Compassion Fatigue: Connection to Trauma, Stages and Assessments

In this section of the toolkit we will delve more deeply into the concept of compassion fatigue; how it connects to our understanding of trauma, the stages that one might experience if compassion fatigue is not addressed, and how to assess our levels of secondary trauma, burnout and compassion satisfaction. As we grow in our understanding of the extent and impact of trauma on the clients we serve, their families and our communities, our ability to maintain an open and compassionate approach can be challenged. Compassion fatigue can develop slowly over time and go unrecognized. This section gives us insights that can guide us to take proactive measures to prevent its progression.

We know that being in the field of health care can be rewarding and also challenging. Caregiving is hard work in and of itself; however, it can be more difficult when clients present with obstacles, such as homelessness, community and domestic violence, and physical and emotional abuse. These trials impact health and the healing process. For more resources on incorporating and addressing trauma in your work, the Center for Health Care Strategies’ project “Advancing Trauma-Informed Care” is a national initiative aimed at understanding how trauma-informed approaches can be practically implemented across the health care sector.

Because providing care to clients poses the risk of unexpected outcomes and mistakes, health care providers are uniquely susceptible to what is known as the “second victim phenomenon.” While the first victim of an adverse client event is the client, caregivers can become ‘victims’ as well in the sense that they are traumatized by the event, whether it be a medical error, patient-related injury, or other unanticipated event that leaves the provider feeling personally responsible and questioning their skills and ability.1

This phenomenon can occur to any provider in any organization, but this blog post offers one nurse’s personal experience as a second victim and touches on the important role leadership and management play in combating its effects.

For more on secondary trauma consider watching Amy Cunningham’s Tedx Talk, “Drowning in Empathy: The Cost of Vicarious Trauma.” She talks about the risk and symptoms of compassion fatigue for individuals in caregiving roles as well as her own experience with vicarious trauma. She also discusses how burnout and vicarious trauma are often confused or conflated, and the differences between the two.

Adding the concept of burnout creates a more inclusive understanding of why some health care providers may experience compassion fatigue. Burnout can be the outcome when providers face unrealistic job expectations or do not know how to successfully meet typical expectations. Few providers come to a job knowing fully how to address multiple expectations from clients with whom they work, from organizations and regulatory bodies to whom they report, and from society as a whole. All of this is in addition to the physical, emotional and/or behavioral challenges that are presented to them by their clients. These expectations can be overwhelming and can lead to burnout if measures are not taken to build skills, support resilience and alleviate the symptoms.

What does compassion fatigue look like? What are the symptoms to look for early on to be able to minimize its impact and create (or return to) a path of resilience? Eric Gentry, PhD, offers a way to understand compassion fatigue in his staged model. Cat pictures were added to Gentry’s work by some of the authors of this toolkit to add some fun and assist with memory.