

# *Compassion Fatigue*

## *Conquer it to GET S#@ \$ Done!*

DAVID LISS

Getting stuff done is TOUGH! It's even tougher when there are roadblocks operating behind the scenes. Enter **Compassion fatigue**. Compassion fatigue is literally being fatigued from being compassionate. Another term I heard recently is **empathetic exhaustion**. It is EXHAUSTING being compassionate and empathetic. And we are required to do it 24/7. I have experienced this first-hand AND witnessed this in a large number of my colleagues.

Technically, CF is a combination of secondary traumatic stress and burnout. Secondary traumatic stress is the removed experiencing of trauma and subsequent activation of the sympathetic nervous system (SNS). This SNS activation occurs slowly and more insidiously than in primary traumatic stress (also known as post-traumatic stress disorder). The manifestation is low-level chronic stress that wreaks havoc on a person but allows them to continue to be high functioning. Burnout is more of an organizational development and psychology term referring to the exhaustion employees feel when facing the perception of demands that exceed resources and the ability to do a job. Have you felt everything in the world was against you? Have you ever been mad at your job? **Do you have negative racing or anxious thoughts about work?** Those are all examples of CF.

Compassion fatigue is a relatively new term, but the history of this term and its effects have been noticed back to the times of Carl Jung (turn of the 20th century). The effects of CF are somewhat ignored and downplayed because caregivers are supposed to be objectively removed from the trauma in their patients and only is expected to manifest when a caregiver is overly caring (think a nurse). The concept of being HARD but brittle is rampant in healthcare. Be strong for your patients, yet, see them as a statistic. Don't get too attached. However, any empathetic person cares for their patients, and through mirror neurons in the brain, manifests a level of reaction to another person or animals' trauma.

Symptoms of CF reflect poor life behaviors and can be very common in healthcare personnel. Anxiety, fear, loss of meaning, self-treatment and soothing (addictions), suicidal ideation, fatigue, irritability, sadness, depression, passive aggression, absenteeism, hating work, and on and on. This occurs professionally also, in the form of continuing education and connection to others through a joint work environment. The idea of a profession as more than just that creates a cycle of where one expects the profession to give them something it can not – soothing personal upset and stress. CF manifests as chronic physiologic stress. It creates a tuning up of the sympathetic nervous system where the chronic activation results in the symptoms of CF. If you ask yourself, "are you ready for a battle every day?" and the answer is "yes" – you are under chronic stress. This is unavoidable in healthcare. And, in fact, empathy is how CF "gets in" or infects us. How do I see this show up in our profession? The high rate of suicide. The reports of substance abuse amongst colleagues. The crying from the practice owner on Facebook who was attacked on social media.

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Narration is the second resiliency skill. Narration is narrating our professional journey. There is some psychoanalytical piece to this, where therapists get us to talk about our problems, which releases the stranglehold they have on us. Narrating our professional journey helps us identify blind spots we may be operating from. For me, I went into this profession to be a veterinarian. I came out a regional operations manager. Who knows where we will end up and all the twists and turns we take on the way.

Unfortunately, a way to NOT treat CF or reduce symptoms is to fall into the victim mentality. Nothing is being done to you. We have two options in a non-threatening stressful situation – change the reaction to it or leave it. Staying in it and espousing your inability to change it (helplessness) will not improve resiliency or help reduce symptoms. I see some degree of chronic job-hopping that technicians do. And there seems to be a move towards veterinarians become relief workers – not being required to show up to a specific facility every day and flitting from one shift to the other.

Working in healthcare basically means always having a work environment where the demands outweigh the resources. Having to spend face-to-face time with patients and clients, where many other industries are automated, means that veterinarians (and technicians) will always have more clients than they can see in a day, week or month. When facing some of these perceived demands that exceed resources, I often approach with a “Have to vs. Get To” approach. “I have to” sets up the helplessness dynamic, whereas “I get to” remove the barrier and instead confronts it with humility and surrender. Being gracious and gentle with yourself helps alleviate some of the stress.

If CF is a disease, the antibody is resiliency, not the cure. Resiliency is the process of mitigating chronic stress to reduce the ratcheting up of the sympathetic nervous system, which alleviates symptoms. This is the idea of being the calm during the storm, and it's a skill we must learn. It's the difference between NOT having an illness (denial of reality) or having a disease and developing antibodies (resiliency skills). The skills (self-regulation, intentionality, professional maturation, connection, and self-care) are treatments for CF and help alleviate symptoms and improve quality of life.

The first skill, professional maturation, involves recognizing the place of work in our lives and drawing boundaries around parts of our lives that work need not interfere with and where work can be relegated to. This is the transition from the hubris of “saving the world” and remembering to own our own shortcomings and humanness.

