetic relationships often ambiguous and leading to the voice of uncertainty, where staff disenfranchisement is engendered with the process of expressing personal expression in the workplace (Caringal-Go and Canoy, 2018).

Outcomes

Two possible outcomes affected by workplace conditions and the interventions that mediate their effect on individuals are workplace performance and compassion satisfaction. Workplace performance is a measure of the employee's workplace achievement in terms of performance targeted and meeting the strategic goal of the organisation. Compassion satisfaction deals with the employee's positive feelings that come with helping others in the workplace.

Workplace performance measures how individual work performance is aligned with the organisation's performance targets and strategic objectives. Workplace conditions, employee attitudes, and stakeholder interactions can affect work productivity (Saunila et al., 2014). For example, working under the influence of exhaustion due to negative workplace conditions can lead to a sense of spatial dislocation that engenders presenteeism (Aboagye et al., 2019). Presenteeism refers to an employee's physical presence, but their actual work performance indicates their absence (Aboagye et al., 2019). Workplace ostracism, and its sister workplace loneliness, are often a consequence of an individual's withdrawal and are reflected in poor workplace performance (Uslu, 2021). Where the employee can mitigate the effects of negative workplace conditions through targeted interventions, there is a corresponding increase in their workplace dignity that direly leads to increased productivity and social interaction (Ahmed et al., 2022).

Compassion Satisfaction (CS) is used to describe the positive aspect one gets from doing the work of helping others (Stamm, 2005). Skills to acquire CS can result from early intervention training, including specific coursework and case presentations that address the BO, CF and VT, specifically in graduate programmes (Clemons, 2020). Importantly, workplace feedback, praise, and a sense of appreciation for achieved tasks help build a sense of CS and ameliorate self-focused personal distress and inclusivity from those they are exposed to in the workplace (Coetzee & Laschinger, 2018). Furthermore, workplace bullying can undermine attempts to build institutional CS (Coetzee & Laschinger, 2018; Chachula, 2020). Therefore, it is the role of every individual within an organisation to foster CS, and it should be seen as a duty of care within the workplace.

HYPOTHESIS DEVELOPMENT

Therefore, it can be demonstrated that four primary relational hypotheses can be developed in relation to how human HR professionals cope with their workplace conditions. These relational hypotheses can be modelled (Figure 1) and formulated as:

- 1) The negative workplace effects on HR professionals can be mediated with organisational support, and this leads to increased compassion satisfaction;
- 2) Improved individual commitment can mediate the negative effects of workplace conditions and improve compassion satisfaction;
- 3) The work performance of an HR employee is directly linked to the organisational support that reduces the effects of negative workplace conditions; and
- 4) The individual commitment shown by an HR employee to mediate the negative workplace conditions can lead to improved workplace performance.

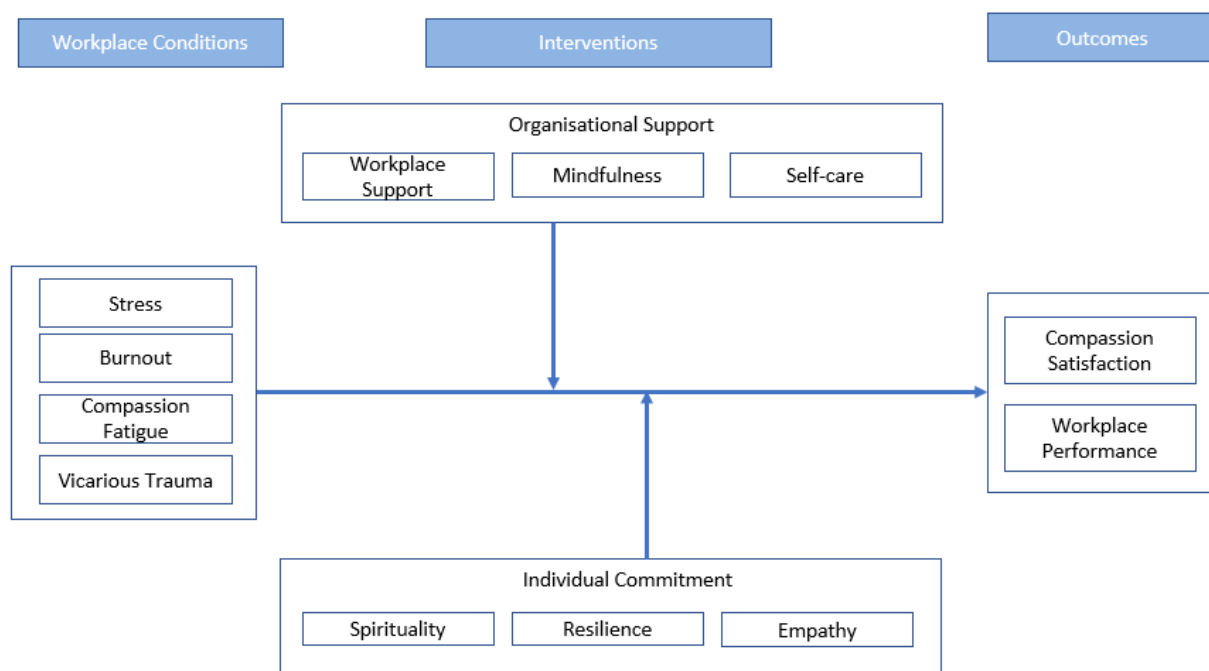


Figure 1: The modelling of negative workplace conditions on HR workers and the organisational and individual interventions that generate positive outcomes in the workplace quantified by compassion satisfaction and workplace performance.

CONCLUSION

This paper presents a framework for understanding workplace performance and compassion fatigue that can be applied to underpin the modelling of the effects of BO and CF on HRM. There is a plethora of literature on the BO and CF in diverse organisational frontline settings, but scant information about how this affects the human resource managers who have to deal with them daily. There is a strong interrelationship between BO, CF and their auxiliary conditions. At the same time, the interventions applicable to BO and CF also have the benefits of addressing the problems of post-traumatic stress disorder, stress, secondary traumatic stress and vicarious trauma. Similarly, the interventions are integrated and often linked, so the treatment of BO and CF will necessitate more than one focal intervention to gain maximum workplace resolution. This combined intervention approach leads to a sense of compassion satisfaction. By increasing compassion satisfaction, an organisation can reduce absenteeism, improve work satisfaction, improve productivity, and reduce staff turnover. This leads directly to retained institutional knowledge and a more efficient, effective and harmonious workplace.

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