



NORTHWEST AIDS EDUCATION AND TRAINING CENTER

Caring for the Chronically Ill Compassion Fatigue and Burnout

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Burn Out-Other Terms

- Wounded Healers
- Compassion Fatigue
- Secondary Traumatic Stress Disorder
- Stress of Conscience
- Accumulated Loss Phenomenon

Wounded Healers



"...But save me. Take me to the ship, cut this arrow out of my leg, wash the blood from it with warm water and put the right things on it - the plants they say you have learned about from Achilles who learned them from Chiron, the best of the Centaurs."

—The Iliad of Homer, Book XI

"All of us who attempt to heal the wounds of others will ourselves be wounded; it is after all , inherent in the relationship" (Figley, 2002)

Compassion Fatigue

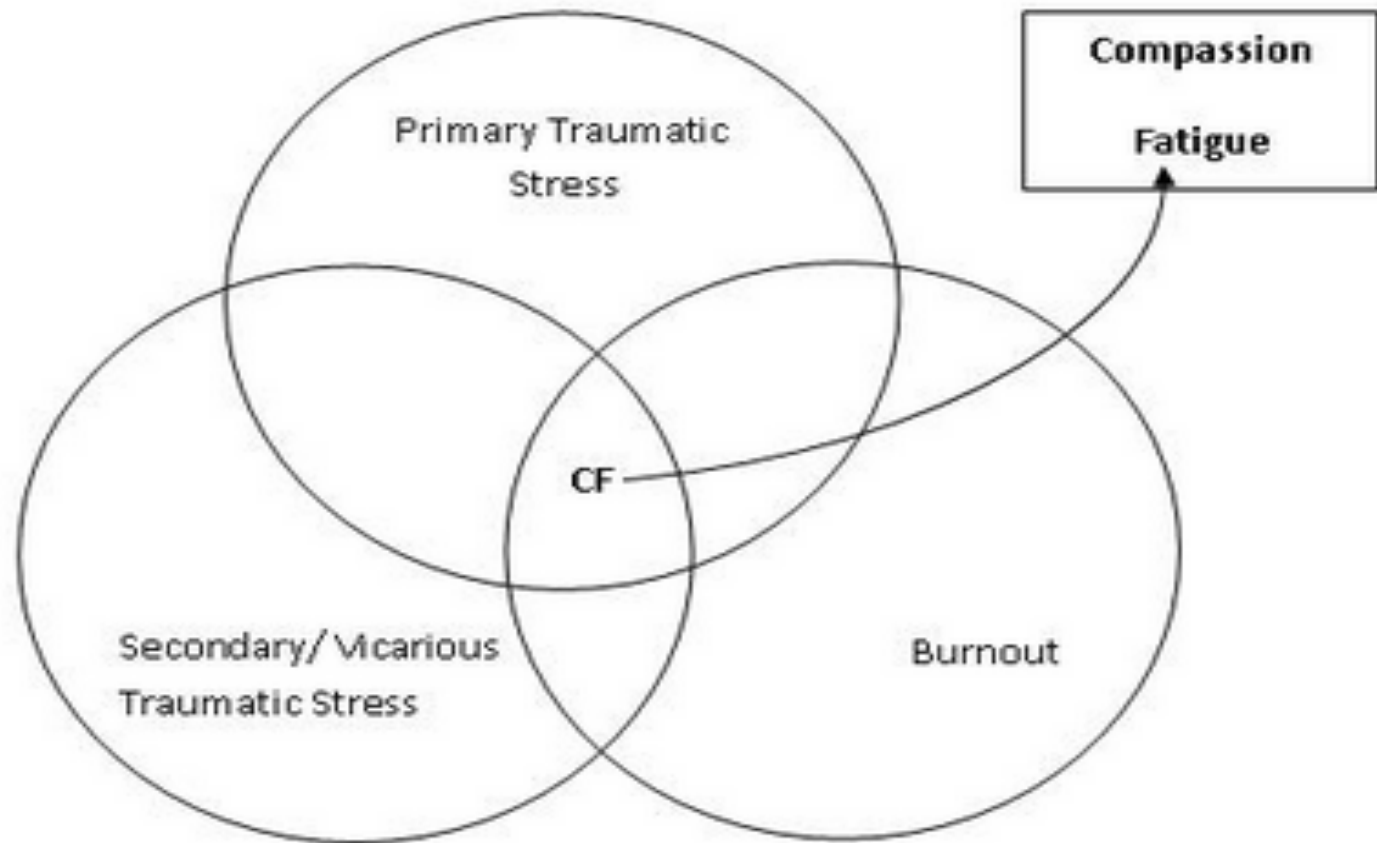
- Compassion stress is a response to the people who are suffering rather than the job itself. Compassion fatigue is the state of tension and pre-occupation with the cumulative impact of caring.
- It evolves gradually and is a natural response that occurs from helping or wanting to help others. More common in those working with those with debilitating or serious illnesses.

