Hospice work, with its ongoing exposure to death and dying, appears to create significant risk of compassion fatigue among nurses and possibly other staff. This pilot study, designed to take an initial look at the relationship between hospice practitioners' spirituality and their levels of compassion fatigue, originated with my own experience as a chaplain in this field. Serving on three interdisciplinary teams has brought me into close contact with a variety of hospice practitioners: nurses, home health aides, social workers, bereavement staff and other chaplains.

Many in the hospice field appear to experience periods of significant difficulty that is not attributable to simple burnout resulting from poor working conditions, e.g., heavy caseloads, inadequate supervision, or from overall mismatch between job requirements and personal values. This difficulty seems to be related to the challenge of continual compassionate engagement with individuals who are grappling with mortality; who suffer greatly, both physically and psychologically; and/or whose family problems have become exaggerated by the stresses of coping with terminal diagnoses. Too often, those professionals who cannot endure sustained exposure to these kinds of struggles leave hospice work altogether, resulting in the more organizational problem of rapid turnover. This, in turn, adds stress to those who remain.

In searching for some viable explanation for this phenomenon, I discovered considerable current research centering on compassion fatigue—variously termed vicarious trauma, secondary traumatic stress or secondary posttraumatic stress syndrome. Though the specific term used depends on the orientation or focus of the

This study compares the faith stage of six hospice staff with their compassion fatigue scores utilizing a questionnaire adapted from James Fowler’s faith stage interview and Beth Stamm’s Professional Quality of Life Scale (ProQOL). Although the small study size presents obvious limitations, the results suggest the possibility that work which involves constant exposure to death and dying is related to spiritual development.

The author maintains that this fact alone is reason for further study in this area.
researcher, the signs and symptoms seem fairly consistent: recurring intrusive memories; emotional numbness; impulse to silence or distance clients/coworkers through judgmentalism or detachment; heightened physiological reactions, such as jumpiness or sleep disturbance; pervasive feelings of exhaustion, hopelessness and discouragement.

Some approaches are medically oriented, assuming compassion fatigue to be pathological. Others focus on the individual as opposed to the group or to the environment. Laurie Ann Pearlman's definition of compassion fatigue, which she terms vicarious trauma, avoids both pathologizing and individualizing and acknowledges a spiritual dimension as well:

Vicarious traumatization is a transformation of one's inner experience resulting from empathic engagement in others' traumatic material. It is important to emphasize that such responses on the part of the helper are not pathological... but rather, a normal reaction to stressful and sometimes traumatizing work .... There are several common features of vicarious trauma. First, its effects are cumulative; the impact of being repeatedly exposed to traumatic material may reinforce gradually changing beliefs about oneself and the world. Second, its effects are permanent, in that they may result in lasting changes in the way we think and feel about ourselves, others and the world. Third, its effects may be emotionally intrusive and painful .... Helpers may find their spiritual beliefs shifting, including their meaning and purpose in life.³

This definition, which hinges on “transformation,” and describes a cumulative, irreversible, permanent and intermittently painful change process, related to one's sense of meaning and purpose in life, also could be applied to spiritual development. The possibility that compassion fatigue may be related to spiritual growth does not diminish its legitimacy as a concern; but does distance it from the realm of assumed personal failure and opens a whole new set of possible interventions and assists for those experiencing it.

James Fowler, whose research in the area of faith development remains highly respected, construes faith not as human religiosity per se, but as something more universal: one's ways of relating to that which one holds as ultimate in terms of meaning and value, one's covenantal relationships with "centers of power and value."⁴ Fowler's structured interviews of 359 individuals over a nine-year period indicated with powerful clarity that faith was developmental. His model is a synthesis of the work of Jean Piaget (logic and cognition), Lawrence Kohlberg (morality) and Erik Erikson (psychological growth).

Fowler's research revealed six distinct stages of faith, none of which necessarily correlate with biological maturation. For example, though late adolescence often brings an individual to stage three, there are certainly stage two individuals in their fifties and occasionally stage four individuals in their late teens.

