

# **COMPASSION FATIGUE AND BURNOUT**

UTHSC Student Academic Support Services and Inclusion



# COMPASSION FATIGUE & BURNOUT

## Compassion Fatigue:

1. **indifference to charitable appeals on behalf of those who are suffering, experienced as a result of the frequency or number of such appeals.**

➤ Also called “vicarious traumatization” or secondary traumatization (Figley, 1995). The emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events. It differs from burn-out but can co-exist. Compassion Fatigue can occur due to exposure on one case or can be due to a “cumulative” level of trauma.

## Burnout:

1. **a long-term stress reaction marked by emotional exhaustion, depersonalization, and a lack of sense of personal accomplishment.**

➤ Cumulative process marked by emotional exhaustion and withdrawal associated with increased workload and institutional stress, NOT trauma-related.



# COMPASSION FATIGUE

- Compassion fatigue and empathy burnout for health care workers can be similar and can occur for anyone working with individuals who are experiencing physical and/or emotional stress.
- **Compassion** and **empathy** have similarities, but the difference is that compassion is the ability to feel for another person while “empathy is the ability to not only understand another’s feelings but also to become one with that person’s distress.” It is observing or imagining another person’s distress and having it evoke the same feeling in the observer.
- Compassion fatigue is a normal result of chronic stress resulting from caregiving for people we feel compassion for.
- Some caregivers are more prone to fatigue than others. Strong identification with the suffering of the people receiving support is a primary reason people take on caregiver roles.
- Some people are taught from an early age to help other people before they help themselves and can even feel guilty when they are addressing their own needs.



# SYMPTOMS OF COMPASSION FATIGUE

Some of the symptoms of compassion fatigue are:

- Excessive blaming
- Bottled up emotions
- Isolation from others
- Receives unusual amount of complaints from others
- Voices excessive complaints about work functions
- Substance abuse used to mask feelings
- Compulsive behaviors such as overspending, overeating, gambling, sexual addiction
- Poor self-care
- Legal problems
- Reoccurrence of nightmares and flashbacks to traumatic event
- Chronic physical ailments such as gastrointestinal problems or colds
- Sadness
- Difficulty concentrating
- Mentally and physically tired
- Preoccupied
- In denial about problems



# WAYS TO COMBAT COMPASSION FATIGUE

## Positive self-care tips:

- ✓ Be kind to yourself
- ✓ Take personal time and breaks
- ✓ Educate yourself to understand your reactions
- ✓ Accept where you are in your own journey
- ✓ Know that the people who are close to you may not always be available to help you cope.
- ✓ Talk things over your feelings and thoughts with people who can validate you
- ✓ Listen to others who have had similar experiences
- ✓ Be sure to set boundaries in your work and care giving relationships
- ✓ Express your needs out loud



# EVALUATION TOOLS FOR COMPASSION FATIGUE

*There are some simple tests that you can take that will help you increase your self-awareness as a caregiver:*

- Professional Quality of Life Measure
- Life Stress Test
- Empath Test



# COMPASSION FATIGUE SUPPORT RESOURCES

- [Article] [HOW CAN MEDICAL PROFESSIONALS AVOID COMPASSION FATIGUE?](#)
- [Article] [Compassion Fatigue: A Different Kind of Burnout](#)
- [Research Article] [Compassion Fatigue among Healthcare, Emergency and Community Service Workers: A Systematic Review](#)
- [Article] [Compassion Fatigue: The Toll of Being a Care Provider](#)
- [SAMHSA Article with Resources] [Tips for Healthcare Professionals: COPING WITH STRESS AND COMPASSION FATIGUE](#)
- [YouTube Video: Stress Management Techniques, Healthy Coping Strategies, Breathing Exercise](#) [SAMHSA Video meant to help staff understand the personal impact of working with disaster survivors]



# BURNOUT

- The health care environment—with its packed workdays, demanding pace, time pressures, and emotional intensity—can put physicians and other clinicians at high risk for burnout.

