

**Prevalence and Predictors
of
Burnout Among Hospice and
Palliative Care Clinicians:
An IDT Perspective**

Center to
Advance
Palliative Care™

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Objectives

1. Define aspects of burnout, compassion fatigue, and moral distress.
2. Describe how to maximize interdisciplinary team member roles in ways that maximize scope of practice and individual potential.
3. Develop strategies to address team health and discuss how to incorporate in a team plan.

Definitions of Terms

→ Burnout (BO), an emotional and behavioral impairment that results from the exposure to high levels of occupational stress, has been described as a combination of three factors: emotional exhaustion, depersonalization and personal accomplishment.

Definition of Terms

→ Compassion fatigue (CF) has been defined as a state of physical or psychological distress in caregivers, which occurs as a consequence of an ongoing and snowballing process in a demanding relationship with needy individuals.

Moral Distress

- Moral distress (MD) is the pain or anguish affecting the mind, body or relationships in response to a situation in which the person is
 - aware of a moral problem,
 - acknowledges moral responsibility, and
 - makes a moral judgment about the correct action;
- yet, as a result of real or perceived constraints, participates in perceived moral wrongdoing

Secondary Traumatic Stress

→ Providers treating patients with challenging medical conditions can sometimes feel drained, upset, or frustrated. This may be especially true during times of increased workloads or heightened personal stress.

The Crescendo Effect

- * Repeated and unaddressed situations of moral distress over time cause a gradual crescendo of moral residue, the lingering feelings of distress that may continue to months.

* Hamric 2012

Crescendo effect can undermine the professional commitment and integrity of the provider

“I was living, breathing and sleeping other people’s trauma, without a moment’s thought about how this was impacting me or my loved ones.”

Mathieu, 2015

	Physician (N=551)	Nurse (N=1035)	Social Worker (N=397)	Other (N=126)	Total (N=2109)
At risk for Burnout (EE >=27 and/or DP >=10)					
Not burned out	366 (66.4%)	705 (68.1%)	279 (70.3%)	87 (69.0%)	1437 (68.1%)
Burned out(EE >=27 and/or DP >=10)	185 (33.6%)	330 (31.9%)	118 (29.7%)	39 (31.0%)	672 (31.9%)

Emotional Exhaustion

N	551	1035	397	126	2109
Mean (SD)	20.6 (11.4)	20.4 (11.6)	19.9 (11.1)	19.8 (10.9)	20.3 (11.4)
Median	19.0	19.0	18.0	20.0	19.0
Q1, Q3	12.0, 28.0	11.0, 29.0	11.0, 26.0	12.0, 27.0	12.0, 28.0
Range	(0.0-53.0)	(0.0-54.0)	(0.0-54.0)	(0.0-49.0)	(0.0-54.0)

Depersonalization

N	551	1035	397	126	2109
Mean (SD)	5.7 (5.2)	3.9 (4.1)	4.4 (4.4)	4.7 (4.8)	4.5 (4.6)
Median	4.0	3.0	3.0	3.0	3.0
Q1, Q3	2.0, 8.0	1.0, 6.0	1.0, 6.0	1.0, 7.0	1.0, 6.0
Range	(0.0-28.0)	(0.0-27.0)	(0.0-24.0)	(0.0-23.0)	(0.0-28.0)

