



# PERSPECTIVE OF COMPASSION FATIGUE AMONG FRONTLINE CARE GIVERS

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## **Abstract:-**

Compassion fatigue, also known as secondary traumatic stress (STS), is a condition characterized by a gradual lessening of compassion overtime. It is common among trauma victims, and individuals who work directly with trauma victims such as nurses, psychologists, and first responders. The current scenario in health sector is so apt to tackle this cumulative stress. The impact greatly affects the personal work atmosphere as well as the organization they belong to. Proper solid management in the era of burnout is ultimately proportionate to the level of excellence in the quality care. Developing positive energy is the ultimate core management of compassion fatigue among nursing practice.

**Key words:-** STS, compassion overtime, cumulative stress, burnout

## **Introduction:-**

Self care is not a luxury; it's all about a necessity and priority. Figley (1996) defines compassion fatigue as: A state of tension and preoccupation with the individual or cumulative trauma of clients as manifested in one or more ways: re-experiencing the traumatic events, avoidance/numbing of reminders of the traumatic event, persistent arousal, combined with the added effects of cumulative stress (burnout).

Compassion fatigue has also been called "secondary victimization", "secondary traumatic stress", "vicarious traumatization", and "secondary survivor". Other related conditions are "rape-related family crisis" and "proximity" effects on female partners of war veterans. Compassion fatigue has been called a form of burnout in some literature. However, unlike compassion fatigue, "burnout" is related to chronic tedium in careers and the workplace, rather than exposure to specific kinds of client problem.

## Occurrence

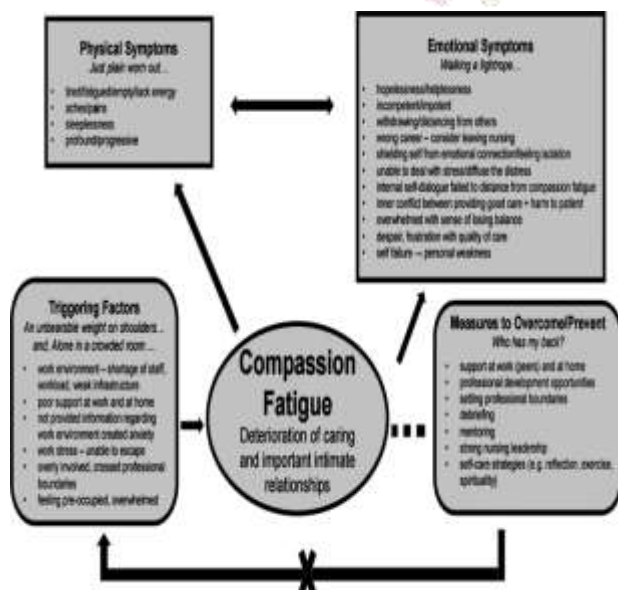
- 85% of health care workers in various fields develop compassion fatigue.
- According to Hooper, et al.(2010), approximately 85% of emergency room nurses meet the criteria for compassion fatigue.
- Beck, C. (2011) more than 25% of ambulance paramedics were identified as having severe ranges of post traumatic symptoms. In addition,34% of hospice nurses in another study met the criteria for secondary traumatic stress/compassion fatigue.
- Culver,L.,McKinney,B., Paradise, L. (2011): Mental health professionals are another group that often suffers from compassion fatigue, particularly when they treat those who have suffered extensive trauma. A study on mental health professionals who were providing clinical services to Katrina victims found that rates of negative psychological symptoms increased in the group of those interviewed, 72% reported experiencing anxiety,62% experienced increased suspiciousness about the world around them, and 42% reported feeling increasingly vulnerable after treating the Katrina victims.
- Lawyers are four times more likely to suffer from depression than the general public.

## Risk factors are present in the following:

- Professionals and personal family members, friends, and associates of trauma survivors.
- Psychologists, social workers, lawyers, disaster relief workers, nurses, psychiatrists, medical doctors, emergency service professionals, police, crisis phone line attendants and shelter workers among others.
- Primary care providers for patients with terminal illnesses.
- Caregivers for dependent people& those who have institutionalized clients.
- Female psychologists and violence counselors
- A history of personal trauma among child welfare workers and psychotherapists.
- Mental health professionals working with victims of sexual violence.

## Personal attributes

- Persons who are overly conscientious, perfectionists, and self giving
- Low levels of social support or high levels of stress in personal life
- Previous histories of trauma that led to negative coping skills, such as bottling up or avoiding emotions



## Organizational attributes

- Health care field workers contribute to compassion fatigue. For example, a "culture of silence" where stressful events such as deaths in an intensive-care unit are not discussed after the event is linked to compassion fatigue.
- Lack of awareness of symptoms and poor training in the risks associated with high-stress jobs.

