COMPASSION FATIGUE:
Mitigating the Cost of Caring Practice

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What is compassion fatigue?

COMPASSION
FATIGUE
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Vicarious Trauma
Secondary Traumatic Stress
Moral Distress
Burnout

Began to be identified and studied in 1970
As expectations and hours worked have increased and community support in the work environment remains poor, work-related stress has escalated over the last several decades.
Burnout Syndrome has become a common phenomenon, particularly among high stress professions.

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.

— Nanow R. Smith-Meekin

Other terms:

Background
Definitions: Burnout

- "a work-related constellation of symptoms and signs that usually occurs in individuals with no history of psychological or psychiatric disorders"
- "Triggered by discrepancy between the expectations and the ideals of the employee and the actual requirements of his or her position."
  (Moss et. al, 2016)

 Definitions: Burnout

- “progressive loss of idealism, energy, and purpose experienced by people in the helping professions as a result of the conditions of their work."
- “Better predictor than depression for lower satisfaction with career choice and may be associated with job turnover and poorer health.”
  (Sanchez-Reilly et. al. 2013)

Characteristics of Burnout

- 1. Physical and emotional exhaustion
- 2. Cynicism
- 3. Inefficacy
Definition: Moral Distress

- “the inability to act in a manner consistent with one’s personal and professional values due to institutional and other external constraints.”
- Can have serious adverse effects including aggression, decreased work satisfaction, and turnover. (Sanchez-Reilly et al. 2013)

Definition: Compassion Fatigue

- “diminished emotional energy needed to care for patients”
- Symptoms mirror PTSD with hyper-arousal, avoidance, and re-experiencing events. (Sanchez-Reilly et al. 2013)
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Transaction Model

- Physician Factors
- Clinical Factors
- Patient and Family Factors

Physician Compassion

(Fernando and Consedine, 2014)

Myths

- Compassion is finite.
- Compassion causes fatigue.

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Vicarious Trauma

“the undesirable outcomes of working directly with traumatized populations and presents as negative transformative processes experienced by health professionals when exposed to traumatized patients.”
(Nimmo and Huggard, 2013.)

Secondary Traumatic Stress

“A stress response resulting from witnessing or knowing about the trauma experienced by significant others.”
(Nimmo and Huggard, 2013.)

Statistics

Younger physicians have twice the rate of burnout as older colleagues.
Debate still going on regarding gender differences
46% of physicians reported burnout, 6% increase since 2013.
Highest in Critical-Care, Emergency Medicine, and Primary Care physicians (Peckham, 2015.)
Connection to EMPATHY

- Importance of empathy in practice is readily accepted, though much less agreement on what it means.
- Definition: “feeling of concern for others that creates a motivation to help, experiencing emotions that match those of another individual, knowing what the another is thinking or feeling, or even blurring of lines between self and others.”
  - (Gleichgerrcht and Decety, 2013.)

“Interestingly, down-regulation of empathy as revealed by these studies may nonetheless imply the enhancement of certain empathic abilities, most likely, empathic concern and potentially perspective-taking, both of which we found to be associated with compassion satisfaction. This can be evidenced by the higher scores of empathic concern shown by more experienced physicians.”
  - (Gleichgerrcht and Decety, 2013.)

Implications

- 1. Empathy is a complex, multi-dimensional domain.
- 2. It is a continuum. Some attributes of empathy can be down-regulated while others are enhanced.
THE CHALLENGE...

- As you can see, this becomes very complex.
- As professionals, boundaries are critical to maintaining our own well-being.
- We know interpersonal connection and empathy are vital for good patient care.
- We need to have a balance in this.

How is this supported?

CONNECTIONS

- Compassion Satisfaction -
  1. Empathic concern
  2. Perspective taking
  3. Altruism
CONNECTIONS

- Burnout AND Secondary Traumatic Stress
  - Personal Distress
  - Alexithymia

Psychological Symptoms

- Frustration
- Anger
- Fear
- Anxiety
- Anhedonia (Inability to be happy)
- Disillusionment
- Hopelessness
- Feeling insufficient at work
- Alienation
- Dread of working with particular patients
- Impaired decision-making
- Emotional exhaustion

Behavioral Symptoms

- Unprofessional behavior

- Lack of empathy/ Depersonalization-distance/indifference, negative, callous behavior, cynicism, blaming patients

- Becoming overwhelmed
Physical Symptoms
- Exhaustion/Fatigue related to giving excessive time and effort to a task not perceived to be worthwhile
- Insomnia
- Muscle tension
- Headaches
- GI problems

Effects
- Decreased professional performance - Mistakes
- Reduced personal accomplishment
- Reduced satisfaction

RISKS
- Substance abuse
- Suicide
- Clinical levels of depression and anxiety
- Impaired relationships
Why does it happen?
- We are wired for it.
- We have repeated exposure.
- Providers often have an informal support network, but lack that in any structured form.

Physiological Roots
- Current neuroscience demonstrates that pain pathways are activated in response to the perception of the emotional or physical pain of others.

Factors impacting development of Compassion Fatigue
- 1. personal characteristics
- 2. organizational factors
- 3. quality of work relationships
- 4. exposure to end-of-life issues
Vulnerabilities

- Personal characteristics:
  - Perfectionism
  - Idealism
  - Over-commitment
  - Baseline anxiety

- Organizational Factors:
  - Increasing workload
  - Lack of control over work environment
  - Lack of positive feedback/insufficient rewards
  - Lack of community in work culture

- Work relationships:
  - Poor support
  - Poor communication
  - Lack of community
Vulnerabilities

- Facing end of life issues:
  - Making difficult ethical decisions
  - Strained relationships with families of patients

Mitigating factors in Workplace:

- Improved communication
- Reduced/effective management of conflict
- Increased positive feedback
- Team building
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Ways to prevent it: Systemically
- Promoting healthy work environments
- Improving communication
- Training (interpersonal skills, team building, structured communication skills)
- Meaningful recognition
- Limiting maximum amount of consecutive work days
- Team debriefings
- Ethics consultations
- Family consultations
- Stress Inoculation Training

Ways to prevent it: Personally
- Cognitive Behavioral Therapy
- Mindfulness Techniques
- Relaxation Training
- Assertiveness Training
- Time management skills
- Self-care strategies
Develop a “toolbox” for managing stress.
- Increase supports
- FUN!
- Downtime
- Replenishing resources

Continually check in with ourselves and assess our own level of stress.
- Identify “early warning signs.”
- Know our own vulnerabilities.
- Know our context- Don’t personalize!

“Physicians are not supposed to feel as much as patients and their families feel”

“The pain cannot stay inside us. If we attempt to simply bottle up the pain and move forward as if we don’t feel it, we experience burnout.”

(Bredlau, 2016)
The Future...

- Professional Societies - inform and educate members
- Funding for research
- Academic Programs - preparation of the next generation
- Policy change

BIBLIOGRAPHY

Mathieu, F. “Running on Empty: Compassion Fatigue in Health Professionals.” Rehab and Community Care Medicine, Spring 2007, 1-6.