

## **OCW – I CARE – COMPASSION FATIGUE 6<sup>th</sup> MARCH 2021**

### **DISCUSSION POINTS**

The focus of this presentation was on the importance around caring for yourself before you can effectively care for others. The session focused on compassion fatigue – it was thought provoking and a good way to round off the week

**Q. ‘Zombie’ phase was highlighted in the presentation where people end up in kind of automatic pilot mode. How does this balance with professionalism where you are expected to retain some kind of detachment?**

I guess the important thing about the zombie phase is that we rarely know when we have reached this point and it may be noticed first by others by the way we speak or behave. It can result in us being robotic saying the same thing to different people who have the same narrative. Voice tone may be monotonic. I think it’s important to remember that we are human too that doesn’t mean that we are unprofessional.

**Q. Surely as professionals we can’t let ourselves get to this stage?**

I don’t think it’s about ‘letting’ ourselves, we often don’t recognise the signs, we are sometimes too busy concentrating on others to acknowledge what’s happening in ourselves. We often perform at a subconscious level in this phase. This is why supervision and peer support is so important.

**Q. The difference when supporting people through the pandemic is that we are living in the same situation sharing similar experiences. How should we manage potential transference when we have similar issues?**

This is an important point. We can dissociate and become cold and robotic or we can show understanding, compassion and share and acknowledge thoughts and feelings. Therapeutic empathy is when we have an understanding because we have shared something similar, and people report that that human connection can be very comforting. There is an old article called ‘And Nurses Cry too’ which looked at whether it is appropriate for professionals to show emotion. This was at a time when it was thought all personal emotional responses should be suppressed during a consultation. Crying with patients was seen as ‘unprofessional’ and ‘weak’. Thankfully things have changed and it is more acceptable to show emotions related to being empathic and showing a level of understanding. However, the key is to ensure that it doesn’t become the helper’s agenda where the patient/client becomes the consoler.

**Q. Pupils returning to school is creating high levels of anxiety for them and teachers alike. Is resilience the solution?**

This is a bigger issue than the government estimates I think. There are already high levels of compassion fatigue within the teaching profession and, despite reassurances from the government that returning is safe, there is added pressure to ensure rapid flow tests are completed and the school environment is Covid secure. Young people we have spoken to have worries about re-engaging in big groups and having the confidence to mix. I suspect many of them will struggle establishing social communication again. A good point was made about resilience, helping both old and young to ‘bounce back’ and recover from the challenges they have faced is crucial.

Thank you to everyone for such a great week, supporting our sessions to help make a difference. Please visit the website ‘Obesity Care Week’ who also have excellent resources to complement the sessions we have delivered. Here is the link: <https://www.obesitycareweek.org/>