



**Mid-Atlantic Regional**  
PUBLIC HEALTH TRAINING CENTER

# Recognition and Management of Compassion Fatigue

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**PUBLIC HEALTH TRAINING  
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## Objectives

**After completing this session, you will be able to:**

- describe why compassion fatigue is an occupationally-relevant psychosocial challenge for public health and health care professionals;
- list three risk factors for compassion fatigue;
- explain how compassion fatigue manifests; and
- describe intervention and coping strategies to mitigate compassion fatigue.



01



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## Background

# 21<sup>st</sup> Century Preparedness Challenges

Non-pandemic new/emerging infectious disease outbreaks

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Natural disasters

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02

03

Pandemics

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01

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Technological disasters

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Terrorism and mass violence

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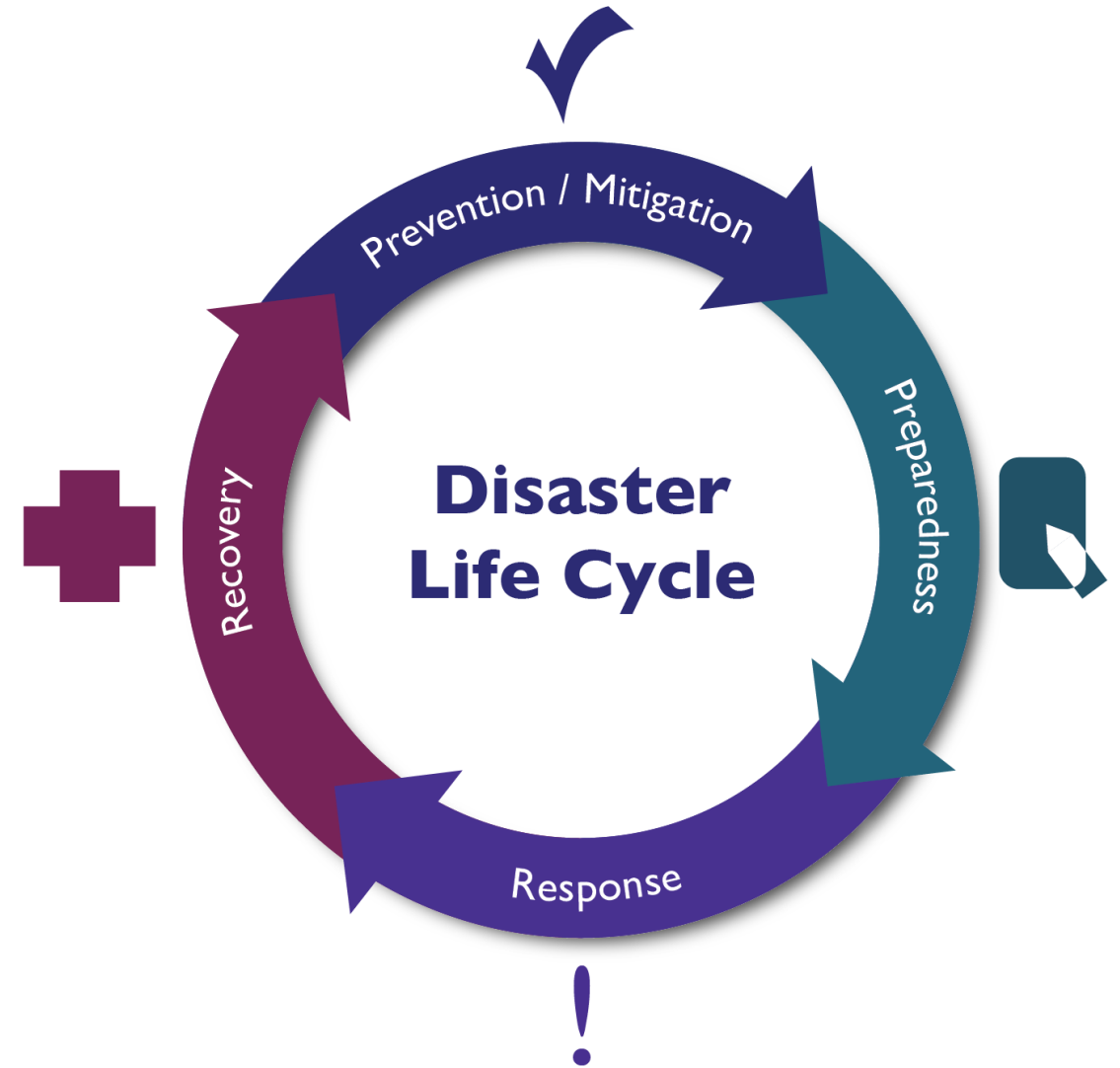
# The Public Health Emergency Preparedness System and Mental Health



