Care Coordinator Burnout

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Objectives

• Define burnout, compassion fatigue and secondary trauma
• Identify symptoms and warning signs of burnout and who is at risk.
• Tips to overcome compassion fatigue/burnout.
• Identify strategies to utilize while working with difficult patients.
Who is at Risk?

- Nurses
- Doctors
- Therapists
- All professionals who provide direct or indirect care for other human beings.
Burnout

• “A psychological state that is characterized by the following symptoms:
  – Emotional Exhaustion
  – Depersonalization
  – Decreased Perception of Personal Accomplishment” -Terry (2014)

• Can apply to any profession
Burnout, Con’t

• Etiology is REACTIONAL
  – Response to work or environmental stressors
  – Happens gradually and over time
  – Outcomes include decreased empathetic responses, withdrawal, and may leave position or transfer.
  – Quality of Care decreases
Compassion Fatigue

A feeling of deep sympathy and sorrow for another who is stricken by suffering or misfortune, accompanied by a strong desire to alleviate the pain or remove its cause.

- Webster’s Dictionary

• “The negative aspect of helping those who experience traumatic stress and suffering.”

(Stamm, 2012)
Compassion Fatigue

• Etiology is RELATIONAL
  – Consequence of caring for those who are suffering
  – i.e. Inability to change course of painful scenario or trajectory.
  – Sudden, acute onset
  – Outcomes: Decreased empathetic response withdrawal, may leave position
    • Continued endurance or “giving” results in an embalance of empathy and objectivity

Boyle (2011)
Secondary Trauma
(Vicarious Traumatization)

• Rapid onset, work related, secondary exposure to extremely stressful events.

• Permanent changes or disruptions in how an individual interprets their world (schemas).

• Repeated or Ongoing exposure to people who have experienced great suffering or trauma (Stamm, 2012; Sabo (2011).
Secondary Trauma

• Memories that elicit an emotional response
  – Difficulty establishing and maintaining relationships with others
  – Loss of independence
  – Inability to tolerate extreme emotional responses to stressful situations
  – Intrusive memories of the traumatic experience (similar to PTSD).
  – Altered belief system.

(Sabo, 2011)
Compassion Satisfaction

• Pleasure a helper can experience from being able to help others and to make a positive difference in the world.
Signs and Symptoms

• Work Related
  – Avoidance or dread of working with certain patients
  – Reduced ability to feel empathy towards patients and families
  – Diminished performance ability
    • medication errors, decreased documentation accuracy or timeliness.
  – Desire to Quit
  – Tardiness
  – Frequent use of sick days

Boyle (2011); Lombardo, B & Eyre, C (2011)
Signs and Symptoms, con’t

• Intellectual
  – Boredom
  – Concentration Impairment
  – Disorderliness
  – Weakened Attention to Detail.
• Social
  – Callousness
  – Feelings of alienation, estrangement, isolation
  – Inability to share in or alleviate suffering
  – Indifference
  – Loss of interest in activities once enjoyed
  – Unresponsiveness
  – Withdrawal from Family or Friends
Signs and Symptoms, con’t 2

• Physical
  – Increase in Somatic Symptoms
  – Loss of endurance
  – Prone to accidents
  – Headaches
  – Digestive Problems: diarrhea, constipation, upset stomach
  – Muscle tension, loss of strength
  – Sleep disturbances (inability to sleep, insomnia, too much sleep)
  – Fatigue, Lack of energy
  – Cardiac Symptoms: chest pain/pressure, palpitations, tachycardia
Signs and Symptoms, con’t 3

- Emotional
  - Mood Swings
  - Restlessness
  - Irritability
  - Oversensitivity
  - Anxiety
  - Excessive Use of substances: nicotine, alcohol, illicit drugs
  - Preoccupation

- Depression
  - Tearful
  - Anger and Resentment
  - Loss of Objectivity
  - Memory Issues
  - Poor concentration, focus and judgement
  - Sensitive to Feedback
  - Tearfulness

Boyle (2011); Lombardo, B & Eyre, C (2011)
MISUNDERSTOOD, OVERWORKED, UNDERPAID AND STRESSED... IT'S BOUND TO LEAD TO DEPRESSION.... STILL ENOUGH OF MY PROBLEMS WHAT CAN I DO FOR YOU?
What can we do? Self-Care Plan

Workplace Self-Care

• Relationships with co-workers
  – Teamwork
  – Communication
  – Gratitude – Acknowledge good things
  – Leadership relationships
    • Supportive Relationship with Clinical supervisors is significant. Supervision is a method of safely acknowledging emotional labour. (Terry (2014))
    • Transformational type of leadership protective factor.

