Q&A

Compassion fatigue has been described as the "cost of caring" for others in emotional pain (Figley, 1982). The helping field has gradually begun to recognize that workers are profoundly affected by the work they do, whether it is by direct exposure to traumatic events (for example, working as an ambulance driver, police officer, emergency hospital worker); secondary exposure (hearing clients talk about trauma they have experienced, helping people who have just been victimized, working as child protection workers) and the full gamut in between such as working with clients who are chronically in despair, witnessing people's inability to improve their very difficult life circumstances or feeling helpless in the face of poverty and emotional anguish.

The work of helping requires helping professionals to open their hearts and minds to their clients and patients – unfortunately, this very process of empathy is what makes helpers vulnerable to being profoundly affected and even possibly damaged by their work.

1 WHAT IS THE DIFFERENCE BETWEEN COMPASSION FATIGUE, VICARIOUS TRAUMA AND BURNOUT?

These three terms are complementary and yet different from one another. While Compassion Fatigue (CF) refers to the profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate, the term Vicarious trauma (VT) was coined by Pearlman & Saakvitne (1995) to describe the profound shift in world view that occurs in helping professionals when they work with clients who have experienced trauma: helpers notice that their fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material. Burnout is a term that has been used since the early 1980s describe the physical and emotional exhaustion that workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work. However, burnout does not necessarily mean that our view of the world has been damaged, or that we have lost the ability to feel compassion for others. We have worked with individuals who were not in the helping field who still felt severe work-related burnout (e.g. someone working as an administrative assistant in a toxic work environment). Most importantly, burnout can be

fairly easily resolved: changing jobs can provide immediate relief to someone suffering from job-related burnout. This is not the case for CF and VT. Helpers can simultaneously experience Compassion Fatigue and Vicarious Trauma. They are cumulative over time and evident in our personal and professional lives. They are also an occupational hazard of working in the helping field. (Saakvitne & Pearlman, 1996)

The distinction described above is not necessarily particularly important to make for you, as a helping professional: it is only important so that you can clearly understand the contributing factors that lead to you developing CF or VT, and also because the more that we know about the problem, the more able we are to develop strategies to prevent/modulate the impact of what we experience. Read through the definitions below and see where you fit in, whether you recognise elements of this in yourself: Is your job challenging because of the types of client situations you have to deal with? Because of the volume of work or because of a toxic supervisor (or all of the above?

Example: If my job as an administrative assistant to a parole officer is to read the files of violent sex offenders, I may be secondarily traumatized and deeply disturbed by the content of what I read. This may, in turn, affect my sex life, my feelings of safety for my children or my ability to watch television. (Vicarious Trauma) However, I may not necessarily feel too tired to talk to my friend who is going through a difficult time at home, and I may not find that this has caused me to feel deeply exhausted in my interaction with colleagues. But then again I may experience all of the above. (Vicarious Trauma and Compassion Fatigue)If I work as a nurse in palliative care, helping patients who are dying of cancer, I may feel incredibly drained, fatigued, unable to give any more or unable to stop thinking about my patients when I go home. (Compassion Fatigue). I may also find that I have become very preoccupied by death, dying and end of life issues which, over time, may affect my world view and beliefs about ageing, cancer or similar issues (Vicarious Trauma). Compassion fatigue and Vicarious Trauma are much more complicated than just being tired and overworked. They are often caused by a conflict between our deepest values and the work that we are required to do, a phenomenon which is called moral distress.

2 WHAT ARE SOME OF THE SIGNS OF COMPASSION FATIGUE AND VICARIOUS TRAUMA?

Researchers have discovered that helpers, when they are overtaxed by the nature of their work, begin to show symptoms that are very similar to their traumatized clients: difficulty concentrating, intrusive imagery, feeling discouraged about the world, hopelessness, exhaustion, irritability, high attrition (helpers leaving the field) and negative outcomes (dispirited, cynical workers remaining in the field, boundary violations) many of which affect the workplace and can create a toxic work environment.

3 WHAT FACTORS CONTRIBUTE TO CF/VT AND BURNOUT?

There are many reasons for which helping professionals can develop compassion fatigue and vicarious trauma. These are described in Saakvitne and Pearlman's book "Transforming the Pain" (1996):

The individual: Your current life circumstances, your history, your coping style and your personality type all affect how compassion fatigue may impact you. Most helpers have other life stressors to deal with: many are in the "sandwich generation" meaning that they take care of both young children and aging parents in addition to managing a heavy and complex workload. Helpers are not immune to pain in their own lives and, in fact, some studies show that they are more vulnerable to life changes such as divorce and addictions than people who do less stressful work.

