Physician Health and Wellness: Compassion Fatigue and Second Victim

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Goals

1. Clarify definitions.
2. Empathy versus compassion, why this matters.
3. Overview of emerging research.
4. Introduce resources and skills.
Primary traumatization: can occur from having persistent, intense, and direct contact with a traumatic event (war, violence, sexual/physical abuse). Can lead to posttraumatic stress disorder.

Secondary traumatization: process via an indirect exposure, hearing about or caring for someone who has experienced a traumatic event. Can lead to burnout, compassion fatigue, vicarious trauma, secondary traumatic stress.
Compassion Fatigue

“The change in empathic ability of the caregiver in reaction to the prolonged and overwhelming stress of caretaking.”
Compassion Fatigue and Burnout

Similar, and compassion fatigue includes:

- Avoidance of suffering and emotionally charged situations.
- Disengagement from conversations about trauma.
- Reduced ability to feel sympathy and empathy.
Compassion Fatigue Can be Characterized by:

- Increased absenteeism.
- Exhaustion, anger, and irritability.
- Diminished sense of enjoyment or satisfaction with work.
- Impaired ability to make decisions and provide patient care.
- Aggravated by severity, frequency, graphic nature of exposures.
Measuring Compassion Fatigue

- **Professional Quality of Life**: (positives and negatives)

- **Index of Clinical Stress**: (perceived level of clinical stress)

- **Silencing Response Scale**: (when caregivers actively avoid or redirect conversations away from distressing material)
Compassion Fatigue: Potential Compounders

- Second Victim Phenomenon (Vicarious Traumatization)
- Moral Distress
- Empathy vs Compassion
Second victims are health care providers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event.
Second Victim Phenomenon

- Frequently, these individuals feel personally responsible for the patient outcome.

- Many feel as though they have failed the patient, second guessing their clinical skills and knowledge base.
Moral Distress

“Inability of a moral agent to act according to his or her core values and perceived obligations due to internal and external constraints.”

“Feeling powerless to change situations they perceive as morally wrong.”

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Potential Triggers of Moral Distress

- Medical error
- Patient’s suffering
- Prolongation of life
- Feeling of incompetence
- Conflict about treatment
- Poor team communication
- Perceived misalignment of values
Compassion Versus Empathy

Why is this distinction important?
What is Compassion?

From the Latin: com + pati- to bear, suffer

• Sympathetic consciousness of other’s distress *together with a desire to alleviate it*.

• Understanding of another’s pain *coupled with desire to somehow mitigate it*.
Compassion Versus Empathy

From the Greek: em + pathos- in, feeling

- Empathy is the ability to relate to another’s pain vicariously, as if one has experienced the pain themselves.

- The ability to share the feelings of others.
Empathy

Literally ‘in feeling’ with the other.

**Empathy Benefits:**
- Can help one predict and understand the social and affective behavior.

**Empathy Cost:**
- At an extreme, the ‘cost of caring’ can exceed caregivers’ ability to respond in stressful situations — compassion fatigue.

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Empathy: Neural Correlates

• fMRI studies have now measured empathic brain responses for pain, fear, anxiety, anger, sadness, and social exclusion, among others.
Empathy: Neural Correlates

• Best studied in pain, an empathic response recruits brain areas in the observer that mirror neural activity in the subject who is experiencing pain.
Empathy for a person who is sad may result in feeling sad ourselves. Repeated exposure can lead to withdrawal or avoidance to self-protect.

Compassion towards the sad person results in a feeling of loving or caring for that person coupled with a motivation to relieve their suffering.

- Promotes prosocial behavior.
Compassion Training

- Compassion training, (even brief training) can enhance prosocial helping behavior and activate brain areas associated with positive affect and reward.

- May increase resiliency related to aversive events by upregulating networks associated with positive affect, reward, and attachment.
Compassion Training

**Emory University**
Emory-Tibet Partnership
Emory- Tibet Science Initiative
Training in **Cognitively Based Compassion Training (CBCT)**
https://tibet.emory.edu

**Stanford University**
The Center for Compassion and Altruism Research and Education, **Stanford CCare**
http://ccare.stanford.edu/
Mindfulness

Ancient practice, modern application
Mindfulness in Pain, Trauma

- Indirect effect of negating acute response to trauma and stress:
  - Recognize
  - Accept
  - Release
Mindfulness in Pain, Trauma

• Direct effect of inhibiting physiologic consequences of chronic stress exposure:
  - Psychiatric
  - Metabolic
  - Cardiovascular disease
NIH Human Connectome Project
Harvard/Mass General USC Stevens Neuroimaging and Informatics Institute
Mindfulness-Based Stress Reduction

Combines:
- Meditation
- Mindful eating
- Yoga
- Exercise
- Walking meditation

J. Kabat-Zinn
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Mindfulness: Resting State Functional Connectivity

MBSR Training, Systematic Review 30 studies

- Improved functional connectivity: prefrontal cortex, cingulate cortex, insula, hippocampus (associated with improved emotional regulation).

- Decreased functional activity in amygdalae (detection and response to perceived threats, fear).
Mindfulness: Resting State Functional Connectivity

• 8-week MBSR training vs relaxation training (RCT)

• Neural connectivity more positive in the meditation group.

• Enhanced connectivity correlates with increased self-awareness and regulation of negative affective processing.

• *Coincided with decreased pro-inflammatory IL-6 levels.
Addressing Compassion Fatigue: ‘Compassion Satisfaction’

- Educate at-risk workers
- Prevent burnout and improve quality of life
- Balance of humanity and professional distance
- Self-care skills, cultivate resiliency and self awareness
- Self-compassion to challenge a negative internal dialogue
- Shift from reactive to intentional behavior

Treatment Manual for Accelerated Recovery from Compassion Fatigue. Psych Ink Resources; Toronto, ON, Canada: 2011. Gentry, Baranowsky
Addressing Compassion Fatigue: ‘Compassion Satisfaction’

• Proactive leadership
• Skillful communication
• Anticipation, recognition, event debriefing
• Inter-professional team support, peer mentoring
• Rapid and confidential counseling
• Goal: return to high functioning behaviors

Treatment Manual for Accelerated Recovery from Compassion Fatigue. Psych Ink Resources; Toronto, ON, Canada: 2011. Gentry, Baranowsky
In Summary:

“A Shift in Perspective Can Be Highly Protective”
Experiential Exercise: Metta Meditation

May you be happy.
May you be well.
May you be safe.
May you be peaceful and at ease.
Thank you
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