Adapted by CTL from IOM 2002, 2008

# Disaster Life Cycle

Safeguarding the mental health of public health and health care providers is an important aspect of preparedness, response, and recovery.



02



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## Compassion Fatigue in the Public Health and Health Care Workforce

# Mental Health Challenges in Public Health and Health Care Workforce Practice

Without proper coping strategies for **BO**, **STS**, and **compassion fatigue**, the exposure of care providers to stress and to traumatic situations can put them at risk for additional conditions such as **depression** and **anxiety**.

Burnout

Secondary Traumatic Stress

Compassion Fatigue

Depression

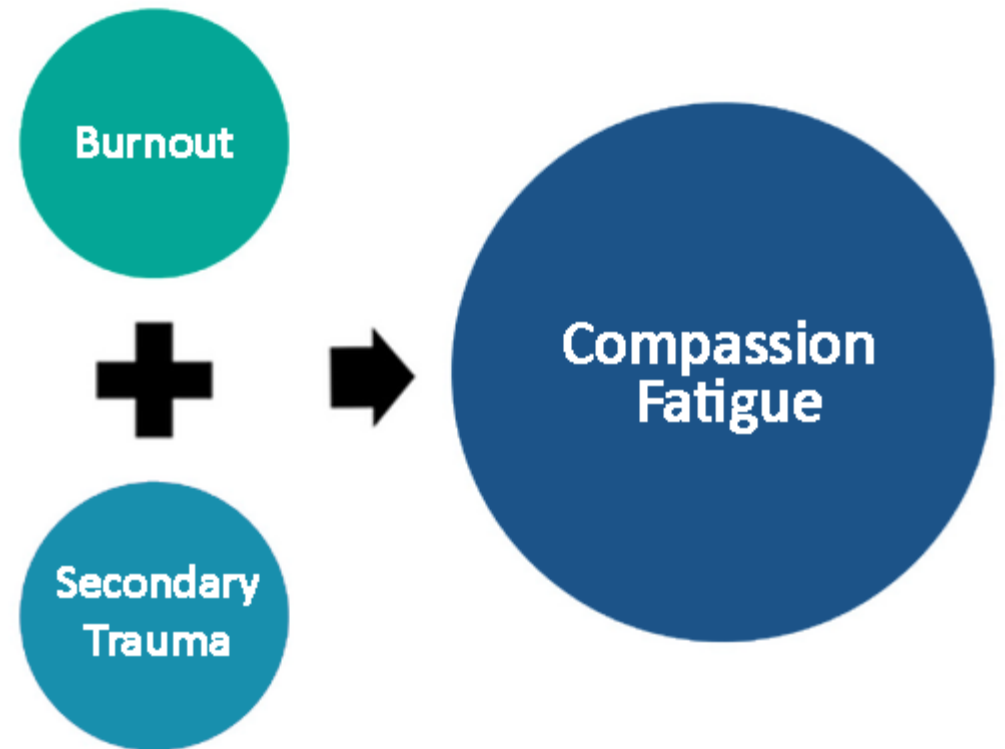
# What is Compassion Fatigue?

