Hospice and palliative caregivers, whether caring for a human or animal patient, are generally compassionate and caring individuals by nature. Compassion has been defined as deep awareness and empathy of the suffering of another.\(^1\) Compassion is the emotion that we feel in response to the suffering of others that motivates a desire to help. Fatigue can be defined as a state of extreme tiredness resulting from mental or physical exertion or a lessening of enthusiasm caused by overexposure, or structural damage from repeated loading.\(^1\) Being constantly bombarded with high levels of emotional and physical grief, caregivers are at risk for the development of compassion fatigue. Compassion Fatigue (CF) has been defined as the emotional cost of caring, or the stress response that emerges suddenly and without warning, resulting in diminished emotional energy needed to care for a patient.\(^2,3,4,5\) Stated another way, CF is the emotional, social, and spiritual exhaustion that causes a decline in the desire, ability and energy to feel and care for others, and results in the loss of ability to experience satisfaction and joy in both professional and personal life.\(^6\)

**Burn out versus CF**

CF and Burn out have been often used synonymously but are two different forms of illness. Burnout is a form of mental distress manifested in normal individuals who experience decreased work performing resulting from negative attitudes and behaviors.\(^7\) Burnout involves increased job demands, coupled with a lack of appreciation, or little reward.\(^8\) Burnout results in overproduction of cortisol, a stress induced hormone. Unlike burnout, CF evolves specifically from the relationship that develops between a caregiver and a patient, or patient’s family.\(^7,8\) This physiologic response is associated with lower than normal levels of cortisol.\(^8,9\) In order for caregivers to continue provide quality compassionate care and gain compassion satisfaction, it is important to recognize risk factors, and symptoms, and explore ways to reduce it.

**History**

The concept of CF was introduced to the health care community as a unique form of burnout, experienced by those in caring professions, particularly nursing and palliative care.\(^7\) Following the tragedies of World War II, many soldiers experienced hyper-arousal, hyper-vigilance and re-experiencing psychological distress. This syndrome was later termed post traumatic stress disorder (PTSD).\(^10\) Since then, PTSD has been recognized as an anxiety disorder that develops after exposure to any event that results in psychological trauma, and may involve a threat of death to oneself or someone else, and is not restricted to military personnel.\(^10\) People with PTSD exhibit a decreased ability to cope with daily stressors. While PTSD was widely recognized in the soldiers of war, it was not recognized that the caregivers, physicians, nurses and chaplains who began reporting increased dissatisfaction and emotional exhaustion from work. Family members of Holocaust survivors, Vietnam War veterans and family members, counselors, social workers, and people exposed to acts of terrorism, or who were exposed to stories and repeated television coverage described experiences as if they too had been directly traumatized. By the 1950s, this gradual lessening of compassion associated with individuals that work with trauma victims was termed “vicarious traumatization” or secondary post traumatic
stress disorder. In 1989, Charles Figley coined the term Compassion Fatigue in connection with PTSD, and by 1995, he argued that those caring for people experiencing PTSD were at risk.

### Compassion Satisfaction

Caregivers who provide end of life care are subject to a variety of stresses that may lead to burn out and CF, but anyone in a caring profession is at risk. In a study involving 102 oncologists, 83 nurses, and 76 house staff at Sloan-Kettering Cancer Center, Kash et al reported that all three groups had higher than expected emotional exhaustion, and diminished empathy, when compared to general medicine colleagues. So why is that some of us are drawn to providing being care givers? Compassion Satisfaction (CS) is the positive aspects of caring that help to balance out the negative aspects of working with the ill or traumatized patient. Persons who chose caring professions often have intense gratification that comes from helping others and mitigates the development of negative feelings. Caregivers report a sense of return or incentive by seeing a change for the better in patients and families. There is reward in the reciprocal healing process that occurs from being a caregiver. In the aforementioned study by Kash et al, the same oncologists, nurses and house staff had higher mean scores for personal achievement. Similarly, palliative care workers describe feelings of enhanced appreciation of spiritual and existential domains of life as a result of their work with dying persons, and have higher connections with peers, family and community.

