



Compassion Fatigue: The Costs of Caring

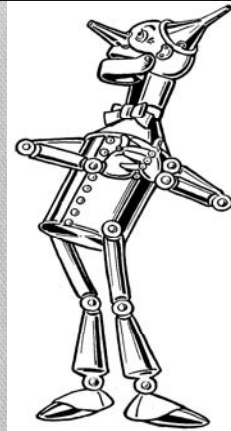
2011 TNA Convention

Yes or No?

- Personal concerns commonly intrude on my professional role.
- My colleagues seem to lack understanding.
- I find even small changes enormously draining.
- I can't seem to recover quickly after exposure to a traumatic event.
- Association with trauma affects me very deeply.
- My client/patient's stress affects me deeply.
- I have lost my sense of hopefulness.
- I feel vulnerable much of the time.
- I feel overwhelmed by unfinished personal business.

Have a heart...?

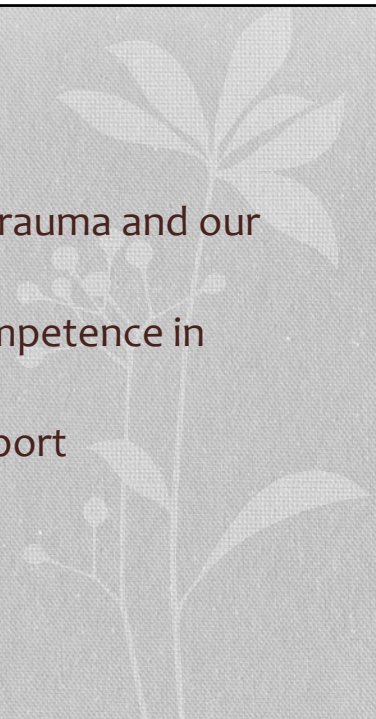
The most powerful response to suffering is compassion, that ability to experience with someone else what he or she is suffering and to accompany another on a journey of suffering. The compassionate witness will be able to recognize the pain in another and thereby to act on behalf of the one suffering. However, suffering does not automatically call forth compassion. Rather, the witness must work very hard to achieve that state.



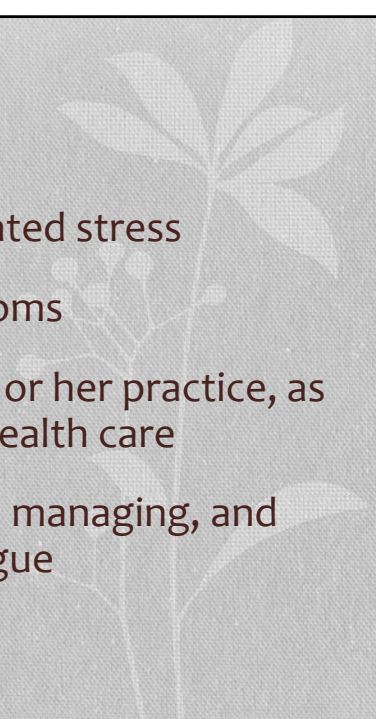
•Rita Charon

Who is vulnerable?

- Those of us who have empathy and are exposed to trauma and the traumatized
 - View self as savior
 - Younger and less experienced
 - Tenure no guarantee
- Large case loads, long hours
- Trauma workers (police, fire, emergency workers, therapists, child welfare workers)
 - Those that work with children most vulnerable.

- 
- We who have experienced trauma and our trauma remains unresolved
 - Inadequate training/less competence in communication
 - Lack adequate collegial support

Objectives

- 
- Compassion fatigue and related stress
 - Causes and resulting symptoms
 - Impact on the nurse and his or her practice, as well as broader aspects of health care
 - Best practices in identifying, managing, and preventing compassion fatigue

Compassion

- Empathetic engagement
- Deep sense of knowing or awareness of the suffering of another
- Along with the desire to relieve that suffering
- Contributes to job satisfaction
- Can blur the lines between nurse and patient
- Increased risk for negative emotion

Nursing: A Moral Endeavor

- Nursing practice
 - Fundamentally ethical
- Roots of the caring professions
 - *Nursing : The Finest Art. An Illustrated History*
- Promotion of ideal for patient care
 - Respect for persons
 - Conduct by advocacy
 - Safe and best care
- Nurse-patient relationship is complex
 - Patient focused caring

What is Ethics?

