



Welcome to our virtual conference!

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As you take your virtual seats, please type your responses to the two questions below (*please use the Q&A tab of your Zoom's task bar*).

**What is your current role and setting?**

**What city are you joining from?**



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

## Virginia Department of Social Services (VDSS)

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The mission of the Virginia Department of Social Services (VDSS) is to **design and deliver high-quality human services that help Virginians achieve safety, independence and overall well-being.**

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# **Beyond Burnout:** Building Resilience in the Face of Moral Distress and Compassion Fatigue

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# Today's Agenda

May 15, 2024


- Expand current understanding of **burnout in the care workforce**
- Define and explore multidimensional **signs and symptoms, risk factors and common avenues** of Compassion Fatigue (CF) and Moral Distress (MD)
- Equip with **tools to navigate** CF and MD



Who Do You  
Care For?



Who Do You  
Care About?





**“If you aren’t recognizing your own humanity and your own preciousness, and your own individual divinity, then of course it is not going to horrify you when the divinity, preciousness and humanities of other people is being eliminated and diminished.”**

**Amanda Doyle** *(co-host of the We Can Do Hard Things podcast)*



# What is Compassion Satisfaction (CS)?

**CS** is the joy, purpose, and meaning derived from one's work (Flarity, 2016) or emotional labor.

A large orange triangle is positioned in the bottom right corner of the slide, pointing towards the top right.

# What is Compassion Fatigue (CF)?

**CF** is defined as a state of exhaustion and dysfunction — biologically, psychologically, and socially — as a result of prolonged exposure to compassion stress and all that it evokes” (Figley, 1995, 253).



# ***SYMPTOMS***





# Physical Symptoms

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Fatigue

Sleeplessness

**Lack of energy - “empty”**

Aches and pains

Profound/progressive

“The first sign that something was wrong”

(Nolte, et al. 2017)

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# Psychological/ Emotional Symptoms

Hopelessness

Overwhelmed by uncontrollable variables

**Feelings of incompetence**

**Diminished sense of enjoyment of career**

Feeling of “wrong career” - considering exiting

Shielding self from emotional connection/ feelings of isolation

Unable to ID strategies to effectively diffuse stress

Despair, frustration with quality of care

**Anger and irritability**

Heightened anxiety or irrational fears

**Hypersensitivity or insensitivity to emotional material**

Impaired ability to make decisions and care for clients/patients

**Dread of working with certain clients/patients** (Nolte et al, 2017, Mathieu, 2007)

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# Social Symptoms

Increased use of alcohol and drugs

Withdrawing/distancing from others

**Difficulty separating work life from personal life**

Absenteeism – **missing work**, taking many sick days

**Problems in personal relationships**

(Nolte et al, 2017, Mathieu, 2007)

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# Spiritual Symptoms

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Disruption to world view, intrusive imagery or dissociation

Sense of losing balance

Feeling a sense of self as failure

**Disconnectedness “Just going through the motions”**

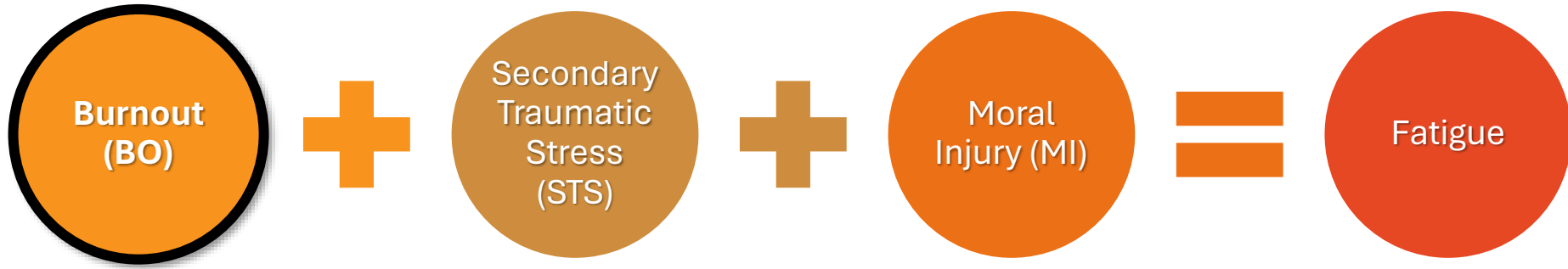
(Nolte et al, 2017, Mathieu, 2007)

