

# WORKING WITH PATIENTS THROUGHOUT THEIR LIFESPAN: SELF-CARE FOR THE RESEARCH COORDINATOR

**LAUREN EATON, MA**

SEATTLE CHILDREN'S RESEARCH INSTITUTE

Networking to Enhance Development (NED)  
Conference

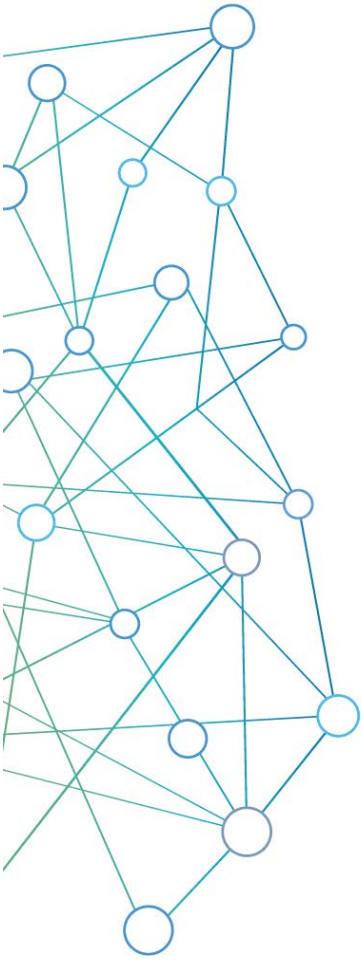
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Institute of Translational Health Sciences  
Accelerating Research. Improving Health.



# SESSION OUTLINE



- **Introduction**

*Background, definitions, statistics.*

- **Discussion questions**

*Applications to the research coordinator.*

- **Identifying compassion fatigue**

*Understanding the signals and symptoms.*

- **Discussion questions**

*Applications to the research coordinator.*

- **Guidance**

*Improving career satisfaction and longevity.*

- **Next steps**

*Developing a self-care plan.*

- **Resources**

# WHY TALK ABOUT SELF CARE FOR THE RESEARCH COORDINATOR?

*“I had to find out in a medical record that a research participant I had become close to had died”*

*“There are days when I don’t want to come into work out of fear that I won’t be able to cope with the stress.”*

*“As part of my job, I look through databases and reports of potentially abused children.”*

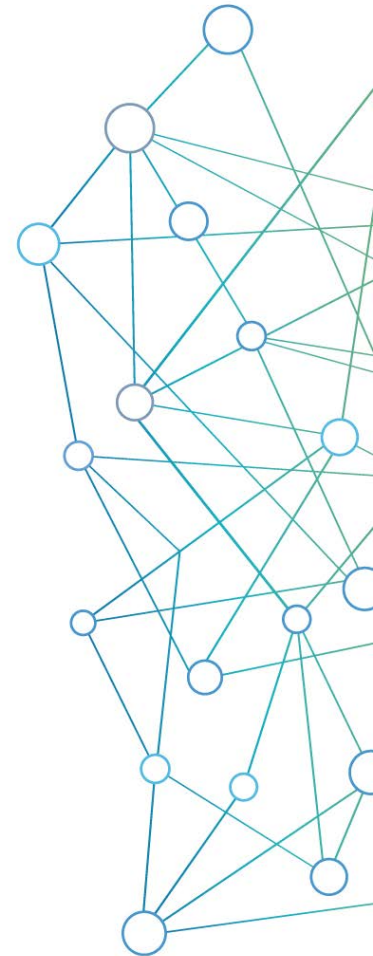
*“I’ve watched a participant’s family seem to fall apart as their loved one’s illness became worse.”*

*“Participants open up to me with their personal stories and struggles. I often never see them again and wonder how they are doing.”*

# DEFINITIONS

## Compassion Fatigue:

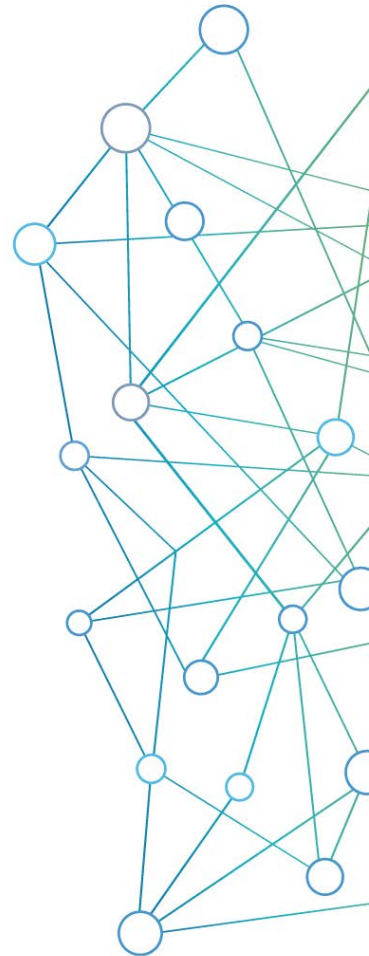
A feeling of deep sorrow for another who is stricken by suffering or misfortune, accompanied by a strong desire to alleviate their pain and remove its cause  
(Figley, 1995)