- It can be about resolving dilemmas,
 - but not only this
- It can be about individual actions,
 - but not only this
- It is also about what kind of persons we are becoming – our character & how our choices shape us.
- Ethics is ultimately about human flourishing, about living well, about achieving good through means that are consistent with real human values and needs.

What is Organizational Ethics?

- It can be about Compliance,
 - but not only this
- It can be about Due Diligence,
 - but not only this
- It can be about resolving value conflicts,
 - but not only this
- Organizational ethics is about
 - Integrity
 - Making decisions that are consistent with the moral identity and values of the organization
 - Helping the organization, its associates and the communities it serves can truly flourish

Moral Distress...

“..the pain or anguish affecting the mind, body or relationships in response to a situation in which the person is aware of a moral problem, acknowledges moral responsibility, and makes a moral judgment about the correct action; yet as a result of real or perceived constraints, participates in perceived moral wrongdoing.”

- Alvia Nathaniel MSN, RNCS
- Nursing World, July 28, 2002

... moral distress

“Painful feelings and/or the psychological disequilibrium that occurs when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action.”

- Jameton, A.
- Nursing Practice: The Ethical Issues. NJ: Prentiss-Hall. 1984

... moral distress

- 1993 Jameton distinguished:
 - Initial: frustration, anger and anxiety due to
 - Institutional obstacles
 - Interpersonal conflict about values
 - Reactive: due to failure to address initial distress
- 2000 Webster and Baylis included
 - Failure to pursue “right” course of action due to
 - Error in judgment
 - Personal failing
 - Circumstances beyond control
 - May feel cherished beliefs violated
 - Compromised integrity

Symptoms of Moral Distress

- Blaming others
- Distancing oneself
- Poor/inappropriate care
- Feeling cherished beliefs have been violated
- Integrity breach
- Fatigue
 - Emotional, physical
- Irritability, anger, insults
- Anxiety
- Frustration
- Depression
- Feelings of inadequacy
 - Personal, professional
 - Feeling victimized

Ethical/Caring Components

- Obligations of self
- Obligations of others
- Boundaries
- Risks and benefits of action
- Critical thinking and response
 - Knowledge, skills, resources needed
 - Anticipation
 - Management
 - Action

Other/Related Distress

- Jading
 - A process leading to exhaustion from being overdriven, performing long, continued labor and/or severe or tedious tasks
- Burn out
 - Individual or group stress related to one's relationship with the work environment
 - "Going Postal!!!"
- Grief out
 - Repeated, sustained and often unresolved grief and loss

Historical Terms

- Civil War — “Soldiers Heart”
- WWI — “Shell Shock”
- WWII — “Combat Exhaustion”
“A-Bomb Disease”
“Survivor’s Syndrome”
- Viet Nam — “Post Traumatic Stress Disorder”

Compassion Fatigue

- Witness to physical, emotional, spiritual, and existential suffering
- Regular exposure to trauma
 - Emotional stress experienced from this exposure to the suffering of others.
 - The price one pays for caring
 - Gradual lessening, over time of ability to be compassionate.

Secondary Traumatic Stress (STS)

- Natural consequences, behaviors and emotions from exposure to a traumatizing event
- Stress resulting from helping or wanting to help a traumatized or suffering person
- Presence of Post-Traumatic Stress Disorder (PTSD) in the caregiver
- STS and CF are
 - Caused by exposure to those who have been traumatized or are suffering, not to the traumatic event itself
 - Vicarious traumatization

CF: Cognitive Symptoms



- Decreased concentration
 - Disorientation
- Lowered self esteem
 - Apathy
 - Rigidity
 - Perfectionism
- Preoccupation with traumatizing event
 - Thoughts of harming self or others

CF: Emotional Symptoms

- Powerless
- Guilt
- Anger/rage
- Survivor guilt
- Shutdown/numbness
- Fear
- Helpless
- Sadness
- Depression
- Mood swings
- Fatigue
- Heightened sensitivity



