

Compassion Fatigue: When Caring Hurts How to Build a Selfcare Fort to Avoid Compassion Fatigue

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Disclosure

- No financial ties to any pharmaceutical industries
- HappyMindMD.com

Objectives:

1. What is compassion and Compassion Fatigue?
2. Prevalence and risk factor
3. What is self-care and self compassion
4. What can we do? : Follow Vasavada's BASICS

Caveats

- Burnout and Compassion fatigue are relatively new term
- Lack of proper definition and research criteria
- Studies show a wide range of effects (like 0-86%) and counter each other in the area of epidemiology, causative factors, and RX
- Cut of scores on inventories are set up differently
- Health care promotes stoic culture, so it is hard to accept
- Worse: we have no great way to help you... studies so far do not provide an effective solution

Rotenstein: JAMA 2018

Quick Poll for personal caregivers

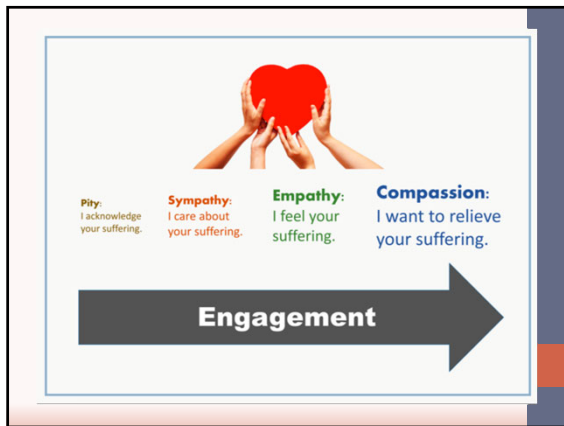
- How many of you are caring for a loved one at home who cannot function fully?
- How often do you feel alone and tired in doing it repeatedly?
- How many of you report feeling indifferent or hopeless towards the person you care about?
- How often do you lose your purpose of "caring" that you begin with?
- While caring, do you feel/get more sick than usual?
- Did you feel the guilt and distress at the inability to save an individual from harm?

Quick Poll for Health Care Caregivers

- How has the recent pandemic affected your mental health?
- How often do you feel alone and tired in doing it repeatedly?
- How many of you report feeling indifferent or hopeless towards the person you care for?
- How often do you lose your purpose of "caring"?
- Do you feel/get more sick than usual during high stressful times at work?
- Do you feel the guilt and distress at the inability to save an individual from harm?

Sympathy and Empathy

- **Sympathy:** Feeling of care and concern for someone, often someone close, accompanied by a wish to see him better off or happier
 - **Empathy:** Cognitive and Affective
 - **Cognitive Empathy:** the ability to understand intentions, desires, and beliefs of another person resulting from (cognitively) reasoning about the other's state
 - **Affective Empathy:** involves emotional resonance or feeling with the person in need
- John Steinbeck wrote, 'It means very little to know that a million Chinese are starving unless you know one Chinese who is starving.'



Compassion (to suffer together)

Compassion:
"concern to enhance the welfare of another who suffers or is in need."

- It is defined as the feeling that arises when you are confronted with another's suffering and feel motivated to relieve that suffering in them.
- **Empathy is feeling while Compassion is Empathy in action**

Professional Quality of Life Depends on your Satisfaction

Compassion Satisfaction	Compassion Fatigue
<ul style="list-style-type: none"> • The positive aspects of helping • "The good stuff" 	<ul style="list-style-type: none"> • The negative aspects of helping • "The bad stuff"

Compassion Satisfaction

- The positive aspects of helping
 - Pleasure and satisfaction derived from working in helping- care giving systems
- May be related to
 - Providing care
 - To the system or being a part of the system
 - Work with colleagues
 - Calling
 - Beliefs about self
 - Finding meaning
 - Altruism

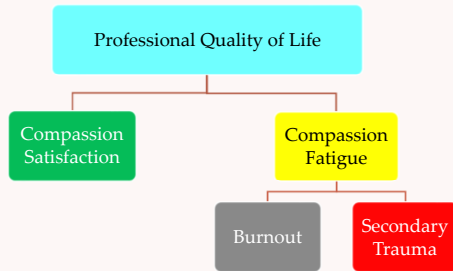
Compassion Fatigue

- The negative aspects of helping
- The negative aspects of working in helping systems may be related to
 - Providing care
 - To the system
 - Work with colleagues
 - Beliefs about self
 - Past trauma and negative experiences
- Burnout
- Work-related trauma

What is Compassion Fatigue?