- **No** official or consensus definition.
- **Emotional exhaustion** that results from **continuous and repeated exposure to the suffering of others**.
- This emotional exhaustion is characterized by the **physical, emotional, and spiritual depletion** of resources without **replenishing** those resources. The depletion of resources causes **marked physical, social, emotional, spiritual, and intellectual changes** to occur in a **progressive** manner.



# Precursors to Compassion Fatigue

Compassion fatigue is associated with burnout and secondary traumatic stress.



# What Are the Signs of Compassion Fatigue?



## Emotional

Anger, irritability, sense of hopelessness



## Physical

Headaches, abdominal pain, hypertension



## Cognitive

Difficulty concentrating, self-blame, low self-esteem



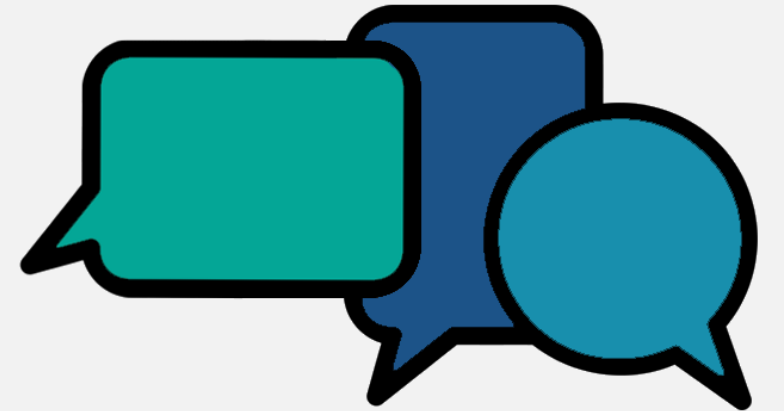
## Behavioral

Substance misuse, chronic lateness, lack of joy

## Group Discussion

**Have you seen compassion fatigue manifest in yourself or your coworkers?**

For this discussion, please describe the ways you have seen compassion fatigue manifest in yourself, if you have personal experience with these conditions and would like to share, or in your coworkers (generally speaking).



# Possible Risk Factors for Compassion Fatigue

- Second-hand exposure to traumatic events (aggravated by severity)
- Health care, emergency management/response, or community service occupation
- High volume of physically or emotionally demanding work
- Intense workload
- Inadequate rest time
- Task repetitiveness
- Low control over job
- Low job/compassion satisfaction
- Lack of meaningful recognition
- Poor managerial support





## COVID-19 and Compassion Fatigue

- Some evidence that the pandemic worsened stress, burnout, secondary traumatic stress, anxiety, and depression among health care providers.
- Observed among:
  - Health care providers with COVID-19 patients
  - Health care providers in areas of high COVID-19 transmission

