



When Caring Hurts: Managing Compassion Fatigue

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Course Introduction

Compassion fatigue (CF) is a term that gained prevalence in the human medical field, particularly in the field of nursing. It can be described as the “cost of caring for others in emotional need.”¹ Compassion fatigue has recently caught the attention of the veterinary community. A recent study done in the UK reported that “the suicide rate of veterinarians in the United Kingdom is four times that of the general public and double that of other health professionals.”² It is also stated that “although more veterinary students and practitioners come forward now, social stigma prevents many from seeking help when they feel depressed or anxious. These individuals suffer from compassion fatigue, or use drugs or alcohol as coping mechanisms.”²

Veterinary professionals are known for their love and passion for pets and animals. This passion, coupled with positive and negative outcomes of the work they do, puts veterinary professionals in a position to face compassion fatigue in their lives. There is also some evidence that many team members have suffered some form of abuse in their past, be it mental, emotional, physical or sexual. Many individuals turn to animals as a form of comfort and support. The animals provide the support, love, and security needed to face and overcome these special situations. With that history, they enter the veterinary field, with the hope of returning the compassion in the same manner.

Not all team members have been exposed to the previous situations, but the common factor is the desire to help animals that cannot help themselves. Team members will give their all to their patients, their jobs and the work, putting the cause ahead of themselves. It is this exact dedication that can subject them to the onset of compassion fatigue.

This course will help the student define and understand compassion fatigue and related topics, identify signs and symptoms of CF in themselves and others, and lay ground work for skills to help manage and prevent compassion fatigue from setting in.

¹ Figley, C. R. (1982)

² Tremens, Jessica (May 2010) *UK Suicide Study Prompts Call to Act, Veterinary Practice News*

Module 1: Identifying Compassion Fatigue

The Human-Animal Bond

The American Veterinary Medical Association (AVMA) defines the human-animal bond as a mutually beneficial and dynamic relationship between people and the animals that are influenced by behaviors that are essential to the health and well-being of both. This includes, but it is not limited to, emotions, psychological and physical interactions with people, other animals and the environment.³

People feel connected to the animals in their lives. This connection is displayed by the expression of affection and sense of understanding between people and their pets. In many situations, pets are considered family members.

There is growing evidence that owning and caring for pets has both direct and indirect effects on people. Pet ownership provides the opportunity to improve health by increasing exercise and reducing anxiety. Pets can decrease loneliness and depression, and may promote an interactive lifestyle. Owners feel that their pets greet them when they get home from work (when some spouses do not), make them smile, reduce their stress, and also show concern when they (the owners) are sick.

Not all people have the ability to express the bond with animals. They may love the animal, but do not show the compassion that others do. Their personality may be more “reserved.” Caretakers with intense emotions may take offense at the reserved personality, intensifying the emotional feelings.

The bond with animals can be so intense that it is often manipulated. Products and services are often developed and marketed to pet owners, relying on this human-animal bond for success. Many of the products and services do not have efficacy or safety studies proving their claims; the emotional attachment to the pet overrides any desire for the owner to obtain facts.

³ AVMA, (1998) n.p.

When the human-animal bond is broken by abuse, neglect and torture, caregivers often become angered with the perpetrator. Increased anger leads to increased emotions and attachment to the patient. Anger then gives way to the desire to care for the suffering animal, which can lead to compassion fatigue.

Causes of Compassion Fatigue

Empathy

Empathy is generally defined as the identification with, and understanding of, another's situation, feelings and motives. In order for clients to develop trust in veterinary practices, team members often "show" empathy. Facial expressions, asking questions with passion and listening with intent expresses empathy to the client. Empathy is a response shown by one to another, and is closely related to compassion; empathy being a response and compassion being an action.

Empathy is a response shown by one to another.

Empathy is also relayed by the tone of voice. A soft, moderate tone of voice is ideal. High and low pitches can be difficult to understand; blunt and "gruff" tones can be offensive to the client.

To solicit the client's feelings, we ask open-ended questions. "Ms. Smith, I understand why you are upset about Fluffy's situation. Please tell me about her symptoms." After each response from Ms. Smith, the listener nods, showing understanding of the situation. The listener may also change facial expressions with each response. Further open-ended questions build on the initial symptoms described by Ms. Smith. By being empathetic with the owner, Ms. Smith will provide more details about the patient's history, as she will feel comfortable discussing her feelings.

Providing a high level of care and empathy for each client can certainly predispose team members to compassion fatigue.

Burnout

Burnout can be defined as physical and emotional exhaustion as a result of prolonged stress and frustration. It does not necessarily alter our view of the world, but our view of the workplace. The signs and symptoms of both burnout and compassion fatigue are very similar, however burnout results from stressors associated with where one works, rather than the nature of the work. In a study completed by the United States Humane Society in 2004, front-office team members and practice managers received the greatest reward from the contact with the animals and the thankful clients. These team members are reported to have the lowest level of burnout. Veterinary technicians and veterinarians tend to have a higher percentage of burnout, due to difficult clients and time demands, and generally have more emotional investment with both the clients and patients.

Burnout results from stressors associated with where one works.

Practice managers often experience burnout while continuously working with team members. Most practice managers and hospital administrators work solely with team members, missing the client and patient interactions. Continuous training, team member

corrections, policy setting and implementation can become exhausting. Some managers become burned out from “haggling fatigue;” always haggling with team members and veterinarians regarding pricing, policies, procedures and protocols.

Veterinarians tend to suffer burn out not from the patients and clients, but the hospital itself. Veterinarians wish to practice medicine – diagnose, prescribe and perform surgery. Often, policies, procedures and team members inhibit the ideal “practicing of medicine,” causing burnout among many veterinarians.

Compassion

Webster’s dictionary defines compassion as *a virtue, one in which the emotional capacities of empathy and sympathy are regarded as a part of love itself, and a cornerstone of greater social interconnection and humanism – foundational to the highest principles in philosophy, society and personhood.* These feelings often give rise to an active desire to alleviate another’s suffering, and embody the implication of the principle “Do unto others what you would have done unto you.”

Compassion in the animal field requires not only the care of the animal, but the care of the client as well. Care takers must put aside their own feelings and opinions, and consider the client, who may not have the ability to understand the disease process or the long-term

Compassion activates the desire to alleviate another’s suffering.

care that may be needed for the patient. Gaining the client’s trust and understanding their wants and needs allows the team to deliver the message (good or bad) in an effective, efficient manner. Gaining this trust and understanding can be emotionally and physically draining for the entire team.

Compassion satisfiers can be weighed against the stressors. Satisfiers are situations or tasks that provide satisfaction to the caregiver while stressors contribute to decreased satisfaction. Satisfying characteristics in the veterinary field include helping and healing animals, working as a team, clients that are appreciative of services provided, education of clients, and daily interaction with animals. Stressors may include difficult and noncompliant owners, problems with coworkers, lack of sufficiently trained team, not enough time dedicated to each patient, performing euthanasias, critically ill patients, and fractious or dangerous animals.

Compassion affects every team member, daily. Recognizing and developing tools to increase the number of satisfying characteristics (and decreasing stressors) will help prevent burnout and compassion fatigue.

Fatigue

Fatigue is often defined as a feeling of tiredness or exhaustion or a need to rest because of lack of energy or strength. Fatigue may result from overwork, inadequate sleep, worry or lack of exercise. It is a symptom that can be caused by an illness, medicine or medical treatment, anxiety or depression. Fatigue can result from the exertion associated with the attending to the emotional and physical need of others.

Fatigue is a feeling of tiredness or exhaustion.

