



Become a **VCU** Gerontologist

BE OLD

BE BOLD

BE BLACK AND GOLD

# GRTY 692

# Compassion Fatigue

*A Five-week Course*

**Instructor: E. Ayn Welleford, MS (Gerontology), PhD, AGHEF**



# MIND DUMP

*PARKING  
LOT*

*BE  
HERE  
NOW*

Before we get started please take out a piece of paper. Draw a line down the center.

On the left side write Parking Lot. On the right side write Be Here Now.

On the ***Parking Lot*** side write down all the things swirling in your mind that you need to remember to do but not right now (shopping list, friends to reach out to). On the ***Be Here Now*** side write down the things that are on your mind about tonight's class (topics of interest, questions you have, ideas to share).

**Take this moment to come into this learning space.**

# Course Description

The purpose of this seminar course is to **explore Compassion Fatigue** including *definitions, multidimensional risk factors and interventions* currently discussed in the literature.

We will take a strengths-based approach to developing practices to build **Compassion Satisfaction** in response to personal, professional and organizational risk factors.

The **4D Appreciative Inquiry process** to Discover, Dream, Design, and Deliver will serve as a lens for this course.

# COURSE INSTRUCTOR



## **E. Ayn Welleford, MS (Gerontology), PhD, AGHEF**

Associate Professor

Gerontologist for Community Voice

Co-Lead, Longevity Project for a Greater Richmond (*formerly Greater Richmond Age Wave Coalition*)

Department of Gerontology

College of Health Professions

Virginia Commonwealth University

# Course Objectives



## **Week 1**

Compassion Fatigue:  
What is it? What does  
it look like? Why does  
it matter?



## **Week 2**

Compassion Fatigue:  
Risk Factors:  
Personal,  
Professional,  
Organizational



## **Week 3**

Building Compassion  
Satisfaction: Honoring  
Self through  
Awareness and  
Connection



## **Week 4**

Building Compassion  
Satisfaction: Honoring  
the Work through  
Meaning & Purpose



## **Week 5**

Building Compassion  
Satisfaction: Honoring  
Others through  
Appreciative and  
Compassionate  
Communities

# WEEK 1

## AGENDA

Parking Lot/Mind Dump

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Welcome & Stage Setting

*Gerontological approach and values*

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Compassion Fatigue:

*What is it? What does it look like? Why does it matter?*

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Practice Pause

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Discussion

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Wrap up

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# Gerontology Diversity & Inclusion Statement

As faculty, staff, and students in VCU's Department of Gerontology in the College of Health Professions:

- We seek to support **personhood** by honoring the safety, dignity and well-being of all of our constituents.
- We believe that diverse backgrounds and philosophies are **crucial** to academic excellence.
- We seek to **empower** an academic community whose members have diverse visions, cultures, backgrounds and life experiences.
- We honor **freedom of expression** and **civility of discourse** as fundamental educational cornerstones.
- We endeavor to foster a just and inclusive campus culture that promotes both **cultural competence** and **cultural humility**.
- We aim to **engage** members of our community as active citizens in a multicultural world.
- We recognize the need to **identify and evaluate** the ways in which social, cultural and economic inequities affect power and privilege in the larger society.
- We consider **equity** and **autonomy** central to our mission to ***promote optimal aging for individuals and communities.***



# Baltes's Life-Span Perspective

## Lifelong

Development occurs throughout the entire life, no one stage is more important than any other

## Multidirectionality

Development involves growth, maintenance, and decline (or loss regulation)

## Plasticity

One's capacity is not predetermined and always open to development

## Historical context

Each of us develops within a historical time and culture in which we are born and grow older.