The biggest step of professional maturation is to relinquish stress over the outcomes. We do our best, we do what we can, but what happens, happens. The WORK is your worth NOT the outcome. This is a VERY tough thing to wrap our heads around. To think that placing a central line doesn't ACTUALLY have an impact on the survival of my patient is a little trippy. However, outcomes can be measured statistically and yet are only really appropriate in the setting of a group of patients. Truly, whether your patient will live and die is mostly luck.

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Self-regulation is the third resiliency skill. This involves learning when our sympathetic nervous systems are running rampant and when they can be calmed down. There is a distinction between relaxation and self-regulation. Both are important, but self-regulation is more of a daily, life-long process and practice to calm the mind and muscles and ratchet down the SNS. Whereas relaxation is a one-time occurrence when you engage in a specific modality (yoga, breathing, etc.) away from the stressful activity to relax. The goal is not to do yoga 5 times a week, but rather, in the middle of the stressful activity, to “relax the cheeks” or widen the gaze which will ratchet down the SNS, in the middle of the battlefield. This is how to learn how to be the calm during the storm.

Support and connection is the fourth resiliency skill. Do you empower or disempower people? Are you a member of groups who strive to support and connect you? Cough cough, UVC! Going out for drinks with colleagues and badmouthing clients, other vets and coworkers is venting. That is about commiseration, and not exactly what I am referring to. Venting is “Oh WOE is me,” and then a repeated, “I get it yes WOE is you.” Narration is about a verbal dumping of stress and then a colleague, friend, or family member then working WITH you to figure out what resiliency step you need to develop the strength to go back and face that issue. Reminders that the issue is not inherently bad or good, but simply an issue, allows us to then figure out what we need to tackle the issue. You need those that will not ONLY support you BUT call you out on your CF symptoms (irritability, passive aggressiveness, negativity, etc). You need 3-5 people who will be our coaches and cheerleaders who will tell us when we are doing great AND identify our faults and weaknesses for the purpose of strengthening them. Who is your safety net?

Self-care is the fifth resiliency skill. Self-care is about actualizing the variety of things that make up a well-rounded and happy life: joy, play, exercise, nutrition, sleep. These are in balance when our physical, psychological, emotional, spiritual and professional boundaries are in place. Self-care is not about the THING that makes us happy, but rather, what we are struggling in, and WHETHER we are WILLING to take a look at it and make changes. This means drawing a hard line for a professional and personal boundary. What is that boundary for you? Many people do not make the lifestyle change until they have suffered enough from doing it and it is often a LAST ditch effort. What will you change before you are at the precipice? For me, I stop taking work calls after 5pm. I don't do work and emails on the weekends. I stay intentional when it's time for family and friends and say NO to work during those times. I also do not let others mental health issues (anxiety, fear, stress, upset) get in. I tell myself its THEIR burden to bear; I realize very clearly I am not my staff's friends, family, but simply their boss.

I look forward to going through this CF journey with all of you!

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### Objectives

- Review a brief history of compassion fatigue and development of treatment theory
- Understand the signs and symptoms of CF and how CF occurs.
- Dissect the role of the nervous system and how hijacked self-regulation occurs in CF
- Conceptualize how individuals become affected with CF
- Practice the FIVE tools to combat/mitigate CF

### Toolkit

#### Understanding CF and How it Occurs

- Caregiving Myth \_\_\_\_\_
- Activation of SNS \_\_\_\_\_
- Secondary Traumatic Stress + Burnout \_\_\_\_\_
- Empathy CAUSES CF \_\_\_\_\_

#### Developing Resiliency

- Learned Skill \_\_\_\_\_
- Reacting to demands \_\_\_\_\_
- Have to vs. Get to \_\_\_\_\_
- Professional Maturation \_\_\_\_\_
- Narration \_\_\_\_\_
- Self-Regulation \_\_\_\_\_

#### Self-Care

- Boundaries \_\_\_\_\_
- What is Self-Care to You? \_\_\_\_\_
- Recognizing lack of self-care in others \_\_\_\_\_

### Key Points

1. CF is INEVITABLE in healthcare - caused by empathy
2. Develops and manifests as chronic emotional stress
3. Treatment is resiliency NOT cure
- 4.5 BIG mitigation techniques

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**Workshop Exercises**

Exercise 1- Draw Your PROFESSIONAL Boundaries

Exercise 2 - Causes of STRESS and DEMANDS at Work

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Exercise 3 - HAVE To vs. GET To Exercise

Exercise 4 - Professional GRAPHIC Timeline Exercise

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Exercise 5 - Self-Regulation Technique Exercise

Exercise 6 - Self-Care Exercise