



Caroline Hewson MVB PhD MRCVS

From 2000 to 2006, Caroline Hewson was Research Chair in Animal Welfare at the Atlantic Veterinary College, Canada. Returning to practice in the UK in 2013, she created 'The Loss of Your Pet' client-care packs and staff training, to help practices support bereaved clients without needing more time or personnel.

Grief for pets – Part 2: Avoiding compassion fatigue

Caroline Hewson MVB PhD MRCVS

C. J. Hewson Limited, Calyx House, South Road, Taunton, Somerset TA1 3DU, UK

ABSTRACT: Dealing with clients' distress, especially at euthanasia, is one of the main stressors for veterinary nurses, and it can result in compassion fatigue. There seems to have been little acknowledgement of this in the workplace or the literature, and we lack research on prevalence, risk factors and the most effective strategies of prevention. This article introduces the topic and suggests how you might avoid compassion fatigue, through self-care and both informal and formal support at work.

Introduction

An earlier *VNJ* article (Hewson 2014b) reviewed factors that can shape clients' grief for their animal companions. A subsequent article will consider ways to support grieving clients, which many nurses find is a highly satisfying part of their work (Dobbs 2012; Black, Winefield & Chur-Hansen 2011). However, because dealing with clients' emotions is also one of the top ten stressors for veterinary nurses (Rohlf & Bennett 2005; Dobbs 2012), this article introduces ways to cope with the challenge.

Definitions

Supporting grieving clients brings emotional rewards but can create two kinds of occupational stress: burnout and compassion fatigue.

Burnout

Burnout is a general exhaustion from the demands of work and daily life, with related loss of morale at not being able to achieve one's goals (Yoder 2010). An example is working in a practice that is under-staffed, so you do not have the time to do your work to the standard you wish – including talking to grieving clients. In trying to get everything done, there is an increasing likelihood of your forgetting a task or making an error. This results in growing frustration and a sense of lack of control, with knock-on effects on professional and social behaviour, mental health and

physical well-being. Burnout is thought to develop slowly (Yoder 2010) and may then be experienced intermittently (Thomas & Baile 2012).

Compassion fatigue

Compassion fatigue (CF) is a form of emotional depletion caused by helping those in distress and being unable to resolve their pain (Najjar *et al.* 2009; Yoder 2010). It is similar to burnout, in that both involve failure to achieve the desired result, and both involve a feeling of 'running on empty' (Boyle 2011). However, whereas burnout stems from the general work environment, CF results from emotional involvement with clients (Boyle 2011). It is thought to be more of a risk if you are naturally empathetic, i.e. you identify easily with another's feelings (without judging them), and can communicate this to the person (Najjar *et al.* 2009; Slocum-Gori *et al.* 2013). However, CF may also reflect a lack of personal boundaries (e.g. the nurse over-identifies with the client because of having had similar personal experience (McSteen 2010)) and a tendency to try to 'rescue' others (Sabo 2011).

Compassion satisfaction

Compassion satisfaction is a positive state derived from the emotional rewards of caring for patients and clients and seeing improvement in their well-being (Slocum-Gori *et al.* 2013). The rewards seem to stem primarily from empathy (Slocum-Gori *et al.* 2013).

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Moral stress of euthanasia

A further challenge can be moral stress arising from euthanasia (Rollin 2011). Veterinary nurses typically choose their profession because they care deeply for animals, but they are sometimes required to help kill them. This can create a sense of failure or of having betrayed a contract of care with animals, especially those you have nursed and come to know (Rohlf & Bennett 2005). In addition, euthanasia causes clients grief. Being unable to 'solve' that too may compound a nurse's inner discomfort. Moreover, nurses typically have to resume other duties immediately after assisting in euthanasia, without time to debrief or reflect. Coping with the feelings generated by these combined experiences can be very draining.

Signs of compassion fatigue

Table 1 lists some of the common signs of CF. Many of the signs are also found in burnout but, as explained in the definitions, the context for them is different. To suffer from either is not a weakness of any kind. Rather, each is a battle scar of a committed, hard-working professional who, in giving so generously of her- or himself, has forgotten to safeguard her or his well-being.

Prevalence among veterinary nurses

We lack representative data on the prevalence of CF and other workplace stresses among veterinary nurses, however:

- During a webinar for nurses (Hewson 2014a) with 30 participants, an informal poll indicated that 20% of respondents felt they definitely had CF, and 20% thought they might have.