Animal caregivers do so because they love the animals. They enjoy the fostering and restoring the human animal bond. Satisfaction can be gained by using their skill within a team environment to change the lives of the humans and animals they contact. Within the animal health profession many find satisfaction in the educational aspects of it, whether it be educating future veterinarians of veterinary technicians, or owners, or coworkers. These rewards are abundant, even during difficult times and end of life care. Animal and human care givers report that there is also post traumatic growth, including paradoxical enrichment from an expanded view of life, making every moment matter.

### Veterinarians Role in End of Life

Veterinarians are unique in the allied health care professionals, as they are the only doctors responsible for both preserving and ending life. It is true that many animal caregivers aim at making animals live healthier, happier lives. Higher level of care and decision making is centered around the animal being part of the family. Due to advances in technology and availability of products and services, the average life expectancy of the pet population has increased, along with the expectations and responsibilities for providing high level care. The veterinary health care team, as such, has a higher exposure of trauma, pain, death and sorrow. Owners often request unrealistic interventions looking for the miracle, which in turn, carry with them ethical dilemmas for the veterinarian and the animal care team. For example, does the patient facing imminent death from terminal, end stage disease receive the last unit of red blood cells in the hospital, or is that withheld for a patient with a better prognosis? Patient death has also been associated with feelings of personal failure by health care professionals.

Veterinarians and veterinary technicians experience death five times more than any other medical practitioner. The pain and emotional stress of the pet loss are felt not only by the veterinarian but by the entire health care team. Shelter workers are unique animal caregivers that face the life and death daily in the caring-killing paradox. First described by Reeves, the
caring-killing paradox states that shelter workers who generally do this for the love are animals are faced with euthanasia when facing the misery of over population. Due to this moral stress, there is a documented increase in turnover of those employees responsible for euthanasia decisions. Veterinarians have been documented to be at a higher risk of suicide compared to both the general population and other medical professionals. The reason for this is likely multifactorial, but includes work related stressors, emotional disequilibrium, negative feelings associated with work related decisions, and the routine involvement in euthanasia or slaughter of animals. Recognizing risk factors and symptoms of CF, may help prevent this within the veterinary profession.

Risk Factors
When the demands of caring exceed one’s personal resources, CF can evolve. Caregivers, especially those associated with end of life care, are constantly barraged by these “critical incidences”. Caregivers empathy is chronically in demand. While the practices and experiences can be varied, the stress resulting from emotional concerns of the owners, accumulation of losses, financial considerations in the advancement of care, and threat of death or euthanasia are constant. Pet owners seek compassion from their veterinary care team, ranking them higher than seven other medical health professionals. Other risk factors for the caregiver includes inadequate timing with dying patients, growing workloads, inadequate coping with their own emotional response, difficulty communicating grief, depression and guilt. While CF literature is growing in the human medical fields, education about CF in the animal health care industries is often lacking, leading to limited identification coupled with limited stress management skills. Some professionals define themselves as “being what they do” blurring the professional boundaries with their patients and their families. This is powerful in that professional disappointment is then linked directly to self worth. Many caregivers report that they never have enough time for themselves, amid caring for everyone else, resulting in a loss of self care. This continuous giving results in often a sudden feeling of having nothing left to give, that comes with the physical, mental and emotional exhaustion of CF. Coupled with a lack of support experienced through self isolation and lack of hope, these feelings can be overwhelming.

Personal characteristics may also predispose caregivers for CF. CF seems to be higher in females than males, and is more noted in caregivers working in a solo practice. Some roles within care giving (i.e. nurses, veterinary technicians) have been linked to a lack a sense of personal control over events, predisposing them to CF. Other caregivers mistakenly attribute success to chance instead of personal accomplishment, disallowing the recognition of self worth. However, other personal characteristics may make CF less likely. Being married and having children strengthens the recognition of nurturing personal relationships and is protective against CF. Ethnicity may also provide a role. African American family members of dementia patients report higher level of satisfaction providing care to their loved ones than did Caucasian caregivers in a large, multicenter study with 720 participants (when other factors including socioeconomics were controlled).