The Stages of Burnout have been identified as:

Enthusiasm

Stagnation

Frustration

Apathy

- Not only are care givers vulnerable, but members of the team/family are as well. Caregivers/team members should not intentionally expose themselves to trauma, unless required to perform a mission.
- Burnout takes a toll on physicians, their patients, and their practices. Short visits, complicated patients, lack of control, electronic health record stress, and poor work-home balance can lead to physicians leaving practices they once loved, poor patient outcomes, and shortages in primary care physicians.



## EXTERNAL FACTORS

- ✓ high demands at work
- ✓ problems of leadership and collaboration
- ✓ contradictory instructions
- ✓ time pressure
- ✓ bad atmosphere at work/bullying
- ✓ lack of freedom to make decisions
- ✓ lack of organizational influence
- ✓ few opportunities to participate
- ✓ hierarchy problems
- ✓ poor internal communication
- ✓ administrative constraints
- ✓ pressure from superiors
- ✓ increasing responsibility
- ✓ poor work organization
- ✓ lack of resources (personnel, funding)
- ✓ problematic institutional rules and structures
- ✓ lack of perceived opportunities for promotion
- ✓ lack of clarity about roles
- ✓ lack of positive feedback
- ✓ poor teamwork
- ✓ absence of social support

## INTERNAL FACTORS

- ✓ high (idealistic) selfexpectation
- ✓ perfectionism
- ✓ strong need for recognition
- ✓ always wanting to please other people
- ✓ suppressing own needs
- ✓ feeling irreplaceable
- ✓ overestimation to deal with challenges
- ✓ work as only meaningful activity
- ✓ work as substitute for social life

# EXTERNAL AND INTERNAL FACTORS THAT LEAD TO BURNOUT





# BURNOUT IN HEALTHCARE

Common contributors to burnout include:

- Time Pressure
- Chaotic Environments
- Low Control Over Work Pace
- Electronic Health Records (EHR)
- Family Responsibilities



# MEDICAL PROVIDERS VS OTHER PROFESSIONS

Burnout has been shown to occur in all kinds of jobs. However, the incidence seems to be higher in physicians

Incidence of burnout symptoms: 37.9% of physicians vs. 27.8% population control sample (Shannafelt et. al, 2012)

