

## Compassion Fatigue: Dealing with an Occupational Hazard

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Caring and empathy are core characteristics of nurses and other healthcare professionals. Recently, caring too much for others and too little for one's self has emerged as a significant threat to the overall health and well-being of caregivers. A number of terms describe this phenomenon, including compassion fatigue, secondary victimization, secondary traumatic stress, vicarious trauma, and secondary survivor stress.



### What is Compassion Fatigue?

The dictionary defines compassion fatigue as a “feeling of deep sympathy and sorrow for another who is stricken by suffering or misfortune, accompanied by a strong desire to alleviate pain or remove its cause.”

Vicarious trauma is more closely associated with the “pervasive changes that occur within clinicians over time as a result of working with victims of trauma.” Secondary stress is an empathic response associated with professionals and volunteers helping participants in catastrophic or major crisis events. Post-traumatic stress disorder (PTSD) is a recognized phenomenon often demonstrated by military personnel. Compassion fatigue and vicarious trauma tend to emerge as problems for professional providers such as nurses, physicians, and counselors. Anyone from any profession can experience secondary stress and PTSD symptoms.

The concept of compassion fatigue first appeared in nursing publications in 1992 to describe nurses who were worn down by daily hospital emergencies. Multiple studies report compassion fatigue or the “cost of caring without reward or results,” as a recog-

nized stress response for individuals emotionally overcome by providing care to others. Compassion fatigue is state of tension and preoccupation with the cumulative impact of caring, an evolving syndrome encompassing multiple behaviors and symptoms that extends from frazzled tiredness and anxiety to psychological and physical illness. Whether identified as burnout, vicarious trauma, or secondary traumatic stress syndrome, it is clear those who work with traumatized or ill patients in pain, also suffer because of the work and are vulnerable to stress, anger, and unhealthy behaviors. In all cases, it is crucial that professionals who experience these associated behaviors pay attention to the symptoms and seek ways to deal with the risks associated with sustained distress.

### A Genuine Hazard for Healthcare Providers

CRNAs can be harmed by multiple types of occupational hazards if they are unaware of—or choose to ignore—the risks and adverse consequences of those hazards. Due to their lifetime of commitment and the tremendous physical and emotional demands of their work, healthcare professionals, including CRNAs, are naturally predisposed to compassion fatigue. They spend the majority of their time caring for patients afflicted by pain, traumatic incidents, surgical consequences, and fear. They encounter other stressors, many completely beyond their control, in almost every aspect of their lives.

Another source of stress and conflict for CRNAs is the necessity of balancing objectivity and empathy. As caring professionals, CRNAs must assume the role of the empathetic, active listener, while also practicing

the self-preservation concepts of emotional detachment and objectivity impressed upon them during their training. Societal expectations, personal self-esteem, and identification with the professional role also add to the emotional burdens inherent in this conflict.

### The Costs of Compassion Fatigue

The human costs associated with compassion fatigue are reflected in physical, emotional, and spiritual exhaustion. The caregiver expends a great deal of energy and compassion to others over time, resulting in a low-level, chronic erosion of coping skills. Denial or failure to recognize the symptoms and seek assistance, or neglecting to pay attention to your own needs, is increasing as a risk exposure and occupational hazard common to healthcare providers.

Although there is a lack of extensive empirical literature, compassion fatigue is an acknowledged, evolving consequence of caring. Observational reports from cohort studies related to traumatic events and professional burn-out provide ongoing support for the increasing concern among professions. In addition, a strong relationship appears to exist between compassion fatigue and associated behaviors when compared to the general sense of well being in one's personal and professional life. More importantly, observation reports over time indicate the impact compassion fatigue has on the professional's ability to perform tasks and affectively function in daily life beyond the job.

A study on the stress of caring found that healthcare providers who were exhibiting symptoms of compassion fatigue experienced behavioral symptoms similar to patients with major depression and risks for severe mood disorders. Other studies have shown that patients develop acute hyperglycemia during

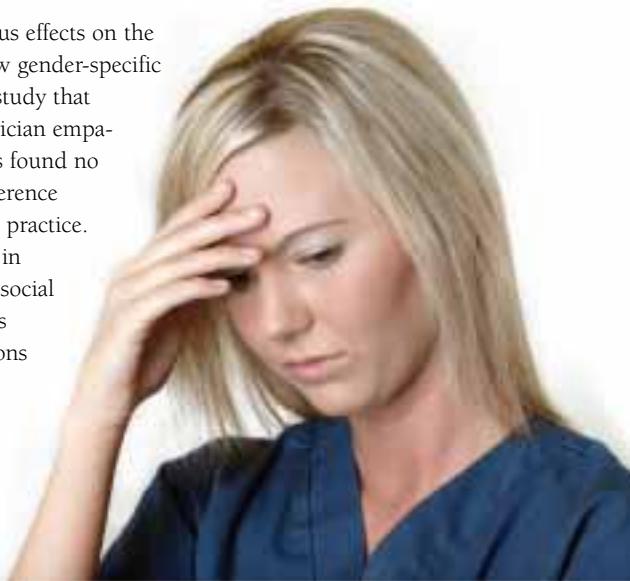
stress, leading to deleterious effects on the immune system. While few gender-specific studies are available, one study that reviewed gender and physician empathetic patient relationships found no statistically significant difference among specialty physician practice. However, results reported in another study concerning social workers and police officers suggested higher correlations for stress among women.