## Symptoms

**Cognitive:** lowered concentration, apathy, rigidity, disorientation, minimization, preoccupation with trauma.

**Emotional:** powerlessness, anxiety, guilt, anger, numbness, fear, helplessness, sadness, depression, depleted, shock, blunted or enhanced affect. Experiencing troubling dreams similar to a patient's dreams. Suddenly and involuntarily recalling a frightening experience while working with a patient or family.

**Behavioral:** Irritable, withdrawn, moody, poor sleep, nightmares, appetite change, hyper-vigilance, isolating.

**Spiritual:** Questioning life's meaning, pervasive hopelessness, loss of purpose, questioning of religious beliefs, loss of faith/skepticism.

**Somatic:** Sweating, rapid heartbeat, breathing difficulty, aches and pains, dizziness, impaired immune system, headaches, difficulty falling or staying asleep, poor self-care (i.e., hygiene, appearance).

### In individual

- Excessive blaming
- Bottled up emotions
- Receives unusual amount of complaints from others
- Voices excessive complaints about administrative functions
- Substance abuse used to mask feelings
- Compulsive behaviors such as overspending, overeating, gambling, sexual addictions
- Legal problems, indebtedness
- Reoccurrence of nightmares and flashbacks to traumatic event.
- Chronic physical ailments such as gastrointestinal problems and recurrent colds
- Apathy, sad, no longer finds activities pleasurable
- Difficulty concentrating
- Mentally and physically tired
- Preoccupied
- In denial about problems.

### In organization

- High absenteeism
- Constant changes in co-workers relationships
- Inability for teams to work well together
- Desire among staff members to break company rules
- Outbreaks of aggressive behaviors among staff
- Inability of staff to complete assignments and tasks
- Inability of staff to respect and meet deadlines
- Lack of flexibility among staff members
- Negativism towards management
- Strong reluctance toward change
- Inability of staff to believe improvement is possible
- Lack of a vision for the future.

## Treatment

To combat compassion fatigue, self transformation is more essential than external medication. Its mostly associated with changing the attitude towards life. Cultivation of positive energy and dealing with circumstances rationally helps to overcome the traumatic conditions. The probable methods of treatment are mentioned below:

### a)Self assessment

Scrutinize the life. Notice things that cause stress and the reaction at that particular moment. Try to avoid the same behavior, the next time when we come across such situations. Acknowledging things and coping with the chronic depression becomes difficult if a person has a history of trauma. Increase consciousness while dealing with circumstances that triggers personal pain.

### b)Self expression

Bottled up emotions elevate personal pain and suffering. Going underground can resurface anger and relationship problems. Share the experiences on the events that was witnessed and discuss the feelings with the near ones. This makes emotions volatile and helps to forget the grave situation. Be composed while expressing self and do not go crazy while describing it.

### c)Be optimistic

Negative energy, lack of self-confidence and low with emotions are the main reasons that enhance stressful conditions of severe fatigue. Inculcating positive personal qualities is a way to get rid of compassion fatigue. Commitment and control over emotions help to overcome passivity towards life. The most important thing is accepting tough situations as a challenge and then finding out a solution to it.

### d)Be strong and resilient

Possessing mental strength is a vital factor when it comes to treatment. Just focus the energy on the resiliency and determination power. Do not get attached with anything too emotionally. Be practical and strong if we are dealing with the sufferings of people. Cultivate the spirit of being amazingly durable even in worst circumstances.

## Remedial measures

To offset and reduce the risk of burnout and compassion fatigue in staff members, organizations and managers can

- Create an open environment where employees have a venue for mutual support.
- Encourage employees in meetings and with supervisors to talk about how they are affected by their work
- Offer training that educates employees about burnout and compassion fatigue and how to recognize the symptoms
- Share the caseload among team members, particularly the most difficult cases.
- Make time for social interaction among teams. Social events and a yearly retreat away from the work place can build cohesion and trust.
- Encourage healthy self-care habits such as good nutrition, sleep, taking, taking work breaks.
- Reward effort and offer flexible work hours.

## Conclusion

Compassion fatigue is all about visualizing life with an eye of grievous empathy. People who have a tendency to ingrain sorrows, should limit their exposure to such situations. Try to engage in enjoyable activities if emotions of others get embedded in our psyche very soon. Last but not the least, re-evaluate the life and view life from a different angle, devoid of pain and anguish.

Care givers need to be able to deliver service excellence without compromising their well-being. It is important for them and for their employers to recognize early warning signs of burn out and compassion fatigue. It is also essential that workers in all levels of health professions engage in self-care practices, learn to modulate their responses to the stresses around them, be aware of destructive attitudes and reach out for help.

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