



**Burnout has been referred to as an “unintentional end point” for certain individuals who are exposed to chronic stress within their working environment.<sup>1</sup>**

**These job-related stressors can leave people feeling overworked and can occur when there is conflict between co-workers, responsibilities and work demands exceed available resources and when there are feelings of having no control over the quality of services and work provided, loss of economic security or position, feelings of inequity or lack of respect, or a gap between one’s individual values and the organizational goals.<sup>2,3</sup>**

# RECOGNIZING THE SIGNS OF BURNOUT + COMPASSION FATIGUE



## BURNOUT

**From the research perspective, burnout is considered one of the elements of Compassion Fatigue.<sup>4</sup> From the organizational and social work perspective, it is often distinguished as being different from compassion fatigue in that burnout arises from where one works, whereas compassion fatigue is associated with the work you do.<sup>2</sup> Here are three primary characteristics of burnout according to psychologists and social workers.<sup>2,4</sup>**

- **Feelings of hopelessness.** Burnout is associated with feelings of hopelessness and difficulties in dealing with your work or in doing your job effectively, and these negative feelings usually have a gradual onset. They can reflect feeling that your efforts do not make a difference or can be associated with a very high work load or a non-supportive work environment.
- **Exhaustion.** You may feel worn out, overwhelmed, drained, tired, and lacking adequate energy. Physical problems include stomach pains and digestion problems.
- **Alienation from job-related activities.** You may feel trapped by the work you do. You find your job increasingly negative and frustrating, and develop a cynical attitude toward your work and your colleagues. At the same time, you may distance yourself emotionally from your work.
- **Reduced performance.** Burnout mainly affects everyday tasks at work, at home or when caring for family members. People experiencing burnout tend to be negative about their activities, find it hard to concentrate, are listless and lack creativity.

**You might be wondering how to assess your personal levels of compassion fatigue, compassion satisfaction, and burnout.**

Here is a scientifically validated assessment tool called the Professional Quality of Life scale at [www.proqol.org](http://www.proqol.org).

Click on *Proqol Measure* and *Tools and look* for Proqol Measure. It was written for caregivers in human medicine like paramedics, psychologists and social workers. However, it has been used in research studies and clinical work with veterinarians<sup>8,9</sup> so when you complete the scale change the word “person” to client or patient. That will help give you better context to accurately answer the questions.



## COMPASSION FATIGUE

**Compassion fatigue is defined as an overexposure to suffering and pain that can cause personal stress and a reduced ability to be empathetic.**<sup>5,6</sup>

For professional caregivers like veterinary professionals, this stress occurs from a wish to relieve suffering, but when work or personal stressors exceed the ability to cope, it can result in psychological and/or physical symptoms that can disrupt a person's ability to function at work or in one's personal life. In comparison to burnout, compassion fatigue results from caregivers who frequently have to deal with highly distressing situations involving their patients and in our case as veterinary professionals, animal owners, clients and producers (the people part of the veterinary work). It has been considered the "cost of caring".<sup>1,5,6</sup>

Some experts believe that compassion fatigue is a misnomer because it is not fatiguing to extend compassion to others.<sup>7</sup> Empathy fatigue is a term that is popping up to describe the emotional exhaustion which caregivers, including veterinary professionals, experience. One of the reasons for this shift in terminology is recent neurobiological research that shows that the cerebral networks activated by acts of empathy are very different than the areas of the brain that are activated by acts of compassion. Compassion lights up the areas of the brain that release positive neurotransmitters such as oxytocin and vasopressin, making one feel revitalized.<sup>7</sup> On the other hand, extending empathy activates brain areas that sense and perceive pain and feelings of stress resulting in a depletion of feel-good neurotransmitters.<sup>7</sup>



You may begin to see the term empathy fatigue replace compassion fatigue in the literature. Regardless of the term used, as veterinary professionals we experience fatigue when we get too attached to alleviate the suffering of our patients, take on the pain of what others, such as owners, clients, and producers are feeling, or overtax and exhaust our empathy reserves when we work too deeply in emotionally charged situations.

Watch this presentation by Dr. Brian DiGangi DVM, MS, DABVP, Senior Director, Shelter Medicine, ASPCA as he describes different definitions of compassion fatigue, signs and symptoms, and helpful strategies in an evidence-based way.

