

Holding the Suffering of Others: Navigating the Risks of Compassion Fatigue in Palliative Care

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Learning Objectives

- Gain additional insight into the issues and types of cases that can put health care professionals at risk for Compassion Fatigue
- Recognize the signs and symptoms of Compassion Fatigue
- Develop strategies to preempt and treat Compassion Fatigue



Definitions

- **Compassion Fatigue**: Feelings of suffering or internal anguish consequent to constant exposure to and caring for patients and families experiencing physical, emotional, or traumatic anguish.

(CAPC)

Definitions

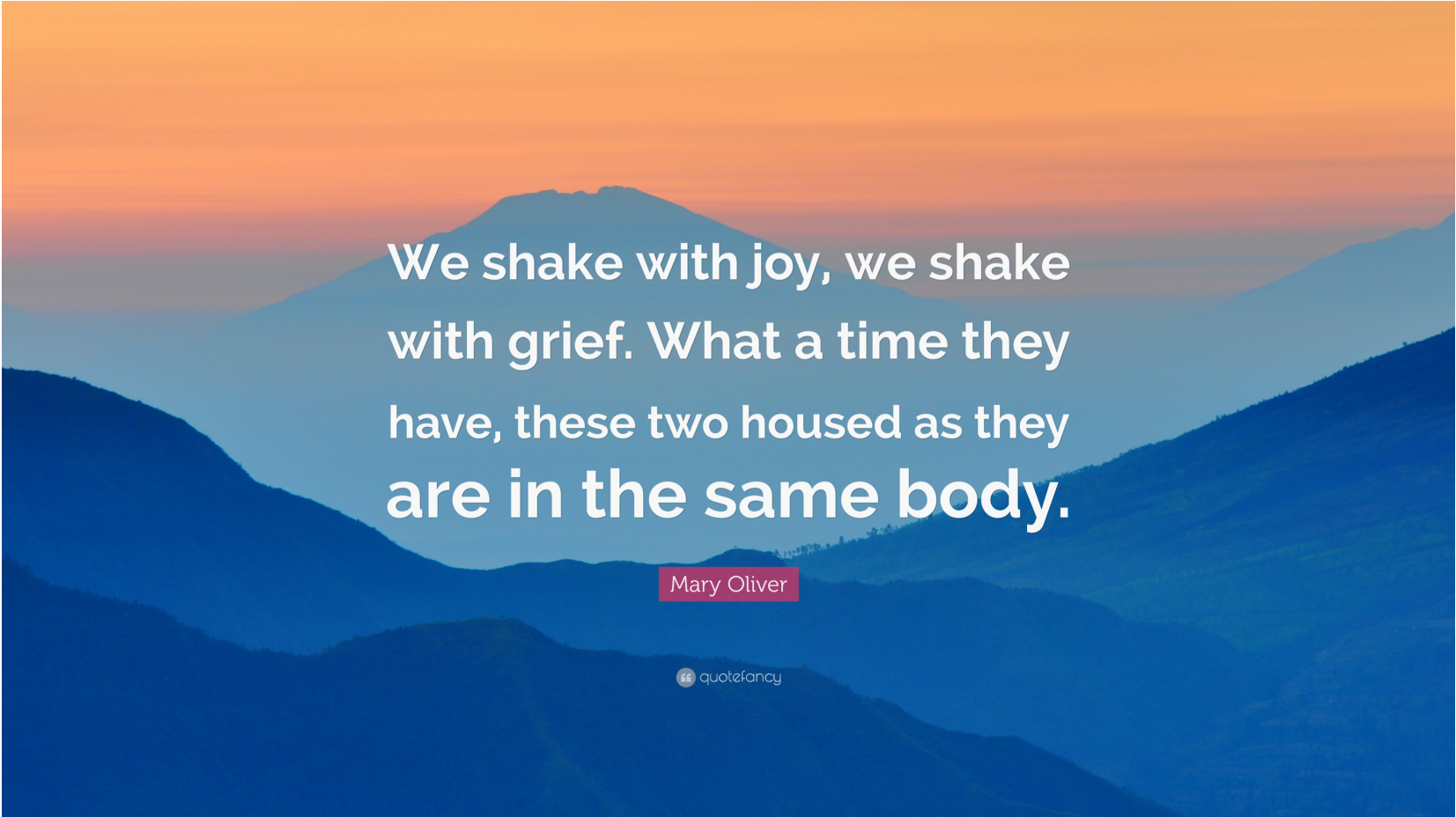
- **Vicarious trauma**: The cumulative and ongoing process of change or adaptation that occurs as a result of repeatedly witnessing or hearing about the pain, suffering, and need of others. Vicarious trauma is a state of heightened tension and preoccupation with the situations of those who have been traumatized, a consequence of empathic engagement and the cause for changes in psychological makeup over time.

