

Preventing Compassion Fatigue: Caring for Ourselves While Caring for Others



BY KAREN BADGER, PHD, MSW

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You may have heard the term "compassion fatigue," but what is it and how can we prevent it?

A nurse ends a 12-hour shift—the third one that week—to find that he is unable to forget the image of a young child struggling through a 2-hour dressing change, even when he closes his eyes to go to sleep or tries to distract himself with other activities throughout the day.

The caregiver of a family member who was severely burned in a car accident struggles to forget about the images he pictures in his mind about the accident. He relives the scene of the crash and the visit to the emergency room that quickly turned into a lengthy hospital stay.

At the end of a very difficult week, a social worker shares with her colleagues a dream she had the previous night. In it she was swarmed by family members of a fatally burned patient. As she attempts to record their names, her pen writes with blood, not ink, and she feels inadequate, unable to help them.

These examples illustrate what Dr. Charles Figley, a trauma specialist and the Director of the Florida

State University Traumatology Institute, calls the "cost of caring" that helpers who support others through tragedy and trauma may experience, a reaction known as compassion fatigue. Sometimes compassion fatigue is also referred to as "secondary traumatic stress" because its symptoms develop from exposure to someone else's trauma, stressor, or suffering rather than one's own.

Assisting others as they heal from deep pain and suffering requires compassion, empathy, and caring. This emotional and caring connection we establish with others can make us vulnerable to feeling distress within ourselves. Professional helpers and family caregivers of those who have experienced trauma or suffering can develop symptoms similar to posttraumatic stress disorder. These symptoms can include irritability, sleeplessness, intrusive memories, or feelings of being overwhelmed, depressed, or anxious. If we lose sight of ourselves and our own needs, neglecting ourselves while engaged in the process of helping others, we can compromise our own well-being. Although the risk of compassion fatigue is

inherent in helping others who have experienced trauma, experts and research in this area provide some guidelines for managing the demands of the work while protecting ourselves.

Practice self-care. When I was a manager at a large hospital, I received a call from a nurse who told me that a staff member in my department had passed out. She had been working with some very distressed patients and had worked through both breakfast and lunch. After fainting, she could not return to work for the rest of the day and was unable to support her patients as she would have liked. She is a very dedicated, driven, and compassionate person who placed others before herself. Her experience underscores the importance of taking care of our basic needs when working with others, even when it may not be our natural focus. Others (for example, Figley) have used a common analogy that speaks to this need: Airline flight attendants instruct their passengers, “In the case of an emergency, place your oxygen mask on first before helping someone else.” We need to secure our own air supply first so that we are able and ready to assist those who need our care.

Set emotional boundaries. Caring for those who are healing from trauma requires empathy and emotional involvement on the part of the caregiver. These qualities are what makes such alliances so supportive and powerful, but they can also serve to pull us off center if we become over-involved. It is necessary to establish boundaries between ourselves and those we are helping so that we don't carry their pain and experiences as our own. This can be difficult to do, particularly when much time is spent together or when a deep relationship already exists (such as that between family members). The challenge is to stay compassionately connected while still remembering that each of us is a different (and separate) person. This awareness may help to maintain the space that exists between the helper and the person receiving assistance. When I think of the need for emotional boundaries or separation, I think of the saying, “Walk a mile in my shoes.” The key word here is *mile*. We need to walk long enough in the other person's shoes to understand what he or she is going through, but then give those shoes back so that person can continue on his or her own journey and we can function in our role (as nurse, first responder, parent, caregiver, etc). In order to heal, the trauma survivor not only needs his or her own experience but also needs us to stay

solidly and compassionately in our own space to provide the support and care necessary for healing. Two people wearing the same pair of shoes is not a comfortable or helpful situation.

Build and use a support network. Social support is frequently cited in the literature as helping to minimize stress reactions, such as compassion fatigue, in caregivers. A positive social support network (and a work-related support network) can serve as a life-line in navigating very stressful work periods. Social support can come from family or friends, but those we turn to for support need to be helpful and energizing to us rather than draining. It may be tempting to not reach out to your own supports when feeling short on time or energy, but doing so may be just what is required to help restore balance.

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Reduce work stress. Research has shown a strong connection between high work stress and levels of compassion fatigue, psychological distress, and post-traumatic stress symptoms. Regehr and her fellow authors have suggested that work stress may deplete our energy and stamina, making us even more vulnerable to stress reactions that can develop in response to secondary exposure to trauma. For professional helpers, work stress can be addressed by varying the conditions of the work environment (acute care, clinic, type of patient injury) and by assessing patient volume and acuity and making adjustments when possible to create variety or balance. We need to give ourselves permission to take a day off now and then and to recognize that we don't always need to do it all (say “no” to extra responsibilities and delegate to others). It is also important to develop an organizational culture that normalizes grief and other reactions that we may experience while working with those who have suffered a trauma, rather than concluding that such reactions are a sign of individual weakness or an inability to do the

work. Cultivating this kind of work environment can be of particular assistance in acclimating new staff as well as in retaining and nurturing existing staff.

For family and friend caregivers, it may be helpful to accept offers of assistance with responsibilities others can shoulder for you, as well as to prioritize your responsibilities, and strive with your family to create as supportive of a living environment as possible so that your home can be a source of energy rather than depletion. In general, it helps us all to be aware of support resources (counseling, support groups and services, etc.) and to use them, as we need to minimize the toll general work stress may take.

Use active coping measures. We each have our usual ways of coping with stress or difficult situations. How we choose to cope appears to make a difference in managing our stress. Researchers Schauben and Frazier found that people who used “active” coping measures reported fewer symptoms of compassion fatigue. Active coping measures include humor, social support, and taking charge and planning your time and schedule. Other researchers have warned against negative or avoidant coping mechanisms, such as substance usage, withdrawing from others and activities, or acts of aggression as they have found these to be associated with trauma symptoms and psychological distress in helping professionals.

Develop and utilize self-awareness. Effectively addressing the impact of secondary trauma requires us to be tuned into our own experience and to be self-

aware. We need to develop an “observing eye” with which we can notice our interactions with others, our thoughts and feelings, as well as our general stress level throughout the day. Self-awareness is a powerful tool for detecting when we might need to pay more attention to ourselves. Self-awareness can be developed through journaling, reading, discussion with others, support activities, counseling, awareness exercises, spiritual activities, meditation, or other reflective endeavors. Cultivating self-awareness may seem like a lot of work, but the ability to do so can help us navigate the cost of this work.

Maintain a balance. Managing the impact of exposure to the trauma of others requires a daily and ongoing commitment to our own well-being. When time is short, needs are great, and we are “other” focused, it can feel difficult to carve out time for ourselves so that we can be refueled and replenished. At times, thinking about taking time for ourselves may even feel selfish. However, our weekly schedules must contain time to rest, play, think, and connect with others for our own well-being. Keeping a balance in our lives can anchor us and can prevent us from becoming worn out from providing care to others. Making and honoring this commitment to ourselves can help us approach our work with a different, refreshed perspective and renewed energy. Taking care of ourselves as we care for others can protect those personal assets that support high-quality care of our patients and family members—our compassion, dedication, caring, and empathy.



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