03

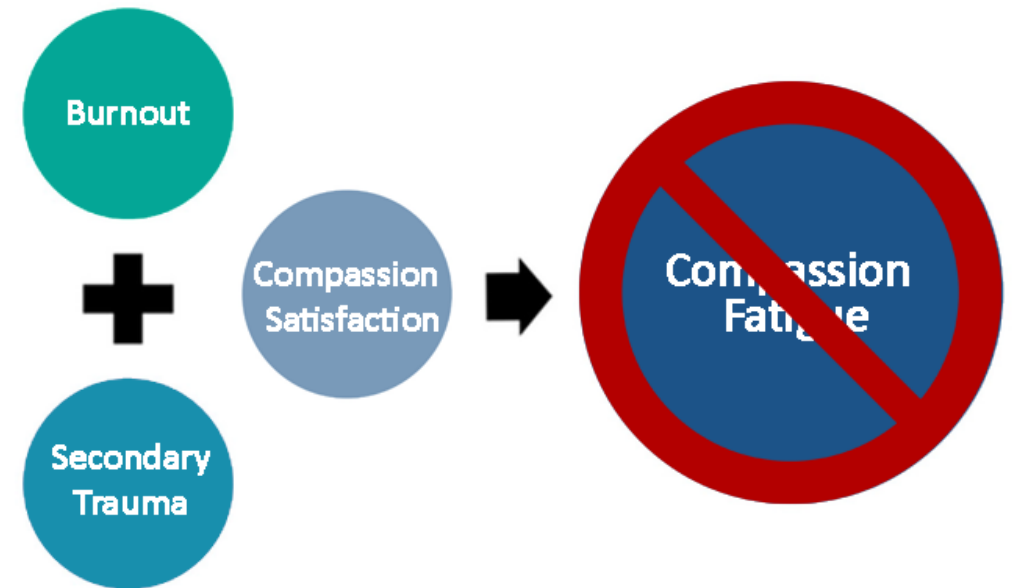


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## Management and Mitigation of Compassion Fatigue

# Compassion Satisfaction

- Compassion fatigue can be mediated by compassion satisfaction.
- Compassion satisfaction highlights the importance of building resiliency in care providers.



# Assessment Tools

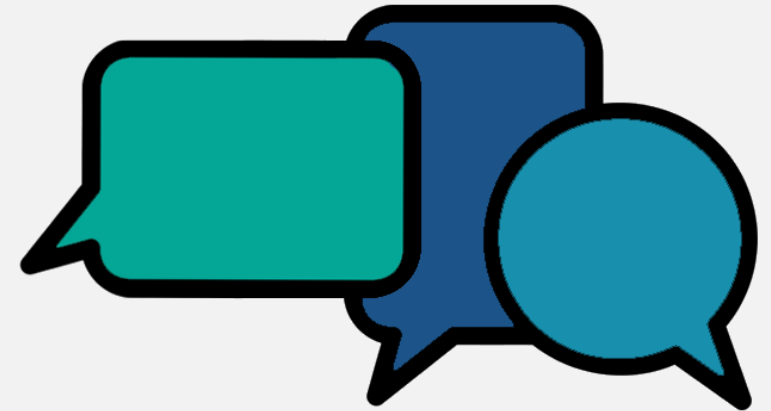
- Compassion Fatigue Self-test (CFST)
- Compassion Satisfaction and Fatigue Test (CSFT)
- Compassion Fatigue Scale (CFS)
- Professional Quality of Life Scale (ProQOL)
- Secondary Traumatic Stress Scale (STSS)
- Impact of Event Scale (IES and IES-Revised)
- Trauma and Attachment Belief Scale (TABS)
- World Assumption Scale (WAS)



## Group Discussion

**What resources or activities have you found to be (or do you think would be) most helpful in mitigating compassion fatigue?**

For this discussion, please name or describe some resources or activities that you have encountered and/or would like to see more commonly provided in the workplace to mitigate compassion fatigue.



# Potential Organizational Intervention Strategies

- Education
- Health and Wellness Promotion
- Grief and Bereavement Support
- Respite Room



# Individual Promotion of Resilience

- Self-care
- Healthy coping mechanisms and habits
- Resilient relationships with those who can provide support

## Exercise

Exercise 30 minutes a day, 3x per week.

## Careful!

Don't increase your caffeine intake to increase your energy.

## Sleep

Get as close to 7 hours of sleep per night as possible.

## Nap

Take a “power nap” when tired.

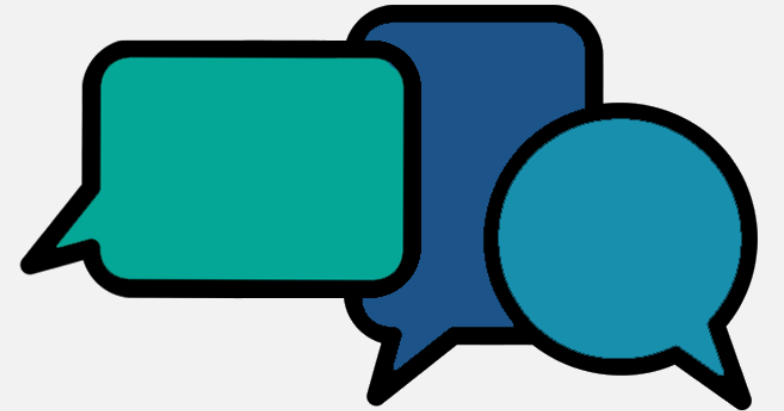
## Relax

Pick a 10-minute time slot at least 5 times a week to practice some form of relaxation.