### Warning Signs

Nurse anesthetists and other providers should acknowledge that risks exist and examine their willingness to seek advice and assistance for the insidious process of compassion fatigue. Nursing and medicine are healing professions that deal with pain and suffering—a personal, behavioral, emotional, and spiritual phenomenon. Further, excess stress, or distress, has been identified as an important factor in many types of physical and mental illness. Yet, there is no argument that providers are more effective practitioners and enjoy more professional satisfaction when they engage in empathy and compassion.

Conflicting emotions emerge, and although symptoms vary, the following “smoke signals” may indicate that you or a colleague may have compassion fatigue:

- Abusing drugs, alcohol or food
- Anger and resentment
- Blaming others
- Chronic lateness
- Depression
- Diminished sense of personal accomplishment



- Exhaustion (physical or emotional)
- Frequent headaches
- Gastrointestinal complaints
- Excessive weight gain or loss
- High self-expectations
- Hopelessness
- Hypertension
- Inability to balance of empathy and objectivity
- Increased irritability
- Less ability to feel joy
- Low self-esteem
- Sleep disturbances
- Workaholic patterns

### Coping Options

Recommended coping strategies in the literature for protecting the emotional well-being among helping professionals include social

support, task-focused behaviors, talking to others, and positive self-care.

Positive self-care is about making a personal commitment to ensure that you are functioning at your best. Appropriate sleep, adequate amounts of water, nutritious food, exercise, and emotional and spiritual support are essential components for coping. If you go without these essentials for any length of time, your operating system is undermined and adverse consequences may prevail.

Understanding the risk and developing a self-care plan is a coping mechanism immediately available to nurse anesthetists. Here are some possible solutions:

#### 1. Change your daily activities.

Something as simple as committing to eat better and stopping all other activities while eating can have an exponential benefit on both your mind and physical health. Regular exercise can reduce stress, help achieve outer balance, and re-energize you for time with family and friends.

#### 2. Have a meaningful conversation each day.

Talking about how you feel will improve your outlook. Time with family and close friends can reinforce your thinking and soothes and calms like nothing else. By discussing the problem, we disarm it. We do not prevent it, but we minimize its degrading, diminishing effects. Sadly, listening and talking seem to be the first things to go when time is scarce.

#### 3. Don't make big decisions.

If you are experiencing symptoms, do not make major life decisions until you have recovered physically, emotionally, and spiritually. Don't quit your job, get a

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divorce, have an affair, or spend your money on a lavish trip or a new sports car. It may feel great at the time, but a few days or weeks later you'll find yourself waking up to the same set of problems.

4. **Don't blame others.** Similarly, blaming administration, staff, colleagues, or the "system" will do you no good. You may want to initiate legal action against your workplace. This is not the right answer for compassion fatigue. Being adversarial will only exhaust you further. The same goes for looking for another job. Wait until you can see things more clearly and have gotten the stress in your life under control.
5. **Spend quiet time alone.** Learning mindfulness meditation is an excellent way to ground yourself in the moment and keep your thoughts from pulling you in different directions. The ability to reconnect with a spiritual source will also help you achieve inner balance and can produce an almost miraculous turnaround, even when your world seems its blackest.
6. **Avoid the quick fix.** Compassion fatigue makes one vulnerable to self-medication, addictive behaviors, and substance abuse. Others may try to deal

with the symptoms by working harder and longer. Do not abuse work, alcohol, or drugs, or develop other inappropriate behaviors. Eventually, a whole set of different problems will emerge, further complicating an already overburdened life and escalating in a downward spiral of overwhelming consequences.

### Balancing Conflict

We live in a society that identifies with the strong and successful. We admire those who can take control and function rationally, without demonstrating feelings. Nurses are required to develop compassionate detachment skills. Nurses are expected to possess the nurturing ability to engage with the patient and to interpret both verbal and nonverbal expressions of stress and pain while remaining objective and appearing to be in control. It is this conflict combined with increasing workloads and other external stressors that emphasizes the serious need for healthcare providers to develop coping skills in dealing with compassion fatigue. Compassion fatigue is a real threat and should be taken into consideration when assessing caregiver well-being. Further studies are needed that measure and predict health professionals' ability to cope with the conflicting emotions of their chosen careers. There may be far-reaching implications in the selection and education of students and career counseling.

It is important for CRNAs to recognize the risk elements of emotional fatigue and to consciously practice coping skills. Positive self care is a growing attitude among professional caregivers. Taking an intelligent approach to helping yourself—developing a plan of self-care and self understanding—improves harmony, unity and a congruence of mind, body, and spirit. It makes life far more fun. Your quality of life, happiness, and enjoyment at work and at leisure will improve. ■

**Things do not change, we do.**

*Henry David Thoreau*

### Resources

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