

Care Coordinator Burnout

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Employee of Sanford Health

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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 imbalance 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.

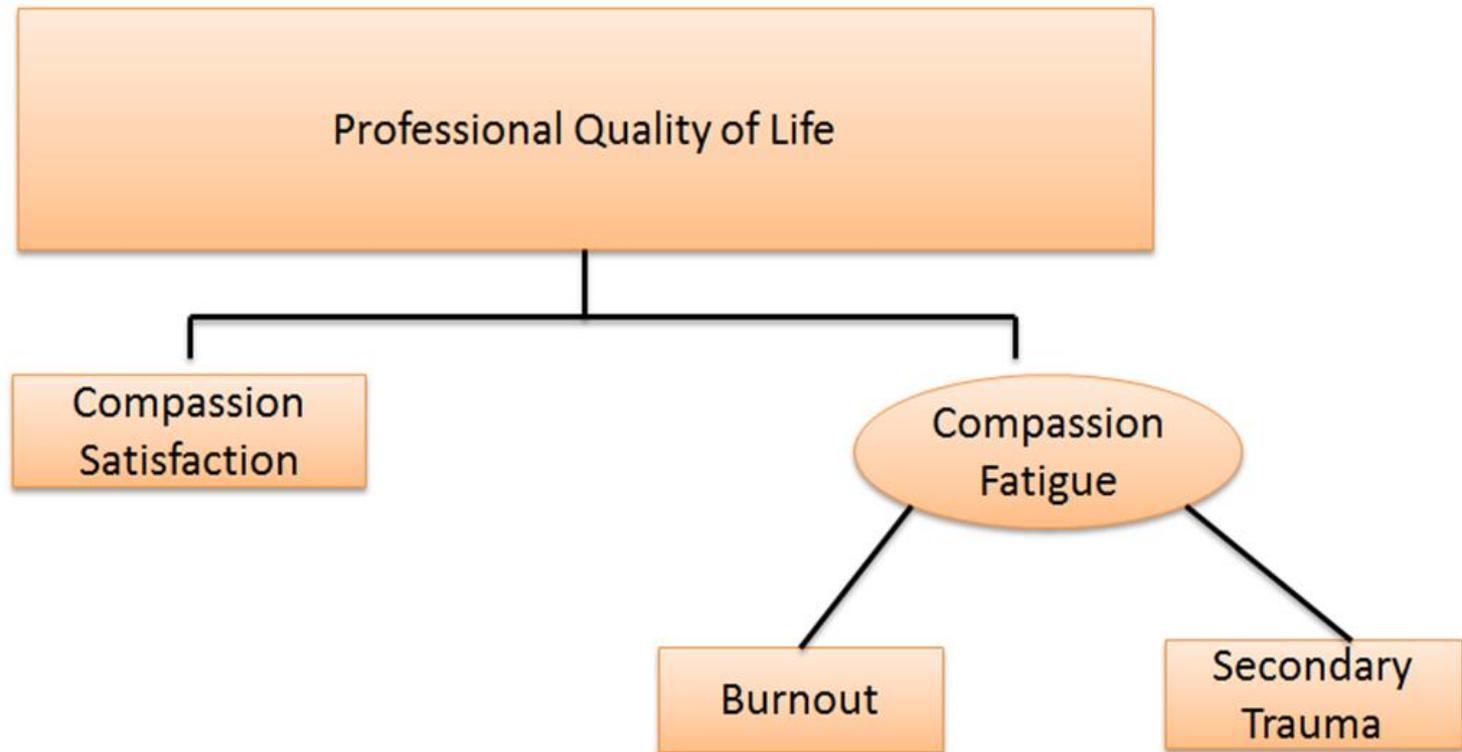
(Sabo, 2011)

Compassion Satisfaction

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

Model of Compassion Satisfaction and Compassion Fatigue

(Stamm, 2012)



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.

Signs and Symptoms, con't 1

- 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)



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!

