

Compassion Fatigue in Pediatric Hospice and Palliative Care Providers

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On compassion and empathy...

“The very act of being compassionate and empathic extracts a cost under most circumstances. In our effort to view the world from the perspective of the suffering, we suffer.”

Charles Figley



Objectives

- Review factors that influence compassion fatigue
- Review compassion fatigue trajectory
- Explain the differences between compassion fatigue and burnout
- Briefly explore self-care issues
 - Care for the Caregiver: A Toolbox of Strategies to Prevent Compassion Fatigue and Caregiver Burnout in Pediatric Palliative Care

Ethical Challenges

- Surveyed 4 children's hospitals & 3 general hospitals with PICUs
- Administered survey to physicians, residents, & nurses ($n = 781$: 209 attendings, 116 residents, 456 nurses)
- 64% return rate
- Assessed agreement with published ethical recommendations for:
 - withholding & withdrawing life support
 - the provision of adequate analgesia
 - the role of the parents in end-of-life decision making

Solomon, M.Z., et. al (2005). New and lingering controversies in pediatric end-of-life care. *Pediatrics*, 116(4), 872-883.

Concerns of Conscience

- At times, I have acted against my conscience in providing treatment to children in my care
Range: 25% - 54% (H/O MD 25%, H/O nurse 38%)
- Sometimes I feel we are saving children who should not be saved
Range: 35% - 80% (H/O MD 36%, H/O nurse 35%)
- Sometimes I feel we give up too soon
Range: 2% - 8% (H/O MD 4%, H/O nurse 2%)
- Sometimes I feel the treatments I offer children are overly burdensome
Range: 31% - 63% (H/O MD 31%, H/O nurse 33%)

Pain Management

- Children are often given inadequate pain management
 - *Range: 21%-28% non-critical care physicians*
- When clinicians give inadequate pain medication, they do so most often out of fear of hastening a child's death
 - *Range: 41%-54% physicians*

Survey Take Home Messages

- Pediatric survey highlighted:
 - Serious concerns of conscience about provision of overly burdensome treatment for gravely ill children
 - Across all subspecialties, **attending physicians** were approx **10 times** more worried and **nurses** were **>20 times** more worried about “saving children who should not be saved” than about giving up to soon
- This is different from adult data
 - only 1/5 the number of clinicians were worried about overtreatment as were worried about undertreatment

Survey Results Demonstrated

- Clear link between ethical dilemmas and a provider's conscience
- Important to recognize that ethical decisions and the struggle with one's conscience can play a role in compassion fatigue