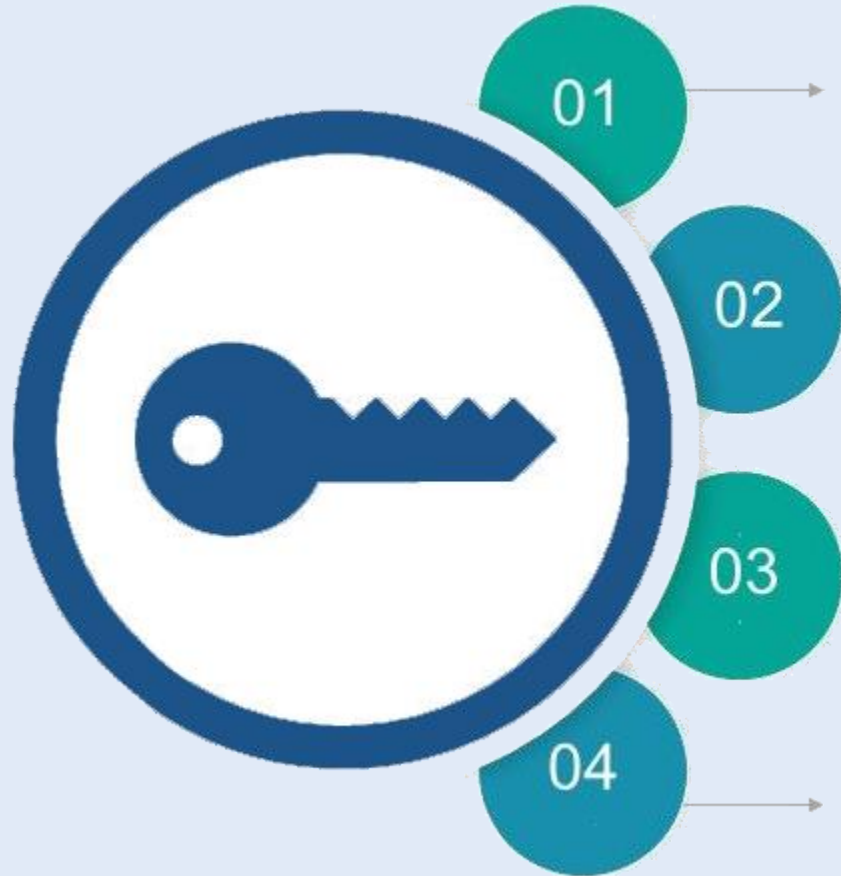
## Group Discussion

**What coping mechanisms have been most helpful in preventing or recovering from compassion fatigue?**

For this discussion, please name or describe some coping strategies that have been the most helpful in preventing or recovering from compassion fatigue in your personal experience.



# Summary



01 → Public health agencies and hospitals are on the frontlines of public health emergency and disaster preparedness, response, and recovery.

02 → Safeguarding the mental wellbeing of public health and health care professionals should accordingly be prominently integrated into preparedness, response, and recovery.

03 → Compassion fatigue is emotional exhaustion that results from continuous and repeated exposure to the suffering of others and can manifest in many ways. Burnout and secondary traumatic stress are associated with compassion fatigue.

04 → The goal of organizational and individual intervention strategies for compassion fatigue is to have resilient caregivers and professionals who can continue to provide a high standard of care and remain physically, emotionally, and spiritually well after exposure to a potentially traumatic experience.

Q & A



For additional questions:  
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