Any person can struggle with being overtired or overworked from time to time. These are examples of temporary fatigue, and usually have an identifiable cause and remedy. Chronic fatigue, however, lasts significantly longer, resulting in mental weariness that decreases one’s energy and mental capacity. Fatigue at this level impacts one’s emotional, physical and psychological well-being.

Vicarious Trauma

Vicarious trauma is defined as experiencing traumatic stress by witnessing and hearing stories of other’s traumatic events. It is “when external trauma becomes internal reality”⁴ and can cause nightmares, preoccupation with a story, an event, or a situation.

Vicarious trauma is “when external trauma becomes and internal reality.”⁵

Experiencing this can cause people to change behaviors and actually alter their life path. Veterinary professionals are in the position of being exposed to vicarious trauma not only by witnessing the situations that occur in the hospital or shelter (i.e. traumas, injured or abused animals, clients unable or unwilling to treat), but by listening to the client’s stories as well as listening to colleagues’ “war stories.” As the listener “listens” to the stories of the clients, coworkers and friends, empathy is portrayed and the listener often experiences trauma of their own. The listener may repeat the story to another listener, whereby the trauma is experienced all over again.

Recognizing Compassion Fatigue

Veterinary team members give and give until the tank is empty, which tends to be the norm for many veterinary professionals. Experts in the field still debate over an “exact” definition. It is thought that the combined effects of burnout and vicarious trauma leave team members vulnerable to developing compassion fatigue (CF). Compassion fatigue is also considered a secondary traumatic stress disorder. It is characterized by a deep physical and emotional exhaustion and a noticeable change in the individual’s ability to feel empathy for their clients, the pets they care for, their loved ones and their co-workers.

Compassion fatigue is characterized by deep physical and emotional exhaustion, and the inability to feel empathy.

The demands of work in a veterinary hospital are high: long hours, providing physical care to pets, tending to the emotional needs of the pet’s family members as well as the physical and emotional strength to get through the necessary requirements of the job. Not being able to balance the demands of the day and institute ways to recharge and protect one’s self will lead to compassion fatigue.

Most, if not all individuals in care-giving professions have some form of compassion fatigue. Individuals must learn to become self-aware and recognize signs and symptoms within themselves. Team members must identify what pushes them from feeling “ok” – in the green zone – over the edge and into the red zone of compassion fatigue. Recognizing your own personal triggers is imperative to managing CF.

⁴ Lipsky, L. (2009)

Treatment for compassion fatigue consists of developing methods for self-care. Do you have someone you can trust at work or home that you can debrief with if you are pushed into the red zone? Are you practicing good self-care? Are you sleeping enough and eating right? Are you getting “off the couch” and exercising once in a while? The key to managing compassion fatigue is a healthy work/life balance.

An Example of the Onset of Compassion Fatigue



Years ago, I worked with an amazing technician. We will call her Carrie. Carrie was a rock star at the hospital - always on the top of her game, ready to help and teach other techs. She was always the person you could count on to take care of everything. The team loved her, the clients loved her and her patients loved her. Nothing ever seemed to faze her, regardless of the emotional nature of the situation. She would always volunteer to cover shifts and always pushed the envelope.

One day, almost out of the blue, she confided in me that things at home were pretty stressed lately. She didn't really look forward to her family's Sunday dinners anymore. In fact, when the weekends came, she rarely wanted to get out of her pajamas. Initially, I thought her admission was normal. We all have weekends where we stay in our PJs and watch TV or read, right?

Over the following weeks, Carrie's attitudes and behavior began to change. She seemed more anxious, but very quiet. She would not engage in conversation with anyone. She seemed to have no interest in helping and teaching anymore. Soon, she began keeping to herself and would almost run out the door the second her shift was almost over. Gone was the tech that poured her heart and soul into the job. Before this point, she would have done anything for her patients and for her profession. Now, it was as if she didn't care about anything. She was slow, careless in her treatments and seemed unmotivated.

Carrie and I had been close. Her husband had confided in me, too, that Carrie was going through “something” lately. She would go to work, come home, and get into bed. She was listless all the time, took no interest in doing anything fun and they were arguing a lot. She never seemed to eat anything of substance, quit running (which had been a passion of hers) and started losing weight. Her personal life and her professional life were both becoming damaged. I can't help but think that her previous complete dedication to the job may have contributed to her exhaustion and fatigue. I never saw her take time for herself.

By the time she was hospitalized for chronic fatigue a few weeks later, I realized that we (my fellow coworkers and I) had taken Carrie for granted. She used to be the one we all went to for help. She would teach and cover shifts and come in for emergency surgeries overnight when the overnight tech couldn't get the ventilator going. But, we took her for granted and never encouraged her to take time for herself. We were also unaware of the dangers of compassion fatigue.

After her hospitalization, Carrie came back to work for one short week. On her first day back, she gave her resignation and said she was going back to school. She left the veterinary industry altogether. I can't help but think that if we (me, my coworkers and management) had been more aware of the issues of compassion fatigue, fatigue and vicarious trauma, we could have helped Carrie identify what may have been going on. She may have been able to address the issues that led to her fatigue and she may have chosen to stay in the industry that she had previously loved and excelled in.



Signs and Symptoms

The signs and symptoms of compassion fatigue can be very apparent, yet often those individuals experiencing them are unaware. These signs can display differently in every individual.

- Cognitive signs – decreased concentration and/or ability to concentrate, apathy, rigidity, preoccupation with trauma, confusion, disorientation, difficulty making decisions, loss of meaning, decreased self-esteem, thoughts of self-harm, perfectionism
- Emotional signs – powerlessness, anxiety, guilt, numbness, fear, helplessness, sadness, depression, feeling depleted, shock, blunted or enhanced effects/responses, experiencing troubling dreams, sudden recall of a frightening or highly emotional experience while working with a pet/patient, cynicism, hypersensitivity to emotional material, insensitivity to emotional material, emotional rollercoaster
- Behavioral signs – irritability, withdrawn, moody, clingy, appetite changes, losing things, hyper-vigilance over patients and over coworkers, isolating one's self, poor sleep, substance abuse, nightmares, accident proneness, lowered tolerance for frustration
- Spiritual signs – questioning life's meaning, pervasive hopelessness, loss of purpose (in job and/or in life), questioning religious beliefs, loss of faith, skepticism
- Somatic signs – sweating, rapid heartbeat, breathing difficulty, aches and pains, dizziness, impaired immune system, headaches, difficulty falling or staying asleep, stomachaches

- Interpersonal signs – failure to develop non work-related aspects of life, voicing excessive complaints, difficulty separating personal and professional life, poor self-care, projection of anger or blame, mistrust, decreased interest in intimacy or sex, loneliness, impact on parenting (protectiveness), isolation from friends
- Work Related Signs – dread of working with certain co-workers, decreased feelings of work competence, diminished sense of purpose, diminished enjoyment with career, dread of working with certain clients or situations⁵

Causative Situations



It was a Monday morning. There were 2 surgeries on the schedule, a feline neuter and a canine spay. Jennie, our senior receptionist, was off until Wednesday due to illness and Melissa, our most green receptionist, was right on-time with a smile on her face. The day was looking pretty good – a few morning appointments for routine stuff, nothing major. There were 3 doctors and 4 technicians on the schedule. It should have been a good day.

Mrs. Jacobs arrived to drop off Pickles, our feline friend, at 8am. Melissa called back to surgery prep and requested that a tech come out to pick him up. She was told that it would be a few minutes. Patty (the technician scheduled to handle check-ins) had not arrived at work yet. Melissa continued on with her task to explain the surgery consent form, go over the estimate one last time, and answer any final questions that Mrs. Jacobs had for her. All in all, pretty standard for a routine drop-off.

