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Contacts:
Northern Health Regional Palliative Care Nurse Consultation Line 250-565-7318

Choose Option:
1. General inquiries
2. Seth Gysbers
3. Jennifer Ferguson
4. Jenni Sweet
5. Jessica Kovacevic
6. Jennifer Krzyczkowski
7. Kelsey Lindeman

Compassion Fatigue
By Jenni Sweet, RN Palliative Care Nurse Consultant

Healthcare providers who work in palliative care are often overwhelmed by illness, death, and grief. How they respond to these stresses will vary from person to person - some find fulfillment in helping patients and families during this vulnerable time, while others struggle to deal with consistently witnessing loss, pain, and suffering.

The COVID-19 pandemic has suddenly highlighted the need for palliative care skills among those healthcare providers who would not normally deal with death and grief on a daily basis (Jansen, 2020).

Healthcare workers from a variety of professions are suddenly dealing with illness and death like they have never been exposed to before. Often challenged by increased workload and insufficient staffing, healthcare providers witnessing death and dying day after day are at high risk for developing compassion fatigue (Murray, 2016).

What is compassion fatigue?
The term compassion fatigue (CF) was first coined by Charles Figley in 1983. He defined it as a “state of tension and preoccupation with the cumulative impact of caring” (Melvin, 2012).

It encompasses the emotional and physical exhaustion that can occur when any health care provider is unable to refuel and regenerate quickly enough to meet the emotional and physical demands of his or her work (Murray, 2016).

Compassion fatigue is often used interchangeably with the term secondary traumatic stress and is often referred to as a unique form of burnout (Todaro-Franceschi, 2013).

Who in health care is at risk?
Healthcare workers employed in areas where patients do not return to a previous level of wellness, those who are exposed to patients suffering physically,
emotionally and/or psychologically, and those who provide care for the dying and their families are all at risk of developing CF. Palliative care is one of the most apparent areas that is affected by the above, however health care providers working in areas such as oncology, long term care, critical care, and now those caring for patients with COVID-19 are also susceptible. In addition to the areas in which we work and the patients we work with, other stressors can also play a role in professional CF. Different stressors may include personal or professional trauma, a toxic work environment, increased workload, insufficient staffing, lack of knowledge/competency and lack of self care (insufficient sleep, improper nutrition, and lack of exercise). Knowing you may be at risk, as well as knowing some of the common signs and symptoms are the first steps in preventing compassion fatigue.

**Signs of Compassion Fatigue**

Some of the commons signs and symptoms include but are not limited to:
- physical and emotional exhaustion
- anxiety and/or depression
- intrusive thoughts
- apathy
- headaches, dizziness, nausea
- hypertension or cardiac symptoms such as chest pain
- errors in judgement and/or difficulty concentrating
- difficulty sleeping and/or nightmares
- poor job satisfaction – dreading work or calling in sick more often
- feeling helpless, hopeless and/or numb

There are many signs and symptoms of CF; however, they often go unnoticed by those experiencing them. The chart on page 3 was developed by Franciose Mathieu, a registered psychotherapist who specializes in CF. It was created for health care providers to assess their self-care needs in relation to compassion fatigue (Murray, 2016). Green represents you at your best, yellow when you are not coping well and red when you feel unable to cope. This chart was developed for healthcare workers so that they can assess their existing level of stress and use strategies to stay or get back into the green zone.

