Palliative Care Work

- Can be distressing, challenging and rewarding
- Stressors and challenges are integral to the work
  - Organizational
  - Professional
  - Emotional
  - Ethical
- The cumulative impact these stressors is particularly demanding
- The work environment may be less supportive and more demanding than other settings

Fillion, L and Vachon MLS. The Costs and Rewards of Caring in Palliative Care. In: C. Walshe, N. Preston, B. Johnston. Work Variables in Palliative Care

Emotion - Work Variables in Palliative Care

- Requirement to display or suppress emotions on the job
- Requirement to be emotionally empathic
- Account for additional variance in Burnout scores

Instituting an intentional regimen of self-care must entail an elevation of self-awareness concerning one’s grief beliefs (that is to say how destined losses in life are understood).

Untaming grief

- The single most important factor in being a hospice-healer is the ability to remain present in the midst of profound powerlessness.
- Being present in the face of unfolding loss and reactive grief accentuates the depth of human frailty as well as the “promise of death.”
- Grief is a permeating human theme that resists postponement and demands attention.
- Grief can only be palliated as medicine is ultimately impotent over death.
- Grief can be immensely distressing in the life of the palliative care physician.
- Instituting an intentional regimen of self-care must entail an elevation of self-awareness concerning one’s grief beliefs (that is to say how destined losses in life are understood).

National German Study

- Burdening Factors of 873 German Palliative Care Practitioners
- 51% of the surveyed practitioners feel strongly or very strongly burdened when they are unable to achieve the objectives of palliative care (e.g. psychosocial needs).
- 47.2% identified burden related issues regarding relationship building with patients and their families (e.g. balancing closeness and distance)
- 42.6% identified frequent patient deaths as a burdening factor
- Need for teaching relational skills and self-care

Congruence of Individual and Organizational Characteristics...

- **Work-related stress** may involve organisational, professional and emotional stressors
- It is an ongoing process affected by both, environmental and individual factors
- The individual is constantly responding to and interacting with the environment and its sources of stress (stressors).

...Congruence of the Individual and Organizational Characteristics

- **Harm or benefit** depends in part on the individual’s cognitive appraisal of the stressors and subsequent coping process with stressors at work
- It also depends on the quality of the work environment and the capacity to optimize the congruence between individual and organisational characteristics.

Palliative Care Stressors in the ‘80’s

- 100/586 caregivers- international sample
- 48% work environment
- 29% occupational role
- 17% from patients and families
- 7% illness-related variables
- The top stressors in palliative care were communication
- **Top stressors**:
  - problems with others in the system
  - role ambiguity
  - team communication problems
  - communication problems with administration
  - role conflict
  - nature of the system
  - inadequate resources
  - unrealistic expectations of the organization

Have Things Changed?

- ‘Given the stresses in dealing with death-and-dying issues, paperwork, regulatory upkeep, distressed families, late or inappropriate referrals, and marginal reimbursement, it is no surprise that nurses, social workers, aides, chaplains, physicians, and all other hospice and palliative caregivers are at risk’
- Stressors at PMH (Dougherty et al 2009) are similar to the stressors identified in the 1970’s
- **How much have things changed since the early days?**

The Rationalization of Palliative Care

- Canadian palliative care and palliative care ethics were found to have undergone rationalization—understood as the processes of routinization, medicalization, and professionalization
- Care has become more routine, more of a career, and less of a calling—medical interventions and medical understandings are increasingly used in palliative care
- Practitioners identify more with traditional professions than previously and self-identify as palliative care specialists
- For palliative care ethics, this rationalization has meant a shift in emphasis in the goals of palliative care

References:

1. Dougherty E, Pierce B, Ma C, Panzarella T, Rodin G, Zimmermann C. Factors associated with work stress and... Four decades of selected research in hospice/palliative care: have the stressors changed? In: I. Renzenbrink (ed). Canadian palliative care and palliative care ethics were found... Unpublished Research Report. Toronto: 2013.
Shift in Palliative Care

- Early palliative care emphasized the goals of palliation, presence, and meaning as a response to the sufferings and abandonment of dying persons.
- During rationalization, palliative care shifted to focus primarily to palliation.
- Cellarius – return to care for the patient vs care of the patient– a revision of palliative care ethics retrieving the earlier goals of presence and meaning as a response to abandonment.

Work-related Stress

- Contributes to negative outcomes at both individual and organizational levels.
- Clinicians: elevated levels of depression, anxiety, compassion fatigue, burnout, job dissatisfaction, poorer physical health and self-care, substance use and, in some instances, elevated rates of suicide.

Work Related Stress

- The distress of clinicians potentially adversely effects patient care, with reported associations with poorer quality of care, higher rates of clinical errors, diminished empathy in care, and adverse impact on professionalism.
- For the organization, stress is notably associated with negative impact on quality of care and job performance, greater absenteeism, and decisions to leave health care or consider early retirement.

Chronic stress

- Numerous studies link chronic stress to mental depression, chronic fatigue, and burnout.
- Chronic stress can cause memory loss and can change the brain’s structure and functioning, affecting a person’s well-being and the effects of aging.
- Long-term stress is also highly correlated with the development and progression of many chronic physical health disorders such as arthritis, ulcers, asthma and migraine.

