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When Helping Hurts

Defining Burnout and Compassion Fatigue

PLUS

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Don't Make These Meeting Mistakes

Meetings are necessary for productivity in veterinary practices, but it can be easy for them to get off track. We highlight five common mistakes to avoid.

Compassion Fatigue and Burnout: History, Definitions and Assessment

Don't suffer in silence, be aware of the symptoms and seek professional help when needed.

By Tad B. Coles, DVM, MRSS-P, CCFP

Patronestaff/ Fotolia

Burnout and compassion fatigue continue to be hot topics in veterinary medicine, but many people don't really understand the difference between them. One thing is for sure: If you're suffering from either, the best thing to do is reach out and get help.

Denial is a strong force at play in veterinary professionals who may be suffering from burnout or compassion fatigue. The first step, however, is in admitting that there is a problem. The information presented in this article is meant to arm veterinary professionals with valuable tools to navigate these potentially devastating challenges and return to practice feeling refreshed and remembering why you entered the field in the first place.

BURNOUT

The first time the term "burnout" was used in a psychological sense was in 1974 by German-born American psychologist Herbert J. Freudenberger,[1] who used the term to describe symptoms he himself had experienced: "exhaustion, disillusionment and withdrawal resulting from intense devotion to a cause that failed to produce the expected result."[2] Although Freudenberger was in a thriving New York practice, he suffered from perfectionism and had a self-imposed, missionary zeal to help addicts. He worked from 8 a.m. to 7 p.m. in

a ritzy area on the Upper East Side and then went to a free clinic in the Bowery and worked until 2 a.m.[3]

Soon after the publication of "Burnout: The High Cost of High Achievement," Freudenberger's seminal text on the topic,[4] the Maslach Burnout Inventory (MBI) was constructed to measure the syndrome.[5] Eventually, the MBI (which is available for purchase at mindgarden.com) was designed to assess three components of burnout: emotional exhaustion, depersonalization and reduced personal accomplishment.[6] Maslach found that burnout was the result of mismatches in at least one of six areas[7] (**Figure 1**).

There is considerable interaction among these six areas, often with values playing a central, mediating role that varies with the individual and his or her particular circumstance. For example, people may be more willing to accept workload mismatch if they are compensated well financially and socially.

Burnout is often associated with depression and decreased job satisfaction. People who are more prone to depression are also more prone to burnout, but empirical studies have demonstrated a clear distinction between depression and burnout in that the latter is always job related.[7] Although job dissatisfaction and burnout are correlated and linked, they are not identical. Certainly, job dissatisfaction can lead to burnout and vice versa, but both may be affected by other factors, such as heavy workload, improper tools, ineffective training and poor working conditions.

Burnout studies focus on relationships usually between the health care provider and client but also between the provider and coworkers, friends and family.[7] While detachment by clinical distance has often been advised as a method of protection, excessive detachment results in cynicism, callousness and even dehumanizing interaction with clients.[7] Initial studies of burnout involved only health care professionals; then, in the 1990s, the concept of burnout was used in the educational field and a variety of other professions, some of which are not people oriented.[7] Thus, one difference between burnout and compassion fatigue is that burnout can occur without empathy and compassion, but compassion fatigue cannot. Freudenberger and fellow psychologist Gail North developed a description of the 12 phases of burnout[8] (**Figure 2**).

Burnout tends to be chronic and generalized, whereas compassion fatigue is acute.

COMPASSION FATIGUE

Compare the 12 phases of burnout with the following five phases of compassion fatigue,[9] and you may notice symptomatic overlap:

1. **Zealot:** The caregiver is motivated by idealism and ready to serve and problem solve, wants to contribute and to make a difference, volunteers to help and is full of energy and enthusiasm.
2. **Irritability:** The caregiver begins to cut corners, avoid client contact, mock peers and clients, denigrate his or her own efforts at wellness, lose concentration and focus and distance oneself from others.
3. **Withdrawal:** The caregiver loses patience with clients, becomes defensive, neglects self and others, is chronically fatigued, loses hope, views self as a victim and isolates self.
4. **Zombie:** The caregiver views others as incompetent or ignorant; loses patience, sense of humor, and zest for life; dislikes others; and becomes easily enraged.
5. **Pathology and victimization *or* maturation and renewal:** "In this phase, the caregiver can choose pathology and victimization or maturation and renewal. Pathology and victimization result when no action is taken."[9] Maturation and renewal are possible only when the caregiver acknowledges the symptoms of compassion fatigue >>