(CAPC)

Definitions


- **Burnout**: The deterioration of one's professional values and beliefs, and loss of hope in the workplace; evidenced by emotional and physical exhaustion or depletion, depersonalization, cynicism/sarcasm, and reduced sense of value or accomplishment in work

(CAPC)



We shake with joy, we shake
with grief. What a time they
have, these two housed as they
are in the same body.

Mary Oliver

 quote fancy

Compassion Fatigue

Compassion fatigue has been defined as a combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress.

(Anewalt, 2009).

Compassion Fatigue

- Sometimes referred to as burn out, but differs slightly
- Symptoms can be similar to burn out
- May involve secondary traumatic stress, the negative effects of which may include fear, sleep difficulties, intrusive images, or avoidance of reminders of past traumatic experiences (Emanuel et al, 2011).
- Result of constant exposure and empathizing with people dealing with significant physical/emotional duress or trauma
- Can be more transient than burn out and is often easier to treat

Countertransference

- From a psychodynamic perspective, countertransference can play a large role in the onset of compassion fatigue
- Countertransference: the emotional reaction of the clinician to the client, based in the clinician's personal experiences and history
- Countertransference is often unconscious, but when recognized is a valuable tool in the therapeutic relationship as well as for engaging in self care

Suffering

“Clinicians who encounter unrelievable suffering may feel a sense of failure, helplessness, moral distress, and compassion fatigue. While tolerating suffering runs counter to the aims of palliative care, acknowledging it, bearing it, and validating it may actually help patients and families to do the same.”

(Ratner & Berzoff, 2016)

Signs and Symptoms of Compassion Fatigue

- Chronic physical and emotional exhaustion
- Lack of empathy or ability to discern individual needs
- Irritability
- Self-criticism
- Missing work frequently
- Difficulty sleeping or concentrating

Signs and Symptoms of Compassion Fatigue

- Weight loss or gain
- Headaches or other physical ailments
- Lack of job satisfaction
- Job performance issues
- Inability to adequately invest in patient care or teamwork
- Other more serious issues (anxiety, depression, risky substance use etc)

Organizational Compassion Fatigue

- High absenteeism
- Constant changes in co-workers relationships
- Inability for teams to work well together
- Desire among staff members to break company rules
- Outbreaks of aggressive behaviors among staff
- Inability of staff to complete assignments and tasks

(Compassion Fatigue Awareness Project, 2017)

Organizational Compassion Fatigue

- Inability of staff to respect and meet deadlines
- Lack of flexibility among staff members
- Negativism towards management
- Strong reluctance toward change
- Inability of staff to believe improvement is possible
- Lack of a vision for the future

(Compassion Fatigue Awareness Project, 2017)

Professional Coping Trajectory

- New clinicians are granted permission to struggle with the work
- A lot of processing is done through clinical supervision and mentors
- There is a general understanding that they are new in the field and need time to process the impact of the work

Professional Coping Trajectory

- There can be an assumption as you progress in your career that “you got this.”
- Vulnerability can be seen as a weakness by self and others
- There is a tendency to minimize the emotional impact of the work

