

# COMPASSION FATIGUE AND HEALTH CARE PROFESSIONALS

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# DISCLOSURES

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- None

# LEARNING OBJECTIVES

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1. Understand the differences between compassion fatigue and burnout
2. Articulate prevalence of compassion fatigue
3. Identify strategies for identifying, addressing, and preventing compassion fatigue

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# COMPASSION FATIGUE



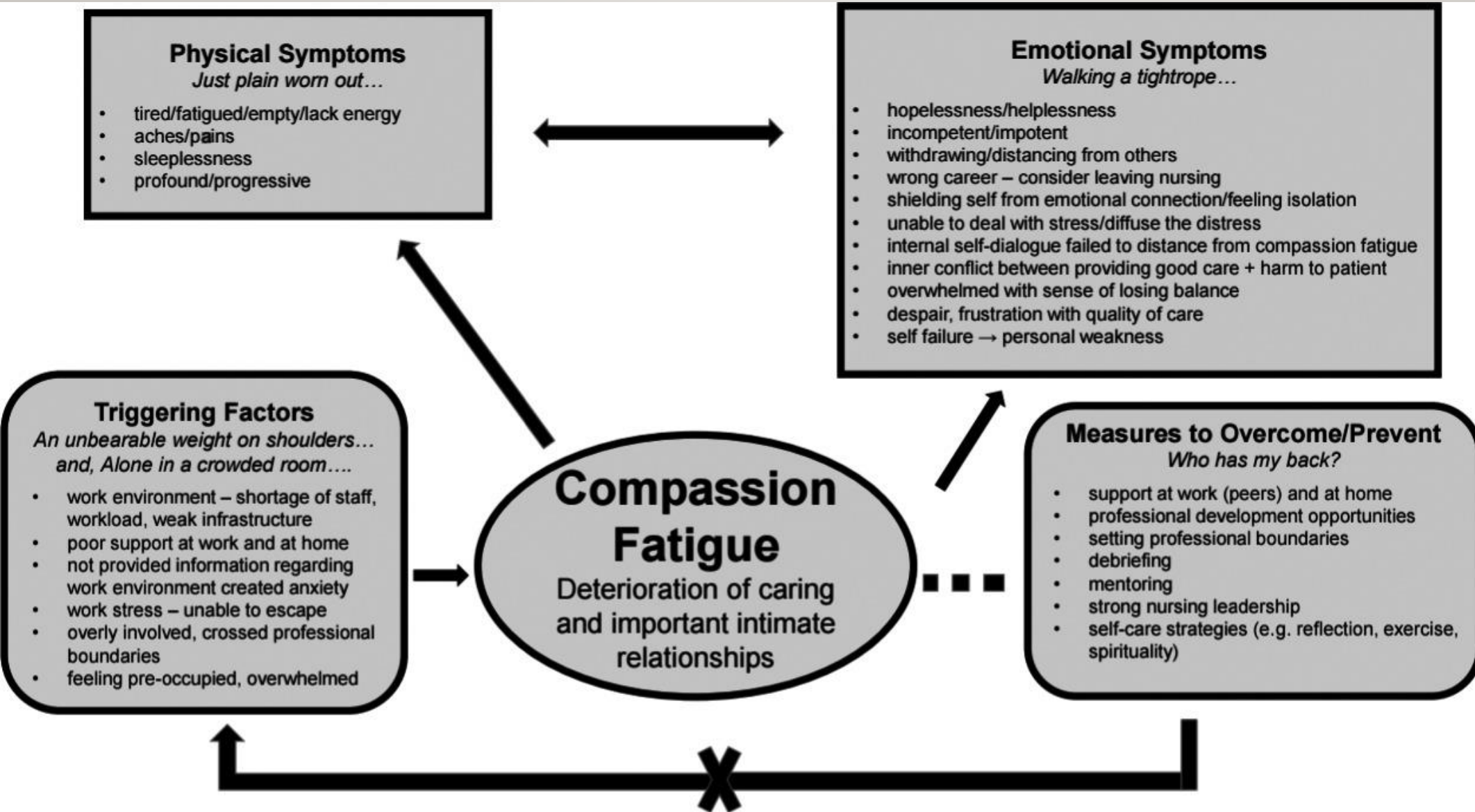
**WHAT IT**  
***IS*** **AND**  

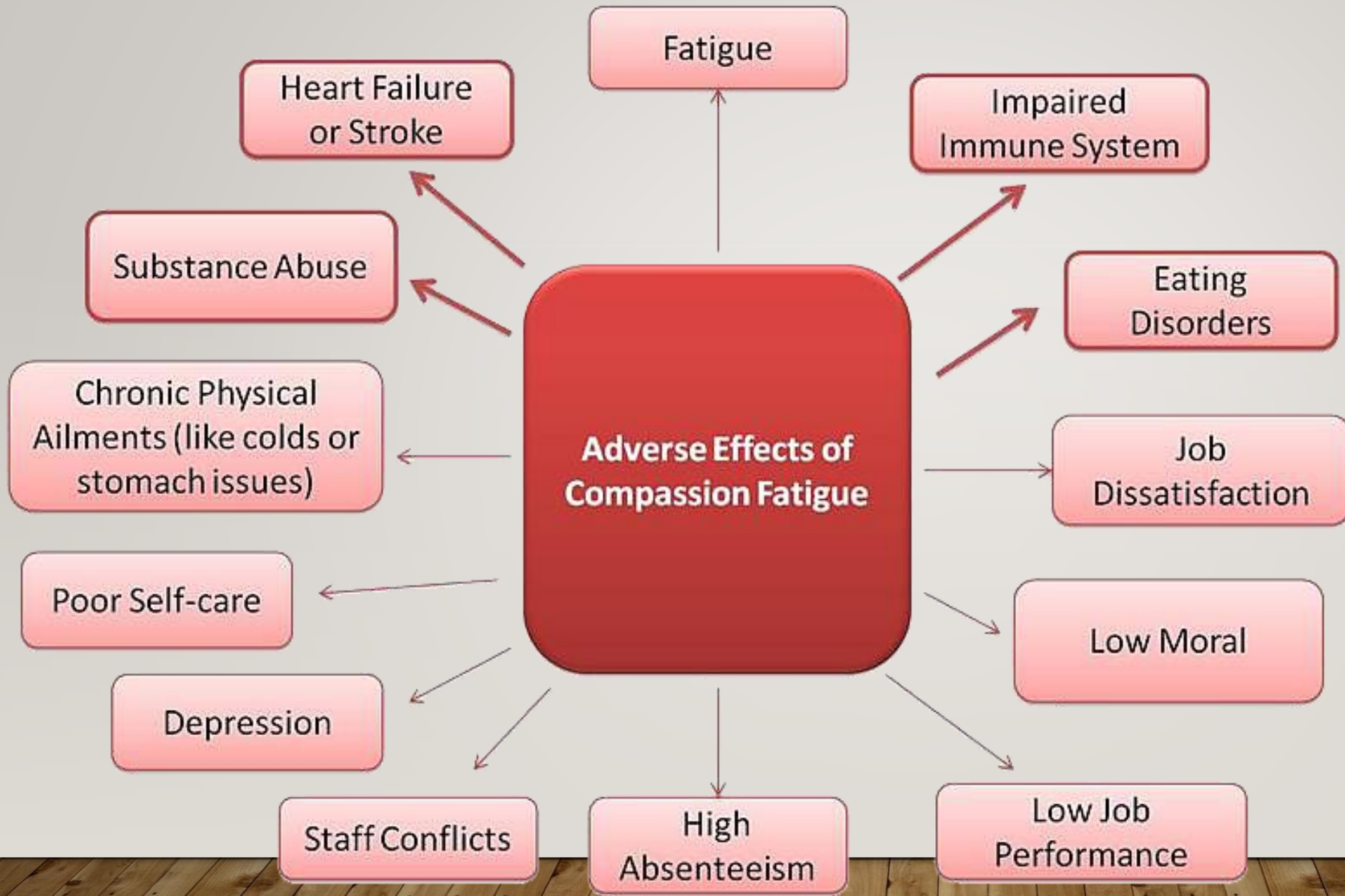
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**WHAT IT**  
**IS** ***NOT***



<b>Burnout</b>	<b>Compassion Fatigue (Secondary Trauma)</b>
Work dissatisfaction	Life dissatisfaction
Evident at work	Evident at work and home
Feels under pressure	Feels out of control
Lack of motivation or energy	Post traumatic stress disorder symptoms
Remedy is time away from work/new job	Treatment







**STATISTICS: BRANDONGAILLE.COM**

## ***YOU ARE NOT ALONE!***

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**48% of the US Workforce experiences high levels of personal distress that is directly associated with their job duties**

