

“Compassion fatigue refers to the profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate.”

(Françoise Mathieu 2013)

An ethics newsletter for Catholic health care organizations in Saskatchewan

SaskEthics

Compassion Fatigue and Health Care Workers



Recently, particularly in the city areas, we have been experiencing more patients than normal. I was called to nursing unit recently and noticed at two patients accommodated in the hallways. We know from literature that this is problematic. Patients do not have the privacy they need, and in such situations infection

control issues can arise. Having extra patients also means that staff experience greater stress than usual. Stress can arise because staff feel as if they don't have the time they normally do to devote to patient care. They worry about the quality of their work. Working with patients and families who are demanding, and sometimes thankless, can also lead to feelings of compassion fatigue. It is also the case that simply providing ongoing care and giving out to patients and their families people over long periods of time can lead to compassion fatigue.

While nursing is a scientific profession, it involves caregiving on a day to day basis. The public expect that nurses will give care and act kindly and compassionately. This might involve biting one's tongue at times or suppressing emotions about the difficult situations we see in front of us. It has been noted that many people enter care giving professions because giving care is a part of what they do. Some health care workers may be the carers of the family, the one who people turn to in a crisis or are attracted to caring roles such as animal rescue. Moral distress is the feeling there are issues of an ethical nature occurring in the workplace

which a healthcare worker feels he or she is unable to address or change. While moral distress can contribute to compassion fatigue they are different. Compassion fatigue can involve loss of feelings of compassion, leaving a health care worker devoid of the kindness and care that sick patients need.

If we think we may have compassion fatigue we likely have it, at least to a certain extent. Are we reliving past events that were traumatizing or stressful, blaming others for the situation in which we find ourselves or bottling up our emotions? Compassion fatigue can leave us feeling isolated and alone. It may be that we think we are the only one struggling with issues which no other person understands. Have complaints about our care increased? Are others noticing that our attitude to our work has changed? It may be that you notice a co-worker whose attitude to caring has changed. He or she may have been consistently kind, caring and compassionate but this has now changed. It is possible that he or she is suffering from compassion fatigue. Some individuals affected by compassion fatigue will start to use substances such as alcohol to mask feelings or engage in compulsive behaviours such as overeating or gambling. For some, legal issues and indebtedness may arise and/or frequent ailments such as colds and gastrointestinal issues. Some people will feel apathetic, sad and have difficulty concentrating or are preoccupied and constantly mentally and physically tired. There may also be a denial on the part of the person that they have issues related to compassion fatigue.

Our friends and family may know some of the stresses involved in being a health care worker and offer support. For others, such support may be difficult to

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obtain as family and friends are unable to understand the stresses that occur in the life of a health care worker. Building networks of support can be important. Seeking the support of colleagues and your team is an important way of helping to deal with compassion fatigue. It is likely that if one person on a team is suffering from compassion fatigue others will be as well. Further, this may be related to issues which have been mutually experienced. Huddles in which problems and frustrations are discussed, ongoing supportive team meetings and sharing with our team members can all help.

Self-care is an important way to prevent compassion fatigue or to remedy it. Indeed, health care workers who do not practice it may be more prone to succumbing to compassion fatigue. It is important to accept we may

be jaded or a little burned if we are experiencing the symptoms of compassion fatigue. It is a sign that you are a caring person. Self-care involves doing the things that we find help us to relax. For some this may be exercise, going to a movie, reading, relaxation, yoga, dance or whatever helps us to unwind. It is important that we continue to eat well and to drink plenty of water. In other words, it is important to be kind to ourselves. Developing certain skills can also help. It may be that some change needs to occur that you can advocate for. Learn to be proactive in your work environment while continuing to provide care. Learn not to react but to create positive change.

Joy Mendel, Ethicist
Catholic Health Association of Saskatchewan

Upcoming Telehealth Events

CANADIAN BIOETHICS SOCIETY ETHICS WEEK 2015 - SASKATCHEWAN PROGRAM

During the week of 2nd – 6th March there will be a number of Telehealth presentations available across Saskatchewan. To attend any of these sessions via Telehealth in a community near you, please contact your local Telehealth coordinator by February 25th. Please note that Telehealth broadcast to your community is not guaranteed without RSVP in advance to your local Telehealth coordinator.

Monday 2nd March

10:30 am - 11:30 pm, **The Golden Rule: The ethics of reciprocity**, Doug Cooney, Chaplain Spiritual Care Royal University Hospital

12:00 pm - 1:00 pm, **Confidentiality and Psychology: Legal Implications for Ethical Care**, Katherine McMillan, Clinical Psychology Resident, Prince Albert Mental Health Clinic

Tuesday 3rd March

11:00 am - 12:00 pm, **Assisted Suicide: The Supreme Court Has Spoken. Now What?** Evert Van Olst, QC, Legal Counsel, Saskatoon Health Region

Wednesday March 4th,

2:00 pm - 3:00 pm, **Ethical Challenges in Paediatric Oncology**, Dr. Tanya Brown, Physician, Saskatchewan Cancer Agency

Thursday March 5th

11:00 am - 12:00 pm, **Understanding the Effects of Ethical Leadership on Ethical Practice**, Dr. Anne Springer, Professor, School of Nursing, University of Saskatchewan

12:30 pm - 1:30 pm, **Pain Management at the end of life**, Dr. Eglee Gimon, Physician, Palliative Care Services, Saskatoon Health Region

Friday 6th March

10:30 am - 11:30 am, **Strategies for the Implementation of Ethics Training**, Ruth Mireau, Social Worker, Mental Health and Addiction, Saskatoon Health Region

12:00 pm - 1:00 pm, **Cultural Competency Challenges in First Nations and Metis Health**, Jade Chaboyer, Representative Workforce Consultant, Saskatoon Health Region

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