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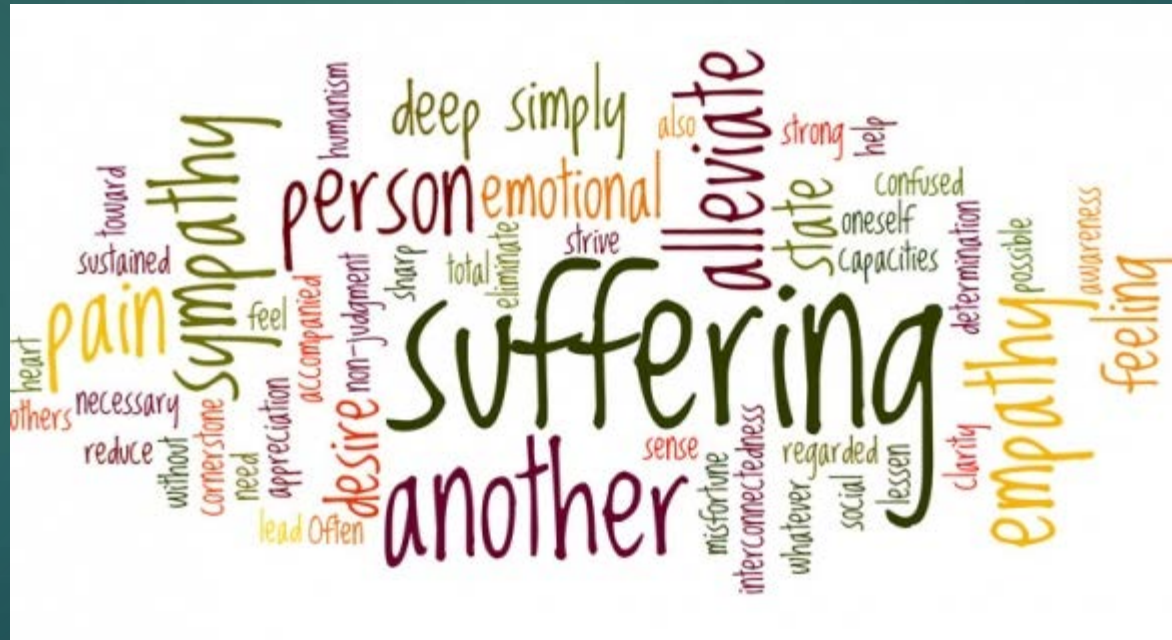
Taking Care of Those Who Take Care:

Identification, Prevention and Management of
Compassion Fatigue in Athletic Trainers

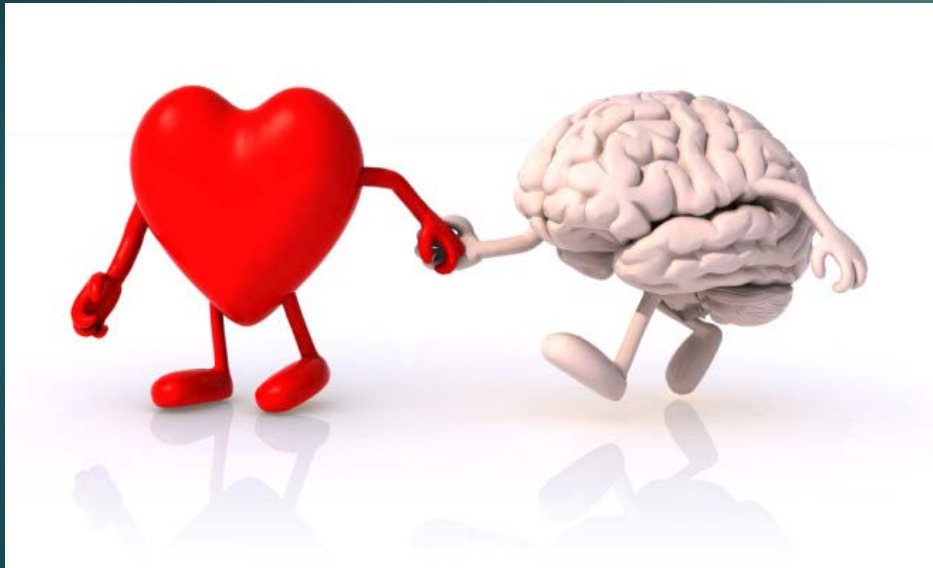
Compassion

"A mental attitude based on the wish for others to be free of their suffering and is associated with a sense of commitment, responsibility and respect toward the other"