**Within the last year, over 21% of those in a helping profession noted that the amount of overtime they were required to work increased.**

**The profession reporting the highest levels of compassion fatigue are nurses (over 40%)**

**7% of workers in healthcare took their last sick day because they needed a mental health day- this is equal to the percent of workers who took a sick day because of a family situation**

**68% of people who experience compassion fatigue are full time employees**

**Only 28% of people working in a helping career have received some form of specialized trauma training**

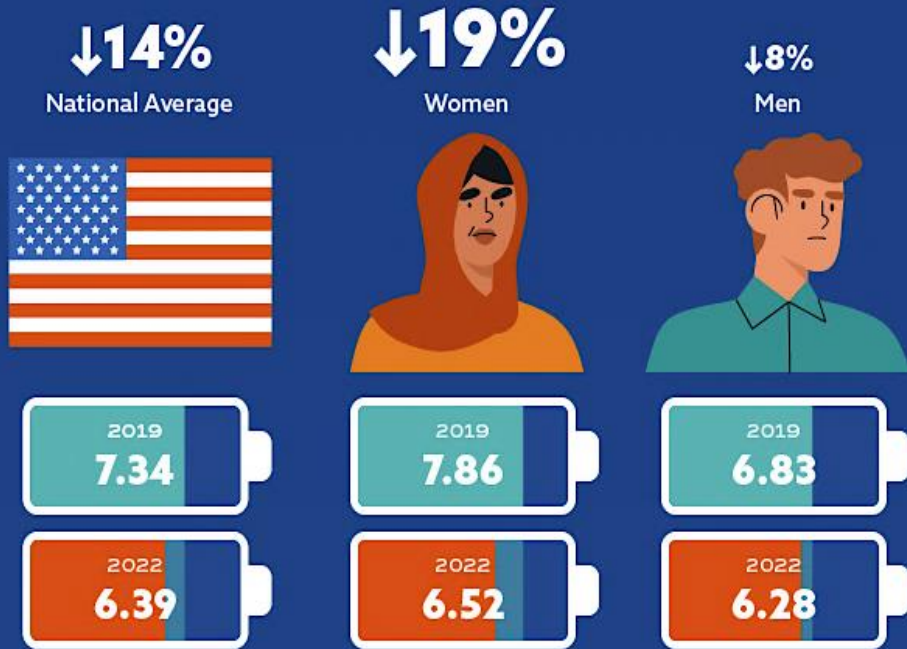


- **81%** of workers who suffer from compassion fatigue are women
- The greatest factor in the development of compassion fatigue was a lack of perceived fairness in the work being assigned. The actual workload was ranked as the third lowest contributing factor
- Cynicism and emotional exhaustion were the two most common reactions among workers who begin suffering from compassion fatigue
- **90%** of new doctors under the age of 40 report their family life has suffered because of their work
- **83%** of hospice workers have not had debriefing support after the death of a patient; **79%** of workers in this field report moderate to high levels of compassion fatigue

