
❖ BRL BULLETIN ❖

Volume 33 No. 3

2018

This month's bulletin discusses compassion fatigue. Compassion fatigue is a very real problem in any profession in which people are subjected to the suffering and loss of others. In the context of compassion fatigue, the term may refer to people, or it may refer to animals, including research subjects.

What is compassion fatigue?

Experts, such as Charles Figley, the Director of the Tulane Traumatology Institute, define compassion fatigue as a type of secondary stress disorder. It is common in the healthcare professions where individuals are chronically exposed to traumatized or suffering people or animals. The manifestation is a physical and spiritual exhaustion.

Why do people develop compassion fatigue?

Humans are physiologically wired to react to or take on the emotions of other people and things. The physical and physiologic basis of this mimicry are mirror neurons. Mirror neurons stimulate the same central nervous system pathways in the brain of an observer as are stimulated in a person experiencing a certain situation. One study showed that the same pathways activated in people when their finger was pricked with a needle were activated in people who observed the other person's finger being pricked. Because of mirror neurons, whenever we interact with a person who is experiencing a negative emotion, we can, to a degree, take on this emotion. For example, you see someone fall down and scrape a knee, your knee hurts. You see someone slice open their finger, and you might guard your fingers. Mirror neurons can also be activated when people

observe animals in distress.

Just as no two people are exactly the same, the emotions evoked by mirror neurons vary between individuals. Mirror neurons can elicit a sympathetic, empathetic, or compassionate reaction in the observer. When a person has a sympathetic reaction, they take on and internalize the emotions of the person undergoing the traumatic event. Empathy is the capacity to appreciate a different point of view. A person who empathizes with another understands what the person is going through, but does not take on their feelings as their own. Compassion is a sympathetic consciousness of another's distress with a desire to alleviate it. Implicitly, the term compassion focuses sympathetic feelings and puts them into action. A compassionate person takes on the hurt and asks what can I do to help?

Compassion fatigue affects different people in different ways, but it usually follows similar patterns. Often people begin their profession with positive outlooks and are excited for the future. Then, overtime, they become angry, lonely, and cynical. People with compassion fatigue may experience anxiety, headaches, sleeplessness, and rage. Moreover, people who work with laboratory animals in the research environment have reported negative emotions that range from sadness to anger to despair. When left unaddressed, compassion fatigue from any source can lead to career dissatisfaction, high turnover rates, and even substance abuse or suicide.

Compassion fatigue is a significant condition. It can be thought of as a combination of burnout and secondary traumatic stress. However, while burnout can be addressed relatively easily, for example, by taking a week off, addressing compassion fatigue is more challenging. A vacation might help, but it won't fix the problem. While people are becoming more aware of the profound effect that witnessing suffering and pain can have over time on an individual, many people who are experiencing such difficulty don't realize they are suffering from compassion fatigue.

There are personality determinants that make some people more sensitive to the experiences of others and thus to compassion fatigue. Some experts believe that compassion fatigue stems from the need to rescue or protect others. Personality traits that are common in people who are susceptible to compassion fatigue are:

1. Lack of assertiveness – Individuals who are unable to set and maintain boundaries are more at risk for becoming entrenched in problems that belong to others. Assertiveness, the ability to express one's feelings and assert one's rights while respecting the feelings and rights of others, is an important skill.
2. Perfectionism – some professionals put high expectations on themselves and commonly tie their sense of self or their personal identity to their profession. A person who is deeply committed and puts forth 100% effort is susceptible to internalizing failure as defeat.
3. The lack of time is a major contributing factor to the development of compassion fatigue, and it can become a vicious cycle if a person stops socializing, participating in outside interests and exercising because of lack of time.

4. Exposure to death and grief is a contributing factor. In the research environment the human-animal bond can be very strong. As a result, compassionate people may feel an intense loss at the end of a study if they have developed a deep bond with an animal.

How does a person protect themselves from developing compassion fatigue?

Recall that compassion fatigue is an accumulation of stress associated with the chronic exposure to trauma, suffering, or loss as the result of dealing with the pain and trauma of others. Stress from any source contributes to the overall sense of being overwhelmed.

There are several factors that appear to protect a person from compassion fatigue. They are:

1. Being educated and aware of compassion fatigue.
2. Having the ability to set emotional boundaries.
3. Having outside hobbies and friends.
4. Being able to identify and learn positive coping strategies.

Recognizing Compassion Fatigue

In order to address compassion fatigue, a person has to recognize they are affected. This is a challenge, because no two people experience compassion fatigue in the same way. However, there are trends. A person wondering if they are suffering from compassion fatigue might analyze their recent behaviors and ask themselves some of the following questions:

Do you feel exhausted no matter how much sleep you get? Does your work feel endless and thankless? Do you struggle with gut-

wrenching grief? Has your job performance gone down? Do you feel numb or empty? Have you seen problems arise in your personal relationships? Do you no longer have time for activities you once enjoyed? Do you take more sick days now than when you started? Do you feel guilty a lot? Do you feel overwhelmed? Are you angrier or easily irritated? Are you plagued with nightmares or insomnia? Have you seen changes in appetite? Do you feel unsafe? Are you increasingly impatient?