Symptoms of Compassion Fatigue

- Hyperarousal
 - Disturbed sleep, irritability, outbursts of anger, hypervigilance
- Avoidance
 - “Not wanting to go there again”
 - Desire to avoid thoughts, feelings, and conversations associated with the patient’s pain and or suffering.
- Re-experiencing
 - Intrusive thoughts or dreams
 - Psychological or Physiological distress in response to reminders of work

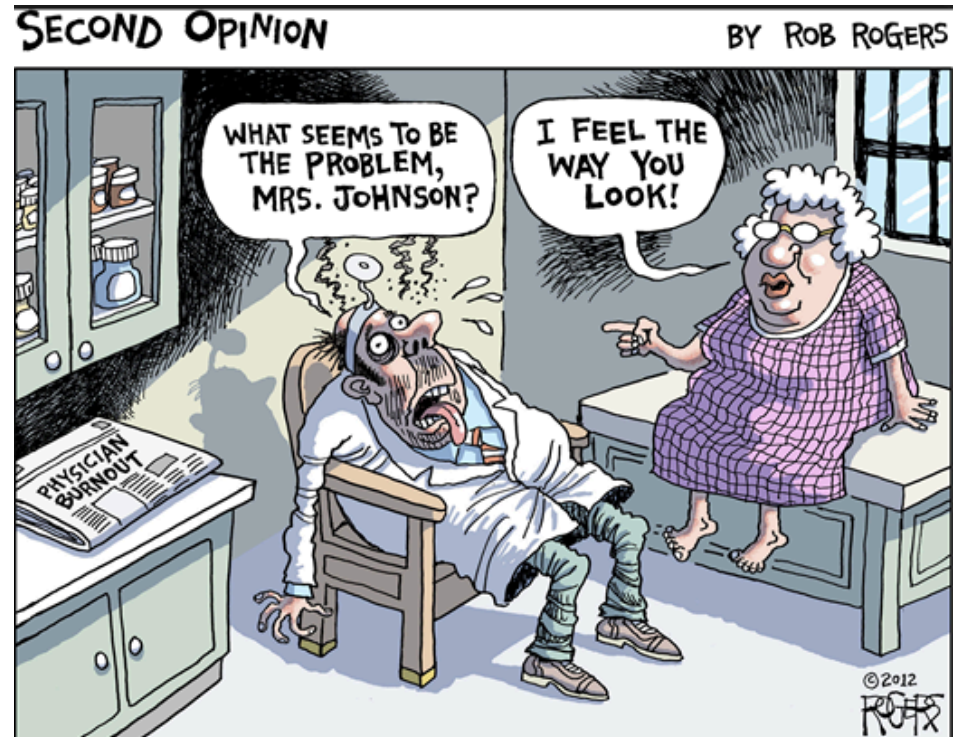
Compassion Fatigue

Diagram 1 – Compassion Fatigue



Burn Out

- Evolves gradually, negative self-concept and negative attitude towards work, people at work, or life itself. Inability to cope with work environment.
- 1/3 of physicians and registered nurses report high emotional exhaustion, high depersonalization, and feelings of low personal accomplishments



Path to Burnout

- Enthusiasm stagnation
 - Feelings of being in a “rut”. Work lacks variety and challenge. Enthusiasm wanes and more importance is placed in financial considerations and career development.
- Frustration
 - Unhappiness and discontent are prevalent. Feeling of hopelessness and powerlessness begin to surface.
- Apathy
 - Operates on autopilot, not functioning at his/her highest level.
 - Difficult to reverse at this point

Loss of Life and Hope

- Mr. C was a 66 year old man with diabetes and HIV hospitalized for recurrent pneumonia and foot ulcers . He has been your patient for the last 5 years. His hospitalization is complicated by significant foot pain, infection, and respiratory distress. His partner insisted on maximal support telling you “not to give up hope on him, he trusts that you can make him better”. Your patient continues to decline needing mechanical ventilation, in addition to multiple medications. You feel helpless as there are no more interventions and he continues to decline. Patient’s partner calls you daily to talk about Mr. C. You find yourself avoiding the patient and partner because your feel as if you have let them down and can no longer face them without feelings of guilt. Mr. C dies 2 weeks later in spite of maximal support.