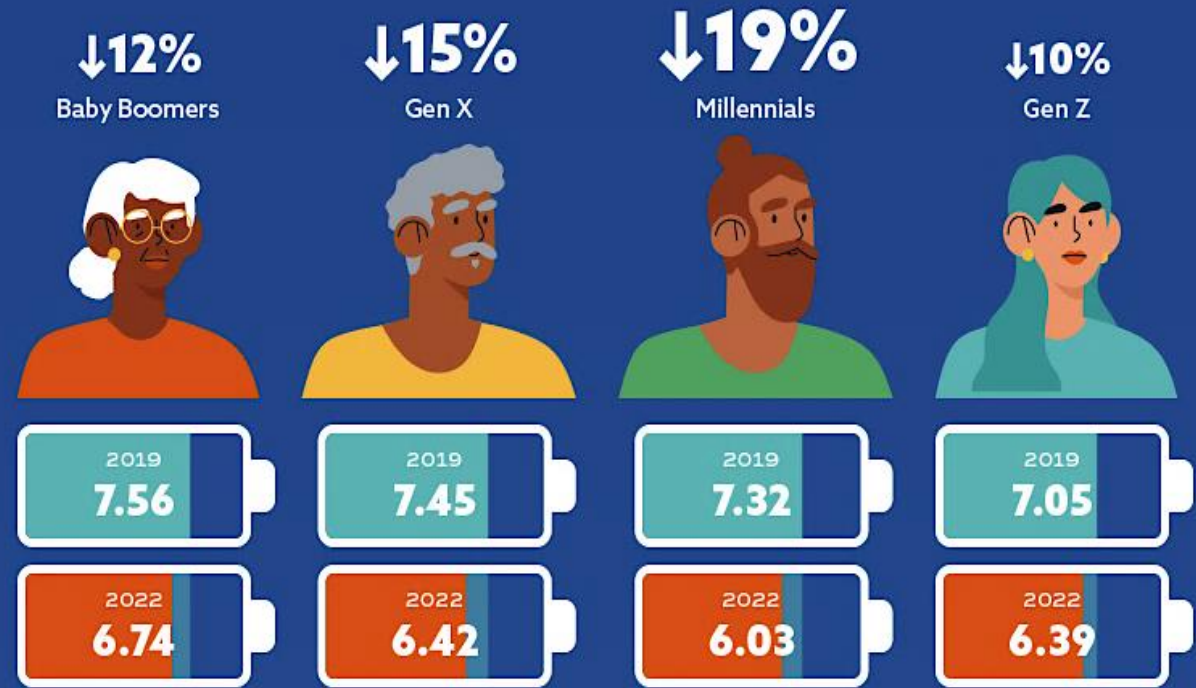
# How have American Empathy Levels Changed During the Pandemic?

Based on survey responses of 1,000 Americans

On a scale of 1-10, how empathetic would you consider yourself before the pandemic (2019) vs. today (2022)? (where 10 = extremely empathetic and 1 = not empathetic)



The drop in empathy levels for women **more than doubled** the drop for men.



# COVID CHANGED THE WORLD

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- There is no question: The COVID-19 pandemic has had a substantial impact on the lives of all Americans. It has disrupted work, education, health care, the economy, and relationships, with some groups more negatively impacted than others.
- The sheer magnitude of the COVID-19 crisis is hard to fathom. The COVID-19 pandemic has topped **215,000** in the United States, according to Johns Hopkins University. This is more American deaths than World War I (**116,516 deaths**), the Vietnam War (**58,209**), and the Korean War (**36,516**) – combined.
- Behind this devastating loss of life is immense stress and trauma for friends and families of those who died; for those infected; for those who face long recoveries; and for all Americans whose lives have been thrown into chaos in countless ways, including job loss, financial distress, and uncertain futures for themselves and their nation.



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## HOW IT IMPACTS TEAMS

# Professions Most at Risk for Compassion Fatigue

- Nurses/Nurses Aides
- Doctors
- Military personnel
- Mental Health Professionals
- Emergency Medical Technicians or Paramedics
- Fireman
- Law Enforcement
- Clergy
- Hospice Workers
- Emergency care staff
- Lawyers
- People who care for animals like veterinarians and animal rescue programs
- Chronic caregivers