CF: Behavior Symptoms

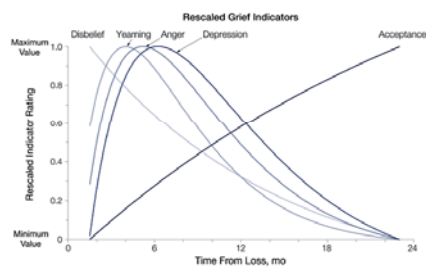
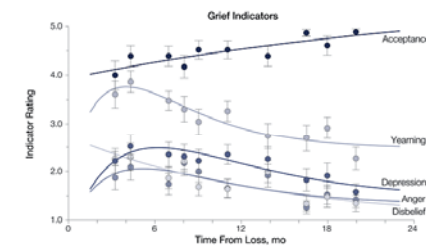
- Impatient
- Withdrawn
- Regression
- Sleep disturbance
- Nightmares
- Changed appetite
- Moody
- Hyper vigilance
- Elevated startle response
- Accident prone
- Easily loses things



CF: Spiritual Symptoms

- Meaning of life questioned
- Loss of purpose
- Pervasive hopelessness
- Religious beliefs questioned
- Anger at God
- Loss of faith in a higher power
- Decreased self appraisal
- Increased skepticism

Empirical and Rescaled Models for Grief Indicators as Functions of Time



Maciejewski, P. K. et al. JAMA 2007;297:716-723.

Copyright restrictions may apply.

JAMA

CF: Physical Symptoms

- Shock
- Sweating
- Rapid breathing/difficulty breathing
- Increased heart rate
- Dizziness
- Disorientation
- Impaired immune system
- Aches and pains, especially joints
- Other somatic complaints

CF: Relationship Symptoms

- Withdrawal
- Mistrust
- Decreased interest in intimacy and/or sex
- Isolation from others
- Overprotective as parent or spouse
- Project anger and/or blame
- Intolerance
- Loneliness
- Increased interpersonal conflict

CF: Work/Performance Symptoms

- Decreased morale
- Decreased motivation
- Task avoidance
- Obsession with details
- Decreased work quality
- Apathy
- Negativity
- Detachment
- Exhaustion
- Irritability
- Withdrawal from others
- Absenteeism

Compassion Fatigue vs. Burnout

- Burnout
 - Happens gradually, over time
 - Intensifies over time
 - Culminates in emotional exhaustion and demoralization with work related issues
 - Feelings of hopelessness and powerlessness to make a difference in those being served
 - May be a precursor to CF/STS
 - Others see CF as a precursor to burnout

CF and Vicarious Traumatization

- Vicarious traumatization occurs when
 - Nurse/caregiver identification with the person cared for is more than usual.
 - Identification is intense enough to cause potential and actual disruption to the provider's psychological frame of reference and how the world is viewed.
 - An event outside the range of normal human experience.

Personal Barriers/Causes

- Psychological/emotional
- Closeness/identification with patient/client
- Boundaries
- Isolation
- Feelings of powerlessness or helplessness
- Futility
- Compromise of one's standards of care
- Feelings of failure or guilt
 - Inability to talk about it
- Grief and loss
 - Lack of time to process
 - Accumulated grief and loss
 - Lack of closure
- Sustained proximity contributes to sense of responsibility

Professional Barriers/Causes

- Staffing
 - So low, care is inadequate
 - Lack of time, skill
 - Novice staff
 - Multiple deaths in close succession
 - High patient/client acuity
- Organizational change
 - Quality, safety
 - Cost cutting: Doing more with less
- Leadership dynamics
- Nature of relationships
 - Closeness/Identification
 - Patient and/or family issues
- Effectiveness of team
 - Power imbalance
 - Lack of collaboration
- Communication failures
 - In team, between teams
 - Patient or family

... professional

- Role/Relevance questions
 - Limited role in decision making
 - Belief that decisions contradict best interests
 - Confusion about plan
 - Too many partners or consultants
- Sustained proximity when others walk away
- Technological imperative/futility
 - Doing everything vs. the right thing
 - Belief “doing everything” a sign of faithfulness
 - Death a failure
 - Discomfort with own mortality