- Australian researchers examined the impact of euthanasia on 150 personnel, including 47 nurses in private practice (Rohlf & Bennett 2005). Results were not reported by workplace, but almost half of all participants identified performing euthanasia as one of the worst aspects of their work, with 11% of the sample having a moderate but non-clinical level of trauma symptoms related to euthanasia. One quarter of the sample had received training in stress management and grief support, although this was not found to be related to the extent of trauma symptoms (Rohlf & Bennett 2005).
- Other Australian researchers used models of occupational stress from organisational psychology – rather than empirical questions – in a survey of 127 nurses in private practice (Black, Winefield & Chur-Hansen 2011). Approximately one-third of the respondents were experiencing high levels of occupational stress, i.e. high job demands but low job control. Frequency of involvement in euthanasia did not affect those outcomes. The study did not assess CF, but it seems likely to be a risk in 'high demand, low control' workplaces.

In human medicine, CF among nurses was overlooked until relatively recently (Boyle 2011), and it is well described among nurses in high-mortality fields such as oncology (Najjar *et al.* 2009; Yoder 2010; Sabo 2011; Powazki *et al.* 2014).

Minimising the risk of compassion fatigue

Owing to lack of research, we do not yet know the most effective ways to reduce CF among veterinary nurses while at the same time maximising compassion

satisfaction. To my knowledge, there is also insufficient evidence on how best to achieve this for human healthcare workers. However, following research on the mental well-being of UK veterinary surgeons, helpful approaches may include self-disclosure, general social support, and telephone helplines such as VetLife (Bartram 2010; Bartram, Sinclair & Baldwin 2010).

In human medicine, strategies have been categorised as indirect and direct, and both may help (Najjar *et al.* 2009).

The indirect approach

The indirect approach involves accepting and adapting to what we cannot control. In particular, we are responsible *to* our grieving clients but not *for* them (Lagoni & Durrance 2011). Grief is a normal and necessary way to adapt to life without the deceased. While normalising and validating clients' grief is important, we do not need to 'fix' it. We cannot, and attempting to do so is disrespectful of a client's need to adapt to their loss in a way that's meaningful to them. Moreover, almost all clients know this and do not want the veterinary team to try to remove their grief (Adams, Bonnett & Meek 1999).

The direct approach

The direct approach involves all concerned changing what they can. The rest of this article will outline changes that nurses and their practices might make.

Changing what you can

Self-care

The VetLife website points out that around 40% of our sense of well-being at work is related to the choices we make, such as how we think about our work and ourselves, and how much sleep and exercise we get (VetLife 2014). The same has been reported in human medicine, where self-care is held to be

Table 1. Signs of compassion fatigue (Boyle 2011; Thomas & Baile 2012)

At work	Emotions	Social	Physical
<ul style="list-style-type: none"> • Frequently late • Absenteeism • Clinical errors • Documentation errors • Unavailable or late when on call • Client complaints 	<ul style="list-style-type: none"> • No longer smiling • Irritable, cynical, sarcastic, angry • Apathy and numbness • Attitude of hopelessness • Tearfulness 	<ul style="list-style-type: none"> • Efforts to avoid activities and situations • Reduced interest in activities • Detachment from others • Withdrawal from family and friends 	<ul style="list-style-type: none"> • Lack of energy • Exhaustion • Difficulty falling/staying asleep • Difficulty concentrating • Accident prone • Headaches, diarrhoea, heart palpitations • Requiring alcohol, nicotine or other drugs to unwind

a central professional obligation (e.g. Luquette 2007; McSteen 2010; Thomas & Baile 2012). This includes recognising potential triggers for emotional depletion, through some degree of self-evaluation, although excessive introspection may not be constructive (Yoder 2010). Some strategies for self-care are listed in **Table 2**.

Group care at work: informal

A supportive workplace is essential for well-being (Rohlf & Bennett 2005; Black, Winefield & Chur-Hansen 2011). In many practices, co-workers have a good rapport and support each other with spontaneous acts of caring, and through informal debriefing in the workplace or during regular social gatherings.

Debriefing enables us to bridge the gap between experiencing an event and making sense of it (Fanning & Gaba 2007). It involves recollecting and reporting your experience of a stressful event and is something most people do among family and friends. It is important to remember, however, that your listener is usually untrained, and you may spread distress to them if you ‘unload’ every detail of an upsetting animal death on them (Mathieu 2013).

To avoid this, follow three steps (Mathieu 2013):

1. Give the person fair warning (‘I’ve just had a really upsetting case and I need to talk it through.’)
2. Ask their consent (‘Would it be OK with you if I talked to you about it?’)
3. Give a concise account of what’s happened, starting with the less upsetting aspects.

An untrained listener may not be able to help someone make complete sense of the event, but being able to voice your feelings and concerns is helpful.

The converse of receiving care from colleagues at work is watching out for CF in each other. If a colleague’s behaviour changes and is troubling, don’t assume you know the cause but do reach out to her or him, or mention it to the practice manager (Thomas & Baile 2012) – repeatedly if necessary:

- You might say to your colleague something like: ‘How are you doing? I’m concerned for you because I’ve noticed lately you haven’t been able to make it in on time, and you’ve had some paperwork glitches, which isn’t

like you. You’re a great nurse and we all care about you. Is there anything going on that I can help with?’