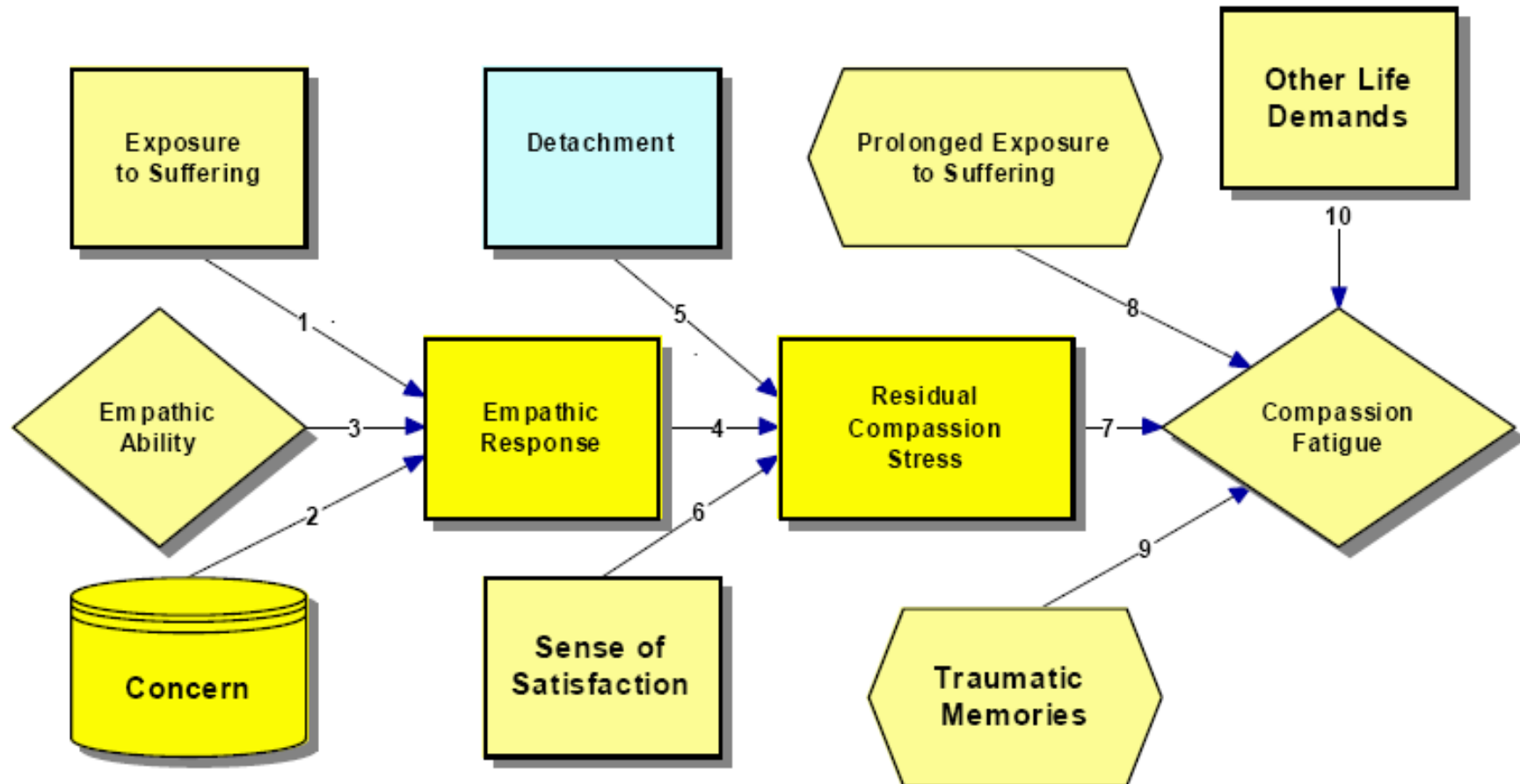
Compassion Fatigue

- Compassion fatigue was first described by Figley in 1995
- AKA vicarious traumatization, secondary traumatic stress
- Studies in relation to professionals who were working with patients suffering from PTSD

Compassion Fatigue

- Figley advocated that the term, “reflect the inevitable experience of the emotional exhaustion that comes from continuous compassion directed toward those in crisis”