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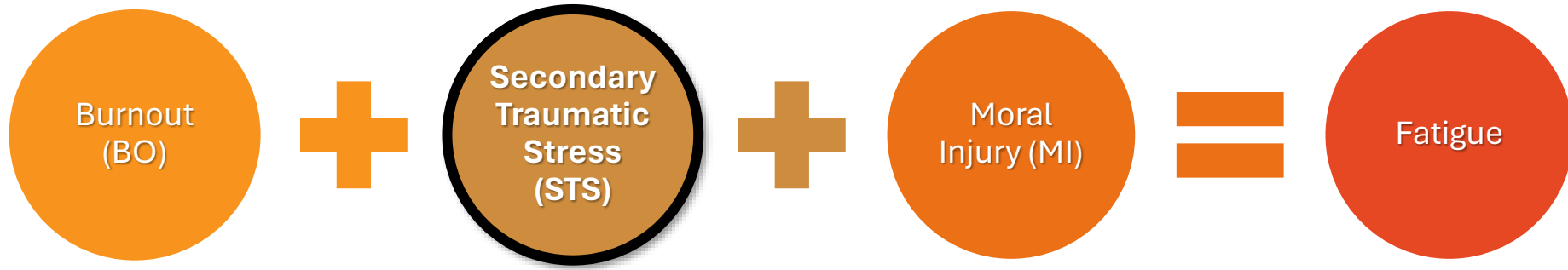


COMPASSION  
FATIGUE

# Causes of Compassion Fatigue

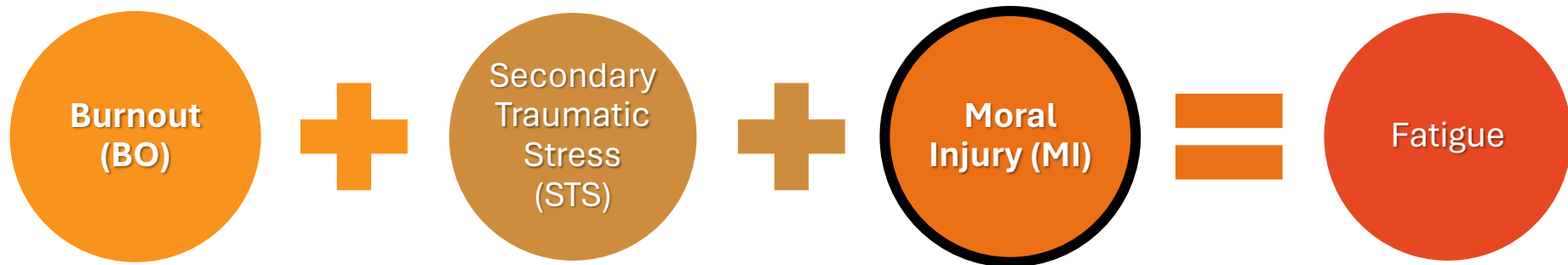


# Causes of Compassion Fatigue





# Causes of Compassion Fatigue

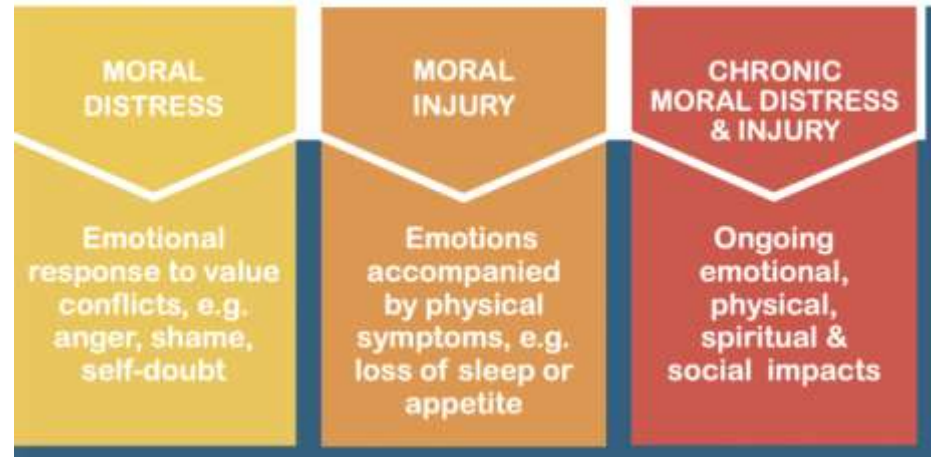


# Moral Distress

“Moral distress occurs when clinicians are unable to translate their moral choices into moral action.”

