



# **Compassion Fatigue: When Caring Hurts Too Much**

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by Rick Asa  
AGD Impact Contributor

Web: [www.compassionfatigue.org](http://www.compassionfatigue.org)  
[www.facebook.com/compassionfatigue](http://www.facebook.com/compassionfatigue)

Media Contact for [www.compassionfatigue.org](http://www.compassionfatigue.org):  
Dell Richards Publicity  
916-455-4790  
[dell@dellrichards.com](mailto:dell@dellrichards.com)

By nature, dentists are caring people—after all, they chose a career in health care. They spend long days in close proximity to those who need help. They often know a great deal about what's going on in the lives of their patients and their patients' families. At the same time, dentists are under pressure to meet the expectations of both their patients and their colleagues. Some of these expectations are incredibly demanding; others are flat-out unrealistic. Either way, the result can place the dentist at an increased risk for compassion fatigue (CF).

In general, CF is defined as the emotional drain that may be experienced by caregivers, usually after caring for someone with a progressive illness or who has experienced trauma. CF can include burnout and secondary trauma. Patricia Smith, founder

of the Compassion Fatigue Awareness Project (CFAP), describes CF as “negative signs and symptoms resulting from giving care to people or animals in pain or who are suffering.” Ms. Smith notes that all caregivers, regardless of medical training, are at risk for CF. “Think of stress as ‘too much’—too much work, too many hours, too many expectations,” Ms. Smith says. “Think of burnout as ‘not enough;’ that is, feelings of depletion, emptiness, apathy, lack of motivation. CF is neither. It is the emotional stress that arises when a caregiver takes on the pain and suffering of others and claims it as his or her own. Unfortunately, by the time a caregiver recognizes the symptoms of CF, chances are good that he or she also is suffering from both traumatic stress and burnout.”

CF is a condition that most dentists probably don’t think about. It’s rarely mentioned in the dental literature; in fact, when dentists do write about emotional issues stemming from dental practice, it’s mostly about bereavement support for patients who have lost a loved one or the dentist’s role in end-of-life care. Both topics are pertinent but don’t quite illustrate the subtle pressure of the daily emotional grind and the insidious way in which it can work on the psyche.

Don Deems, DDS, FAGD, a longtime clinician, speaker, author, and professional personal coach to dentists, cannot recall ever seeing CF mentioned in surveys relating to dentists’ well-being. However, he has no doubt that CF is real and —when combined with the other factors that produce stress in dental practice—potentially dangerous.

### Clinical indications of CF

How can you gauge your level of CF? Beth Hudnall Stamm, PhD, author of the Professional Quality of Life Scale (ProQOL), is a psychologist and research professor at Idaho State University. Dr. Stamm maintains a Web site ([www.proqol.org](http://www.proqol.org)) that allows visitors to read clear descriptions of how CF affects

one's professional quality of life, take the ProQOL test, compute a score, and compare it to the designated interpretations.

“While the incidence of developing problems associated with the negative aspects of providing care seems to be low, they are serious and can affect an individual, their family and close others, the care they provide, and their organizations,” Dr. Stamm writes in *The Concise Manual for the Professional Quality of Life Scale*, 2009. “The positive aspects of helping can be viewed as altruism; feeling good that you can do something to help. The negative effects of providing care are aggravated by the severity of the traumatic material to which the helper is exposed, such as direct contact with victims, particularly when the exposure is of a grotesque and graphic nature.”

The concept of professional quality of life is complex because it relates to the characteristics of the work environment, the individual's personal characteristics, and his or her exposure to primary and secondary trauma in the work setting. As Dr. Stamm notes, private practice dentists usually don't face many life-and-death situations; however, a dentist with a caring personality can encounter trauma even during less critical moments.

“For most, their work is not traumatizing and their potential exposure [to life-and-death situations] is slight,” she says. “[CF] comes and goes—sometimes you feel great and sometimes you just feel hopeless.”

Dr. Stamm says that emotional trauma can be difficult to predict. “For example, if a dentist has a personal history of child abuse and a patient comes in for treatment due to an oral injury resulting from a family violence situation, it could be very difficult for the dentist, since the patient's experience becomes a trigger for traumatic stress in the provider.”

When it happens to you

Terry V. Eagan, MD, the medical director of Moonview Sanctuary, a mental health treatment center in Santa Monica, Calif., has been a practicing psychiatrist for almost 20 years.

During that time, he has opened and managed numerous mental health treatment centers and has treated nearly 20,000 patients, yet he didn't focus on CF until his own experience with it two years ago. He admits that at first he was confused. "I didn't know if it was depression, burnout, or if I just needed a vacation," he says. "I had trouble focusing, and I was restless and irritable, and instead of being grateful for a full practice when I looked at my schedule, I was resentful that I had all of this work to do. I saw everything through a negative lens though I'm normally an optimistic person. I took a vacation and changed my schedule, but I still couldn't get myself to feel better." Dr. Eagan's own predicament compelled him to research CF.