Mr. Pinto arrived to drop off Cecilia for her OVH. Melissa politely asked Mrs. Jacobs to make herself comfortable, Patty would be out shortly to retrieve Pickles. Mr. Pinto seemed a bit nervous. As Melissa began going over the surgery consent form and the estimate prepared at his last appointment, Mr. Pinto commented that he lost his last dog during a surgical procedure and was having second thoughts about Cecilia's surgery. Melissa has great people skills and did her best to help reassure him that everything would be fine. "Our doctors and technicians are the best and will take good care of Cecilia." Mr. Pinto seemed to relax a bit and took a seat with his pup to wait for Patty.

⁵ Adapted from Figley, 1995 and Baranowsky, 2010

After about 10 minutes, Kristen, another technician, walked out front to retrieve the 2 patients. Patty was still a no-show and these two patients needed to get prepped. Mrs. Jacobs cheerfully said goodbye to Pickles, nodded as Kristen said they would call her with an update and to let her know when Pickles was out of surgery, and headed out the door.

Mr. Pinto was not as cheerful. His hand lingered on Cecilia's leash, and he began to tell Kristen that Cecilia does not like big dogs. "They make her nervous. She needs to wear her sweater when she goes out to potty because she doesn't like the cold at all, and she prefers to sit in your lap rather than be held." In a hurry, Kristen took the leash, nodded her head and blankly told him not to worry. Cecilia wouldn't need her sweater. Her surgery should be quick and she would recover in a kennel with a comfy blanket. Then Kristen hurried off, leash in one hand and kennel in the other.

Mr. Pinto turned to Melissa, upset again. She smiled and tried to reassure him a second time. "Don't worry, they just want to get everyone checked in and ready. I think one of the surgery technicians is running late, so Kristen just wants to keep everything running on time." Mr. Pinto started talking about Penny, his last pet. She was his best friend, his first dog. She helped him get through his parent's deaths and was a sweetie pie. She was 14 years old when he took her in for lump removal. She suffered surgical complications and he lost her. That was 2 years ago. "I'm just so scared that Cecilia won't wake up from her surgery."

Melissa couldn't help but think of her dog, Jack. Best dog ever. She had lost him just a few weeks ago to cancer after a long battle. She was taken aback by her first reaction, the tightening in her chest. But she recovered well and told Mr. Pinto that the doctors would do their best with Cecilia. "It is a simple procedure and she's a healthy little girl. I'll make sure they call you as soon as she wakes up." With that, Mr. Pinto smiled, thanked her for her time and headed home.

In the back, Kristen was a bit frustrated and getting more frustrated by the minute. Patty was still not in and not answering her cell or home phones. Kristen knew that Patty had been partying over the weekend with some of their coworkers. The rumor was that she'd had a little too much to drink at the cookout yesterday afternoon. At least Deb and Sharon had shown up, even if Deb still couldn't effectively place a catheter. But Kristen was used to running the show. We had been without a practice manger for 3 months since Joan left and

Kristen was getting used to filling in the gaps where the manager should be and when the schedule needed to be filled.

“Can you get Cecilia out of her kennel and bring her over here?” Kristen shouted to Deb. Cecilia was a little skittish and cowered back in the kennel. Deb hesitated for a second, but got her out and onto the exam table. “Okay, restrain her so I can get this catheter in. We have appointments starting with Dr. Rodgers in 15.” After a few minutes of struggling with the squirrely Italian Greyhound, Deb just couldn’t get the restraint right. Kristen grumbled “Just give her to me and you place the damn catheter.”

Deb had only successfully placed 2 catheters in her 6 weeks of employment at the hospital. She had learned how to place them in school, but out in the “real world” she was so much more nervous. This new job has been great, but she would really have liked more coaching and training before being barked at to place a “damn catheter.” First attempt was a no-go. The catheter wouldn’t feed. Then Deb’s hands wouldn’t stop shaking. Kristen, even more agitated, locked down her grip on Cecilia and scolded Deb, “Two strike rule – you better get it in this time.”

Jessica walked by, touched Deb on the shoulder and said “Take your time. Go in just a bit higher on the leg, just barely to the inside of the cephalic and advance the cath when you see the flash.” By a stroke of luck, Deb steadied her hand and the 20 gauge catheter fed. Whew.

Jessica hurried off to check that Dr. Patel was ready for Pickles. She was finishing up on a phone call and would be ready in a few minutes. Pickles was prepped, ready and waiting for Kristen to take him into surgery. Kristen was going to handle surgeries since Patty didn’t come in. Jessica had to get into Room 1 for Dr. Taylor’s first appointment.

Ichabod, a 6-year-old Irish wolfhound was lying on the floor in the corner. Across the room, his owner, Mr. Turner, sat in the chair. The schedule said that Ichabod was here for a hotspot. The last time we saw Ichabod was over a year ago, but we should be able to get his shots up to date and a simple hotspot taken care of quickly. Jessica said the encounter went something like this: After greeting Mr. Turner and introducing herself, Jessica said, “Dr. Taylor will be in in just a few minutes. It looks like you’re here with Ichabod for a hotspot. Is that correct?”

Mr. Turner replied, "Yeah. He's had them before. I guess I'm behind on vaccines too."

"No problem, we'll take care of him. I am just going to take a look at Ichabod, get a temperature and his heart rate. Is there anything else going on with him today?"

As Jessica walked over to Ichabod, the smell of dirt and infection got stronger. The poor guy was filthy, curled up as tight as a wolfhound could be in that corner. He did not even lift his head to inspect who was getting closer. He was lethargic, cold and weak. Jessica asked if Ichabod could get up and perhaps walk out back with her so she could shave the spot for the doctor to examine. Mr. Taylor nodded, but added it had to be quick. He had to be somewhere soon.

Ichabod was very slow to stand and needed some assistance walking back to the treatment area. Mr. Taylor did not even look at them as Jessica led the dog slowly out of the room. Once safely out of the tiny exam room and into the large treatment area, Jessica finally took a breath. The smell was awful. She suspected more than just a hotspot on this dog. His coat was dense and matted around the hind quarters where Mr. Turner had indicated the spot to be. Deb came over to help Jessica work on Ichabod.

Dr. Rodgers stopped to inspect what was going on, as he was walking to the exam room. He commented on the smell filling the space, while Ichabod just lay on the floor quietly. Jessica started to shave the hair and mats on his right hind. The hair was giving way to show massive infection and necrotic tissue. She realized that this hotspot had developed into a maggot infestation. The wound seemed to extend all over the dog's hind quarters and into his groin. And the maggots were everywhere.

Dr. Rodgers rushed into the exam room to talk to Mr. Turner. Ichabod needed some serious help quickly. Mr. Turner seemed oblivious to the nature of what was going on with Ichabod. Dr. Rodgers explained that what had started as a hot spot had now become a serious infection and myiasis infestation. Ichabod would need some advanced care to help him recover. The only question out of Mr. Turner's mouth was "How much is this gonna cost me?" Dr. Rodgers replied "I will put a treatment plan together and have Jessica go over the estimate with you. Be back in a few minutes."

When Jessica returned to go over the details of treatment and cost with Mr. Turner, he was less than gracious and seemingly unconcerned

about how Ichabod was doing. It was quite obvious that despite the actual dollar amounts they discussed, he was not going to approve going ahead with treatment for Ichabod. He continued to use phrases like “stupid dog,” “are you kidding me?” and “how much?”

Jessica fought to keep her reactions under control and present an air of non-judgment. She excused herself from the room and sent Dr. Rodgers back in to further advocate for treatment for Ichabod. The conversation did not go well. Mr. Turner became very agitated, cursing about cost and how expensive it all was. He didn’t even think anything was wrong with his dog. He commented that Ichabod was just lazy and dirty, and how he wouldn’t spend “that kind of money” on an old dog. He’d rather just get a new one.