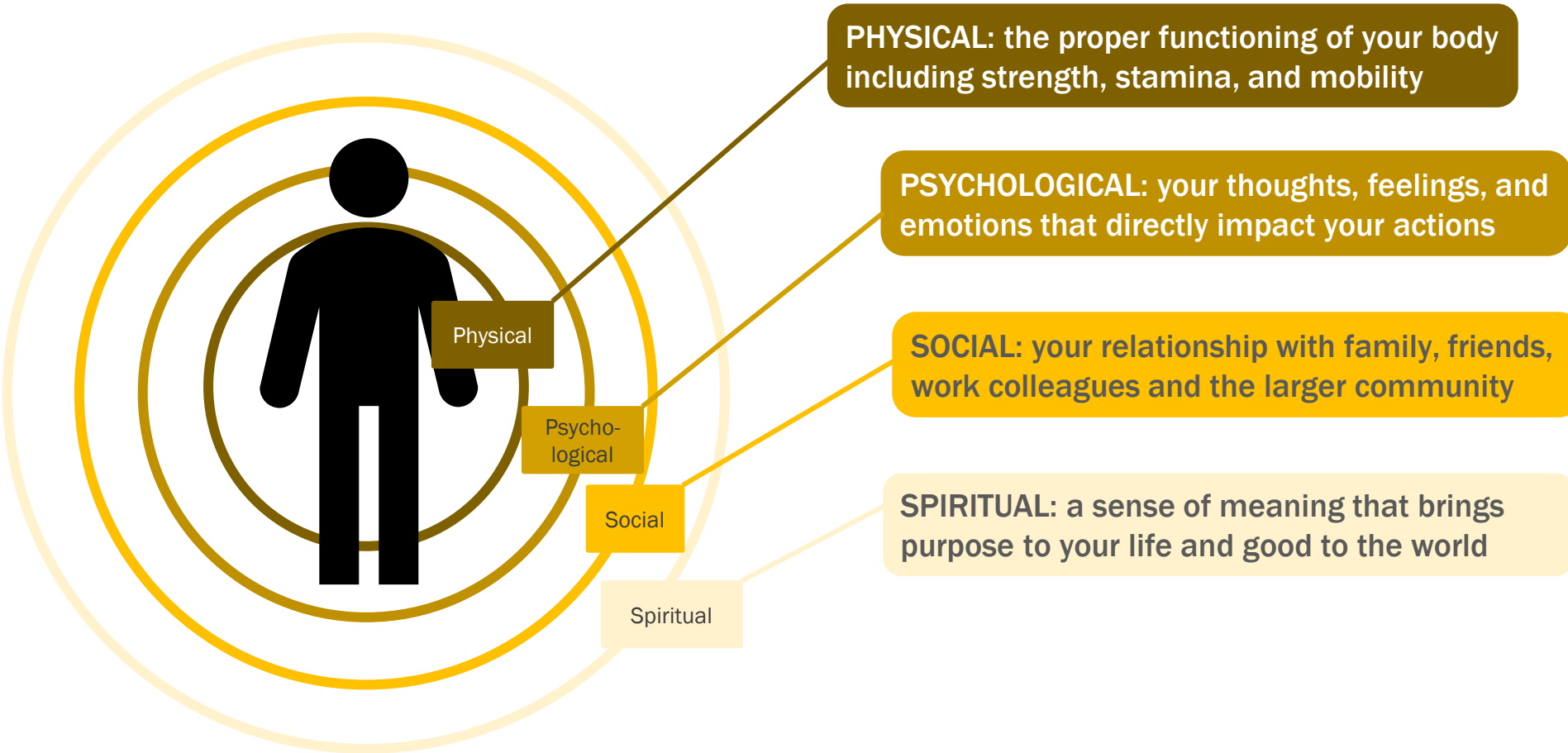
## Multidimensional / Multiple causation

How we develop results from a variety of forces (BPSS)

