COMPASSION FATIGUE:
WHAT IT IS, WHAT IT ISN’T, AND WHAT CAN BE DONE
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Compassion, defined as the “sympathetic consciousness of others' distress together with a desire to alleviate it” (Merriam-Webster 2014), is based on a passionate connection with others as fellow beings. Compassion calls for empathy. Empathy, however, is a double-edged sword. Just as it facilitates caring, it can leave the caregiver vulnerable. When exposed to others’ emotional distress, caregivers, too, will feel the effects. David Hilfiker (1985) sums this up very well: “All of us who attempt to heal the wounds of others will ourselves be wounded; it is, after all, inherent in the relationship.”

Compassion, although well intentioned, can give way to unhealthy boundaries wherein dedication can turn into codependency, empathy can become enmeshment, and commitment can lead to overcommitment and fatigue. In medicine, compassion can negatively impact practitioner well-being. It can extort a cost. The “cost of caring,” as termed by Charles Figley, a psychologist and pioneer in trauma science, is a relatively new condition in the human medical literature, known as “compassion fatigue” (Mitchener and Ogilvie 2002). Profoundly significant, 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 Compassion Fatigue?
Compassion fatigue is emotional, psychological, spiritual, and physical exhaustion. Defining it by necessary variables, it necessitates a caregiving relationship within which there is an exchange of empathy, emotions, and information, along with a strong desire on the part of the caregiver to help alleviate the receiver’s suffering and pain (Figley et al. 2006). Compassion fatigue emerges as a natural consequence of caring and, accordingly, is not necessarily a problem, but a by-product (Figley 1995).

Compassion fatigue cannot be clearly differentiated from other environmental stressors. From a systems perspective, compassion fatigue has been conceptualized as the convergence of primary traumatic stress, secondary traumatic stress, and cumulative stress (Gentry 2002). There is an interactive or synergistic effect among these wherein the experience of symptoms from any one diminishes resiliency and creates lower thresholds for the adverse impact of the other two.

What Is It Not?
Compassion fatigue is often mistaken as burnout. Despite compassion fatigue being a contributing factor to professional burnout, the two conditions are, in fact, uniquely different, though seemingly feeling the same (Mitchener and Ogilvie 2002). Since the two have uniquely different causes and paths to recovery, it is vital that they be clearly understood and differentiated.

While compassion fatigue is always related to the process of dispensing care, burnout can result from any type of work-related stress. Burnout is brought about by excessive, prolonged, and unrelieved work-related stress and is driven by organizational concerns, policies, procedures, and bureaucracy (Mitchener and Ogilvie 2002). Essentially, it is the consequence of a disconnection between the individual’s expectations and the organization’s structure. Both are treatable, but, in contrast to compassion fatigue, burnout may require changing jobs or careers.

What Are the Symptoms?
The personal symptoms of compassion fatigue are numerous and interrelated. They include the following: personality change; anger and irritability; tearfulness; lethargy (with physical and emotional exhaustion); physical deterioration; accident proneness; memory loss and forgetfulness; a negative self-image; interpersonal problems and increasing isolation; skepticism, cynicism, embitterment, and resentfulness; mood swings, anxiety, depression, and even suicidal thoughts or gestures; as well as reduced sympathy and empathy for others.

The professional symptoms of compassion fatigue include: client and staff complaints about changing attitudes or behaviors; loss of efficiency and reliability; indecision; inappropriate clinical judgement; compromised patient and client care; unpredictable work habits and patterns; excessive time at work or increased sick time and time away from work; heavy “wastage” of drugs; and avoidance of certain patients, clients, and euthanasias (Mathieu 2011).
Overall, compassion fatigue disturbs the ability to think clearly, modulate emotions, feel effective, or maintain hope. In fact, feelings of helplessness and inadequacy are among the reported symptoms. Over time, it can be difficult to separate work life from personal life.

**What Are the Consequences?**
Compassion fatigue can contribute to a wide range of physical and psychiatric disorders. Some veterinarians may find themselves dealing with stress-related physical ailments such as headaches, gastrointestinal upsets, and chronic pain and fatigue, while others may experience psychiatric conditions such as dissociative disorders, mood disorders (e.g., anxiety and depression), addictions (including smoking, alcohol, drugs, and gambling), eating disorders, and personality disorders (Stebnicki 2000).

Compassion fatigue compromises the ability to effectively empathize with, engage with, and care for patients. The obligation to act in a manner that promotes wellbeing may gradually and nearly imperceptibly wane, risking the potential for less-than-optimal patient and client care—and outcomes (Stebnicki 2000). Working less conscientiously, some veterinarians may even find themselves making mistakes.

Some veterinarians may eventually find professional life disappointing and unfulfilling. They may engage in premature job changes, believing the problem to be specific to the place or type of employment. Experiencing increasingly poor job performance and plummeting self-esteem, they may eventually drop out of private practice and take a job that doesn’t require much public interaction to avoid any kind of compassion stress. Compassion fatigue has driven both promising and seasoned professionals out of their professions entirely, permanently altering the direction of career paths (Mitchener and Ogilvie 2002).

**What Can You Do?**

*Life Balance and Self-Care*
Establishing and maintaining boundaries and limitations on availability, involvement, and personal investment in the profession can help to achieve life balance (Mitchener and Ogilvie 2002). Do not allow one area of your life to overpower or overshadow the entirety of your identity. Maintain good self-care through nourishing body, mind, and spirit (Stoewen 2006). If you don’t care for yourself as well as you do your patients, clients, and coworkers, there may be little of quality left to give. If you do not devote time and energy to keeping a healthy “number one,” all the other dimensions that depend on you will ultimately suffer the consequences.

*Team Support*
All members of the veterinary team need both formal and informal opportunities to debrief and process heavy emotional material (Stoewen 2006). A positive space for sharing, venting, and support is imperative to healthy individual and team functioning. In contrast, but along the same line, celebrate the success stories and each other, for it is only through interdependency and team effort that happy outcomes are achieved. Time for reflection and acknowledgment can be found in spontaneous conversations in the midst of daily activities or during organized social events. Such events (e.g., birthday and holiday celebrations, organized team-building activities, and staff retreats) increase feelings of group cohesion and mutual support, lifting everyone.

*Practice Support*
Practices need to be mindful of their obligation to facilitate their employees’ personal and professional growth (Stoewen 2006). A practice culture that normalizes the effect of working in a helping field of care can provide a supportive environment for team members to address the effects of compassion stress. Healthy practices provide opportunities to vary caseload and work activities, support self-care and family obligations, respect time needed for illness and wellness, and empower through inclusivity in decision making surrounding policies and procedures. They also promote continuing professional development, recognizing it as integral to job endurance.

*Professional Assistance*
Veterinary professionals experiencing compassion fatigue benefit from “talk(ing) about their experience and concerns in a safe context that is validating and non-judgmental, offers empathic connection, and supports clear thinking toward effective action” (Geller et al. 2004). They can also find ways to better cope with ongoing stressors and make use of their natural support systems. Medical support to manage the more serious consequences of compassion fatigue may also be helpful.
Healthy life balance, nourishing self-care, social sustenance, organizational support, and professional assistance together can enable the successful management of compassion fatigue and its deleterious consequences (Stoewen 2006). The nurturance of the individual within the sustenance of the community is key. Although compassion fatigue is a consequence of relationships, it is through relationships, both with ourselves and others that we are able to heal.

References