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

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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.
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
### At risk for Burnout (EE >=27 and/or DP >=10)

<table>
<thead>
<tr>
<th></th>
<th>Physician (N=551)</th>
<th>Nurse (N=1035)</th>
<th>Social Worker (N=397)</th>
<th>Other (N=126)</th>
<th>Total (N=2109)</th>
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<tbody>
<tr>
<td>Not burned out</td>
<td>366 (66.4%)</td>
<td>705 (68.1%)</td>
<td>279 (70.3%)</td>
<td>87 (69.0%)</td>
<td>1437 (68.1%)</td>
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<tr>
<td>Burned out(EE &gt;=27 and/or DP&gt;=10)</td>
<td>185 (33.6%)</td>
<td>330 (31.9%)</td>
<td>118 (29.7%)</td>
<td>39 (31.0%)</td>
<td>672 (31.9%)</td>
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### Emotional Exhaustion

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<tr>
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<th>N</th>
<th>551</th>
<th>1035</th>
<th>397</th>
<th>126</th>
<th>2109</th>
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<tbody>
<tr>
<td>Mean (SD)</td>
<td>20.6 (11.4)</td>
<td>20.4 (11.6)</td>
<td>19.9 (11.1)</td>
<td>19.8 (10.9)</td>
<td>20.3 (11.4)</td>
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<tr>
<td>Median</td>
<td>19.0</td>
<td>19.0</td>
<td>18.0</td>
<td>20.0</td>
<td>19.0</td>
<td></td>
</tr>
<tr>
<td>Q1, Q3</td>
<td>12.0, 28.0</td>
<td>11.0, 29.0</td>
<td>11.0, 26.0</td>
<td>12.0, 27.0</td>
<td>12.0, 28.0</td>
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</tr>
<tr>
<td>Range</td>
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<td>(0.0-54.0)</td>
<td>(0.0-54.0)</td>
<td>(0.0-49.0)</td>
<td>(0.0-54.0)</td>
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### Depersonalization

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<th>N</th>
<th>551</th>
<th>1035</th>
<th>397</th>
<th>126</th>
<th>2109</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD)</td>
<td>5.7 (5.2)</td>
<td>3.9 (4.1)</td>
<td>4.4 (4.4)</td>
<td>4.7 (4.8)</td>
<td>4.5 (4.6)</td>
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</tr>
<tr>
<td>Median</td>
<td>4.0</td>
<td>3.0</td>
<td>3.0</td>
<td>3.0</td>
<td>3.0</td>
<td></td>
</tr>
<tr>
<td>Q1, Q3</td>
<td>2.0, 8.0</td>
<td>1.0, 6.0</td>
<td>1.0, 6.0</td>
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<td>1.0, 6.0</td>
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<td>(0.0-24.0)</td>
<td>(0.0-23.0)</td>
<td>(0.0-28.0)</td>
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### Personal Accomplishments