Figure 1. Burnout Mismatches According to Maslach[7]

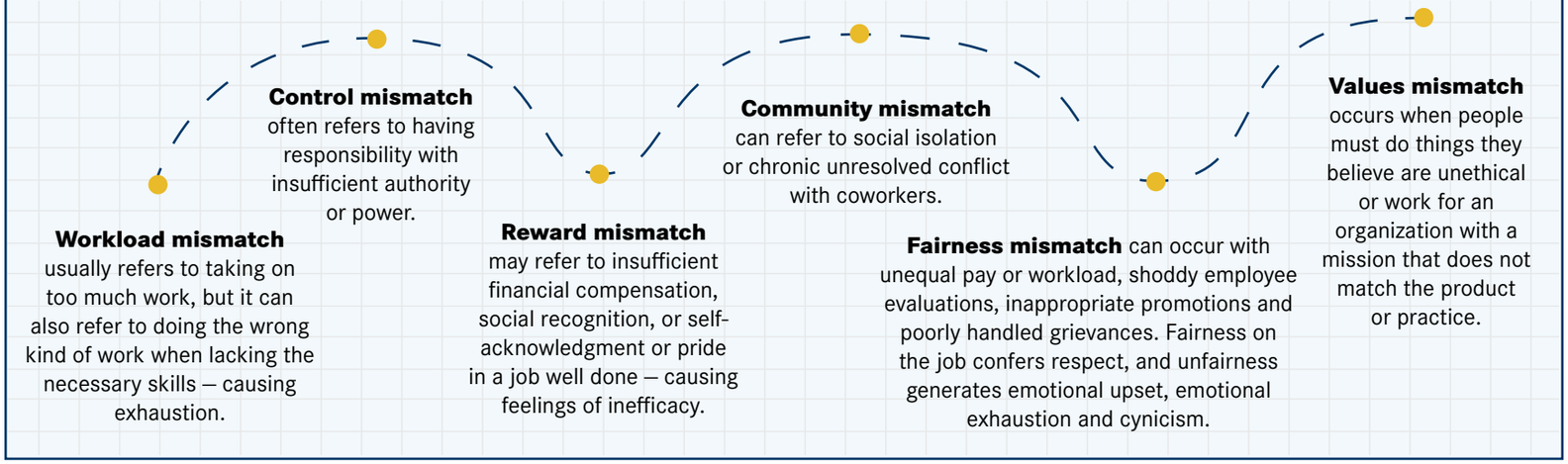

Figure 2. The 12 Phases of Burnout [8]

1. **The compulsion to prove oneself**: Excessive demonstration of worth, perfectionism
2. **Working harder:** Unable to "switch off" or delegate
3. **Neglecting physical and emotional needs**: Lack of social interaction
4. **Displacement of conflict**: Dismissive of problems, lack of sleep, missing appointments
5. **Revision of values**: Insensitive, emotionally blunt, sacrificing family, friends and hobbies
6. **Denial of emerging problems**: Performance suffers, intolerant, cynical and aggressive
7. **Withdrawal**: Minimal or nonexistent social life, may turn to alcohol or drugs for relief
8. **Obvious behavioral changes**: Apathetic and paranoid, evades work demands
9. **Depersonalization**: No perception of own needs, automaton, meaning of life is lost
10. **Inner emptiness**: Dejected, exhausted, fearful, may have panic attacks
11. **Depression**: Lost, unsure, self-destructive, suicidal
12. **Burnout syndrome**: Crisis with mental and/or physical collapse

and takes direct action to overcome it. If the caregiver chooses pathology and victimization, he or she becomes overwhelmed and may leave the profession or develop somatic illness. On the other hand, if the caregiver chooses maturation and renewal, he or she becomes strong, resilient and transformed.

Burnout can occur without empathy and compassion, but compassion fatigue cannot.

The overlap is interesting, but one differentiation is that burnout tends to be chronic and generalized, whereas compassion fatigue is acute, associated with a particular relationship and centered around compassion and empathy.

The term *compassion fatigue* was first coined in 1992 when registered nurse Carla Joinson described a unique form of burnout that affected caregivers and resulted in a "loss of the ability to nurture." [10,11] This form of burnout (1) was related to a variety of stressors, including long hours, heavy workload and the need to respond to complex patient needs such as pain, trauma and emotional distress; (2) resulted in nurses feeling tired, depressed, angry and detached; and (3) was associated with ineffective performance.[11]

The terminology describing compassion fatigue is imprecise. It is common for authors to define terms within specific studies to clarify what they mean.

