

Secondary Trauma (Compassion Fatigue) and BURNOUT

Resources for Healing in Medical Settings

Donald M. Friedman, M.D. Sidney Kimmel Medical College, Thomas Jefferson University
Vic Compher, MSS, LCSW, Director of "Portraits of Professional Caregivers.." (www.caregiversfilm.com)

Compassion Fatigue (Secondary or Vicarious Trauma):

"...the stress resulting from helping or wanting to help a traumatized or suffering person..." C.R Figley, ed. Compassion Fatigue: Coping with Traumatic Stress Disorder in Those Who Treat the Traumatized
Somewhat parallel to PTSD, though generally less severe, it may include..."hyperarousal, avoidance of stressful situations, and re-experiencing difficult events..." (A.L Back et al.)

Burnout:

"Burnout has three components: emotional exhaustion, cynicism, and feelings of ineffectiveness at work..." (A.L. Back et al.) "Burnout can result from secondary trauma/compassion fatigue." (C. Maslach)
A study from the Mayo Clinic (T.D. Shanafelt et al.) reported that "during the 3-year study interval, the percentage of physicians experiencing at least 1 symptom of burnout increased significantly: rising from 45.5% in 2011 to 54.4% in 2014. Furthermore, the burnout was apparent in all 24 medical specialties studied.."

Dr. Danielle Ofri, from What Doctors Feel:

Anxiety of Uncertainty: "But I realized that not only did I need to keep tuning my skills as a doctor, I also had to figure out a way to live with the uncertainty of medicine and its attendant anxiety." P.92

Grief: "For physicians, sadness is part of the job. There is pain in watching your patients suffer; there is grief when they die...If the grief is relentlessly suppressed...the result can be a numb physician who is unable to invest in a new patient. This lack of investment can lead to rote medical care – impersonal at best, shoddy at worst. At the other end of the spectrum is the doctor who is inundated with grief and can't function because of the overwhelming sorrow." p.121

Shame: "Given that we (doctors) do not accept the idea of the good-enough doctor, that physicians are always striving for and expecting perfection, every doctor feels that he or she falls short to some degree. Perhaps shame and self-blame are built into the system because of an unrealistic and pervasive expectation of perfection." p.130

Abraham Verghese from My Own Country

Grief: "Now it seemed as if everything I witnessed was imbued with this sense of loss. I was a doctor, a scientist, trained in professional detachment, but all the usual postures seemed satirical in the face of AIDS. I felt these deaths." P.229

Burnout: "In Johnson City, I was providing *all* the care for my fifty patients. I was my own drone. And I was getting very tired. And sometimes very angry." p. 279

Expressing feelings: "In my car I felt ashamed for crying. What kind of message did it convey when you broke down in front of your patient?...I needed time before putting my armor back on again, resuming the role of husband, father, and family man. I could not bring these feelings home." P.342

Self-Care and Organizational Care

Personal Self-Care: “Recognizing self-vulnerability; Maintaining adequate sleep patterns; Good nutrition; Work-life balance; Regular exercise; Boundary setting; Massage; Relaxation; Continued Education; Assertiveness; Meditation; Mindfulness; Self-reflection; Recognizing and attending to spiritual needs.” (C.S. Melvin, et al. p.71)

Work Setting Supports: “Rituals (e.g. at times of death); Peer support systems; Distance oneself from the work environment; Work-life balance; Debriefing sessions; Boundary setting; Vacations; Changing jobs as needed; Continued education.” (C.S, Melvin, et al. p.71)

Measures that may help prevent burnout:

“Mindful meditation; Reflective writing; Adequate supervision and mentoring; Sustainable workload; Promotion of feelings of choice and control; Appropriate recognition and reward; Supportive work community; Promotion of fairness and justice in the workplace; Training in communication skills; Development of self-awareness skills; Practice of self-care activities; Continuing educational activities; Participation in research; Mindfulness Based Stress Reduction for team; Meaning-centered intervention for team.” (M.K. Kearney, et al. p.1159)

Organization Structures to support Medical Staff

“Caring for the Caregivers Team” are essential. Progressive interventions:

