

Compassion Fatigue

"Don't expect or require perfection from yourself as a caregiver.
Look to the small victories and happy moments
hiding in each day, and watch a new, beautiful you emerge."

- Anon



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Did you know?

Compassion fatigue is a serious threat for those in any kind of helping profession. It is especially important for those working with long term or life-limiting illness in either a professional or personal capacity. An alarming number of caregivers report experiencing at least some degree of compassion fatigue.

Compassion Fatigue

Sometimes described as “Running on Empty”

Often described as “the cost of caring”

What is compassion fatigue?

Compassion Fatigue has been described as the “cost of caring” for others in emotional and physical pain. (Figley, 1982)

Our primary task as caregivers, both professionals and personal, is to meet the physical and/or emotional needs of the person we are caring for. This can be an immensely rewarding experience, and the daily contact with end-of-life clients and their families is what keeps many of us working in this field. It is a Calling, a highly specialized type of work that is unlike any other profession. However, this highly specialized rewarding profession can also take both an emotional and physical toll on us. This is also true for families caring for their loved ones in this setting.

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet”

-Remen

Compassion Fatigue is characterized by deep physical and emotional exhaustion and a pronounced change in the helper’s ability to feel empathy for their clients, their loved ones and their co-workers. It is marked by increased cynicism at work, a loss of enjoyment of our career, and eventually can transform into depression, secondary traumatic stress and stress-related illnesses. The most insidious aspect of compassion fatigue is that it attacks the very core of what brought us into this work: our empathy and compassion for others.

Understanding what is Burnout and how it differs from Compassion Fatigue?

Burnout is about being “worn out” and can affect any profession. The impacts of burnout emerge gradually over time and are easily identified to direct links and stressors within the working and personal life. Things that inspire passion, drive, and enthusiasm are stripped away as tedious, unpleasant thoughts take over.

The differentiating factor between the two types of stresses:

- Burnout emerges over time, are easily identified to direct links and stressors within the working and personal life. and is slow to recover
- compassion fatigue, if identified and managed early, can have a fast recovery

Who does it affect?

Compassion fatigue is an occupational hazard, which means that almost everyone who cares, both profession and personal, about their clients or a loved one will eventually develop a certain amount of it, to varying degrees of severity.

Statistics Canada published their first ever National Survey of the Work and Health of Nurses (2005) which found:

- Close to 1/5 of nurses reported that their mental health had made their workload difficult to handle during the previous month.”
- In the year before the survey, over 50% of nurses had taken time off work because of a physical illness and 10% had been away for mental health reasons.
- 8 out of 10 nurses accessed their employee assistance program (EAP) which is over twice as high as EAP use by the total employed population.
- 50% of physicians and 1/3 of other cancer care professionals had high levels of emotional exhaustion and low levels of personal accomplishment.

Signs and Symptoms of Compassion Fatigue

Each individual will have their own warning signs that indicate that they are moving into the danger zone of compassion fatigue. These will include some of the following:

- Chronic Exhaustion (emotional, physical, or both)
- Reduced feelings of sympathy and empathy
- Anger and irritability
- Increased use of alcohol and drugs
- Dread of providing care for clients/loved ones
- Diminished sense of enjoyment
- Disruption to world view, heightened anxiety or irrational fears
- Difficulty sleeping, headaches, poor appetite
- Hypersensitivity or Insensitivity to emotional material • Difficulty separating work life from personal life
- Absenteeism – missing work, taking many sick days
- Impaired ability to make decisions and care for clients/loved ones
- Problems with intimacy and in personal relationships

Learning to recognize one's own symptoms of compassion fatigue has a two-fold purpose:

- It can serve as an important "check-in" process for a helper who has been feeling unhappy and dissatisfied, but did not have the words to explain what was happening to them
- It can allow them to develop a warning system for themselves.

Say, for example, that a caregiver was to learn to identify their compassion fatigue symptoms on a scale of 1 to 10 (10 being the worst they have ever felt about their work/compassion and 1 being the best they have ever felt) and they learned to identify what an 8 or a 9 looks like for them.

An example... "when I'm getting up to an 8, I notice it because I don't return phone calls, think about calling in sick a lot" or "I know that I'm moving towards a 7 when I turn down my best friend's invitation to go out for dinner because I'm too drained to talk to someone else, and when I stop exercising."