Barry James and Curtis Samuels also have described these stages.⁵ (See page 26.) For this inquiry, I generated a similar set of developmentally apropos statements focused on compassion, defining that term broadly as the capacity to respond empathetically to the experience of another or others.

Stage 1: I have compassion because I will be punished if I don't.

Stage 2: I have compassion because I want you to reciprocate.

Stage 3: I have compassion because my community, e.g., family, faith group, neighborhood, tells me it is the right thing.

Stage 4: I have compassion because my own internal values tell me that it is the right thing.

Stage 5: I have compassion because of a deep loyalty to all humanity that extends, paradoxically, beyond all that appears to divide us.

Stage 6: I have no choice but to have compassion, which I am called to manifest through creation of justice. There is no division between us. We are all one and all sacred.

Although Fowler did not conduct research on what causes individuals to move from one stage to the next, he did offer reflection on that topic, often identifying a crisis or major life shift as instrumental in evoking growth. Using Fowler's model among others, James and Samuels researched the relationship of high-stress life events to spiritual development, i.e., the shift from one faith stage to the
next, and discovered that high-stress experiences—both negative and positive—do correlate with increasingly universalistic faith perspectives. It is as though individual frames of meaning, when cracked apart by stress or trauma, simply have to become more encompassing if one is to integrate difficult experiences into what one thinks one knows. What begins as pain and chaos, then, may indeed lead to growth. Thus, for hospice workers, or indeed anyone who swims daily in an ocean of suffering and death, the initially disruptive experience of compassion fatigue may well bring about a deepened, more mature and more resilient faith. With that possibility in mind, I set out to measure levels of compassion fatigue and faith development in a small group of hospice personnel.

### Fowler’s stages of faith as described by James and Samuels

**Stage 1** – Intuitive-projective is episodic, fantasy-filled and imitative. Images of parents’ formal religion and normal family life (including favorite stories and family rituals) give coherence and meaning to the child’s life.

**Stage 2** – Mythic-literal finds meaning in life through the teachings, symbols and perspectives of the individual’s community. These are recognized in a rudimentary way and appropriated quite literally. Stage 2 individuals can describe religious or historical narratives but have little conceptual perspective of their meaning.

**Stage 3** – Synthetic-conventional is a conformist stage, since the opinions and authority of significant others play a powerful role. Values, commitments, and relationships become central to identity and worth. Authority is located in traditional authority roles or in the consensus of a valued, face-to-face group.

**Stage 4** – Individuative-reflective realizes that meaning is separate from the symbols and rituals which convey it. Two essential aspects mark this stage: realization of the relativity of one’s world view and abandonment of reliance on external authority. It is achieved through a deepening self-awareness and the assumption of personal responsibility for making choices of ideology and lifestyle.

**Stage 5** – Conjunctive faith is not usually reached before mid-life. The embrace of polarities in one’s life, an alertness to paradox, and the need for multiple interpretations of reality mark this stage. Stage 5 individuals are genuinely open to the truths of other communities and traditions, and recognize that ultimate truth extends beyond the reach of every tradition. Importantly, Stage 5 is characterized by an interiority which brings “an opening to the voices of one’s deeper self” (Fowler, 1981, p. 193).

**Stage 6** – Universalizing faith is attained by a few exceptional individuals. They embrace the world as their community, have an all-consuming commitment to justice and love, and are devoted to overcoming division, oppression and violence.

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**Study method**

For this pilot, I utilized both Fowler’s faith stage interview and Beth Stamm’s Professional Quality of Life Scale (ProQOL), a thirty-item questionnaire which is the most recently revised and simplified version of the Compassion Fatigue Self-Test (Figley, 1995). The latter generates scores in three discrete areas, which are defined as follows:

- **Compassion satisfaction:** pleasure derived from doing (compassion-related) work well.

- **Burnout:** feelings of hopelessness and difficulties in dealing with work or in doing one’s job effectively.

- **Compassion fatigue:** related to vicarious trauma and to work-related, secondary exposure to extremely stressful events.