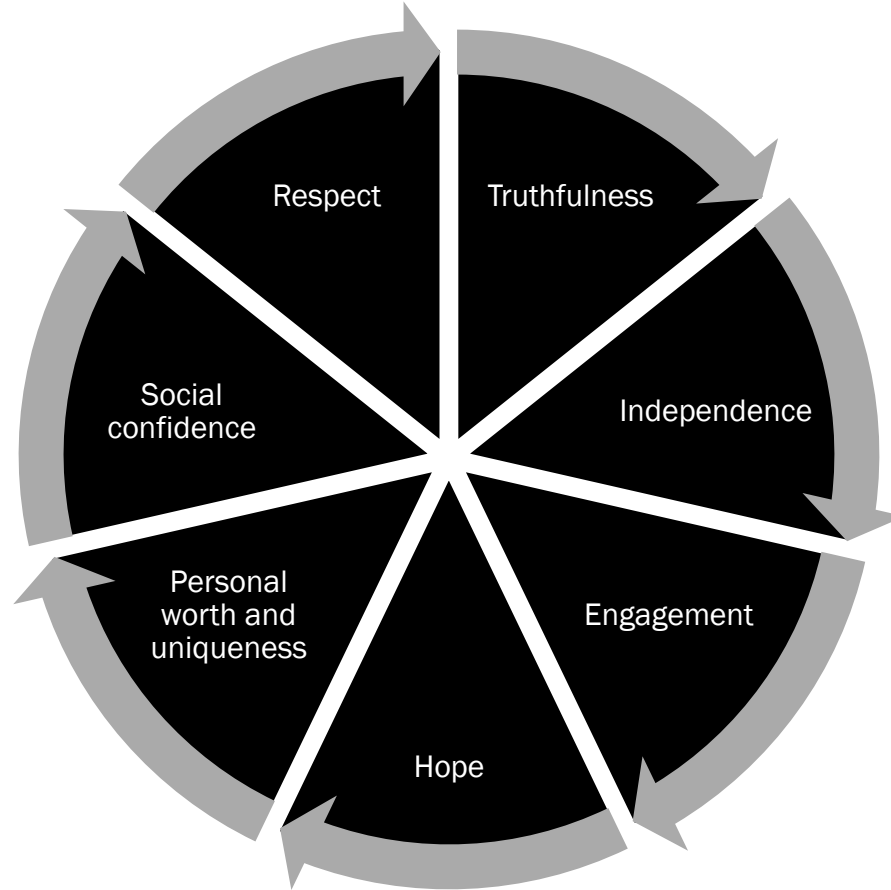
*Paul B. Baltes (June 18, 1939 – November 7, 2006) was a German psychologist whose broad scientific agenda was devoted to establishing and promoting the life-span orientation of human development. He was also a theorist in the field of the psychology of aging. He has been described by American Psychologist as one of the most influential developmental psychologists.*



# Bio-Psycho-Social-Spiritual Approach (BPSS)



# Person-Centered Care Principles



# Compassion Fatigue:

**What is it?**

**What does it look like?**

**Why does it matter?**

# Compassion Fatigue:

## What is it? What does it look like? Why does it matter?

**Compassion Fatigue (CF)** is the phenomenon of stress resulting from exposure to a traumatized individual rather than from exposure to trauma itself (Figley, 1995).

A state of exhaustion and dysfunction biologically, psychologically, and socially as a result of prolonged exposure to compassion stress and all it invokes (Figley, 1995)

The state of exhaustion that is dependent on a caring relationship (Day & Anderson, 2011) with a loss of coping ability (Nolte, 2017) characterized by a gradual lessening of compassion over time.

CF results from “the change in empathetic ability of the carer in reaction to the prolonged and overwhelming stress of” providing care (Lynch & Lobo, 2012).

Characterized by exhaustion, anger, irritability, negative coping behaviors including alcohol and drug use, reduced ability to feel sympathy and empathy, a diminished sense of enjoyment or satisfaction with work, increased absenteeism, and an impaired ability to make decisions and care for patients and or clients (Mathieu, 2007)

# **Compassion Fatigue:**

## **What is it? What does it look like? Why does it matter?**

**Burnout (BO) and Secondary Traumatic Stress (STS) are related to CF, both are precursors, but they are two distinct outcomes of exposure arising from separate failed survival strategies.**

### **Burnout (BO)**

BO arises from an assertiveness-goal achievement response and occurs when an individual cannot achieve their goals and results in frustration, a sense of loss of control, increased willful efforts, and diminishing morale” (Stamm, 2010, Valent, 2002). BO is often thought of as a “resource shortage”.

### **Secondary Traumatic Stress (STS)**

STS arises from a rescue-caretaking response and occurs when an individual cannot rescue or save someone from harm and results in guilt and distress (Valent, 2002). STS often appears as rumination or preoccupation with one patient, client, or incident.

