

Fighting Compassion Fatigue During Public Health Epidemics

Compassion and empathy have been relentlessly challenged by multiple epidemics in the United States. As [opioid overdoses](#) have increased exponentially, [suicides](#) have followed a similar trajectory. Most recently, the COVID-19 pandemic has tested our collective social and economic resilience. Witnessing and responding to these crises [affects numerous personnel](#), including first responders, healthcare workers and public health workers—all of whom need [empathy](#) and compassion to maintain motivation and promote positive outcomes. Compassion fatigue in responders can lead to emotional and physical exhaustion, substandard care, and a negative working environment.

As public health expands collaboration across sectors to implement new strategies to address the opioid crisis and support linkages to care, awareness of compassion fatigue can mitigate its impact on these interventions. Health agencies can help ensure that those involved in public health epidemic prevention and response efforts receive the necessary support to promote resiliency. This brief will examine the opioid overdose epidemic as a case study in compassion fatigue during public health epidemics.

Signs and Impact of Compassion Fatigue

[Compassion fatigue](#) is [defined](#) as “a state of tension and preoccupation with the individual or cumulative trauma of one’s clients as manifested in three major domains that parallel symptoms of post-traumatic stress disorders: (1) hyperarousal; (2) avoidance of stressful situations; and (3) re-experiencing difficult events through persistent or intrusive thoughts, or even dreams.” Compassion fatigue can manifest in a [variety of symptoms](#), including chronic anxiety, depression, disrupted sleep, feelings of fruitlessness and/or helplessness, and emotional distancing, which can increase instances of depersonalization and influence those being treated for OUD. Secondary traumatic stress mimics the symptoms of post-traumatic stress disorder and can develop in helping professionals through exposure to trauma. Trauma can negatively alter professionals’ cognitive view of themselves, their world, and their sense of meaning.

Professionals addressing the opioid crisis attribute [burnout and compassion fatigue](#) to the high volume of patients, time-intensive nature of addressing substance use disorders, the trauma of overdoses, and a declining sense of personal accomplishment. First responders specify that compassion fatigue influences their [interpersonal relationships](#). In a 2018 interview with *New Hampshire Public Radio*, firefighter Lt. Glen Telgen described what compassion fatigue is like for him: “You know depression, bad attitude, shortness with my kids and we don’t even know we are doing it, it’s not like we are trying to do it—we are not trying to go home and be miserable.”

Nurses describe a cycle of negative feedback between staff and clients with opioid use disorder (OUD), who often are guarded due to the stigma of substance use disorder and may respond to signs of staff annoyance with counter-aggression, which is an act of aggression undertaken in response to another’s aggression. [Nurses indicate](#) they feel unsafe when patients become aggressive, conflicted when assessing client requests for pain relievers, devastated by losses due to overdoses, burnt out by client reactions to withdrawal, and distressed over unrelieved client pain.

Health agencies should account for the possible effects of compassion fatigue on initiatives to link people with OUD to care in emergency rooms or initiate medically assisted treatment through EMS. Compassion fatigue can result in substandard care from providers, both in [self-identified instances](#) and [patient feedback](#), which can influence linkage to care efforts for OUD. Those affected by compassion fatigue may inadvertently send the wrong signals to patients suffering from OUD through a “[silencing response](#),” in which professionals attempt to decrease their own distress by retreating mentally, changing the subject, minimizing client distress, blaming the client, or expressing disbelief or sarcasm. Responses like these can [discourage those with OUD from seeking or being linked to treatment](#). With approximately only 20-40% of people diagnosed with OUD seeking treatment, it is crucial that professionals [practice self-care](#) to stay better attuned to the needs of those they serve.

Maintaining Self-Care and Compassion

While compassion fatigue affects professionals, [resiliency](#) can provide a reminder that the work being done is important and impactful. Leah Goldstein, a data abstractor from the Utah Department of Health, said “Working on research surrounding overdose deaths, it can begin to feel like these deaths are inevitable, even normal. It helps me to focus on stories of recovery and resilience, to remind myself that the work has an impact and is saving lives.”

A basic principle of trauma-informed care is to create a safe environment for clients and staff. The Green Cross Academy of Traumatology has developed [guidelines about self-care for first responders](#).

Professionals can protect themselves from compassion fatigue by considering the following strategies:

- Taking the time to learn and develop an understanding of compassion fatigue.
- Accepting the complexities and obstacles in helping with the fight against the opioid epidemic while remembering one’s limits.
- [Measuring levels of compassion fatigue](#) through assessment tools such as the [Professional Quality of Life Scale](#).
- Taking adequate time for breaks throughout the day and between shifts to regain equilibrium.
- Setting boundaries with clients and work and maintaining a balance between work and time off.
- Holding regular staff trainings, consultations, and reciprocal support around resilience.
- Using self-calming strategies like mindfulness, grounding, yoga, walking, and [compassion building exercises](#) to [maintain motivation](#).
- Spending time with family and friends.
- Getting adequate sleep and exercise and maintaining good nutrition.
- Seeking professional therapeutic support when necessary.

Looking Ahead

Health agencies are poised to support staff and partners engaged in combatting the opioid and other public health crises to mitigate the effects of compassion fatigue. Health officials should consider translating some of the guidelines mentioned and strategies outlined above into policy at their agencies to promote resiliency and wellbeing among staff and partners.

Note: This brief was supported by cooperative agreement number U38 OT000290, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.