Being able to recognize that one's level of compassion fatigue is creeping up to the **red zone** is the most effective way to implement strategies immediately before things get worse.

What can be done to prevent Compassion Fatigue?

Compassion Fatigue is a treatable problem providing we recognize the signs and symptoms early and that the level of intervention is appropriate to the level of compassion fatigue present in the caregiver. There are strategies and solutions both at the personal and at the organizational level.

Organizational Strategies

There are many simple and effective strategies that caregivers can implement to protect themselves from compassion fatigue.

- First, by openly discussing and recognizing compassion fatigue in the workplace, helpers can normalize this problem for one another.
- They can also work towards developing a supportive work environment that will encourage proper debriefing, regular breaks, mental health days, peer support, assessing and changing workloads, improved access to further professional development and regular check-in times where staff can safely discuss the impact of the work on their personal and professional lives.
- Research has shown that working part time, or only seeing clients part time and doing other activities the rest of the workday can be a very effective method to prevent compassion fatigue.

Personal

Improved self-care is the cornerstone of compassion fatigue prevention. This may seem obvious, but most caregivers tend to put their needs last and feel guilty for taking extra time out of their busy schedules to exercise, meditate or have a massage. On the personal front, caregivers need to carefully and honestly assess their life situation:

- Is there a balance between nourishing and depleting activities in their lives?
- Do they have access to regular exercise, non-work interests, personal debriefing?
- Are they caregivers to everyone or have they shut down and cannot give any more when they go home?
- Are they relying on alcohol, food, gambling, shopping to de-stress? Helpers must recognize that theirs is highly specialized work and their home lives must reflect this.

Develop a Prevention Toolkit for yourself

In our Compassion Fatigue workshops, we encourage caregivers to design a prevention toolkit that will reflect their own reality and that will integrate their life circumstances and work challenges.

This is a very individual process – your self-care strategies may not work for your neighbour and vice versa.

Here are some key questions to ask yourself to start the process:

- What would go in that toolkit?
- What are my warning signs – on a scale of 1 to 10, what is a 4 for me, what is a 9?
- Schedule a regular check in, every week – how am I doing?
- What things do I have control over?
- What things do I not have control over?
- What stress relief strategies do I enjoy? Start simple: pick daily tasks that you enjoy: taking a bath, going for a walk, sleeping well or going for a massage. Remember it is what YOU enjoy.
- What stress reduction strategies work for me? Stress reduction means cutting back on things in our lives that are stressful
- What stress resiliency strategies can I use? Stress resiliency are relaxation methods that we develop and practice regularly, such as meditation, yoga or breathing exercises.

What if those strategies aren't enough?

Compassion Fatigue can lead to very serious problems such as depression, anxiety and suicidal thoughts. When this happens you deserve to have help. Talk to your physician about options such as counselling. In addition to the strategies described above, there are effective treatment modalities available to helpers with more severe compassion fatigue.

Compassion fatigue counselling needs to focus on a combination of screening for and treating depression and secondary traumatic stress as well as developing an early detection system to prevent relapse.

The focus is also on assessing work/life balance and developing strategies to deal with difficult caseloads and repeated exposure to traumatic material.

What if I think that someone is suffering from Compassion Fatigue?

A helpful strategy is right in the name, have compassion! No one likes to feel blamed, unfortunately one negative effect of the work that has been done in this area is that some caregivers have felt blamed for their compassion fatigue. They have received a strong message from their workplace, “if you feel burnt out, it means you are not taking good enough care of yourself”. This can further silence people in pain and ignores a key contributing factor that most individual helpers have no or little control over (caseloads etc). Be kind and supportive and start small, it can be hard to hear that something you have been trying to hide is obvious to others. Talking about the effects of the work can be helpful and a good entry point.

Conclusion

Developing compassion fatigue is a gradual, cumulative process and so is healing from its effects. A few people can be fully restored by taking a holiday or going for a massage but most of us need to make life changes and put our own health and wellness at the top of the priority list.

How Grande Prairie Palliative Care can help:

- We offer workshops for the caregiver to promote and give you mental wellness tools.
- We offer specific workshops addressing Compassion Fatigue, Self-care, and Setting Boundaries for both professional and personal caregivers.
- We offer literature and external resources
- We offer resources to health care professionals that can further assist you

