

Enough Already: Compassion Fatigue

Patricia Katopol

Introduction

Melissa pulled into her garage and turned off the car. She put her head on the steering wheel as the tears welled up – how much more could she take? She loved, or at least had loved, her small town public library job. She enjoyed helping her patrons, from the kids with their school projects to the mature citizens who came in to use the library's computers. But things are different now.

The factory closed almost two years ago. Life moved along as usual for a while, but then the unemployment started to run out. Businesses started closing or letting workers go. People came into the library asking about domestic abuse, how to get food stamps or social security, and how to find out about jobs out of town. A few moved away, but most, with family ties to the area, stayed on, even as the situation got worse and opportunities diminished. With the reduced budget the Council approved for the library, Melissa figured she would be able to keep the light on but not much else. There was no way she was going to get the new computer that was so desperately needed. She appreciated that the townspeople felt strongly that defunding the library would mean the town was taking one step closer to the end but despite their best wishes, Melissa knew that the reduced funding meant she would have to lay off one of her staff. She might even have to reduce her own hours. As the director and only degreed librarian, Melissa felt she had no one to go to for support, no one who would understand patron service and the role of the library in the community the way she did. As much as she enjoyed her job and cared for her patrons, Melissa knew that caring wasn't going to put more money in the budget. And it wasn't going to help her patrons – whose problems had begun to eclipse her ability to help them with the resources available to her.

Compassion fatigue

Melissa is suffering from *compassion fatigue* (CF).¹ Compassion fatigue applies to those who work, paid or volunteer, in difficult environments. Not surprisingly, compassion fatigue occurs in the helping professions such as nursing², first responder jobs³, and therapy⁴. Practitioner articles are starting to document compassion fatigue in those who work with animals⁵, in shelters⁶, or with animals in research labs⁷.

Another example of compassion fatigue may occur in adult children who care for elderly parents. An adult child may tire of ever-increasing caretaking duties from accompanying the parent on trips to the doctor, shopping and money management, or dealing with incontinence. I suggest that many news stories about 'elder abuse' are actually the result of compassion fatigue. The adult child has not suddenly turned abusive toward their parent, but has reached a breaking point with caregiving (which is often added to job and child-raising responsibilities), has nowhere or no one to turn to for help, and snapped.

Those who find they can no longer watch the news about refugees, school shootings, or homelessness, feeling there is nothing they can do, or no end to these situations, may also suffer from compassion fatigue or secondary traumatic stress, stemming from Figley's findings that relatives of victims of traumatic events could also display compassion fatigue. In the past, being a personal witness to traumatic events was a rarity outside of war or first responder-type jobs. Now, the trauma faced by people across the country and across the globe can be watched on cable news and uncounted online videos twenty-four hours a day, so that we may well feel like relatives of victims who look on, but are not personally involved in the event.

Compassion fatigue affects those who enter the helping professions, including librarianship, precisely because these are the people most likely to put themselves in the place of others, to feel compassion and empathy for those they help. While librarians may not directly face the same types of trauma as social workers, first responders, or animal care workers, that does not make the stressors they face any less difficult for them to bear. Perhaps the librarian is directly involved in helping the unemployed, the ill, the abused, and the caretakers deal with their traumatic events and so has to listen to patrons recount these events in order to be most helpful. Or perhaps the librarian's work life is negatively affected by disruptive patrons, workplace safety concerns, layoffs, and budget cuts that reduce staff and services.

The [American Bar Association](#) provides information on compassion fatigue for its members, suggesting that those most likely to suffer from compassion fatigue have work that begins to take over their personal lives to an extent that their worldview and personality may change. A person may become irritable and quick to anger, or perhaps their work causes them to see only danger in the world, so that they withdraw from friends and family. Interestingly, those who can't detach themselves from work may even pursue more work, even though it is the work that is negatively affecting them.

Compassion fatigue and librarians

For librarians, stress can come from dealing with difficult patrons and uncertain budgetary constraints, to having to do to work for which they aren't qualified, due to staff cutbacks. While many working people face similar stresses, librarians bring commitments to service and accessibility not present in many other professions. Librarians often learn of situations that require them to keep confidences. For those who cannot easily separate their patrons' problems from their own, knowing about them can be wearing and stressful. The librarian's admirable ethic of working on a problem until a solution is found can keep the patron's problems at the forefront of the librarian's thoughts long after she should have moved on mentally. This is not to say that information professionals should stop bringing caring and service to the job, but they have to learn where to draw the line for their own mental health and to maintain their effectiveness on the job.

How can managers and staff address compassion fatigue in the workplace? The [Compassion Fatigue Awareness Project](#) was organized to promote an understanding of CF and to help people manage their feelings. One of the Project's important services is providing information about indications of CF. For example, a manager might think that a staffer who is frequently late or is requesting more absences has become apathetic about her work performance. Or the manager might notice a staffer's substance abuse. If the

manager is aware of compassion fatigue, she might reach out to the staffer and talk about the job and its stressors, not only the staffer's behavior.