↳ The Dalai Lama (2008)



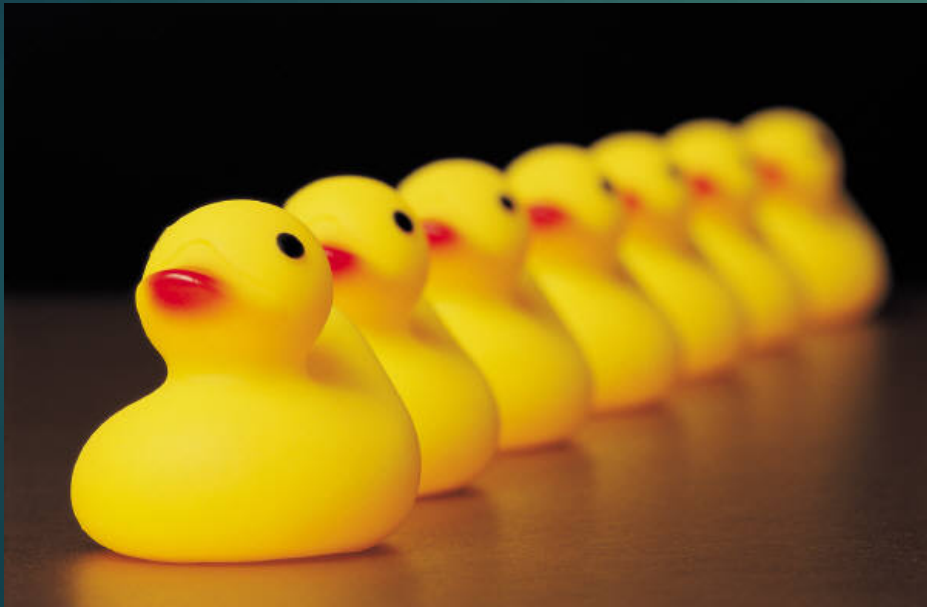
Physiology of Compassion



- ▶ It's in your head...
 - ▶ Compassion & empathy are registered in the *Anterior Insular Cortex on MRI*.
 - ▶ Insular Cortex is involved with
 - ▶ Introspective awareness of body state; integration of higher order cognition and emotional processing
 - ▶ Timing of ones heart beat, control of BP, immune function
 - ▶ Where Pain is judged
 - ▶ Abdominal distention
 - ▶ Bladder activity
 - ▶ Vestibular sensation
 - ▶ Dyspnea
 - ▶ Particularly sensitive to negative emotional state

~Lamm & Singer, 2010

Key Terms



- Compassion fatigue
- Burnout
- Secondary Traumatic Stress

Compassion Fatigue (CF)

- ▶ Compassion Fatigue is a state of significant depletion or exhaustion of the practitioner's store of compassion, resulting from repeated activation over time of empathic and sympathetic responses to pain and distress in patients and in loved ones