Indicators of CF
Caregivers experience and overwhelming number of symptoms or indicators of CF. Emotional indicators include anger, frustration, depression, increased crying, numbness, negative attitude, increased anxiety and irritability. Physical symptoms include changes in sleeping behavior, somatic illness, lethargy and decreased immune strength. Spiritual indicators include a loss of
hope, increased skepticism and excessive guilt. Work related indications include avoidance of clients, patients or procedures, hyper-vigilant response, loss of enjoyment in work, and fear or guilt about letting clients of patients’ down.9

Impact on Self and Others
The consequences of CF can range from personal crisis to suboptimal patient care and medical errors. As CF manifests, the stressors the caregiver faces become more demanding, and the need to do more with less becomes exacerbated. When this happens, the patient, patient family, caregiver, caregiver family/friends and workplace all are negatively affected.3,20 The service the caregiver provides, decreases, resulting in lower patient satisfaction and perpetual career dissatisfaction. This can lead to negative morale amongst coworkers, high turnover rates, decreased productivity, increased medical errors, and increased expense to the employer. CF in its terminal stages results in diminished capacity to enjoy life, as well as professional exit.3,20

Self Care and Prevention
The cornerstone of prevention of CF is maintenance of good self care. Self care refers to actions and attitudes which contribute to the maintenance of well-being and personal health and promote human development. In terms of health maintenance, self care is any activity of an individual, family or community, with the intention of improving or restoring health, or treating or preventing disease.

Education on self care and the prevention of CF is lacking in both human medical and veterinary medical professions. In the accreditation standards for the US and Canadian medical schools, the Liaison Committee on Medical Education, while highlighting the importance of student well being, exposure to end of life care, and the provision of personal counseling as a resource, does not specifically identify self care or other related areas.22 The Accreditation Council for Graduate Medical Education (ACGME), which oversees the training of US residents and fellows has historically not included self care in its outline of competencies for trainees in all specialties.23 In 2008, self care was finally incorporated into the ACGME Program Standards for Hospice and Palliative Medicine fellowship training, recognizing self care as a critical aspect for satisfaction and longevity amongst these particular caregivers.

Implementing self care is a multifactorial process, involving both personal and professional responsibility. There are multiple dimensions that make each one of us enjoy life. These are summarized in the widely available wellness wheel. This tool balances types of wellness including physical, intellectual, emotional, spiritual, social/cultural, environmental, occupational/financial wellness. Strategies for improving self care include finding balance within these six categories. Perhaps this begins with prioritizing close friendships, maintaining sleep hygiene, having regular physical exercise, eating healthy foods, taking vacations with loved ones, fostering recreational hobbies, practicing mindfulness and meditation, and reconnecting with spirituality.3

Self care does not mean becoming emotionally unavailable.7 As part of self care, becoming more self aware is another key tool to aid in the prevention or reduction of CF. Self awareness is defined as one’s ability to identify his or her own needs as separate from the needs of the patient. Greater self awareness has been shown to improve patients care and satisfaction, as well as improved caregiver CS.3,24 Meditation and mindfulness has been shown to reduce anxiety. This personal, inward reflection has been shown to enhance the sense of well being,
increased empathy, and decrease anxiety. Mindfulness also evokes the sense of being present within the moment. The psychological benefits also include reduction in perceived pain, and development of a kind, non judgmental attitude.\(^3\)\(^7\) This attunement to one’s own feeling, will allow us to deepen the level of empathy felt by the recipients of our care.

Team or professional self care is equally important. Having a professional network of peers and mentors, to discuss stressors and provide guidance, will aid in the reduction of CF.\(^7\)\(^20\) For individual team members, seeking organizational engagement opportunities, improving communication and managements skills, and increasing self awareness in setting boundaries are ways in which a positive balance can be achieved. Boundaries may be as simple as time clock adherence, or not answering work related emails while not at work. For the team as a unit, debriefing regarding particularly emotional situations, or cases may allow varying levels of caregivers to speak out about concerns, improve level of communication, understand decision making, and enhance both the feelings of control and the reciprocal healing that can occur when taking care of a patient.\(^7\)\(^20\) This strategy has proven to be helpful in many situations.

In conclusion, caregivers working with end of life patients frequently have to respond to the high emotional, mental and physical suffering of their patients. Being immersed in this environment, with little institutional awareness and support, makes caregivers subject to CF. Education regarding CF heightens the caregivers’ awareness of its symptoms. Employers and educations institutions should strategize ways to improve education and implementation of team self care in order to reduce the devastating personal and profession CF. Embracing self care techniques and practicing self awareness will over time diminish compassion fatigue and improve compassion satisfaction.

References

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