[www.youtube.com/watch?v=9Vjv-645uaQ](http://www.youtube.com/watch?v=9Vjv-645uaQ)

Dr. Anna Baranowsky<sup>1</sup> has described a trajectory of the signs and symptoms of compassion fatigue. It is not a linear path as a person may have behaviours or thoughts at one time that align to a couple of the phases.



## COMPASSION FATIGUE

### Zealot phase

1

- You have overflowing enthusiasm and go the extra mile without complaining or prompting, willing to stay late or put in extra hours and you feel that you are making a difference.
- You make excuses because you think you are superhuman. So you say things like, “I can deal with this stress because I am a veterinary professional.” Or “I’ve been doing this for ten years but I am OK, I can handle this.”
- At times it might feel like you are losing control, so you roll up your sleeves and work harder, becoming a workaholic because you think the work will make your stress or bad feelings go away.
- Stress starts to affect you and you may experience rapid heart rate, breathing difficulties, aches and pains, shock, sweating, and dizziness.<sup>5</sup>

### Irritability phase

2

- Lose your sense of humour.
- Begin to cut corners at work.
- Daydream and get distracted when colleagues or clients are talking with you.
- Make mistakes or oversights.
- Become cynical and mocking others, talking about them unfairly and with criticism.
- Feel undervalued and under-resourced, like what you have is not enough to get the job done. You might blame others for not having the resources or putting up protocols or processes that seem like obstacles to getting your work done. You might feel ashamed, thinking that you should be able to handle it but beating yourself up because you can’t.
- This is in stark contrast to how you felt in the zealot phase or when you started the job, maybe at an earlier point you did feel under-appreciated or undervalued but you said to yourself, “That is OK, the animals need me, I need to care for the animals. I’m not in this for the people. I want to do this.” But then somewhere along the way you say, “That is not OK, I do not have enough or have what I need to succeed.” It is noteworthy that likely there was no change in the circumstances, situation or work tasks, rather there is a change in how you are responding.
- Become impatient, irritable, moody, angry.<sup>5</sup>

### Withdrawal phase

3

- You are tired all the time. Your sleep patterns are altered, either you sleep all the time or you can’t get to sleep or you wake up in the middle of the night and you can’t fall back to sleep.
- You get colds, one cold after another, one cold runs into another. Your cough never clears up.
- You might fall into the trap of self-entitlement. Self-entitlement is a justification of your negative and maladaptive behaviours because of the positive things you stand for, sort of like a quid pro quo. It’s like wearing an invisible badge of honour on your sleeve. “I stayed up all night with this sick patient so I am a little cranky today and biting everyone’s head off but I’m sure you get it. Look at me I am a hero and so committed to my work.” “Or I worked overtime every single day this week, so I am getting wasted this weekend.” We begin to justify the negative behaviours because of the things we do and what we believe in.
- Complaints about you at work or in your personal life.
- Patients start to blur in your mind, the cases all run together. Difficulty concentrating, confusion, spaciness, whirling thoughts, blurring thoughts.
- You see patients and owners/clients/producers as irritants and not as individuals deserving of attention.
- You may start to neglect, withdraw and detach from patients, clients, family, co-workers and yourself.<sup>5</sup>
- Potential for thoughts of self-harm or harming others.<sup>5</sup>
- Potential for use of negative coping techniques (smoking, alcohol, or other substance abuse and misuse).<sup>5</sup>

### Zombie phase

4

- On autopilot, just going through the motions.
- No longer are good on the job. Making mistakes.
- Feeling disconnected.
- Nothing left to give, depleted, emptied out, numb.
- Potential for thoughts of self-harm or harming others.<sup>5</sup>
- Potential for use of negative coping techniques (smoking, alcohol, or other substance abuse and misuse).<sup>5</sup>



## If you are feeling any of these signs please get help.



It is possible to disembark from this trajectory with self-awareness and accessing support. If you are in crisis, have thoughts of self-harm, harming others or thoughts of suicide **go to your local emergency department or call 911 immediately.**

If you have thoughts of suicide you can also contact the **Canada Suicide Line at 1-833-456-4566 or text 45645.** They can connect you to your local crisis centre.



See Appendix A for “Who ya’ gonna’ call list” for other support including a list of Employee Family Assistance Plans (EFAP) and phone numbers offered by your provincial veterinary association. EFAP provide telephone, online and in-person help to address a full range of mental health issues including but not limited to family and relationship issues, trauma, depression, anger management, stress management and more.