Part of what he learned is that, in addition to fatigue and lassitude, many people with CF eventually start to absorb the symptoms of the people with whom they work. For dentists, this potential pool of negativity includes an array of patients, the dental team, off-site lab technicians, and even sales and manufacturer's representatives. "You pick up on all of the anxiety in the office, no matter how much capacity you have for taking it all in," Dr. Eagan says. "It's like a stain on the rug—once it's there, other dirt tends to stick to it."

### Coping with patient expectations

Dr. Eagan notes that patients' expectations for dentists (some of whom are his clients) have skyrocketed in recent years as consumer expectations in general have increased. "Your ability to meet those demands is limited," he says, "and it can hit you at a core place that's really painful. I've actually seen lots of people shift gears and go into other careers rather than get into the issues and deal with CF."

Dr. Deems encountered CF when he was asked to give a new smile to a 60-year-old patient who had finally become comfortable financially. To shorten a truly long and ongoing story: One of the patient's front teeth that received a crown was

lost due to infection after the initial treatment was rendered. Dr. Deems subsequently placed an implant, which failed. At that point, the patient underwent a bone graft treatment and Dr. Deems was finally able to replace the implant. “All the while,” Dr. Deems says, “I’m dealing with all of her emotions, frustration, and anxiety, and I’m losing my shirt on this case. I felt sorry for her. Two years after placing the implant she became diabetic and started to lose the implant. When her tooth failed, instead of feeling overly sympathetic to her plight, I should have said that we were going to have to come up with an alternative based on clear expectations. It’s really about how we, as caregivers, don’t want to give people bad news.”

Dr. Deems says that although he isn’t sure that he experienced CF per se as a result of this particular situation, it did provide him with an essential emotional awareness. The situation helped him to realize that he had become very drained by his emotional investment in a process that was based on unrealistic patient expectations and his own desire to satisfy the patient’s emotional needs.

### Bearing the burden

Among the various types of dental practices, public health- and hospital-based dentists may be more susceptible to CF than any of their colleagues. After all, these dentists usually see some of the worst of the worst, including patients who lack financial resources or education and suffer from chronic medical conditions that severely impact their oral health and quality of life.

Gary T. Chiodo, DMD, FACD, chief integrity officer for Oregon Health & Sciences University, had a public health practice composed of patients with terminal illnesses. Dr. Chiodo recalls having to tell a terminally ill HIV patient that he would not be able to survive a complex procedure that would restore his anterior teeth and some final dignity. Instead, Dr. Chiodo decided to talk

to the patient about an alternative that would provide some esthetic advantages without contributing to the patient's distress. In another case, Dr. Chiodo regretted not taking the time to say goodbye to a longtime patient who he knew was quickly losing his battle with cancer. Seeing the patient's obituary was a tough pill for him to swallow, but it taught him a valuable lesson. "I felt dreadful that I didn't do something to achieve closure with that patient," he says. "So I started having more open and frank discussions with patients. They knew they were dying and knew this was the last time we would see one another, so just acknowledging that it was an honor to take care of them was important. It was just saying that they had a bit of me, as much as I had a bit of them."

Dr. Chiodo doesn't need to be convinced that CF is real, yet he concedes that dentists generally don't face it, nor are they trained to do so. "Both dentists and physicians tend to take what they're feeling and put it into the category of burnout, which is more global," he says. "CF is a subset, a type of burnout that's far more specific and results from being empathetic. CF is more related to frequently working with people who are suffering. As a result of offering treatment, we take care of part of the suffering, but we're also continually exposed to it."

Dentists see fewer patients per day than physicians but spend more time with them. As a result, he says, "there's more social interaction in dental practice." In a study he coauthored for the September/October 2000 issue of *General Dentistry*, Dr. Chiodo noted that dentists routinely did more in terms of bereavement support than physicians and were more likely to follow up with a card or phone call to family members. While most general dentists don't see anywhere near the number of patients with severe and life-threatening illnesses that Dr. Chiodo did in a public health practice, the principle of coping is the same. Many factors determine the extent to which CF affects a dentist, including the dentist's personality and what's going on in his or her personal life. At the same time, patients today are living far

longer with chronic conditions, and when you combine that with the modern patient's higher expectations for treatment and the age-old anxiety associated with seeing the dentist, the potential for negative energy transfer is enormous. Of course, before dentists can address their own CF, they must be aware of the condition. "The lack of awareness fuels a collective denial that CF is an issue," Dr. Chiodo says, noting that "when General Dentistry published my article on what dentists do in terms of bereavement support, there were a lot of responses. It was interesting because the article got into some new territory and there were a number of reaction letters, so dentists are affected by it and they're out there thinking about it."