Personal Accomplishments

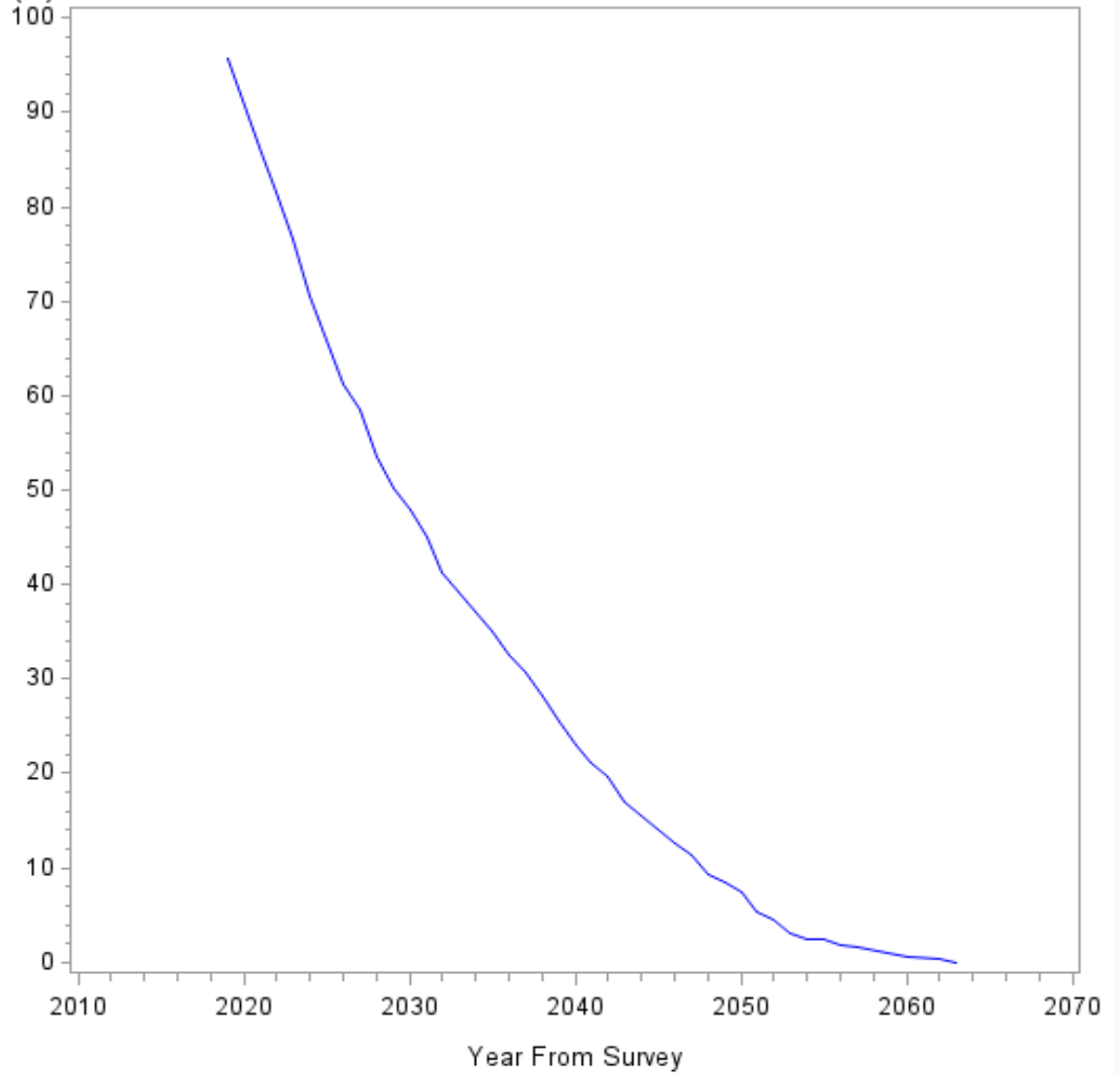
N	544	1007	385	124	2060
Mean (SD)	41.7 (5.0)	41.1 (5.3)	40.3 (5.2)	40.4 (5.1)	41.1 (5.2)
Median	43.0	42.0	41.0	41.0	42.0
Q1, Q3	39.0, 46.0	38.0, 45.0	37.0, 44.0	38.0, 44.0	38.0, 45.0
Range	(19.0-48.0)	(23.0-48.0)	(22.0-48.0)	(19.0-48.0)	(19.0-48.0)