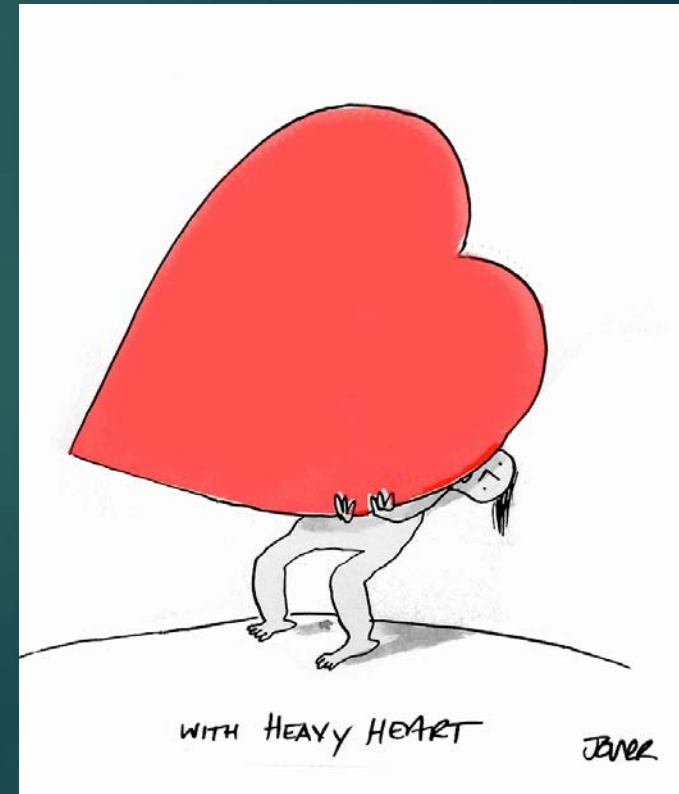
(Pembroke, 2015)

- ▶ Construct of burnout and secondary stress syndrome, typically go hand in hand

(Kelly, Runge, & Spencer 2015)

- ▶ Encompasses the work we do, rather than where we work

- ▶ May be better described as "Compassion Saturation"



S/s of Compassion Fatigue

Boyle, 2015

- ▶ **Physical:** GI issues, Head aches, muscle tension, insomnia, chronic fatigue, exhaustion.
- ▶ **Emotional:** Sadness, apathy, cynicism, oversensitivity, frustration/irritation, depression, anxiety, blaming/judgmental, mood swings, lack of joyfulness, poor concentration, memory impairment, self-medication with food/alcohol.
- ▶ **Spiritual:** Existential questioning
- ▶ **Work Place:** Increased use of sick days, decreased productivity, decreased efficiency, job dissatisfaction, increased errors, avoidance or dread of working with certain patients, turnover, choosing to leave profession.

Burnout

- ▶ Burnout is commonly explained as prolonged response to chronic emotional and interpersonal stressors on the job
 - ▶ involve not having correct items when you need them (modalities, time, staff etc.)
- ▶ Combination of physical and emotional exhaustion
- ▶ Development of a negative job attitude, negative self-concept, and loss of feelings and concern for people.
 - ▶ (Jenkins& Warran 2012)



S/s of Burnout

<https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0072470/>

- ▶ **Emotional:** feel drained and emotionally exhausted, unable to cope, tired and down, and do not have enough energy.
- ▶ **Physical:** pain and stomach or bowel problems.
- ▶ **Work Related:** find their jobs increasingly stressful and frustrating. They may start being *cynical* about their working conditions and their colleagues.
- ▶ **Reduced performance:** Burnout mainly affects everyday tasks at work, at home or when caring for family members. People with burnout are very negative about their tasks, find it hard to concentrate, are listless and lack creativity.

Secondary Traumatic Stress

- ▶ Secondary stress is defined as the result of knowledge about a traumatizing event experienced by another and subsequent stress resulting from helping or wanting to help the traumatized person; (Jenkins 2012)



s/s of Secondary Traumatic Stress

Stamm 2010

- ▣ Preoccupied with thoughts of people one has helped
 - ▣ Feeling trapped, on edge, exhausted, overwhelmed, and infected by others' trauma.
 - ▣ Unable to separate one's private life and his or her life as a helper
- ▣ Physical: Sleep Disturbances, Memory loss, Distraction
- ▣ Avoiding activities to avoid reminders of the trauma

Compassion Fatigue Vs. Burnout

Burnout

- ▶ Involves extrinsic factors such as work load, insufficient staffing, poor compensation and general overload
- ▶ Associated with emotional exhaustion.
- ▶ Gradual after prolonged exposure to work
- ▶ Typically resolved with change in work environment or time away from work