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<th></th>
<th>N</th>
<th>544</th>
<th>1007</th>
<th>385</th>
<th>124</th>
<th>2060</th>
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<tbody>
<tr>
<td>Mean (SD)</td>
<td>41.7 (5.0)</td>
<td>41.1 (5.3)</td>
<td>40.3 (5.2)</td>
<td>40.4 (5.1)</td>
<td>41.1 (5.2)</td>
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</tr>
<tr>
<td>Median</td>
<td>43.0</td>
<td>42.0</td>
<td>41.0</td>
<td>41.0</td>
<td>42.0</td>
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<td>Q1, Q3</td>
<td>39.0, 46.0</td>
<td>38.0, 45.0</td>
<td>37.0, 44.0</td>
<td>38.0, 44.0</td>
<td>38.0, 45.0</td>
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<td>(23.0-48.0)</td>
<td>(22.0-48.0)</td>
<td>(19.0-48.0)</td>
<td>(19.0-48.0)</td>
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<td></td>
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<td>Nurse</td>
<td>SW</td>
<td>Other</td>
<td>Total</td>
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<td>-------</td>
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<td>-------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td><strong>I feel happy at work</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>0 (.)</td>
<td>3 (.)</td>
<td>1 (.)</td>
<td>0 (.)</td>
<td>4</td>
<td></td>
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<tr>
<td>Not at all true</td>
<td>4 (0.7%)</td>
<td>10 (1.0%)</td>
<td>7 (1.8%)</td>
<td>0 (0.0%)</td>
<td>21 (1.0%)</td>
<td></td>
</tr>
<tr>
<td>Somewhat true</td>
<td>46 (8.3%)</td>
<td>98 (9.5%)</td>
<td>28 (7.1%)</td>
<td>15 (11.9%)</td>
<td>187 (8.9%)</td>
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</tr>
<tr>
<td>Moderately true</td>
<td>151 (27.4%)</td>
<td>272 (26.4%)</td>
<td>120 (30.3%)</td>
<td>33 (26.2%)</td>
<td>576 (27.4%)</td>
<td></td>
</tr>
<tr>
<td>Very true</td>
<td>227 (41.2%)</td>
<td>452 (43.8%)</td>
<td>172 (43.4%)</td>
<td>54 (42.9%)</td>
<td>905 (43.0%)</td>
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<tr>
<td>Completely true</td>
<td>123 (22.3%)</td>
<td>200 (19.4%)</td>
<td>69 (17.4%)</td>
<td>24 (19.0%)</td>
<td>416 (19.8%)</td>
<td></td>
</tr>
<tr>
<td><strong>I feel worthwhile at work</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all true</td>
<td>2 (0.4%)</td>
<td>13 (1.3%)</td>
<td>6 (1.5%)</td>
<td>3 (2.4%)</td>
<td>24 (1.1%)</td>
<td></td>
</tr>
<tr>
<td>Somewhat true</td>
<td>35 (6.4%)</td>
<td>73 (7.1%)</td>
<td>35 (8.8%)</td>
<td>8 (6.3%)</td>
<td>151 (7.2%)</td>
<td></td>
</tr>
<tr>
<td>Moderately true</td>
<td>91 (16.5%)</td>
<td>153 (14.8%)</td>
<td>87 (21.9%)</td>
<td>31 (24.6%)</td>
<td>362 (17.2%)</td>
<td></td>
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<tr>
<td>Very true</td>
<td>206 (37.4%)</td>
<td>433 (41.8%)</td>
<td>161 (40.6%)</td>
<td>50 (39.7%)</td>
<td>850 (40.3%)</td>
<td></td>
</tr>
<tr>
<td>Completely true</td>
<td>217 (39.4%)</td>
<td>363 (35.1%)</td>
<td>108 (27.2%)</td>
<td>34 (27.0%)</td>
<td>722 (34.2%)</td>
<td></td>
</tr>
</tbody>
</table>

<p>| <strong>My work is satisfying to me</strong>           |           |       |     |       |       |
| 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%) |</p>
<table>
<thead>
<tr>
<th>Black-Box Warning of Potential Team Distress/Disfunction</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 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</td>
</tr>
<tr>
<td>• Chronic poor attendance at team meetings</td>
</tr>
<tr>
<td>• Chronic poor follow-through on assigned tasks</td>
</tr>
<tr>
<td>• Team member(s) repeatedly staying beyond normal work hours</td>
</tr>
<tr>
<td>• Intrateam conflicts or differences that are consistently unresolved</td>
</tr>
<tr>
<td>• “Junior high school” behaviors: cliques, gossipping, and similar behaviors by team subgroups—a sign of poor team communication, feelings of disenfranchisement, and dissatisfaction</td>
</tr>
<tr>
<td>• Frequent high clinical workload that precludes nonclinical activities (e.g., teaching, scholarly work, quality-improvement projects, team care activities)</td>
</tr>
</tbody>
</table>
Three Prong Approach

Resilience

Individual
- self awareness
- mindfulness
- self care

Team
- debriefings
- roundtable
- social support

Organization
- Leadership
- Support
- Materials
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.

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!

Shanafelt, Noseworthy, 2017
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)

**Framework for Improving Team Effectiveness**

**Program Alignment & Goals**
- Needs Assessment
- Mission, Vision, Value Culture
- Service Standards & Goals

**Team Design**
- Staffing & Team Composition
- Hiring, Training, & Staff Development
- Role Clarity

**Team Processes**
- Referrals & Triaging
- Coverage, Transitions & Scheduling
- Meetings (Administrative & Clinical)

**Team Health**
- Morale & Engagement
- Development & Growth
- Team Wellness Processes & Plans

**Measurement & Evaluation**
- Measuring Performance
- Feedback

Continuous Improvement
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

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.)

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


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.

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

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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.
“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.

Enter your question here.
Tipping Point Challenge

LEAD THE CHARGE FOR CHANGE

tippingpointchallenge.capc.org