

Moving from compassion fatigue to compassion resilience Part 4: Signs and consequences of compassion fatigue

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Having previously focused on the significance of compassion (1), understanding compassion fatigue (2), and the sources of compassion fatigue (3), this article focuses on the signs and consequences of compassion fatigue, specifically the changes that occur and how they impact you and your world, including your health and well-being, professional efficacy, organizational success, and career trajectory. It is imperative to familiarize yourself with these changes. Why? Compare this with diagnosing a health condition in a patient. If you aren't familiar with the signs and consequences of a particular condition, it won't go onto your list of differentials — and you'd be likely to miss it. It's the *recognition* of these parameters that gives rise to the opportunity to respond, take action, and make things better.

The key word with compassion fatigue is “change.” In fact, there are so many ways in which a person could change that compassion fatigue can appear differently from one person to another (4), making it all that much harder to recognize. Furthermore, a person could have any range of symptoms, from “just a few” to many. To add to the complexity, some symptoms may be subtle while others are overt, and the “face” of compassion fatigue can change from day-to-day. All of this makes it very hard to identify, so the more you know about it, the more you'll be likely to spot it. There are both personal and professional signs and consequences.

Personal signs and consequences

What might a person with compassion fatigue look like? The classic symptom is a decline in the ability to feel sympathy and empathy, and accordingly, act from a place of compassion (4). Sympathy is “I *care about* your suffering,” empathy is “I *feel* your suffering,” and compassion is “I *want to relieve* your suffering.” With compassion fatigue, the caring, feeling, and acts of compassion decline, replaced by an outwardly impassive detachedness. The person becomes more task- and less emotion-focused, and may increasingly pull away from others, becoming

socially isolated. The other classic symptom is profound physical and emotional exhaustion (4). It has been described as, “feeling fatigued in every cell of your being” (5). Such fatigue can significantly affect thinking, feeling, and behavior — the keystones of day-to-day functioning.

Compassion fatigue can give rise to a gamut of negative emotions, including anger, annoyance, intolerance, irritability, skepticism, cynicism, embitterment, and resentment (4,6). These symptoms often lead to interpersonal problems, including difficulties getting along with others and problems with intimacy, resulting in hurt feelings, disappointments, and disconnection. There may be mood swings, tearfulness, anxiety, irrational fears, melancholy, sadness, and despair, and in some instances, even suicidal thoughts or gestures (4). As well as changes in emotional valence, there may be changes in cognitive functioning. The ability to think clearly, use good judgment, and make decisions may decline. It can become difficult to concentrate on tasks. There may be lapses in memory or forgetfulness. Over time, the person may develop a negative self-image and feelings of inadequacy and helplessness (4).

Essentially, compassion fatigue disturbs the ability to think clearly, modulate emotions, feel effective, and maintain hope. The consequences of these changes are significant. Compassion fatigue can contribute to a wide range of stress-related physical and psychiatric disorders (4).

In the short term, compassion fatigue can underlie a number of physical health complaints, including headaches and migraines; nausea, vomiting, and diarrhea; and chronic pain and fatigue, all psychosomatic (4). With high circulating cortisol, it can increase susceptibility to illness (4). Over the longer term, compassion fatigue can increase the incidence of cardiovascular disease, obesity, and diabetes, as well as various gastrointestinal conditions and immune dysfunction (7). While some people manifest physical health problems, others manifest mental health problems. Compassion fatigue can lead to a range of psychiatric conditions, including hypochondria, dissociative disorders, mood disorders (e.g., anxiety and clinical depression), addictions (including smoking, alcohol, drugs, and gambling), eating disorders, and personality disorders (4).

Compassion fatigue is insidious. As a person's ways of thinking, feeling, and behaving change, and these changes impact physical and mental health, the person's ability to carry him/herself well through each day — including within the workplace — deteriorates. For the veterinary caregiver, there are professional as well as personal implications. Compassion fatigue can impact everyone and everything in veterinary practice.

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Professional signs and consequences

As the ability to effectively sympathize, empathize, and “engage with care” declines, the quality of patient and client care that is provided will also decline, leading to less-than-optimal care and outcomes (4,8). When clients experience less-than-optimal care and outcomes, it damages the trust within the veterinary-client-patient relationship upon which services are based. Many clients will quietly leave, never to return, while others will speak up, voicing their concerns. Some may refuse payment. Others will file a complaint. Such complaints may indeed be valid since mistakes are more common when services are performed less conscientiously.