After verbally abusing both Dr. Rodgers and Melissa at reception, Mr. Turner decided that he would rather have Ichabod euthanized. He did not want to be present. He just wanted to sign the paper and go. He was late for an appointment.

It was 10:15 am by the time Mr. Turner begrudgingly paid his bill and stormed out of the hospital.

Jessica and Deb were on the floor in the treatment room, sitting with Ichabod and trying to give comfort to a dog who must have been suffering for some time now. Dr. Rodgers prepared the solution, and grabbed a butterfly and some alcohol. Deb assisted as he placed the butterfly and pushed the plunger. Ichabod was gone. Jessica and Deb cleaned up the mess, bagged the body and moved it to the freezer.



Scenario Review

The preceding scenarios are not uncommon throughout veterinary hospitals; these are just a sampling of what veterinary professionals deal with on a daily basis. Receptionists new to the job have to jump in and handle a vast array of customer situations that they have not been fully prepared for. Technicians are put in situations to counsel clients not only medically, but also financially. Doctors have to advocate for patients that cannot voice their own needs. Then there are the repercussions and emotions that follow for all team members after a euthanasia.

The situations that can trigger and cause compassion fatigue range from clients and patients to co-worker and/or management. A combination of the fore mentioned can also trigger CF. An individual’s own personal history, experiences and stressors all play a key role in the development of compassion fatigue.

Sample Situations and Potential Solutions

The following section illustrates further examples of CF causative situations, and possible remedies to help alleviate suffering.



Clients unable or unwilling to treat sick/injured pets

Situation:

Occasionally, team members feel that “If you cannot afford to treat your pet, you shouldn’t have one.” Team members are so compassionate about their own pets, and would provide the best treatment possible; they forget not every client has the means to provide the best care.

Potential Solution:

We must remember that pets *do* provide stress relief to elders, children and other family members. Sometimes we must provide basic care and place our emotions to the side. We do not have control over clients being unable or unwilling to treat sick or injured pets. This can be a main stressor for many veterinary professionals, yet is ultimately something that is out of one’s control.

One suggestion for dealing with situations that are beyond the control of a caregiver is to be equipped and educated on topics that may be useful for clients. For example, educating clients on financial products like pet health insurance, lines of credit and payment plans can help pets get the care they need when finances are the deciding factor.

Another suggestion would be to introduce an “indigent fund” in the hospital. Many financially wealthy clients would love to donate to a great cause. Team members could send a thank-you photo of the “saved” pet to the donor who contributed, which will help to drive additional donations. This suggestion can also help decrease CF within the team, as a potential solution that will reduce and/or relieve anxiety by increasing “compassion satisfiers.”



Treating critically injured, chronically/terminally ill patients

Situation:

Many clients continuously treat critically ill patients that, in a team member’s eyes, may be suffering. Veterinary technicians and veterinarians understand when a patient is suffering, and understand the need to end the situation through euthanasia.

Potential Solution:

Some clients cannot make the decision to end their pet’s life; team members must understand that situation and support the client’s needs. Veterinary professionals can provide education to the client about the disease or injury, and ultimately, make the pet comfortable with supportive therapy and drugs.

In addition, quality of life and the process of euthanasia can be discussed with the client. This may help to answer questions the client has as well as ease their concerns about “when is the right time.” One additional suggestion is to have a quality-of-life/euthanasia discussion early in the pet’s diagnosis and treatment. At that time, a team member can ask the owner what they feel is a good quality of life for their pet. This discussion can be referenced later if necessary to remind the owner what they said about their pet’s life.

The Argus Institute at Colorado State University is dedicated to helping owners understand quality of life issues, and publishes an excellent client handout. Visit http://csuvth.colostate.edu/diagnostic_and_support/argus/ to learn more about this valuable tool.



Listening to clients as they relate their own personal stories and traumas

Situation:

Every practice has those clients that like to come into the hospital and have “social hour.” They come in, perhaps to pick up food or treats for their pet, and then proceed to stand there for what seems like an hour, telling the team about what their dog “Fifi” has done, how many times their cat “Princess” has visited the litter box, or perhaps how big their grandchildren have gotten. This can be very frustrating to team members who are very busy and have a lot of work to get done.

Potential Solution:

Although this can be a difficult situation when it is busy and technicians have several critical cases, it is important to take a moment to listen to the client. Remove the emotion from the situation and listen. This is a “healing moment” for the client, who needs to discuss a personal situation. This is also the perfect time to build the client relationship bond. These clients love you and/or the practice. They are great for promoting the practice in a positive light for the community. They are basically stewards of the practice and it is important to not jeopardize this relationship.

Perhaps one technician in the hospital is better at dealing with these clients; ask them to take over the discussion with the client. It may be appropriate to have a signal to alert another team member that you need help.

It is also important to remember to set boundaries. Occasionally you may run into a client outside of the hospital setting, at the grocery store or the shopping mall. It can be difficult for clients to maintain a level of privacy for you. Remember, it is okay to chat and be friendly, but try to maintain a distance. Do not allow yourself to be pulled back into work when you are on your own personal time. On the same account, set boundaries for your family and friends. While it is true that you are a helper, you must remember to help yourself by allowing yourself time off.

Counseling clients as they make medical & financial decisions regarding their pet's treatment

Situation:

Sometimes getting clients to make a decision regarding treatment for their pet can be difficult. Clients may seem apprehensive and indecisive. Clients may go back and forth regarding decisions, change their mind multiple times as well as bring in reinforcements by calling a spouse, friend or family member to help them. This can be exhausting for team members as well as frustrating. Team members often just want the client to make a decision so they can move on and attend to the next waiting client.

Potential Solution:

This situation can be particularly difficult for many technicians. We are trained in the medical portion of our jobs, but often times receive little or no training on the financial aspect. It can be difficult enough to help a client understand why a treatment must be done medically. When a financial explanation or solution is thrown in to the mix, the situation is further complicated.

Instead of becoming angry or frustrated about how a client will make a decision, understand where they are coming from. Place yourself in their shoes, and help counsel them from their perspective. This can be a “learning moment” for you, and give you insight into how to handle other clients in similar situations.

A suggestion is to develop several treatment plans for the client. “Plan A” is the best plan and allows a complete work up and treatment of a case. Due to unfortunate circumstances, the client may not be able to afford “plan A.” Therefore, continue with “Plan B,” with the doctor’s approval. Plan B does not include a complete work up, but still allows case management. “Plan C” is the most conservative option, allowing the client to still care for their pet. Clients must understand “Plan C” is not ideal, but under some circumstances, may be all that they can do. “Plan C” may prevent a euthanasia from occurring. If the hospital has an indigent program established, funds may be applied to Plan C to help the client. This can increase satisfaction and decrease the feeling of helplessness for both team members and clients, since options have been provided.

Feeling unsupported by management

Situation:

Team members often feel unsupported, especially in situations where the team is short-handed or have excess critical cases.

Potential Solution:

This can be a simple communication issue that needs to be addressed. Don’t ever feel embarrassed or be shy about discussing your feelings with management. Open communication facilitates team work and satisfaction. Keeping feelings bottled up increases the potential for burn out and fatigue. This will ultimately lead to decreased

production, work ethic and empathy for both patients and other team members.

Make sure you have facts to “back up your feelings” and provide several solutions. Solutions may be as simple as adding team members during the busiest times of the day, or having an “on call member” when critical case loads are high. If management is unaware of your concerns, they can never be addressed!

Occasionally, veterinarians feel that they do not have the support of management. Just as with all other team members, this issue must be addressed. Veterinarians should identify areas of “lack of support” and seek information or continuing education to help support their findings. Charging appropriately for services is a common misconception that occurs in hospitals across the country. Many team members do not understand the charging structure for services and feel management is always “hounding them” for inappropriate charges.

