

Burnout and Compassion Fatigue: Strategies to Promote Resilience

Nicole M. Schneider, Psy.D. ¹ & Dara M. Steinberg, Ph.D.²

¹Texas Children's Hospital, Baylor College of Medicine, Houston Texas

² Columbia University Irving Medical Center, New York, New York

Objectives

- Explain the concepts of burnout and compassion fatigue, including definition and contributors.
- Understand the impact of burnout and compassion fatigue.
- Identify strategies to mitigate burnout and compassion fatigue, including self-care and mindfulness.

Burnout defined

- “Fatigue and frustration related to **excessive** demands”
- Physical or mental **collapse** caused by overwork or stress
- A state of **extreme** physical, mental or emotional **exhaustion**
- WHO: “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”

Burnout

- 3 Subtypes of Burnout
 - Exhaustion – depleted, overextended, fatigued
 - Depersonalization (cynicism) – negative and cynical attitudes towards patients and work in general
 - Personal accomplishment – negative self-evaluation of work with patients or overall job effectiveness (Stalker & Harvey, 2002)

Burnout v. Compassion Fatigue

- Burnout – can be related to environmental aspects of a job and typically occurs gradually over time;
 - *Might occur due to poor work culture, frustrating co-workers, institutional demands...* (Stamm, 2010)
- Compassion fatigue – Exhaustion from helping others and being exposed to traumatic, difficult experiences; can occur immediately and can lead to burnout
 - *Might occur following a traumatic day at work* (Rubel, 2021)

Risk Factors in Oncology Nurses

- Higher levels of secondary traumatic stress in:
 - Young nurses (≤ 40 years of age)
 - Less experienced nurses (≤ 25 years of experience)
 - Less educated nurses
 - Nurses with a history of depression and/or PTSD*
 - Nurses with a history of headaches
 - Nurses with personal financial stress (Wu et al., 2016)

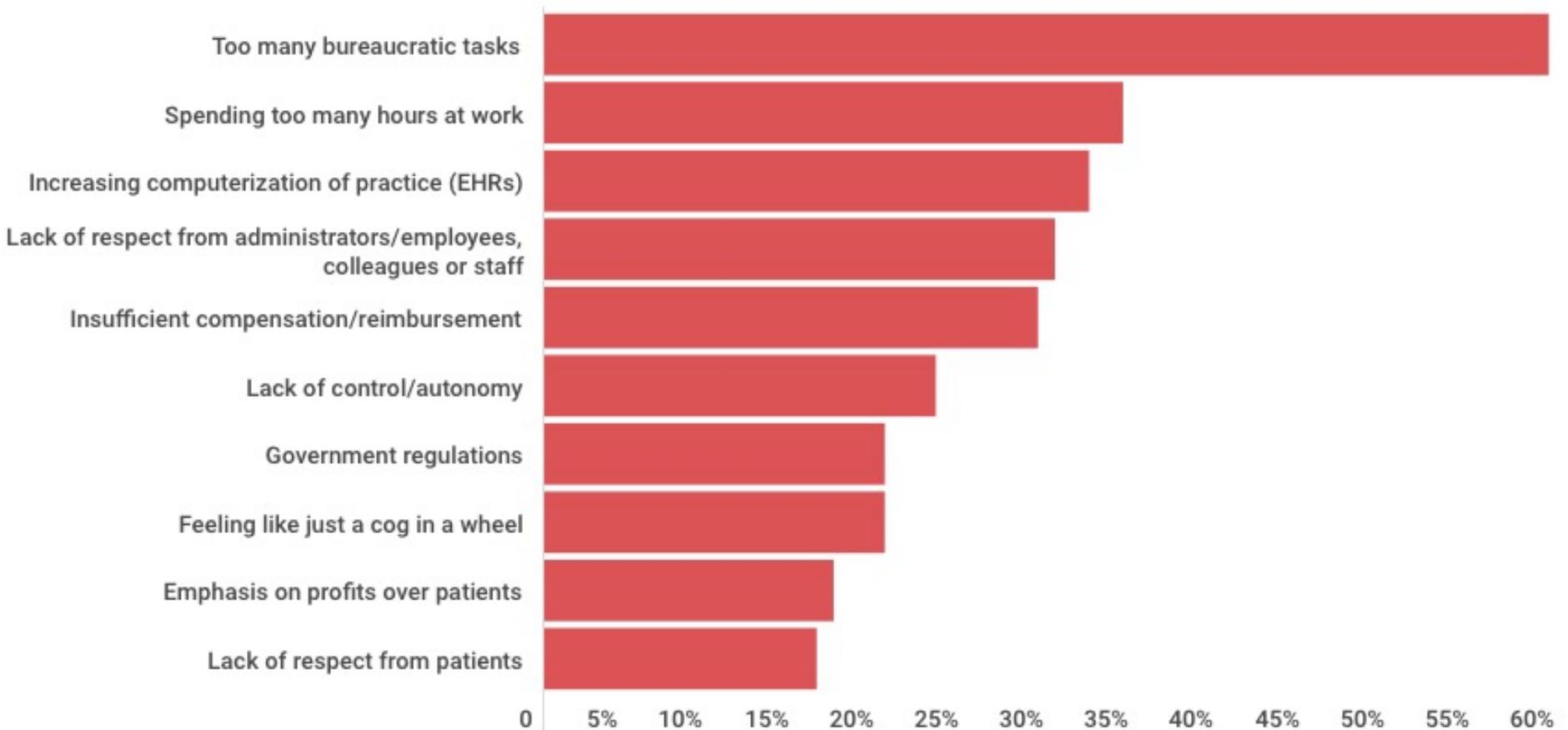
**In US nurses (but not Canadian nurses) in study*