Service and Burnout

- Unless you feel like patients touch you, you will never use in this work.
- Protecting yourself from loss and healing is one of the major causes of burnout.
- We burn out because we don’t grieve.
- We have allowed our hearts to become so filled with loss that we have no room left to care.
Burnout and Job Engagement: Two Interrelated Concepts

- **Burnout**
  - Emotional exhaustion
  - Cynicism
  - Inefficacy

- **Job engagement**
  - Energy
  - Involvement
  - Efficacy

Signs and Symptoms of Burnout

- Individual
  - Overwhelming physical and emotional exhaustion
  - Feelings of detachment and cynicism from the job
  - A sense of ineffectiveness and lack of accomplishment
  - Inefficacy and lack of accomplishment
  - Over-identification or over-involvement
  - Irritability and hypervigilance
  - Sleep problems, including nightmares
  - Social withdrawal
  - Professional and personal boundary violations
  - Poor judgment
  - Perfectionism and rigidity

Burnout and Job Engagement: The person within the Context

- Workload
- Control
- Reward
- Community

- Fairness
- Values

Signs and Symptoms of Burnout

- Questioning the meaning of life
- Questioning prior religious beliefs
- Interpersonal conflicts
- Avoidance of emotionally difficult clinical situations
- Addictive behaviors
- Numbness and detachment
- Difficulty in concentrating
- Frequent illness—headaches, gastrointestinal disturbances,
- Immune system impairment

Signs of Team Burnout

- Low morale
- High job turnover
- Impaired job performance (decreased empathy, increased absenteeism)
- Staff conflicts

Individual variables associated with burnout in oncology/palliative care

- Younger age
- Being female
- Being single
- Being North American
- Unstable childhood
- Lack of hardship
- Not having social support
- Not being religious (spiritual)
Syndromes of Occupational Stress

- **Burnout**: arises from the stresses generated between the individual and institutional or bureaucratic processes, resulting in chronic emotional and physical exhaustion, a sense of never quite achieving one's goals and feelings of being generally disconnected from others and one's work.
- **Compassion Fatigue**: more accurately termed secondary traumatic stress disorder; the effects of being secondarily or vicariously traumatized by another's suffering. This can lead to PTSD.
- **Moral Distress Syndrome**: occurs when one knows the correct action to take but is powerless to do so. Can result in burnout, compassion fatigue, secondary traumatic stress disorder or a mixture of both.

**Canadian Study of Compassion Fatigue, Compassion Satisfaction and Burnout**

- Higher scores for compassion satisfaction, slightly higher scores for compassion fatigue, and comparable levels of burnout compared with the norms.
- Those providing assistance with provision of relief from physical, emotional and/or spiritual pain or distress, psychosocial support to patients and/or families or emotional support to other team members.
- Higher levels of compassion fatigue and burnout.
- No significant difference in compassion satisfaction compared to those who did not provide the service.

**Stress, burnout and compassion fatigue**

- Higher levels of burnout than compassion fatigue.
- Palliative care staff had less symptoms of burnout or compassion fatigue than the norms for the ProQoL-R scale.
- 60% moderate to high stress.
- Scores for compassion fatigue and burnout strongly correlated.
- Compassion fatigue and burnout moderately correlated with anxiety and depression.

**Can compassion fatigue?**

Compassion is not a static state. It is not “work” and it is not a label. We are not “compassionate people or not “compassionate people”.

Compassion manifests itself in each moment— if we are truly engaged in that moment, not focusing on ourselves or worrying about where I should or could be at that moment, but truly engaged in the interaction with the other person, then compassion cannot fatigue, and arguably burnout is less likely to occur.

**Can compassion fatigue?**

- One may rush through the day still feeling overworked, and wanting to get to one’s “real life,” where finally I can get to the things “I” want to do.
- This sets up a “me” versus “them” dichotomy, where patients rob us of the very things that give us joy.
- Patient becomes the “other,” and we lose kinship with and empathy for his or her plight.
- Walls go up emotionally, not only to not feel the great suffering we witness daily, but to “preserve” oneself for the “real” life.
**The Construct of Compassion Fatigue May Measure Empathic Strain**

- "Empathic strain" characterised by an intrusive empathic strain between the clinician and client that can result in over-identification and pathological bonding; and an "avoidance" empathic strain characterised by being distant and avoiding contact with the patient.
- These two states are not empathic in the therapeutic relationship; rather, they are dysfunctional processes.

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**Empathy**

- Our capacity to understand others’ feelings through empathy is crucial for successful social interaction.
- However, when confronting the suffering of others, intense sharing of the other’s pain can be a cause for empathic distress and decrease helpful behavior.
- Empathic responses to witnessing another person’s suffering are usually experienced as aversive.

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**Empathy versus compassion: Lessons from the 1st and 3rd Person method**

- Empathy is often misunderstood as compassion.
- Empathy can lead to burnout, compassion can help foster resilience.
- Empathy and compassion rely on different biological systems and brain networks.

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**Empathy is not enough**

- Affective empathy - to resonate with another person’s emotional state of happiness, sadness, suffering.
- Cognitive empathy - to put one’s self into another’s shoes, to imagine how they feel, their state of mind.
- Stand alone empathy is risky, resonating with the suffering of clients daily leads to burnout.
- You need to bring the warmth and fire of compassion.
- Empathy is like an electric pump running without water.
- Need the mental state of love and compassion.
- Cultivate love and compassion so empathy is not left on its own to as not to burn out.

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**Compassion and friendly kindness**

- While it is important to open our minds to suffering.
- It is also important that we generate positive feelings linked to loving kindness (or more accurately friendly kindness).
- And genuine wishes for the happiness of self and others.
- That suffering and the sources of suffering cease.