Compassion Fatigue

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Compassion Fatigue

…is recognized as “the greatest threat to personal, professional, and financial success among those who truly provide compassionate care.”

(Veterinary Economics, 2005)
What is it?
What it is not?
What makes us vulnerable?
What does it look like?
What are the consequences?
How do we manage it?
How do we treat it?
What is it?
Compassion Fatigue

“The deep physical, emotional, and spiritual exhaustion that can result from working day to day in an intense caregiving environment.”

(Figley & Roop, Compassion fatigue in the animal-care community, 2006)
Compassion Fatigue

Primary Traumatic Stress

Secondary Traumatic Stress

Cumulative Stress

CF

(Voges & Romney, 2003; Gentry, 2005)
Primary

- Dealing with your own trauma, pain, and loss
  - Death in the family (including an animal)
  - Separation/divorce
  - Car accident
  - Alcoholism/addictions
  - Major disease diagnosis
  - Mental illness
  - Family violence

Secondary

- Dealing with someone else’s trauma, pain, and loss
  - Clients
  - Patients
  - Veterinary team

(Mathieu, *The Compassion Fatigue Workbook*, 2011)
Cumulative Stress

Professional

- Intense workplace demands and stress
- Expectations unmet
- Inability to achieve work-related goals
- Powerlessness
- Long hours
- Staff discord
- Boredom with routines

Personal

- Intense family demands and stress
- Family conflict
- Personal health problems
- Financial concerns
- Housing difficulties
- Social isolation

(Mathieu, *The Compassion Fatigue Workbook*, 2011)
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Primary Traumatic Stress
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(Voges & Romney, 2003; Gentry, 2005)
The Compassion Fatigue Process

(Compassion Stress and Fatigue Model, Figley, 1995)
What is it not?
TYPICAL WORK WEEK

Sunday

Don't speak to me!!

Monday

God, get me through this day!

Tuesday

Life is slowly seeping back into my body!

Wednesday

Please let me die!

Thursday

Anticipation!

Friday

Saturday
Burnout

“A psychological syndrome of emotional exhaustion, depersonalization, and a sense of low personal accomplishment.”

Burnout

- Arises from work-related stress (excessive, prolonged, and unrelieved stress)
- Driven by organizational concerns, policies, procedures, and bureaucracy
- The consequence of a disconnection between the individual’s expectation around role performance and the organization’s structure to support the role
- A cumulative and sometimes unconscious process
- Treatable (but may require changing jobs/careers)

(Pines & Aronson, Career Burnout, 1988)
Cumulative Stress

Professional

• Intense workplace demands and stress
• Expectations unmet
• Inability to achieve work-related goals
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• Intense family demands and stress
• Family conflict
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(Mathieu, *The Compassion Fatigue Workbook*, 2011)
What makes us vulnerable?
Our Vulnerabilities

- We are compassionate people
- We practice relationship-centered care
- We feel the pressure of rising client expectations
- We practice in a system of care with minimal division of responsibilities

(Stoewen, *Compassion Fatigue* in *The First Bite*, 2006)
GET TO KNOW YOUR VETERINARIAN
THE CHAMPIONS OF YOUR PET’S HEALTH

OVER 12,500
NUMBER OF VETERINARIANS ACROSS CANADA

5,953 MALE
6,594 FEMALE

$68,000
AVERAGE YEARLY SALARY

45.6
AVERAGE AGE OF A VET IN CANADA

YOUR VET SPENT A MINIMUM OF 6 YEARS IN UNIVERSITY

50-60 HOURS
THE AVERAGE AMOUNT OF WEEKLY HOURS WORKED
PLUS ON CALL HOURS AND VOLUNTEER WORK

3,407
NUMBER OF VETERINARY PRACTICES IN CANADA

75%
OF VETERINARIANS WORK IN PRIVATE PRACTICE

400
VETS GRADUATE PER YEAR

2,106
COMPANION ANIMAL PRACTICES

931
MIXED ANIMAL PRACTICES

370
LARGE ANIMAL PRACTICES

©
Our Vulnerabilities

• We work long hours
• We have emotionally demanding work
• We have hectic and changing schedules
• We practice economic-based healthcare
• We deal with illness, disease, accidents, death, and dying

(Stoewen, Compassion Fatigue in The First Bite, 2006)
Our Vulnerabilities

- We provide hospice care
- We provide “cradle-to-casket” care
- We practice euthanasia

(Stoewen, Compassion Fatigue in The First Bite, 2006)
Vulnerability of Healers

“All of us who attempt to heal the wounds of others will ourselves be wounded; it is, after all, inherent in the relationship.”