# Compassion Fatigue:

## What is it? What does it look like? Why does it matter?

BO and STS lead to CF if the symptoms are not mediated by a third, equally important part of the picture:

### Compassion Satisfaction (CS)

#### COMPASSION SATISFACTION (CS)

CS is the joy, purpose, and meaning derived from one's work (Flarity, 2016)

#### CS and CF

CS and CF can be seen as the positive and negative consequences of working with individuals who have experienced or are currently experiencing trauma or suffering (Stamm, 2010)

#### RESILIENCE

Because of the important mediating role of CS in reducing or preventing CF, building resilience, self efficacy and meaning making are essential to the transformation from negative to positive aspects (Stamm, 2010, Jones-Fairnie 2008, Caringi, Pearlman, 2009, Cocker, 2016). **Resiliency** is an individual's strengths and resources, both internal and external protective factors that help a person to recover from, or succeed despite adverse circumstances (Gentry et al., 2010)

# Compassion Fatigue:

## What is it? What does it look like? Why does it matter?

CF presents across a **spectrum** that can have detrimental personal, professional, and organizational effects:

decrease in productivity

inability to focus

development of new feelings of incompetence and self-doubt

overwhelmed

negative attitudes

lowered levels of commitment

hopelessness and depression

physical complaints such as headaches, gastrointestinal disorders, muscle tension, susceptibility to colds and the flu, and sleep disturbances