This tool has been designed primarily for research purposes. It also claims to be helpful for individuals or groups seeking self-assessment and is targeted for professionals whose work includes exposure to trauma. It identifies individuals as being in low range (bottom quartile), medium range or high range (top quartile) on any given scale. Reliability and validity information are available through the Idaho State University Web site (www.isu.edu/~bhstamm).

Fowler’s faith stage instrument consists of an interview that typically takes about two hours to conduct. Ordinarily, the interview is taped and then transcribed and scored for markers in seven different subcategories: form of logic, perspective taking, form of moral judgment,
expressed interest in the ProQOL groups. If one person on a team following ProQOL administration, willingness to be interviewed individually box at the bottom if they were also subjects and were asked to check a sent forms agreeing to be research topic. They completed signed con-
tinuing education credit (CEU) compassion fatigue for one con-
workshops, which included a discus-
levels of compassion fatigue. As a result, I looked for a correlation be-
the most common stages for that particular age group.

It is interesting that three out of six interviewees—all with high compassion fatigue scores—were in transition. This opens the possibility that hospice work does indeed stimulate growth; however, this is an ambiguous finding as there is no way to examine causal relationships with such a small sample.

Discussion

While the limits of this pilot study are obvious, these results do suggest the possibility that work which involves constant exposure to death and dying is related to spiritual development. Further study is necessary to determine whether transitional phases of spiritual development cause states of heightened compassion fatigue or whether it is the reverse. Those who work
in environments of suffering and death tend to have special gifts, e.g., empathy, discernment of pain and ability to manage it well, high tolerance for being witness to loss and suffering, great capacity to listen and support non-judgmentally. Ideally, such individuals would be able to navigate through compassion fatigue utilizing the same tools that help anyone progress along a path of spiritual growth.

Impacting compassion fatigue through enhancement of spiritual development is neither expensive nor difficult. Supportive, understanding peers are among the most powerful agents in this regard (Catherall, 1999) and often the least utilized. For example, the compassion fatigue phenomenon of sleep disturbance is not uncommon in hospice staff. I know of more than one practitioner who wakes up in the middle of the night and listens to work voicemail, filling this sleepless time with images of night call triage situations, only to reach morning a bit more exhausted.

Using the medical diagnosis and treatment mode may result in intervention via medication. From a spiritual development perspective, “treatment” may involve a discussion among supportive peers in which compassion fatigue may be respectfully processed—given the form of a story that others hear and honor. Though this is different from a prescription for sleep medication, it need be no less effective.

Anecdotally, it was interesting to watch the three Fowler-transitional individuals proceed with their work following the interviews. They all appeared to be more energized, more hopeful and, in general, less fatigued. Simply to be well heard invites spiritual resilience in a way that should not be underestimated.

**Table 1**

<table>
<thead>
<tr>
<th>Faith Stage</th>
<th>Compassion Fatigue Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject A 5</td>
<td>0 very low</td>
</tr>
<tr>
<td>Subject B 4 with some remnants of 3</td>
<td>10 low middle</td>
</tr>
<tr>
<td>Subject C 3</td>
<td>11 low middle</td>
</tr>
<tr>
<td>Subject D Between 3 and 4</td>
<td>17 high</td>
</tr>
<tr>
<td>Subject E Between 3 and 4</td>
<td>19 high</td>
</tr>
<tr>
<td>Subject F Between 3 and 4</td>
<td>27 very high</td>
</tr>
</tbody>
</table>

**Conclusion**

Compassion fatigue may generate discomfort, job turnover, decrease of effectiveness with clients and coworkers as well as physiological problems such as sleep and eating changes, panic attacks, jumpiness, and/or flashbacks. Nevertheless it also may be an indicator of spiritual development. This changes the possibilities for choosing how to address it. As this phenomenon is inherent in the work of all who companion those in crisis, further research is warranted.

**Author’s note**

Many thanks to all those at Hospice of the Lakes who supported this pilot project with their time, wisdom and guidance.

