COMPASSION FATIGUE: AM I AT RISK?

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OBJECTIVES

1. Discuss the relationship between caregiving and compassion fatigue.
2. Identify ways to effectively manage and recover from compassion fatigue.
3. Describe strategies for preventing compassion fatigue.
KEY TERMS
- Burnout
- Secondary traumatic stress
- Compassion fatigue
- Compassion satisfaction

Do you know the difference between these terms? Let’s See!

Audience Response Q1

1. Compassion fatigue is best described as:
   a. A condition experienced only by nurses and other health professionals.
   b. A condition that occurs when a caregiver does not have resources needed to provide care to others.
   c. A pathological condition that leads to a caregiver’s unpredictable emotional responses and inability to care for patients.
   d. A syndrome that affects a caregiver’s desire and ability to care for others.
2. The first step in dealing with compassion fatigue is:
   a. Self-care activities
   b. Self-awareness
   c. Education
   d. Counseling

3. Which of the following is not associated with burnout?
   a. Enthusiasm
   b. Exhaustion
   c. Frustration
   d. Anger
Audience Response Q4

4. **Compassion fatigue is:**
   a. Easier to manage than burnout
   b. More complex than burnout
   c. Less severe than burnout
   d. A deterrent to burnout

Audience Response Q5

5. **Secondary traumatic stress differs from burnout because it:**
   a. Affects all professions regardless of job
   b. Affects only health care providers working with trauma victims
   c. Is an emotional response based on a specific patient experience
   d. Includes environmental stress as well as patient care
### KEY TERMS

#### Burnout
- Feeling overwhelmed
- Inefficiency
- Physical exhaustion
- Reduced personal accomplishment
- Gradual and progressive
- Loss of interest and motivation
- Sense of hopelessness/helplessness
- Cynicism and depersonalization
- Response to job stressors
- Can lead to compassion fatigue

#### Secondary traumatic stress
- Rapid in onset
- Associated with a particular event
- Avoidance of reminders of event
- Disturbances in sleep
- Initial traumatizing event for one person becomes a traumatizing event for another
- Can lead to compassion fatigue

### KEY TERMS

#### COMPASSION FATIGUE
- Unique form of burnout
- Onset can be sudden
- Negative response to caring for others
- Natural consequence of caring for traumatized people
- Normal displays of chronic stress for those working in care-giving professions
- Helping that hurts
COMPASSION FATIGUE PROCESS

The Compassion Fatigue Process (Figley, 2001)

Taken from giftfromwithin.org

COMPASSION FATIGUE SYMPTOMS

<table>
<thead>
<tr>
<th>PHYSICAL</th>
<th>PSYCHOLOGICAL</th>
<th>BEHAVIORAL</th>
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<tbody>
<tr>
<td>• Headache or muscle aches</td>
<td>• Anger</td>
<td>• Substance abuse</td>
</tr>
<tr>
<td>• Hypertension</td>
<td>• Boredom</td>
<td>• Tardiness</td>
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<tr>
<td>• Fatigue</td>
<td>• Anxiety</td>
<td>• Absenteeism</td>
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<tr>
<td>• Weight gain</td>
<td>• Hopelessness</td>
<td>• Medication errors</td>
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<tr>
<td>• Stiff neck</td>
<td>• Poor communication</td>
<td>• Sarcasm</td>
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<tr>
<td>• Disrupted sleep</td>
<td>• Feelings of isolation &amp; alienation</td>
<td>• Cynicism</td>
</tr>
<tr>
<td>• Diabetes</td>
<td>• Irritability</td>
<td></td>
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<tr>
<td>• Cardiovascular disease</td>
<td>• Apathy</td>
<td></td>
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<tr>
<td>• GI conditions</td>
<td>• Avoidance of intense patient situations</td>
<td></td>
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<tr>
<td>• Immune dysfunction</td>
<td>•</td>
<td></td>
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<tr>
<td>• Frequent lingering illness</td>
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Aycock & Boyle (2009)
COMPASSION FATIGUE RISK

- Repeated exposure to stressful events
- Traumatic event exposure
- Life demands
- Excessive empathy
- Ongoing motivation to help those in need
- Lack of support

Sacco, Ciurznski, Harvey & Ingersoll (2015)
Smart, et al. (2013)

CASE EXAMPLES

- Burnout
- Secondary traumatic stress
- Compassion Fatigue

What additional information is needed?
What are the risk factors?
CASE #1
33yo in 1st month of practicing as licensed professional counselor-intern. Seeing 30 clients/week, running two groups, and serving as courtroom advocate. Reported that she was not sleeping well; had nightmares about some clients; worried constantly about other clients; did not feel confident in her counseling skills; and was irritable with her husband and 3 children, who were under the age of 10.