However, anyone who believes they are experiencing compassion fatigue, owes it to themselves to get help from a qualified compassion fatigue specialist. A compassion fatigue specialist will listen, understand, and help design steps to take for recovery.

Everyone needs to take care of themselves mentally and emotionally. We all need ways to decompress. Resting and playing, if done on a regular basis, are two important ways to decompress. Based on a person's preferences, playing a board game or a game of catch, taking a hot bath, reading, listening to music, walking, dancing, and journaling are examples of activities that allow a person to become absorbed in downtime and rejuvenate. Taking actual vacations relax a person more fully than weekend getaways.

All of these methods work in conjunction with grief and loss and/or compassion fatigue support. In other words, these are steps to take in addition to seeing a counselor, not instead of professional help.

Are there special considerations for individuals in veterinary professions or involved in laboratory animal research?

A number of articles have appeared in veterinary publications discussing compassion fatigue in veterinary

professionals and individuals involved in animal research. Importantly, the risk of developing compassion fatigue for people involved in animal care and animal research is just as high as for individuals who care for human patients. The strategies for managing stress associated with animal work is similar: take care of yourself; have fun on a regular basis; identify relaxation techniques; know your stressors; and know when to ask for help.

At an individual level, one of the most useful ways of mitigating the effects of compassion fatigue is to acknowledge the sadness, and then find a way to leave it behind.

The Personal Debriefing Model provides guidance on methods to build boundaries between work and personal life and takes only a few minutes. According to this model, at the end of the day, a worker should:

1. Check that tasks are completed, deal with outstanding issues if essential, and delegate or write down tasks to do the next day.
2. Formally acknowledge the work day is completed.
3. Say your goodbyes, take your name badge off, or your lab coat, and develop other personal "rituals" that signify that the work day is over.
4. Make your "journey" home a separation between work and private life.

Additional information can be found at:

www.greencross.org – Greencross Academy offers help to traumatized people and animals.

www.compassionfatigue.org – Compassion Fatigue Awareness Project has valuable resources.

Alkema, K, J. Linton, and R. Davies. 2008. A study of the relationship between self-care, compassion satisfaction, compassion fatigue, and burnout among hospice professionals. *J Soc Work End Life Palliat Care* 4(2):101-119.

Cohen, S.P. 2007. Compassion fatigue and the veterinary health team. *Vet Clin N Am - Small* 37(1):123-134.

Compassion Fatigue Awareness Project 2010. "What is Compassion Fatigue?" www.compassionfatigue.org/pages/compassionfatigue.html.

Figley, C, and R. Roop. 2006. *Compassion fatigue in the animal care community*. Washington, D.C. Humane Society Press.

Huggard, P. 2003. Compassion fatigue: how much can I give? *Med Educ* 37(2):163-164.

Huggard, E.J. July, 2007. Self Care Workshop: the Personal Debriefing Model. Parkinsons New Zealand Conference, Wellington.

Huggard, P.K. and E.J. Huggard. 2008. When the caring gets tough: compassion fatigue and veterinary care. *VetScript*, May: 14-16.

Mitchener, K.L. and G.K. Ogilvie. 2002. Understanding compassion fatigue: keys for the caring veterinary healthcare team. *J Am Anim Hosp Assoc* 38:307-310.

Reeve, C.L., S.G. Rogelberg, C. Spitzmuller, and N. Digiacommo. 2005. The caring-killing paradox: euthanasia-related strain among animal shelter workers. *J App Soc Psychol* 35(1):119-143.

Stazyk, K. 2008. FAQs: compassion fatigue. *DVM Newsmagazine*, July 1. <http://veterinaryteam.dvm360.com/firstline/professional+growth/faqs-compassion-fatigue/article/detail/529603>.

Announcements

USDA Annual Report – Investigators should expect to receive their annual animal usage report the week of October 8th. This form needs to be completed and returned as soon as possible in order to facilitate submission of UIC's Annual USDA Report, which is due December 1st. Please contact a member of the veterinary staff should have any questions regarding how to complete the form.

New Analyzer - The diagnostic laboratory in the BRL has recently acquired an ACCESS II Immunoassay Analyzer. This model analyzer is used in the hospital and provides a fully automated method to detect a number of substances in a sample including cortisol, erythropoietin, troponin, insulin, AFP, estradiol, testosterone, and a number of tumor markers. Please contact the BRL diagnostic lab at 6-2404 if you are interested in submitted samples for testing.

Welcome Aboard – The staff of the BRL would like to welcome Dr. Joe Sciorba who started our postdoctoral training program in laboratory animal medicine in July. Joe is originally from Pittsburg, and he received his doctorate in veterinary medicine from North Carolina State University.

