



EDUCATIONAL RESOURCES

Burnout and Compassion Fatigue: New Perspectives for Care Providers, Teams, and Healthcare Organizations

Presented by:

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Today's Presenter

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Learning Objectives

- Understand definitions and implications of burnout and compassion fatigue on direct care providers in the healthcare industry
- Identify the role of the team and organization in cultivating a culture that helps create a “shield” against burnout and compassion fatigue
- Brainstorm ways to increase care satisfaction within yourself, your team, and your organization to improve staff retention and quality of care for the patients you serve



First...

Let's begin with a mindful moment

A call to action....



Today's growing clinician well-being movement will be most successful not by admonishing individual clinicians to be more resilient, but by creating more resilient organizations.



nam.edu/Perspectives
[#ClinicianWellBeing](https://twitter.com/ClinicianWellBeing)

(5)

Burnout- the definitions

- Burnout is defined in ICD-11 as follows:
- Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:
 - feelings of energy depletion or exhaustion;
 - increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
 - reduced professional efficacy (12)
- In 2019 prior to the Covid pandemic, the WHO was embarking on the development of evidence-based guidelines on mental well-being in the workplace (12)

Burnout- the definitions

- In the U.S., burnout is considered a work-related syndrome (12)
- In Europe burnout is thought of more as a medical diagnosis and treated as such with paid leave for high levels of burnout (12)
- Ironically, in America we often look at the individual as the “key” to the solution rather than at the work environment



Burnout- the human aspect

“Burnout comes from loss of connection to our patients, to ourselves, and to those we love. Too often in health care today we focus on tasks- on doing the appropriate tests and making the right diagnosis, when what our patients want and what we truly crave is to feel connected.”

–Jay Kaplan (6)

Compassion Fatigue

- “The physical and mental exhaustion and emotional withdrawal experienced by those who care for sick or traumatized people over an extended period of time” (3)
- “Unlike burnout, which is caused by everyday work stresses (dealing with insurance companies, making treatment choices), compassion fatigue results from taking on the emotional burden of a patient's agony.”— Tim Jarvis (3)

Compassion Fatigue

“We have not been directly exposed to the trauma scene, but we hear the story told with such intensity, or we hear similar stories so often, or we have the gift and curse of extreme empathy, and we suffer. We feel the feelings of our clients. We experience their fears. We dream their dreams. Eventually, we lose a certain spark of optimism, humor and hope. We tire. We aren’t sick, but we aren’t ourselves.”

– C. Figley, 1995 (1)

Symptoms of Burnout and Compassion Fatigue

- Anxiety/Fear
- Sadness and depression
- Sleep Problems
- Fatigue, Irritability, Anger, Mood changes
- Relationship problems at work and in personal life/Isolation
- Loss of meaning and purpose
- Sarcasm
- Hating work, loss of productivity
- Poor concentration, racing thoughts
- Frequent complaining
- Self medication with alcohol and other substances
- Appetite and weight changes, GI distress
- **Suicide** (1)

A “Double Whammy”

- Caregiving professions, such as in healthcare, often create the “perfect storm” environment for burnout AND compassion fatigue to occur simultaneously (5)
- Clinicians are usually slow to recognize and admit their own symptoms and will place their own self care as a low priority below “pushing through” (10)
- Among care providers, there is still a large amount of stigma around seeking mental health care (6)
- Moral Injury, grief, and vicarious trauma



Implications for Individual Clinicians

Professional oaths, ethics and values are not in line with current climate of care (6)

Emotional and physical exhaustion lead to low quality care and increase in errors and injury to staff and patients (7)

“Presenteeism” (9)

Damage to physical and mental health and shorter life expectancy (7)

Leaving the profession- grieving the loss

Implications for Teams, Organizations, and the Health Care System (6)

Clinician burnout is considered a serious U.S. and global public health concern

The safety and well-being of clinicians, patients and society at large are affected

\$4.6 BILLION in costs is attributed to burnout

Burnout lowers patient care quality and results in low satisfaction in all settings

Burnout is the leading cause of healthcare employee turnover

- 70% of nurses report burnout in current positions
- **Can't afford more losses- 500,000 nurses are expected to leave the profession by the end of 2022 (2)**



Take a breath...

What's NOT
working??

What about employee “wellness” benefits?