Professional Coping Trajectory

- In later stages of career, you may realize that “you don’t got this.”
- Realization that vulnerability is a strength, not a weakness
- Acknowledging that you are not immune to struggling with the work
- Understanding the inevitable emotional impact of our work and that it comes in waves



Istock- used with permission

Case Example– Mrs. L

- Mrs. L is a 45 year old female with multiple myeloma
- She has a supportive spouse and a 9 year old daughter
- She has been through multiple lines of treatment including two transplants and has had aggressive recurrence
- She is has been told that current chemo regimen may be the final line of treatment

Case Example– Mrs. L

- Her oncologist has been candid about worry of a shorter prognosis, but there have not been any in depth ACP discussions
- Palliative care involved only recently
- She is aware that time may be short and is struggling how to talk to her daughter about dying
- She has frequent hospitalizations and spends a lot of her time in the clinic when she is not hospitalized

What is your kryptonite?



Pre-empting and Treating Compassion Fatigue

- How we can address Compassion Fatigue as health care systems and as individuals?
- How can we develop healthy practices for ourselves and others to preempt and treat Compassion Fatigue?



Pre-empting and treating Compassion Fatigue as an individual

- Self care: what does that look like for you?
 - Exercise
 - Nutrition
 - Creativity
 - Engage in activities that bring you joy
 - Spend time with the people you love
 - Spirituality
 - Therapy
 - Mindfulness

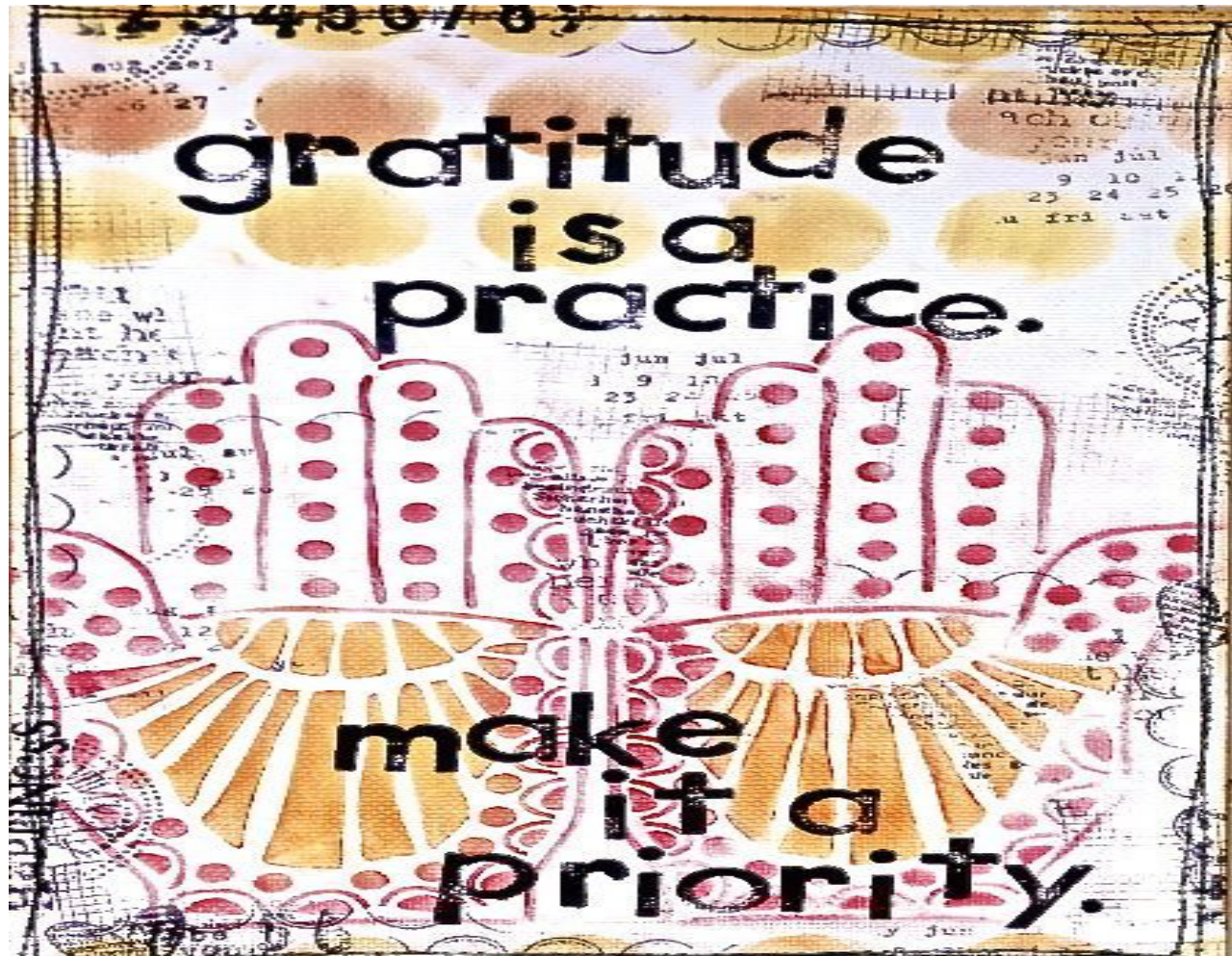
Is Mindfulness the New Kale?