The Compassion Fatigue Process

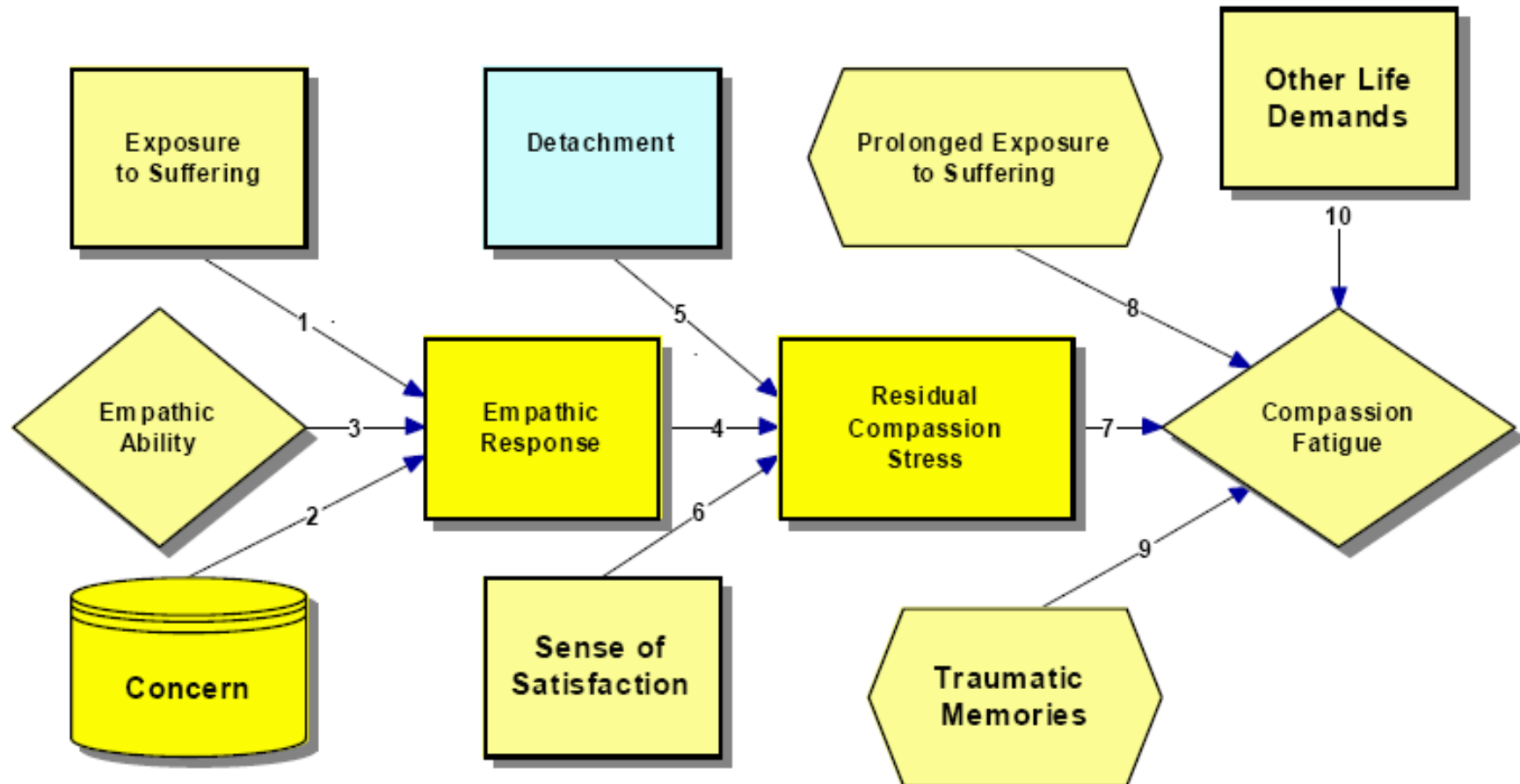


The Compassion Fatigue Process (Figley, 2001)

Variables of Compassion Fatigue

- Empathic Ability – aptitude noticing pain of others
- Concern – motivation to respond to people in need
- Exposure to suffering patients and families
- ***Empathic Response***