	Physician	Nurse	SW	Other	Total
I feel happy at work					
Missing	0 (.%)	3 (.%)	1 (.%)	0 (.%)	4
Not at all true	4 (0.7%)	10 (1.0%)	7 (1.8%)	0 (0.0%)	21 (1.0%)
Somewhat true	46 (8.3%)	98 (9.5%)	28 (7.1%)	15 (11.9%)	187 (8.9%)
Moderately true	151 (27.4%)	272 (26.4%)	120 (30.3%)	33 (26.2%)	576 (27.4%)
Very true	227 (41.2%)	452 (43.8%)	172 (43.4%)	54 (42.9%)	905 (43.0%)
Completely true	123 (22.3%)	200 (19.4%)	69 (17.4%)	24 (19.0%)	416 (19.8%)

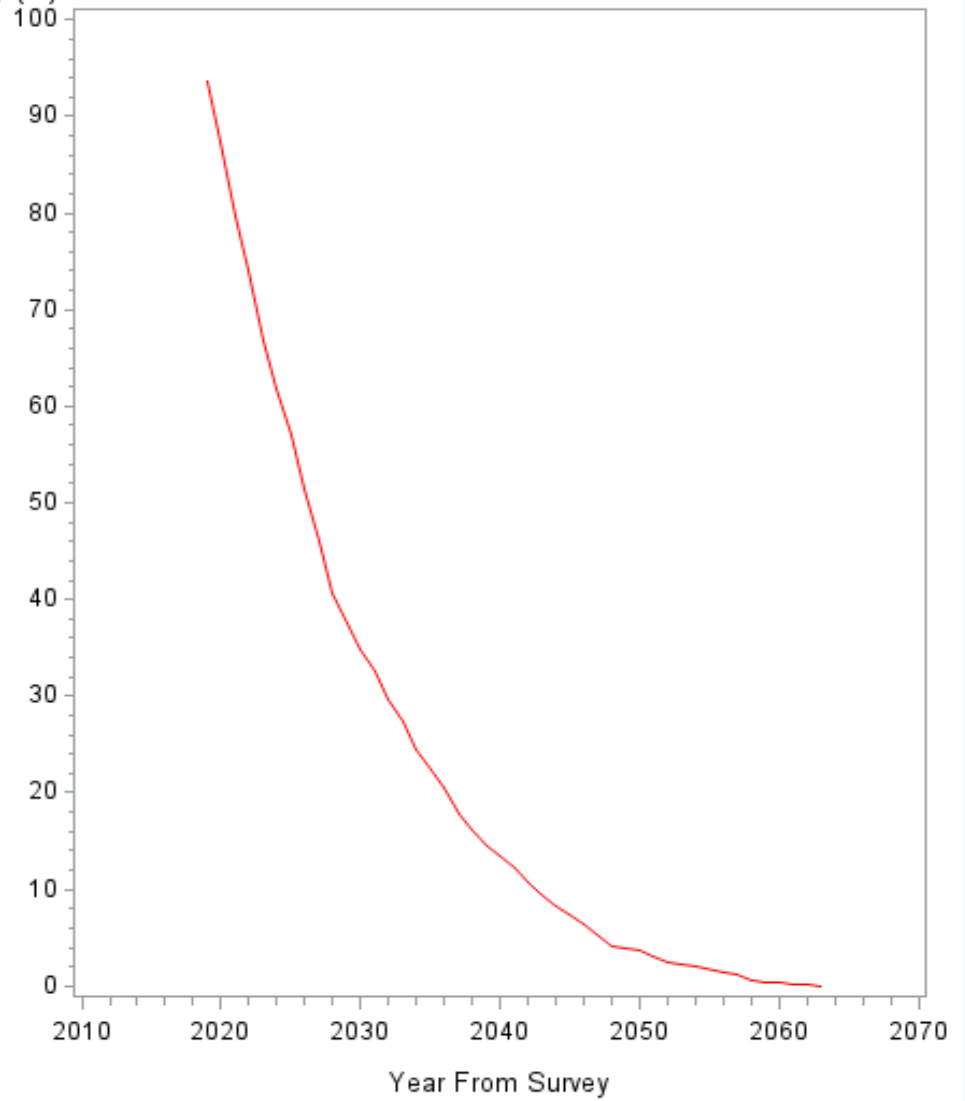
I feel worthwhile at work					
Not at all true	2 (0.4%)	13 (1.3%)	6 (1.5%)	3 (2.4%)	24 (1.1%)
Somewhat true	35 (6.4%)	73 (7.1%)	35 (8.8%)	8 (6.3%)	151 (7.2%)
Moderately true	91 (16.5%)	153 (14.8%)	87 (21.9%)	31 (24.6%)	362 (17.2%)
Very true	206 (37.4%)	433 (41.8%)	161 (40.6%)	50 (39.7%)	850 (40.3%)
Completely true	217 (39.4%)	363 (35.1%)	108 (27.2%)	34 (27.0%)	722 (34.2%)