Can CF be avoided?

Roger Levin, DDS, is a dentist and the CEO of a 24-year-old practice management consulting firm. He says that he doesn't have a real-life example of CF to share with colleagues—and he's proud of it. "It's partly because I've always tried to create or have others create the most efficient systems possible in most given situations," he says. "Thus, at every step, before something like CF could occur, we've created the efficiency in the systems to avoid it."

Dr. Levin uses scheduling as a primary example of avoiding conditions that can lead to CF. Some dentists, he notes, haphazardly "fill in the holes" as they come along instead of scheduling the more technically and emotionally intense cases early in the day. This allows dentists to complete the more taxing cases before they wear out physically and emotionally. For example, pediatric dentists know that they want to see their most intense patients in the morning. Likewise, he suggests, it's better to schedule elderly patients in the morning, although early-morning appointments should be avoided. For those who might be feeling burned out, Dr. Levin offers this advice:

- Get a new schedule (i.e., one that limits fatigue). Adopt effective systems for every aspect of practice and train your team to use them. Recharge your personal battery often. This can mean scheduling vacations, going to educational meetings, or simply keeping a healthy perspective.
- A positive outlook is important because most dentists are solo practitioners and thus are at risk of narrowing their perspective to the day-to-day practice. Interact with other dentists and take regular, scheduled breaks throughout the year, says Dr. Levin. “If you delay taking a vacation until you think you need it, you’ve waited too long.”

Dr. Levin emphasizes one factor that relates to all forms of dental practice, all systems, all team members, and all patients: communication. “A lot of stress comes from not communicating effectively at the office, whether it’s with team members or colleagues,” he says. “Also, communicating poorly with patients can cause them to refuse recommended treatment, which can lead to a lot of stress for the dentist.”

### Self-care for life

Doing a job well and caring for others does not always have to result in CF. Through proper self-care, dentists and other health care professionals can turn their sense of CF into compassion satisfaction, which is the pleasure that results from giving care to people or animals in pain or who are suffering. “One of the things that we do in professional coaching is look at what the person is doing to create a reserve in life,” Dr. Levin notes. “What are we doing to take care of ourselves in all aspects of life? We can and do deplete ourselves. It’s a huge issue.”

Dr. Deems agrees, noting that dentists must take the time to

focus on personal growth as well as professional growth. “I would recommend trying to spend less time focusing on the clinical stuff and more time on developing who you are as a person,” he says. “Think about it. Studies have shown that a dentist can work four days a week and make as much as working five days a week, so a personal life is possible.” Dr. Deems says that he often asks his coaching clients to make a list of 10 hobbies or activities that nurture them, and then advises them to accomplish at least one of those activities every week. “Many ask me, ‘What do you mean?’ and that’s the problem,” he says. “They don’t know what to do. Go out for ice cream, get a massage, meet a friend for dinner. See people you enjoy seeing.” It isn’t easy to make time for yourself, but simple activities like these are a good start. If an individual is concerned that he or she is unable to cope with the symptoms of CF, it is important to contact a health care profession to address those concerns.

Patricia Meredith, DDS, MS, FAGD, associate professor and division director for hospital dentistry at the University of Iowa, agrees. “You may not even be aware that something is bothering you, because there’s always something going on,” she says. “As a result, many of us may feel that something is wrong, but we can’t quite put our finger on it; then we ignore it, which ultimately can lead to problems.”

Instead of escaping the problem by booking a last-minute vacation, Dr. Meredith suggests that dentists open up and share their CF experiences through study groups and other formal and informal contact with colleagues. A vacation would be pleasant, she says, but it won’t address the core problem. If the first step to treatment is an awareness of the problem, then the second step is to develop what Dr. Meredith calls “appropriate coping mechanisms. Those things that cause us stress in the dental practice aren’t going away. They are always there and they always will be—we need to learn more about how to deal with them.”

Like many other health care fields, dentistry tends to draw individuals who care deeply about the people around them. For this reason, it's important for dentists to be aware of circumstances that may cause them to care too much and eventually suffer from CF—after all, it's impossible for dentists to care for others if they don't take care of themselves as well.

*Patricia Smith is a certified Compassion Fatigue Specialist with 20 years of training experience. As founder of the Compassion Fatigue Awareness Project© ([www.compassionfatigue.org](http://www.compassionfatigue.org)), the outreach division of Healthy Caregiving, LLC, she writes, speaks and facilitates workshops nationwide in service of those who care for others. She has authored several books including *To Weep for a Stranger: Compassion Fatigue in Caregiving*, which is available at [www.healthycaregiving.com](http://www.healthycaregiving.com) or [Amazon.com](http://Amazon.com).*