You may be wondering how to learn strategies to deal with compassion fatigue.

Check out this online course.

[www.sheltermedicine.vetmed.ufl.edu/education/courses/compassion-fatigue-strategies/](http://www.sheltermedicine.vetmed.ufl.edu/education/courses/compassion-fatigue-strategies/)

## REFERENCES

This checklist was written by Dr. Kathy Keil. Dr. Keil studied cognitive and neuropsychology in her undergraduate and graduate psychology degrees prior to attending veterinary school. She is not a licenced psychologist. She has training in Mental Health First Aid, safeTALK suicide awareness, ASIST suicide intervention and is licenced to teach safeTALK. She regularly teaches suicide awareness and basic intervention skills to veterinary professionals and ways for them to take care of their own mental well-being. She is a member of the ABVMA Member Wellness Committee and a technical services veterinarian with Merck Animal Health. She is the leading force behind the Merck-CVMA “It’s Time to Talk about Mental Health in Vet Med” Awareness Campaign.

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## RESOURCES

### Appendix A

#### Who ya’ gonna’ call list

This is a list of community resources that can offer mental health help and support including suicide intervention and crisis support. Make this list personal. Add phone numbers for help and support in your own local community.

If you are in crisis, please visit your local emergency department or call 911 immediately.

If you have thoughts of suicide or you are with someone who does call Canada Suicide Support 1-833-456-4566 or text 45645. This is a crisis line for immediate help when in crisis. It connects people to their local crisis centre.

**Veterinary Provincial Employee Family Assistance Plan (EFAP) Providers—Check with your association to make sure that you have the most up-to-date information. As of June 25, 2019 the information is as follows:**

**BC, AB, MB** Veterinary Medical Associations EFAP Provider is Homewood Health 1-800-663-1142. Press (1) for immediate crisis support, offered 24/7. [www.homeweb.ca](http://www.homeweb.ca)

**Saskatchewan** Veterinary Medical Association EFAP Provider is Professional Psychologists and Counsellors (PPC) 1-306-664-0000 or 1-888-425-7721. [office@peopleproblems.ca](mailto:office@peopleproblems.ca) [www.peopleproblems.ca](http://www.peopleproblems.ca) Service available to all active general, life practicing and educational SVMA members (must have been licenced for 6 months). Four hours of complimentary services annually. Your licence number is required.

**Ontario** Veterinary Medical Association EFAP Provider is WorkHealthLife 1-844-880-9137. [www.workhealthlife.com](http://www.workhealthlife.com) Available to OVMA members and their family. Professionals Health Program 1-800-851-6606 (available to veterinarians registered with College of Veterinarians of Ontario only).

**Quebec** AMVQ Association EFAP Provider is Morneau Shepell 1-800-361-2433. [www.travaillsantevie.com](http://www.travaillsantevie.com)

**New Brunswick** Veterinary Medical Association EFAP Provider is Clinic of Applied Psychology 1-506-858-9180. [www.cpamoncton.ca/fr](http://www.cpamoncton.ca/fr) (French) [www.cpamoncton.ca/en/](http://www.cpamoncton.ca/en/) (English). Service available to veterinarians registered with the New Brunswick Veterinary Medical Association. Three complimentary sessions with a psychologist (confidential). Bilingual appointments available in Moncton or with one of their partners across the province.

**Nova Scotia** Veterinary Medical Association EFAP Provider is the Professional Support Program 1-800-563-3427. Service available to veterinarians registered with the Nova Scotia Veterinary Medical Association.

**Prince Edward Island** No provincial EFAP Provider. Direct suicide support call 1-800-218-2885.

**Newfoundland and Labrador** No provincial EFAP Provider. Mental Health Crisis Centre (NL) 1-888-737-4668.

**Northwest Territories/ Nunavut/ Yukon** No EFAP Provider. Canadian association for suicide prevention NWT 1-800-661-0844. [www.nwthelpline.ca](http://www.nwthelpline.ca) and in Nunavut/ Nunavik 1-800-265-3333.

Find the number of your local distress centre and write it down on this list. Tip google these search terms—distress centre and the name of your local community

Write down other resources in your own community like counsellors, psychologists, social workers, chaplains.

**The CVMA also has a list of support services categorized per province.**

[www.canadianveterinarians.net/documents/resources/vet-health-wellness-helplines-support-services](http://www.canadianveterinarians.net/documents/resources/vet-health-wellness-helplines-support-services)



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