My work is satisfying to me					
Missing	0 (.%)	6 (.%)	0 (.%)	0 (.%)	6
Not at all true	2 (0.4%)	2 (0.2%)	2 (0.5%)	2 (1.6%)	8 (0.4%)
Somewhat true	28 (5.1%)	53 (5.2%)	20 (5.0%)	9 (7.1%)	110 (5.2%)
Moderately true	82 (14.9%)	126 (12.2%)	64 (16.1%)	20 (15.9%)	292 (13.9%)
Very true	214 (38.8%)	408 (39.7%)	178 (44.8%)	58 (46.0%)	858 (40.8%)
Completely true	225 (40.8%)	440 (42.8%)	133 (33.5%)	37 (29.4%)	835 (39.7%)

Estimated Physicians Remaining from Survey (%)



Estimated Remaining Non-Physician Clinicians From Survey (%)



Black-Box Warning of Potential Team Distress/Disfunction

- One or more team members who are: disruptive, frequently absent, apathetic, dispassionate, sarcastic, hopeless, and/or who express constant emotional/physical exhaustion, report frequent illnesses, or exhibit signs of palliative care “martyrdom”¹⁴
- Chronic poor attendance at team meetings
- Chronic poor follow-through on assigned tasks
- Team member(s) repeatedly staying beyond normal work hours
- Intrateam conflicts or differences that are consistently unresolved
- “Junior high school” behaviors: cliques, gossiping, and similar behaviors by team subgroups—a sign of poor team communication, feelings of disenfranchisement, and dissatisfaction
- Frequent high clinical workload that precludes nonclinical activities (e.g., teaching, scholarly work, quality-improvement projects, team care activities)

Three Prong Approach



Self Care

Includes any intentional actions you take to care for your physical, mental and emotional health.

Nutrition, Exercise, Rest, Social Support.

Many approaches

- General fitness and exercise
- A balance in rest and sleep
- Dietary – various diets
- Personal hygiene
- Stress reduction through avoidance of substances – tobacco, alcohol and drugs
- Personal development
- Engagement in life through hobbies and interest

Communication of Healthy Teams

- **Everyone** talks and listens and keeps contributions short and sweet.
 - Face to face is more valuable than e-mail and/or texting.
- Members **face each other** and are enthusiastically engaged in conversation and gestures
- Members **connect with each other** – and not just the leader.
- Members carry on **back-channel or side conversations** within the team.
- Members periodically break – going **exploring outside the team** and bring information back.

- Pentland 2012 Harvard Business Review – The New Science of Building Teams

Self Care on a Team Level Level

- 1. Establish roles and responsibilities.**
- 2. Move from reactive to proactive mode.**
- 3. Listen to the team and its shared experience.**
- 4. Find out what brings the team together.**
- 5. Give the team permission to feel good about what they do.**

Self Care on a Personal Level

- 1. Establish personal and professional boundaries.**
- 2. Move from reactive to creative mode.**
- 3. Listen to your body, your intuition, and your felt experience.**
- 4. Find out what restores you.**
- 5. Give yourself permission to feel good and to want what you want.**

Find Your Passion

What do you like to work on, what areas, what dimension of your professional do you enjoy.

Spending at least 20% of professional effort on the dimension of work (you) find most meaningful lowers risk for burnout!

Cultivating Self-Awareness...

