A close-up photograph of a doctor in a white lab coat with a stethoscope around their neck, holding the hand of a patient. The patient is wearing a grey and white striped hospital gown. The background is a bright, clinical setting.

Coping with Stress and Compassion Fatigue in Health Center Settings – Webinar I

National Center for Health in
Public Housing



December 14, 2022

Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email

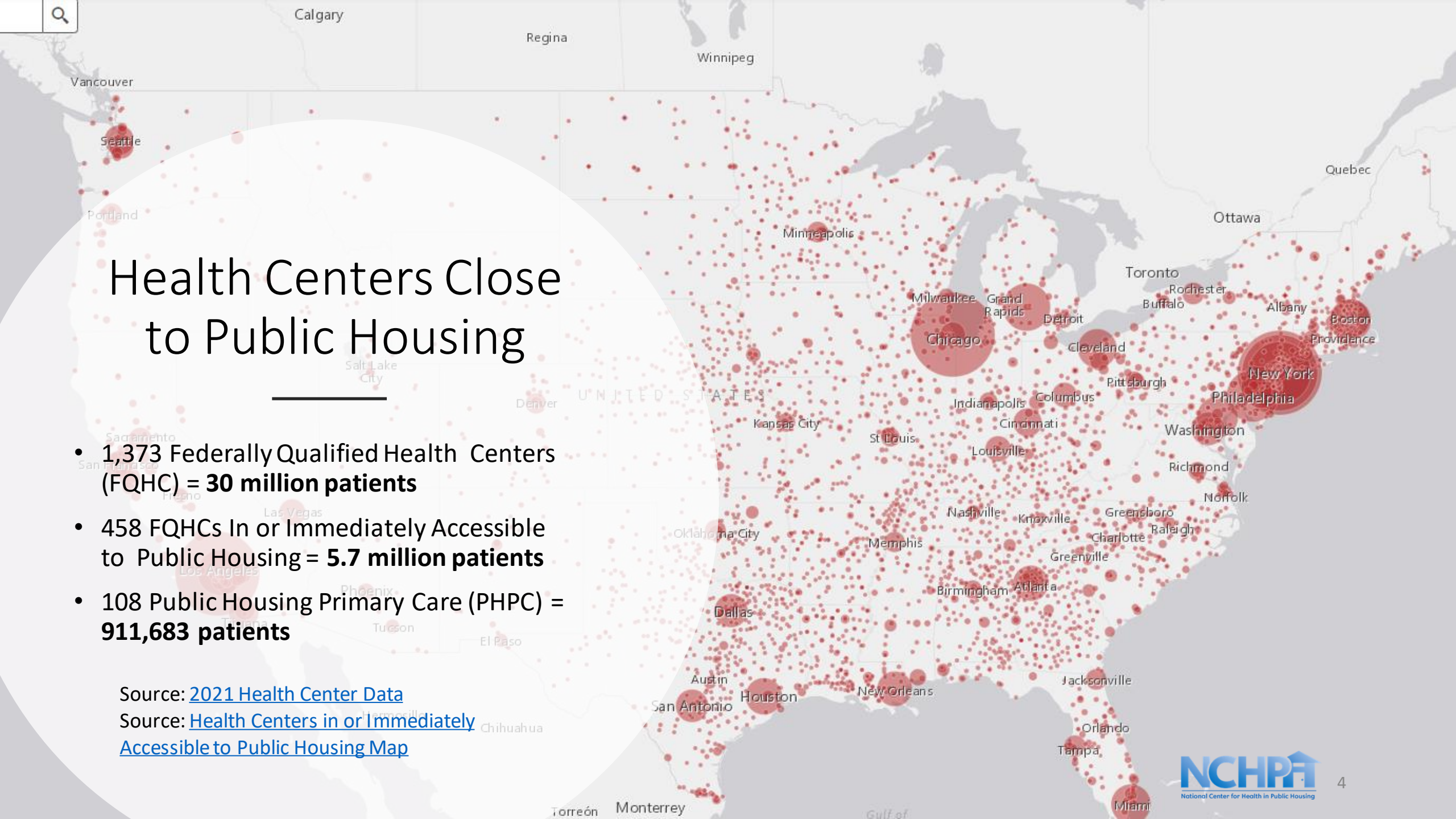
zoom



National Center for Health in Public Housing (NCHPH)

- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for \$2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.





