



BLUE SKY FACULTY FOLIO

IMPACT

Sustaining Compassion

Research to help
healthcare providers
build resiliency

Kathleen Flarity, DNP, PhD, Associate Professor of Emergency Medicine at the University of Colorado School of Medicine and Deputy Director of the CU Anschutz Center for Combat Medicine and Battlefield (COMBAT) Research, is a leader in compassion fatigue research.

Like post-traumatic stress syndrome but for healthcare providers, compassion fatigue has been rampant throughout the COVID-19 pandemic and is well known to caregivers working within military units.

UNDER PRESSURE

“Pressure on healthcare professionals is ever increasing, and these challenges are facing the entire nation. Work as a healthcare professional is hard;

it requires self-regulation and resiliency both personally and professionally to mitigate the negative effects of caregiving.”

“THE EFFECTS OF WORK-RELATED STRESS AND BURNOUT ARE REAL, SIGNIFICANT, AND CAN BE DEVASTATING. IT HAS BECOME EMERGENT AND INCUMBENT UPON LEADERS TO ADDRESS THE ISSUES STEMMING FROM WORK-RELATED STRESS CONDITIONS,” FLARITY SAYS.





Flarity first became interested in compassion fatigue when she and her close friend were deployed to Iraq as part of an Aeromedical Evacuation Squadron. A flight nurse during Operation Iraqi Freedom in 2003, he struggled during and after the deployment, ultimately leaving both the Air Force and the nursing profession.

“He came back a changed man. He was profoundly affected, both personally and professionally,” Flarity recalls.

IN 2011, FLARITY PERSONALLY EXPERIENCED COMPASSION FATIGUE WHEN SERVING IN AFGHANISTAN AS THE COMMANDER OF THE 455TH EXPEDITIONARY AEROMEDICAL EVACUATION SQUADRON.

In addition to the standard stress of war, she experienced burdens unique to her position as a leader. Her symptoms included sleep disturbances, obsessive rumination about her teams and patients, and a state of hypervigilance, all of which took a profound toll.

“I worried not only about the patients I personally cared for, but about all our patients. And then my military family, which is the people on my teams, because in a day, they saw what most of humanity doesn’t see in a lifetime,” Flarity says.

“We’re taught to just push it down, push it down, and we’re not taught techniques or mechanisms to deal with it in the moment or fix it. So, it builds and builds and, as I tell people, it’s going to surface, whether it’s six months, two years, or five years from now, and it will surface in negative ways if not addressed.”

MOVED TO ACT

Galvanized by her and her friend’s experiences, Flarity began to research compassion fatigue. This led her to world-renowned traumatologist Eric Gentry, MD, who was implementing a recovery program for clinicians suffering from compassion fatigue. Flarity had tried some of his techniques herself and found them to be helpful.

“I called him up and said, ‘I’m worried about my people, and I want to know what you can do about it.’ At the time I didn’t say I had any symptoms. I wasn’t yet able to share my own vulnerabilities,” Flarity says.

Gentry invited Flarity to do some one-on-one training and gave her permission to use his findings and techniques in her own research. For her first study, Flarity recruited a group of emergency nurses at UHealth Memorial Hospital in Colorado Springs. The nurses attended a four-hour seminar with Flarity’s interventions that included group work, individual exercises, demonstrations, and guided imaging.

Flarity collected participant data before and after the seminar. She measured what she calls the three constructs of compassion fatigue: burnout, secondary traumatic stress (experiencing traumatic stress from helping others with their traumatic experiences), and compassion satisfaction (finding meaning in caring for others). The results were highly encouraging.

“Compassion satisfaction went up and burnout went down, which was my hypothesis; I was hoping to see those two,” Flarity says. “But secondary traumatic stress also went down, which I didn’t expect, because I changed nothing in their work environment. Providers were still seeing the challenging patients, the critically ill and injured patients, but it was their response that changed.”

Flarity proceeded to expand the scope of her work, completing a year-long study of nurse residents. Study participants gathered once a month and attended a four-hour seminar in the first study at the six-month mark. Participants experienced improvements burnout, secondary traumatic stress, and compassion satisfaction symptoms. Participants were surveyed six months after the seminar.

"I asked them about the interventions. 'What did you do, and how often?' The ones that had implemented the techniques daily had continued to have the protective, mitigating factors," Flarity says.

Not only did her interventions work, but for committed individuals, Flarity's interventions offered enduring, healthy coping mechanisms. The pandemic offered Flarity the perfect opportunity to help front line caregivers.

"We have participants write down three of the negative effects of their work as a caregiver on a card. Read it silently, then pass it to the next person to do the same. It's called the silent witness. The results are a word cloud of all these ideas like sleep, fatigue, exhaustion. It is powerful."

Flarity's data shows that when participants practice the techniques she teaches, they can benefit greatly. One of her techniques is a breathing exercise designed to shift caregivers from a fight or flight state to feeling calm and capable. She instructs them to breathe deeply, inhaling the word "peace," then exhaling the word "calm."

AWARENESS IN ACTION

Awareness around compassion fatigue has come a long way over the course of Flarity's career, and she's proud of the work campus leaders have done to support their caregivers.



"I think there's a lot of visibility right now on burnout and compassion fatigue. We've done a lot of things to support our caregivers, such as well-being committees, interventions, recharge rooms, peer-counseling, and we're rolling out a system called 'First Call,' which is a 24/7 call line where you can talk about anything to a mental health professional," Flarity says.

Flarity shares a vision for leadership in healthcare that can embrace and initiate methods to create a more efficient, empathetic, and effective system for future generations of caregivers, administrators, and patients.

"SUPPORT FOR COMPASSION FATIGUE RESEARCH IS MORE CRITICAL NOW THAN EVER, ESPECIALLY AMONG NURSES, TO PROMOTE HEALING AND RETENTION FOR HEALTHCARE PROFESSIONALS," SHE EMPHASIZES. ■