Compassion Fatigue: The Effect of Secondary Stress and Vicarious Traumatization on HealthCare Professionals

by

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Thank you to all…

- To all those present for their willingness to promote interest in this topic...discussion promotes wellness in ourselves and ultimately, those we serve.
- Especially to the organizers of today for their hard work & tireless efforts to make today happen for all of us.
- To Lemuel Shattuck Hospital for their commitment to the community.
Where do you call home?
Lemuel Shattuck Hospital

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Agenda

Introduction

• Working in healthcare
• Profile of the Health Care Professional
• Culture of the workplace and potential for burnout
• Occupational signs of stress for Health Care Professionals
• Caregiver Stress
• Clinical practice issues
• Methodologies for biopsychosocial role strain
• Discussion & evaluation

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A dedication…

St. Francis of Assisi—Patron Saint of Compassion

He relinquished a life of wealth & chose a humble life to care for the sick, the disenfranchised, the poor, prisoners, and believed no one should ever die alone at the end of their earthly life.

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Occupational Signs of Stress

Biological:

• Bodily functions
• Physical symptoms
• Adverse physiological changes
Occupational Signs of Stress

Psychological:

• Decreased tolerance of others
• Low frustration ability
• Loss of humor and joy
Occupational Signs of Stress

Social:
• Withdrawal
• Isolation
• Loneliness
• Unable to complete tasks
• Poor utilization of social networks
• Negative patterns in supervision
So what is happening?
Burnout...a patient cousin

Well intended aspirations evolve into behaviors that can lay the groundwork for burnout and possibly compassion stress and other negative patterns in the workplace

Such as...
Negative factors

- Decreased energy—"keeping up the speed"
- Feelings of inadequacy, possibly failure
- Reduced recognition for good work
- High propensity towards feelings of guilt
- Feelings of helplessness/powerlessnessness
- Pressure to succeed-overachieve
- Vulnerability to criticism
Negative factors ... cont’d.

- Inner-directed rage
- Under-assertiveness
- Feeling victimized
- Inflexibility*—in professions that do not reward flexibility
- Personality influences—perfectionism, rigidity and an enormous capacity for an extreme workload*

Red Cape Syndrome—“super-martyr”
Negative factors

- A strong work ethic, self-direction and idealism in the workplace can spiral negatively without supervision*
- Subsurface anger in HCPs equates to a sense of powerlessness
- Horizontal violence - misdirected anger and subtle sabotage towards others in their lives
- Highly critical and fault finding

Dropplemann & Thomas, 1996
Burnout…

“A state of physical, emotional and mental exhaustion caused by long-term involvement in emotionally demanding situations”.

-Pines & Aronson, 1988
Stages of Burnout

The Honeymoon

- The job is enjoyable and the employee has high energy. The employee loves the work and it is a right fit. Employee is delighted with the job.

- Believes it will satisfy all their needs & aspirations
Stages of Burnout

The Awakening

• Realization the initial expectations were unrealistic…the work is not what was expected.
• Co-workers and system less than perfect
• Recognition is scarce and the employee works harder to attain goals & “measure up”.
• Employee now questions their own competence and self-confidence begins to wane.
• Increasing boredom, frustration and exhaustion
**Stages of Burnout**

**The Brownout**

- Early enthusiasm & energy is non-existent. Chronic fatigue & irritability are hallmarks. Eating & sleeping patterns are altered. Drug use may ensue to help shutdown the negative coping in their life.

- Indecision and decreased productivity are evidenced.

- Frustration, anger, cynicism, detachment.

- Open criticism of the system/organization, superiors & co-workers.
Stages of Burnout

Full Scale Burnout

• Despair, a sense of failure & hopelessness are present. Overt depressive symptoms.
• Internal belief system of self-confidence is eroded and marked anhedonia re: the work.
• Occupational paralysis
• Unexplained absenteeism
• Suicide may occur—intervention is critical
The Phoenix Phenomenon

The Final Stage…A Stage of Recovery

• “A rise from the ashes”…so to speak
• Unresolved burnout in the HCP lays the groundwork for Compassion Stress.
• Establish realistic goals and job expectations
• Mindfulness of caretaking and HCP’s response to stress…a key measure of health

(Miller & Smith, 1997)
A Conspiracy of Silence

• The work of Healthcare in this century is physically exhausting and emotionally daunting...caring for the seriously ill, the dying, the wounded and the diseased.