(Rushton, 2006)

continuum of moral distress and moral injury



# Moral Distress

- What does it look like?
- What does it feel like?

## COMMON RESPONSES TO SUFFERING?

<b>PHYSICAL</b>		<b>EMOTIONAL</b>	
Fatigue	Persistent physical ailments	Anger	Confused
Exhaustion	Headaches	Fear	Sarcastic
Lethargy	Gastrointestinal	Guilt	Emotional
Hyperactivity	disturbances	Resentment	outbursts
Weight gain	Impaired sleep	Sorrow	Emotional
Weight loss	Impaired mental	Depressed	shutdown
Susceptibility	processes such as	Cynical	Feeling
to illness	forgetfulness	Grief-stricken	overwhelmed
		Anxiety	Hurt
			Frustration
<b>BEHAVIORAL</b>		<b>SPIRITUAL</b>	
Addictive behavior	Apathy	Loss of meaning	
Alcohol, drugs, gambling, food, etc.	Indifference	Crisis of faith	
Controlling behaviors	Avoidance	Loss of control	
The need to be "right," inflexibility, rigidity	Erosion of relationships	Loss of self-worth	
Offender behavior	Agitation	Disrupted religious practices	
Taking aggression out on others who often have less authority	Shaming others	Disconnection with people, work, com- munity	
Boundry violations	Victim behaviors		
-Over-involvement with patients, families	Feeling powerless to change one's situation		
-Under-involvement or disengagement in patient care situations	Depersonalization		
	Treating patients as non- persons		
	Feelings of being unable to act according to one's conscience		
	Crying due to work-related issues		

GOAL: You become aware that moral distress is present.

# Moral Distress

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**Risk factors: mirror those of burnout and secondary traumatic stress**

- Resource deficits
- Changing/unclear roles and responsibilities
- Impaired communication
- Lack of supervisory support (Laher et. al, 2022)

# Moral Distress

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## **Potential Morally Injurious Events (PMIE's):**

- Too little time to address complex patient needs
- Too much time required for documentation
- Insufficient facility/community resources
- Patients do not want or accept care that you or your team members offer
- Rules that limit or delay patient access to needed services
- Payment incentives that do not match patient goals
- Lack of access to team members with needed skills
- (Dr. Gerri Lamb, in *Team Care Connections*, 2019, p. 17-22)



# Moral Repair

“The process of moving from the situation of loss and damage to a situation where some degree of stability in moral relations is regained” (Walker, 2006).



Break



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# How do we get from Moral Distress to Moral Repair?