(Hilfiker, *Healing the Wounds*, 1985)
What does it look like?
Symptoms

- Personality change
- Reduced sympathy and empathy for others
- Mood swings, anxiety, depression, suicidal thoughts or gestures
- Anger and irritability
- Tearfulness
- Negative self-image
- Being easily startled
- Lethargy, physical and emotional exhaustion
- Loss of efficiency and reliability
- Indecision
- Memory loss, forgetfulness
- Inappropriate clinical judgement
- Interpersonal problems
- Sleeping difficulties

(Mathieu, *The Compassion Fatigue Workbook*, 2011)
Symptoms

- Unpredictable work habits and patterns
- Becoming accident prone
- Excessive time at work
- Increased time away from work and sick time
- Alcohol on the breath
- Heavy “wastage” of drugs
- Physical deterioration

- Client and staff complaints about changing attitude or behavior
- Increasing personal and professional isolation
- Skepticism, cynicism, embitterment, and resentment
- Avoiding certain patients, clients, and euthanasias

(Mathieu, *The Compassion Fatigue Workbook*, 2011)
What are the consequences?
• Physical and Mental Health
  • Physical ailments such as headaches, gastrointestinal upsets, and chronic pain and fatigue
  • Psychiatric conditions such as mood disorders (e.g. anxiety and depression), eating disorders, dissociative disorders, personality disorders, and addictions (e.g. smoking, alcohol, and gambling)

• Professional Competence and Success
  • Poor veterinary-client/co-worker relationships
  • Compromised patient and client care

(Mathieu, *The Compassion Fatigue Work, 2011*)
Consequences

• **Vocational Direction and Development**
  - Engage in premature job changes
  - Drop out of clinical practice

  “Compassion fatigue has driven both promising and seasoned professionals out of their professions entirely, permanently altering the direction of career paths.”

  (Mitchener & Ogilvie, 2002)

• **Organizational Welfare**
  - Spreads “as a contagion” to pan-systemically – and detrimentally – affect hospital climate and outcomes

  (Mathieu, *The Compassion Fatigue Workbook*, 2011)
How do we manage it?
Healthy Self-care

“Nourish your body, mind and spirit to sustain and maintain both your personal and professional life.”

(Stoewen, Compassion Fatigue in The First Bite, 2006)
Healthy Self-care

- Take daily walks
- Embrace spirituality
- Maintain a healthy diet
- Practice relaxation techniques
- Exercise and participate in sports
- Interact with children and animals
- Pursue any passions you might have
- Get in touch with nature and the outdoors
- Volunteer and contribute to your community
- Schedule time to simply relax and read or play
- Cultivate interests, activities, and hobbies beyond work
Healthy Relationships

“Intentionally affiliate with those who share your values, believe in you, and nurture your growth to enhance your well-being.”

(Stoewen, *Compassion Fatigue in The First Bite*, 2006)
Affiliate with those who:

• Care about each other and show it
• Genuinely like one another
• Joke around and/or pitch in when needed
• Pick-up on even the most subtle mood changes of fellow workers and ask about them in a caring and supportive manner

(Figley & Roop, *Compassion Fatigue in the Animal-Care Community*, 2006; Stoewen, *Compassion Fatigue in The First Bite*, 2006)
Healthy Hospitals

“Are mindful of their responsibility and obligation to facilitate their employee’s personal and professional growth by addressing issues of stress associated with compassion fatigue.”

(Stoewen, *Compassion Fatigue in The First Bite*, 2006)
Healthy Hospitals

- Create opportunities for staff to vary their caseload and work activities
- Honour the personal lives of staff, supporting them to take care of themselves and their families
- Empower staff through inclusivity in decision-making surrounding policies and procedures
- Create comfortable work environments, modeling the importance of the personal in the professional

(Stoewen, *Compassion Fatigue* in *The First Bite*, 2006)
• Promote professional development for their staff, recognizing it as integral to job endurance
• Sanction debriefing to allow staff to discuss the emotional components of various client and patient interactions
• Take the time to celebrate the sense of achievement found in the many success stories created, promoting compassion satisfaction
• Celebrate the lives of staff!

(Stoewen, Compassion Fatigue in The First Bite, 2006)
How do we treat it?
Counselling Support

“Professional support to facilitate personal growth by addressing issues of stress associated with compassion fatigue.”

(Stoewen, *Compassion Fatigue in The First Bite*, 2006)
Medical Support

“Professional support to manage the more serious consequences of compassion fatigue.”

(Stoewen, Compassion Fatigue in The First Bite, 2006)
Hmmm... Let's paws...
What Have We Talked About?

What it is…
What it’s not…
What makes us vulnerable…
What it looks like…
What the consequences are…
How we manage it…
How we treat it…
So taking it from here...
What will you do differently?
Commitment to Action

“An ounce of action... is worth a ton of theory.”

(Friedrich Engels, 1820-1895)
• What will you do differently
  • In the next week?
  • In the next month?
  • In the next year?

• Make written, public, specific, and measurable commitments
Knowledge

Experience

Creativity
Woof! Woof!
Meow! Meow!

That’s a big “Thank you!” from us at Pets Plus Us
References


“If you want others to be happy, practice compassion. If you want to be happy, practice compassion.”

˜ Dalai Lama ˜