The organizational structure itself can encourage compassion fatigue. As the Project notes, the low pay, financial insecurity, space constraints, and frequent management turnover inherent in nonprofits (and also, I suggest, in poorly resourced government agencies) only compound the problems that contribute to compassion fatigue. Managers should be on the lookout for changes in behavior, invite staff to share their feelings about the situation, and try to accommodate staff who may need time off or referral to mental health resources. For those who work in organizations where there is counseling or insurance coverage for it, let the staffer get counseling without feeling guilty about taking time away from work. If the staffer doesn't want to talk about why they need counseling, don't press them about it, so as not to contribute to their fear that their job may be on the line because they 'can't take it.'

Working with staff

What can you do for your employees? While you may not be able to predict how individuals will deal with stress, you can support staff and give them a safe place to vent, encourage them to take care of their health through stress reduction and exercise. Suggest that they avoid dealing with compassion fatigue by self-medicating with alcohol, drugs, food, or tobacco. Abuse of these substances only sets the stage for additional problems in the future.

It is important for those with compassion fatigue to be able to talk with people who understand the work that they do and can empathize with what they are going through. It may be helpful to release feelings in a journal. People may want to start or continue spiritual rituals that they find comforting, such as attending church or meditation. Don't wait for big moments to celebrate with staff – celebrate and find happiness in the things that they are able to do, no matter how small. When things don't work out as planned, help staff to learn from the situation. Perhaps something can be done to avoid the problem in the future. Even if there is nothing that can be done to change the outcome of similar situations in the future, it can be less stressful to know what is coming, rather than to be surprised by it.

Staff may need to do less, if this is not possible at work, they might be able to reduce obligations at home. A partner or older children can take over some of the chores at home, leaving the staffer time to relax. To get familial support, suggest that staff share information about the work situation, at their comfort level, and why they need some down time. Staff might use therapy or introspection to determine if there is anything about their personality that makes the work situation more difficult for them. Being a perfectionist isn't all it's cracked up to be. The world is not a perfect place and there are no perfect people. Employees can create stress for themselves and set themselves up for failure if their attitude is that things are either perfect or are unacceptable (or if the organization encourages this type of thinking). Employees who think that they should be able to do everything on their own, instead of asking for help when needed, may also contribute to compassion fatigue. Managers might consider task assignments, evenly distributing the more difficult tasks among staff. If a staffer is having a particularly challenging time, perhaps that person should be shielded from difficult tasks for a while. For example, workers in biomedical animal labs may be shielded from euthanizing animals that have become their favorites.

Figley suggests that compassion fatigue is "the cost of caring."⁸ I don't think that information professionals want to stop caring about the work and the people they help, but it is important

to the mental and physical health of your staff, to their relationships, and to their continued ability to do the work that brings meaning and satisfaction to their lives, that managers become knowledgeable about compassion fatigue and what they and their organizations can do about it.

Finally, when it is the manager who suffers, and if there are no organizational supports, the manager must know how to recognize compassion fatigue in herself, learn about self-help, and take steps to minimize its impact on her work, her staff, and her personal life.

References

1. Figley, C. (1995). "Compassion fatigue as secondary traumatic stress disorder: An Overview." In *Compassion Fatigue*, edited by C. R. Figley, 1-20. NY, NY: Brunner/Mazel.
2. Hesselgrave, J. (2014). Coping with Compassion Fatigue in Pediatric Oncology Nursing. *Oncology Times*, August 10: 2–3.
3. Baxendale, J. (2015). Complacency: An Occupational Inevitability?" *EMSWorld*. Retrieved from <http://www.emsworld.com/article/12073821/complacency-an-occupational-inevitability>.
4. Craig, C.D. and Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress & Coping: An International Journal*, 23(3): 319-339.
5. Wagner, T. (n.d.). *Compassion Fatigue of Animal Care Work*. Retrieved from <http://www.animalsinourhearts.com/fatigue.html>.
6. Human Society of the United States (n.d.) *Stress and Compassion Fatigue*. Retrieved from <http://www.animalsheltering.org/resources/all-topics/stress-and-compassion-fatigue.html>.
7. Kelly, H. (2015). *Overcoming Compassion Fatigue in the Biomedical Lab*. Retrieved from <http://www.alnmaq.com/articles/2015/08/overcoming-compassion-fatigue-biomedical-lab>.
8. Figley, C. (1995). "Compassion fatigue as secondary traumatic stress disorder: An Overview."

Patricia F. Katopol (pkatopol@uiowa.edu) is IRB Education & Compliance Specialist with the Human Subjects Office in the Harden Library for Health Science at the University of Iowa

Published: February 2016