

Occupational hazards: Compassion fatigue, vicarious trauma and burnout

Q. I am feeling a lot of stress at work right now, and I'm bringing it home with me. I want to understand what I'm experiencing. What are the effects of compassion fatigue, vicarious trauma and burnout?

A: When I started working in health care, practitioner well-being was not something that received much attention, and I knew little about it. After several years as a crisis counsellor, working with clients in high-trauma situations, I found that my relationship to my work was changing: I was feeling less empathy, more irritation toward my colleagues and constant anger about budget cuts and insufficient resources. I was often tired and impatient at home. These subtle and gradual changes did not fit with my sense of who I was as a person. I knew I loved my work, so I had to learn to sustain myself to get back to being the helping professional I wanted to be.

I started reading and talking to others about burnout and other forms of work-related exhaustion, and discovered that it was a growing problem in our field. Since becoming a compassion fatigue educator, I have spoken with helping professionals of all stripes: nurses, physicians, social workers, police officers. What I am seeing is a system that is increasingly frayed: higher workloads, rising rates of sick leave, diminishing resources. It's no wonder many health-care workers are feeling overwhelmed.

Compassion fatigue refers to the profound emotional and physical exhaustion that health-care workers can develop over the course of their career when they are unable to refuel and regenerate. They may notice a change in their ability to tolerate strong

emotions in their patients, colleagues and loved ones or to listen to difficult stories. Over time, they may develop a detached stance and lose their ability to connect with patients. Researchers have found that compassion fatigue is a normal consequence of working in high-stress settings with heavy workloads, including busy hospitals, where staff are exposed to a large volume of cases, with little time to debrief and regroup. Compassion fatigue can also result from being exposed to too many patients with similar problems. Eventually, health-care workers may become desensitized and numbed out, which can affect the quality of care they provide.

The terms *secondary traumatic stress* and *vicarious trauma* were coined by researchers who noticed that those in the helping professions were often profoundly affected by their exposure to indirect trauma. Symptoms of post-traumatic stress can appear in some staff members, even if they have not themselves been in danger or in the line of fire. They report experiencing intrusive images, nightmares and intense preoccupation with clients' stories, long after the encounters. Over time, they may develop vicarious trauma — a shift in how they view the world: one terrible story (or thousands of them) may become deeply embedded in the soul, to the point where it changes their sense of safety and makes them more anxious or more fearful about specific situations. I was recently

working with a group of nurses who told me that for them, every motorcycle is a “donor-cycle.” They have seen so many accident victims with brain injuries that they no longer believe that riding a motorcycle is safe. Vicarious trauma leads to a loss of innocence and interferes with our ability to enjoy daily living and connect with others.

Burnout refers to the exhaustion and disconnection that employees can experience when job satisfaction is low and they feel powerless and overwhelmed. Stressful conditions are often the cause: unmanageable workloads, insufficient pay, unrealistic demands, lack of opportunities to give input, inflexible work schedules, toxic or abusive managers. Burnout can happen to anyone in any workplace — a restaurant, a real estate office, a classroom, a factory.

Of course, health-care workers can develop all three conditions: compassion fatigue due to exposure to a high volume of patients, secondary traumatic stress because of the stories they hear, and burnout as a result of an unhealthy workplace. In the real world, the distinction is not always perfectly clear.

Recent research has demonstrated that the

most effective ways to reduce the risk are to implement changes at systemic and organizational levels by lessening workloads, giving staff more control over their schedules, establishing supportive teams, limiting exposure to trauma and providing additional training.

BUILDING RESILIENCE

Here are some strategies that may help you cope with how you are feeling:

- Build a support network, if you do not already have one. Make time to meet with the people in your network regularly.
- After a critical event, ask for debriefing at work when you need it. If it isn't available, reach out to a therapist or to your employee assistance program.
- Find better ways to decompress: at the end of a long day, many of us are tempted to reach for a glass of pinot, a bowl of chips or the remote. In moderation, none of these are a problem, but when we start using them regularly to numb out from stressful jobs, they can become a crutch and even lead to a serious addiction. Instead, go for a run or a walk, play with your pets, journal, do yoga, meditate, spend time with children — yours or someone else's.
- Practise mindfulness-based stress reduction: try it for three minutes a day, and gradually build up to 10-20 minutes.
- Reduce your trauma inputs: take a look at the amount of traumatic material you are exposed to while watching the news and your favourite TV shows and when reading for pleasure.
- Advocate for a change in workload and more control over your schedule. ■

Resources

Mathieu, F. (2012). *The Compassion Fatigue Workbook: Creative Tools for Transforming Compassion Fatigue and Vicarious Traumatization*. New York: Routledge.

Richardson, C. (1999). *Take Time for Your Life*. New York: Broadway Books.

Available at compassionfatigue.ca:

The Basics — Understanding Compassion Fatigue and Vicarious Trauma (video)

Low Impact Debriefing: Preventing Retraumatization (article)

Mindfulness-Based Stress Reduction: An Important Tool in Mitigating Compassion Fatigue in Helpers (article)

FRANÇOISE MATHIEU, M.Ed., CCC, IS A CERTIFIED MENTAL HEALTH COUNSELLOR AND A COMPASSION FATIGUE SPECIALIST. SHE IS THE DIRECTOR OF COMPASSION FATIGUE SOLUTIONS, A CONSULTING FIRM THAT PROVIDES CONSULTING AND EDUCATION SERVICES TO THE HELPING PROFESSIONS.