• Effects on the provider are myriad

• Viewed as “just doing my job”

• Professional disciplines minimize their contribution...

Finke, 2003
Figley’s Model of Compassion Stress and Fatigue

- Emotional Contagion
- Empathic Ability
- Empathic Concern
- Empathic Response
- Disengagement
- Sense of Achievement
- Compassion Stress

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Blurring of roles

• Compassion stress has its roots in burnout.
• A sense of achievement can be known as a “helper’s high”. The reward of the task completion is greater for the professional than the fulfillment of the need in the person being cared for.
• Empathic responses can fuel continued spiraling to fulfill the needs of others... leading to exhaustion.
Crimean War...

“Their moans would pierce the heart”

-Irish Nurse

1864
PTSD Experiences

What Constitutes a Sufficiently Traumatic Experience:

The person has experiences an event outside the range of usual human experience that would be markedly distressing to almost anyone: a serious threat to his or her life or physical integrity; serious threat or harm to their children, spouse or other close relatives, or friends; sudden destruction of his home or community; or seeing another person seriously injured or killed in an accident or by physical violence.

(APA, 1994)
Secondary Traumatic Stress

• STS is the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by another human being. It is the stress resulting from helping or wanting to help a traumatized or suffering person.

(Figley, 1993a)
Vicarious Traumatization…

- Vicarious traumatization refers to a transformation in the therapist’s inner experience resulting from empathic engagement with trauma material.
- Graphic accounts of abuse & pain
- Effects are cumulative & permanent

McCann & Pearlman, 1998
Vicarious Traumatization...

- Effects may be intrusive and painful
- Emotional residue may remain after direct exposure
- Contamination of personal life
- Disruption of schema or beliefs about the self and the world.
- Also called *Transformational World View*
Figley’s Model of Compassion Stress and Fatigue

- Prolonged Exposure
- Secondary Traumatic Stress
- Traumatic Recollections
- Compassion Fatigue
- Degree of Life Disruption

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Emotional and Spiritual Effects

Through exposure to graphic accounts of abuse experiences, and the realities of people’s intentional cruelty to one another, the therapist is vulnerable to the emotional and spiritual effects of vicarious traumatization.
**PTSD and STSD**

**PTSD**

**Stressor**

- Outside of usual human experiences
  - Serious threat to *self*
  - Sudden destruction of one’s environment
- Re-experience of Trauma event
- Avoidance /numbing of reminders
- Persistent arousal

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**STSD**

*Stressor*
- Outside of usual human experiences
  - Serious threat to *Traumatized Person*
  - Sudden destruction of TP’s environment
- Re-experiencing Trauma Event of TP
- Avoidance/numbing of reminders
- Persistent arousal

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Compassion Fatigue Defined

• Identical to Secondary Traumatic Stress Disorder (STSD)

• Is the equivalent of PTSD

• Potential for chemical use

Figley, 1995
Clinical Practice Issues

• Loss of therapeutic realism
• Negative or non-existent supervision
• Personal health changes
• Self-neglect
• Transference/Countertransference
• Compassion Stress and Compassion Fatigue
Clinical Practice Issues, continued

- Diminished interaction with colleagues and team discipline
- Black/White-all or nothing thinking
- Emotionalism
- Judgmental behavior
- Use of chemicals for stress reduction (use, abuse, dependence)
- Impaired Practice
Role Strain

Impact of specific stressors on the Health Care Professional’s performance in their designated discipline.