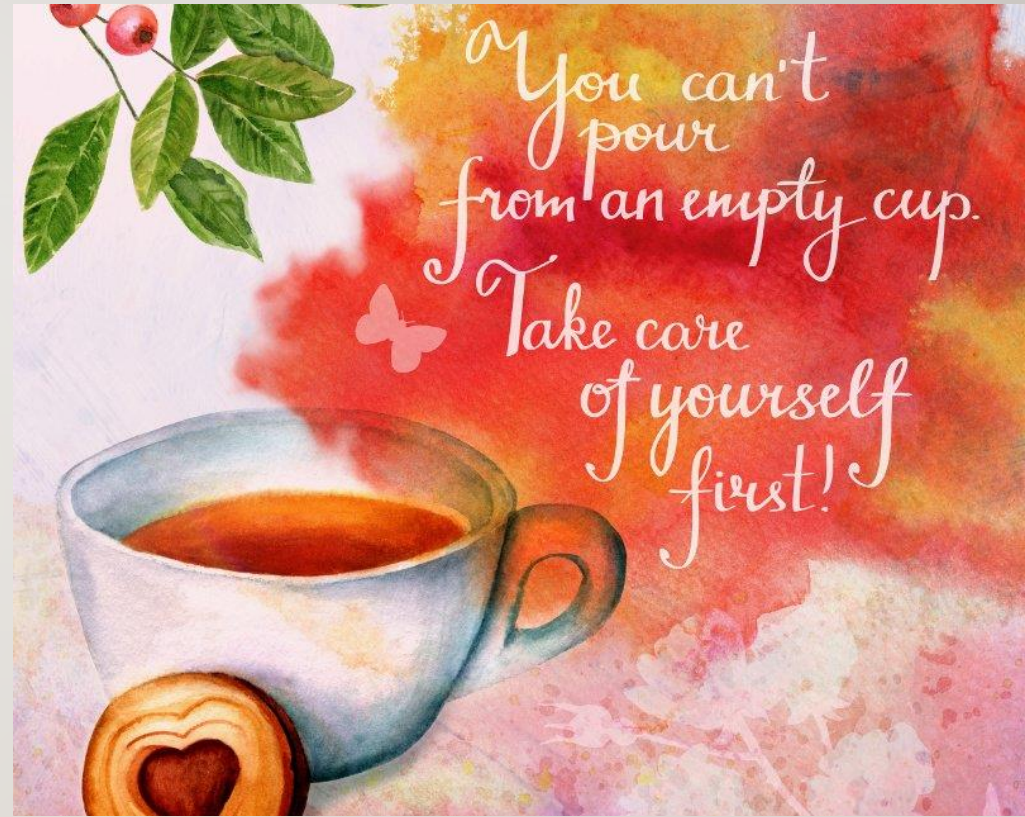


Developed by Christina Clarke, MS, HS-BCP, Coordinator of Continuing Medical Education and faculty, Wake Forest School of Medicine, Northwest AHEC

**WHAT CAN YOU  
DO?**

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**Set priorities with your own time- if you do not value it, why should others?**

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**Periodically unplugged or disengage from care giving commitments**

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**Decide when to turn off phones, computers, email, social media**

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**Set clear boundaries to both personal and professional relationships**

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**Meditation, exercise, good nutrition**

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**Meet your spiritual needs**

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**Avoid potentially harmful activities when your spirits are low (e.g. drinking, overeating, etc.)**

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**Journaling or other forms of self expression. e.g. art, sewing, poetry, creative writing**

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## ***SOME TECHNIQUES***

# FOCUS ON THE FOLLOWING

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- Work **with** rather than **against** your feelings
- **Stay connected** to your own identity instead of disassociating and/or identifying with others' pain or current state of being
- Develop a **positive life attitude**, including use of humor, strengthening self-confidence; focusing on the positive; relaxation and/or exercise routines
- Utilize **physical and visual reminders**, including grounding feet to the floor, intentional deep breathing; family photos; certificates of accomplishment you cherish



# ORGANIZATIONAL STRATEGIES

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# MITIGATING COMPASSION FATIGUE AND ITS EFFECTS

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- **Health Profession Settings / Systems may experience disastrous results from unrecognized compassion fatigue. Examples include:**
  - Chronic Absenteeism
  - A desire among staff members to break company rules and undermine culture
  - Staff who are highly reluctant towards change



# PROTECTIVE FACTORS

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- **Encouraging Team Spirit-** Feeling part of a team and having social support on the job can buffer workplace stress
- **Seeing Change as a Result of their work-** Employees need tangible evidence their work is important and helpful
- **Training-** Feeling competent to apply trauma informed approaches require effective training and education
- **Supervision-** Employees need to receive regular and predictable supervision to prevent, monitor, and respond to stress
- **Balanced caseloads-** having a diversified case load based on the topics, intensity, length of service, and balance between challenging and successful cases
- **Stress Inoculation Training-** Practicing responses to stressful situations to have the skills to regulate a stress response



# DEBRIEFING

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# KEY BENEFITS OF CONDUCTING DEBRIEF MEETINGS

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- **Continuous Improvement:** Debriefing allows teams to identify areas for improvement and develop strategies to address them in future projects. This ensures a constant learning process and keeps the team moving forward.
- **Enhanced Communication:** Debrief meetings foster open, honest communication among team members. This can help build trust, identify any communication gaps that may have arisen during the project, and ensure everyone is on the same page moving forward.
- **Boosted Team Morale:** A well-run debriefing meeting can boost team morale by acknowledging successes and celebrating achievements. This can motivate the team and create a positive atmosphere for future projects.



# WHEN TO HAVE IT

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**Within 24-72 Hours:** A good rule of thumb is to hold the meeting within 24 to 72 hours after the event ends.