Real Life Adventures / Wise and Aldrich

8-16

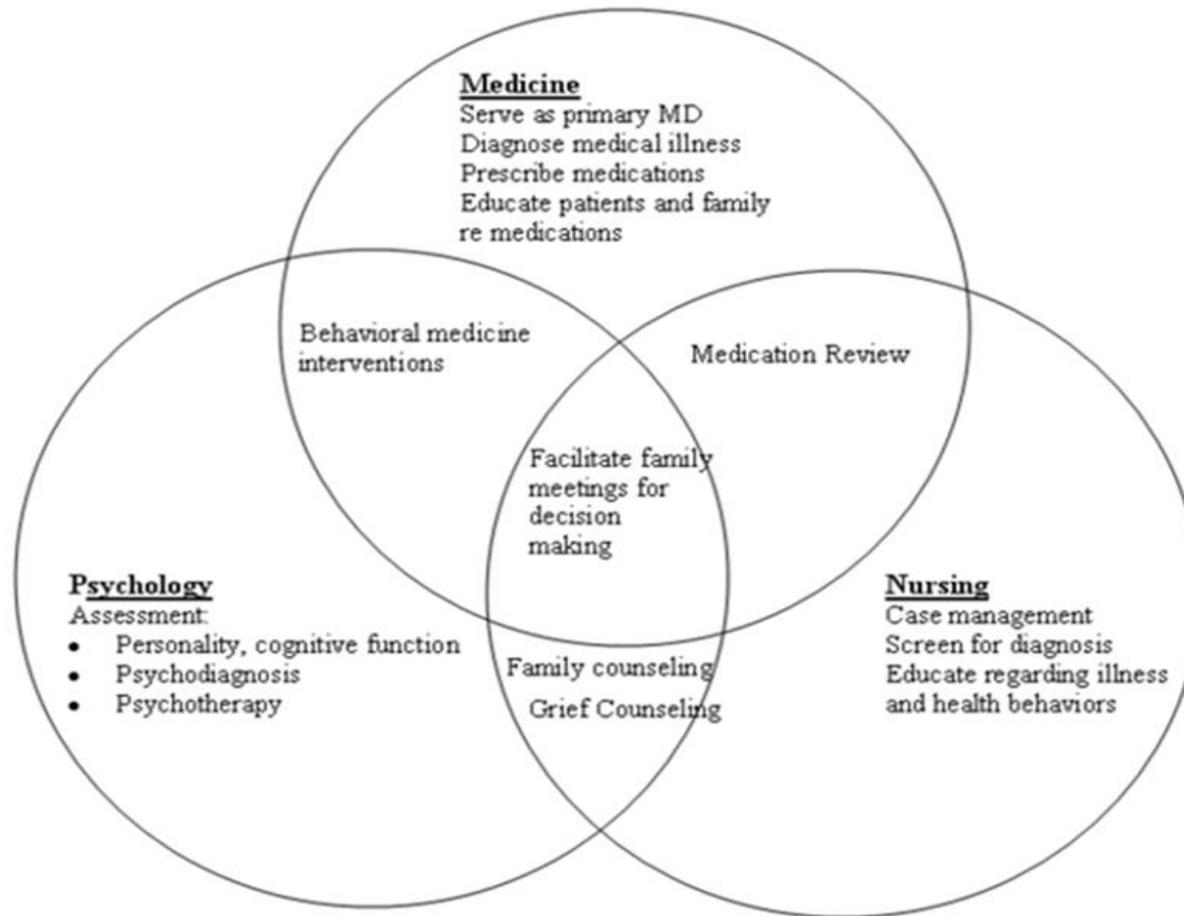
I THOUGHT YOU WERE EXERCISING.

I AM. RIGHT NOW, I'M
DOING A BENCH PRESS. I'M
PRESSING MY BUTT INTO
THIS PICNIC TABLE BENCH
REAAAALLY HARD.

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We are all in this together



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

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