# DEFINITIONS

## Burnout:

A state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress. It occurs when an individual feels overwhelmed and unable to meet constant demands. As the stress continues, there is a loss of motivation and satisfaction.  
(Saakvine & Pearlman, 1996).



# DEFINITIONS

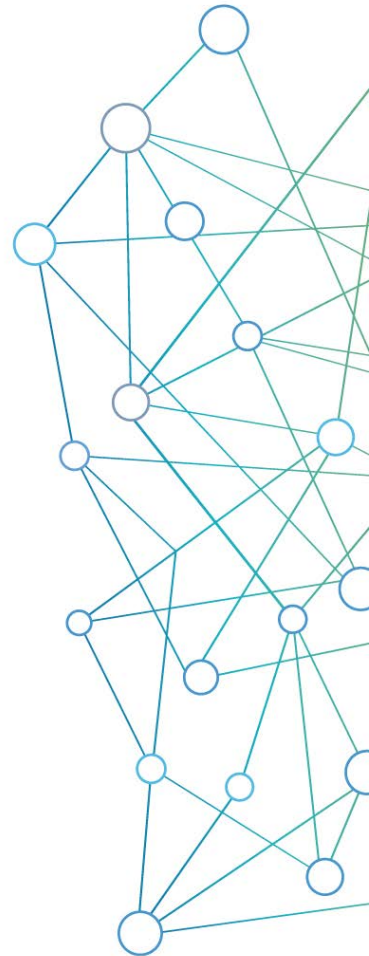
## Vicarious trauma:

A transformation in the self of a trauma worker or helper that result from empathic engagement with traumatized clients and their reports of traumatic experiences. / disruption in the trauma workers' perceived meaning and hope. (Saakvine & Pearlman, 1996).



# DEFINITIONS

**Secondary Traumatic Stress (STS):**  
The natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experience. It is the stress resulting from helping or wanting to help a traumatized or suffering person (Figley, 1995).

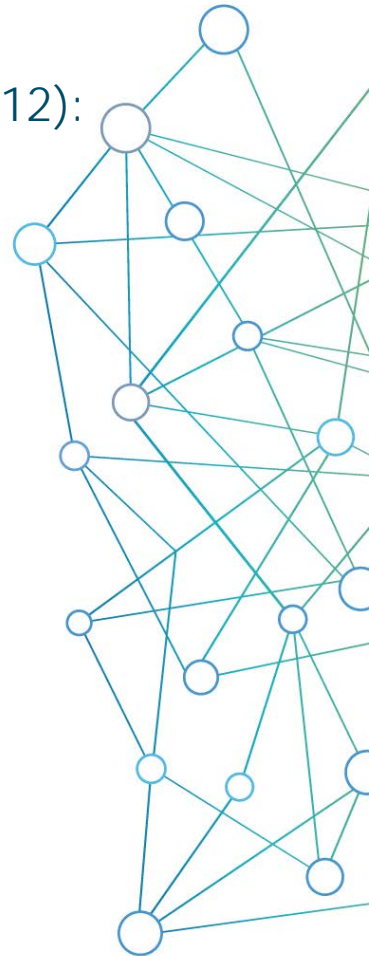


# STATISTICS

According to compassion fatigue expert Francoise Mathieu (2012):

Between **40%** and **85%** of “helping professionals” develop vicarious:

**Trauma,  
Compassion fatigue  
and  
traumatic symptoms**





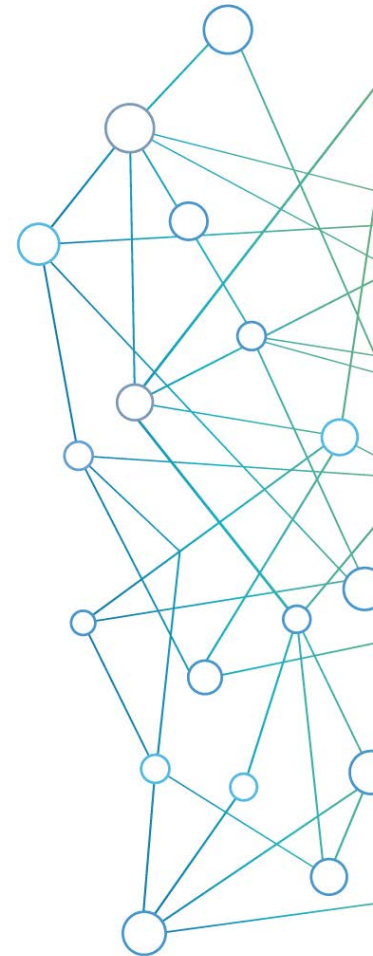
# STATISTICS

**86.9%** of  
**emergency response personnel**  
report experiencing the symptoms of  
**compassion fatigue**  
after being exposed to events that are  
**highly distressing.**



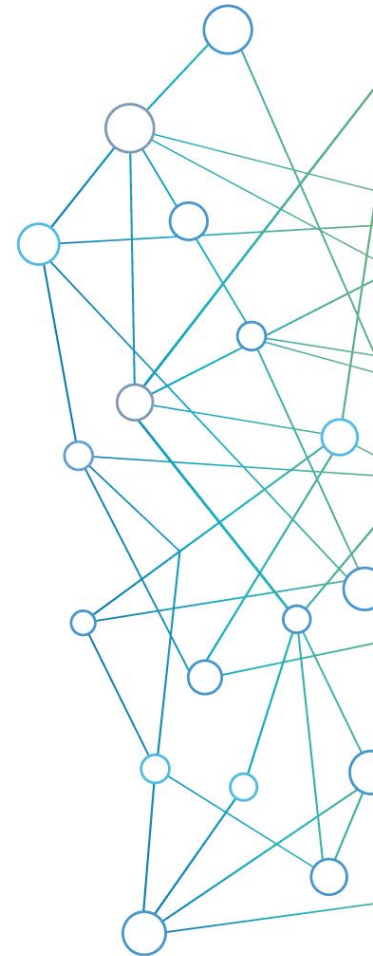
# STATISTICS

**83%** of **hospice nurses**  
**have not** had a  
**debriefing support after**  
they experienced the  
**death of a patient.**



