

Compassion Fatigue: Am I At Risk?

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“(Those) who attempt to heal the wounds of others will... be wounded... it is inherent in the relationship...” - D Hilfiker (1985)

Compassion fatigue goes by several names including secondary traumatic stress, “cost of caring”, vicarious traumatization, and burnout. It is nearly identical to PTSD but applies to those affected by trauma of another (e.g. client/pet owner). Studies show that those who work with the suffering suffer themselves because of the work. Working with the dying can cause physical, emotional, and mental exhaustion. It can be difficult to separate work from personal life. Life in general is difficult & everyone is at risk for compassion fatigue, but the risks are compounded for those working around the trauma of end-of-life and death.

Compassion fatigue translates to “cumulative stress” and often results from frustration and feelings of powerlessness. Compassionate fatigue is a process and not an event. Empathy & compassion required for effective care-giving, but there are emotional costs to caring. Compassion fatigue isn’t like a cold - - you don’t always notice when you are in its clutches. We might notice the symptoms in ourselves, or others might say they notice these symptoms in us. Listen carefully to your friends and co-workers if you here these messages.

Wide variety of symptoms

- Sadness
- Anxiety
- Grief
- Depression
- Dread
- Horror
- Rage
- Fear
- Shame
- Nightmares
- Flashbacks
- Numbness
- Avoidance
- Suspiciousness
- Cynicism
- Poor self-esteem (because we can’t save them all)
- Poor work performance
- Diminished morale
- Sense of burden
- Resentment
- Decreased interest in work
- Sense of ongoing and constant fatigue
- Withdrawal from social contacts
- Increasing fear of death
- Change in eating patterns

Empathy is required for care-giving - - especially in the context of end of life care. Compassion is required for effective care-giving. Compassion fatigue leads to decreased competency in our caring. There is a “contagion” effect transmitted to our support network. In dealing with palliative and hospice care patients, we must help ourselves not become “over-caring caregivers”. Over-caring caregivers continually put the needs of the client with the dying animal ahead of their own needs - - ultimately to their detriment. This is an over-attachment to the patients and clients we serve. The primary symptom of over-caring is a lack of awareness of the dynamics of caring too much. Obsessing and worrying about these clients becomes our daily reality, and can become a vicious cycle.

Compassion fatigue and the animal care community

There are many work-related stressors including the demands of animal care, difficulty creating a balance of work and home, and stressors caused by management. Interestingly enough, there is no difference male to female in incidence of compassion fatigue. Likewise, there is no difference among those performing euthanasia versus animal care workers who do NOT perform euthanasia.

So, what can veterinary healthcare team members do to be alert to potential compassion fatigue? We can identify and name the emotional states that put us at risk. Acknowledging that strong emotions are normal when dealing with palliative care patients is an important step in self-awareness. Non-judgmental acceptance of our feelings allows us to explore how our feelings may affect patient care. Our self-awareness also helps facilitate life balance and our self-care plan. We all need someone to talk to... find a trusted confidant with whom you can speak about your feelings. Dr. Alan Wolfelt, world-renowned grief specialist, has put together a very comprehensive catalogue of signs and symptoms consistent with compassion fatigue. He calls this “signs of caring too much”. How many of these apply to you or to someone you know?

- Tendency to please others instead of self
- Need for approval
- Feel safest when giving
- Desire to “solve” or “fix” the dying pet’s situation or circumstance
- Desire to do things for people (e.g. clients) that they are capable of doing themselves
- Denial of your own need for support and understanding
- Results in the myth of the “super caregiver” or “being all things to all people”
- Tendency to “feel different” from or “more special” than other people
- Tendency to want to continually “check in” with hospice pet clients
- Desire to be and act extremely responsible (e.g. being on 24-hour call) but giving the impression of resenting it
- Desire to be “in control” of these cases and their outcomes
- Tendency to need clients as much or more than they need you
- Tendency to neglect personal relationships in favor of “needy” clients

Consequences of caring too much include a constellation of stress-related symptoms

- Exhaustion
- Decreased energy
- Irritability
- Impatience
- Cynicism
- Detachment
- Physical illness
- Omnipotence
- Feeling indispensable
- Denial of feelings
- Deterioration of personal relationships
- Difficulty sleeping
- Low self-esteem
- Displacement of compulsive behavior
- Overachievement
- Substance abuse (drugs, alcohol, food)

Warding off compassion fatigue

The next hour will be spent exploring specific self-care ideas to ward off, prevent, and manage compassion fatigue. It is interesting to note that all the experts’ advice contains common elements. See how many of these make good “common sense” to you...

- Awareness is the first step toward preventing compassion fatigue
- Maintain/cultivate a sense of humor
- Keep a low threshold for substance abuse in yourself and co-workers
- Facilitate co-worker self-care
- Let go of work. Leave work at work...
- Work to acquire a sense of achievement and satisfaction
- What expertise could you pursue?
- Allow/welcome support from others
- Create/explore strategies for adequate rest and relaxation
- Create a personal schedule that includes these activities
- These increase our stress tolerance

Reference

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