The Situation: Helpers often do work that other people don't want to hear about, or spend their time caring for people who are not valued or understood in our society (for example, individuals who are homeless, abused, incarcerated or chronically ill). We also live in a society that glamorizes violence and does not adequately fund efforts to reduce or prevent violence in our society. The working environment is often stressful and fraught with workplace negativity as a result of individual compassion fatigue, burnout and general unhappiness. The work itself is also very stressful, dealing with clients/patients who are experiencing chronic crises, difficulty controlling their emotions, or those who may not get better.

4 WHAT CAN BE DONE?

Over the past decade, organizational health researchers have been busy studying the most effective strategies to reduce, mitigate and prevent CF and VT in helping professionals. Here is what has been shown to be most effective: Working in a healthy organization Studies show that "who you work for" is one of the biggest determinant of employee wellness. This means having access to a supportive, flexible manager who is open to regular workload assessments in order to reduce trauma exposure, a manager who encourages staff to attend ongoing professional education and who provides timely and good quality supervision as needed. Employees who had more control over their schedule reported a higher rate of job satisfaction overall. Reducing hours spent working directly with traumatized individuals was the single most effective way of reducing VT. Personal strategies The top personal strategies identified were: developing and maintaining a strong social support both at home and at work; Increased self-awareness through mindfulness meditation and narrative work such as journaling; Regular self care is unfortunately often an afterthought for busy helping professionals. Remember that compassion fatigue is a process that develops over time and so is healing from its effects. Maybe some people can return to a full well of resources 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. Helpers need to develop stress resiliency skills so they can continue to be able to do this challenging work.

5 WHAT IF THOSE STRATEGIES AREN'T ENOUGH?

Compassion Fatigue and burnout 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.

6 WHAT IF I THINK THAT SOMEONE CLOSE TO ME IS SUFFERING FROM CF?

Be kind and supportive – it can be hard to hear that something you have been trying to hide is obvious to others. Unfortunately, with a main focus on self care and work-life balance as the sole solutions to compassion fatigue, some helpers have felt blamed for their CF. They have received a strong (and incorrect) 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 it is actually not true: The biggest contributors to CF are where you work, your workload, your working conditions and the amount of high quality training you have received in trauma-related areas, not the amount of kale you eat and yoga you practice – although those are great things to do as well!

7 I AM A MANAGER, HOW CAN I HELP SUPPORT MY STAFF?

Introduce the topic of compassion fatigue at a staff meeting. Discuss it as an occupational hazard, something that happens to those who do their jobs well, and have a group discussion about ways to deal with it around the workplace such as peer supervision and clinical debriefings. Your staff may have other great suggestions. Don't be surprised if their main focus is on reducing workload and scheduling flexibility: recent research shows that those are the two main areas of work that most significantly contribute to employee stress and illness. Offer professional development for your staff, on topics related to trauma-informed care and other skill-building strategies. Unfortunately, one of the first things to get cut when there are budget restrictions are education, training and backfill to release staff to attend workshops. Research clearly demonstrates that this is short-sighted. Helping professionals need time to learn new skills and opportunities to attend refreshers. Offer counselling as part of your benefits package and encourage people to use the service. Be sure to use non-judgmental language and explain all aspects related to confidentiality. Bring in compassion fatigue specialists to speak to your team or provide opportunities for staff to attend a compassion fatigue workshop. Provide supportive supervision for your staff and include compassion fatigue in your discussions, but don't be insulted if they don't want to speak to you directly about it. Get some support yourself, it's lonely at the top! Many managers we speak to tend to be quite isolated and have very stressful jobs themselves. Join an on-line or teleconference support group for managers. This can often be a good way for busy managers to receive support.

8 I'D LIKE TO KNOW MORE – ANY SUGGESTIONS?

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We offer keynotes, consulting and in-house workshops. Contact us at info@compassionfatigue.ca for more details. (Early drafts of this Q&A were co-developed with Robin Cameron of www.lifeinspired.ca. This text was subsequently adapted and expanded for two publications: Mathieu, F., (2007) Running on Empty: Compassion Fatigue in Health Professionals. Rehab & Community Care Medicine, Spring. & Mathieu, F., (2012) The Compassion Fatigue Workbook. New York: Routledge.)

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