In an extensively researched thesis on the topic of compassion fatigue and associated terms, Amanda Depippo, a graduate student from the University of South Florida, stated in her dissertation that the term "secondary traumatic stress" (STS) was originally used by professor and trauma expert Charles R. Figley, PhD, to describe compassion fatigue.[12,13] Dr. Figley stated that compassion stress, compassion fatigue, STS and secondary traumatic stress disorder (STSD) are equivalent terms.[14] He also considered compassion fatigue, STS and STSD to be nearly equivalent to post-traumatic stress disorder (PTSD), "except that exposure to a traumatizing event by one person becomes a traumatizing event for the second person." [14]

Dr. Figley suggested that "perhaps PTSD should stand for *primary* traumatic stress disorder, rather than *post*traumatic stress disorder because every stress reaction is 'post' by definition." [14] He wrote, "Caring people [sometimes] experience pain as a direct result of their exposure to another's traumatic material.… This situation – call it compassion fatigue, compassion stress or secondary traumatic stress – is the natural, predictable, treatable and preventable unwanted consequence of working with suffering people." [14]

The idea that working with people in pain could cause problems for the caregiver is not new. Transference of emotions from the suffering patient to the therapist is common, as is countertransference – the redirection of the therapist's feelings toward the patient.

Transference and countertransference of pleasant and unpleasant emotions, and associated conscious and unconscious reactions between a psychotic patient in pain and his or her therapist, was a topic of much discussion between neurologist Sigmund Freud and psychologist Carl Jung in the first decade of the 20th century.

The idea that trauma – such as physical injury, rape, assault, witnessing another's death and the like – could cause psychological problems is, likewise, not new. Before being included in the third edition of the "Diagnostic and Statistical Manual of Mental Disorders" (DSM-III) in 1980, PTSD was known as railway spine, traumatic war neurosis, stress syndrome, shell shock, battle fatigue and a variety of other terms.[15,16]

Both the DSM-5[17] and the World Health Organization's global standard for disease

categorization, the International Classification of Diseases (ICD-10),[18] list PTSD. Burnout is listed in the ICD-10 as a state of vital exhaustion under the category of problems related to life-management difficulty. Compassion fatigue, on the other hand, which has similar but less severe symptomatology compared with PTSD, is not listed in either the DSM-5 or the ICD-10.

ASSESSMENT

Professional Quality of Life Scale

A common measurement of compassion fatigue and burnout, the Professional Quality of Life (ProQOL) Survey describes compassion fatigue as comprising burnout and secondary trauma.[19] This 30-question, five-point Likert scale assessment developed by Beth Hudnall Stamm, PhD, gives scores for compassion satisfaction, burnout and secondary traumatic stress. It is free to use and available on the ProQOL[20] and AVMA[21] websites.

Taking the ProQOL can help you answer the question "Do I have compassion fatigue, burnout or something else?" Your score can show you how much compassion satisfaction your job brings you and help you differentiate between burnout and secondary trauma – the latter of which is roughly equivalent to compassion fatigue.

Another handy assessment of burnout comes from the online training website Mind Tools (**Table 1**).[22]

Individuals who get a "normal" score on the ProQOL or similar scales but think they may be having problems should dig a little deeper. At a recent conference presentation, very few members of the audience had concerning scores on the ProQOL, but many had concerning scores on the Compassion Fatigue Scale and the Secondary Traumatic Stress Scale.

Compassion Fatigue Scale

The Compassion Fatigue Scale, a less extensive investigation of compassion fatigue, determines relative agreement with 13 statements and, like the ProQOL, scores for secondary traumatic stress and burnout components of compassion fatigue (**Table 2**).[23]

