

SOAR ECHO Series

Compassion and Compassion Fatigue

August 23, 2023

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Objectives

- Understand the link between compassionate care and greater patient satisfaction and better doctor-patient relationships.
- Describe the clinical, environmental, and patient and family factors that can contribute to compassion fatigue.
- Understand the limitations of current definitions and studies related to compassion fatigue.

Beyond Compassion Fatigue

- Compassion fatigue – heavily studied
- Compassion – not so much
 - Compassionate caring is associated with greater patient satisfaction, better doctor-patient relationships and psychological states among patients

Fernando et al. Journal of Pain and Symptom Management

Definitions

- **Empathy**
 - Cognitive and or emotional process in which the perspective of another is taken (patient in this case)

Definitions cont.

- Contrasted with:
 - **Compassion:** involves or necessitates empathy but includes the extra step of wanting to help or relieve suffering of others

Capacity for Compassion

- Appears to be hardwired among humans and higher mammals
- Caregiving toward vulnerable and wounded is evident from observation of chimpanzees
- Represents a complex adaptive system that evolved to motivate recognition and assistance when others are suffering



Compassion Fatigue - Critique

- Definition - specific type of burnout that follows exposure to patient trauma and suffering
- May manifest in behavioral and cognitive changes in the clinician



Outcomes of Compassion Fatigue

- Decrease in empathy/compassion, reduced work satisfaction, poor clinical judgment, apathy in care, patient dissatisfaction, and increased medical errors
- Institutional level outcome - decreased production, decreased workforce

Outcomes of Compassion Fatigue cont.

- Does compassion “fatigue” imply we have a finite amount of compassion and then run out?
 - The implication is there would be more compassion fatigue as providers age
 - The reality is the opposite

Outcomes of Compassion Fatigue cont.

- Why less compassion fatigue as we age?
 - One theory is that experience and age allow doctors to develop better self-management leading to less burnout

Compassion Fatigue

- Compassion “fatigue” implies it is tiring
- But: compassionate approaches are pleasurable
 - Increase social connections
 - Decrease focus on self
 - Many buffer against stress



Transactional Model of Physician Compassion

- Transactional = exchange or interaction between people
- In this model compassion is
 - A function of physician characteristics affecting provider interaction with patient
 - Affected by clinical picture
 - Affected by institutional setting

Transactional Model of Physician Compassion cont.

- Transactional approaches emphasize
 - Dynamic interplay of person and environmental variables to explain behaviors

Transactional Model of Physician Compassion cont.