Compassion fatigue

- ▶ involves intrinsic factors such as high need, traumatic or “unfair” patient experiences
- ▶ Associated with emotional exhaustion.
- ▶ Can be sudden
 - ▶ a single patient or event
- ▶ Symptoms occur without regard to environment
 - ▶ A vacation won't help

Key Points:

- ▶ Compassion Fatigue does not mean “Tired of Caring”
- ▶ Typically is seen in Healthcare providers who have taken too much and don't know how to find their way out.
 - ▶ “Being Their Job”
- ▶ Compassion fatigue involves crossing the boundaries between professional compassion and personal compassion for your patients
 - ▶ Giving too much of your emotions
 - ▶ Expecting too much of yourself
- ▶ Burnout, Secondary Stress go hand in hand with Compassion Fatigue.

Who is Affected by Compassion Fatigue?

- ▶ Compassion fatigue has been widely studied in a variety of healthcare professions including physician, nurses, counselors, midwives, and consultants (Bhutani, 2012)



Compassionate Care from the Athletic Trainer



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Preamble

The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession. The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

1. MEMBERS SHALL PRACTICE WITH COMPASSION, RESPECTING THE RIGHTS, WELFARE, AND DIGNITY OF OTHERS

1.1 Members shall render quality patient care regardless of the patient's race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.

1.2. Member's duty to the patient is the first concern, and therefore members are obligated to place the welfare and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.

1.3. Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient's care without a release unless required by law.

Where have We been?

▶ Burnout research in Athletic Training but not Compassion Fatigue

▶ **Oglesby, L & Gallucci, A. Burnout in Athletic Trainers: A Systematic Review of Literature. JAT, supp. 52(6); 2017 S128.**

▶ Revealed that burnout is an ongoing issue facing ATs. Burnout was observed in all AT subsets.

▶ **Gibson et al: (2013) Personal and Environmental Characteristics Associated With Burnout in Athletic Trainers: A Critically Appraised Topic, IJATT 21(1), 5-13**

▶ There is strong evidence suggesting that personal and environmental factors are associated with burnout in athletic trainers, as measured by the MBI and ATBI

▶ **Barrett et al (2016) Personality Traits and Burnout Among Athletic Trainers Employed in the Collegiate Setting. JAT: 51(6) pp. 454-459.**

▶ highlighting moderate burnout in athletic trainers employed in the collegiate setting

▶ **Estock, & Simon, (2017) Exposure to Catastrophic Injury Events and Burnout Among Athletic Trainers. Journal of Sports Medicine and Allied Health Sciences: Official Journal of the Ohio Athletic Trainers Association**