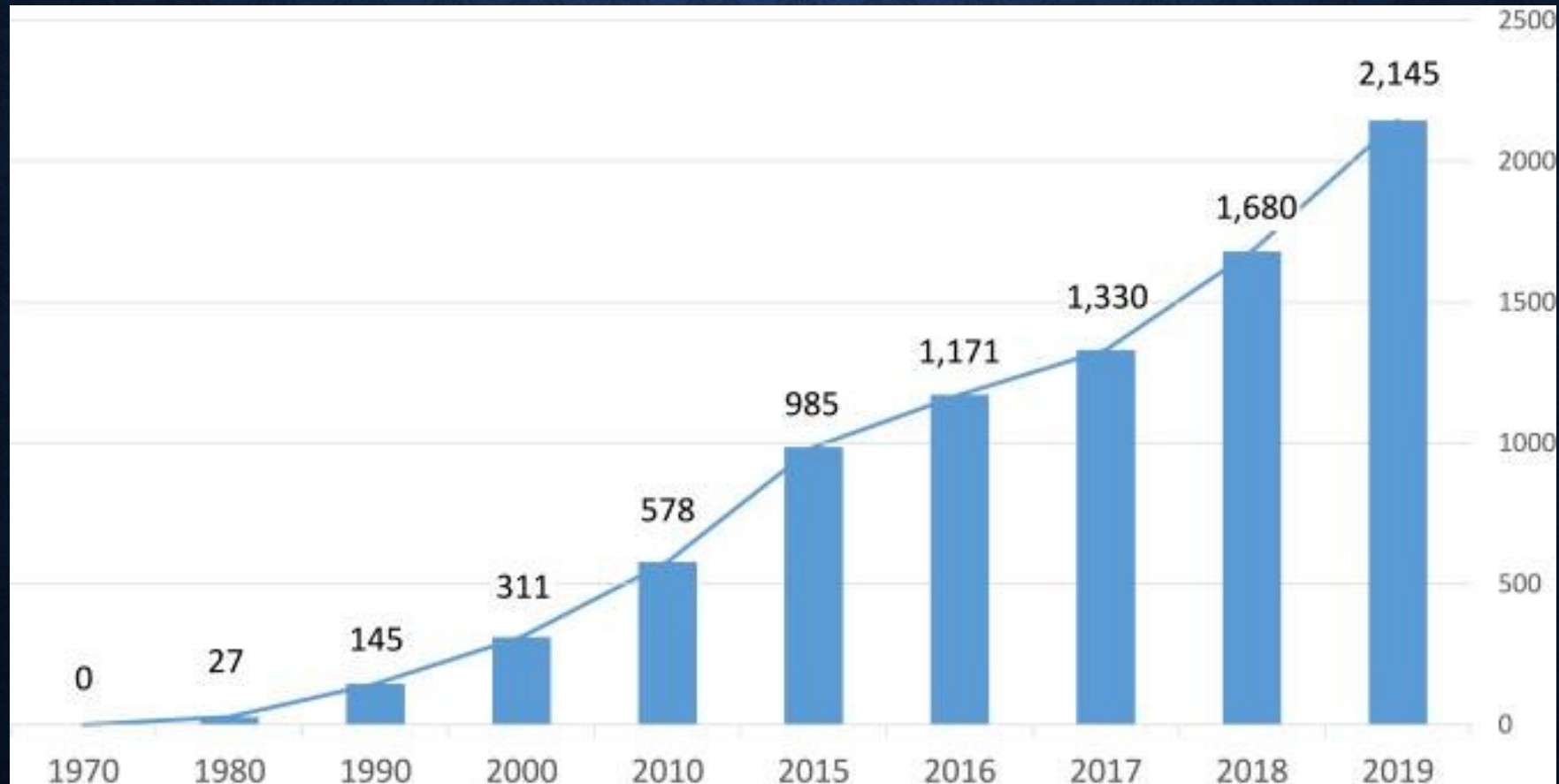
The 2020 Medscape National Physician Burnout and Suicide Report reported a burnout rate of about 43%,<sup>24</sup> which remains quite similar to the 46% reported in 2015 and 39.8% in 2013.

Compared with the general U.S. population, physicians in 2014:

- Were more likely to be married (82.9 percent for physicians versus 67.5 for the general U.S. working population).
- Worked a median of 10 hours more per week (50 hours versus 40 hours).
- Displayed higher rates of emotional exhaustion (43.2 percent versus 24.8 percent), depersonalization (23.0 percent versus 14.0 percent) and overall burnout (48.8 percent versus 28.4 percent).
- Reported lower satisfaction with work-life balance (36.0 percent of physicians reported being satisfied with their work-life balance, compared to 61.3 percent of the general U.S. working population).



# MEDICAL PROVIDERS VS OTHER PROFESSIONS



Overview of the number of PubMed hits for the search term "burnout" between 1970 and 2019.



# CONSEQUENCES OF BURNOUT

## AT WORK:

- decreased job satisfaction,
- absenteeism
- turnover in personnel
- and cynicism

## PERSONAL LIFE:

- feeling unhappy, anxiety, depression
- isolation
- substance abuse
- frictional and broken relationships and divorce

In Physicians burnout may have more serious professional implications than in other professions. It has been linked to suboptimal patient care resulting in lower patient satisfaction, impaired quality of care. This may eventually lead up to medical errors with potential malpractice suits and subsequent litigation, with substantial costs for caregivers and hospitals as a consequence.



# BURNOUT BUSTERS

Here are expert-recommended solutions and wellness strategies to help improve physician satisfaction and resiliency.