**Within a Week:** If an immediate meeting isn't feasible, schedule it within a week of the event's conclusion.



**Taking Notes for Delayed Meetings:** If scheduling conflicts necessitate waiting more than three days, encourage team members to take notes about their initial reactions the day after the event. This helps them come to the meeting with better recollections.

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# SAMPLE DISCUSSION QUESTIONS



What did we learn from this event that can be applied to future endeavors?



What could we have done differently to achieve even better results?



Are there any process improvements we can implement based on this experience?



What knowledge or skills do we need to develop moving forward?



What was the best decision made during the project, and why?



What was the most challenging part of the process, and what can we learn from it?



Were expectations clearly defined and met throughout the project?

# SOCIAL MEDIA

SOCIAL MEDIA

CHECK LIST:

- chat

slow

CONNECT  
global network

click ✓

→ People

Friends

Am

Share

cloud

Tweet

good!



hello!

- Network  
- internet  
- connect

SHARE

**37%**  
of Americans say they **currently feel less empathetic** toward negative news events.

**57%**  
of Americans say that **misinformation on social media** has influenced their empathy levels.

**57%**  
of women say they feel **emotionally exhausted** after watching negative news either always or often. Only 28% of men say the same.

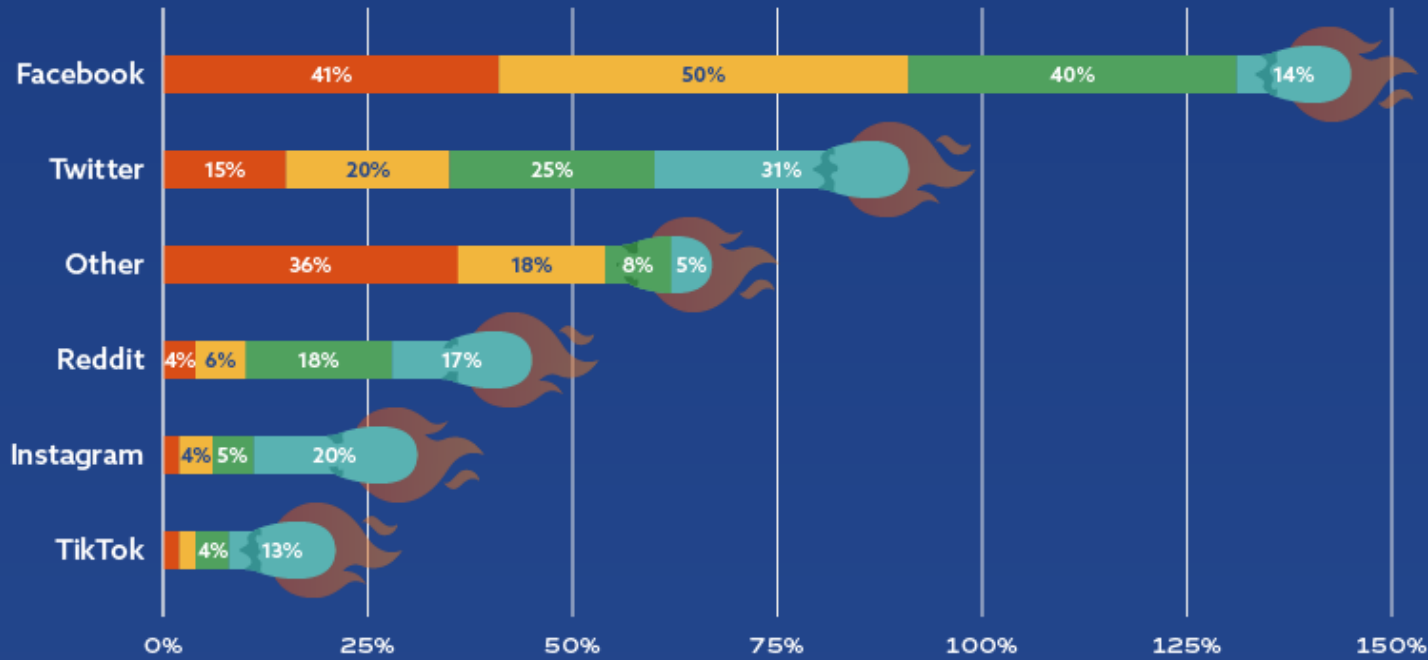
**61%**  
of Americans have experienced **burnout to social justice issues** during the pandemic.