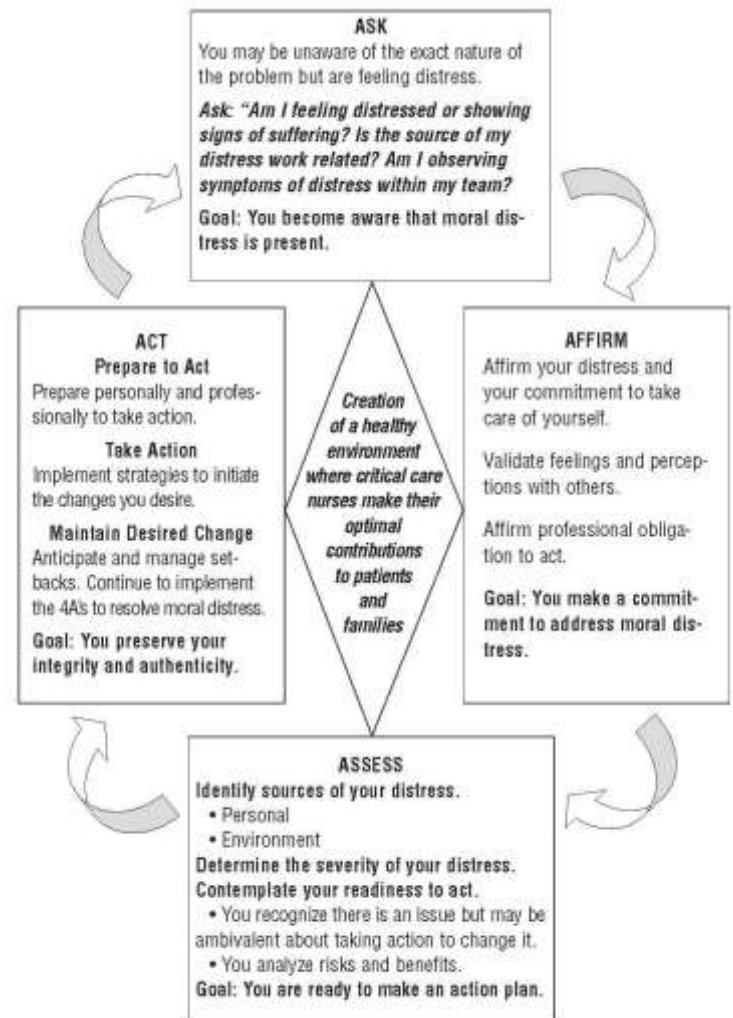
## Framework developed by AACN

### Goals

- empower staff to make necessary changes to reduce or eliminate moral distress
- Increase moral resilience

### Outcome is ACTION

- giving healthcare workers the tools to address conditions that are causing moral distress in their workplace



# What is Moral Resilience?

**...the capacity of an individual to sustain or restore their integrity in response to moral complexity, confusion, distress, or setbacks.**

(Rushton, 2016)

**...the ability and willingness to speak and take right and good action in the face of an adversity that is moral/ethical in nature.**

(Lachman, 2016)



# The Role of Leadership

Factors that lead to empowerment of employees:

- Access to information
- Receive support from organizational leadership, subordinates, and peers
- Given adequate resources to do the work
- Have opportunities for personal and professional development



# **ASK:** Become aware that moral distress is present and begin to understand its cause.

## Checking in with yourself:

- Are these feelings I'm having indications of moral distress?
- Have others noticed these changes in my behavior?
- Are my feelings related to work?

## Checking in with coworkers:

- I've noticed you don't seem like yourself; is anything bothering you?
- That was a really tough situation - how are you feeling?
- Listen for situations that "stay with" people or that tend to recur

Team leaders: make time for discussion, encourage communication, encourage self-care when needed

# The Case of Annie: Feeling Helpless to Help

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- 78-yo divorced Caucasian woman living in an independent living apartment at a long-term care community.
- Lifelong history of severe mental health issues and fractured relationships with family of origin and adult children
- Referred for care management by her LTC community and mental health therapist after behaviors related to untreated mental health issues put residence at risk
- Transfer to assisted living recommended due to increased medical vulnerability and poor judgement/ineffectively accessing medical care
- Ongoing issues with medication adherence and power struggles with her son related to accessing funds in her family trust.
- Began to identify me as in league with her son
- Blamed me for “throwing away” furniture and personal belongings from her IL apartment
- “Fired” me as her care manager, although she requested my assistance again within a week



# ASK:

## What was I feeling?

- Increasing distress about Annie's evident decompensation and a sense of helplessness and guilt that I could not help her be more successful.
- Anxiety, frustration, and overwhelm
- Disrupted sleep: waking up at night and worrying about Annie, whether she was safe in her IL apt, or how to help ease her relationships with caregivers and family members; dreaming about Annie!

## What were others seeing in me?

- Less patience with day to day challenges and with others
- Being more overwhelmed: "everything else seemed bigger"
- "Spending so much emotional energy on 1 person that there wasn't much left for others"

**AFFIRM:** acknowledge and make a commitment to address moral distress.

### Social support is key:

- Validate your feelings and your perceptions with others
- Help with making meaning of a morally distressing situation
- Support in making difficult decisions

### Pay attention to self-talk

- Adjust expectations
- Find satisfaction in the small successes

Team Leaders: increase communication around changing policies and decisions that impact patient care, increase expressions of praise and gratitude for the work that employees are doing.

**AFFIRM:** acknowledge and make a commitment to address moral distress.

Cont'd

We have a professional responsibility to contribute to a healthy work environment, improve quality of care for our patients, and to care for ourselves.

ANA Code of Ethics:

- The nurse owes the same duties to self as to others, including the responsibility to promote health safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth and ...establishes, maintains, and improves the ethical environment of the work setting.

