Compassion Fatigue, Burnout, and Moral Distress

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Objectives

- To be able to compare and contrast Compassion Fatigue, Burnout, and Moral Distress
- To be able to describe factors that can lead to each
- To be able to describe the effects of each on patient care
- To be able to describe actions to avoid or address each
Definitions

- Compassion Fatigue:

- Secondary Traumatic Stress Disorder:
  - First described by Figley in 1995
  - The cost of caring for those who have been traumatized
  - The loss of the ability to nurture characterized by apathy and cynicism
  - “My bucket is empty.”
“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Dr. Naomi Rachel Remen
Definitions

- **Burnout**
  - Associated with workplace stressors, separate from client relationships
    - Lack of camaraderie, intense workloads, management unresponsiveness
  - “Condition of physical or mental exhaustion that results from long-standing taking part in work places that are psychologically harmful.”
    - (Rajeswari, Sreelekha 2015)
  - Relatively predictable and may respond to a short vacation or respite
Definitions

- **Moral Distress**
  - “Negative feelings that arise when one decides on a morally correct action in a given situation, but is constrained from taking that action.” (Jameton, 1984)
    - Initial distress - real time
    - Reactive distress (moral residue) - lingering feelings
  - Results in debilitating frustration, anger, and guilt (Rushton, C., 2016)
  - Distress resulting from a discrepancy between what one thinks ought to be done and what is actually done. (Grady et al, 2008)
Ethical Conflict

- When one or more principles of ethics are mutually exclusive
- When one is prevented from acting on a principle of ethics
Impact

- “When nurses ‘catch’ compassion fatigue, patients suffer” (Landro, 2012)
- Professionals avoid patient contact, don’t take time to observe and individualize therapies
- Burnout, compassion fatigue and moral distress cause professionals to leave healthcare, creating shortages
Factors That Influence

- Personal characteristics
- Society’s influences
- Problems with the healthcare system
- Institutional problems (staffing, paperwork etc.)
- Problems within the profession’s system
- Stressors related to patients & families
Signs and Symptoms

- Physical
  - Exhaustion
    - Insomnia
  - Headaches
  - Gastrointestinal problems
  - Heart palpitations
  - Muscle discomfort
  - Decreased immunity
Emotional Symptoms

- Compassion Fatigue
  - Sadness
  - Apathy
  - Depression
  - Lack of joyfulness
  - Cynicism
  - Anxiety
  - Desire to hide or cry out
Emotional Symptoms

- **Burnout**
  - Emotional exhaustion
  - Job dissatisfaction
  - Lower self-esteem
  - Depersonalization
  - Pessimism
  - Irritability
Emotional Symptoms

- Moral Distress
  - Feeling powerless
  - Disgust
  - Anxiety
  - Bitterness
  - Discouragement
  - Doubting own moral integrity
  - Guilt
Social/Behavioral Symptoms

- Increased absenteeism or lateness
- Bringing it home
- Withdrawal and isolation
- Increased use of unhealthy substances/habits
Spiritual symptoms

• Withdrawal from faith
• Faith crisis
• Feelings of “nothingness”
• Loss of sense of meaning
So, what do we do?
Healthy Techniques

- Seeking respite, opportunities for sleep, exercise
- Ask for help
- Determine what resources might be available at work
- Develop program for de-briefing after stressful events
- Develop moral resilience
- Ethics education
Techniques continued

- Sense of humor
- Develop realistic perspective
- Get specific about needs
- Be aware of own health, stay current with medications and appointments
- Connect with others who are or have been in similar situations (volunteers, Stephen ministry, clergy, mentor etc.)
- Set small goals for self care
Self Care Plan

- Schedule self care
- Keep work in perspective; learn to say no
- Maintain healthy emotional distance (empathy without owning the feelings)
- Stay aware of STSD with patients or families
- USE your PTO!
Self-Care Continued

- Receive support from others
- Set healthy personal boundaries
- Beware of over-involvement
- Maintain spiritual supports
- Be realistic, set attainable goals
- Say no when necessary
- View tasks as challenges (+ self talk)
- Exercise, meditate, eat right
“Taking care of myself doesn’t mean ‘me first. It means ‘me too.’”

L.R. Knost

GoodTherapy.org
Don’t

- Blame others
- Spend energy complaining
- Try to “quick fix”
  - New job or new car
  - Divorce or affair
  - Self medicating
- Work harder or longer
- Neglect your own needs
References

References