

**Compassion Fatigue & Self Care
for Renal Care Professionals**

Managing the inevitable difficulties
of providing compassionate care in
challenging settings

What is Compassion Fatigue?

“Compassion Fatigue is a state experienced by those helping people (or animals) in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper.”

Dr. Charles Figley, Tulane University’s
Traumatology Institute, 2015

“You know, Marty, you spend more time on in a psychiatric hospital than I do” – An involuntary psychiatric hospital patient

The “normalcy” of this fatigue...

- CF symptoms are “normal displays of chronic stress resulting from the care giving work we choose to do” (Compassion Fatigue Awareness Project – 2013)
- Often called “Secondary Traumatic Stress” (STS)
- Hard realities:
 - We are often dealing with “heart wrenching emotional challenges.”
 - We are imperfect and yet may expect perfection from ourselves or others.
 - We are often dealing with limited resources.
- There are ways to manage. There is help.

Kidney Disease & Compassion Fatigue

- You care for patients who are going to die.
- You cannot control all aspects of your patient’s quality of life (family, social, financial, etc.).
- When patients are still in the “angry” stage of the grief process, they often displace behavior on staff (e.g., mood swings, “demanding” behavior).
- We may over-compensate (be overly friendly) or under-react (denial of our burdens) to try and “stay professional.” But are we being *real* about our own emotions, in lieu of our difficult work?

What are the symptoms of Compassion Fatigue?

- Hopelessness
- Constant stress & anxiety (persistent arousal or hypervigilance)
- Decreased experiences of pleasure or purpose; apathy
- Isolation
- Re-experiencing traumatic events &/or nightmares
- Sleeplessness
- Mentally & physically tired
- A pervasive negative attitude
- Avoidance or dread (notably of reminders of very stressful or traumatic events), including “numbing” of self or self-destructive self-soothing behaviors

Neurobiology of Stress & Fatigue

The brain serves as central stress organizer and interpreter of what is stressful and also determines behavioral and psychological response

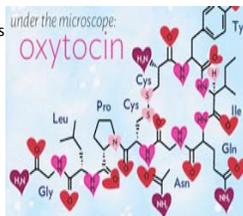
- *Allostatic Load* is the measure of wear and tear on the brain
- Hormones in the body protect it from stress (allostasis) but can be overwhelmed leading it to develop disease

The Stress Hormones: Cortisol & Norepinephrine

- **Cortisol** - Stress management response hormone (can be physical, mental or emotional). Release continues *even after* the stressor has been removed.
- **Norepinephrine** - Stress hormone and a neurotransmitter affecting parts of the brain; the amygdala, where attention and responses are controlled

Oxytocin – the Anti-Stress Hormone

- People often think of as a female hormone because it stimulates labor and milk flow for breastfeeding
- Men have it, too; it's released during sex and is associated with cuddling behavior
- Bonding hormone
- Connected to many types of virtuous actions like responsibility, trust and generosity
- Motivates us to bond together to raise offspring & treat strangers like family



The Detrimental Effects can arise both Personally and Professionally

- Decrease in productivity
- Inability to focus
- Increased feelings of self-doubt
- Negative impacts on relationships, namely due to changes in attitude and behavior
- Increased feelings of incompetency (Is what I do valuable? Am I really able to affect positive change?)
- See additional handout

Risk Factors for Compassion Fatigue

- Approximately 85% of ER Nurses meet criteria for CF (Hooper 2010)
- 34% of hospice nurses (Beck 2011)
- 25% of ambulance paramedics were identified as having “severe ranges” of post-traumatic symptoms (Beck 2011)
- “There is a cost to caring. Professionals who listen to clients’ stories of fear, pain, & suffering may feel similar fear, pain, & suffering because they care” (Figley 1995)

Organizational impacts: The domino effect

- Person(s) experience Compassion Fatigue
 - Hopelessness effects performance
 - Decreased energy feels like a never-ending cycle
 - Dread: leads to tardiness, chronic absenteeism, apathy
 - Workplace frictions:
 - Friction between employees: “What’s wrong with _____ (him/her)?” Doubts, resentments, hostilities, etc. arise.
 - Friction &/or mistrust between staff and management: “Can’t you do more to help (co-worker or a perceived problem or concern)?”
 - High turnover rates (affects teamwork & finances)
 - Worker’s compensation costs
 - Negative views of an organization, creating additional stress and worker dissatisfaction

Who is most likely at risk for Compassion Fatigue?



Who is most likely at risk for Compassion Fatigue?

- Individuals that routinely and or directly assist individuals that are/were victims of trauma or chronic illness, including:
 - Health Care workers (especially ER staff, other "acute care" staff or hospice workers or anyone else working with "end of life" issues)
 - Individuals working with marginalized populations
 - First responders (paramedics, firefighters, police)
 - Animal welfare professionals
 - Anyone who routinely helps others in crisis

Where to begin to address one's Compassion Fatigue?