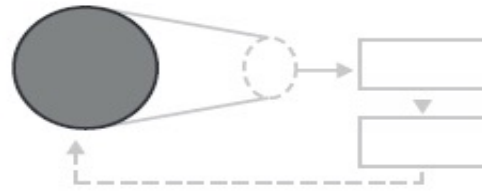
- “Wellness” in the workplace is not the simple answer
 - A 2019 Harvard Medical School study published in JAMA shows the \$8 billion industry is not improving burnout and basic workplace metrics (11)
 - It takes an average of 14-24 months to recover from full-blown burnout (5)



It is NOT an “individual” problem...

- Individuals DO hold accountability for self care and personal mental health, but the problem is **organizational** and **systemic**
- Increased turnover reveals that it's not simply about money. **Retention bonuses are not keeping enough nurses on the job** (2)
- National Academy of Sciences publication on *Taking Action Against Clinician Burnout: A Systems Approach* called for immediate action in 2019. The Covid pandemic has made the situation worse than ever (6)
- Team and organization culture are directly related to work environment **toxicity** and the inability for clinicians to replenish themselves and focus on their “purpose” at work (4)

The National Academies- Three Levels Model (6)



THE THREE LEVELS OF THE SYSTEMS MODEL OF CLINICIAN BURNOUT AND PROFESSIONAL WELL-BEING



● | Frontline Care Delivery ● | Health Care Organization ● | External Environment

*Note: Care team members include clinicians, staff, learners, patients, and families.

Taking Action Against Burnout and Compassion Fatigue

- 3 fronts that any organization can focus on:
 - Individual
 - Team
 - Organization (11)



Think of an
example.....



Individual Resilience

- Individual factors that can contribute to burnout and compassion fatigue:
 - Individual personality, stressors, and situation
 - Personal coping and regulation mechanisms
 - The ability or inability to ask for help
 - Connection and support
 - Self awareness
 - Self accountability (10)

Awareness-Balance- Connection (1)

Team Resilience

Self awareness and shared mission
(4)

Leadership

Communication, collaboration,
and community

Balance of autonomy and support
(11)

Organizational Resilience

Organizational awareness

- The degree of distress
- Triage and prioritization of areas contributing to the greatest distress for employees (4)

Higher perceived organizational support was associated with lower distress by employees (4)

- Organizations must consider how their employees feel collectively valued within the organization
- When an organization simultaneously maintains thin staffing ratios, prioritizes financial over human capital, or is unable to provide appropriate PPE, “other” messages of appreciation can create cynicism rather than a genuine feeling of value (4)

Creating a “Burnout Shield” (11)



Reflections for Individuals-the “ABCs” (1)



Awareness

Assess yourself for burnout and compassion fatigue

What factors contribute to your risk for burnout and compassion fatigue?

How resilient are you?

How have you coped with stress in the past?



Balance

What do you do to add joy to your life? Restore yourself?

How do you focus on what you CAN control?

How do you process loss, *grief*, and emotions?



Connections

Do you have a positive support system? Do you need one?

Reflections for Teams

■ Awareness

- Does your team have awareness of burnout, compassion fatigue, and how to build resilience as a collective?
 - Leaders
 - Members
- What is the collective mission of the team? (4)

■ Balance

- Is there a balance of autonomy and support within the team? (11)
- Does the organization allow the team a balance of support and autonomy?
- What can be improved to “share the load” and improve focus on the collective mission?

■ Connections

- What binds the team? What is the style of leadership of your team?
- How do your team members communicate and collaborate?
- How are team members supported when they need it? Can they speak honestly? (11)

Reflections for Organizations

■ Awareness

- Conduct workplace assessments (5)
- Examine managerial behavior (11)

■ Balance

- How can we uphold fairness and transparency within the organization? (11)
- How can we streamline processes and reduce job demands as much as possible? (5)

■ Connections

- Consider designating a “chief wellness officer”(11)
- Buddy systems (5)
- Peer coaching (5)

Transformation = Developing - Improving – Sustaining (5)

Workplace Assessment Tools

Workforce Analysis (5)

- Maslach Burnout Toolkit
- Mayo Clinic Well-Being Index
- The Stanford Model of Professional Fulfillment

Individual Assessment (8)

- ProQOL (Professional Quality of Life) Assessment
 - Free to use with permission if author is credited and no changes are made
 - Good place to start for small organizations

Resources for Health Care Worker Well-Being: 6 Essential Elements



 **National Academy of Medicine**
Action Collaborative on
Clinician Well-Being and Resilience

nam.edu/CW | [#ClinicianWellBeing](https://twitter.com/ClinicianWellBeing)

Reference (5)

How can WE
change?





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Thank you

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