



COMPASSION FATIGUE AND THE HOLIDAYS

De Anna Looper, RN CHPN

Corporate Clinical Consultant / Legal Nurse Consultant

Carrefour Associates L.L.C.

COMPASSION FATIGUE AND THE HOLIDAYS

The holiday season is fast approaching and it seems that last year’s holiday season has barely passed. As a caregiver for someone with a life-limiting or chronic condition, the holiday season may be the fuel for the fire in regard to contributing to compassion fatigue.

Learning to balance the demands of the holidays with the responsibilities of caring for someone with a life-limiting illness can be exhausting. There is hope!

Understanding what “compassion fatigue” is, and the many factors that predispose caregivers to suffer from compassion fatigue are the first steps in managing a difficult situation. Compassion fatigue was called “shell shock” during WWI. During the Second World War, it was changed to “war neurosis”. It wasn’t until the early 1990’s that the syndrome was actually identified as “compassion fatigue”.

Many may think compassion fatigue is the same as “burnout”. We hear this term used when a caregiver who is caring for someone with a life-limiting illness has finally reached the “last straw”. However, burnout is not the same as compassion fatigue. Compassion fatigue has an acute onset, unlike burnout, which has a gradual and sometimes insidious onset. Burnout is usually seen in personal relationships and unsatisfactory or ever demanding job duties. Some of the signs of burnout are a decrease in productivity, negativity in personal relationships and emotional exhaustion. Many experience alcohol or drug abuse issues.

The signs of compassion fatigue can be depression, fatigue, difficulty concentrating on tasks, irritability, distancing themselves from others and feeling unappreciated.

Another common problem seen in compassion fatigue is the “Lone Ranger” syndrome or the “One Way Street” syndrome. The Lone Ranger syndrome is commonly seen in healthcare professionals. This isn’t an intentional act, but the healthcare provider feels that he or she is the only one that can effectively care for the person with the illness. The One Way Street syndrome is more common among the caregiver of an individual. The person typically gives out much more energy, compassion and care than the person receiving the care. Obviously, this is to be expected since the individual with the illness may be limited in the amount energy they can give back to the caregiver.

Minimizing risk factors can help prevent or dramatically decrease compassion fatigue. Identifying risk factors can be a major step. Risk factors for compassion fatigue can include the following:

- Working with large numbers of terminally ill, chronically ill or critically ill patients
- Working with large numbers of traumatized or victimized people
- Personal trauma
- Lack of training
- Insufficient or lack of external support system(s)
- Lack of outside interests

Prevention...an ounce of prevention equals a pound of cure. Knowing how to prevent the syndrome is critical. Some of the preventive measures to reduce compassionate fatigue include:

- Pace activities and tasks
- Meditate
- Journal
- Personal hobbies
- Spend time with friends
- Take frequent breaks
- Increase personal knowledge about care-giving or disease processes
- Get at least eight hours of sleep each night

- Well-balanced diet (avoid excessive caffeine or alcohol)
- Pat yourself on the back
- Humor! As they say “laughter is the best medicine”
- Ask for help!
- Don’t be afraid to say “NO”
- Prioritize
- Enjoy the holiday season

If symptoms persist, contact your personal physician. There are many medications on the market that can minimize the symptoms of compassion fatigue.

Remember, the holiday season can be stressful, and caring for a chronically or terminally ill individual compounds this stress. Identifying compassion fatigue symptoms, risk factors and ways to minimize this syndrome can help you enjoy the holidays without feeling overwhelmed.

If you have questions regarding compassion fatigue or have questions about a terminally ill individual, contact Crossroads Hospice. A team of highly qualified, incredibly compassionate individuals are only a phone call away. **1-888-603-MORE** (6673)

References:

- 1.-Wright . (2004) Compassion Fatigue; How to avoid it”. PALLIATIVE MEDICINE
2. Worley, C. (2005) The Art of Caring: Compassion Fatigue” DERMATOLOGY NURSING. Dec. Vol. 17
3. Bartone, P Ursano, R., Wright, K. and Ingraham, L. (1989) “Impact of a military air disaster”-JOURNAL OF NERVOUS AND MENTAL DISORDERS”.
4. Kinzbrunner, Barry M. MD, Weinreb, Neal J. MD, Policzer, Joel S. MD, “20 COMMON PROBLEMS –END OF LIFE CARE”, McGraw Hill

Crossroads



Expect more from us. We do.

1-888-603-MORE (6673) • www.CrossroadsHospice.com