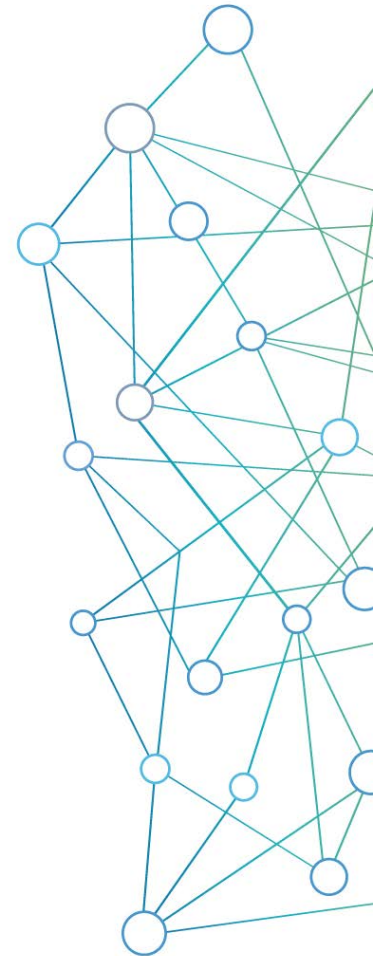
# STATISTICS

**79%** of hospice workers  
rate having  
**moderate to high levels**  
of **compassion fatigue.**



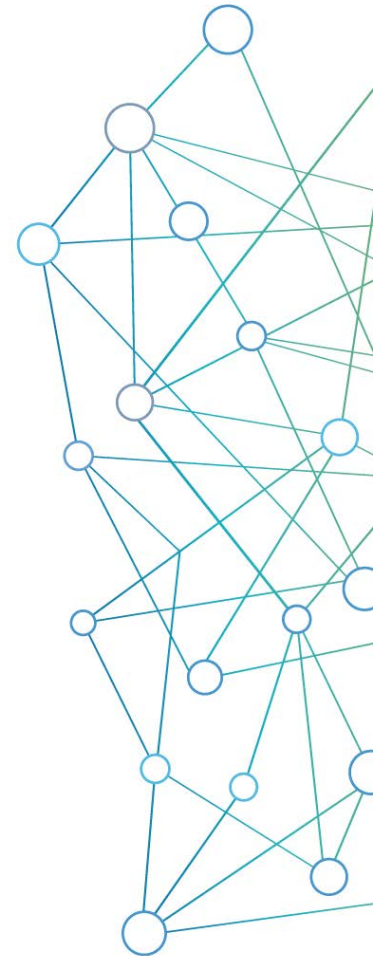
# STATISTICS

**36%** of  
**forensic investigators**  
experience some form of  
**compassion fatigue** in an  
**ongoing** manner.



# STATISTICS

**50%** of  
**child welfare workers**  
experience **STS symptoms**  
that fall within the  
**severe range.**



# DISCUSSION:

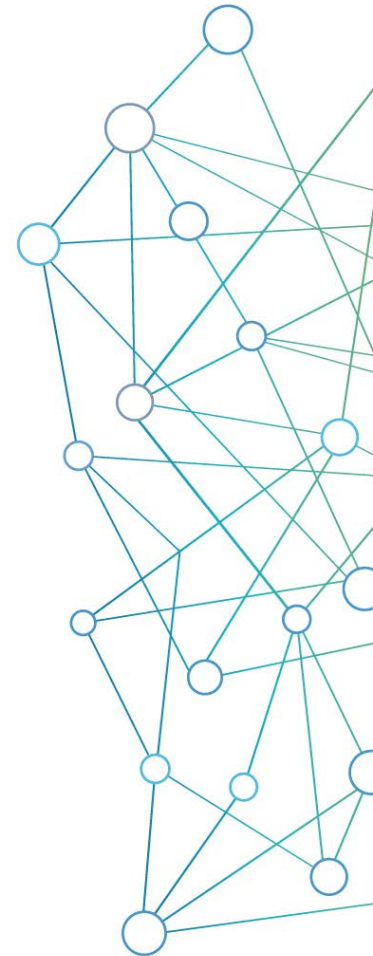
What does compassion fatigue look like in your work place?

How do patient population factors such as: age, illness severity, and socioeconomic status impact compassion fatigue?

How is secondary trauma discussed in your work place, if at all?