Keeping these feelings inside definitely contributes to fatigue and burnout. Attend continuing education to get a better understanding of charging appropriately. Once you have a comfortable level of knowledge, discuss your concerns with management and validate your points.



Not having a structured management system in place


Situation:

All team members may report directly to the owner/veterinarian, who is too busy to give his or her full attention to management issues such as job descriptions, performance reviews or workplace safety. Another example would be a practice where a nominal manager is bypassed by team and owners alike, and so becomes ineffective.

Potential Solution:

These are certainly difficult situations and must be addressed with the owners of the hospital. Provide the owners with examples as to how an effective management position would help the hospital function more efficiently. Often, owners are unaware that situations can be improved, as they have been managing the hospital in the same manner for many years. Many veterinarians simply want to practice medicine, not manage a business. Many have learned how to manage as their small practices have grown, but do not see the potential benefits of having a structured management system.

Provide examples from the Veterinary Hospital Managers Association, an excellent association with resources to help every veterinary practice (www.vhma.org). Topics that may enhance hospital performance include human resources, safety, inventory and client (and team member) compliance. Offer suggestions as to how these areas will improve with a structured management system. Perhaps you have the desire to improve these areas. Provide the owners the information and opportunities that exist to make this change.

 *Understaffing – leading to the feeling that appropriate care is not being given to patients and/or clients*

Situation:

Understaffing can lead to mismanaged cases, failure in client communication and poor compliance. Team members produce a large amount of money for the veterinarian, and understaffing can exhaust current team members.

Potential Solution:

Discuss your feelings with management, and ask for an additional employee in your department. If hiring a new person to the team is not an option, ask and make suggestions about how some duties can be shared, ensuring that all patients and clients are treated with the utmost care. Bring the topic up at team meetings and take the opportunity to work together as a team to create a solution. There is a high probability that if one team member is feeling understaffed, others are as well.

 *No training protocols in place for new team members or ongoing training for current team members*

Situation:

Missing training protocols can affect every department within a hospital. Lack of training results in poor client care, compliance, patient care and team member dynamics.

Potential Solution:

Creating these protocols can be a fun and rewarding experience. Each team member can be involved, which increases team member accountability and provides training while protocols are being developed.

Kennel assistant, veterinary assistant, veterinary technicians, receptionist and veterinarians should all have their own protocols (every team member is new at some point!) Compile protocols into a book and begin implementation immediately. The book can be used to cross train current team members and is an excellent tool for new members.

Continuing education is critical for current team members. Reach out to sales representatives of distributors and manufacturers; all have excellent presentations that can enhance customer service, communication or compassion fatigue coping skills. Continuing education decreases CF, while increasing enthusiasm and accountability among all team members.



Poor internal communication within the practice

Situation:

Breakdowns in communication within the hospital can also trigger the spiraling effect of compassion fatigue. Breakdowns, regardless of their cause, will lead to further communication issues. Team members may not communicate information correctly or professionally to each other or to clients. For example, Kristen from the preceding story is experiencing and showing signs of compassion fatigue. This prevents her from being able to effectively and constructively communicate with Deb about how to effectively place Cecilia's catheter. Her demeanor and seeming lack of compassion for Deb's struggle can become a personal stressor for Deb. This can contribute to pushing Deb towards a state of compassion fatigue. Ultimately, once the spiral starts, it can be hard to diffuse the problem when it goes unrecognized and/or unaddressed.

Potential Solutions:

Discuss personal issues with other team members immediately. "Karen, I feel that you are unhappy with me today. Is there something I have done that has offended you?"

Work out the issues before it becomes a problem. Don't discuss problems with other team members. This facilitates gossip, enhancing a stressful work environment.

It can be difficult to learn how to be an efficient "meeting facilitator." Many courses are available, providing skills and guidance to effective meeting management (Learn more about VetMedTeam's Team Meeting course here:

<http://www.vetmedteam.com/class.aspx?id=160&CourseScheduleId=2529>)

Weekly meetings increase communication and decrease stress dramatically. Discuss issues that arise every week. The first few weeks may be difficult, but soon the team will resolve issues together. A summary of the meeting should be provided to each employee as soon as possible (within 24 hours). If your hospital is large, perhaps departmental meetings would work better; however, a representative from your department should attend a manager meeting intended for all departments, in order to keep the communication open.

By having weekly team meetings run in this fashion, and encouraging employees to be open and forthcoming with each other, your practice is given the opportunity to grow a "garden culture." Positive change can be realized and accomplished with input from every coworker (the seeds). The discussions that follow enable relationship building among the group (a good watering), and the solutions that the team reaches together further solidifies relationships (a beautiful garden).



Veterinarians must delegate tasks to team members

Situation:

In order for veterinarians to be more efficient at seeing clients, tasks must be delegated to team members on a daily basis. Inefficient delegation can occur for many of the reasons presented above: understaffing, no training protocols, poor internal communication or lack of delegation skills.

Potential Solutions:

Understaffing has been discussed; when a veterinarian's productivity decreases due to inefficient staffing, new hires are needed. If the hospital's turnover rate is high, management must investigate why. Training protocols have also been addressed. Again, if the efficiency and productivity of a veterinarian is decreased, protocols must be implemented. Veterinarians diagnose, prescribe medications and perform surgeries. The remaining team members complete laboratory analysis, patient treatments and provide client education. Increasing the tasks veterinary technicians and assistants can complete increases job satisfaction, in turn decreasing the risk of CF.

Many veterinarians (and technicians) lack the delegation tools needed to successfully delegate tasks. Many times, the task being delegated is not clearly identified, and the technician may try and fulfill the request with limited knowledge. This often leads to frustration and incomplete task. Standard policies and procedures may aid in this clarity. If the team member does not understand the task being delegated, he/she should ask for clarification. The veterinarian should also have patience when providing details of the task, and ensure the team member understands the request. If either party has an issue with the completed task, it should be addressed immediately, instead of "letting it slide," preventing successful delegation in the future.



Team members with a history of personal trauma


Situation:

Our industry draws personnel that have had trauma occur at some point in their life. Several studies have been completed indicating that almost 75% (McVey, 2009) of our technicians have been abused, either verbally, physically or sexually.

Potential Solution:

This personal trauma enhances the effect of CF on each of those employees, as well as those surrounding the affected employee. It is highly suggested for affected team members to seek professional counseling to deal with past and present traumas. Personal traumas affect a person in more ways than they realize, and counseling can make a significant difference. If you work with an affected team member, do not take things personally. Many times these individuals do not realize that their behavior or attitudes can be out of line, offensive or have a negative effect on others.

Making programs like EAPs (Employee Assistance Programs) available and known to employees can be helpful. Many times, affected team members may be unable or embarrassed to ask for help. Being made aware of the availability of counseling resources may be just enough to encourage that individual reach out for help.

 *Team members dealing with personal stressors outside the workplace (divorce, sick children, caring for aging parents, etc.)*

Situation:

Stress outside the workplace always affects the workplace. A fight with a husband or wife in the morning can ruin the day. Parents arguing with their children to get out of bed and get ready for school can dampen the mood. Fluid pump alarms sounding; surgical monitor alarms alerting; ahh! The Bair Hugger just broke!

Potential Solutions:

Perhaps dealing with the sounding alarms is an everyday occurrence, but when coupled with a stressful morning routine, the alarms are 10 times worse. Sometimes these co-workers just need a little help and understanding. Jump in to help, fix the fluid pump by adjusting the patient, or offer to take a look at the Bair Hugger. Sometimes, just a little bit of help can make a big difference. It also makes you feel better. Most of the time, the favor is returned when your morning routine has been affected.

