

# **Running on Empty: Compassion Fatigue in Health Professionals**

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“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, 1996)

## ***What is compassion fatigue?***

Our primary task as helping professionals is first and foremost to meet the physical and/or emotional needs of our clients and patients. This can be an immensely rewarding experience, and the daily contact with patients 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 specialised rewarding profession can also look like this: Increasingly stressful work environments, heavy case loads and dwindling resources, cynicism and negativity from co-workers, low job satisfaction and, for some, the risk of being physically assaulted by patients.

Compassion Fatigue has been described as the “cost of caring” for others in emotional and physical pain. (Figley, 1982) It is characterized by deep physical and emotional exhaustion and a pronounced change in the helper’s ability to feel empathy for their patients, 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.

## **Who does it affect?**

Compassion fatigue is an occupational hazard, which means that almost everyone who cares about their patients/clients will eventually develop a certain amount of it, to varying degrees of severity. Statistics Canada recently published their first ever National Survey of the Work and Health of Nurses (2005) which found that “close to one-fifth 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. Eight out of ten nurses accessed their EAP (employee assistance program) which is over twice as high as EAP use by the total employed population. In addition, nurses reported on the job violence and were found “more

likely to experience on the job violence than all other professions.” (ONA, 2006) A study of Cancer Care Workers in Ontario carried out in 2000 also found high levels of burnout and stress among oncology workers and discovered that a significant number of them were considering leaving the field: 50% of physicians and 1/3 of other cancer care professionals had high levels of emotional exhaustion and low levels of personal accomplishment. (Grunfeld, 2000) Similar findings have been found among other helping professionals such as child protection workers, law enforcement, counselors and prison guards. (Figley, 2006)

## **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:

Exhaustion

Reduced ability to feel sympathy and empathy

Anger and irritability

Increased use of alcohol and drugs

Dread of working with certain clients/patients

Diminished sense of enjoyment of career

Disruption to world view, Heightened anxiety or irrational fears

Intrusive imagery or dissociation

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/patients

Problems with intimacy and in personal relationships

Drs Figley and Stamm have developed a Compassion Fatigue self-test called the ProQoL that can be taken online to assess one's own level of CF. It is considered the most effective screening tool to date: [http://www.proqol.org/ProQOL\\_Measure\\_\\_\\_Tools.html](http://www.proqol.org/ProQOL_Measure___Tools.html). You can also access this test on our website: <http://www.tendacademy.ca/proqol-self-test-v/>

Learning to recognise one's own symptoms of compassion fatigue has a two-fold purpose: firstly, 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, and secondly, it can allow them to develop a warning system for themselves.

Say, for example, that a helper 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 (ie: “ 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 and can't watch any violence on tv” 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.

## **Contributing Factors**

As a Compassion Fatigue Specialist, I offer training, counselling and consultation to helpers across the country. During these workshops, I have heard the stories of hundreds of resilient therapists, nurses, midwives, personal support workers, correctional workers, ministers, physicians, psychologists, social workers and students in these professions. What we have discovered through these conversations is that compassion fatigue exists on a continuum, meaning that at various times in our careers, we may be more immune to its damaging effects and at other times feel very beaten down by it. Within an agency, there will be, at any one time, helpers who are feeling well and fulfilled in their work, a majority of people feeling some symptoms and a few people feeling like there is no other answer available to them but to leave the profession. Many factors contribute to this continuum: personal circumstances and the helper's work situation.

### **Current life circumstance**

The helper's current life circumstance, their history, coping style and personality style all affect how compassion fatigue works its way through. In addition to working in a challenging profession, 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. 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 difficulties such as addictions than people who do less stressful work.

### **Working conditions**

Helpers participating in compassion fatigue sessions will often say "I don't have any problems with my clients/patients, in fact, I love my client work, it's everything around it at work that is grinding me down." It is clear that clients and their stories are not always the main source of stress for helpers -it's also the paperwork, the new computerized time tracking system they have to learn, and, let's not forget, the 10<sup>th</sup> "restructuring/merging with the agency next door/new executive director/best practice remodel that an agency is going through for the 4<sup>th</sup> time in 10 years. Moreover, 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). The working environment is often stressful and fraught with workplace negativity as a result of individual compassion fatigue and unhappiness.

## **What can be done to prevent Compassion Fatigue?**

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

### **Organizational Strategies**

There are many simple and effective strategies that helpers can implement to protect themselves from compassion fatigue. First, by openly discussing and recognizing

compassion fatigue in the workplace, helpers can normalise 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 or patients 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 helpers 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, helpers 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 recognise that theirs is highly specialised work and their home lives must reflect this.

### **Developing a Compassion Fatigue Prevention Toolkit for yourself**

In our workshops, we encourage helpers 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? (taking a bath, sleeping well or going for a massage)

What stress reduction strategies work for me? Stress reduction means cutting back on things in our lives that are stressful (switching to part time work, changing jobs, rejigging your caseload, etc.)

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 case loads and repeated exposure to traumatic material. We recommend reading Charles Figley, Beth Stamm and Saakvitne's books for more information on this. When looking for a counsellor, be sure to ask them if they are familiar with treating compassion fatigue.

## **What if I think that someone close to me is suffering from CF?**

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 helpers 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.

## **The Author**

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Statistics Canada (2005) *National Survey of the Work and Health of Nurses*.

Stamm, B.H. (Ed.). (1999). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*, 2nd Edition. Lutherville, MD: Sidran Press.

## Recommended Self-Care books for Helpers:

Borysenko, J. (2003) *Inner peace for busy people: 52 simple strategies for transforming your life*.

Fanning, P. & Mitchener, H. (2001) *The 50 best ways to simplify your life*

Jeffers, S. (1987) *Feel the fear and do it anyway*.

O'Hanlon, B. (1999) *Do one thing different: 10 simple ways to change your life*.

Posen, D. (2003) *Little book of stress relief*.

Richardson, C. (1998) *Take time for your life*.

SARK, (2004) *Making your creative dreams real: a plan for procrastinators, perfectionists, busy people, avoiders, and people who would rather sleep all day*.

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