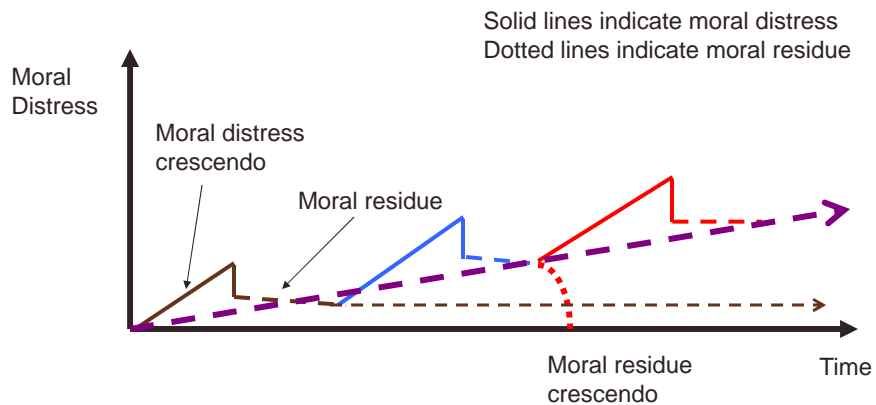
...professional

- Conflict
 - Assertive/aggressive patients/clients and families
 - Intra or interdisciplinary conflict
- Outside pressures
 - Organizational, professional, personal
 - Economy
 - Pandemic
 - Politics

Organizational Barriers/Causes

- Hospitals/other settings
 - Cure orientation
 - Death as failure
 - Biomedical focus
 - Technology
 - Lack of time
 - Failure of team
 - Leadership dynamics
 - Lack of collaboration
 - Conflict
- Patient/client with sudden, critical illness
 - Wishes unknown
- Sustained proximity when others walk away

Crescendo Effect



What you might hear:

“Im not taking on another new thing.”

“I don’ t have a clue where this place is going.”

“I want things back the way they used to be.”

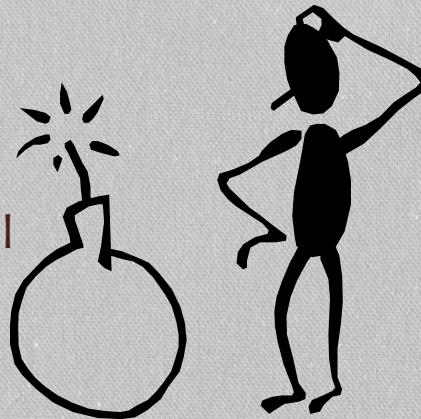
“This is just the flavor of the month, it won’ t really work.”

“I don’t care if she was abusive. Devil you know is better than the devil you don’t.”



Hidden Competencies

- Accountability
- Professionalism
- Emotional self-control
- Self-esteem



Prevention

- Compassion Satisfaction
 - Love your job!
 - Doing work that helps others, protects against the development of CF/STS
 - As CF and burnout increase, self care activities go down
 - Those that report high levels of emotional and spiritual self care and work/life balance had higher levels of compassion satisfaction.

Caring for Each Other

- Conversation
- Collaboration
- Role models
- Mentoring
- Affirmation/Blessing
- Skill-building & education
- Bereavement



Healing Teams

- Interdisciplinary/collaborative
 - Role modeling
 - Mentoring
 - Skill building/capacity
 - Education
- Conversation
 - Affirmation of positive
 - Encouraging when negative
- Blessing
- Flexible and creative
- Trusting environment
 - Safe place to talk
- Bereavement
- Effective leadership

Strategies...

- Causal analysis
- Self awareness/self monitoring
 - Limits, issues
- Address issues in real time
 - Debriefing
 - “Talk about it”
 - Ethical dialog
 - Referral
 - Skill-building
- Grief work
- Engage in work of “letting go”
 - At the bedside
 - Funerals, journal, phone calls
 - Sacred/holy