- Mindfulness Based Stress Reduction (MBSR) at the Mindfulness Institute of the Jefferson-Myrna Brind Center of Integrative Medicine:
<http://www.hospitals.jefferson.edu/departments-and-services/mindfulness-institute/>
- The Schwartz Center Rounds
<http://www.theschwartzcenter.org/supporting-caregivers/schwartz-center-rounds/>
- GWish (George Washington Institute for Spirituality and Health)
www.gwish.org
- Reflection Rounds (developed by GWish)
articles.philly.com/2015-09-27/news/66932660_1_students-patients-homeless-man
<http://smhs.gwu.edu/gwish/events/gwish-templeton-reflections-rounds-facilitator-training-program>
- University of Missouri The “ForYOU” Model of “Care for the Caregivers”
<http://www.muhealth.org/about/qualityofcare/office-of-clinical-effectiveness/foryou-team/>
- Grief Rounds – Conducted monthly by Drs. David Oxman and Brooke Worster in the Jefferson Medical Intensive Care Unit to improve Residents’ experience and decrease burnout. (L Wilde et al)
- The Healer’s Art Course
<http://www.ishiprograms.org/programs/medical-educators-students/course-description/>
- Remembering the Heart of Medicine – has online discussions, journal writing, poetry for physicians. <http://www.ishiprograms.org/programs/physicians>
- Rachel Remen – has excellent teleconferences on the website that are appropriate for a wide range of healthcare professionals. www.rachelremen.com
- The Code <http://www.nejm.org/doi/full/10.1056/NEJMp078115>
- Balint Support Groups (J. Benson, et al.)
- JeffMD SKMC’s New Curriculum
<http://www.jefferson.edu/university/skmc/about/jeffmd.html>
- The Sanctuary Model (Dr. Sandra Bloom) <http://www.sanctuaryweb.com>
- The Pause <http://www.npr.org/sections/health-shots/2015/09/27/443104073/trauma-workers-find-solace-in-a-pause-that-honors-life-after-a-death>

Bibliography

SR Bloom and B Farragher. Restoring Sanctuary: A New Operating System for Trauma-Informed Systems of Care. New York: Oxford University Press, 2013

CR Figley, ed. Compassion Fatigue: Coping with Traumatic Stress Disorder in Those Who Treat the Traumatized. New York: Brunner Mazel, 1995.

Maslach, C., Leiter, MP. Early predictors of job burnout and engagement. J. Appl Psychol. 2008; 93 (3): 498-512.

Newell, JM, MacNeil, GA. Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. Best Practices in Mental Health. July, 2010; Vol 6, No 2. Chapter 5:57-65.

Danielle Ofri, What Doctors Feel: How Emotions Affect the Practice of Medicine. Boston: Beacon Press, 2013.

Shanafelt, TD, Hasan, O, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. Mayo Clin Proc. 2015;90(12):1600-1613.

Abraham Verghese, My Own Country. New York: Vintage Books, 1994.

For Physicians:

Sanchez-Reilly S, Morrison LJ, et al. Caring for oneself to care for others: physicians and their self-care. J Support Oncol 2013; 11(2):75-81.

Back AL, Deignan PF, Potter PA. Compassion, compassion fatigue, and burnout: Key insights for oncology professionals. Am Soc Clin Oncol Educ Book 2014:54-59

Kearney MK, Weinger RB, et al. Self-care for physicians caring for patients at end of life. JAMA. 2009; 301(11):1155-64.

Epstein, RM and Krasner, MS. Physician Resilience: What It Means, Why It Matters, and How to Promote it. Acad Med. 2013; 88:301-303.

Benson, J, Magraith, K. Compassion fatigue and burnout: the role of Balint groups. Aust Fam Physician. 2001; 34(6): 497-8.

Huggard, P. Secondary traumatic stress: doctors at risk. New Ethical Journals. 2003; 9-14.

Wilde L, Worster B, Oxman, D. Monthly "Grief Rounds" to improve residents' experience and decrease burnout in a medical intensive care unit rotation. Amer J Medical Quality. 2016; 31(4):379

For Nurses:

Melvin, CS. Historical review in understanding burnout, professional compassion fatigue, and secondary traumatic stress disorder from a hospice and palliative nursing perspective. *J Hospice and Palliative Nursing* Feb 2015; 17(1): 66-72.

Boyle, DA. Countering compassion fatigue: A requisite nursing agenda. *OJIN: The Online Journal of Issues in Nursing* Jan 31, 2011, Vol 16, No 1, Manuscript 2.

Clark, ML, Gioro, S. Nurses, Indirect Trauma, and Prevention. *J of Nursing Scholarship*. 1998; 30(1):85-87.

Jones, SH. For caregivers and hospice angels, self-care is not an option. *Psychology Today* Dec, 2013.

For social workers:

Bride, BE. Prevalence of secondary traumatic stress among social workers. *Social Work*. 2007; 52(1):63-70.

Kathleen Cox, Sue Steiner. [Self-Care in Social Work – A Guide for Practitioners, Supervisors, and Administrators](#). NASW Press, 2013.

SaraKay Smullens. [Burnout and Self-Care in Social Work](#). NASW Press, 2015.

Jackson, K. Social worker self-care – the overlooked core competency. *Social Work Today* May/June 2014, Vol 14, No 3: p.14

www.selfcareinsocialwork.com Has assessment tools and resources for promoting self-care.

For everyone:

[Care for the Journey: Messages and Music for Sustaining the Heart of Healthcare](#) CD. Companion Arts and Wisdom of the World. An excellent collection of inspiring messages from a variety of healthcare professionals.

Documentary Film:

“Portraits of Professional Caregivers: Their Passion, Their Pain.”

A Documentary Film about professionals who provide care to traumatized or suffering persons.

www.caregiversfilm.com