Team members do not need to spill their story for one to understand that they have underlying stress. Pay attention to the co-worker's nonverbal cues: slouched, frown on the face, low tone of voice or lack of conversation. Offer a smile, perhaps a touch on the shoulder and "I'll take care of that for you"....whatever the task may be.

 *Euthanasia*

Situation:

Euthanasias, especially when they happen in a row, can be heart breaking. They are also very difficult when we have lost one of our own animals.

Potential Solution:

If it is possible, ask a team member to trade out if you are being asked to handle more than your fair share, or if you have recently lost one of your own. If this is not possible, learn to place your emotions to the side (you can still have compassion). Understand that you are helping the patient feel better. After the euthanasias, discuss the cases with your doctor; talk about your feelings. Don't keep your feelings bottled up inside.

Euthanasias, for reasons that you may not agree with such as economic reasons or for what may be considered convenience, can also take an emotional toll on the individual. It may be hard to keep emotions and opinions to yourself in these situations, and not speak out of turn or anger.

It may be possible to offer clients an alternative to this situation. The hospital may have contacts with a rescue group, or know a person who would have interest in adopting the pet. Ultimately, it is the owner's decision, and team members must accept this. One cannot let these decisions affect them – emotions must be placed aside.



Clients angry and arguing over charges

Situation:

Clients can become angry and frustrated when they do not have money to pay for a service.

Potential Solutions:

Most of the time, this can be avoided by providing an estimate with the anticipated charges. If any procedure should change, the client must be called with an update.

Other situations do occur in a client's life that effect the way they communicate with the team of the veterinary hospital. Divorce, a death in the family, psychological or financial trouble, and/or issues with children can all play a role in how a client may communicate. Verbal and nonverbal cues are sent that can be taken personally by the team. Team members must remove themselves from the personal attack of clients. Understand that one more piece of bad news has been added to the client's plate.

Use active listening skills and allow the client to vent his/her frustration. Repeat what has been stated, ensuring that you understand the situation. Often times, once the client hears their story repeated back to them, they seem to calm down and will be easier to converse with. Always remember not to take their attack personally. They are just having a bad day.

It is a simple fact that the nature of veterinary work can be stressful, emotional, difficult and, at times, traumatizing. This is the reason that compassion fatigue has become a problem in the veterinary profession. The way we can address and solve this problem is by understanding why it happens and learning how we, as individuals and as teams, can manage the stress and keep compassion fatigue under control.

Impact of Compassion Fatigue on Self

Compassion fatigue can have a myriad of effects on the individual. The impacts of causative situations begin to show themselves in the form of job dissatisfaction. Interactions with coworkers can become difficult as communication breaks down further. The individual no longer enjoys the work or working with their team members. Gone are the days where he or she would be excited and positive about the start of his/her shift. Anxiety and depression can also begin to creep in, further effecting relationships both at work and on the home front. The individual can begin to feel demoralized, and begin experiencing sleep disturbances, traumatic memories of past cases and pets. Often times, someone suffering from compassion fatigue will be less resilient to physical ailments and can become irritable very easily. Outside of the workplace, CF can also take a toll on personal relationships, affect the family dynamic and further emphasize the individual's depression, anxiety, etc.

Impact of Compassion Fatigue on the Practice

Compassion fatigue, left unaddressed, will not only debilitate an individual, it can debilitate a veterinary practice, both financially and culturally. CF sufferers will begin calling in and coming to work late. That absenteeism and tardiness gives rise to overtime hours for other employees. The individuals working those overtime hours are now potentially getting pushed into their “red zone” and the cycle begins. This cycle will directly affect the finances of the practice.

The low moral brought to the workplace by CF has an infectious effect on all team members. There may be a lack of flexibility among employees. Team members become detached and unable to empathize with clients and/or co-workers, which affects client communication, compliance and work ethic. The decrease in team work results in medical errors, poor client communication, low productivity and client complaints. All result in a decreased ROI for the practice.

The breakdown of positive teamwork also can lead to anger and cynicism, both of which are catching. Employees can develop judgmental attitudes towards co-workers and clients, often times never hiding those attitudes and further alienating both. The entire culture of the practice can shift. The team develops a strong reluctance toward change, increasing friction and resistance among the ranks. Finally, lack of respect within the practice progresses and employee turnover begins. It costs approximately one year’s salary to recruit and train a new team member, and many practices cannot afford the financial and cultural costs of unaddressed compassion fatigue.

Module 2: Managing Compassion Fatigue

Finding ways to manage compassion fatigue can initially be difficult for an individual. Team members have been helping others—people and pets—for so long that we forget how to help ourselves. There are four steps in managing compassion fatigue: Recognize, Reduce, Restore, Repeat.

The Four R's of Managing CF

1. **Recognize** - To begin to address CF, the first step is to identify triggers and stressors. Take stock of these things both on a personal and on a professional level. Start with some time to reflect on the current state of work and life. Are you dreading the start of your shift? Does your heart race when word is passed along that another emergency case is on its way to the hospital? Do you fight the urge to yell, scream or roll your eyes at the pet owner who just launched into the fifteenth “I can’t pay for all of this stuff” speech you heard today? Are you switching shifts to avoid that pushy, control freak technician that is always on your case about your work? Be aware and learn to recognize signs within yourself that you are becoming fatigued. Utilize tools, like the Compassion Satisfaction and Compassion Fatigue Self Test (ProQOL 5). Learn what your baseline is, what initiates and increases your stress and starts the CF cycle. Increase your awareness of CF with education. Learning about current thoughts and trends in compassion fatigue can help you identify triggers in yourself and keep you on top of new and useful techniques to manage.
2. **Reduce** - Once the triggers have been recognized, one must find methods to reduce them in your daily life. Start by clarifying your needs and expressing them verbally. Be kind to yourself! If you have been asked to work yet another extra shift or stay late again, set the boundary. Put your foot down. You cannot continue to do good work if you have already worked a 13 hour shift and are running on fumes. On the same note, you cannot continue to help and save patients when your brain and body need to recharge.

Take positive action to change your environment. Start a suggestion box at work, and offer positive solutions to problems or issues that you find particularly frustrating or stressful. Offer to help develop policies and procedures for new team members to

help streamline training. Look for positive ways to repair a problem that triggers your fatigue.

Maintain a work/life balance. When you leave work, LEAVE WORK! Try not to take the work baggage home with you. Before you leave the hospital or shelter, review your day. What went well? What did not go as well? Delegate tasks that you can. Make a list of tasks that you cannot delegate, so you can pick back up on your next shift. Do not stop with just the mental review of the day. Go one step further and develop a trigger to mentally and physically disengage from your work. Take off your nametag, change out of your scrubs, etc. Head home and enjoy YOUR time.

3. Restore – Once you have recognized your CF and taken steps to reduce your triggers and the effects they have on you, you need to restore yourself to a state of balance and get back to a place where you are able to do good work. Practice good self-care. To do this you must start with the basics: proper diet, sleep, exercise. Take and make time for yourself. Participate in hobbies and things that you like to do away from work and unrelated to work. Spend more time with family, children, friends and pets. Remember to also spend time with yourself. Sometimes a simple bubble bath is the best type of alone time. Participate in activities that are physically and/or emotionally nourishing every day. Don't feel guilty about practicing good self-care. Find something you enjoyed in the past and reconnect. Recharging both physically and mentally are keys to being able to continue to do the demanding work that we do.
4. Repeat - Curing compassion fatigue is not truly an option. Most, if not all, people in caregiving professions have some form of compassion fatigue. It is the nature of our profession and learning to manage it is the key. As we become more self-aware, recognizing the stressors that send us from the green zone into the red becomes much easier. Practicing good self-care strategies is the key to combating compassion fatigue. Repeating the processes of recognize, reduce and restore will help you keep your compassion fatigue under control. Taking stock periodically will help refresh the tools that you use personally and expose you to new techniques that can help invigorate.