lack of a sense of safety is experienced as an undercurrent

excessive blaming

bottled up emotions

addiction

neglecting yourself

financial problems

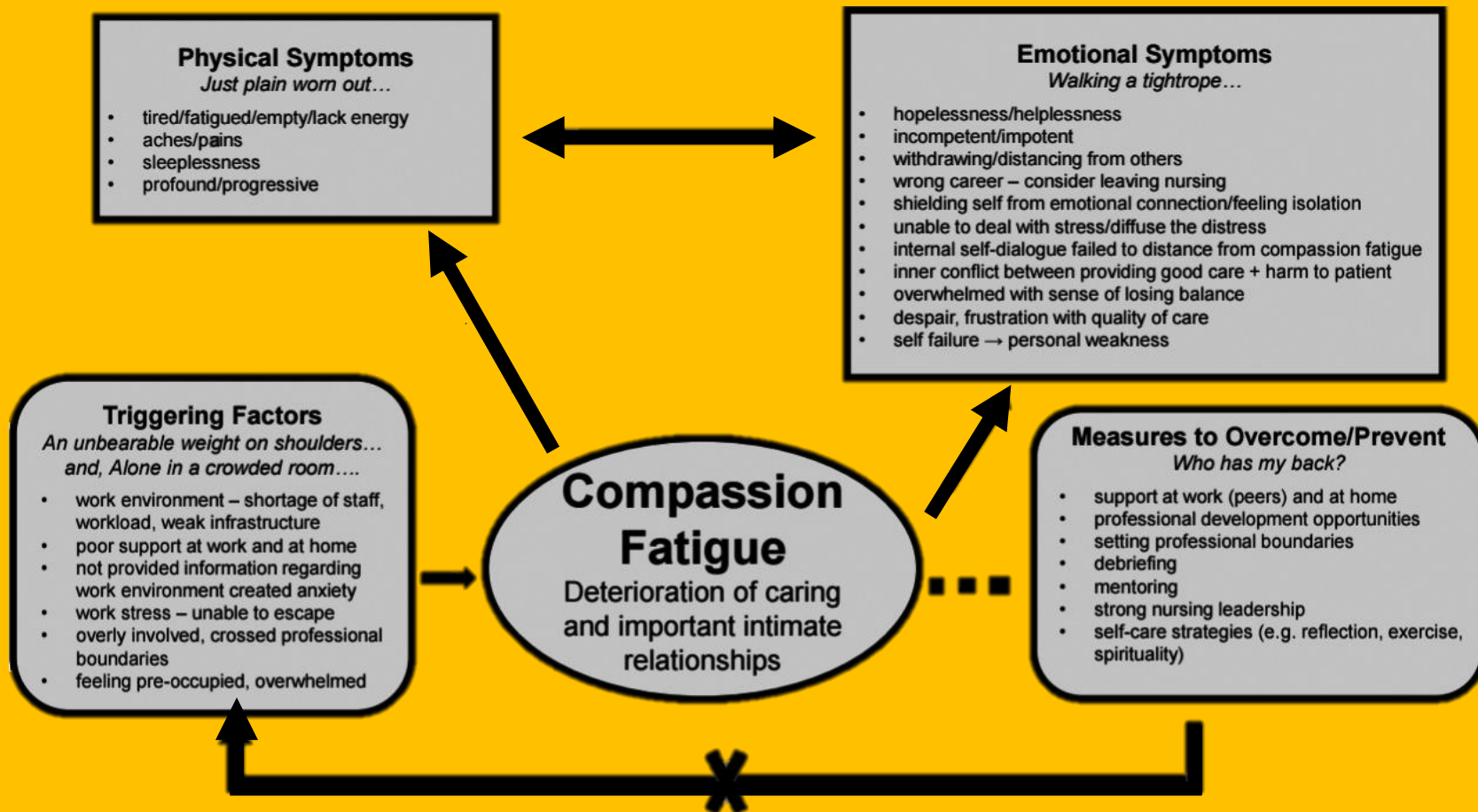
chronic physical ailments

apathy

preoccupation

violent thoughts

# Compassion fatigue in nurses: A metasynthesis





# Compassion Fatigue:

What is it? What does it look like? Why does it matter?

## Physical Symptoms

“Just plain worn out”

tired/fatigue/lack of energy

aches/pains

sleeplessness

profound/progressive

(Nolte, et al. 2017)

# Compassion Fatigue:

What is it? What does it look like? Why does it matter?

## Emotional Symptoms

“Walking a tightrope...”

hopelessness/helplessness

incompetent/impotent

withdrawing/distancing from others

feeling of “wrong career” - consider leaving nursing

shielding self from emotional connection/  
feelings of isolation

unable to deal with stress or diffuse the stress

Internal self-dialogue failed to distance from  
compassion fatigue

inner conflict between providing good care +  
harm to patient

overwhelmed with sense of losing balance

despair, frustration with quality of care

feeling a sense of self as failure → personal  
weakness

(Nolte et al, 2017)

# Compassion Fatigue:

What is it? What does it look like? Why does it matter?

## Triggering Factors

An unbearable weight on my  
shoulders...”

“Alone in a crowded room...”

Work environment - shortage of staff, workload,  
weak infrastructure (*Organizational*)\*

Poor support at work and at home (*Personal &  
Organizational*)

Not provided information regarding work  
environment created anxiety (*Organizational*)

Work stress - unable to escape (*Professional,  
Organizational*)

Overly involved, crossed professional boundaries  
(*Personal, Professional*)

Feeling pre-occupied, overwhelmed (*Personal,  
Professional, Organizational*)

(Nolte et al, 2017)

*\* I have identified these triggering factors as Personal, Professional, Organizational so we can address them separately later on. They were not identified this way by the authors.*

# Compassion Fatigue:

## What is it? What does it look like? Why does it matter?

### PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

#### COMPASSION SATISFACTION AND COMPASSION FATIGUE

(PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never      2=Rarely      3=Sometimes      4=Often      5=Very Often