... strategies

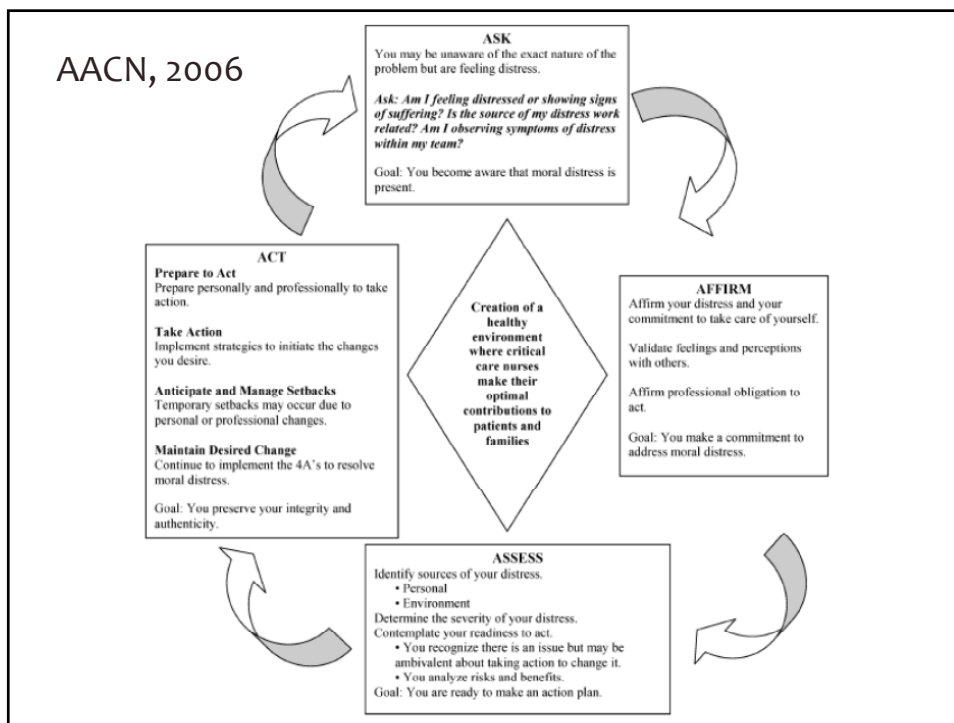
- Story telling
- Self-care
 - Balance
 - Appropriate boundaries
 - Spiritual practice
- Find own voice/advocacy
 - Courage
- Develop sources of support
 - Professional
 - Referral sources
 - Social
 - Play

Resources

- Opportunities for breaks
- Places of “sanctuary”
- Real time interventions
 - One on one
 - Huddles
 - Rituals of letting go
- Consults
 - Internal, external
- Support Groups
- CISM
- Other forums
 - Rounds, grand rounds
 - Round table, journal club
 - Schwartz Center Rounds

Leadership Responsibility

- Take bold steps to engage interdisciplinary colleagues to create solutions, monitor progress.
- Develop and implement targeted strategies and evaluate their effectiveness.
 - Involve medicine, nursing, social work, pastoral care, ethics consultants, mental health professionals, palliative care, and other disciplines that have relevant expertise.
 - Use the 4 – A’s model.
- Recognize the symptoms of distress and create opportunities to explore the behaviors and coping strategies.



... leadership

- Communication forums, modeling of good communication.
- Engage in systematic review of cases.
- Develop and use support systems.
- Build a trustworthy community, with rewards and recognition, development of strategies for resilience, self-care, renewal, and personal growth.

Effective Organizations

- Recurring and systemic causes identified, monitored, corrected
 - Mechanisms to address issues
 - Accountability for practice and behavior
- Adequate financial and people resources
 - Ethics resources
 - Palliative care
 - Conflict resolution
 - Interdisciplinary forums to discuss complex “situations”
- Skill building, education, mentoring
- Bereavement mechanism

Other Costs

- Operational
- Legal
- Marketing and public relations
- Competition
 - Wages
 - Price
 - Efficiency
 - Cost of capital

Contact Information

Kate Payne, RN, JD
Director of Ethics and Palliative Care
Saint Thomas Hospital
Nashville, Tennessee
kpayne@stthomas.org

References

- Charon R. Let me take a listen to your heart. In: Gordon S, Benner P, Noddings N. eds. *Caregiving: Readings in Knowledge, Practice, Ethics and Politics*. Philadelphia, P: University of Pennsylvania Press; 1996:292-305
- Compassion Fatigue Awareness Project
www.compassionfatigue.org
- Decker PJ. The Hidden competencies of healthcare: Why self-esteem, accountability, and professionalism may effect hospital customer satisfaction scores. *Hospital Topics*. 1999;77:14-26.
- Rushton CH. Defining and addressing moral distress. Tools for critical care nursing leaders. *AACN Adv Crit Care*. 2006;17(2):161-168.