Longtime clients may notice changes in the caregiver’s attitudes and behaviors, and may, out of concern, question the person directly or ask co-workers about them. Co-workers may also be concerned. They may notice the difficulties with decision-making or missteps in clinical judgment. Co-workers may see the inefficiencies and lack of reliability as performance declines. Work habits and patterns can become increasingly unpredictable. While some people with compassion fatigue will spend less time at work, with sick days or a leave of absence, others will spend more time at work, trying to keep up, or will take work home with them. For the latter, it can become difficult to separate work life from personal life (4).

Some individuals may develop an exaggerated sense of responsibility, “an inflated sense of importance” in relation to their work, and become addicted to the need to be needed (9). When this happens, they may fail to develop and nurture pursuits outside of work or lose touch with the replenishing activities they used to enjoy (e.g., hobbies, sports, and social get-togethers), intensifying the downward spiral into fatigue.

Compassion fatigue can cause a sense of dread working with certain patients and clients, and in certain situations (e.g., euthanasias), and with this, the inclination to avoid these patients, clients, and situations (4). Some people with compassion fatigue may eventually find professional life unfulfilling. No longer enjoying work, and disappointed, disheartened, and disillusioned, they may turn to alcohol or drugs to ease the discomfort (4,10). They may engage in premature job changes, believing the problem to be specific to the place, or type, of employment. Experiencing increasingly poor job performance and plummeting self-esteem, they may eventually drop out of practice and take a job that doesn’t require much interaction with the public, minimizing the risk of compassion stress. Compassion fatigue has driven both promising and seasoned professionals out of their professions entirely, permanently altering the direction of career paths (11). Beyond this, careers become jeopardized. The declines in efficiency, productivity, and professional competence, and the risk of medical errors and litigation can lead to dismissal, and even career loss.

Lastly, compassion fatigue can negatively impact practice culture, eroding the sense of trust, optimism, and mutual support that characterize a healthy work environment (12). Co-worker relationships can become strained, leading to unsavory competition, gossip, incivility, conflict, and even aggression (13). Without team cohesion, it becomes difficult to achieve shared

goals. Morale then further declines, and a vision for the future is lost.

Altogether, when compassion fatigue compromises patient and client care; reduces client satisfaction, loyalty, and referrals; risks medical errors and consequent litigation; increases absenteeism and staff turnover; reduces productivity; promotes incivility, conflict, team dysfunction, and workplace toxicity; leads to job dissatisfaction; and reduces morale; practices are unable to sustain profitability or realize growth potential. Incapacitating the person to the practice, the consequences of compassion fatigue are far-reaching.

Might you have compassion fatigue?

Could “the person” in this article be you? Within any veterinary practice, there will be, at any one time, those who are feeling well, fulfilled in their work; those who are feeling some symptoms; and those who are feeling like there is no other solution but to leave the profession. It is common to miss or ignore the early signs of compassion fatigue. Many don’t recognize or admit the changes in themselves until their health, relationships, and professional efficacy become compromised (14). Realizing the consequences, early identification and prompt action must be a priority!

Drs. Figley and Stamm (15) developed a compassion fatigue self-test called the ProQuol (Professional Quality of Life Measure). Professional quality of life is the quality a person feels in relation to their work as a helper. Both the positive and negative aspects of working influence a person’s professional quality of life. Professional quality of life incorporates 2 aspects, the positive (compassion satisfaction) and the negative (compassion fatigue) (15). The ProQuol (16) is considered the most effective screening tool for compassion fatigue to date.

Compassion fatigue is a serious occupational hazard impacting workplace environments all over the world. As Françoise Mathieu (4) believes, though there is no such thing as prevention, compassion fatigue can be mitigated, transformed, and treated, and there are ways to replenish ourselves so we can have long and rewarding careers. Having focused on the signs and consequences of compassion fatigue, the next article will focus on resilience, specifically the personal approaches that can be taken to reduce the risk of compassion fatigue — and have a long and rewarding career!

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