(Continued on page 4)
# Checking In: Signs of Compassion Fatigue

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Yellow Zone</th>
<th>Red Zone</th>
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<tbody>
<tr>
<td>You are at your absolute best; well rested, organized and feeling on top of the world.</td>
<td>You are not coping as well. Things are not as smooth as they were. Perhaps you are more tired, more irritable. You are starting to feel overworked, and perhaps overwhelmed by the demands placed on you. You once loved the work you did but now you are bored when people tell you their problems. You ignore problems that you cannot fix and ask only those questions that will result in a discussion that is easy and positive.</td>
<td>You feel unable to cope. If you can even fall asleep, you wake up wondering how you can get out of bed, care for the kids, go to work and care for those people you are assigned to for one more day. You are not interested in hearing about any problems or advocating for anyone who needs any changes and you hope that no one asks anything extra of you. Your co-workers, if they are not aware, should be aware to leave you alone and not ask for your help. Or, you are frequently tearful at the drop of a hat. You feel angry if someone even looks at you. Someone suggested you take a stress leave, but you can't imagine how much work it might take to make that happen. You wonder if it would be easier to quit your job. You have never been depressed before, but wonder if this is what depression looks and feels like.</td>
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<table>
<thead>
<tr>
<th>Thinking</th>
<th>Yellow Zone</th>
<th>Red Zone</th>
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<tbody>
<tr>
<td>Life is good. Work is good. Let’s go!</td>
<td>I loved my work, for years I loved it. Then with all the cutbacks, fewer staff, fewer resources, no flexibility to switch shifts or take time off, no vacation relief...the recent policy changes. I am starting to hate work. And not only am I mad with management, I don’t even feel the same joy in caring for the people I am assigned to care for. I hate it. And I hate myself for not working with the joy that I always worked with.</td>
<td>I didn’t realize I had a problem. I knew I was tired, I knew I was frustrated... But one day I woke up and I could not get out of bed. I could not care for my kids or go to work. I was totally and completely immobilized. My partner took me to the doctor. She signed me off work for a month. I could not believe it. A month... surely I would feel better in a few days. Nevertheless, a month went and the numbness was just wearing off and the pain was just beginning. It took me nine months before I was back at work.</td>
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<tr>
<th>Reflection</th>
<th>Yellow Zone</th>
<th>Red Zone</th>
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<tbody>
<tr>
<td>Are you in the Green Zone?</td>
<td>Have you been in the Yellow Zone? What does the Yellow Zone feel like for you? Sometimes people live in this place feeling overloaded and are barely aware of it. What brought you to this place of increasing fatigue? Do you have any physical symptoms of fatigue? Chronic pain? Headaches? Back pain?</td>
<td>Have you been in the Red Zone? Are you in the Red Zone now? What does the Red Zone feel like for you? If you are in the Red Zone now, speak to your doctor or counsellor. Get support from an employee assistance program. Is there anything that you can do today to nourish yourself? Can you connect with a friend or a supervisor to talk about how you are doing? Can you ask friends/family for support to help you get professional support and develop some strategies to get out of the Red Zone?</td>
</tr>
<tr>
<td>If you are not in the Green Zone now, can you remember being there? What does being in the Green Zone feel like for you? Take a minute to feel it and enjoy the feeling of energy and inspiration. In your life, how do you care for yourself so that you can stay in the Green Zone?</td>
<td>What are your health behaviours when you are in the Yellow Zone? Can you imagine anything that might push you further towards the Red Zone? What can you do to move back to the Green Zone?</td>
<td></td>
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</tbody>
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From: Murray, K. (2016). Essentials in Hospice and Palliative Care: A Practical Resource for Every Nurse (pp. 255-261). Victoria, Canada: Life and Death Matters
Preventing Compassion Fatigue

Katherine Murray (2016), a hospice palliative care nurse and thanatologist, recommends the following strategies to help keep you in the green zone:

1. Developing Self Awareness

Similarly to “Acknowledging Feelings” above, utilizing personal reflective practices is a great first step in developing self awareness and preventing compassion fatigue. Understand your personal response to stressors. Try journaling or talking with a friend or counsellor. Make note of how you feel and how you react when certain feelings bubble to the surface.

2. Remembering Your Boundaries

Families may begin to think of some caregivers as a part of the family and may ask you to undertake tasks that are outside your role. This can create blurred boundaries which in turn can lead to emotional exhaustion. It is important to set and maintain therapeutic boundaries with the dying and their families.