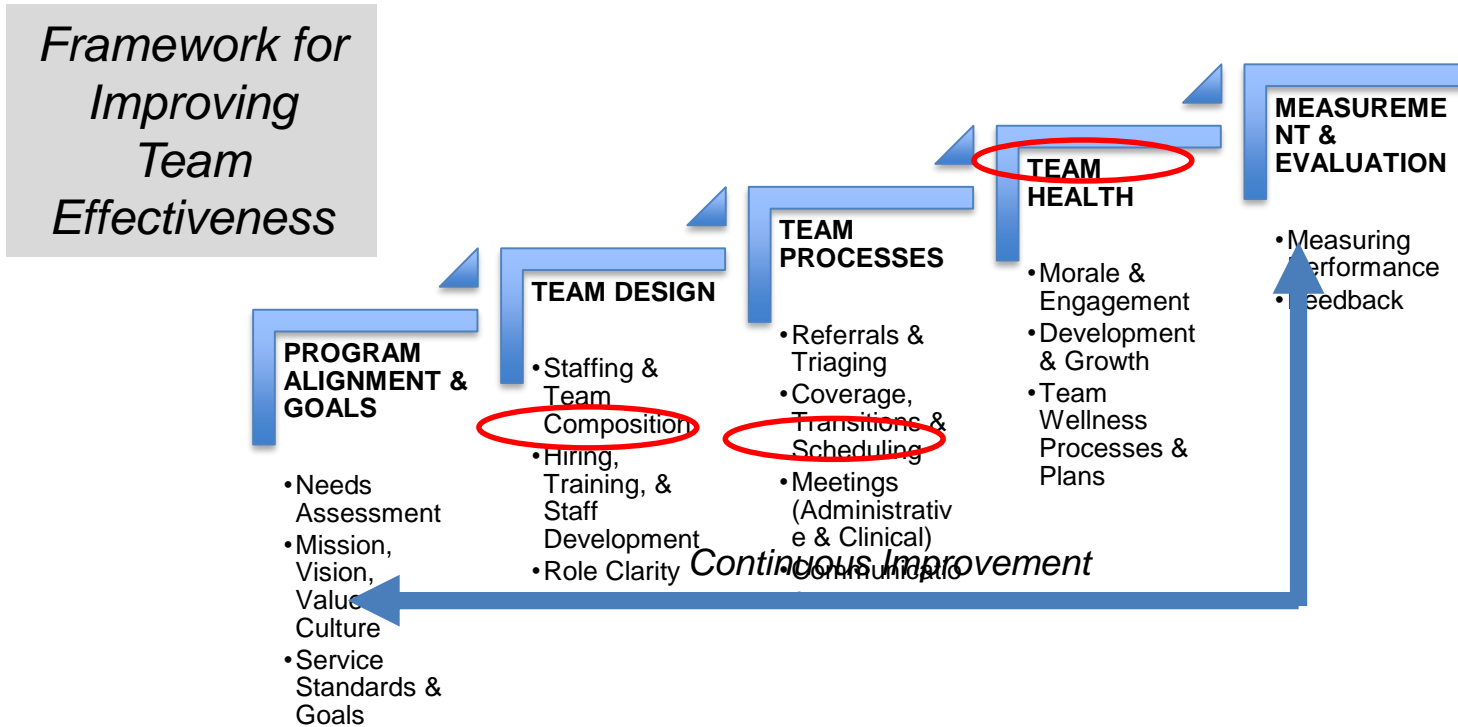
*improves the ability of provider to be
exquisitely empathic “being there” with
the patient*

Self-Care of Physicians caring for patients at the end of life:
Being Connected...A Key to My Survival” JAMA
2009;301(11):1155-1164

“We must be watchful of the manner in which *our own need for meaning* and a sense of transcendence may function as a method of managing the feelings of anxiety and horror that accompanies our bearing witness to suffering that is unrelieved.”