The Compassion Fatigue Process

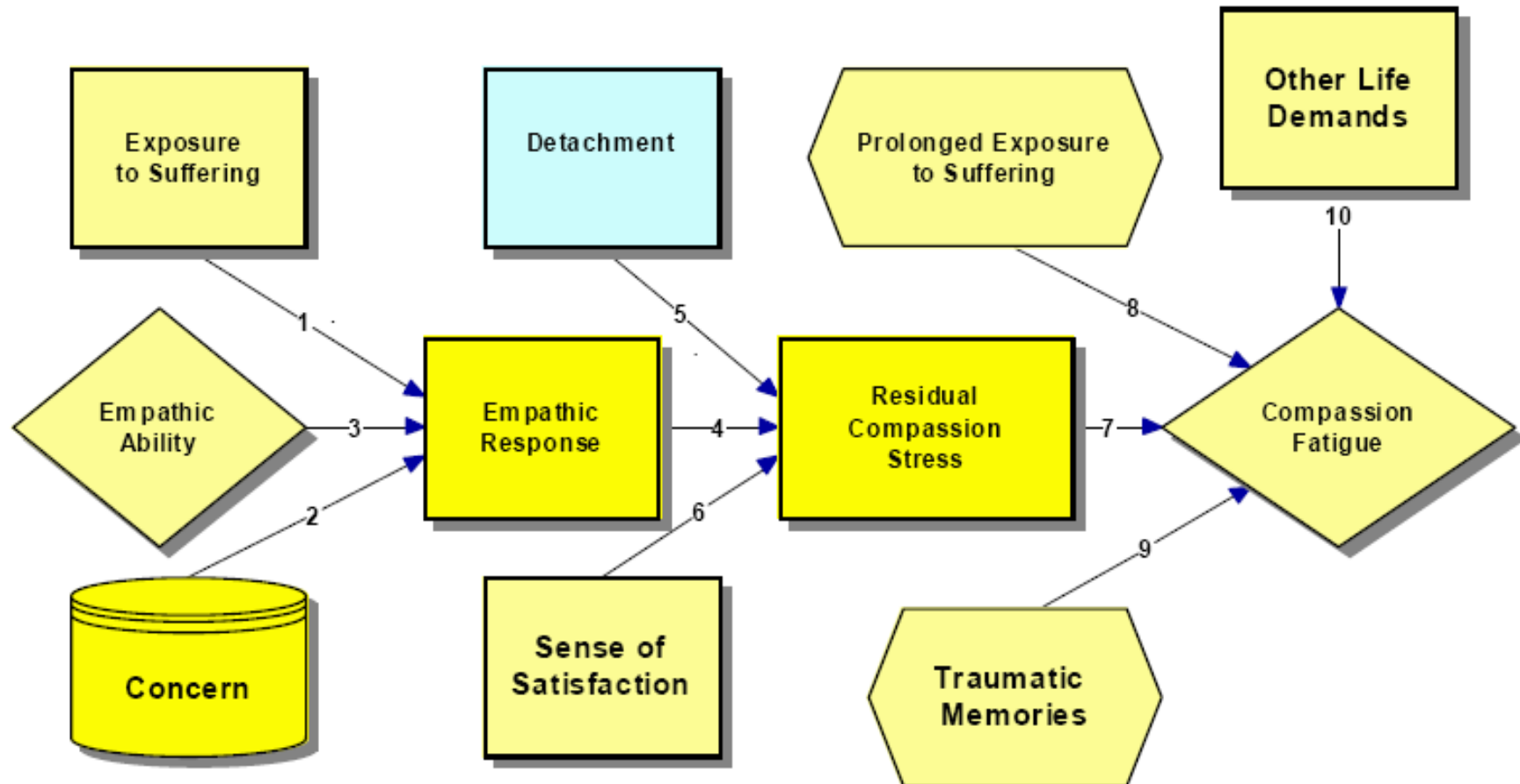


The Compassion Fatigue Process (Figley, 2001)

Variables of Compassion Fatigue

- Empathic Response
- Sense of Satisfaction – factor that lowers or prevents compassion stress
- Detachment – extent to which one can distance self
- ***Residual Compassion Stress***