3. Supporting Yourself in an Uncomfortable or Toxic Work Environment

A negative work environment or difficult co-workers, feeling overwhelmed with your workload and/or frustration that you don’t feel supported are all part of a toxic work environment. Staff may turn against one another, bully their co-workers or gossip about other staff members. Be aware that you have a hand in preventing or tuning around a toxic environment. Commit to avoiding gossip. Form bonds with positive colleagues who are interested in being proactive. And express gratitude either openly or anonymously.

4. Learning

Expanding your knowledge can help you be better prepared to do your work and feel comfortable in your role. Identify topics that you want to learn more about or that make you excited. Seek out educational opportunities at work or online and take advantage of what there is to offer.

5. Refuelling

Choose refuelling strategies that are meaningful and energizing to you. Schedule them in so you can recharge on a regular basis. We may feel we have a lack energy or time but it is important to make the effort even though it may seem hard. Some examples of ways to refuel are eating food that nourishes you, exercising regularly, getting enough sleep, spending time outdoors, spending time with those you care about and laughing!

Healing From Compassion Fatigue

Recognizing that you are suffering from compassion fatigue is the first step in starting to heal. Todaro-Franceschi (2013) uses the acronym ART to describe the steps one should take when trying to get back on the path of happiness and well-being:

A: Acknowledge Feelings (or a Wound That Needs Healing)

Become aware of your own feelings. Think about how you feel as you begin your workday. Are you noticing any of the signs and symptoms of compassion fatigue? This will help you become more aware of your situation. Pay attention to your interactions with others. Is there anything that you are finding upsetting or frustrating? Reflect on situations while you are in the moment. Make note of contributing factors as you become aware of them. Once you are aware of your stressors, you can begin step two.

R: Recognize Choices and Take Purposeful Action

Make a list with your concerns or problems that need to be addressed. Share with a friend or family member as it is often helpful to have a second set of eyes. Brainstorm different approaches to each of the issues. Once you have come up with a list of actions for each of your concerns, you are ready to take action and begin to heal.

T: Turn Outward Toward Self and Others

Step outside of yourself and turn toward yourself. How are you caring for yourself? Consider your physical health as well as emotional health. Are
you making time for the important things in your life? Turn toward the things that make you smile. Take time for the things that are important to you and that will help you reconnect with your own needs. Once you have begun your healing, you can work towards preventing compassion fatigue in the future. Practice mindful awareness and make note of your feelings; this is the most powerful indicator of possible regression.

Conclusion

Working in health care, especially in those areas where providers are frequently surrounded by death and dying, can take a toll on one’s emotional and physical health. Knowing the signs and symptoms of CF as well as ways to stay in the green zone are a few of the simple first steps to staying healthy. Healing from CF may take some time, but acknowledging that you are suffering will allow you to get back on the path of happiness.

“Care for yourself as well as you care for others.”

– Kath Murray, 2016

References


Northern Lights in Palliative Care

In 2016, the Terrace Hospice Society was lucky enough to receive a Seed Grant from the BC Center for Palliative Care. This grant enabled us to get Advance Care Planning (ACP) training for 2 volunteers. I was fortunate enough to be one of those chosen. Since then I have facilitated over 40 Advance Care Planning workshops. I currently offer 4 hour ACP workshops, divided into two 2 hour sessions, which allows time for participants to have some discussions and make decisions. After the second session many participants have fully developed an Advance Care Plan. For the past year, due to COVID-19, I have been presenting the workshops by video conferencing and have done one over the phone for someone without internet access.

Prior to taking my ACP training, I knew how I wanted my last days to look but didn’t know how to go about it. When I heard about Advance Care Planning, I was excited to learn that I had choices and a way to make my wishes heard even if I couldn’t speak. This brought peace of mind and a passion for making this information available to others.