Burnout Worldwide

- Burnout is experienced by a variety of healthcare professionals worldwide
 - Frontline nurses in South Africa were endorsed a very high prevalence of emotional exhaustion and depersonalization
 - Healthcare workers in Lebanon reported low personal achievement (Dugani et al., 2018)
 - One quarter of surveyed nurses in India met criteria for burnout (Kesarwani et al., 2020)
 - Over half of ICU nurses in 16 Asian countries endorsed high levels of burnout (See et al., 2018)

**What are some
contributors to
burnout?**

Biggest contributors to burnout



Source: Medscape National Physician Burnout, Depression & Suicide Report 2019

Burnout during COVID-19

- Not surprisingly, pediatric providers reported there being double the number of personal and professional burdens of COVID-19 compared to the number of benefits (Rosenberg et al, 2020)
- Over one-third of nurses experienced emotional exhaustion during COVID-19 (Galanis et al., 2021)
- Risk factors of burnout during COVID-19:
 - Increased perceived threat of COVID-19
 - Working in hospitals with limited resources
 - Increased work load

- Study across Hem/Onc/SCT team members in New York/New Jersey, USA metropolitan area found the following significant predictors of measures of well-being:
 - Trust in the leadership
 - Direct care v. indirect care
 - Level of burnout pre-pandemic

(Moerdler, Steinberg et al., 2021)

- When additional stressors exist put people more at risk
 - Economic stressors
 - Overcrowding
 - Limited healthcare resources
 - Other epidemics have had significant impacts on the healthcare system (Bong et al., 2020)

- Occupational safety concerns
 - Nursing shortages
 - Limited PPE Delays in patient diagnosis and care (Sullivan et al., 2020)

**What can we do about
it?**

Coping with Burnout: By the numbers

- Medscape 2019 study
 - 48% Exercise
 - 43% Talk with family members or friends
 - 1/3 Eat junk food
 - 1/5 Drink alcohol
 - Just under 2/3 said they don't plan to seek help because:
 - 50% symptoms not severe enough
 - 47% could deal with it without professional help
 - 39% said they were too busy

