

COMPASSION FATIGUE

By Valerie Jacques

At times I have seen good paramedics leave work for several months at a time and then suddenly reappear again. When they returned, I would often be too shy or nervous to ask them about their health or well-being and would instead act as though they had never left.

At the time, I had a lack of understanding about causes for emotional breakdowns and the general stigmas associated with these issues. Now, I am hopeful, that with renewed dialogues we can attempt to break down these barriers and assist each other before things reach the breaking point.

One definition of compassion fatigue is, a “profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate” (Mathieu, 2013).

Most medics begin their career with the best of intentions and are keen to learn and to help patients.

However, compassion fatigue can be sneaky. Months or years can go by without noticing that you have changed. You may not be as eager as you once were, you may get easily frustrated and finish calls feeling tired. Your behaviour may have become more draining on your partner shift to shift.

This can extend into your personal life as well. Your patience level has not only decreased at work but at home with family and friends. When they

suggest you may be on “edge” more, you dismiss this believing they “just don’t get it”. Deep down you may justify this behaviour because of the things you experience at work or the workload. You may even believe your level of irritability is good considering the stress you are under at work and the environment you work in. The more time that goes by like this you may find yourself wanting to be around others less and less, and the reverse may also be true. You excuse your behaviour changes because it’s obvious you should have changed; who wouldn’t change with this job you do and the things you have seen? You begin hoping to start and spend your entire shift at a base and to be left alone. You are drained and exhausted.

Surprisingly, you are surviving and your brain and body can come alive for the “real calls” and you think you are fine since you handle these calls well and get the job done. But, as time goes by, you are more withdrawn and are perceived by others as someone who no longer cares. There is no more of yourself to give; you are numb and have seen enough. You live to get out of the uniform and may explore the possibility of a new career or simply feel stuck counting down the days and years to retirement.

This is an overview of how compassion fatigue can creep up on us when it is left unattended or avoided. There are obviously

different stages and levels of compassion fatigue and we may find ourselves somewhere in there at different times during our careers.

If you do recognize these behaviours in yourself it is important not to despair further and to acknowledge what it may be and to begin to move forward from there. You are not alone, you are not weak and remember this can creep up on you. You may have never been told this could happen to you. You came into this profession with the best of intentions and now want to feel like yourself again. Here are some solutions that may start the healing process and put you back on the right path.

Signs & Symptoms of Compassion Fatigue

INSOMNIA

HEADACHE

EXHAUSTION

ABSENTEEISM

IRRITABILITY

ANGER

ISOLATED

REDUCED ABILITY TO FEEL EMPATHY
OR SYMPATHY



Awareness!

How stressed are you?

If you are one of the dogs in these photos and stress is the water ... how deep are you in?

Are you standing knee deep in water or do you feel yourself slowly drowning? Maybe you have never stopped to ask yourself that question before.

How much energy do you have?

Think of yourself as carrying an energy/caring battery on your back like a backpack. With everyday life and work challenges becoming more demanding, the charge in that battery slowly becomes drained. If nothing is done to recharge that battery it will eventually run out.

When your battery levels are low, you begin to have less energy to care for others and you may slowly start to withdraw yourself from any environment that could drain what is left of your energy. Your mind and body can go into survival mode and you may not be aware of it. Don't forget compassion fatigue is sneaky and we were never really warned about the signs and symptoms to be watching for.

Let's try to find solutions to bring down the waters and recharge that battery!

One of the first things we lose when suffering from compassion fatigue is our creativity. Start by reopening the door to your creative side. There is no doubt about it; the hours and shift work demanded of paramedics is difficult, especially when coupled with the needs of our family lives, but it is important to find some time for yourself. It can be as simple as trying a new recipe for dinner or picking up that book you meant to read years ago and start reading it.

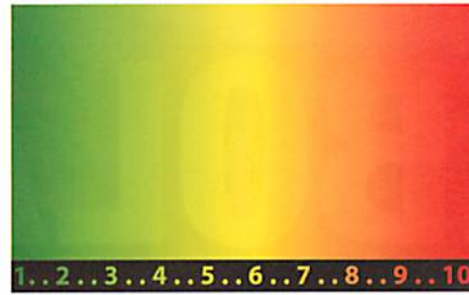
If you enjoy physical activities, plan ahead for the gym or a run outside. If you pre-schedule your activities, you are more likely to accomplish your goals. If a support system is needed, talk to your friends and family letting them know your intentions so that they may help to motivate you and may even commit to doing the activities with you.

You may even need to learn to say "no" for a little while. If you are feeling drained and pulled in different directions, you need to give yourself the time to recharge before automatically going to help others.

Low impact debriefing

It is important to recognize when your co-workers and friends may be suffering from compassion fatigue. The amount of trauma that affects you and your peers can be minimized even though some of it is out

Energize Mid-stress Drained



of your control. Without knowing it, the TV shows you watch may be contributing to the trauma that affects you. Try watching a comedy instead of a dark violent TV show. If you have downtime at work and your partner is watching these shows, go to another room and try stretching or reading.

Primary Trauma: Attending to a "bad" call
Secondary Trauma: Listening to details about a "bad" call.

Listening to traumatic details from others may cause what is referred to as secondary trauma. Research has shown that some people tend to create imagery when hearing stories. The human brain can create intense images that have the possibility of staying with that person. Over time the brain is unable to recognize if the picture is associated with primary or secondary trauma. These pictures add up and it is not uncommon to hear senior paramedics saying things like, "I have seen enough".

However, there are healthy ways to get things off your chest and share your experiences and thoughts with others. It is referred to as low impact debriefing.

Step 1. Self-awareness: How am I feeling today? Is your battery running on high or low?


Step 2. Fair warning: Instead of telling my story right away I can warn the other person and explain to them I may have a difficult call to share with them.

Step 3. Consent: How do you feel today? Do you want to hear about my call? It's all over the news already; do you really need to hear more about it?

Step 4. Low impact disclosure: If someone decides to accept part of your story telling, remember that they accept part of it, but not all of it. Understand that they may not even know what they are getting themselves into, so start by telling them a little bit about the call. Does the person who consented ask for more information? If they do, it is okay to keep going and reassess again later.

After implementing this safer dialogue between yourself and peers you have begun to demonstrate a respect for your colleague's feelings and for yourself. You may notice you

begin to skip the unnecessary graphic details and instead share how you felt and what may have bothered you.

I hope that this article is seen in a good light where maybe certain aspects or suggestions may be used to begin a dialogue across our profession. 



ABOUT THE AUTHOR

Valerie's paramedic career began when she started as a dispatcher near her hometown near Quebec City. She then attended College Boreal in Sudbury for primary care paramedic studies and completed her placement in Hamilton. Valerie then began working with the Ottawa Paramedic Service where she has been a paramedic for the past 11 years. Valerie is now an advanced care paramedic, a member of the paramedic tactical unit and has obtained a Bachelor of Clinical Practice degree with Charles Sturt University.

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