Finally, if you are feeling out of control or overwhelmed, depressed, hopeless – seek professional assistance. Get help from someone with compassion fatigue experience. There is no shame in seeking help.

Implement the four R's above, as the technician in this story did to help manage her CF.



Working for a house call doctor I must have been part of well over 500 euthanasias – some for pets we had seen since they were only a few weeks old and others for strangers belonging to families with a medical emergency. Nancy and I both believed that providing euthanasia at home was a very important service but I would be lying if I said none of them were stressful.

After my first year or so I started a file - just another hanging file folder in our metal file cabinet. I called it the "Feel Good" file and into it I put anything sent to us by an owner thanking us for our services. The vast majority of the contents were from euthanasias and a lot were from folks we had never met before. When things got hairy and I did not want to hear the phone ring with yet another emergency or crisis I sometimes would take 10 minutes to pull out the file and read the notes and cards. It made all the stress worthwhile by seeing how much our care mattered.

December 1999 we got a call to put down an elderly cat. When we arrived at the home, an old farmhouse in the hills of Garrison, we asked the owner a bit about the cat. He was a skinny orange old man - the kind of cat that makes that gruff, cranky meow. The funny thing was that he was eating while he was watching us with one eye. The owner explained that her vet said that if Abner was to live a bit longer he would need fluids on a regular basis. They showed her how to set up the line and give a treatment but she was confused and did not feel comfortable asking them to slow down or repeat the process. She took the stuff home and tried but simply did not know how to do it and with tears in her eyes she told us she did not know what else to do but have him put down so he would not suffer.

Nancy gently told her that she did not think Abner was quite ready to go and if she was willing, Nancy wanted to show her how to give the fluids, slowly and with time for all her questions. We would give the treatment and then the owner could try the next day - and if she felt it was still no good we would come back without charging the house call and travel fee.

We did not hear from the owner for a couple of days - then she showed up at Nancy's house in smiles to get more supplies. Over the course of the next year there were times the owner was out of town and we would stop by to give grumpy a treatment. Once both the owner and Nancy were out of town and I had to go alone. Did I say that old man orange tabbies with creaky, gruff voices are my favorite?

The owner also told us that Abner traveled many places with her - whenever she could take him along. He went back home with her for Christmas 1999 and 2000 but she knew that Christmas was his last. She had us come out in January 2001 to put him down.

There is something about spending a lot of time treating an animal in his home environment that I find very different than treating in an

office setting. Abner had become a favorite of mine and I always called him “Abner Dude.”

About a month or so after Abner died an envelope arrived in the mail. I was touched that the owner would share with us a copy of her memory creation for Abner. But what I did not see right away until Nancy pointed it out was the “aka Abner Dude.”

When I left NY Nancy had a farewell basket for me and it included some of the items from the Feel Good file - including Abner’s sheet. Funny that I knew just where to find it in my stuff here in Florida over 10 years later.

I really recommend a Feel Good file for every practice - one that every employee can look through whenever a bit of compassion fatigue hits.



Techniques for Managing CF

Low-Impact Debriefing

It is understood that the need to share our experiences, to get them off our chest is something that most veterinary professionals can relate to. The question is how do we debrief in a manner that is safe for everyone? This is where low-impact debriefing steps in. Low-impact debriefing is “a strategy to mitigate the contamination of helpers,” or informally debriefing one another during the normal course of the day.⁶ The LID strategy is comprised of 4 key steps: self-awareness, fair warning, consent and limited disclosure.

1. Self-awareness - Take stock of what you experience and how you share it with your co-workers, friends, family, etc. How do you feel when you have shared these types of stories? How do you feel when a co-worker shares with you? What do you get out of the conversation?
2. Fair warning – Before you share, you must get permission from the person you are sharing with. Prep the listener for the topic, the contents. Give them a chance to be ready and prepared to hear what you want to share.
3. Consent – Your chosen listener may not be able to listen at that time. Perhaps it is a tech that is running to her next appointment or a receptionist who is responsible for answering the three ringing phone lines. There is also the chance that the person you have chosen to share with is not emotionally ready to listen at time. He or she could have just assisted in the euthanasia of a favorite pet or had a particularly difficult

⁶ Pearlman, L.A., & Saakvitne, K.W. (1995) Trauma and the therapist: *Counter transference and vicarious traumatization in psychotherapy with incest survivors*. New York: W.W. Norton

conversation with an owner that did not quite understand what is going on with their pet. Whatever the reason, always ask for consent.

4. Limited Disclosure – You probably do not need to share or hear all the gory details of the patient with the maggot infestation. It is best to keep the graphic details to a minimum to prevent the vicarious trauma from spreading.⁷

Find a buddy that you trust, either at home or at work. Many times, the need to debrief is immediate and cannot wait for a formal team meeting or another more formal process. You and your LID buddy should have the understanding that anything said is completely confidential in nature. The conversation is a safe place for both of you. Always follow the 4 key steps and LID can become a great tool and relief for those that use it.

Managing Compassion Fatigue from a Practice Perspective

There are many things that managers and practice owners can do to help prevent compassion fatigue from becoming an overwhelming problem within their hospitals. First, learn what compassion fatigue is and why it occurs. Understand that it is a natural response to the stresses that this type of work subjects workers to. Realize that it is not only the veterinarian and technician that are affected. The support team, other managers and employees not directly responsible for patient care are affected too. They are exposed to client's stories, problems and needs and are expected to address those issues directly with the client. Every employee of the hospital is subject to compassion fatigue on some level.

Once an understanding of the topic is obtained, recognizing and validating that compassion fatigue can affect your team is crucial. Let them know that they are not alone and provide support for those that need it. Help create a culture of compassion for your employees. Review your hospital/organizations policies on salaries, training, safety, and benefits.

Some questions to ask are:

- Is your facility offering adequate pay, time off, etc.?
- What about benefits, like health insurance and 401k?
- Do you offer discounts on services for employee pets?
- Are there adequate training protocols for all positions?
- Does your facility provide an EAP (employee assistance program) that can provide resources for mental health support as well as other topics?
- Do you encourage continuing education and offer assistance for team members to obtain that continuing education?
- Is your hospital flexible and supportive in matters involving child care, care of a family member or other personal emergencies?

⁷ Adapted from Mathieu, F. (2012) *The Compassion Fatigue Workbook: Creative tools for transforming compassion and vicarious traumatization*. New York: Routledge pg.42-44

Having solid answers to these questions can help your employees feel more supported, valued, and connected. Invest in your team and they will give back to your hospital.

What Can You Do as a Manager?

The ultimate goal of all veterinary professionals is to provide exceptional care for our patients, the animals. That goal can be sidetracked when compassion fatigue goes unnoticed or unaddressed in our hospitals and shelters. As a manager, it is essential to support our team and provide tools for them to help navigate the waters of compassion fatigue.

To identify the needs of each member of your team, you must get to know them. Learn about their history, goals and ambitions. Start from the beginning, at the interview process. Try to understand what prompted the individual to become a veterinary professional. Why are they passionate about veterinary medicine? Ask simple questions that may help give insight down the road. Make sure that new employee is equipped with the skills to be successful in their new position.

If your practice does not have an employee handbook, create one. Be sure to include the mission and core values of the hospital. Provide the new employee the ability to see the whole picture of the hospital, the goals the practice wishes to attain, and a roadmap to get there.

If there isn't a policy and procedures guide for technicians or receptionists, have one developed. Make the development of those protocols a positive experience by involving the entire team. Empower them to set their own high standards. By involving the entire team, you are giving each employee the chance to positively affect their work environment. It will lead to a stronger sense of team and a sense of pride among those team members.