Self-Care Defined

- WHO: Self-Care is what people do for themselves to establish and maintain health, and to prevent and deal with illness. It is a broad concept encompassing **hygiene** (general and personal), **nutrition** (type and quality of food eaten), **lifestyle** (sporting activities, leisure etc), **environmental factors** (living conditions, social habits, etc.) **socio-economic factors** (income level, cultural beliefs, etc.) and **self-medication**.
- Activity to take care of our mental, physical, or emotional health
- The practice of taking action to preserve or improve one's own health

ABCs of Provider Self-care

A: Awareness

B: Balance

C: Connection

(Saavitne & Pearlman, 1996)

Coping with Burnout: Strategies

- Stress management
- Self-care*
- Mindfulness-based approaches*
- Facilitated group sessions to reflect on difficult patient encounters
- Communication skills training
- Organizational and structural interventions

Supporting your mental health

- Honor your feelings
- Practice self care
- Maintain social connections
- Check on others
- Consume a healthy media diet
- Live reasonably and do what you can to maintain your safety
- Redistribute family responsibilities or seek backup with work demands
- Ask for help and emotional support

Recalibrating and Coping Through Crisis

- The good news:
 - The majority of trauma survivors (over 1/3) exhibit **post-traumatic growth**; a new found meaning, sense of purpose, deeper relationships, have a greater appreciation of aspects of their lives. It's not adversity that leads to growth, it's how people respond to it.
 - “Finding the good” or a benefit finding approach; finding meaning
 - **Tragic Optimism** (coined by Victor Frankl, psychiatrist and Holocaust survivor), is the ability to maintain hope and find meaning in life despite pain, loss and suffering. It's “the human capacity to creatively turn life's negative aspects into something positive or constructive.”

Focusing on what is within your control

- Many things are outside one's control
- Focusing on what is within your control can help improve well-being

Self-Care

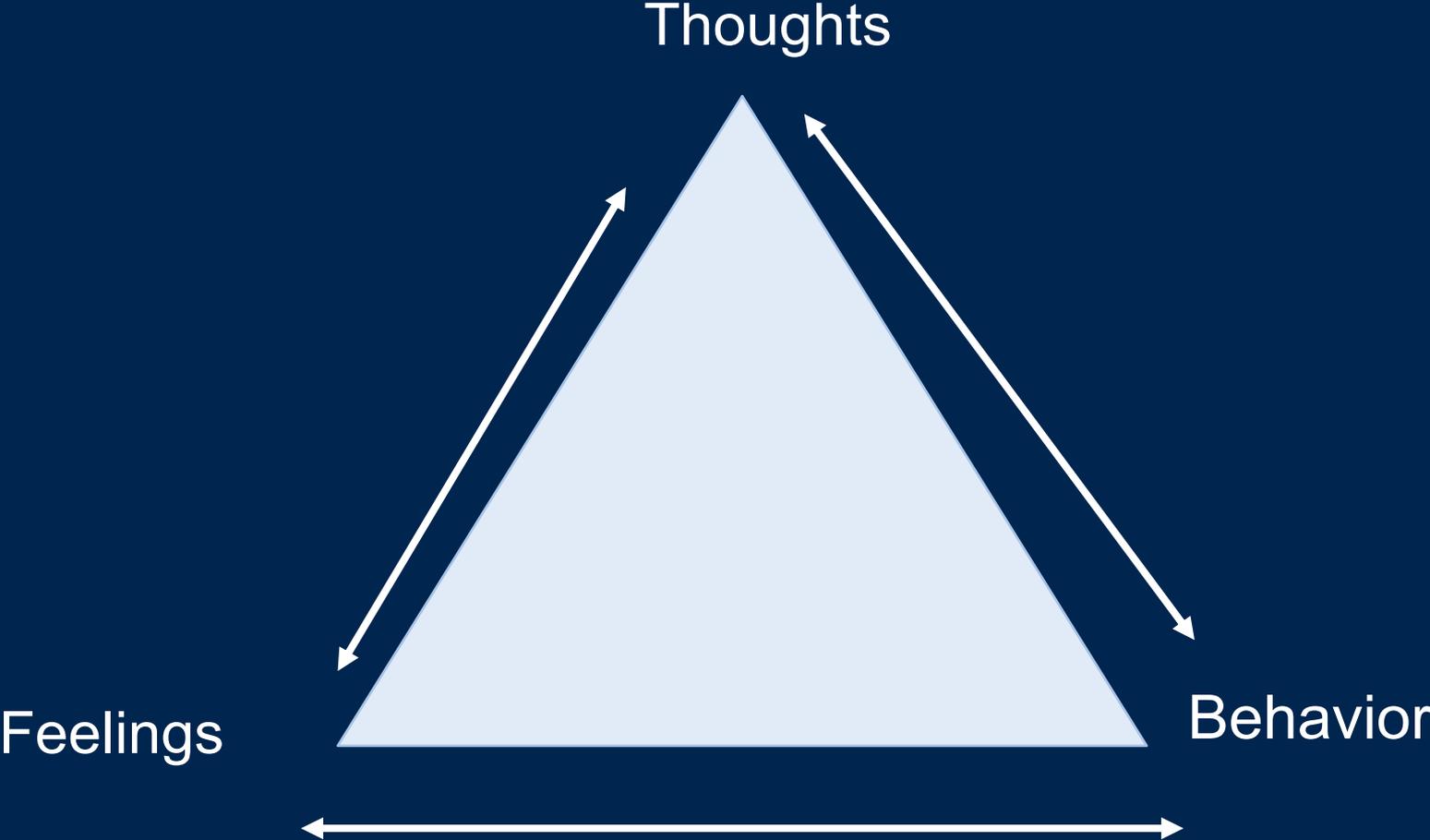
- Identify areas in which you are active
- Identify areas that are ignored

