Example of combating compassion fatigue essay

Health & Medicine, Stress

Compassion fatigue is a depletion of compassion accompanied by a state of physical, mental and spiritual exhaustion that occurs after prolonged periods of stress or burnout. It is particularly prevalent among nurses and caregivers, as working in the healthcare industry and expending the energy and compassion it takes to care for others can be extremely draining (Chapman, 2007). Unfortunately, it has become increasingly common, and has a variety of negative symptoms and consequences (Espeland, 2006). However, compassion fatigue can be relieved, and even prevented (Espeland, 2006). Thus, it is extremely important for caregivers to understand what it is, why it occurs, what the warning signs are, and the measures that can prevent or relieve it.

Compassion fatigue can occur across a spectrum: symptoms can be cognitive, emotional, behavioral, spiritual, somatic, cognitive, or a combination of these (Portnoy, 2011). It is important to understand the wide variety of symptoms that can manifest across these varied systems, as they may often be mistaken for symptoms of other illnesses or conditions. This is particularly common with cognitive and somatic symptoms.

Cognitive and somatic symptoms are those associated with thinking (cognitive) and the physical body (somatic). Common cognitive symptoms include concentration issues, apathy, and disorientation (Portnoy, 2011). Somatic symptoms may range from digestive disturbances and fatigue to constant headaches, back pain, insomnia, dizziness, and frequent illness (Portnoy, 2011; Espeland, 2006). Emotional, behavioral, and spiritual symptoms are more varied, but often more easily attributed to stress or burnout.

Emotional symptoms range from feelings such as anxiety, fear, helplessness, guilt, sadness, or depression to complete loss of compassion (Portnoy, 2011; Espeland, 2006). Similarly, behavioral symptoms may include hyper-vigilance, irritability, withdrawing, and nightmares (Portnoy, 2011). Eventually, compulsive behaviors may manifest, such as excessive shopping, gambling, drug use, increasing hours at work, and excessive use of coffee or alcohol (Espeland, 2006). Issues with appetite, such as binge eating or anorexia, are also common (Espeland, 2006). Additionally, problems with interpersonal communication may arise, manifesting as paranoia, hostility, and inappropriate outbursts (Espeland, 2006). Other similar symptoms actually fall into a spiritual category, regardless of individual faith. Spiritual symptoms are characterized by feelings of pervasive hopelessness, loss of purpose in work and life, and questioning of religious beliefs or meaning of life (Portnoy, 2011). One may lose enthusiasm for the job, or for activities once found enjoyable; in addition to hopelessness, one may also have a pervasive loss of self worth and a constant empty feeling (Espeland, 2006). Understanding this wide range of symptoms is extremely important, as many of these may be the first warning signs of compassion fatigue. However, it is also important to understand their causes, which include multiple levels of organizational stress as well as individual factors.

The healthcare system has been identified as being burdened with extremely high levels of organizational stress for quite some time, fostering working conditions that tend to create a higher incidence of compassion fatigue (Wengstrom, 2008). Four areas of organizational stress can be particularly problematic: leadership issues, workload, professional conflicts, and

emotional care demands (Wengstrom, 2008).

In a study performed by Chen, Lin, Wang, and Hou (2009), one of the largest stressors among nurses in a hospital environment was lack of administrative support. This lack of support often leaves caregivers feeling isolated (Espeland, 2006), in addition to creating a host of other problems. No-win situations may occur, in which managers are constantly dissatisfied with performance, leading to job dissatisfaction, loss of a feeling of achievement and purpose, and role overload (Espeland, 2006). Role overload occurs because a caregiver, in order to please administration, will not say no to any task, and takes on an overwhelming amount of work (Espeland, 2006). Many also find that, if administrative support is lacking, clear goals are not set, and there is much ambiguity in the work (Gupta and Woodman, 2010; Espeland, 2006). As a result, work overload and role conflict occur (a large workload, many conflicting responsibilities, and not enough time or clear enough goals to execute them) (Espeland, 2006). Similarly, professional conflicts can occur, sometimes as the result of workload or leadership issues.