NASW:

- Social workers should take measures to care for themselves professionally and personally. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

# AFFIRM: How did I care for myself?

Discussed the case with my coworkers and colleagues - A LOT

Clinical support and guidance from her mental health therapist

Made an effort to recognize and accept the limits of my control over Annie's behaviors and acknowledge the truly exceptional nature of this situation

# ASSESS: become ready to make an action plan

**Evaluate and identify the value conflicts that are the source of the moral distress. What is the highest priority?**

## **Questions to ask yourself or others:**

What is happening in this situation?

What is at stake regarding our values and goals for good care?

What does it feel like for each of us?

What are the obstacles to achieving what's important?

## **Value Conflicts related to Annie**

**Autonomy:** Annie's right to exercise her capacity for self-determination

**Beneficence:** my obligation to act in Annie's best interest

**Commitment to client:** honoring Annie's needs and interests first, above my own or those of her family's

**Competence:** trust in my skills to make competent assessments of Annie's best interest, make appropriate clinical decisions

**Justice:** ensuring that I could provide fair and equitable distribution of resources (my time and energy) to all of my clients

# Assessing Resources for Supporting Annie

Communication with involved parties and educating myself about:

- The expectations of Annie's LTC community about the rights and responsibilities of their residents, their resources, and their limits in providing support to residents
- Realistic expectations for treatment of Annie's mental health symptoms and prognosis, as well as her medical issues and care needs
- Annie's family's understanding of her mental health condition and prognosis, helping them to adjust their expectations, and educating them on the clinical and legal resources available to them to support Annie

# ASSESS:

## how ready are you to act?

How important is it to YOU to try to change the situation? (4)

How important would it be to your colleagues/unit to have the situation changed?

(3)

How important would a change be to the patients/families on your unit? (4)

How strongly do you feel about trying to change the situation? (4)

How confident are you in your ability to make changes occur? (4)

How determined are you to work toward making this change? (5)



# Assess:

## Risks and Benefits of Disengaging from Annie and Recommending Guardianship

Benefits	Strength	Risks	Strength
Improve Annie's access to consistent medical care and tx	4	Loss of trust/rapport with Annie	4
Reduce Annie's risk for financial mismanagement and exploitation	5	Loss of independence for Annie/decreased agency in decision-making	5
Enable more equitable distribution of resources (mine and LTC facility)	2	Loss of integrity, sense of "giving up"	2
Action would enhance awareness and urgency of situation among Annie's family	3		
Trusted colleagues in agreement with plan	4		
	<b>Total: 3.6</b>		<b>Total: 3.6</b>



# ACT: plan for and respond to setbacks



Make your self-care plan part of your daily and weekly routine



Stay in touch with your support network and be a source of support to coworkers.



Continue to educate yourself: professional journals, websites, and professional organizations.



Attend conferences and seminars, like you are doing here today, to aid your professional development.



If you choose to look for different employment, research the new environment carefully to identify any obvious sources of moral distress, burnout, or compassion fatigue.

# ACT: preserve your integrity and authenticity

## **Take action to address the source of moral distress.**

*Ultimately, Annie chose to terminate care management services before I took action. However, her son, who has POA, as asked me to remain involved behind the scenes, as a coach and support to him. I have advised him of my concerns about Annie's decision-making capacity and ability to effectively work with him as her POA, and recommended that he consult with an elder law attorney about whether guardianship is appropriate in this situation.*

*As the clinical manager in our practice, I have educated our team on the 4As Framework and formalized our communication process to provide opportunities to identify and address signs and symptoms of moral distress and compassion fatigue, and engage in peer review on a regular basis.*

# Hope for the future

## Compassion Fatigue

Feeling exhausted, ineffective, and lack of meaning or purpose in our work.

- Burnout
- Secondary Traumatic Stress
- Moral Distress/Injury

## Moral Repair through the 4A's

- Recognizing distress in ourselves and others
- Honoring and affirming our feelings and the need to create change for ourselves and our patients
- Exploring our resources and avenues for change
- Taking action and evaluating results

## Compassion Satisfaction

- Renewed confidence in our sense of purpose and the meaning in our work with others.
- Feeling trust and connection with team members
- Feeling empowered to take action to address potentially distressing situations

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