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Compassion fatigue and human resource professionals

Noreen Tehrani

Introduction

In the mid-nineteenth century, following the introduction of the Factory Acts, employers were required to comply with legislation controlling the working hours and employment of children (Gray, 2002). The introduction of company-born towns, such as Bournville and Saltaire, was largely driven by enlightened self-interest, with such arrangements allowing for a high level of paternal direction with the banning of public houses and the monitoring of lifestyles. Some organisations conscious of the personal and social difficulties facing some of their employees introduced the role of welfare officer (CIPD, 2007). Initially this role focused on protecting the health and well-being of workers; however, as the usefulness of a welfare officer as a resource to deal with a range of employee-related activities emerged, the role was widened to include recruitment, training, absence management and pay negotiations. Over the next 100 years the role evolved, a situation that has been reflected in the changing role names: ‘personnel officer’, ‘industrial relations manager’ and ‘human resources manager’. From the beginning there have been tensions within the role arising from the difficulties in balancing the needs of the employee with those of the organisation. These tensions have not diminished over the years, with today’s human resource professionals (HRP) sitting Janus-like, uncertain of whether to look forward to become a strategic partner, fully integrated with business, creating people strategies with tangible financial and organisational benefits (SHRM, 2002a), or to return to their origins as an advocate.

1 Janus: the two-faced god of gates, doorways, beginnings and endings, a symbol of change and transition.
for ethical management of the workforce (Foote and Robinson, 1999). Balancing these competing tensions is not without cost; in this chapter we will look at the price paid by HRPs who, as a regular part of their role deal with employee distress, unethical behaviours, organisational dilemmas and heavy workloads, together with their other roles of strategic development, culture and diversity, recruitment and selection, training and development, performance evaluation and management, compensation and benefits (Tsui and Wu, 2005).

**What are the difficulties of working in human resources?**

The suggestion that anyone can work in HR underestimates the true nature of the role. Whilst many of the repetitive HR administration tasks are being outsourced or undertaken by line management, there is an increased requirement for HRPs to respond to the complexities of business, requiring a higher level of knowledge and competence. To be respected by a business partner, it is not enough for an HRP to know about or apply HR knowledge and processes; what organisations want is an HRP who understands and responds to the requirements of the organisation, the wider community, employees and legislation (Losey, 1997). In recent years there have been a number of business scandals in which senior managers have been found to be acting out of self-interest rather than considering the needs of their employees, customers or community (Anon., 2009). It could be argued that one of the roles of an HRP is to act as an honest broker, balancing the needs of all parties within the strategic decision-making process. However, by taking this role HRPs should be prepared to put themselves at risk in order to manage the competing interests; this is particularly true when the issues are complex or where double standards may occur, for example, when a senior manager seeks to protect his pension whilst cutting the pensions of his workers. Whether the HRP wishes to take on the role of moral standard bearer or not, he/she will need to deal with a wide range of moral, ethical and personal dilemmas.

**The bearer of bad news (e.g. redundancy, benefit cutbacks or reduced job security)**

Over recent years the bond between employer and employee has shifted from a long-term relationship involving loyalty and
commitment to one involving a simple economic exchange; an employee is engaged to perform short-term and well-defined duties in exchange for a set of performance-related rewards and a reduced level of job security. In addition, many organisations have opted to outsource non-core work, increasing their use of temporary and part-time employees and contractors and eroding the range and value of employee benefits, such as pensions, sickness benefits and training. This move towards under-investing in employees is not an easy message for HRPs to convey to a workforce, particularly when it is allied with the demand for improved employee engagement.

It was my first job; I could not have been more than 23. We were split into groups and I was given a bunch of mainly older ladies, and I remember being quite uncomfortable talking to them. What makes dealing with redundancy and change situations especially stressful is being at the front line of implementing decisions that you do not always agree with (Carol Hosey, quoted in Tehrani, 2006, p. 37).

Supporting an employee who had developed a terminal health condition

HRPs are required to make practical and strategic decisions based on a full understanding of how these decisions will have an impact on employees. However, when the business decision has a serious implication for an employee suffering from a life-threatening health condition, this can be difficult to handle. The need to empathize and support an employee at a time when the organisation is going through structural change and redundancies is challenging, and finding a solution that is sensitive to the needs of the sick employee whilst applying organisational decisions requires courage, wisdom and flexibility (Meisinger, 2005).