High volume, fast-paced work environments such as the healthcare field leave little time for a bond to form between colleagues, or can break down existing team spirit (Espeland, 2006). Resulting communication breakdowns between staff members can lead to dissatisfaction with professional relationships (Chen, Lin, Wang, and Hou, 2009). Outside of interpersonal factors and workload, however, is the stress that comes from expending compassion and interacting with patients themselves, which in and of itself can promote compassion fatigue.

Bush (2009) describes a process of vicarious traumatization, which occurs

with caregiving work in any setting. With this type of trauma, the nurse or caregiver gives so much spiritually and emotionally to help the patient heal, he or she becomes wrapped up in the patients' pain; at that point, one's own pain is increased, and there is no compassion left for the self (Bush, 2009). This leads to compassion fatigue and, in some cases, a severe compassion fatigue that Bush (2009) likens to post-traumatic stress disorder. Whether a nurse or caregiver experiences this traumatization, or succumbs to any of the previously mentioned organizational factors, often also depends upon his or her individual constitution.

Several studies have revealed that those individuals most prone to developing compassion fatigue are either very young, or have type A personalities. It is hypothesized that young caregivers may have not yet developed appropriate coping skills (Wengstrom, 2008). Those with type A personalities tend to be more prone to compassion fatigue as they expend more energy, are overly idealistic, highly motivated, and very committed (Espeland, 2006; Bush, 2009). Regardless of personality type or age, however, every caregiver should be aware of the unique physical, emotional, and spiritual needs, in order to understand the measures that need to be taken to help avoid or relieve compassion fatigue.

Caregivers have unique emotional needs; as their emotions are constantly stressed with worry about patients, job performance, and a heavy workload. Therefore, a variety of techniques and attitude modifications should be used to help maintain emotional health. Caregivers often accumulate negative thoughts and emotions, so releasing negativity is first and foremost. This can be done through laughter and incorporation of more humor into one's day;

changing negative thinking into positive, and trying to eliminate worrying can also help (Espeland, 2006). Talking to others and practicing meditation can help release existing negative thoughts (Espeland, 2006). Stress relieving activities and practices can be helpful as well.

One of the most beneficial practices to maintaining emotional health and preventing compassion fatigue is engaging in at least one selfish activity each day, such as practicing a hobby (Hospice Management Advisor 2010). Espeland (2006) asserts that ideally, one should also include relaxing activities such as walks, baths, massages, and meditation. Leisure activities with family and friends also must be included, as this can help not only meet emotional but social needs as well (Wengstrom, 2008). Additionally, meeting physical needs can help alleviate negative emotional states (Espeland, 2006), so paying adequate attention to adequate sleep, nutrition, and physical exercise allows a stronger defense against the physical and emotional demands of the job (Bush, 2009). However, while these are all personal, individual practices that can be helpful, there are a number of prevention techniques that can be employed in the workplace as well.

At work, one can create boundaries by focusing on the being in the present, and caring for living patients, then dwelling on those who died (Wengstrom, 2008). Because caregivers need a sense of purpose, goals, and minimization of ambiguity, it is important to set clear goals and prioritize work (Espeland, 2006). Adopting a certain attitude may also help: studies have found that those who work on establishing positive relationships with co-workers and approach their work life with an assertive, open, action-oriented attitude have fewer problems with colleagues or administration (Bush, 2009;

Espeland, 2006). One last area caregivers can focus on – in and out of the workplace – is spiritual health.

Although this does not always apply to everyone, faith can play a large role in preventing and healing compassion fatigue. Wengstrom (2008) reports that faith can act like a shelter and give caregivers something to turn to when they feel lost. Prayer can also be extremely helpful; praying for or with a patient can help the caregiver release emotional ties to that patient (Wengstrom, 2008).

Compassion fatigue, the state of complete draining of mental, emotional, and spiritual resources, is unique to caregivers but is certainly not rare. With its wide variety of negative symptoms that can have a wide-reaching effect on at least five different systems, its signs, symptoms, causes, and adaptive or preventive techniques should be well understood by every caregiver. Because caregivers spend much of their day expending compassion for others, it is important to know how to recharge and retain that compassion, as well as protect and maintain one's own spiritual, physical, and emotional health.

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