Difficult experiences when working in tough times

Identifying burnout, compassion fatigue and traumatic responses: starting conversations and moving forward

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Burnout in healthcare workers

Burnout is serious business!

The most important resource in the healthcare sector is staff

Burnout can lead to:

- wonderful staff decreasing engagement or prematurely leaving the sector
- as well as the emotional health consequences to themselves, family, friends and colleagues

A definition or two

Burnout relates to becoming upset and negative in the workplace and often includes feelings of anger, guilt, fear, sadness and worry.

On the path to burnout is presenteeism: being physically there but emotionally not.

Signs/symptoms

At work, increasing over time:

- at work but mind is not there
- daydreaming of other careers

At home, increasing over time:

- distancing from loved ones
- productivity dropping, not completing simple tasks
- dwelling more and more on perceived personal or system failures
- avoiding meetings and staff interactions
- change in professional 'persona' – some are more irritable and dismissive, others numb and detached

May lead to:

- decreased compassion
- and less diligent patient care
- patient feeling less cared for

- avoiding pleasurable activities
- feeling down and sleeping poorly (may overlap with depression symptoms)
- devaluing self and achievements

The way forward

In health we are used to working out what's wrong and planning a helpful way forward

Checking in

- being mindful of possibility
- knowing yourself and signs of change
- making time to see how you are travelling
- checking in (on yourself) more often when things are tough

Recognition

- Tick off the signs and symptoms,
- be truthful,
- don't be tempted by denial (in one direction) or myths about superhuman resilience/exceptionalism

Next steps

An opportunity to reach out:

- to peers and see how they are dealing with stressors
- to mentors to access their experience of dealing with adversity
- to supervisors if interaction likely to be helpful
- building or re-establishing social connections
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Consider environment change

- small steps may be enough (e.g. decrease hours on-call, change balance of admin/leadership/clinical coalface to less stressful mix)
- a period of grace, rest and reset may be needed – utilize that leave balance

If mental health symptoms expected

- Consider getting expert advice
- Respect expert opinion – especially in light of the 'long game' – continuing your career and valuing the investment you made in yourself to get here
- Remember those adages "cannot help others if you don't help yourself"

Compassion Fatigue & Satisfaction in Healthcare

Compassion

understanding feelings with an attitude of kind care towards others.

Compassionate care is the cornerstone of health and an antidote to the suffering of patients, colleagues and others.

Healthcare workers are not great at self-compassion. Training promotes delivering care, rather than self-care and care receiving.

Compassion fatigue

A small amount of the experiences listed below can be normal and temporary. If they are persistent consider compassion fatigue.

- finding it hard to be compassionate
- feeling like there is nothing left to give
- being empathic and tuning in to others emotions becomes difficult
- frustration as goals aren't achieved despite efforts
- loss of sense of control and morale
- physical and emotional exhaustion
- guilt and distress that people have not been saved from harm
- disappointment in own ability to care for others

Suspect compassion fatigue when

- others seem more demanding or annoying
- finding that situations that would have moved you no longer seem to do so
- noticing you feel bland, less caring and less connected
- those who know you will notice you seem less compassionate, more detached or harsher

Healthcare workers at risk

- those with high empathy
- feeling as if you are not being valued

Situations that put people at risk

- palliative or futile treatment
- demanding workload (emotionally and physically), with inadequate rest
- low job control, satisfaction or security
- lack of meaningful recognition
- organisational change
- high proportion of caseload and colleagues who are traumatised

Burnout, traumatic stress and compassion fatigue can co-exist, overlap and often do.

Recognising & acting on compassion fatigue is important to prevent adverse outcomes such as; addiction, anxiety and depressive symptoms, physical ill-health and reduced performance.

Exporting compassion fatigue home has implications for relationships with partners, children, family and friends.

Finding balance:

- address significant work stressors
- check out wellbeing resources
- self-care & pacing (nutrition, avoid misusing substances, exercise, recreation, rest)
- create solutions based on what has worked for others or in the past
- re-evaluate goals and priorities
- develop and rediscover active coping strategies
- seek help early
- put difficult things into words
- re-establish sense of purpose and self- efficacy
- create a space for self-reflection

With the aim of reconnecting with feelings of compassion and self-compassion.

What to avoid:

- strategies that aren't working or are potentially harmful
- repeated binge alcohol pattern
- persisting until you can't keep going
- making reactive decisions
- burning bridges

Compassion Satisfaction:

- feeling gratitude
- willingness to engage with a range of feelings
- engaging on emotional and practical levels
- being supportive to peers
- Finding the above rewarding.

Direct and Vicarious Trauma

Trauma

Trauma is the effect on individual not the event itself.

Traumatic events such as deeply distressing/disturbing experiences or injuries (such as wounds) caused by an extrinsic agent can result in an internal response that is traumatising

Traumatic stress

Is an emotional response to a terrible event like an accident, rape, natural disaster or experiences in a pandemic

Straight after the event responses can include

- shock, denial, disruptive sleep

these can be a healthy sign of "processing the event"

Longer term or delayed reactions include

- unpredictable emotions, flashbacks, strained relationships, physical symptoms like headaches or nausea

A traumatic response and the trauma becoming overwhelming may result if

- the stress is so great it's unmanageable
- the distress is repetitive and cumulative
- intervening and inventions feel futile

then it can be difficult to move on with normal living.