**References**

7. For a more thorough psychometric interview analysis, see Appendix B of Fowler's, *Stages of Faith*.
Fowler’s interview structure adapted for hospice

Introduction: Specific questions about hospice work
1. About how many people do you see in a week?
2. How many of those visits are notably difficult, and in what ways?
3. How many are notably satisfying, and in what ways?
4. What is it about the work in general that most inspires or encourages you?
5. What about the work is most difficult for you?
6. How long have you been doing the work?

Part 1: Life review
1. Factual data
   - Date and place of birth
   - Number and ages of siblings
   - Occupation of providing parents/adults/caregivers
   - Ethnic/racial/religious identifications
   - Characterization of class: childhood and present
2. Divide life into chapters—major segments created by changes or experiences, “turning points.”
3. In order for me to understand the flow or movement of your life and your way of thinking and feeling about it, what other people or experiences would be important for me to know about?
4. Thinking about yourself at present, what are the things that make life truly worth living for you?

Part 2: Life-shaping experiences and relationships
1. At present, what relationships are most important to you? e.g., family, friends, work; may be positive, negative or both.
2. You did/didn’t mention your father. When you think of him as he was when you were a child, what stands out? Tell me about him, e.g., work, religion, interests, challenges.
3. You did/didn’t mention your mother (same as question 2)
4. Have your perceptions of your parents changed since you were a child? If so, how?
5. Are there other people from earlier times in your life who played a key role, or who have been significant in shaping your outlook? Tell me about them.
6. Lows: have you experienced losses or suffering that have shaped you in significant ways?
7. Highs: have you had moments of joy, ecstasy, or breakthrough that have shaped your life significantly?
8. What were the taboos in your early life, i.e., what were you taught to understand as absolutely forbidden? How have you lived with or out of those taboos since childhood? What are your own taboos now?
9. What experiences have affirmed or strengthened your sense of meaning in life?
10. What experiences have shaken up or disturbed your sense of meaning?
11. Who are the greatest heroes in your life? Why?
12. Who are the greatest anti-heroes?
**Part 3: Values and commitments**

1. Can you describe the beliefs or values that are most important to you? Why these, and not some others? In what way do they find expression in your life? Please give examples: e.g., times of crisis, risks/costs of commitment.

2. What is the purpose of human life?

3. Do you feel that some approaches to life are more “right” or “true” than others? Are there some beliefs or values that all people ought to hold and act on?

4. What symbols/images/rituals are most important to you? Why?

5. What relationships or groups are most important to you as support for your values and beliefs?

6. When you have an important decision to make, how do you go about deciding? Please give examples, if possible.

7. Do you think there is a “plan” for human lives? Are we, individually or as a species, shaped or defined by forces beyond our own control? Elaborate.

8. When life seems most discouraging or hopeless, what holds you up or gives you hope? Elaborate.

9. When you think about the future, what makes you most anxious or uneasy for yourself, for those you love, for society, for whole world. Respond to any or all.

10. What does death mean to you? What do you think happens to us when we die? Have you had some lifeshaping experiences related to death and dying?

11. How has hospice work changed your feelings and understandings about death and dying?

12. Why do you think some people (or groups) suffer more than others?

13. Do you feel that human life on this planet will go on indefinitely or is it about to end? Something in between those two extremes or different from them?

14. Where do you feel that you are changing/growing/struggling at the present time? i.e., what are your growing edges?

**Part 4: Religion**

1. Do you consider yourself a religious person? Why/why not?

2. What feelings come up for you when you think about God? Has this changed over the years? If so, how?

3. If you pray, what do you feel is going on when you pray?

4. What is “sin” or “evil” to you? Has this changed since you were a child? If so, how?

5. Some people believe that without religion, morality breaks down. What do you believe?

6. Do you understand your religious perspective to be “true”? If yes, to the exclusion of other religious perspectives? If no, elaborate.

**Part 5: Summary**

There may be important memories, thoughts, feelings, beliefs, or stories that have not come up yet. Please take a moment to reflect on your life, and add whatever would help me to understand your faith, using that word in the broadest sense.