

**GRTY 692**  
**Compassion Fatigue**  
*A Five-week Course*

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

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**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.**

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<b>Course Description</b>	<p>The purpose of this seminar course is to <b>explore Compassion Fatigue</b> including <i>definitions, multidimensional risk factors and interventions</i> currently discussed in the literature.</p>
	<p>We will take a strengths-based approach to developing practices to build <b>Compassion Satisfaction</b> in response to personal, professional and organizational risk factors.</p>
	<p>The <b>4D Appreciative Inquiry process</b> to Discover, Dream, Design, and Deliver will serve as a lens for this course.</p>

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**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

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**Course Objectives**

<b>1</b> <b>Week 1</b> Compassion Fatigue: What is it? What does it look like? Why does it matter?	<b>2</b> <b>Week 2</b> Compassion Fatigue: Risk Factors: Personal, Professional, Organizational	<b>3</b> <b>Week 3</b> Building Compassion Satisfaction: Honoring Self through Awareness and Connection	<b>4</b> <b>Week 4</b> Building Compassion Satisfaction: Honoring the Work through Meaning & Purpose	<b>5</b> <b>Week 5</b> Building Compassion Satisfaction: Honoring Others through Appreciative and Compassionate Communities
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**WEEK 1 AGENDA**

- Parking Lot/Mind Dump
- Welcome & Stage Setting  
*Gerontological approach and values*
- Compassion Fatigue:  
*What is it? What does it look like? Why does it matter?*
- Practice Pause
- Discussion
- 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 **chivalry 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**.



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### Baltes's Life-Span Perspective

<b>Lifelong</b>	Development occurs throughout the entire life, no one stage is more important than any other
<b>Multidirectionality</b>	Development involves growth, maintenance, and decline (or loss regulation)
<b>Plasticity</b>	One's capacity is not predetermined and always open to development
<b>Historical context</b>	Each of us develops within a historical time and culture in which we are born and grow older.
<b>Multidimensional / Multiple causation</b>	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.

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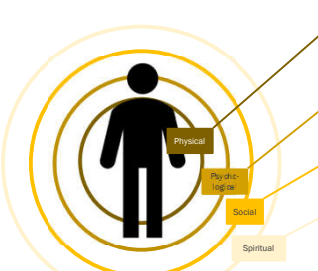
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### Bio-Psycho-Social-Spiritual Approach (BPSS)



- PHYSICAL:** the proper functioning of your body including strength, stamina, and mobility
- PSYCHOLOGICAL:** your thoughts, feelings, and emotions that directly impact your actions
- SOCIAL:** your relationship with family, friends, work colleagues and the larger community
- SPIRITUAL:** a sense of meaning that brings purpose to your life and good to the world

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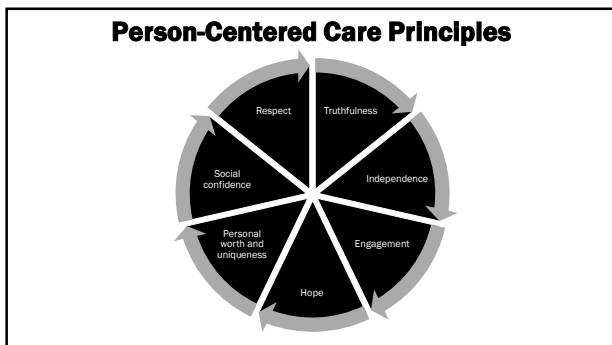
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## Compassion Fatigue:

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

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

<p><b>Compassion Fatigue (CF)</b> is the phenomenon of stress resulting from exposure to a traumatized individual rather than from exposure to trauma itself (Figley, 1995).</p>	<p>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)</p>	<p>The state of exhaustion that is dependent on a caring relationship (Day &amp; Anderson, 2011) with a loss of coping ability (Nolte, 2017) characterized by a gradual lessening of compassion over time.</p>
<p>CF results from "the change in empathetic ability of the carer in reaction to the prolonged and overwhelming stress of" providing care (Lynch &amp; Lobo, 2012).</p>	<p>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).</p>	

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**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)	Secondary Traumatic Stress (STS)
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".	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.

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**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 and CF	RESILIENCE
CS is the joy, purpose, and meaning derived from one's work (Flinn, 2016)	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)	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-Fairlie 2008, Caring, Pearman, 2009, Cocker, 2016). <b>Resiliency</b> 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)

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**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
death
preoccupation
violent thoughts

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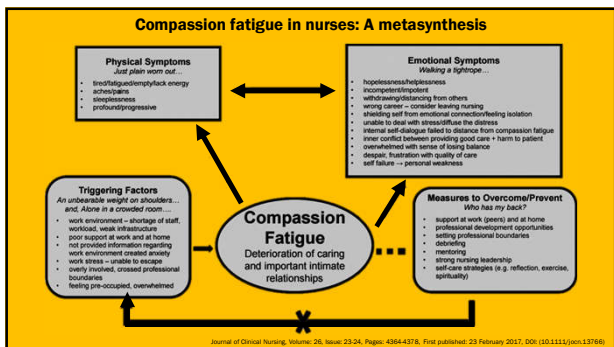
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<p><b>Compassion Fatigue:</b> What is it? What does it look like? Why does it matter?</p> <p><b>Physical Symptoms</b> "Just plain worn out"</p>	<p>tired/fatigue/lack of energy aches/pains sleeplessness profound/progressive</p> <p>(Nolte, et al. 2017)</p>
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<p><b>Compassion Fatigue:</b> What is it? What does it look like? Why does it matter?</p> <p><b>Emotional Symptoms</b> "Walking a tightrope..."</p>	<p>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 -&gt; personal weakness</p> <p>(Nolte et al, 2017)</p>
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**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*)  
(Noite 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.

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

**Practice Pause**

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




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

**BREAK**

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



**Review &  
Discuss PROQOL**

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

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

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**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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<p><b>Compassion Fatigue: Why does it matter?</b></p>	
<p><b>The aim of CF research:</b></p>	<ul style="list-style-type: none"><li>Development of Clinical Practice</li><li>Reduce/Avoid Burnout &amp; Secondary Traumatic Stress</li><li>Enhance Quality Care</li><li>Retain Workforce</li></ul>

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<p><b>Compassion Fatigue: Why does it matter?</b></p>	
<p><b>What is the potential impact of CF research?</b></p>	<p><b>Personal/Professional:</b></p> <ul style="list-style-type: none"><li>Recognize and actively prevent and treat physical and emotional symptoms of CF</li><li>Improve Resiliency, Self Efficacy and Compassion Satisfaction with evidence-based tools</li><li>Prevent the Mental Health Cascade and Diseases of Despair</li></ul> <p><b>Organizational / Societal:</b></p> <ul style="list-style-type: none"><li>Build Culture &amp; Climate of Compassion</li><li>Raise Awareness of "cultures of silence" that promote Compassion Fatigue</li><li>Reverse the shame/blame/anger trifecta around "self care"</li></ul>

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

**Review and Discussion**

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

## Wrap-up/Take-away Points

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Week 1</b> Compassion Fatigue: What is it? What does it look like? Why does it matter?	<b>Week 2</b> Compassion Fatigue: Risk Factors: Personal, Professional, Organizational	<b>Week 3</b> Building Compassion Satisfaction: Honoring Self through Awareness and Connection	<b>Week 4</b> Building Compassion Satisfaction: Honoring the Work through Meaning & Purpose	<b>Week 5</b> Building Compassion Satisfaction: Honoring Others through Appreciative and Compassionate Communities

**Questions: Email me at ewellefo@vcu.edu**

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