1. Taking personal responsibility for self-care, happiness:
  - Set time each week to pursue a duty at your practice that you enjoy.
  - Actually take vacations.
  - Maintain a healthy diet and exercise.
  - Talk to your spouse.
  - Avoid delayed gratification.
2. Establishing an environment of wellness:
  - Offer honest discussions.
  - Encourage physicians to talk about medical errors.
  - Build a wellness index or tool to help physicians properly assess their risks for burnout.
  - Develop flexible schedules.



# PERSONAL INTERVENTIONS FOR BURNOUT

- ❖ work/life balance
- ❖ developing personal and professional support systems
- ❖ determine personal coping strategies
- ❖ getting adequate sleep
- ❖ healthy nutrition
- ❖ regular exercise
- ❖ taking time away for vacations or long weekends
- ❖ attending to spiritual needs
- ❖ getting involved in enjoyable pursuits and hobbies



# WELLNESS TIPS AT THE ORGANIZATIONAL LEVEL

- Talk about it.
- Acknowledge staff contributions.
- Education. Formal education training about setting boundaries, conflict resolution, ethical dilemmas and self-care address critical issues that can lead to compassion fatigue or burnout.
- Timeouts. Time to step away and reflect.
- Provide quiet rooms for staff.
- Debriefing. This is a useful practice following any intense period of caring or prolonged difficult situations.
- Develop a buddy system to pair new and experienced healthcare providers.
- Encourage personal journaling.
- Offer collective ways to share difficult experiences to assist in processing grief and expressing compassion fatigue.
- Provide on-site counseling.
- Nourishment. Form support groups to meet outside of work. This helps healthcare workers process work experiences together, receive feedback and encourage each other.
- Treat employees wholeheartedly and the way they themselves would want to be treated.



# ASSESSMENTS FOR BURNOUT

- [Burnout Self Assessment](#)
- [Are You Burning Out?](#)
- [APA Well-Being Self-Assessment 2.0](#)
- [Oldenburg Burnout Inventory \(OLBI\)](#)



# SUPPORT RESOURCES FOR BURNOUT

- [Article] [Ways Residents Have Found to Conquer Burnout](#)
- [Article] [Medical Residents Ward Off Physician Burnout With Peer Network](#)
- [Article] [Preventing Burnout in Medical Residents and Fellows: 6 Keys for Wellness](#)
- [Article] [Medical Student Wellness: Blueprints for the Curriculum of the Future](#)
- [Article] [Preventing Burnout in Residency Programs: Mayo Clinic's Unique Approach](#)



# SASSI RESOURCES

- ❖ Share a concern- <https://www.uthsc.edu/care-concern>
- ❖ Email CARE Navigator- [Careteam@uthsc.edu](mailto:Careteam@uthsc.edu)
- ❖ After-hours Mental Health Emergency Line- (901) 690-CARE [2273]
- ❖ Websites:
  - ❖ [#TakeCare](#)
  - ❖ [CARE Navigator](#)
  - ❖ [Counselors](#)
  - ❖ [Educational Coaching](#)
  - ❖ [Tutoring](#)
  - ❖ [Disability Services \(Students\)](#)
  - ❖ [Inclusion](#)



# RESOURCES AND SUPPORT #TAKECARE

Share a concern: [uthsc.edu/care-concern](https://uthsc.edu/care-concern)

Email us: [careteam@uthsc.edu](mailto:careteam@uthsc.edu)

Call us: 901.448.5056

Mental Health Emergency After Hours Line 901.690.CARE (2273)

Visit us:

SASSI GEB BB9

Find additional resources:

[uthsc.edu/care-team](https://uthsc.edu/care-team)

[uthsc.edu/sassi](https://uthsc.edu/sassi)

**CAMPUS** CARES

CAMPUS AWARENESS, RESOURCES AND EDUCATION

**CARE TEAM**

Fostering a Caring Campus Environment through Resources and Support



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