The Compassion Fatigue Process

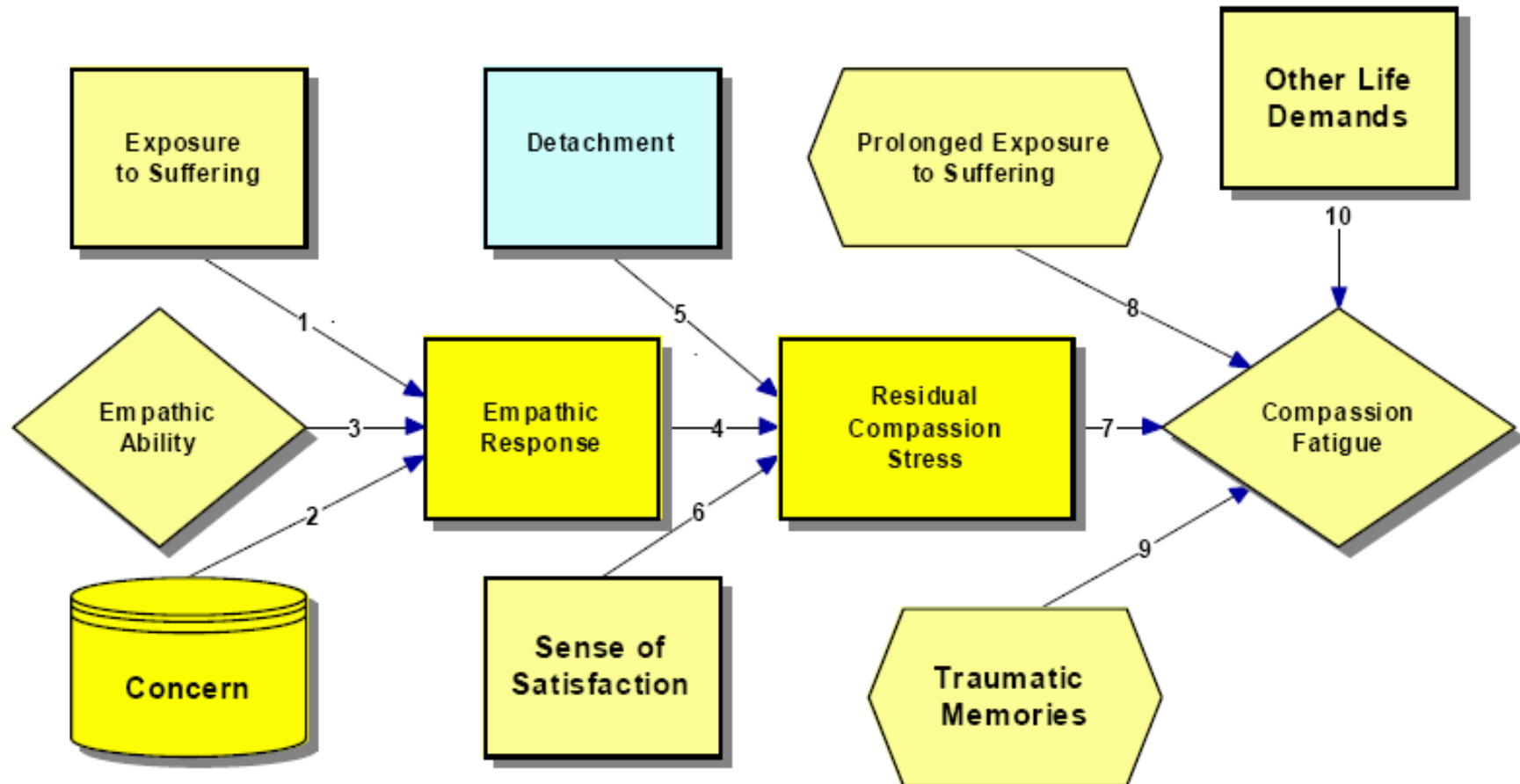


The Compassion Fatigue Process (Figley, 2001)

Variables of Compassion Fatigue

- Residual Compassion Stress
- Prolonged Exposure to suffering
- Traumatic Memories
- Other life demands
- ***Compassion Fatigue***

The Compassion Fatigue Process



The Compassion Fatigue Process (Figley, 2001)

Data on pediatric medical providers

- One unpublished study examining traumatic stress in pediatric health care providers
 - Doctors, nurses, allied health care workers and psychosocial staff are at risk for high levels of compassion fatigue
 - The combined sample's average level of compassion fatigue exceed that of trauma workers and nonpediatric health care workers

Rourke, M.T. *Pediatr Clin North Am.* 2007 Oct;54(5):631-44.

P.M. Robins, L. Meltzer, and N. Zelikovsky, unpublished data, 2007.

Compassion Fatigue Trajectory

- The Zealot Phase
- The Irritability Phase
- The Withdrawal Phase
- The Zombie Phase

Zealot Phase

- Committed, involved, available
- Solving problems/making a difference
- Willingly go the “extra mile”
- High enthusiasm
- Volunteer without being asked

The Irritability Phase

- Begin to cut corners
- Begin to avoid patients or their families
- Begin to mock co-workers and patients
- Begin to denigrate the people we serve
- Use of humor is inappropriate
- Oversights, mistakes and lapses of concentration
- Start distancing ourselves from friends and coworkers

The Withdrawal Phase

- Enthusiasm turns sour
- Patients become irritants, instead of persons
- We make complaints about our work life and our personal life
- Tired all the time, don't want to talk about what we do
- We start to neglect our family, coworkers and ourselves
- We try to avoid our pain and sadness

The Zombie Phase

- Hopelessness turns to anger
- We begin to dislike people...any/all people
- Others appear incompetent or ignorant to us
- We develop a real disdain for our patients or their families
- We have...no patience...no sense of humor...no time for fun
- Without an intervention, burnout is likely

Compassion Fatigue vs Burnout

- Two different entities
- When persistent, compassion fatigue may lead to burnout
- Burnout refers to the long-term consequence
 - Experience of emotional exhaustion
 - Depleted sense of personal accomplishment and achievement
- Figley describes burnout as the end result of a gradual process of wearing down whereas compassion fatigue is a more immediate specific reaction

Compassion Fatigue

- Acute onset
- Characterized by physical, emotional and cognitive symptoms
- Recovery rate is usually fast

Burnout

- Prolonged onset
- Characterized by exhaustion, cynicism and inefficacy
- Recovery rate is longer

Steps to prevent Burnout

- Self-Knowledge
- Self-Examination
- Self-Care Strategy
 - Personal
 - Professional
 - Organizational
- Behaviors to avoid

Self-knowledge



Self-examination

- Symptoms

- Physical, emotional, and mental exhaustion
- Negative attitudes towards work
- Inefficacy - feelings of reduced personal accomplishment

- Measurements

- Professional QoL Scale
- C. R. Figley - 66 item test
- ACE self test – 44 item test
- Each test looks at compassion satisfaction, burnout level, and compassion fatigue level

Self-care

- Strategies for addressing Compassion Fatigue
 - Personal
 - Professional
 - Organizational

Behaviors to avoid

- Negative communication
- Passive aggression
- Gossip
- Escalation of facts
- Perseveration
- Teaming up
- Splitting
- Savior mentality
- Detachment
- Lone cowboy

Out of the storm emerges great beauty...



Now on to the toolbox...



We don't need
"Joe The Plumber" ...

We need

Alyssa Gupton