Health Centers Close to Public Housing

- 1,373 Federally Qualified Health Centers (FQHC) = **30 million patients**
- 458 FQHCs In or Immediately Accessible to Public Housing = **5.7 million patients**
- 108 Public Housing Primary Care (PHPC) = **911,683 patients**

Source: [2021 Health Center Data](#)

Source: [Health Centers in or Immediately Accessible to Public Housing Map](#)

Public Housing Demographics



1.5 Million
Residents



2 Persons
Per Household



38% Disabled



52% White



91% Low
Income



43% African-
American



26% Latinx



19% Elderly



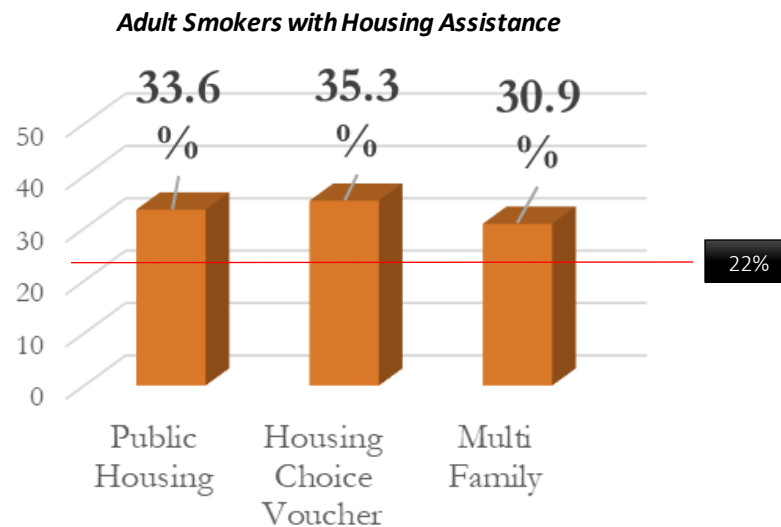
36% Children



32% Female Headed
Households with
Children

A Health Picture of HUD Assisted Adults, 2006 -2012

- Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.



Source: [Helms, V. E., 2017, Sperling, J., & Steffen, B. L.](#)

	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

Agenda

1

Describe how compassion fatigue affect all health care workers

2

Determine the signs and symptoms of compassion fatigue

3

Provide tools and resources to avoid recurrence of severe fatigue.

Effects of Compassion Fatigue

- During the COVID-19 pandemic, thousands of health workers lost their lives. They put their own health and safety at risk so they could heal and comfort others.
- *More than 3,600 healthcare workers died during the first year of the COVID-19 pandemic
- *WHO estimates that between 80 000 and 180 000 health and care workers could have died from COVID-19 in the period between January 2020 to May 2021, converging to a medium scenario of 115 500 deaths



Compassion Fatigue

- The physical and mental exhaustion and emotional withdrawal experienced by those who care for sick or traumatized people over an extended period of time.
- Unlike burnout, which is caused by everyday work stresses (dealing with insurance companies, making treatment choices), *compassion fatigue* results from taking on the emotional burden of a patient's agony.



Burnout



Burn-out is defined in ICD-11 as follows:

- “Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:
- Feelings of energy depletion or exhaustion;
- Increased mental distance from one’s job, or feelings of negativism or cynicism related to one's job; and
- Reduced professional efficacy.
- Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.”

Factors associated with burnout among health workers



For every hour of direct patient care, physicians currently spend 2 hours on the Electronic Health Record (EHR) system.



Nurses spend up to 41% of their time on EHRs and documentation.



