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Fighting Compassion Fatigue In The Veterinary Industry

With compassion fatigue, we reach a point where we care too much, or care too little.

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You sit in a chair, listening to a person across the room talk about the horrible accident she witnessed. Through her tears, she describes the vehicle, the scene as it happened in slow-motion, the way her beloved family member's body looked after being struck.

In this scenario, you could be a social worker or counselor, trying to absorb your client's story while avoiding becoming emotionally involved in the situation as it unfolds in words in front of you—trying to avoid the post-traumatic stress that is part of your job day in and day out as you witness peoples' worst nightmares happening in real life.

Now, you look in the mirror and you are wearing scrubs.

The beloved family member, Fluffy, lies in back on a table while the team tries to revive the animal that has been hit by a car right in front of your client.

Nothing prepared you for this part of the job as a veterinary professional, the intense tales of trauma, illness, even abuse and neglect.

You walk out of the room fighting the urge to cry. Nowhere do you remember reading that being a veterinary technician meant reliving horrible moments with pet owners.

You often face scared and angry people, even when an emergency hasn't happened: the stressed-out new puppy owner who has no clue how to raise this pup, the elderly owner of the geriatric cat who are both facing a slow decline as age advances, a healthy middle-aged dog coming in for a wellness exam with an owner who is fearful of the test results and syringe pokes.

We face traumatized clients nearly every day, often without ever acknowledging the effect it has on us.

We are part of an elite force of helpers, and helping professionals often engage in actions that benefit others at a cost to

self.¹ Often, we don't even realize we are making that choice. Yet we put in long hours with minimum time off and barely an opportunity to participate in activities that refresh and fulfill us—a hobby, an event outside of work, a spare hour playing with our own animals, a chance to take in a movie.

We push our bodies beyond our capabilities, and run down our gas tanks by taking few breaks if any, eating only as we fly by the employee lounge, staying late and getting up early.

We find images of patients and clients popping into our brains, sometimes with disturbing results. We burst into tears when we walk out of the practice and get into our car to go home. We find ourselves mingling less and less with friends, maybe even families, and seek isolation after we clock out.

Our emotional stores have become depleted, and we may begin to feel apathetic. After all, it hurts too much to care anymore. The only thing that hurts more is the realization that we entered this career because of our love of animals, and we know they need us more than ever, if we had anything left to give.

Every helping profession experiences this condition. It is known by many terms: vicarious traumatization, secondary traumatic stress, secondary stress, even second-hand shock.

The human medical field recognized quite some time ago that this condition does not just occur in professions that deal with the retelling of trauma and providing emotional support; it is also rampant in professions where we provide actual physical or medical support.

In fact, it was a nurse who coined the phrase “compassion fatigue,” which is widely accepted as a fitting term for this condition in veterinary medicine as well. We are no stranger to the term “burnout” either, as many of us blame our feelings on it.

A physician compared the two terms in a most helpful way:

“‘Burnout’ results from the stresses that arise from the clinician’s interaction with the work environment ... while ‘compassion fatigue’ evolves specifically from the relationship between the clinician and the patient.”²

Our work conditions are tough, and these environmental factors can lead to burnout. If we leave that environment, we might be able to leave behind some of the factors that are causing burnout. Yet with compassion fatigue, we feel the results of those relationships we build with our patients and clients.

Just as in pediatric medicine, we are helping a patient who cannot speak on her own behalf, and a family who depends on us for support. If our training or education did not prepare us for these relationships and the needs of the people at the other end of the leash, we need to learn it on our own.

With compassion fatigue, we reach a point where we care too much, or care too little. We are either overcome with feelings that result in volatile moods, irrational fears and a lack of spiritedness, or we begin to battle intrusive imagery, poor memory and finally reach cynicism or apathy.^{3,4}

Our feelings of caring have been stretched to the limit. On paper, we all understand the purpose and necessity of empathy in the veterinary profession. It is our compassion toward and ability to relate to the suffering of animals that attract us to this profession.

Only compassionate, empathic, loving and caring people suffer from compassion fatigue—the very people who are so vital to the animal-care field.⁵

Indeed it is the expression of this empathy and our compassion that will convince a pet owner to trust us with the care of their animal. Yet there is a difference between empathy that is automatic and part of being a compassionate person, and the type of empathy we must use at work.

It is proposed that the painful symptoms of vicarious trauma are actually a result of utilizing controlled empathy while

listening to or seeing traumatic narrative content.⁶ It is often not the appropriate place or time for us to indulge in automatic empathy because we must show our client that we can handle the severity of the event, we are unshakable and ready to help.

There are other real-life reasons we cannot let feelings overcome us: We have a job to do, another client waiting in the next room, another patient who needs our attention, so we learn to either stuff our empathic feelings down or push them aside so we can get through the day. This is often what leads to those tearful drives home. But we cannot live this way, and we will not stay in a helping profession if we allow this to continue.

So what do we do about compassion fatigue? The first step is awareness, and the accepting of compassion fatigue as an occupational stress or hazard of the work we do. However, we are not alone.

Over the last decade there has been an increasing awareness of the need to develop ways to “care for our carers.” With this is a growing recognition of the necessity for a three-pronged approach to managing occupational stress. Firstly, an organizational responsibility to care for staff; secondly, an obligation among peers to support colleagues; and thirdly, a personal responsibility to care for oneself.⁷

We must learn that while we care for others, we must care for ourselves as well. We must work together to help colleagues become aware and accepting, and work within our organizations to create a compassionate culture where the leaders care as much about our emotional health as our work performance.

We must open the conversation and bring compassion fatigue out of the shadows of ignorance and denial, and talk together to find solutions. Here are a few discussion points to get you started:⁸

- How do we recognize our own compassion fatigue?
- If there was one thing we could do for ourselves to combat this problem, what would it be?
- How do we tell a colleague that we think he/she has compassion fatigue?
- What are we afraid of?
- What is the first step to help solve this problem?
- What happens to our profession if we do not get treatment for compassion fatigue?

FOOTNOTES

1. Second-Hand Shock – Surviving and Overcoming Vicarious Trauma; Ellie Izzo, PhD, LPC, and Vicki Carpel Miller, BSN, MS, LMFT; HCI Press, 2010.

2. Self-care of Physicians Caring for Patients at the End of Life: “Being Connected...A Key to My Survival”; Michael K. Kearney, Radhule B. Weininger, Mary L. S. Vachon, et.al.; JAMA 2009.

3. Healthy Caregiving: A Guide to Recognizing and Managing Compassion Fatigue, Presenter’s Guide Level 1; Patricia Smith; Published by Patricia Smith, 2008.

4. Second-Hand Shock, Izzo and Miller.

5. Compassion Fatigue in the Animal-Care Community; Charles R. Figley, Ph.D.; Robert G. Roop, Ph.D.; The Humane Society of the United States, 2006.

6. Second-Hand Shock, Izzo and Miller.

7. When the Caring Gets Tough: Compassion Fatigue and Veterinary Care; Peter Huggard, Jayne Huggard; VetScript, 2008.

8. Second-Hand Shock, Izzo and Miller.