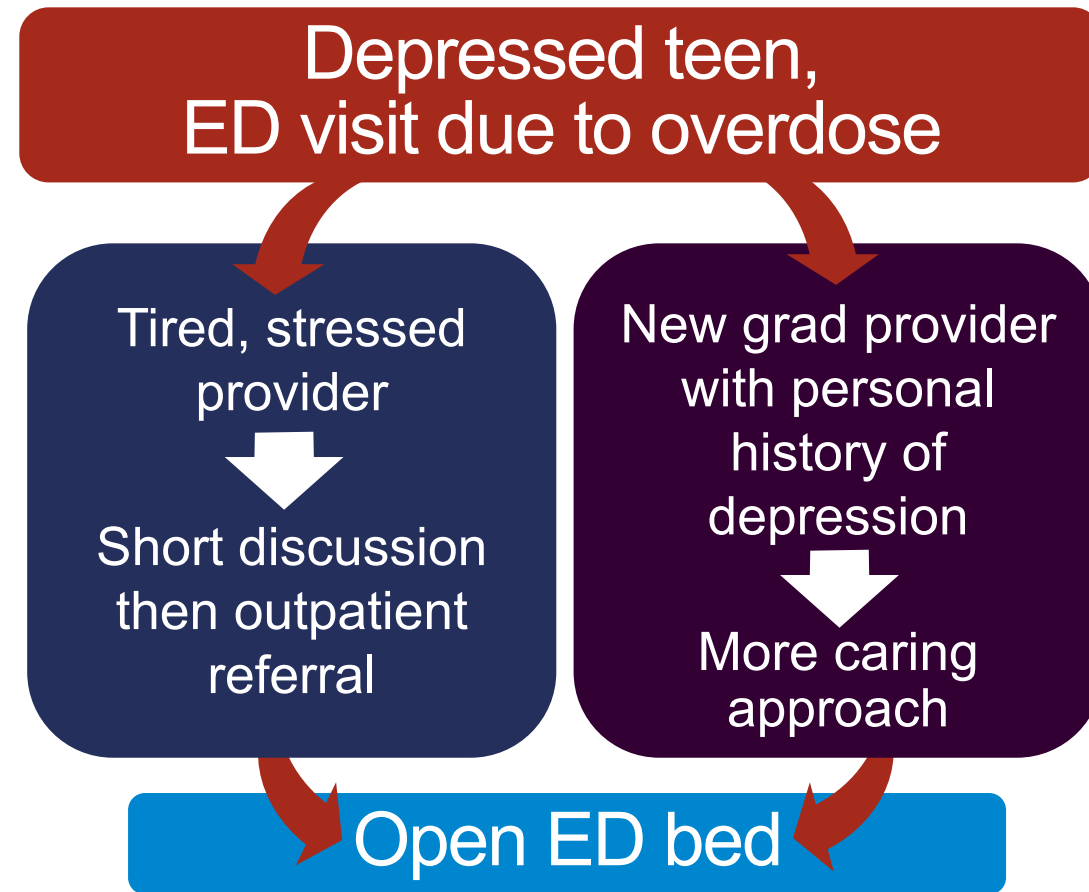
- Applying this to provider compassion
 - Provider is the person variable
 - Environment includes
 - Patient family
 - Clinical situation
 - Physical environment
 - Institutional demands

Compassion Fatigue cont.

- Compassion is impacted by provider's personality
 - Overly critical
 - Judgmental vs. tolerant
 - Past clinical experiences
 - Communication skills
 - Personal history



Example



Patient and Family Factors

- Characteristics of patient and family influence whether you are compassionate
- Providers strive to show compassion, but it is easier with some patients than others
- Some patients and families will be difficult, which may generate stress, anger, or resentment from providers

Clinical Factors

- Clinical factors that may challenge one's ability to be compassionate:
 - Alcoholism
 - Drug use
 - Obesity
 - Chronic pain
 - Diagnosis stemming from unhealthy behavior (lung cancer from smoking)

Clinical Factors cont.

- Continued clinical factors affecting ability to be compassionate
 - Patient complexity
 - Comorbidities
 - Unexplained findings

Clinical Factors cont.

- These situation may cause provider to become more analytical/detached or stressed and may interfere with compassion

Clinical Factors cont.

- Type of physician/provider
 - Do providers self-select to areas that fit their ability or need to be compassionate?

Environmental Factors

- Noisy, busy ED or ICU – no privacy
- Heavy patient load, and need to “empty beds”
- Documentation issues
- Paperwork – insurance prior authorization



Can Interventions Change Compassion?

Yes!

- Several studies have shown through 2-to-8-week courses of mindfulness meditation, self-awareness, and communication providers became more empathetic and more likely to aid a sufferer
- Some interventions have included Buddhist-informed compassion meditation

Summary – Before Transitioning to Compassion Fatigue

- Compassion - a feeling that occurs while watching someone else suffer, which motivates us to help

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Before Transitioning to Compassion Fatigue

- Conceptually has 5 components
 - Ability to recognize suffering
 - Understanding the universality of suffering
 - Has feeling for the person suffering
 - Tolerate feeling uncomfortable
 - Motivation to act to alleviate suffering

Before Transitioning to Compassion Fatigue cont.