- If you sense that you are suffering from CF, chances are excellent that you are.
- Start with "awareness"
 - When you step back, what do you notice about yourself? Do you have signs or symptoms?
 - Are your own previous traumas or personally painful situations re-triggered via your work?
 - Are your self-care practices absent or decreased?
 - Are you isolated and/or not able to access proper emotional support?
- "Acceptance" of the presence of CF only serves to validate the fact that you are a deeply caring individual.

Patterns of Compassion Fatigue: what you may be feeling

- Disengaged
 - Helpless or inadequate
 - Overwhelmed/disorganized
 - Parental/protective
 - Devalued or mistreated
 - Over-involved (you're the "only" one who can help)
 - Positive (in an incongruent manner)
- (Betan, Heim, Conklin, & Westen 2005)

An example of the incongruent "positive" feelings that can come with CF



If it's any consolation we DID manage to keep him alive long enough to not affect this quarters' mortality figures!

What helps?

"Self-Care" is the most widely and generally described form of support for managing CF.

Think about all of the forms that "self-care" can take on:

- Professionally
- Personally
- Socially

Let's see if we can expand our insights and expectations for self-care personally & organizationally.

This is not very helpful...



A disclaimer about Self-Care

- It is important to go beyond the mere phrase "Self-Care."
- "When self-care is prescribed as the antidote for burnout, it puts the burden of working in unjust contexts onto the backs of us as individual workers" (Vikki Reynolds). Self-care is not only about individual workers, it is also about organizations and communities. {from Christina Maslach's work on professional burnout}
- Consequently, we do not wish to simply add to the "obligations" of the already stressed staff person.

Organizational Self-Care & Support

- Supervision
- Peer Supervision
- "Environmental" considerations
- Education and Training
- Other Organizational "Wellness" social norms ... see more on upcoming slide

Can you think about examples where you have seen organizations be successful in fostering care for its employees?

Organizational Support: Supervision

- Regular access to individual supervision
- Leadership advocacy for external supervision if internal supervision is not provided or ample to meet the needs of staff
- Separation of “clinical supervision” from “line management” (focused on operations)
- Provide a forum where staff feel safe to discuss the impacts of work, without fear of stigma or questioning staff competence
- Does the organization have “supervision agreements” in place (Purpose of supervision? Responsibilities? Boundaries of confidentiality? Etc.)

Organizational Support: Peer Supervision

- Provides a forum for the sharing of experiences
- Offers social support and normalization of how the challenging work you do will adversely affect work and personal life
- Often addresses issues of self-doubt and self-worth
- Allows for the sharing of potential coping strategies and resources
- Decreases feelings of isolation
- Increases feelings of empathy and compassion

Organizational Support: “Environmental” Considerations

- What is the Environment(s) we work in like?
- Are there comfortable facilities for staff?
- If not, what is offered or acknowledged by the organization to compensate for this challenge?
- Can staff do other work occasionally to get a break from a challenging environment (e.g., doing community education instead of direct care)?
- Do the environments we work in remind of us the Successes of our jobs?
- Can we add any compassionate, comforting, or nurturing touches to our work environments (art, plants, what else could you add where you work?)?

Organizational Support: Education & Training

- Ongoing professional development, education, and development is an essential element of fostering quality staff
- Educates people to new (or reminds people of past trainings) ideas for management of workplace risk factors, including stress and fatigue
- Provide forums for the staff to interact with peers beyond the usual workplace environments of care
- Offer normalization and allow people to “re-boot” with a fresh perspective & insights

Organizational Support: Social Norms of “Organizational Wellness”

- Ensuring staff get Time off (PTO, Vacation time, Mental Health days).
- Wellness Programs – focused on healthy habits for “nutrition,” “exercise,” “quieting one’s mind,” etc.
- Employee Assistance Programs (EAP)
- Humor & other healthy, normative behaviors – beginning with leadership’s standards of behavior

Organizational Norms for Renal Care Professionals

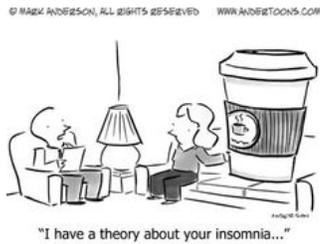
When I researched this topic for this discussion, I kept coming across “**Bereavement support services, accessible for both families and staff**” as a key consideration for all of you in this field, especially for those working in the most acute environments where the experience of death is most tangible.

The UK Department of Health (DOH) has written extensively about expectations for developing bereavement services. {From 2005: “*When a patient dies - advice on developing bereavement services in the NHS.*” And from 2008: “*End of life care strategy. Promoting high-quality care for all patients at the end of life.*”}

Personal Self-Care – An Overview

- Personal Coping Mechanisms
- Spirituality
- Taking time-off (leave, PTO, etc.)
- Focus on personal wellness
- Humor

But I don't have time for self care. All I need is some more coffee and leave me alone...