-Madathil et al
What can we do? Difficult patients

Case Example: Needy patient

- 60 yr old female, lives with significant other
- Borderline Personality Disorder, PTSD, Schizoaffective Disorder, Diabetes, Chronic Pain
- Frequently calls Health Coach regarding chest pain, somatic symptoms and family stressors.
- ER visits and Admissions for somatic, “rule out” reasons
  - Scripted response drafted to registration for when she calls and clinical call center transfer if regarding symptoms.
  - Time limited phone calls by health coach
  - PCP involvement regarding recommendations
Self-Care Plan: Difficult Patients

- Set boundaries
  - Time limits
  - Don’t do the work for them
  - Use team approach, beginning with reception
  - Use direct language
  - Know when to be concerned and when to “brush it off”
  - Consult
Difficult Patients, Con’t

• Non-Compliant
  – Motivational interviewing – What are you willing to do for the next week? What is something you can handle? How has it been since you’ve made that change?

• Drug Seekers
  – Pain Contract- Look them up!

• Chronically Ill Patients
  – Anticipatory grief
  – Encourage communication of goals
Case Example

- 44 yr old SE Asian male
- Current Dx: Schizoaffective Disorder, PTSD
- Differential Diagnoses include Psychosis, NOS, Anxiety, Adjustment Disorder, Schizophrenia, Paranoid type, Depression, NOS, rule out Factitious and malingering disorder.
- Somatic complaints and preoccupation with bowels
- Would become overwhelmed and would present to the clinic.
  - 5 ER to BH admissions in 6 months

Currently works with ACT team and psychiatry. Continues primary care at our clinic. Have crisis plan in place.
What can we do?

• Self Care Plan- Transitioning home
  – Separation of work and home.
    • Check to make sure tasks are satisfactorily finished
    • Be intentional and deliberate with transition home
    • Use time traveling home to begin letting go of work.
    • Ritual to transition to home life
    • Try not to take work home and if you do contain it to certain time and place
Physical Self-Care

– Exercise
– Sleep Hygiene
  • 3 good things
– Nutrition
Spiritual Self Care

– Pray or meditate – alone or with spiritual community.
– Read something inspirational
– Work on forgiveness
– Seek spiritual counsel
– Discover meaning from the difficult times
Emotional Self-Care

– Laugh- Seek Humor and fun
– Get outside
– Lower your standards
– Do something creative
– Ask for what you need
– Practice relaxation
Holiday Stress

• Make a list (but don’t check it twice).
  – Jot down priorities of the month.
  – Delegate

• Be real about Expectations

• The Thought Does Count
  – The gift doesn’t matter as much as people knowing you thought of them.

• Focus on the real meaning of the holidays
  – Reflect daily to keep you centered

» (Salz & Metzger, 2014)
Self Care during the holidays

• Take breaks
  – Stay home a night with no plans.
  – Say no to events that will cause more stress
• Exercise: A walk can restore your sense of well being
• Listen to enjoyable music and sing along!
• Be Altruistic
• Set a budget (use cash system).
• Skip the cliché gifts
• Before people come over relax for 5 minutes and breathe slowly
• Eat slowly
• Citrus therapy and immune boosters
• Seek emotional connections and not monetary ones
• Enjoy!
I THOUGHT YOU WERE EXERCISING.

I AM. RIGHT NOW, I'M DOING A BENCH PRESS. I'M PRESSING MY BUTT INTO THIS PICNIC TABLE BENCH REAAAAALLY HARD.
We are all in this together

http://www.apa.org/about/gr/issues/aging/knowledge.aspx


Saltz, G. & C. Metzger (2014). *This is the year you’ll beat holiday stress*. Health, 28(10), 77-78.