- Loss of the ability to nurture.... Joinson (1992)
- "the formal caregiver's reduced capacity or interest in being empathic or bearing the suffering of client....." Figley (1995)
- Compassion is a lossely defined term as a consortium of skills, including listening, confronting, involvement, helping, empathy, understanding and communicating.
- So loosing it would be Compassion fatigue.

CS-CF Model

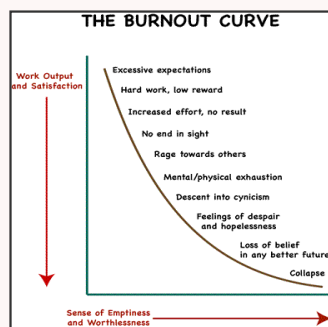


The Dimensions of Burnout

- **Exhaustion:** -practitioner's emotional resources become depleted by the chronic needs, demands, and expectations of their clients, supervisors, and organizations, feeling overextended
- **Cynicism (Depersonalization):** negative or callous, excessively detached response to job
- **Reduced Efficacy/accomplishment:** feelings of incompetence and lack of achievement and productivity

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The Descent Into Burnout



Causes of Burnouts

- **Work-Related Factors** : hours, night or weekend calls, control and autonomy, incentive pay, EMR, Clerical work,
- **Institution**: leadership awareness, preventive program, available help and stigma,
- **Demographic Profiles** : Age, past factors, specialty, private practice, career stage,
- **Personal/family issues**: divorce, child at home, not married,
- **Cause or effect?**

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The Mismatch Paradigm of Burnout

- Burnout arises from mismatches between the person and the job in six domains. The greater the mismatch, the greater the chance of burnout. The better the match, the greater the likelihood of job engagement.
- Mismatches arise when the initial psychological contract was not clear, or the job changes.
- The six areas are: workload, control, reward, community, fairness, and values.

David Mayes, Uni of Wisconsin

Is your doctor burned out?

- | | 2011 | 2014 | 2017 |
|-------------------------|------|------|------|
| • Burnout: one symptom | 46% | 54% | 44% |
| • Emotional exhaustion: | 38% | 47% | |
| • Depersonalization: | 29% | 35% | |
| • Dissatisfied : | 37% | 45% | |
| • Satisfied | 49% | 41% | 43% |
- US Physicians are at increase odds (1.4) of burnout than other professions even when controlled for other factors

National Data
(Shanafelt et al., Arch Intern Med 2012; Mayo Clin Proc 2015, 2019)

Burnout Effects: (Physical, Mental and Behavioral)

- Burnout is associated with various forms of job withdrawal: absenteeism, turnover
- For people who stay on at work, burnout leads to lower productivity and effectiveness, poor job satisfaction, reduced commitment.
- Burnout has a negative impact on coworkers, creating more interpersonal conflict and disruption. It is contagious.

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So what is Compassion Fatigue ?

- CF consists of two parts. The first part contains issues such as exhaustion, frustration, and depression, typical associated with **Burnout**
- The second part is the negative feeling driven by concerns such as hyper-vigilance, avoidance, fear and intrusion, which are also characteristics of **secondary trauma symptoms**

Secondary and Vicarious Trauma

- **Secondary trauma:** Stress arising from engaging in an empathic relationship with an individual suffering from a traumatic experience and bearing witness to the intense or horrific experiences of that particular person's trauma
- **Vicarious Trauma:** it is a cognitive change process resulting from chronic direct practice with trauma populations, in which the outcomes are alterations in one's thoughts and beliefs about the world in critical areas such as safety, trust, and control

Secondary Stress Syndrome

- The emotional duress that results when an individual sees or hears about the firsthand trauma experiences of another." Symptoms of STS are similar to those of posttraumatic stress disorder (PTSD).
- It is Acute PTSD or PTSD in caregivers after witnessing traumatic situation again and again.
- Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics, investigating Childhood abuse/pornography)

Symptoms of Secondary Stress Syndrome

- History of recurrent exposure to secondary trauma (seeing others suffer)
- Reexperience : Thinking again and again about trauma, Can not shake it, Intrusive thoughts and feelings, Flashbacks and nightmares
- Avoidance: Avoiding trauma related duties, thinking or feelings. Unable to express yourself
- Cognitive: Guilt, blame, depression, isolation, mistrust, not trusting your/Team skills, fatalistic view
- Hyperarousal: irritability, insomnia, poor concentration, risky behaviors to overcompensate

Symptoms of Secondary Stress Syndrome

- Duration: Acute Stress Disorder < 1 month, PTSD > 1 month
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important, areas of functioning.