Maggie had been one of the most popular and positive members of the team. When she developed breast cancer we all thought that she would recover. As the months went by we supported her to return to work but it then became obvious that the cancer was spreading. She kept positive and talked about the future and her children. Although I knew she was dying, when it happened it really hit me hard. I suppose it did not help that my mother had died of cancer the year before (Tehrani, 2006, p. 36).
Having to be responsive and even-handed when dealing with employees in conflict

Dealing with bullying and harassment can cause difficulties, particularly when the bully or harasser is a senior manager, a top-performing sales executive or someone with specialist skills or relationships where inappropriate behaviours may be excused rather than investigated (Prost, 2007). The primary role of the HRP in any interpersonal conflict is to achieve a resolution of the difficulty, increase the interpersonal understanding and sensitivity of everyone involved in the conflict, and identify how similar problems can be prevented in the future. Unfortunately, bad behaviours tend to go unchallenged and escalate until working relationships are totally disrupted, to such an extent that an informal resolution is impossible. In the following account, an HRP describes some of the difficulties she has experienced when dealing with bullying investigations:

I have come to dread dealing with bullying cases. People think that the investigation process is straightforward but it is never that simple. I usually deal with two or three cases a year. I have met employees who are extremely distressed, not eating or sleeping, unable to leave their house or answer the phone. It is clear that they are unwell but when I investigate there may be insufficient evidence to demonstrate that the behaviour that they experienced was bullying. It is not easy telling them the results of an inconclusive inquiry. On the other hand, I have had other cases where the ‘victim’ continually phoned and e-mailed me, complaining or bombarding me with more and more information. In the end I feel that they are bullying me. You have to have broad shoulders to do this job, as in most cases it does not matter what result emerges, no-one is happy and everyone holds you responsible (Dignity at Work Investigator).

Maintaining confidentiality

HRPs have a duty to protect the privacy of employees’ personal and health information. Employees have the right to expect that any personal information passed to HR remains confidential and is not disclosed without their explicit permission. Breaches in confidentiality can be a result of carelessness, where an HRP discloses confidential information unintentionally, for example, discussing cases where
they can be overheard or leaving personal information showing on a computer screen. It may involve an HRP seeking unauthorized access to confidential material, such as unnecessary viewing of a senior manager’s salary or health records, to the most serious breach, where the HRP is persuaded to provide confidential information to a third party without authorization or justification (Duke, 2006). The pressure on HRPs to divulge confidential information can be extreme; in a survey (Schramm, 2003) it was found that 47% of HRPs had felt pressure from managers or other employees to compromise their ethical standards in order to achieve a business objective.

The problem that I have with HR getting closer to the business is that the boundaries become blurred. Some managers do not see why I cannot tell them what is in a GP’s report, particularly when an absence is having an adverse impact on productivity, or there is a belief that the employee is ‘swinging the lead’. At times I feel totally alone, having to deal with difficult situations which I cannot share with anyone. For example, if I hear rumours or speculation about people that I know to be untrue, it is difficult to remain silent (Absence Coordinator).

**Dealing with a disaster**

Although disasters are uncommon events, when they do occur they can challenge the emotional resilience of the strongest HRP. Whilst most organisations have business continuity management plans which include HR, the reality of dealing with the real traumatic event can be very different. Within the first few hours of the disaster the HRP may be required to account for missing employees, setting up a help-desk for distressed employees and their families, brief line management, supporting bereaved families, in addition to liaising with the crisis management team and continuing to support business operations. This is particularly difficult for young HRPs, who may have no experience of dealing with death in their own lives.

It was my job to return the personal belongings of the dead employee. I remember driving to her home with a box of personal effects in the boot of the car. All the way I tried to think of something to say to her parents. When I got there the whole family was sitting in the lounge, her parents, brother and boyfriend. I handed over the box and said how sorry I was for their loss.

They were all very calm, I was offered a cup of tea; it felt strange being treated as a guest. The parents talked about their daughter and I listened, making the occasional comment. This was one of the most difficult times of my life. After I left, I drove to the nearest parking place and sobbed for half an hour before I was able to drive back to work (HR Manager).