Merriman, J. (2015)

CASE #2
Sierra is glad her days off have finally come. She loves being a nurse, but after working 2 years on the oncology unit, the pressures of changing shifts, frequent understaffing and late stays to finish paperwork are taking their toll. Sierra frequently feels tired, and the attitudes of coworkers irritate her. She is looking forward to her vacation at the beach.

CASE #3
Eric, out of school five years, is feeling comfortable with his role as a staff nurse on a busy step-down unit, as well as with the charge position he took on weekend shifts. However, the days off that used to bring Eric back to work ready to give his best don’t refresh him anymore. He enjoys work, but seeing people with severe cardiac disease bothers him. He is angry at his patients for what he perceives to be their increasingly demanding natures or unwillingness to make lifestyle changes.


CASE #4
John and Jill had been married for 30 years. Jill was diagnosed with breast cancer and underwent chemotherapy and surgery; she now has brain and liver metastases. Together they decided on home based hospice care. During the past 6 months, Jill had become more withdrawn as the pain and nausea intensified. John reacted to every cry from Jul. John felt helpless and was also withdrawing to escape the pain.

CASE #5

E.P., a 34-year-old oncology nurse, has started to take classes to get a master’s degree in oncology nursing. She has been married for 13 years and has a daughter, 12, and a son, 10. Her children keep her outside life very busy. E.P.’s husband and children say that she is “irritable” and distant. E.P.’s work demands have her coming home feeling physically and emotionally drained. The nursing shortage has increased the nurse-patient ratio. E.P. continues to feel close to her patients and their families but she cannot leave their grief and issues at work. She has started waking at night dreaming about a patient or fearing that a patient would die before she got back to work. E.P. began to feel incompetent at work, at home and with her studies.


RISK ASSESSMENT

• Most common tool is The Professional Quality of Life Scale (ProQOL)
• A 30 item tool for self reporting of the positive and negative aspects of caring
• The ProQOL measures Compassion Satisfaction and Compassion Fatigue
• Compassion Fatigue has two subscales:
  – Burnout
  – Secondary Trauma
RISK ASSESSMENT

• ProQOL measure and tools are available free of charge
  • www.proqol.org
  • www.compassionfatigue.org

MANAGEMENT AND RECOVERY PROCESS

• Assessment
• Planning
• Intervention
• Evaluation

Bloniasz (2011)
MANAGEMENT AND RECOVERY PROCESS: ASSESSMENT

- Self-assessment
  - Emotional
  - Physical
  - Needs
- Environmental assessment
  - Mission
  - Support
  - Influences

MANAGEMENT AND RECOVERY PROCESS: PLANNING

- Key themes from assessment
- Goals for change
  - Physical
  - Emotional
  - Professional
- What is needed to accomplish goals?
- Manageable action steps
MANAGEMENT AND RECOVERY PROCESS: IMPLEMENTATION

- Be proactive
- Focus on goals
- Prioritize meeting physical and mental health needs first
- Seek healthy relationships
- Actively engage in workplace changes

MANAGEMENT AND RECOVERY PROCESS: SELF-HEALING

<table>
<thead>
<tr>
<th>REFLECTIVE CARITAS INVENTORY</th>
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<tbody>
<tr>
<td>1. Have I set an intention of self-caring and kindness today?</td>
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<tr>
<td>2. Am I clear about what I have faith in?</td>
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<tr>
<td>3. Have I responded to my thoughts and feelings today with gentleness, knowing that my experience is unique and sacred?</td>
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<tr>
<td>4. Have I empowered myself to release toxic relationships and embrace supportive connections in my life with truth and vulnerability?</td>
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<tr>
<td>5. Have I authentically accepted my own story?</td>
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<tr>
<td>6. Do I recognize how creative I am?</td>
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<tr>
<td>7. Am I forthcoming about my needs at home and at work?</td>
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<tr>
<td>8. Have I physically or energetically touched my heart today?</td>
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<td>9. Do I recognize my individual needs as valid?</td>
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<tr>
<td>10. Can I release the need to be certain, to explain, to defend, protect and define?</td>
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</tbody>
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Rosa (2014)
MANAGEMENT AND RECOVERY PROCESS: EVALUATION

• What progress has been made?
• Are your plans helping you to achieve your goals?
• What needs to change in the plan?
• Keep going forward

COMPASSION FATIGUE: PREVENTION

• Self-care practices
• Balance between professional and personal activities
• Managerial practices
• Education
SUMMARY

- Caregivers are at risk for compassion fatigue when the amount of compassion and empathy provided to others exceeds their ability to cope physically, psychologically and emotionally.
- Maintaining a balance between personal and professional activities, while engaging in self-care practices is essential for compassion satisfaction.
REFERENCES


REFERENCES (cont.)


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[www.proqol.org](http://www.proqol.org)
[www.compassionfatigue.org](http://www.compassionfatigue.org)