Trauma in the workplace

can be **direct** trauma such as accidents or injury and can come from

- behaviours of other people
  - -co-workers, patients, relatives
  - -eg bullying, harassment
- the nature of our work
  - -clinical adverse events, horrific patient stories and suffering, death of a patient or colleague, assault
- team issues and poor workplace culture can induce or exacerbate trauma

Workplace violence such as verbal harassment, direct threats, assault contribute to trauma

Health care workers at greater risk than general population

Workplace design, training, security, de-escalation techniques and feeling safe are critical to preventing trauma

After a traumatic event

- many will return to their usual level of functioning
- some will have increased sense of efficacy – post traumatic growth
- a few have enduring impact and negative effects

The effects of trauma depend on

- proximity to event
- workplace culture and response
- availability of support networks
- personal characteristics- previous history of trauma, gender
- lived experience of discrimination

Depression and anxiety after a traumatic event are much more likely than PTSD

Prompt evidence-based interventions and therapies DO help.

A Vicarious Experience is one

- experienced or realised through imaginative or sympathetic participation in the experience of another.
- involves indirect exposure to the event
- can be positive eg vicariously enjoying a friend's holiday photos, or sharing a patient's pride in their child's achievement

Unsuccessfully resuscitating a patient is **directly** traumatising to the clinician involved – hearing their harrowing account and having empathy for the clinician and their experience can be **vicariously** traumatising for their colleagues, peers and partners

Vicarious trauma (secondary trauma)

is the negative effect on us as helpers/carers that comes from

- having an empathic engagement with trauma survivors and their experience of trauma
- combined with a commitment or responsibility to help them

Because of our shared humanity, empathy, compassion when patients share images of grief, horror, rage, anger, fear, shame it is normal to react strongly initially

However it can be overwhelming

Vicarious trauma

Causes you to question how safe you feel in the world

Challenges your understanding of the world

Coping with/preventing vicarious trauma

- supervision and reflective practice
- acknowledge what going through, discussion with colleagues, friends
- work-life balance-nurture self
- physical activity
- setting personal boundaries
- connect with what is usually meaningful
- periods of healthy escape, a movie or good book

Critical Conversations

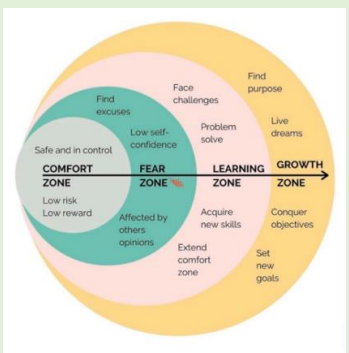
Through the extraordinary times we are moving through there comes extraordinary challenges. As stress levels rise, and fallout begins to resemble experiences described earlier in this document we may need to challenge ourselves to move out of a comfort zone and have critical conversations either with ourselves, or with others. But these conversations are difficult to have.

Considering self

Internal Barriers to accessing help:

- Tendency to minimize, disregard or dismiss warning signs in self
- Unspoken fears of appearing weak, vulnerable, incompetent, less than others
- Shame
- False comparisons with others who "seem" to be doing OK

Seeking help is a positive, resilient act that protects you, your professionalism and your relationships and allows for change and growth. Whether you reach for peer support or counselling or therapy, having a safe confidential place to consider your concerns and wellbeing can be a profoundly relieving experience



Considering peers

Have you noticed behaviours or attitudes in a colleague that concern you? Are you concerned that they have changed substantially? Speaking with a colleague about these observations can feel imperative, yet be challenging, so here are some things to consider and to assist you in developing an approach.

Preparing for the conversation

It is entirely normal to feel anxious in this situation. It is a sign of your compassion. Consider what you are most fearful of:

- Colleague's reaction eg anger, embarrassment, denial of problem
- Damaging the relationship
- Retaliation

Now evaluate the likelihood of that outcome. Sometimes fear is a warning and sometimes it is unrealistic. Reflecting on your own anxieties, your ethics and connecting with your values helps you to prepare. It helps you to feel less anxious and more confident about having a difficult conversation and more clear about your convictions. Even if your colleague is likely to react badly – reflect on whether this is a reason to say nothing. Weigh up the likely outcomes of acting and not acting and the ethics of these in your own mind.

Doing nothing is not a neutral act

Having the Conversation

There is no one "right" way to have these conversations. The approach will be affected by the characteristics of the individuals involved, the system that they work in, the structures of support or hierarchy that surround them and the quality and nature of the relationship between the individuals. Notwithstanding this here are a few suggestions which may be helpful.

Give them a heads up

Request a time and place to meet with them to discuss something

Your demeanour

Take a sensitive, non-judgmental approach

Cultivate *curiosity* about their experience of coping

Sharing creates openness

Contextualise the efforts of self and peers in difficult times

Share your own struggle to manage at times

Care and concern

Express your care and concern for their wellbeing and continued good functioning

Share your observations

Describe what you have noticed in **direct** and **brief** terms, give them ample time to respond and listen carefully to their response

Address minimizing responses

Name minimizing, avoidance or denial as part of maintaining the problem. Solutions can only begin with recognition. Reaffirm your observations.

Recommend help

Frame help as a safe way to work this out and protect self, relationships and professional career. This is not a time for toughing it out.

Make help accessible

Obtaining help is a positive, smart move, not a sign of weakness

Facilitate linking with an appropriate professional or group – explore any obstacles

Remember

Preparation for the conversation is the most important step. Retain your sense of conviction about preventing risk through protection and care. Wind the conversation down gently. Courage and kindness go a long way.

Social Media contacts

#MindingCovid

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