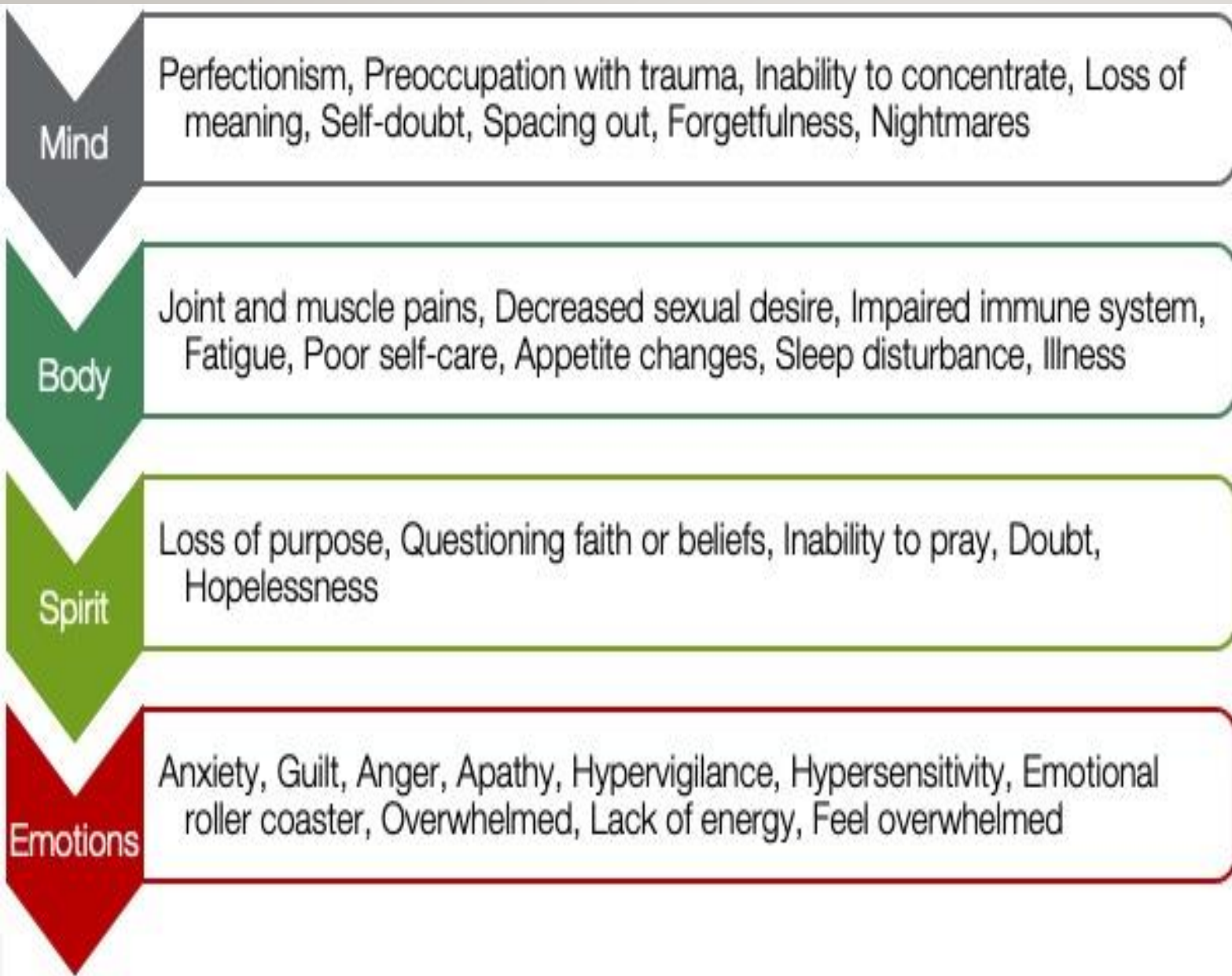
**Over a quarter**  
of Americans have **changed where they get their news from** due to empathy burnout.

# Which Social Media Platform Has Contributed the Most to Americans' Empathy Burnout?

BASED ON SURVEY RESPONSES OF 1,000 AMERICANS

 BABY BOOMERS  GEN X  MILLENNIALS  GEN Z





## LINK BETWEEN SOCIAL MEDIA AND MENTAL HEALTH

- <https://www.verywellmind.com/link-between-social-media-and-mental-health-5089347?print>

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