Browning, 2004

Fundamental to Quality Palliative Care is a High-Functioning Interdisciplinary Team (IDT)



Debriefings

- Hour long (or whatever time available) with direct providers; monthly
- Opportunity to give voice to the difficult nature of the work
- Facilitated
- Confidential
- Not case specific
- Not a support group
- Chance to impact the culture

Nurses who felt supported by their organization using ethics resources, developing efficacy, had an increase in moral courage.

Rathert, May, Chung. 2015

Debriefings

- * Help to seek meaning
- * Provides social support
- * Helps with reframing assumptions
- * Reduces feelings of isolation
- * Reduces feelings of anger
- * Group reflection helps to find insight and value

CARE

→ C = Compassion

→ A = Awareness

→ R = Responding Resiliently

→ E = Empowerment

→ Compson J. CARE heuristic for addressing burnout in Nurses. Nurs Ed Prac. 2015;5(7)63-74.

Your Responsibility: Be the Role Model!

- Take time to think about how your actions and reactions impact those around you
- Are you modeling good resilience strategies?
- Are you “pausing” after a difficult situation to debrief with your colleagues?
- Are you encouraging folks to take a day off, take time for themselves, etc.?
- Are you (subconsciously) rewarding overworking or over-involvement?

SUMMARY – WELLNESS IS DELIBERATE.

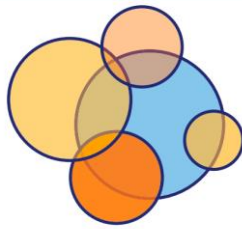
Helpful Resources

CAPC – Team Effectiveness Quick Tips & Resources

Palliative care national and professional organizations. (AAHPM, HPNA, SWHPN, etc.)

Strategies for Maximizing the Health/Function of Palliative Care Teams

A resource monograph from the Center to Advance Palliative Care



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Acknowledgments: Special thanks to Lili Morrison, PhD
for her help with the illustrations in this monograph

Quick Tip: Improving Team Effectiveness

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CAPC Quick Tip #4: Role Clarity for a Highly Effective Interdisciplinary Team

"Who should go to family meetings? Which patients should the social worker see?" Making best use of all the disciplines and skills can be challenging, particularly as teams grow and care is delivered in community-based settings such as the home and medical office practices. Taking time to better define roles helps minimize confusion and provides everyone on the team with a sense of purpose. Clarifying roles can also help ensure a more consistent experience for patients and family caregivers.

Practical Tips and Lessons Learned from the Field

1. Assess Your Team's Degree of Role Clarity

- Ask yourself and your teammates. Conduct an assessment to identify what issues related to role clarity currently exist on the team. (See chart below.)
- Prioritize role clarity needs. Work together as a team to prioritize where there might be role confusion or concerns.

Simple Role Clarity Assessment Team Exercise

Instructions: Using a scale of 1 to 5, with 1 being rarely and 5 being always, how often are the following statements true? Tally responses, discuss as a team, and prioritize ideas for improvement.

<input type="checkbox"/> I am clear about my role on the team	<input type="checkbox"/> I am aware of the unique skills or areas of expertise of my teammates
<input type="checkbox"/> My job description accurately defines my role	<input type="checkbox"/> As a team we effectively use the skills and expertise of all disciplines
<input type="checkbox"/> I know which patients are assigned to me or that I need to see each day	<input type="checkbox"/> As a team we take time to clarify roles
<input type="checkbox"/> I am comfortable expressing my opinion or offering my perspective	<input type="checkbox"/> We all take turns leading team meetings or caring reviews
<input type="checkbox"/> I am practicing at the top of my license	<input type="checkbox"/> Overall, I feel I am a strong fit for this team and consistently contribute to its effectiveness
<input type="checkbox"/> Others on my team understand my role	

Publicly available resources & books

- ✓ Harvard Business Review articles on building effective teams
- ✓ DiSC personality test
- ✓ Book: Now Discover Your Strengths
- ✓ Book: Team of Teams
- ✓ Your Human Resources Department
- ✓ App called "Headspace" to practice mindfulness

Resources

- National Academy of Medicine. Action Collaborative Knowledge Hub and Resources: Action Collaborative on Clinician Well-Being and Resilience. <https://nam.edu/initiatives/clinician-resilience-and-well-being/>
- Institute for Healthcare Improvement. Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. *IHI Framework for Improving Joy in Work*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017.