**People, practice and pressure**

There is a cost to engaging with the stories and lives of distressed or traumatized people, which can result in the HRP experiencing symptoms of shock, disbelief and horror similar to those of the people they are trying to support. These negative experiences have been described as ‘compassion fatigue’ or ‘secondary trauma’ (Figley, 1999) and are viewed as a natural consequence of helping or wanting to help distressed people. Some of the effects are subtle and involve a gradual change to an individual’s underlying beliefs, values or assumptions at a pre- or unconscious level. These changes have been explained by social construction theories (Piaget, 1971), which suggest that people build a framework or cognitive schema consistent with their beliefs and values and informed by their past responses and experiences. For HRPs, the continual exposure to employee distress, fear, anger and anxiety can result in their feelings, attitudes and beliefs being changed, affecting the way they view the world (Janoff-Bulman, 1989). Where an employee’s story or experience is particularly intense or has significance to the life of the HRP, the disruption to the HRP’s beliefs about him/herself and the world may be sudden and dramatic (Janoff-Bulman, 1992).

HRPs have to face some of the most challenging ethical dilemmas in business (Schumann, 2001); however, unlike most other professions, where the practitioner is obliged to achieve a prescribed level of competence in order to register with the professional body, there is no compulsory professional registration for HRPs and no legal protection of the HR job titles. Nevertheless, HR professional bodies in most countries provide their membership with codes of professional standards, conduct and ethics. Whilst most people are unaware of the philosophical underpinning of their ethical beliefs, they will find that most are based on four moral principles:

1. **The utilitarian principle**, i.e. the maximization of the positive and minimization of negative outcomes to everyone affected.
The rights principle, i.e. of the upholding the moral rights and responsibilities people have for each other.

The distributive duty principle, i.e. the fair distribution of costs and benefits to all stakeholders.

The virtue principle, i.e. the identification of the virtues or vices involved in a particular action or activity (Schuman, 2001).

A survey of HRPs in the UK (Foote and Robinson, 1999) identified the ethical stance taken by a group of senior HRPs. The study found that, whilst some HRPs saw ethical standards as fundamental and that they would rather resign than work unethically, others regarded ethics as an expensive luxury, which they left at the door when they went to work. The largest group of HRPs described themselves as honest brokers, engaging in difficult and challenging discussions with directors and line managers in order to find a solution which would mitigate or remove the unethical issue. The ethical dilemmas faced by HRPs can be seen in those working in Enron, World Com and similar organisations where HRPs have become whistle-blowers; however, whistle-blowing is rare, as few HRPs are willing to risk the consequences of being shunned for disloyalty or to face having their job terminated (Beatty et al., 2003).

There is evidence to show that over the past few years HRPs have been working increasingly long hours (CIPD, 2008); a survey of over 6000 HRPs found that almost 70% were working more than their contracted hours and 56% were working 40–45 hours, a 20% increase over the previous two years. The survey also showed that HR directors were the worst offenders, with 82% working more than 40 hours a week. The situation in the USA was found to be similar, with two-thirds of HRPs reporting feeling burned out and 80% finding the pace of their work to be very fast (SHRM, 2002b). It is suggested that HRPs are also experiencing high levels of stress due to being so busy fixing things for other employees that they do not have time to take care of themselves (Grensing-Pophal, 1999).

The survey

A survey which looked at the impact of work on personal beliefs, values and well-being (Tehrani, 2009) involved 276 caring professionals and included HRPs, occupational health advisors and employee counsellors. The participants completed a survey which
included the short form of the Carers Belief Inventory (CBI; Tehrani, 2007) and asked questions on supervision, support and coping strategies. A clinical anxiety/depression scale was also included (Goldberg et al., 1988; Gann et al., 1990). The results showed no significant difference between the negative attitudes and beliefs recorded by the HRPs and those of the other two professional groups. However, the HRPs had a significantly lower level of positive attitudes and beliefs, suggesting that HRPs were either less able to cope with their negative experiences or unable to translate their negative experiences into learning or feelings of competence. There was no significant difference in the levels of anxiety or depression between the groups, with 14% of HRPs suffering high levels of anxiety and 18% high levels of depression. One of the major differences between the HRPs and the OHAs and counsellors was in the levels of organisational support provided. HRPs received very little supervision, with only one in five having access to professional or management supervision, compared with 91% of counsellors and 53% of occupational health nurses. Over 80% of the professional groups talked to friends and colleagues, with 66% of HRPs talking to their families compared with around half of the other professional groups. There were large differences in the way that coping mechanisms were used by the three professional groups. HRPs did not look after themselves as well physically or spiritually as the other two groups, scoring significantly lower in their use of meditation or prayers, exercise, hobbies and healthy eating. An analysis of the combined data from the caring professionals identified the methods of support and supervision that were most closely associated with personal growth. The results showed no significant benefit from talking to friends and colleagues or family in terms of positive attitudes or beliefs. The greatest positive impact was associated with professional and peer supervision, which were related to increased learning and competence as well as a feeling of doing a good job and being fulfilled. Management supervision did not improve the professional’s feelings of competence, learning or fulfilment; however, it positively influenced the feeling of doing a good job. Taking exercise and engaging in hobbies were positively related to the four positive growth items, and praying, healthy eating and spiritual and religious beliefs were associated with improved learning. Whilst anxiety and depression were associated with a lack of fulfilment and job satisfaction, they were not related to a reduced opportunity to learn.
Can HR professionals afford to care about the workers?