- To the practice manager, you might say: ‘I’m worried about X because I’ve noticed ABC which is really out of character. What can I do or do you think this is something you should explore with her/him?’

Group care at work: formal

A more formal approach within the workplace may lack immediacy, but it can be very beneficial, not least because staff will feel supported by the management (Black, Winefield & Chur-Hansen 2011). The approach might include one or more of the following:

- Within 48 hours of assisting in any animal death, particularly if unexpected or painful, the personnel concerned have the option of formal debriefing with another individual of choice, to express their thoughts and feelings and receive feedback and support.
- Regular, formal, individual debriefings (e.g. monthly) for airing concerns about cases of client-support that are troubling.
- Group meetings at which those who wish to can share their experience(s) and receive support. Leadership is required, with the leader sharing some of what she or he may be struggling with because this normalises it for other members of the group. However, it is not advisable to reveal all and no one should attempt to ‘fix’ others or over-extend empathy. The idea is primarily to know that others are having similar experiences. In human medicine, in the US, this approach has been developed into monthly Schwartz Rounds, now adopted in several NHS hospitals (Anon. 2014).
- Training in communication skills, coping skills and bereavement: in human palliative care, some nurses report having the technical and interpersonal skills to be clinically capable but not feeling comfortable in their role and feeling in need of training as above (Powazki *et al.* 2014). Anecdotally, the same is true among veterinary nurses. In human medicine, the additional training has been shown not only to improve patient satisfaction but to contribute to personnel’s confidence and peace of mind (Silverman, Kurtz & Draper

Table 2. Some self-care strategies for home and work (Luquette 2007; Bartram 2010; Dobbs 2012; Matthieu 2013)

At home	At work: Take responsibility for your needs
<ul style="list-style-type: none"> • Relaxation techniques such as meditation or deep breathing • Sufficient sleep • Healthy diet • Reading and personal reflection on the meaning in life and suffering • Consider mindful practices (being fully present to one’s experience of the moment, including psychological pain, without judgement or resistance – see Further reading). Techniques in mindfulness were developed to help physicians manage stress and are taught in at least one US veterinary school (Dowling 2013) • Review your personal and professional goals, and have a realistic tolerance of failure • Have/restore a healthy leisure–work balance • Develop appropriate social support with a variety of friends as well as family • Don’t use food, alcohol or entertainment media – especially violent or negative material such as news coverage, some television dramas, social magazines and novels – as your main means of unwinding. Instead, go for a run or a walk, play with your animals, listen to relaxing music, dance or write in a journal 	<ul style="list-style-type: none"> • Take your breaks • Say ‘no’ as appropriate • Ask for help as needed, whether with daily tasks, debriefing after a distressing euthanasia or other patient death, or for training to improve related knowledge and skills (communication, CF and bereavement) • Stay connected to the wider profession through conferences, online forums, etc. • If you feel that your practice is unaware of client-support needs during animals’ end-of-life and the cost to staff of supporting clients, open a discussion with your practice manager about potential ways to approach both better

2004; Luquette 2007; Najjar *et al.* 2009; Thomas & Baile 2012; Powazki *et al.* 2014). The same may reasonably be expected in veterinary medicine.

- Practice management being open about emotional stressors with all the team and when interviewing job applicants. Especially during busy periods and times of under-staffing, management might remind staff of the reality of emotional pressures that arise from supporting clients during animals' end-of-life, and reassure them of ongoing support.
- Staff assessments should always include time for discussion of emotional stressors and coping, and the support available through VetLife.

Concluding remarks

The effects on veterinary nurses of assisting in euthanasia and supporting bereaved clients are often overlooked but they can culminate in CF. The risk of nurses suffering from CF is likely to be reduced by a combination of responsible self-care, informal care among co-workers in the practice and management reminding staff regularly that emotional stress can be significant, management supports them and it has formal safeguards in place. [vni](#)

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Further reading

COMPASSION FATIGUE AWARENESS PROJECT: www.compassionfatigue.org

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Further help

If you think you may be experiencing burnout or compassion fatigue, don't feel you are on your own. Many of us experience them at one time or another, and help is at hand. This article has offered you some practical guidance for home and work, and you may also find the following resources helpful. Don't hesitate to reach out.

VetLife website

This website has information and confidential support to help you with issues that many of us struggle with. There is also a 24/7 helpline and email support.

www.vetlife.org.uk/

Samaritans

This is a confidential and non-religious support organisation, with a 24/7 helpline where you can talk through anything that's troubling you.

www.samaritans.org
jo@samaritans.org
 08457 90 90 90 (Call charges apply)