How Common is STS?

- 6% to 26% of therapists working with traumatized populations, and up to 50% of child welfare workers, are at high risk of secondary traumatic stress or the related conditions of PTSD and vicarious trauma.
- 15.2% among social workers, 16.3% in oncology staff, 19% in substance abuse counselors, 32.8% in emergency nurses, 34% in child protective services workers
- 13% ER physicians, 19% Residents/interns

Incidence During COVID

- A considerable proportion of HCWs had symptoms of secondary traumatic stress (41.3%), emotional exhaustion (56.0%), and depersonalization (48.9%). The prevalence of secondary traumatic stress in frontline HCWs was 47.5% while in HCWs working in other units it was 30.3% (Italy 1st wave)
- Moderate/severe STS in 35% of them. Specifically, 33% physicians and 36.2% nurses had clinically relevant symptoms -Lai et al.,2020 (China)
- Once STS has been developed in the first wave, it seems to continue growing, possibly due to the accumulative effect of the job demands being maintained.
- Surprisingly no good studies done in USA -HCW.

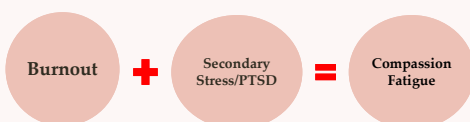
Risk Factors for STS

- Too much Empathy
- Heavy patient load & dose of exposure
- Feeling isolated
- Feeling one's training is not adequate for current role / tasks
- Younger / fewer years in field
- Duration of Trauma exposure
- Personal and previous trauma history that is not resolved

Risk factors

- Organizational: Nurses more often than doctors, understaffing, unfairness in organization structure and discipline, low peer and supervisory support, and poor agency and on-the-job training, lack of control,
- Society/System related : being under valued, treating sicker patients with less and less social support
- Patient related: settings:
-ICU more than regular floor, pediatric ICU, Oncology
-working with sicker, end of life issues and ethical decision,

So What is True Compassion Fatigue?



Symptoms of CF

- **Physical:**
Exhaustion, somatization, sleep issues, easily sick
- **Behavioral:**
Increase substance use, anger, irritability strained personal relationship, absenteeism, attrition, compromised care, overprotection of clients and work space

Symptoms of CF

- **Psychological**

Negative self image and doubt, depression, anxiety, cynicism, dread of working, professional helplessness, PTSD, loss of insight and inability to nurture relationship, Loss of joy, over-identification with patients, Failed Rescue caretaking

- **Spiritual/Self:** lack of spiritual awareness, Lack of introspection, poor judgment, boundary violation,

Prevalence in ICU

- Prevalence of compassion fatigue as 7.3%-40% in ICU
- Prevalence of secondary stress PTSD was 0-38%
- Prevalence of Burnout is from 14-45%
- BO in ICU healthcare professionals varies depending upon the cutoff and scales used.
-14.5% in the ICU compared to 21.9% in the oncology department 17.5% in the operating theatre, 17.2% in the surgical department, and 12.4% in the medical department

Margo M. C. van Mol: PLoS ONE 2015

Risk factors: Internal

- Young age and inexperience,
- female, single, without children,
- Neuroticism, control issues,
- Low health promoting behavior and low spiritual growth
- Previous trauma

Impact To Professional Practice

Changes to insight and judgment	Lowered work Satisfaction	Diminished levels of competence	Boundary Violations
Diminished productivity	Changes to Client Outcomes	Ethical Violations	Professional Sanctions

Dr. Tonya Phillips LCSW-C, LCADC

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Hold yourself as a mother holds her beloved child.
—Buddha

*"You can search the whole tenfold universe
and not find a single being more worthy of
love and compassion than the one seated
here..
—yourself."*

Self-Compassion

1. **Self-kindness vs. Self Judgement:** Requires that we be gentle and understanding with ourselves rather than harshly critical and judgmental
2. **Recognition of our Common humanity vs. Isolation**
(We are not unique): Feeling connected with others in the experience of life rather than feeling isolated and alienated by our suffering. Sorry, life is imperfect!!!
3. **Mindfulness vs. Over identification or Suppression:**
We hold our experience in balanced awareness, rather than ignoring our pain or exaggerating it.

Kristin Neff: Self and Identity, 2: 85–101, 2003

*Hold yourself as a mother holds
her beloved child.*

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How to Practice Self-Compassion?