Risk Factors that that May Influence Care

- Internal Factors
 - Identification with patient; similar age, character, profession
 - Substance abuse or psychiatric illness
- External Factors
 - Long standing provider-patient relationship
 - Conflicting professional obligations
 - Ambiguity or uncertainty about prognosis
- Clinical Factors
 - Progressing disease
 - Prolonged hospitalization
 - Dysfunctional relations

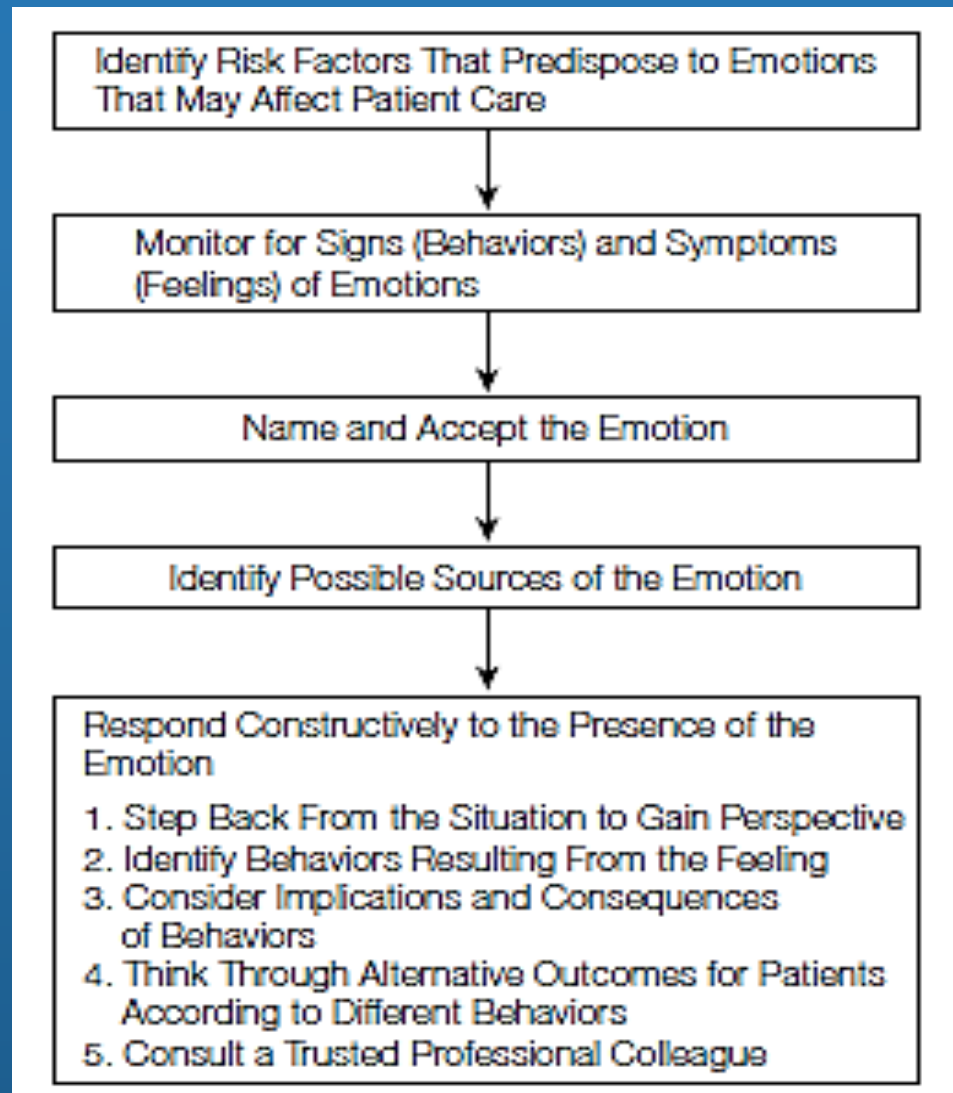
Warning Signs of Provider Feelings Influencing Care

- Behaviors
 - Avoiding patients/family
 - Failure to attend to details of patient care
 - More frequent contact than necessary
 - Dismissive or belittling remarks to others about patient
- Emotions
 - Anger at patient or family
 - Feeling imposed upon by patient/family
 - Sense of failure-self blame guilt
 - Feeling personal obligation to save patient
 - Feeling victimized by practice of medicine

Impact of Unexamined Feelings on Care

- Patient and family mistrust of health system and medical profession.
- Lack of clarity
- Professional loneliness
- Loss of professional sense of meaning and mission
- Avoidance of issues leading to more complications

Self Monitoring and Reflection



Coping Strategies

- Setting clear professional boundaries
- Talking with colleagues
- Life outside of work
- Focus on what you did well
- Learn from your mistakes
- Self awareness- mindfulness, reflective writing

Questions or Comments?