Mindfulness

- There is a growing evidence base that mindfulness can greatly enhance well-being and pre-empt/treat compassion fatigue
- In a 10 week piloted meditation and compassion training with a 28 member palliative care team, significant improvement in coping and resilience was demonstrated (Orellana-Rios et al, 2017)
- In a recent study with pediatric critical care nurses, meditating for 5 minutes prior to shifts resulted in significant decrease in stress levels (Abernathy & Martin, 2019)

Gratitude is Mindfulness



Pre-empting and treating Compassion Fatigue as an individual

- Intentional work-related self care
 - Cultivating awareness about the types of cases that trigger you and risk of potential countertransference
 - Recognizing the signs of Compassion Fatigue in yourself
 - Debriefing and getting support from colleagues and mentors
 - Allow time for emotion in the appropriate moment and place

Pre-empting and treating Compassion Fatigue as an individual

- Intentional work-related self care
 - Acknowledge our own grief and create rituals to honor patients
 - Continuing Education
 - Leave work at work (except when you can't)
 - Practice compassion in healthy ways
 - Self-compassion
 - Compassion (without overinvestment) for patients
 - Compassion for your team members

Pre-empting and treating Compassion Fatigue as an individual

- Intentional work-related self care
 - Boundaries
 - Important both for appropriate patient care and preventing compassion fatigue or burn out
 - Know your role with patients, families and co-workers
 - Be mindful that your role is professional and you are there to support patients but not to be their friends. Be careful of dual relationships—social media requests, financial help or transactions, romantic relationships (big no)

Pre-empting and treating Compassion Fatigue as an individual

- Intentional work-related self care
 - Boundaries
 - Getting overly involved in patients' and families' lives is not healthy for them or you—can lead to overdependence for patients (“only this nurse can care for me!”) and compassion fatigue/burn out for staff
 - Be careful not to over disclose personal information or provide excessive patient attention. This can reflect your own personal needs instead of the patient and family.

Pre-empting and treating Compassion Fatigue as an individual

- Intentional work-related self care
 - Boundaries
 - Be mindful of how your values and experiences may affect your clinical care
 - Be aware that there are dynamics or factors for patients that are often long term issues and not in your power to change—we can offer support and resources but we cannot “save” people from difficult psychosocial situations
 - Model healthy presence—if you are anxious, down, dissatisfied with your work, this will affect patient care and teamwork

Pre-empting and treating Compassion Fatigue as an organization

- Developing a culture of vulnerability and sharing the emotional load
- A structure for case consultations and debriefing (Schwartz rounds, interdisciplinary team meetings, etc)
- Formal debriefings after critical incidents or difficult cases
- Investing in employee connection and well-being
- Providing continuing education

What's On Your Plate?



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Questions?

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