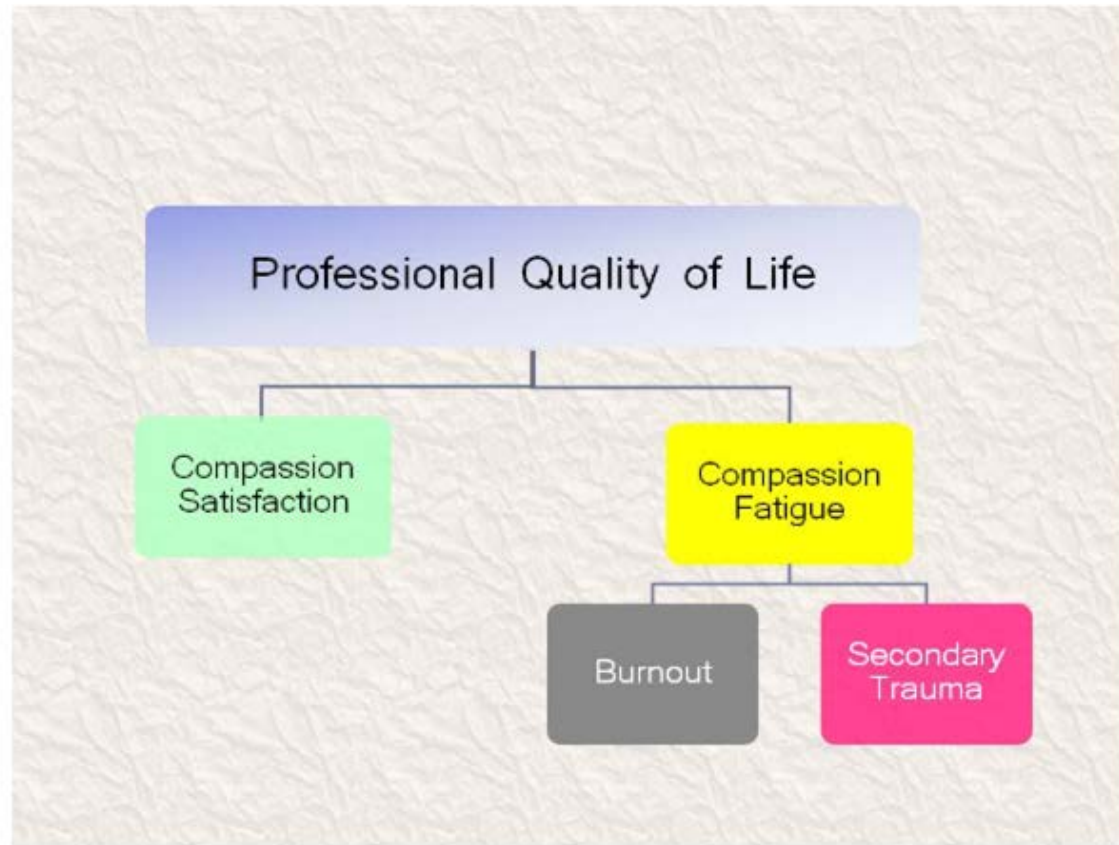
▶ ATs who have provided care for a catastrophic injury event could be more likely to suffer from a lack of personal accomplishment and exhibit task and emotion oriented coping behaviors.

Could This Be *Me*?



Measurement In Healthcare Practice

Professional Quality of Life Scale (PROQOL)



Professional Quality of Life-Self Score

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.

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

3. _____
6. _____
12. _____
16. _____
18. _____
20. _____
22. _____
24. _____
27. _____
30. _____

Total: _____

The sum of my Compassion Satisfaction questions is	So My Score Equals	And my Compassion Satisfaction level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1, "I am happy" tells us more about

- *1. _____ = _____
- *4. _____ = _____
8. _____
10. _____
- *15. _____ = _____
- *17. _____ = _____
19. _____
21. _____
26. _____
- *29. _____ = _____

Total: _____

You Wrote	Change to	the effects of helping when you are not happy so you reverse the score
2	5	
3	4	
4	3	
5	2	

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

2. _____
5. _____
7. _____
9. _____
11. _____
13. _____
14. _____
23. _____
25. _____
28. _____

Total: _____

The sum of my Secondary Trauma questions is	So My Score Equals	And my Secondary Traumatic Stress level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

Instrument (PROQOL)

Version 5

- ▶ 5 point likert scale (1 never, 2 rarely, 3 sometimes, 4 often, 5 very often)
- ▶ 30 questions
- ▶ Based off last 30 days
- ▶ Assess Compassion Satisfaction, Burnout, and Secondary Stress as constructs of Compassion Fatigue

Scores:

Compassion Satisfaction

- ▶ The average score is 50 (SD 10; alpha scale reliability .88).
- ▶ About 25% of people score higher than 57 and about 25% of people score below 43.
- ▶ If you are in the higher range, you probably derive a good deal of professional satisfaction from your position.
- ▶ If scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Scores: Burnout

- ▶ The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43.
- ▶ If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work.
- ▶ If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position.

Scores:

Secondary Traumatic Stress

- ▶ The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57.
- ▶ If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score.
- ▶ While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment.