- Empathy is needed and interwoven into compassion
 - Ability to notice the pain of others
 - Ability to enter the world of others (be in their shoes, sort of)
 - Perceive other feeling or emotions
 - Innate need to care or act to alleviate suffering

Definitions

- First described in 1992 (Johnson) as a work-related loss of ability to nurture patients
- A state of physical and mental exhaustion caused by a depleted ability to cope with one's everyday environment (Cocker 2016)

Definitions cont.

- **Compassion Fatigue:**
State of advanced and profound exhaustion and distress that can mimic a wide array of psychological, behavioral, cognitive, and physical disorders resulting from the repeated empathetic and compassionate engagement with traumatized and suffering individuals

Vu et al. 2017

Definitions cont.

- Natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by another or the stress resulting from helping or wanting to help a suffering person

Risk Factors for Compassion Fatigue - Vu et al. 2017

- Individual factors
 - High expectations for quality of care
 - Personal unresolved traumatic experiences
 - Poor social support
 - Coping issues

Risk Factors for Compassion Fatigue - Vu et al. 2017 cont.

- Professional factors
 - Repetitive exposure to trauma
 - Poor teamwork
 - Job repetition
 - Poor work life balance

Risk Factors for Compassion Fatigue - Vu et al. 2017 cont.

- Organizational factors
 - Insufficient staff
 - Insufficient training
 - Poor staff supervision
 - High workload intensity
 - Professional isolation
 - Financial constraints
 - High expectations for quality
 - Lack of control for change

Symptoms of Compassion Fatigue

- Recent review article gave comprehensive list
 - Cognitive- decreased concentration, disorientation
 - Emotional – powerless, anxiety, numbness
 - Behavioral- irritability, hypervigilance

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Symptoms of Compassion Fatigue cont.

- Spiritual – less purpose, questioning beliefs, lack of self-satisfaction
- Personal relationships – decreased interest in intimacy, isolation
- Intrapersonal conflict – what you “want to do” vs. what you “should do.”
- Somatic complaints – sweating and high heart rate
- Poor work performance – exhaustion

Consequences

- Organizational consequences of compassion fatigue
 - Decline in job performance
 - Increase in job mistakes
 - Increased sick leave
 - Risk of quitting job
 - Patient safety concerns

Combatting Compassion Fatigue

- Professional strategies to combat compassion fatigue
 - Acknowledge it exists
 - It is an expected reality in helping professionally
 - Managers and leaders must be trained to identify
 - Diversify case loads

Combatting Compassion Fatigue cont.

- Education, self awareness
- Encourage resilience training, self care
- Meditation
- Educate on warning signs
- Debriefing for significant trauma cases



Interventions

- There are few studies on interventions that are conclusive currently
- More work needs to be done to validate effectiveness of interventions that have been proposed

Compassion-Fatigue-resistant Traits

- Individuals that do not develop compassion fatigue have these traits:
 - Self awareness
 - Ability to ask for help
 - Work-home balance
 - Personal strategies in place for self-care
 - Open to learning or growing
 - Optimism
 - Having set boundaries at work and home



Non-associated Traits

- As an aside, many studies have shown that there are personality traits that are not associated with compassion fatigue (the dark triad- DT)
 - Narcissism - excessive self love and feeling of superiority
 - Psychopathy - tendency to exploit others, lack of empathy or remorse, impulsiveness
 - Ability to be manipulative - self interest and deceptive

Non-associated Traits cont.

- Elevated levels of DT traits are associated with
 - Low positive emotionality
 - Antisocial behavior
 - Distrust of others
 - Substance use
 - Sense of self importance
 - Manipulativeness
 - Low compassion fatigue
 - Lack of empathy

Summary

- Understanding compassion is important to help better understand empathy and compassion fatigue
- Although definitions of compassion fatigue vary, it is important to consider and address in caregiving staff
- More studies are needed to validate evaluation and treatments

Thank You! Questions?

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