- \_\_\_\_ 1. I am happy.
- \_\_\_\_ 2. I am preoccupied with more than one person I [help].
- \_\_\_\_ 3. I get satisfaction from being able to [help] people.
- \_\_\_\_ 4. I feel connected to others.
- \_\_\_\_ 5. I jump or am startled by unexpected sounds.
- \_\_\_\_ 6. I feel invigorated after working with those I [help].
- \_\_\_\_ 7. I find it difficult to separate my personal life from my life as a [helper].
- \_\_\_\_ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- \_\_\_\_ 9. I think that I might have been affected by the traumatic stress of those I [help].
- \_\_\_\_ 10. I feel trapped by my job as a [helper].
- \_\_\_\_ 11. Because of my [helping], I have felt "on edge" about various things.
- \_\_\_\_ 12. I like my work as a [helper].
- \_\_\_\_ 13. I feel depressed because of the traumatic experiences of the people I [help].
- \_\_\_\_ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- \_\_\_\_ 15. I have beliefs that sustain me.
- \_\_\_\_ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- \_\_\_\_ 17. I am the person I always wanted to be.
- \_\_\_\_ 18. My work makes me feel satisfied.
- \_\_\_\_ 19. I feel worn out because of my work as a [helper].
- \_\_\_\_ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- \_\_\_\_ 21. I feel overwhelmed because my case [work] load seems endless.
- \_\_\_\_ 22. I believe I can make a difference through my work.
- \_\_\_\_ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- \_\_\_\_ 24. I am proud of what I can do to [help].
- \_\_\_\_ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- \_\_\_\_ 26. I feel "bogged down" by the system.
- \_\_\_\_ 27. I have thoughts that I am a "success" as a [helper].
- \_\_\_\_ 28. I can't recall important parts of my work with trauma victims.
- \_\_\_\_ 29. I am a very caring person.
- \_\_\_\_ 30. I am happy that I chose to do this work.

## Practice Pause

[https://proqol.org/uploads/ProQOL\\_5\\_English\\_Self-Score.pdf](https://proqol.org/uploads/ProQOL_5_English_Self-Score.pdf)

# **Compassion Fatigue:**

**What is it? What does it look like? Why does it matter?**

# **BREAK**

# Compassion Fatigue:

## What is it? What does it look like? Why does it matter?

### PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

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## Review & Discuss PROQOL

[https://proqol.org/uploads/ProQOL\\_5\\_English\\_Self-Score.pdf](https://proqol.org/uploads/ProQOL_5_English_Self-Score.pdf)

# Compassion Fatigue:

WHY DOES IT MATTER?

# Compassion Fatigue:

## WHY DOES IT MATTER?

<p>The impact of CF is also multidimensional, in addition to the physical and emotional symptoms we've reviewed experienced at the personal / relational level, CF has professional and organizational results as well, ultimately they may also impact patient care.</p>	<p>"The upstream determinants of common mental health disorders such as depression and anxiety, the health and economic cost of which can be considerable within the employed population." By reducing the incidence of CF, future cases of depression and anxiety could be prevented, thus reducing the related health and economic consequences of these conditions (Cocker, 2016)</p>	<p>CF may also impact patient safety, result in accidents and poor quality care. It may also result in strains on the organizational increased costs due to turn over, absenteeism, injury, poor quality care (Nolte et al, 2017)</p>
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## Compassion Fatigue: Why does it matter?

### **The aim of CF research:**

Development of Clinical Practice

Reduce/Avoid Burnout &  
Secondary Traumatic Stress

Enhance Quality Care

Retain Workforce

## Compassion Fatigue: Why does it matter?

# What is the potential impact of CF research?

### **Personal/Professional:**

Recognize and actively prevent and treat physical and emotional symptoms of CF

Improve Resiliency, Self Efficacy and Compassion Satisfaction with evidence-based tools

Prevent the Mental Health Cascade and Diseases of Despair

### **Organizational / Societal:**

Build Culture & Climate of Compassion

Raise Awareness of “cultures of silence” that promote Compassion Fatigue

Reverse the shame/blame/anger trifecta around “self care”

# **Compassion Fatigue:** **WHY DOES IT MATTER?**

Review and Discussion

# Compassion Fatigue:

What is it? What does it look like? Why does it matter?

## Wrap-up/Take-away Points

# Compassion Fatigue:

## What is it? What does it look like? Why does it matter?



### **Week 1**

Compassion Fatigue:  
What is it? What does  
it look like? Why does  
it matter?



### **Week 2**

Compassion Fatigue:  
Risk Factors:  
Personal,  
Professional,  
Organizational



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Building Compassion  
Satisfaction: Honoring  
Self through  
Awareness and  
Connection



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the Work through  
Meaning & Purpose



### **Week 5**

Building Compassion  
Satisfaction: Honoring  
Others through  
Appreciative and  
Compassionate  
Communities

**Questions: Email me at [ewellefo@vcu.edu](mailto:ewellefo@vcu.edu)**



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