Intervention

- ▶ Step 1: Show yourself the compassion you would show your patients!
 - ▶ Better for you; better for your patients.
 - ▶ Self Management
 - ▶ Organize/ compartmentalization
 - ▶ And Learn to say No, draw boundary
- ▶ Step 2: Find your support system
 - ▶ Peer-to-Peer
 - ▶ Contribute to your self esteem,
 - ▶ People who listen well, and who care
- ▶ Step 3: Find your Focus, and unload
 - ▶ Exercise, Hobbies
 - ▶ Meditation
 - ▶ <http://www.compassionfatigue.org/pages/nextsteps.html>

Mindfulness- PAY ATTENTION

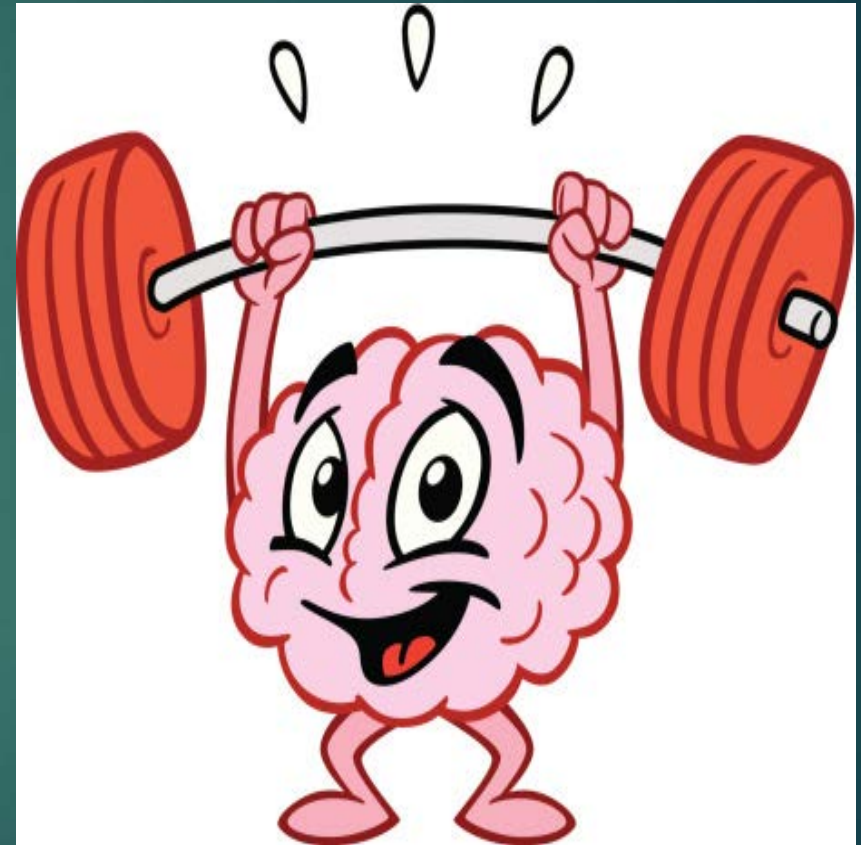
- ▶ Present to the significant facts of an experience in a nonjudgmental way
- ▶ The goal:
 - ▶ maintain awareness moment by moment
 - ▶ disengaging oneself from strong attachment to beliefs, thoughts, or emotions
 - ▶ developing a greater sense of emotional balance and well-being.
- ▶ Buddhists use mindfulness to lessen suffering and nurture compassion.