# IDENTIFYING: symptoms

Physical  
Behavioral  
Psychological



# IDENTIFYING: symptoms

## Physical:

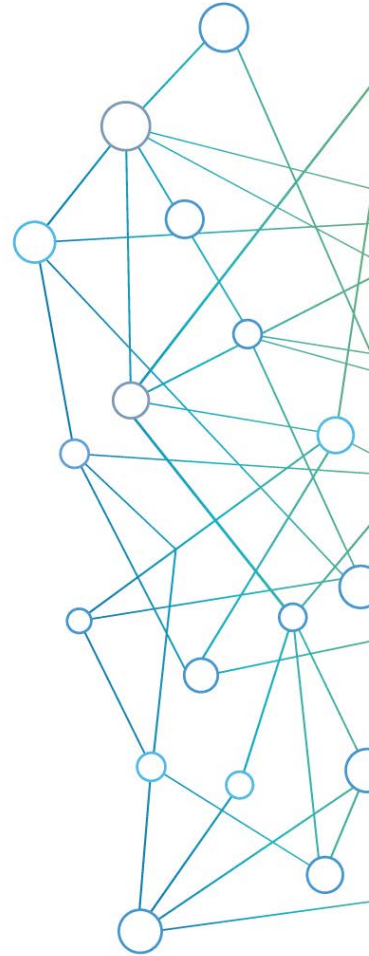
Exhaustion

Insomnia

Hypersomnia

Headaches

Susceptibility to illness





# IDENTIFYING: **symptoms**

## **Behavioral:**

Increased drug and alcohol use

Compulsive overeating

Other addictions

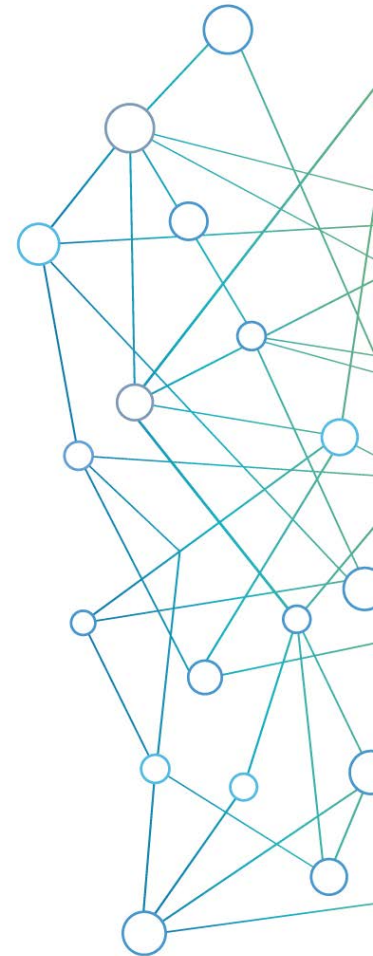
Absenteeism

Anger

Avoiding patients

Blurred boundaries at work

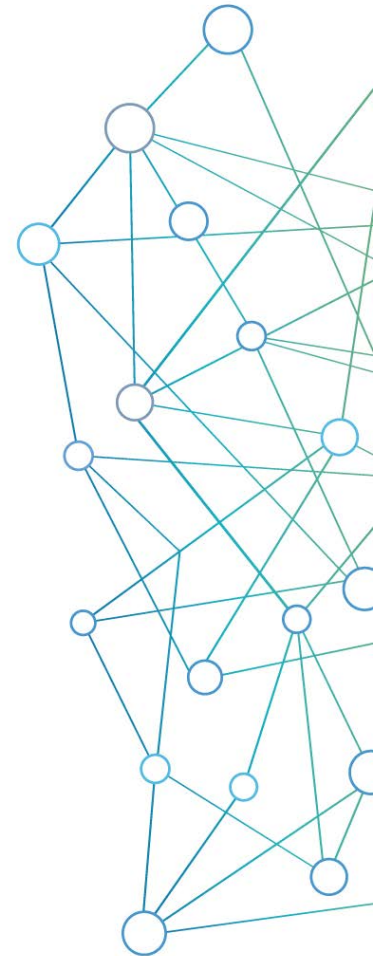
Isolation



# IDENTIFYING: symptoms

## Psychological:

- Distancing
- Negative self-image
- Depression
- Inability to empathize
- Cynicism
- Low job satisfaction and performance
- Heightened anxiety
- Irrational fear
- Hypervigilance
- Intrusive imagery
- Loss of hope
- Inability to have life outside of work

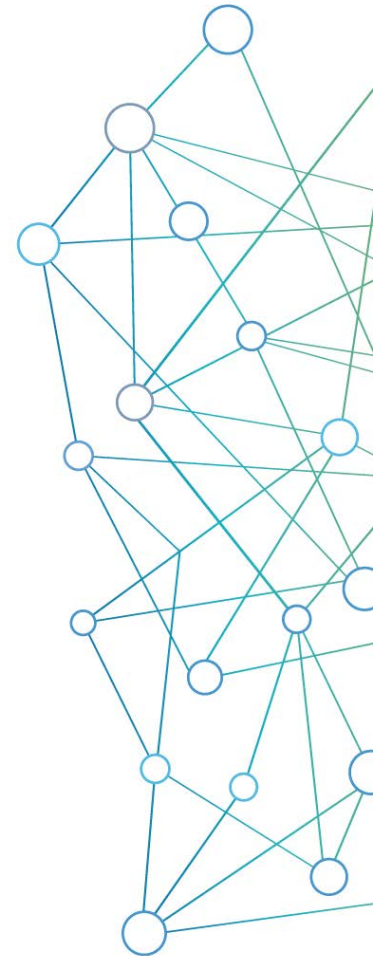


# QUESTIONS:

Have you seen any of these symptoms in yourself or others?

How do they look: Physically?  
Behaviorally? Psychologically?

How does compassion fatigue impact participants and families?



# GUIDANCE

## C.O.P.S.

**C**ontrol: understanding what is within your responsibility and what is not.





Outlets: healthy ways of expressing experiences and challenges.



**P**redictability: having a routine or structure that allows for a sense of stability.

**S**ocial Support: enriching experiences with friends and family outside of work.



# QUESTIONS

How can clinical research coordinators advocate on behalf of themselves with PI's? Supervisors? Departments?

How can clinical research coordinators ethically and confidentially discuss traumatizing stories, events, situations with personal confidants and colleagues?

How can research coordinators support one another on a group level? On an individual level?





# NEXT STEPS

## Developing your self care plan.



Physical	
Behavioral	
Psychological	

# RESOURCES



## Self-care Starter Kit:

<https://socialwork.buffalo.edu/resources/self-care-starter-kit.html>

## Compassion Fatigue Awareness Project:

<http://www.compassionfatigue.org/>

## Compassion Fatigue Workbook

Mathieu, F. (2012). The compassion fatigue workbook: Creative tools for transforming compassion fatigue and vicarious traumatization. Routledge.

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# Thank You.

Questions, comments, additional resources? Feel free to contact me!

Lauren Eaton

[Lauren.eaton@seattlechildrens.org](mailto:Lauren.eaton@seattlechildrens.org)

(206) 884-1081



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