In a study involving 300 companies, representing 20 industries within 25 countries, Mercer (2007) found that the HR function was going through considerable change in order to align itself with business requirements. Organisations are increasingly requiring HR professionals to become competent in a wide range of skills, including business strategy, finance, cost analysis, vendor management, process management and business understanding. In addition, HR is still expected to deal with those activities that are more readily recognized as belonging within the HR domain, including change management, employee engagement, business continuity management, health and well-being, benefits, training and development, disability, sickness absence, bullying and harassment and many other HR activities. With the major emphasis being concentrated on the bifurcation of HR into strategic and transactional functions (Mercer, 2007), there is a possibility that HR will become disconnected from its primary purpose of representing the moral and ethical values of the profession and the business community. Although rarely mentioned as essential HR skills, the ability to speak up for ethical standards and to care about people and their contributions are key characteristics of a good HR professional; these skills should never be undervalued or minimized by those who choose to see them as old-fashioned or irrelevant. Having the courage to model ethical behaviour, and expecting it from others, is good for business (Meisinger, 2005) and relevant, whether contributing to business strategy, financial management and cultural change or dealing with sickness absence, distressed employees and bullying. If HRPs do not take up this essential role of promoting ethics and caring, this will diminish the importance of HR as a profession (Armstrong, 2007).

Keeping the heart in HR

There is every indication that HRP will continue to move towards a more strategic business-driven role; however, HR holds a pivotal position in recognizing and reflecting the needs of all their business partners and stakeholders. However, with the current HR emphasis on acting and doing, rather than considering, reflecting and responding, HRPs have neglected the unique role they hold within the organisation, which provides them with the opportunity to observe
and translate their experiences in dealing with relationships, conflicts and challenges into professional knowledge, competence and learning. It is suggested (Mockler, 2009) that HRPs have undermined their key organisational function by continually asserting that HR needs to be more strategic and to have a seat on the board, whilst having few of the essential skills necessary to operate at this level. The research reported in this chapter (Tehrani, 2009) demonstrates that, unlike the other caring professions who use their difficult and demanding experiences to learn and grow, HRPs have chosen to disregard their humanistic experiences and, as a result, they fail to gain professional competence and achievement. As the evidence is showing, HRPs are becoming more vulnerable to stress, burn-out and compassion fatigue (Andrews, 2003) and unless something is done to address the fundamental issues affecting the profession, the health and well-being of HRPs will deteriorate. The HR professional bodies could be more open in expressing their views on the pressures being placed on their members by their employers by disregarding the essential values of the profession and perhaps being more proactive in identifying good and bad ethical practice in organisations. The professional bodies could also commission research to look at the benefits of HRPs’ role in providing an ethical compass for organisations. If organisations are to get the best out of their HRPs, they need to consider the unique contributions that can only be made by HRPs. This is likely to mean that there will be a greater need for training HRPs in more aspects of business strategy and operations, not to usurp the roles of the business specialists but to allow HRPs to express well-informed opinions and offer competent advice and guidance on the key business areas of finance, operations and systems. However, many of the barriers to HRPs becoming healthier and more effective rest with themselves. They appear to be resistant to taking the advice they offer to the workforce. For example, they need to make sure that they establish a positive work/life balance, eat healthy food, take exercise and enjoy a good social life. If they are unable to organise and protect their own health and well-being, it is difficult to see how they will be able to persuade others. HRPs have developed a culture within their profession which overvalues stoicism. Whilst there are numerous papers and articles on the health and well-being of most professions, very little has been written or discussed within the HR community. It would appear that HRPs are so busy administering stress audits and introducing healthy living campaigns that they forget to include themselves.
I cannot say that I am optimistic about the future of the role as a whole but I am sure of one thing. Unless we introduce a greater degree of reflective practice into the HRP role, the present drive towards sub-specialization will accelerate and the prospect of HRPs becoming true strategic thinkers, safeguarding humanitarian values at the core of a business, will evaporate (HR Director).

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