Creativity is blunted by the system

“What I believe I can create is stopped”
Culture of the Workplace

Key marker for identifying issues for employee performance and health maintenance

- Professional: established roles, clear policies and protocols, supervision sessions, reasonable expectations
- Negative and Punitive…. “the bureaucratic response”
- Harried and rushed…… “a ticking clock”
- Fragmented and productivity driven… “just get it done”
- Team oriented vs. discipline specific… “that’s not my job”
- Poor reflection of specific cultures
- Chronic role strain
Key points for clinical practice

- Supervision*
- Boundary adherence
- Self-awareness
- Processing of events and emotions
- Horizontal violence
- De-obligate yourself
Methodologies for Biopsychosocial Role Strain

Occupational stress reduction-recovery strengthening techniques for HCP:

• Personal Philosophy
• Support Groups
• Workplace Support (lunch time meetings, gyms, spiritual areas, supervision luncheons, away days)
• Exercise programs
• Educational pursuits
• RTW Contracts (when applicable, established boundaries and parameters)
“You have brains in your head... You have feet in your shoes. You can steer yourself in any direction you choose!”

-Dr. Seuss
Healthy Strategies for Survival

- Assertiveness Training- Learning how to present personal views without aggression
- Health Promotion- Learning & self-health care
- Adaptation- Goal surrender
- Learning to “Roll with the punches”
- Cooperation- Affiliation “Social Glue” bonding
Healthy Strategies for Survival, continued

- Recognition of competing—originates in primal drives…food, power, sex
- Supervision- New techniques/new perspective
- Continuous critical thinking
- Methodologies for role strain
More Healthy Strategies

- Therapy—individual or group
- EAP consultation
- Quiet/sacred areas “Take 5 Room”
- Study groups
- Yoga/exercise/good nutrition*
- Stress e-mail forums
- Stress reduction programs
- Compassionate writing
Healthy Strategies...

- Mental diversions—songs, movies, stories
- Schedule vacations routinely
- Alternative Therapies
- Dining...not gulping food*
- Pursue and interest—*hobbies*
- Encourage recreation
- Private time on a daily basis
- Contact with family & friends
Ten Worry Stopping Techniques

• Set aside a special time for worrying. Concentrate only on worrying during selected times.
• Ask yourself: “What is the absolute worst thing that may happen?”
• Ask yourself: “Will that absolute worst thing really happen?” How many times?
• Use “self-talk” and thought-stopping to short circuit “worries.” STOP!
• Learn and use Scientific Conflict Resolution Techniques for family and personal decisions. Resolve internal conflict; reduce worrying.
Ten Worry Stopping Techniques, continued

- Instead of imagining and re-imagining the negative, picture what you ideally want to have happen. Imagine it and then develop an action plan to begin to move toward that ideal.
- Learn to disagree agreeably. To protect …use I-messages and active listening techniques, “I believe….discussion”
- Take a risk & ask questions…you can’t know everything!
- Read. Books and articles are available to teach yourself.
- Talk to those you trust… for their guidance
- Accept reality…know the limits of your control…
- The crisis will pass…with or without you being stressed

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Stress Hardiness

The concept of “stress hardiness” or resistance to stress was developed by Dr. Suzanne Kobasa at City University in New York. Dr. Kobasa has studied many groups of people who have very stressful occupations. Those who seem to cope with their job stress, having a “hardiness” to it, have three specific characteristics. How do these apply to you?
3 Characteristics of Stress Hardiness

- Commitment
- Control
- Challenge

Kobasa, 1979, 1985
The fourth “C” stands for “closeness.”
Everyone who wants to be stress hardy must have someone (one person or one hundred) with whom to share the stress, a confidante who is willing to “be there” when times are tough.

-Betty Morgan RN, PhD, CS
Positive Effects?

“...a heightened sensitivity & enhanced empathy for the suffering of victims, resulting in a deeper sense of connection with others...a deep sense of hopefulness about the capacity of human beings to endure, overcome and even transform their traumatic experience: and a more realistic view of the world, through the integration of the dark sides of humanity with healing images”.

McCann & Pearlman, 1990
Small Stuff

- Choose your attitude every day
- Listen with your ears...and eyes
- Strive for integrity...not fame
- Cherish tranquility
- Rest without guilt
- Learn to relax when you are “too busy”
“I want to know what sustains you from the inside when all else falls away.
I want to know if you can be alone with yourself.
…and if you like the company you keep in the empty moments”

—Oriah Mountain Dreamer
Indian Elder