Table 1. Checking Yourself for Burnout

0 = Never	1 = Rarely	2 = Sometimes	3 = Often	4 = Very Often
__ 1. I feel run down and drained of physical or emotional energy.				
__ 2. I have negative thoughts about my job.				
__ 3. I am harder and less sympathetic with people than perhaps they deserve.				
__ 4. I am easily irritated by small problems, or by my coworkers and team.				
__ 5. I feel misunderstood or unappreciated by my coworkers.				
__ 6. I feel that I have no one to talk to.				
__ 7. I feel that I am achieving less than I should.				
__ 8. I feel under an unpleasant level of pressure to succeed.				
__ 9. I feel that I am not getting what I want out of my job.				
__ 10. I feel that I am in the wrong organization or the wrong profession.				
__ 11. I am frustrated with parts of my job.				
__ 12. I feel that organizational politics or bureaucracy frustrate my ability to do a good job.				
__ 13. I feel that there is more work to do than I practically have the ability to do.				
__ 14. I feel that I do not have time to do many of the things that are important to doing a good quality job.				
__ 15. I find that I do not have time to plan as much as I would like to.				

Score	Assessment
5	Little sign of burnout, unless some factors are particularly severe
18	Be careful – you may be at risk for burnout, particularly if several statements are true very often
35	Severe risk for burnout – do something about this urgently
45	Very severe risk for burnout – do something about this urgently

Secondary Traumatic Stress Scale

The Secondary Traumatic Stress Scale[24] has 17 statements based on PTSD symptoms described in the DSM-IV (**Table 3**).[25] These symptoms are classified in the scale as representing the following factors:

- Intrusion – statements 2, 3, 6, 10, 13
- Avoidance – statements 1, 5, 7, 9, 12, 14, 17
- Arousal – statements 4, 8, 11, 15, 16

PROVIDER RESILIENCE

A handy way to assess your resilience is via a mobile phone app called Provider Resilience.[26] Developed to help health care providers guard against burnout and compassion fatigue when helping veterans, the Provider Resilience app has many features that are useful for any health care professional.

The main screen is a dashboard with a Resilience Rating gauge. The value is based on the data you input via:

- Vacation clock
- Resilience builders/killers quiz (recommended daily)
- Burnout toggle chart (recommended weekly)
- ProQOL assessment (recommended monthly)

You can keep track of how you have done by checking on charts that display your burnout and ProQOL scores over time. This is a **>>**

Table 2. Compassion Fatigue Scale

Consider the following statements about your work/life situation. Check the box that best reflects your experiences using the rating scale 1 through 10.

	Never/Rarely									Very Often
	1	2	3	4	5	6	7	8	9	10
a. I have felt trapped by my work.										
b. I have thoughts that I am not succeeding in achieving my life goals.										
c. I have had flashbacks connected to my clients.										
d. I feel that I am a "failure" in my work.										
e. I experience troubling dreams similar to those of a client of mine.										
f. I have felt a sense of hopelessness associated with working with clients/patients.										
g. I have frequently felt weak, tired or rundown as a result of my work.										
h. I have experienced intrusive thoughts after working with an especially difficult client/patient.										
i. I have felt depressed as a result of my work.										
j. I have suddenly and involuntarily recalled a frightening experience while working with a client/patient.										
k. I feel I am unsuccessful at separating work from my personal life.										
l. I am losing sleep over a client's traumatic experiences.										
m. I have a sense of worthlessness, disillusionment or resentment associated with my work.										

NOTE: Secondary trauma items (c, e, h, j and l); job burnout items (a, b, d, f, g, i, k and m)

very functional, well-conceived app with lots of features. There are cartoon jokes to add humor, simple physical exercises that can be done in the office and alphabetically sorted "value cards" for contemplation or use as a daily devotional.

THE BOTTOM LINE

Why is it important to know whether you have burnout or compassion fatigue or both? Because action plans addressing these problems differ.

Treatment of burnout focuses on identifying and addressing areas of mismatch by changing the individual and/or the organization.[7,27] With compassion fatigue, on the other hand, one needs help increasing resilience by improving empathic ability and empathic response.[28,29] The focus is on improving self-care, maintaining appropriate detachment and increasing social support and a sense of satisfaction.[28]

In an article titled "The Myth of Compassion Fatigue in Veterinary Medicine,"[30] Dani McVety, DVM, cofounder and CEO of Lap of Love Veterinary Hospice, describes an incident in which she was inappropriately berated by a client. The client had made questionable pet-care decisions and angrily struck out at Dr. McVety when the result was disagreeable. Rather than taking the attack personally, Dr. McVety apologized for her part in the misunderstanding and focused on providing the owner with treatment plan options. It was a poignant way to move past the client's guilt and hurt feelings and help the patient. As she explained in a recent video on the *Veterinarian's Money Digest*® website, Dr. McVety realized that her angst about this situation was not the result of compassion fatigue but rather "ethical fatigue."[31]

Knowing whether you have compassion fatigue or burnout is important because action plans for each differ.