▶ Santorelli, 1998



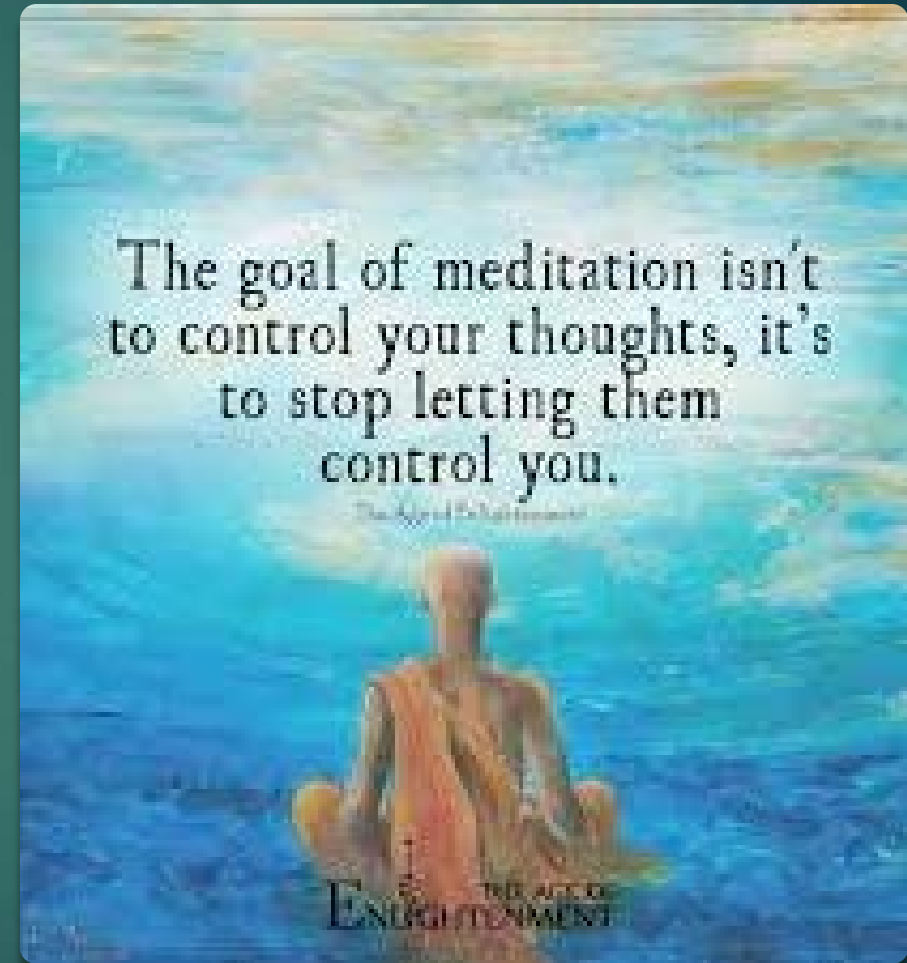
Meditation

- The practice of mindfulness is meditation
- Strength training for your Anterior Insular Cortex
- Interior Insula is significantly thicker in those who Meditate.
 - Lower Physiologic stress symptoms
 - Better able to handle emotional stressors
 - Shapiro et al, 1998
 - Emotionally resilient



Meditation 101

1. Sit up right
2. Pay attention to your breath
3. When your mind wonders bring it back to breath

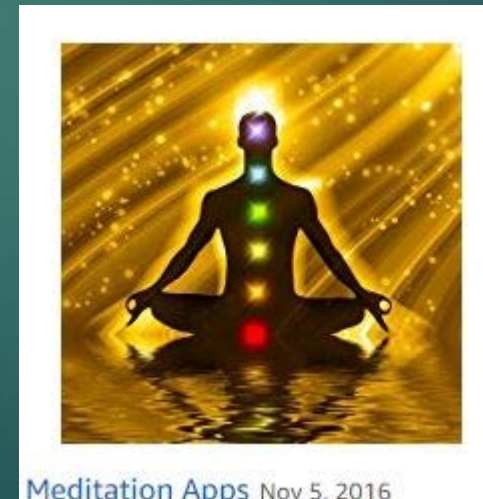


More on Meditation



Variations

1. Mantra meditation
2. Mindfulness meditation
3. Yoga
4. Tai Chi
5. Qi Gong



Mindfulness in Medicine

- ▶ Building Awareness of your Practice
- ▶ Promoting effective clinical decision making/reducing medical errors (Epstein, 1999)
- ▶ Recognize how you feel about your patients, your setting, your work
 - ▶ Distinguish your feelings from those of your patients
- ▶ Measurement of practice outcomes
 - ▶ Patients scored significantly better on symptoms severity outcome measures (Grepmaier et al, 2007)

Mindfulness Away from Work

- ▶ Focus on how certain activities make you feel
 - ▶ Before, during, after
 - ▶ Document and measure
- ▶ Be in the moment
 - ▶ Recognize when work intrudes on personal time
 - ▶ Demands from Work vs. Self
 - ▶ Recognize without judgment

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