

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 overtime 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.

¹ Scott S., Hirschinger L.,...et al. (2010). *Caring for our own: Deploying a systemwide second victim rapid response team. The Joint Commission Journal on Quality and Patient Safety*,36(5), 233-240.

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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.



Drowning in Empathy: The Cost of Vicarious Trauma | Amy Cunningham | TEDxSanAntonio

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.



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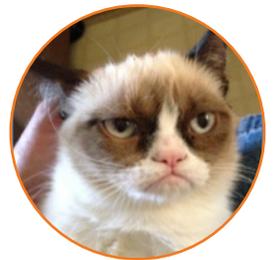


Compassion Fatigue Cycle *(adapted from work of Eric Gentry, PhD 2012)*



Zealot/Idealist — We are committed, involved, and available... Ready to problem solve... Ready to make a difference... We willingly put in extra hours... Our enthusiasm overflows... We volunteer... We are willing to go the extra mile and often do so without prompting... "I'll do that!!"

Irritability — We begin to see the imperfect nature of the systems and people around us... We distance ourselves from clients, their families, coworkers and friends... Begin to belittle our colleagues and clients... We talk unfairly about their challenges and denigrate their efforts... The use of humor is sometimes strained... We daydream or become distracted when clients are speaking with us... Oversights and mistakes begin to occur. We may notice our anger, cynicism, diminished creativity, and sadness.



Withdrawal — We are unable to embrace the complexity of the problems... We lose our ability to see clients as individuals rather they become irritants... Complaints may be made about our work and we might have problems in our personal life... We are tired all the time... We no longer wish to talk about work and may not even admit to what we do... We neglect our family, our coworkers, our clients and ourselves... Our shield gets thicker and thicker to block our pain and sadness. We may experience difficulty empathizing and feeling to numb to other's pain.

Zombie — Our hopelessness turns to rage... We begin to hate people... We even hate our coworkers if they dare question us... Others become incompetent or ignorant in our eyes... We work in a silo... We have no time for humor or fun. We may have a sense that we can't ever do enough, an inflated sense of importance related to our work, hyper-vigilance/ sleeplessness, and a sense of persecution.



Renewal vs. Pathology — If we have not addressed this cycle earlier, we come to a fork in the road where we either continue deeper into compassion fatigue to a place of pathology and victimization (overwhelmed, leaving the profession, changing positions and repeating the cycle, somatic illness) or we take a turn towards maturation and renewal (hardiness, resiliency, transformation).

The good news is that at any stage in the cycle, one can learn skills and mindsets that change the trajectory towards compassion satisfaction. The goal of this toolkit is for us to learn these mindsets and skills in order to proactively address our ways of being to avoid compassion fatigue and, when it does arise, address it early with confidence and support. It is beneficial to begin by getting a sense of the starting place for ourselves. The ProQOL is a 30 question, self-administered, self-scored, free assessment found [here](#).

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Throughout the toolkit, we will practice strategies to support compassion resilience from the four sectors of the Wellness Compass.

HEART: Commonalities Practice to Build Compassion

Try this five-step exercise when you are with a client, colleague, or family member and feelings of compassion seem out of reach. Do it discreetly and try to do all the steps with the same person. You can begin by simply bringing someone to mind. Eventually you can do this when you want to bring yourself out of a place of judgment in a tough interaction with another person. At the root of it all, we are all human beings that crave attention, recognition, affection, and above all, happiness.

With your attention geared to the other person, tell yourself:

- Step 1: "Just like me, this person **is seeking happiness** in their life."
- Step 2: "Just like me, this person **is trying to avoid suffering** in their life."
- Step 3: "Just like me, this person **has known sadness, loneliness and despair.**"
- Step 4: "Just like me, this person **is seeking to fill their needs.**"
- Step 5: "Just like me, this person **is learning about life.**"

Adapted from [Zen Habits: A Guide to Cultivating Compassion in Your Life, With 7 Practices](#)



System Drivers of Compassion Fatigue