For more information call Diana Woods at 250-635-4811

You can also learn more about Advance Care Planning in BC at northernhealth.ca or Speak-UpinBC.ca
Palliative Care Education

Upcoming Education Sessions by Zoom

April 16, 2021 is Advance Care Planning Day. Advance Care Planning Day is nationally recognized as an opportunity for Canadians to think about their values, wishes and beliefs for their future health care. On Advance Care Planning Day, between 6 and 8pm, all Canadians are encouraged to speak with loved ones about Advance Care Planning.

Learn more about Advance Care Planning at northernhealth.ca or Speak-UpinBC.ca

In recognition of Advance Care Planning Day, the NH Palliative Care Consultation Team will be hosting a number of different virtual events to support practitioners and the public in learning more about and beginning Advance Care Planning.

See table below for events and to register e-mail: palliative.care.consult.team@northernhealth.ca

**Register by March 31, 2021 to reserve a spot.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Session:</th>
<th>Who can register:</th>
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<tbody>
<tr>
<td>April 14, 2021</td>
<td>1400-1600</td>
<td>Serious Illness Conversation Training</td>
<td>Nurses, Social Workers, and other Health Care Workers</td>
</tr>
<tr>
<td>April 16, 2021</td>
<td>1230-1300 or 1300-1330</td>
<td>ACP Basics for Health Care Professionals</td>
<td>Health Care Workers</td>
</tr>
<tr>
<td>April 16, 2021</td>
<td>1630-1730</td>
<td>Public ACP Zoom Session</td>
<td>Anyone!</td>
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Palliative Care Awareness Module

The NH Palliative Care Consultation Team is pleased to announce that the Palliative Care Awareness Module is once again available. This course is available through the Learning Hub and offers a general overview of what palliative care is, the palliative approach, advance care planning, communication tips and dealing with grief and loss. If you are interested in some self guided palliative care education, please visit https://learninghub.phsa.ca, sign up for an account (if you don’t already have one) and search for Palliative Care Awareness.
Introductions

Welcome: Jennifer “Jenni” Sweet

Jenni joined the Palliative Care team as a Nurse Consultant in July 2020. After graduating from the nursing program at the University of Calgary in 2009, Jenni worked pediatric oncology at Alberta Childrens’ Hospital.

Originally from Prince George, she returned to her hometown and joined the oncology team at BC Cancer Centre for the North. She worked in chemotherapy and radiation therapy for almost 8 years before starting her new role with the Northern Health Palliative Care Team.

Outside of work, Jenni is a busy wife, and mom of two young boys and one very energetic goldendoodle. She enjoys spending time with her family, playing outdoors and drinking a hot cup of tea.

Welcome: Jennifer Krzyczkowski

Jennifer Krzyczkowski joined the Northern Health Palliative Care Consultation team in August, 2020. Palliative care has always been passion of hers, and during her 23 years at Vancouver Coastal Health, she focused on increasing palliative care awareness within the cardiac chronic disease patient population. She completed a Master’s degree in nursing at the University of British Columbia in 2017, and for her thesis coauthored in a recent study “A Retrospective Study of a Home Visiting Program for Patients with Heart Failure”.

Jennifer enjoys spending time with daughter Olivia and baker husband Lewis. She has rediscovered her love of cross-country skiing, and is enjoying the outdoors that the North has to offer!

Welcome: Kelsey Lindeman

Kelsey joined the Palliative Care team as a Nurse Consultant in November 2020, bringing 10 years of nursing experience with her. After graduating from UBC in 2008, Kelsey worked in multiple areas in Vancouver including: acute care, neuropsychiatry and labor and delivery before coming to know and love palliative care. She also spent 5 years living in Florida, where she worked as a Hospice and Palliative Care Coordinator, and has also worked as a Rural Nurse in Masset in Haida Gwaii. Kelsey has worked in urban centers and tiny rural settings and finds Prince George the perfect mix of both to call home.

Outside of work she loves practicing yoga and dance and spending time outside with her little dog Merry.