Collaboration to Address Compassion Fatigue in Hospital Staff
Presenters

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Objectives

- Understand risk factors for compassion fatigue and learn how to identify compassion fatigue in hospital staff.
- Examine one hospital’s interdisciplinary, collaborative process to address staff compassion fatigue in a pediatric intensive care unit (PICU).
- Appreciate the breadth and importance of the chaplain’s role and discuss potential models for similar processes.
- Discuss scenarios of staff exhibiting compassion fatigue.
The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to walk through water without getting wet.

Naomi Rachel Remen
But even ducks get wet.
Compassion Fatigue

The emotional, physical, mental and spiritual exhaustion we experience from caring for others who suffer from varying qualities and intensities of pain. It usually evolves from compassion discomfort to stress to fatigue where the energy spent by showing compassion overwhelms the ability to recover that same energy.

It can alter one’s ability to give compassionate care.

It *is* the cost of caring.
Apparently Mother Teresa wrote in her plan to her superiors that it was mandatory for her nuns to take an entire year off from their duties every 4-5 years to allow them to heal from the effects of their caregiving work.
Compassion Fatigue Correlates

- **Vicarious, or Secondary Traumatic Stress**: Stress resulting when an empathic caregiver is exposed to another’s trauma.

- **Moral Distress**: What one feels when the “right” course of action is known, but cannot be taken; when one’s core values or ethical obligations are challenged.

- **Burnout**: An experience of physical, emotional, and mental exhaustion, caused by long-term involvement in situations that are emotionally demanding.
The opposite of love is not hate; it is indifference.
Compassion Satisfaction

- I feel happy helping others.
- I enjoy my work, feel like I make a difference, feel invigorated and have a sense of fulfillment and pride in helping others.
- I have beliefs that sustain me in my caring for others and I feel connected to others in my life.
- I am generally pleased with how I am able to keep up with my various work tasks.
- My thoughts and feelings toward those for whom I care is positive.
Compassion Fatigue
Risk Factors
Intense situations requiring complex cognitive work in tandem with providing emotional counsel to often highly vulnerable patients and families

Frequency of exposure to intense situations

Staff role  Patient-Staff ratio  Intimacy shared

Obligation to meet patient needs in a timely, 'moment-to-moment,' comprehensive manner.

Quality of institutional care of staff
**Individual**

Cumulative grief       Degree of enmeshment

Professional role purpose       Work-Life Balance

Coping strategies, support systems

Supportive community outside work setting

Helper characteristics
Signs of Compassion Fatigue
When do you sense CF?
From 2014 study on Compassion Fatigue, Mindfulness and Empathy, stress can:

- Reduce attention and concentration
- Detract from decision-making skills
- Diminish effective communication
- Contribute to various health problems
More CF Signs

Helplessness and hopelessness          Hypervigilance
Martyrdom                               Diminished creativity
Inability to embrace complexity
Minimizing                              Inability to listen      Guilt
Chronic exhaustion/Physical ailments.
Deliberate avoidance                    Fear
Loss of energy for what used to give you joy
Dissociative moments                    Profound lack of efficacy
Sense of persecution                    Cynicism
Inability to empathize/Numbing
Addressing Compassion Fatigue: One PICU’s Solution
Rapid Review of Resuscitation

- History
- Pre-implementation survey of existing compassion fatigue
  - 87 responses (approx. 60% of staff of ALL disciplines that work in the PICU)
- Education and Initiation
What was happening during the time leading up to the code?

What went well?

What didn’t go well?

Why do we think this happened?

Could we have done something differently to prevent this from happening? Or to change the outcome?

What could we do better to work together as a supportive team?
6 month summary

- 18 sessions completed after resuscitative events
  - 9 deaths
  - 4 planned withdrawals of support
- Attendance included all disciplines
- Partnered with other units when patient care needs expanded beyond the PICU
- We created a second form to encompass both resuscitative events along with planned withdrawals of support
- Extremely positive feedback received from all parties involved.
Chaplain Role

Witness
Assess
Connect
Advocate
Lurie Children’s Hospital Chaplain Roles

Staff Orientation
Nursing Transitions Groups
Multidisciplinary Rounds
Staff Memorial Services
REACH
DOSE calls
Mindfulness meditation
Ethical Decision-Making
R3
Cases of Compassion Fatigue
How would YOU address?

Case 1

A nurse frequently speaks to you of doom and gloom, saying that nobody’s happy, morale is down, things are unsafe on the unit, and she blames the management and particular staff. She depicts herself as a warrior, wanting to keep fighting and does not see need for, nor want, help for self.
Case 2

A particular unit has recently dealt with some especially stressful family situations and has had a couple of very difficult patient deaths. Staff are looking tired and sad. You notice several staff have been more quick-tempered, and seemingly detached from their work. Some have complained to you of headaches and confided that they have had difficulty sleeping.