- **How Would You Treat a Friend?:** think of a time when you were self critical. Change the character to your friend making same mistake or going through a pain. How will you respond? Can you do that to yourself?
- **Self-Compassion Break:** in above example say to your self
 -This is a moment of suffering : “This hurts, ouch, I am emotional”
 -Suffering is a part of life: I am not alone, others have it too,
 -May I be kind to myself: I need to be kind, forgiving and patient

How to Practice Self-Compassion?

- **Exploring Self-Compassion Through Writing:** write about your negatives and then write a letter from your friend to you
- **Changing Your Critical Self-Talk:** watch your tone, word you say when self critical, learn to calm that inner voice by being an observer
- **Know the difference of Self-compassion versus Self-pity, self –indulgence and self evaluation/Self esteem (not critical)**

What can we do?

- Individual: Risk recognition in self and others,
- Self Care program,
- Accelerated Recovery Program (ARP):grounding and containment skills to help control situations and symptoms, self-soothing, boundary setting, internal conflict resolution and self-care
- Mindfulness-Based Stress Reduction (MBSR):**MBSR** teaches participants to deal with stress, pain and demands of everyday life through meditation focused on self-awareness related to ones feelings. Nurses in clinical practice reported increased patience, calmness or relaxation as a primary benefit of an 8-week MBSR program

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What can they do?

- Hospitals and Academic Centers: Employee wellness program, structured support group, onsite program for counseling
- Organizations: Improve curriculum, AMA, Subspecialty, Community, state Medical board
- Governments and policy changes

Prevention of CF

- Get Educated
- Take time to check your mental pulse
- Practice self-care/Self compassion /Responsible selfishness, Humanity and Mindfulness
- Set Emotional Boundaries and don't be a victim or a sponge
- Engage in Outside Hobbies
- Cultivate healthy friendships outside of work
- Re-define success in failure
- Boost your Resiliency
- Identify workplace strategy including courage to change
- Seek personal therapy

Interventions for your Team

- Increased resiliency skills
- Use of self-care strategies: Processing, Balint groups
- Check on others
- Improved social support from others, including coworkers
- Create fun activities
- Development of caregiving skills
- Use of conflict resolution

What can they do?

- Hospitals and Academic Centers: Employee wellness program, structured support group, onsite program for counseling
- Organizations: Improve curriculum in schools, More effort from AMA, Subspecialty, Community, State Medical board
- Governments and policy changes

Everyone is on his or her own life
journey.
I am not the cause of this person's
suffering,
nor is it entirely within my power to
make it go away,
even though I wish I could.
Moments like this are difficult to bear,
yet I may still try to help if I can

Follow the "BASICS"

- **B:** is for Body or physiological considerations
- **A:** stands for Affect, attitude, and psychological matters
- **S:** is for Social and refers to our personal, intimacy relationships
- **I:** is for Intellect and the many ways we can use it to our personal and occupational advantage
- **C:** stands for Community and addresses the nature and importance of personal and professional relationships
- **S:** refers to the Spiritual domain, perhaps the least discussed yet most alluring aspect of resilience

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Body

- Personal health and hygiene
- Sleep and rest
- Exercise
- Nutrition
- Alcohol & caffeine intake

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Affect

- Self compassion
- Perfectionism
- Watch your Cognitive Distortions and attitude
- Self Monitoring, Mood diary
- Know your limits: Don't be a sponge

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Social

- Relationship with loved one/Family
- Connectedness with friends, peers
- Intimacy of marriage/partner
- Practice: Learn being single or away from family
- Learn to appraise new culture or opposite views

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Intellect

- Learn and practice resiliency and Self Kindness
- *Know that change are inevitable but choice and control issues are yours to work on*
- Take additional courses [non medical/medical]
- Passion: Art, Music, hobby, sports
- Vacations with Experience/knowledge

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Community

- Build a healthy community at work, in your practice and family
- Medical and non medical involvement,
- Social/Political causes
- Self help and support groups
- Use your money for others

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Spiritual

- Acceptance
- Altruism
- Self Compassion, Humanity and Mindfulness:
- Remain aware of greater force than you and your powerlessness
- Be humble: "House always wins"
- Ponder, Play and Pray,

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F.I.F.E.

- Feelings about patient: like, dislikes, humor, story, reminds of something, fear of failure, inability to help, blames, conflicts with staff and system
- Impression /Judgment on my work: what do I think about my work, Auto pilot or aware about each emotions, effect of each encounter on me and patients
- Functioning: Transference and CT
- Expectations: Higher or lowering the bar, how will I do different,

What changes will you make?

- Body:
- Affect:
- Social:
- Intellect:
- Community:
- Spiritual:

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