Articles

- Prevalence and Predictors of Burnout among Hospice and Palliative Care Clinicians in the U.S., *Journal of Pain and Symptom Management*
- It Is Like Heart Failure. It Is Chronic...and It Will Kill You": A Qualitative Analysis of Burnout Among Hospice and Palliative Care Clinicians, *Journal of Pain and Symptom Management*

Improving Team Effectiveness Series

- Keep the conversation going in the *Improving Team Effectiveness* virtual office hours. Next session in March. Register on capc.org or CAPC Central Virtual Office Hours pages.
- Check out our new *Quick Tips* on the Improving Team Effectiveness page in CAPC Central
- Join us for upcoming virtual events on for Team Effectiveness: Virtual Office Hours for Improving Team Effectiveness on Feb 28th at 4:00pm Eastern.

Quick Tips: Improving Team Effectiveness

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CAPC Quick Tips #1: Hiring New Team Members

Having a hard time finding qualified staff? In a rush to hire, do you sometimes overlook whether or not someone will be a good fit for the team? A new team member can bring wonderful energy and new skills, or create conflict and be disruptive to the rest of the team. Read on to learn how to hire for a stable, high-performing team.

Practical Tips and Lessons Learned from the Field

1. **Be clear on what is needed in the position, and make sure the entire team is aware of the position's purpose and role.** This will help not only in screening for candidates, but also with current team members who can help find good candidates.
2. **Make sure there is clear funding and support from administration.** Candidates have a lot of options and are more likely to choose a program that has demonstrated stability and commitment from the organization.
3. **Develop a plan for marketing the position.** What is distinct about your organization, the region, or this role? Why would someone take this position? Where will you post the job? Who can help you recruit? Human resources, professional recruiters, the palliative care team, and networking with other palliative care colleagues can all be helpful.

Register for all upcoming events at:
www.capc.org/providers/webinars-and-virtual-office-hours/

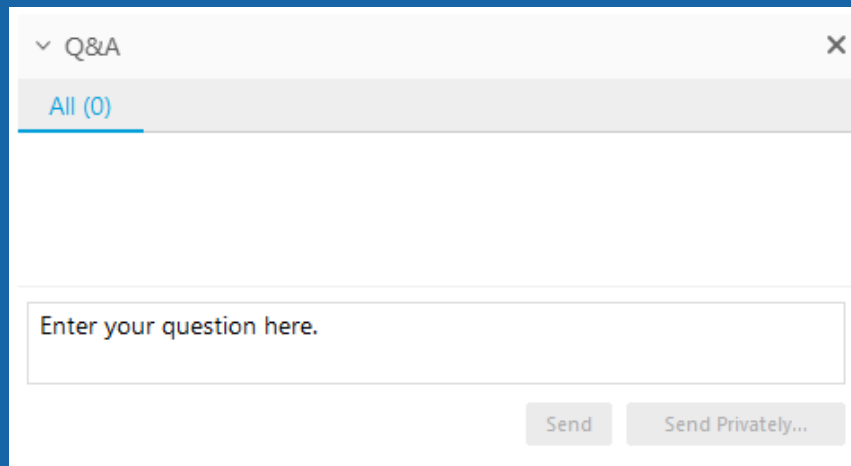
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“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Remen. Kitchen Table Wisdom. 1996.

Questions?

Please type your question into the questions pane on your WebEx control panel.



The image shows a screenshot of the WebEx Q&A interface. At the top, there is a header with a dropdown arrow and the text "Q&A" and a close button "X". Below the header is a tab labeled "All (0)". The main area is a large empty space. At the bottom, there is a text input field with the placeholder text "Enter your question here." and two buttons: "Send" and "Send Privately...".



Tipping Point
CHALLENGE

**LEAD THE CHARGE
FOR CHANGE**

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