My assessment is that Dr. McVety faced an incident of burnout related to values and

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Table 3. Secondary Traumatic Stress Scale

The following is a list of statements made by persons who have been affected by their work with traumatized clients. Read each statement, then indicate how frequently the statement was true for you in the past *seven days*.

	Never	Rarely	Occasionally	Often	Very Often
	1	2	3	4	5
1. I felt emotionally numb.					
2. My heart started pounding when I thought about my work with clients.					
3. It seemed as if I was reliving the trauma experienced by my client.					
4. I had trouble sleeping.					
5. I felt discouraged about the future.					
6. Reminders of my work with clients upset me.					
7. I had little interest in being around others.					
8. I felt jumpy.					
9. I was less active than usual.					
10. I thought about my work with clients when I didn't intend to.					
11. I had trouble concentrating.					
12. I avoided people, places or things that reminded me of my work with clients.					
13. I had disturbing dreams about my work with clients.					
14. I wanted to avoid working with some clients.					
15. I was easily annoyed.					
16. I expected something bad to happen.					
17. I noticed gaps in my memory about client sessions.					

NOTE: "Client" is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work, such as consumer, patient, recipient and so forth.

reward mismatch between herself and her client. Compassion fatigue may be an overused term, but it is certainly not a myth. Her article and video provide an excellent example of why we need to learn as much as we can about burnout and compassion fatigue, use the correct terminology and get professional assistance as needed. With symptoms overlapping among burnout, compassion fatigue, depression, substance abuse and other mental problems, we may be unable to self-diagnose, much less self-treat.

While I have studied these conditions in depth, when it came to addressing my own issues, I found that getting professional help was imperative. So many of us feel a stigma regarding failure that prevents us from reaching out for a helping hand. But remember what Sir William Osler said: "A physician who treats himself has a fool for a patient."[32] VMD

References available at VMDtoday.com.

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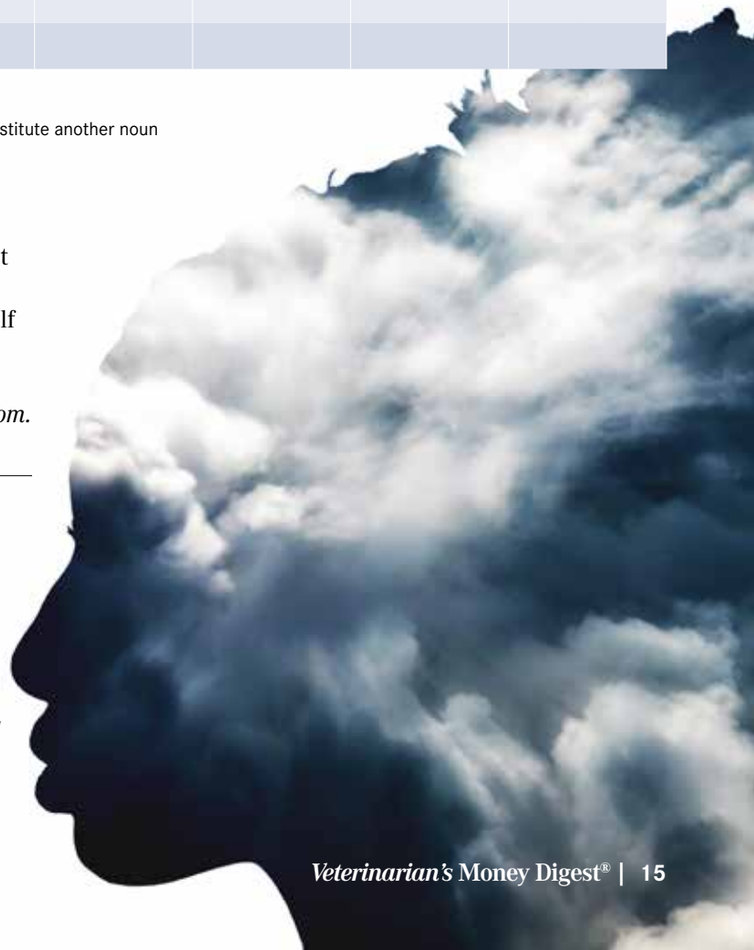

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