- Start small, pick **ONE** activity to focus on for the next week
 - Social support - call or text a friend
 - Exercise - Take the stairs instead of the elevator
 - Healthy eating – Eat a salad
 - “Me time” – Take time to read

Setting a *Smart* Goal to Increase Self-Care

- S: Specific
- M: Measurable
A: Actionable
- R: Relevant
- T: Timely

CBT Triangle



Cognitive Restructuring

- “You’re trying to tell me I can change the way I think?”
- Intrusive thoughts/feelings normal-can’t prevent, powerful, worry is normal
 1. Thought monitoring-say hello
 2. Gentle thought challenging
 3. Cued relaxation-observe closed-guarded posture-breathe.

Self Compassion

- “Treat yourself as you would treat a friend”

(Neff)

Mindfulness

- Active, open attention to the **present**
- **Observe** your thoughts and feelings **without judging**
- Deep breathing
- Mindfulness exercises

Relaxation training

- Diaphragmatic/Belly breathing-mindful breath
- Progressive Muscle Relaxation
- Mindfulness Meditation Practice (Insight Timer, Calm, Headspace, etc)
- Guided Imagery

Grief is to be Expected

- “Grieving for what is lost is normal and necessary. Indeed, it can be the first vital step to recovery. Mourning can open our hearts and minds and offer realistic optimism for the future. Without mourning, we run the risk of getting disillusioned and stuck in the past.”

Final Thoughts...

- “But if we want to emerge from this crisis whole instead of broken, we need to process what we’ve lost. Rather than bulldoze past our grief straight into the delights of summer, we should take the time to work through it.
- What’s the best way to process these losses? We can, of course, seek help from a therapist or a spiritual counselor. But there is another powerful resource we can tap into: storytelling.
- Most people, whether they realize it or not, carry a continuing narrative in their minds about themselves — who they are, where they came from and where they are going. We consciously and unconsciously create this story by taking the disparate fragments of our lives and assembling them into a coherent whole.” **(Emily Esfahani Smith NY Times, 2021)**

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- Additional References available upon request

Thank you!!