

System Drivers of Compassion Fatigue

Section 4



As we have discovered in the previous sections of this toolkit, the goal of compassion resilience can be reached with the application of personal skills and perspectives combined with organizational policies and practices. In this section we will focus on the systemic factors that can negatively impact our compassion resilience and explore our response and potential role in making positive change.

We all work in imperfect systems. When we look outside of our own system to those that we rely on to provide for the health and well-being of the people we serve, we find more imperfection. The first step in lessening the negative impact of the systems in which we live and work is naming what it is about the systems that contributes to our compassion fatigue. The second step is to discover which items on that list we can change, which ones leadership can and will address, and which ones we would best be served by letting go.

SELF-CARE



SPIRIT: Humor and Core Values

Chances are you came into a helping profession because you had a desire to make an impact on the world, or at least the person in front of you. In this [short video](#) by Kid President we can be inspired to connect back to that desire to make a change and enjoy some humor... both strategies to build compassion resilience.

[Self-care strategy MIND: Mindful compassion and self-compassion through hand movements](#)



Expectations from Self and Others

Developed in partnership with:



compassionresiliencetoolkit.org



For Toolkit Facilitators, Leadership and Staff:

Health care providers are at risk for compassion fatigue through their continued exposure to the suffering and trauma of their clients as well as to burnout due to the organizational stress that exists within the health care system. The effects of stress and trauma exposure are increasingly viewed as an 'occupational hazard' in the field of health care. Research on the topic shows that nearly 60% of physicians surveyed report symptoms of burnout,¹ and 33% of new registered nurses seek another job within the first year.² In studies of mental health providers (from psychiatrists to social workers to case managers), between 21-67% experience high levels of burnout, including high emotional exhaustion and depersonalization,³ with worse rates for those working in community-based settings.



It is clear that the health care profession is ripe with both inherent and external rewards and stresses. Both types of stresses can lead to compassion fatigue whereas the rewards can serve to protect against compassion fatigue. Research, however, posits that external, system factors play a bigger role in provider well-being and compassion fatigue than internal factors. So much so that when external, system factors become so overwhelming, it is not enough to tell individuals to simply become more resilient. It is, therefore, imperative for us, but particularly for leaders, to distinguish between inherent and external stresses and address them accordingly. The key is to balance these stresses and rewards.⁴

The following is a review of the rewards and stresses that are inherent in caring for clients as well as external to caregiving. Keep these in mind as you engage in the upcoming staff activity, What Can I Control?

Inherent Rewards & Stresses: The very nature of providing care to others who may be suffering is simultaneously satisfying and draining. It is a source of both rewards and stresses which are inextricably connected, meaning you cannot remove one without changing the nature of the provider role.

External Rewards & Stresses: These rewards and stresses arise outside of providing care for clients, are not connected to some reward with a deeper meaning, and make many providers say "I did not sign up for this." Much of this type of stress is related to the financial and regulatory aspects of health care, such as documentation and electronic medical records, as well as poor management and teamwork, a toxic culture, and disruptive peer behavior.

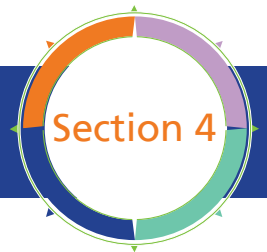
¹ Shanafelt T., Hasan O., Dyrbye L., et al. (2015). *Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014.* *Mayo Clinic Proceedings*, 90(12), 1600-1613.

² Lucian Leape Institute. (2013). *Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care.* Boston, MA: National Patient Safety Foundation.

³ Morse, G., Salyers, M., Rollins, A., Monroe-Devita, M., and Pfahier, C. (2012). *Burnout in mental health services: A review of the problem and its remediation.* *Adm Policy Ment Health*, 39(5), 341-352.

⁴ Mylod, D. (2017). [*One way to prevent physician burnout. Harvard Business Review.*](#)

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Take a moment to think about the inherent and external rewards and stresses in your work. The table below (from Mylod, 2017) lists some common sources of rewards and stresses within the health care field. Consider which are present in your work and whether the related statements resonate with you.

- Is there a balance of stresses and rewards that are either inherent to the experience of caring for clients or external to it, arising from the work environment?
- Knowing that inherent rewards and stresses are intertwined, how could the inherent rewards in your work be amplified? How might the impact of inherent stresses be reduced?
- If you disagreed with any of the statements, what could be changed in your work environment to allow you to agree. Imagine (with as much detail as possible) what that environment would look like? Would you interact with colleagues differently? Would your day-to-day be changed?

INHERENT		
	Sources of reward and stress	Sample diagnostic statements (Agreement indicates reward; disagreement indicates stress)
Reward	<ul style="list-style-type: none"> • Satisfying challenges • Ability to impact lives • Sense of meaning & purpose • Being appreciated 	<ul style="list-style-type: none"> • I like the work that I do. • My work gives me a sense of accomplishment. • The work I do makes a real difference • The amount of job stress I feel is reasonable.
Stress	<ul style="list-style-type: none"> • Clinical complexity • High-stakes pressure • Limitation of medicine/care • Bearing witness to suffering 	

EXTERNAL		
	Sources of reward and stress	Sample diagnostic statements (Agreement indicates reward; disagreement indicates stress)
Reward	<ul style="list-style-type: none"> • Good pay and benefits • Privileges of seniority • Healthy culture and teams • Supportive management • Effective leadership 	<p>JOB/WORK</p> <ul style="list-style-type: none"> • My work unit is adequately staffed • I'm satisfied with the electronic health record (or other documentation) system • I have adequate input into decisions that affect how I practice <p>COLLEAGUES/PEERS</p> <ul style="list-style-type: none"> • Members of my work unit work well together • Teamwork between colleagues in different roles (e.g., physicians and nurses) is effective <p>MANAGEMENT & LEADERSHIP</p> <ul style="list-style-type: none"> • The person I report to treats me with respect • I have confidence in senior management's leadership
Stress	<ul style="list-style-type: none"> • Unsafe environments • Lack of resources • Excessive policies and procedures • Administrative burdens • Dysfunctional culture and teams • Poor management • Weak leadership 	