



Hospice of the Twin Cities

Hospice Insights

Volume 111

February 2007

“Time has a wonderful way of showing us what really matters.”
- Margaret Peters

Board of Directors

Diane Bartels, RN, MA, Ph.D.,
Associate Director; U of MN
Center for Bioethics

Michael B. Belzer, M.D.,
Medical Director;
Hennepin County Medical Center

Mary Ann Blade, CEO;
Minnesota Visiting Nurse
Agency

Jack G. Davis, Executive
Director; Hennepin Medical
Society

John Ertel, RPh, District
Manager; SuperValu Pharmacies,
Inc.

Sally E. Howard

Dennis Kamstra, CEO;
Creative Living, Inc.

Mary Kurvers, R.N.;
Hennepin County Medical Center

Compassion Fatigue: Are You At Risk?

Compassion Fatigue:

- “The secondary traumatic stress reaction resulting from helping, or desiring to help, a person suffering from traumatic events”.¹
- “Emotional residue of working with those suffering”.²
- “State of severe tension”.³

Compassion fatigue (CF) is a diagnosis not uncommon for those who work in a “caring” or “caregiver” role, but we just didn’t know what to call it before. For many, it was part of being “burned out”, others just couldn’t put a finger on what it was.

In one study on Florida hospice nurses, it was found nurses who work in hospice are extremely vulnerable to CF. Nearly 80% of the sampled hospice nurses were at a moderate to high risk for CF. This same study showed that nurses who are depressed or suffer from Post Traumatic Stress Disorder, had financial stress or headaches, were in a high risk category for CF. 34% of the nurses in this study who put their patients needs above their own were also at high risk for burnout (91%) and were also classified as high risk for CF.¹

The study showed there was no relationship between age, marital status, or ethnicity, and compassion fatigue.¹

The study found there is an increase in stress levels when nurses do not

get psychosocial support after a traumatic death of a patient. Other causal effects of increased stress were working long hours, increased patient caseloads, multiple deaths occurring in a short period of time, shift work, working in a perpetually stressful environment, being “on edge” due to helping, losing sleep over patient’s trauma, feelings of being overwhelmed by work and caseload, feelings of being bogged down by the system, anxiety, life demands and excessive empathy, which all are key in determining compassion fatigue risk.¹

Interestingly, the sample of nurses in the Florida study who sacrificed their own needs to care for patients’ needs had a higher incidence of smoking behavior, financial stress, headaches and high blood pressure (64%). The study found this can also be an indication of an unhealthy level of empathy, which translates into an increased risk for compassion fatigue.¹

Florida hospice nurses are not the only population to suffer from compassion fatigue. It affects people who work with victims (people or animals), people who contend with the normal stress or dissatisfaction of work, and those who contend with the emotional/personal feelings for those who are suffering.²

It is important for employers of caregivers to have the ability to predict increased risk for compas-

Basic End-Stage Indicators:

- ◆ Overall physical decline
- ◆ Life limiting condition
- ◆ Clinical progression of the disease as evidenced by
 - *Multiple ER visits*
 - *Inpatient hospitalizations*
 - *Serial physician assessment*
 - *Laboratory studies*
 - *Radiologic or other studies*
- ◆ Impaired nutritional status
 - *Decrease in appetite; increase in weight loss*
 - *Serum albumin <2.5mg/dl (not to be used in isolation)*
- ◆ Multiple co-morbidities
- ◆ Decline in functional status (ADLs)

Specific Guidelines for determining Prognosis for

Cancer:

- ◆ Cancer diagnosis is confirmed through pathology or radiology.
- ◆ Patient is no longer receiving curative treatment.
- ◆ There is evidence of end-stage disease and/or metastasis.
- ◆ Lab/diagnostic studies have been done recently to support disease progression.
- ◆ Karnofsky Performance Score $\leq 70\%$.
- ◆ Modified ADL score of ≤ 18 .
- ◆ Descriptive score of ≤ 25 .

Compassion Fatigue (Cont.)

sion fatigue because it may indicate a lesser effect, therapeutically, on their patients. ¹ (p. 353)

There is a real cost to ourselves and our employers when we suffer from compassion fatigue. Those costs include a decline in job performance, increase in mistakes, low morale, personal relationships are affected, home life deteriorates, and all of these costs can lead to a decline in general health. ²

Knowing what compassion fatigue is and why it happens is great information, but, as caregivers, we need to know the signs and symptoms of it so we can spot it and do something to manage it. Typical symptoms consist of depression, loss of hope, difficulty separating work from personal life, hyper-vigilance, decreased feelings of work competence, diminished sense of purpose/enjoyment with career, ineffective and/or self-destructive behaviors, lowered frustration tolerance, increased outbursts of anger or rage and dread of working with certain clients. ²

There are many different ways to manage compassion fatigue, and as in most aspects of our lives, different people benefit from different management techniques. The most common management options are self-management

(knowing you are at high risk and putting techniques in place to minimize the risk of compassion fatigue), professional help (counseling, medication, etc.), exercise, relaxation, time and role management, hardiness and resiliency. ³

Compassion fatigue is preventable and treatable. Care-giving businesses are wise to have policies, interventions and evaluation methods in place to address compassion fatigue in their employees. These employers will benefit greatly if they have these methods in place. They will see cost savings by having healthy care-givers, uninterrupted nursing care, an increase in patient satisfaction and an increase in their reputation for providing quality care. ¹ What greater benefits are there?

“Stress is an untransformed opportunity for empowerment”

*Doc Childre & Howard Martin,
Heartmath Solution*

References:

¹ Abendroth, M., Flannery, J. Predicting the risk of compassion fatigue: a study of hospice nurses. Journal of Hospice and Palliative Care; November/December 2006; Volume 8, Number 6, pp. 346-356.

² WSPA (World Society for the Protection of Animals)

³ An adaptation of Roop, R. Combating compassion fatigue. NCAC HSUS, 2004.



Hospice of the Twin Cities
10405 6th Avenue North
Suite 250
Plymouth, MN 55441

(763) 531-2424

We're on the Web!
www.hospiceofthetwincities.com

Mission Statement

Hospice of the Twin Cities' mission is to enhance the quality of the lives of our patients and their families by providing respectful care based on maintaining dignity, alleviating physical, psychosocial, and spiritual suffering, advocating for fundamental rights, and affirming the sacred value of life.