Personal Self-Care – Coping Mechanisms

- Maintaining a balance of work, rest, and play
 - Physical activity and exercise
 - Socializing with friends and family (not about work)
 - Involvement in creative activities
 - Involvement in community activities not related to the job
 - See “Personal Wellness” slides for more, including:
 - Get your sleep (not too little or too much)
 - Take breaks
 - Have proper nutrition

Personal Self-Care: Personal Coping Mechanisms

- Participating in activities that increase personal tolerance & resilience and allow for the natural reconnection to one's emotions:
 - Journaling
 - Counseling
 - Professional training and development
 - Meditation/prayer
 - Emotional support from trustworthy individuals
 - Peer support
 - Support from loved ones and other "significant" persons in one's life

Personal Self-Care: Spirituality

- Engaging practice that allows you to (re)connect to:
 - One's ethical foundations (personally & professionally
 - our purposes and intentions)
 - One's values & the values we see as "shared" values (respect, dignity, compassion, integrity)
 - Peers & Colleagues who share common interests, hopes, and beliefs
 - One's community beyond work: where else do I find activities that provide "balance" in areas of significance in my world?

Personal Self-Care: Taking time-off

- Use your time-off (PTO)! Please.
- Take your breaks. Please.
- Don't work if you are sick. Please.
- Don't over-do taking on extra work (even if paid overtime) ... this will catch up with you. Please.
- Overcome the obstacles to "not" taking time-off:
 - "I cannot take the time off - the work won't get done."
 - "I don't want to be selfish." (Don't want to be seen as letting co-workers or clients down)
 - "I don't have the money to get away anyway, so I might as well just work."

Personal Self-Care: Personal Wellness

- Get your Sleep.
 - Research shows that “losing one hour of sleep per night for a week causes cognitive degradation equivalent to a 0.10 Blood-alcohol content” (US Military)
 - The CDC considers insufficient sleep a “public health epidemic,” including the following effects on adults as a result of insufficient sleep:
 - 23% of US adults report poor concentration
 - 18% report poor memory
 - 9% report poor job performance.

Personal Self-Care: Personal Wellness

- Exercise (per LivingWell.org):
 - Exercise keeps your brain stimulated and healthy biologically
 - Exercise helps release endorphins which help improve mood and overall physical well-being.
 - Moderate intensity exercise for 20 minutes 3x/week is recommended for managing stress levels.
 - Even short periods of cardiovascular exercise stimulates anti-anxiety effects (5 minutes is better than 0 minutes).

Personal Self-Care: Personal Wellness

- Find “your space” ... preferably a Green Space.
 - People who spend more time in “green spaces” such as parks and woodlands had measurably lower levels of the stress hormone cortisol (livingwell.org)
 - No, just spending time in “the Jungle” doesn’t count ... we are talking about some time in a space, not related to work (city parks are great).
 - Where else do you have a sense of “space?” Where do you feel open & safe and are more likely to shift your perspective?

Personal Self-Care: Personal Wellness

- Take your breaks. Please.
 - Researchers found that participants completing a computerized task had different outcomes in quality based upon whether or not they had breaks. Participants that got no breaks showed decreased focus & memory in the 50 minute exercise.
 - Taking 5-10 minute breaks every hour helps people stay focused and more productive throughout the entire day.

Personal Self-Care: Humor

- The legendary musician Leadbelly wrote the lyrics “Laughin’ just to keep from cryin’ “ ... but Humor is more than that. Make laughter a priority.
- Humor is a social endeavor. Mirror neurons are at work and help us feel better with others.
- Humor that is *inclusive* (not laughing at anyone – except occasionally yourself) & *positive* is healthy.
- Humor stimulates organs, improves the immune system and relieves pain.

Conclusion

You are invited to move beyond understanding compassion fatigue, secondary (vicarious) trauma, and burnout in terms of individual deficit(s) and explore broader dimensions for support and action. You are not alone. Others share in this struggle. Let us normalize and care for each other, creating and re-creating social norms that encourage personal and organizational care in the face of challenging situations.

Just for you ... an activity

Feel free to answer this on your own.

What are 3 things I like ...

- to do?
- to eat?
- to do with my free time?
- to _____ (c'mon – what else do you like?) ?

When did you do it last?

What are your barriers?

What helps you complete these and/or overcome these barriers?

Resources

- Vicarioustrauma.com
- The Compassion Fatigue Awareness Project
- The work of the following professionals:
 - Charles Figley
 - Laura van Dernoot Lipsky (Seattle based) – The Trauma Stewardship Institute. Great speaker.
 - Bessel van der Kolk. Great speaker, writer: *Traumatic Stress: the effects of overwhelming experience on mind, body, and society.* (Guilford Press, 1996). Occasionally speaks in Seattle.
 - Christina Maslach. Social psychologist known for research on professional burnout., including *Burnout: The Cost of Caring* (ISHK 2003, 2015)