Make team meetings a regular occurrence, but be sure to control the tone of the meetings. Do not allow them to be all negative, gripe sessions. Complaints will be made, inevitably, but you can guide the resolution to that "gripe" and help construct a positive solution. Regular employee meetings will help create a culture of support within the hospital and give a forum for team members to address issues safely and constructively, all leading to a well-adjusted, confident team.

Recharge your team by offering non-work related activities.

Help your team members recharge and decompress by providing non-work related team building events. It could be something as simple as a cookout or a night out. Consider city league sports; teams involved in these sports are involved for fun and activity. Perhaps have scheduled outings to fun events. By giving your team an outlet to get to know each other outside of work, to "get away" from the stressful or sad parts of their jobs, and to form bonds between each other, these events may help manage not only compassion fatigue, but other team-related issues.

Encourage the use of low-impact debriefing; however, feel free to be creative. In some situations, formal low-impact debriefing may not be suitable. Sometimes low-impact debriefing can be as simple as a technician needing a few moments to recover from an

upsetting case, taking a step outside to call their “person,” to tell their story and get it off their chest. In any case, encourage and educate your team members to use this technique.

Help your employees find outlets to release and recharge. Share self-care tips and techniques at regular team meetings. Perhaps offer an idea box for those that want to share, but are less open to talking. Sometimes what works for one person may not work for another. Giving employees the opportunity to share their own self-care routines may help spark creativity and the development of other great self-care routines.



I remember a meeting that I attended years ago at a practice that I used to work at. It was about half way through the meeting and our practice manager asked us what we were up to lately for fun. I remember thinking that I didn't have time for fun. I worked 12hr. shifts, 4 days a week (and never seemed to get off on time). I had 2 foster pets at home that needed constant care, on top of my own pets (2 dogs, 4 cats - 2 of which were also special needs.) I lived and breathed animal care.

Some of my coworkers rattled off the usual - reading, hiking, and so on. Then one started laughing and mentioned that his wife had trashed their kitchen while trying to make homemade ravioli. I hadn't thought about the afternoons when I was young, making pasta with my grandmother, Ma, in years. She taught me how to make the dough, how to shape it into fun, funky types and shapes. She even had this awesome mini ravioli roller. I used to love making different creations with her. It was a delicious art form that I remember being fun and relaxing for me.

At the end of the meeting, I stopped Mario before he ran off to start treatments. I told him about my Ma and how I used to love making ravioli when I was younger, and offered to help his wife, Melanie, learn how to make them. He loved the idea and that was the beginning of one of my best self-care practices. Melanie and I got together every week, cooked a great meal, laughed and enjoyed learning from each other. It was a great way for me to take care of myself.



Take a look at the benefits that are offered for your employees. Does your package offer an Employee Assistance Program? EAP's can be great tools for many individuals. They provide an assortment of services to help team members with issues outside of the workplace; issues that have a direct impact on the employee's attitude, well-being, health

and ultimately their job performance. Many EAP's offer counseling services (often times free of charge or for a set amount of sessions) covering an array of issues, from depression, substance abuse, anger management, dealing with divorce, suicidal thoughts, etc. This type of benefit may help an individual feel more comfortable seeking help, especially due to the level of confidentiality. EAP's can also be great resources for family assistance. Some provide "concierge-type" services that will help the individual find Adult Day Groups for their aging parent that cannot be alone anymore or even help locate a service that will provide additional support for their child with special needs. By providing a valuable resource to your employees that helps them manage their home life stressors, you are ensuring that your employees are equipped to lead a whole, healthy life and be valuable, successful contributors to your workplace.

Paid vacation and sick leave encourages time off. Many times, team members cannot afford to take time off. Paid vacation (whether they leave town or not) offers time away from the hospital to recharge. Sick leave encourages team members to stay home when they are under the weather. Many times, ailments are heightened by fatigue and team members will not take time off due to loss of pay. Encourage appropriate recovery time and decrease the risk of spreading viral agents to other hospital personnel.

Tips for managers:

- Lead by example: openly follow the guidelines of work/life balance, take your vacation time, and don't overwork yourself. Encourage your team to find that work/life balance for themselves. Encourage your employees to use their vacation time as well.
- Complement the quality of their work – everyday. Find something that each person does well and let them know how good they are.
- Find unique and new ways to encourage and praise team members. There are great websites out there that can help give inspiration and ideas for daily recognition. Baudville.com provides simple items and ideas for individual and team recognition.
- Express concern for the team members' general well-being, not just the quality of their work. Ask how their weekends were, what movies they watched or how a family member is doing.
- Stay positive and level headed, give praise and acknowledge good effort whenever displayed (not just at review time).
- Encourage open communication – i.e. provide answers and reasons why new protocols are being implemented or new rules being made. Ask for their input. Giving your team the ability to help build policies and procedures will give them general understanding, help lessen the resistance to that change and encourage a stronger sense of team.
- Help your team obtain education on the topic of compassion fatigue. Encourage the reading of articles and books, as well as attending seminars. Provide an educational talk at the hospital for all team members. Make it a team-building experience.
- Do not make negative comments about "suffering from CF." Those comments can further alienate a team member who may need help, may be struggling with other

stress-related issues and create a stigma that can be detrimental to the individual and damage the entire team in other ways.

- Give the team a forum to voice their opinions, complaints and issues, in a safe and positive way. Be sure those complaints are addressed and do not fall by the wayside. Finding solutions will help your team members to know that they are valued.
- Help your team keep perspective. If they have just lost a critical trauma case, remind them of the bigger picture. Help them get through the loss and refocus on the good they were able to perform.
- Make it fun to develop new self-care strategies. Throw out new ideas at team meetings or have an idea box.
- Maintain a positive work environment. Just being aware of CF can make a huge difference for the entire team.
- Help your employees practice low-impact debriefing. Encourage each individual to find their “LID Buddy.” Encourage informal debriefing in a safe manner and/or provide a forum for employees to share and debrief as needed
- Organize and encourage attendance to offsite teambuilding events. Be sure topics are non-work related, and focused on recharging the mind and body.

Create a culture of compassion in your hospital by giving support and providing resources. Understand and validate compassion fatigue and manage the effects on the team to help produce a happy, productive team that provides good medicine, great care and is an excellent resource for the community it serves.

Course Summary

Compassion fatigue can affect any team member within a practice, as well as family members and friends that surround team members. It is imperative to be able to identify signs leading up to compassion fatigue, and utilize strategies to prevent it from happening within the practice. Encourage team members to practice the four R's: recognize, reduce, restore and repeat.

As a manager, compassion fatigue may not just come from the euthanizing of patients, but rather the continued disciplining of team members. It is also important to protect yourself from this type of compassion fatigue by implementing a "balanced life structure." Exercise, eating right, and having effective sleep habits are just a few ideas to prevent this potentially career-ending condition. Share your stories with other managers, and utilize time off effectively; leave work at work (don't continuously check email). Attend continuing education to reignite the passion you have for this wonderful profession! Once you have identified these key characteristics and have developed the tools that work for you, you will then be able to implement a successful program within your hospital, as well as avoid compassion fatigue yourself.

Resources and Recommended Reading

Compassion Fatigue in the Animal Care Community, Charles R. Figley, Ph.D. and Robert G. Roop, Ph.D (2006)

Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others, Laura Van Dernoot Lipsky (2009)

Take Time for Your Life, Cheryl Richardson (1999)

Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL), B. Hudnall Stamm, 2009-2011. www.proqol.org.

Websites

Compassion Fatigue awareness project: <http://compassionfatigue.org>

Compassion Fatigue resources, training and consulting: <http://www.tendacademy.ca>