 Office of the
U.S. Surgeon General

FIGURE 1



Source: U.S. Department of Health and Human Services

Groups of health workers whose health and well-being have been disproportionately impacted before and during the pandemic

- Health workers of color
- Immigrant health workers
- Female health workers
- Low wage health workers
- Health workers in rural communities
- Health workers in tribal communities



Example:

Andy had always been an energetic and dedicated family physician. Now, at 38, he's tired, cynical and lonely. He's angry at the health care system for forcing him to see more patients in less time and annoyed with his patients for what he perceives to be their increasingly demanding natures. Although his relationships with his patients once thrived, they no longer seem to give him the same satisfaction. Even talking to his wife, who's always been a supportive partner, has not relieved his feelings of intense isolation.

COVID-19 and Burnout

Staffing to administer vaccine –

“Staffing continues to be a struggle. The salaries people are requesting are too high for a community health center to sustain. Individuals are wanting to leave the healthcare industry due to exhaustion and not enough pay.”

“We are having difficulty finding adequate staffing. We are experiencing turnover from staff with burnout or higher salaries being offered at other employment.”

“Tired workers, not enough workers.”

“We are working to train our staff with all the new vaccine updates. This has been a challenge, in addition to hiring and training new employees.”

“We are experiencing a tremendous staff shortage.”

Source: [Health Center COVID-19 Survey](#)



Source: <https://proqol.org/proqol-1>

Warning Signs of Compassion Fatigue

Although symptoms vary, the following red flags may indicate that you have compassion fatigue:

- Abusing drugs, alcohol or food
- Anger
- Blaming
- Chronic lateness
- Depression
- Diminished sense of personal accomplishment
- Exhaustion (physical or emotional)
- Frequent headaches
- Gastrointestinal complaints



Warning Signs of Compassion Fatigue

- High self-expectations
- Hopelessness
- Hypertension
- Inability to maintain balance of empathy and objectivity
- Increased irritability
- Less ability to feel joy
- Low self-esteem
- Sleep disturbances
- Workaholism



Self Assessment for Compassion Fatigue

- Answering “yes” to four or more questions may indicate that you're suffering from compassion fatigue. [This instrument, developed by the authors, has not been validated, but the results should serve as a quick check of your state of mind.]

Personal concerns commonly intrude on my professional role.	Yes	No
My colleagues seem to lack understanding.	Yes	No
I find even small changes enormously draining.	Yes	No
I can't seem to recover quickly after association with trauma.	Yes	No
Association with trauma affects me very deeply.	Yes	No
My patients' stress affects me deeply.	Yes	No
I have lost my sense of hopefulness.	Yes	No
I feel vulnerable all the time.	Yes	No
I feel overwhelmed by unfinished personal business.	Yes	No

Professional Quality of Life Scale

SA-7. Professional Quality of Life Scale (ProQOL)

Compassion Satisfaction and Fatigue Version 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

	1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

3. _____
6. _____
12. _____
16. _____
18. _____
20. _____
22. _____
24. _____
27. _____
30. _____

Total: _____

The sum of my Compassion Satisfaction questions is	And my Compassion Satisfaction level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

- *1. _____ = _____
*4. _____ = _____
8. _____
10. _____
*15. _____ = _____
*17. _____ = _____
19. _____
21. _____
26. _____
*29. _____ = _____

Total: _____

The sum of my Burnout Questions is	And my Burnout level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

You Wrote	Change to	the effects of helping when you are <i>not</i> happy so you reverse the score
	5	
2	4	
3	3	
4	2	
5	1	

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

2. _____
5. _____
7. _____
9. _____
11. _____
13. _____
14. _____
23. _____
25. _____

The sum of my Secondary Trauma questions is	And my Secondary Traumatic Stress level is
22 or less	Low

DO's Recovery

- Find someone to talk to.
- Understand that the pain you feel is normal.
- Start exercising and eating properly.
- Get enough sleep.
- Take some time off.
- Develop interests outside of medicine.
- Identify what's important to you.



DON'T of Recovery

- Blame others.
- Look for a new job, buy a new car, get a divorce or have an affair.
- Fall into the habit of complaining with your colleagues.
- Hire a lawyer.
- Work harder and longer.
- Self-medicate.
- Neglect your own needs and interests.

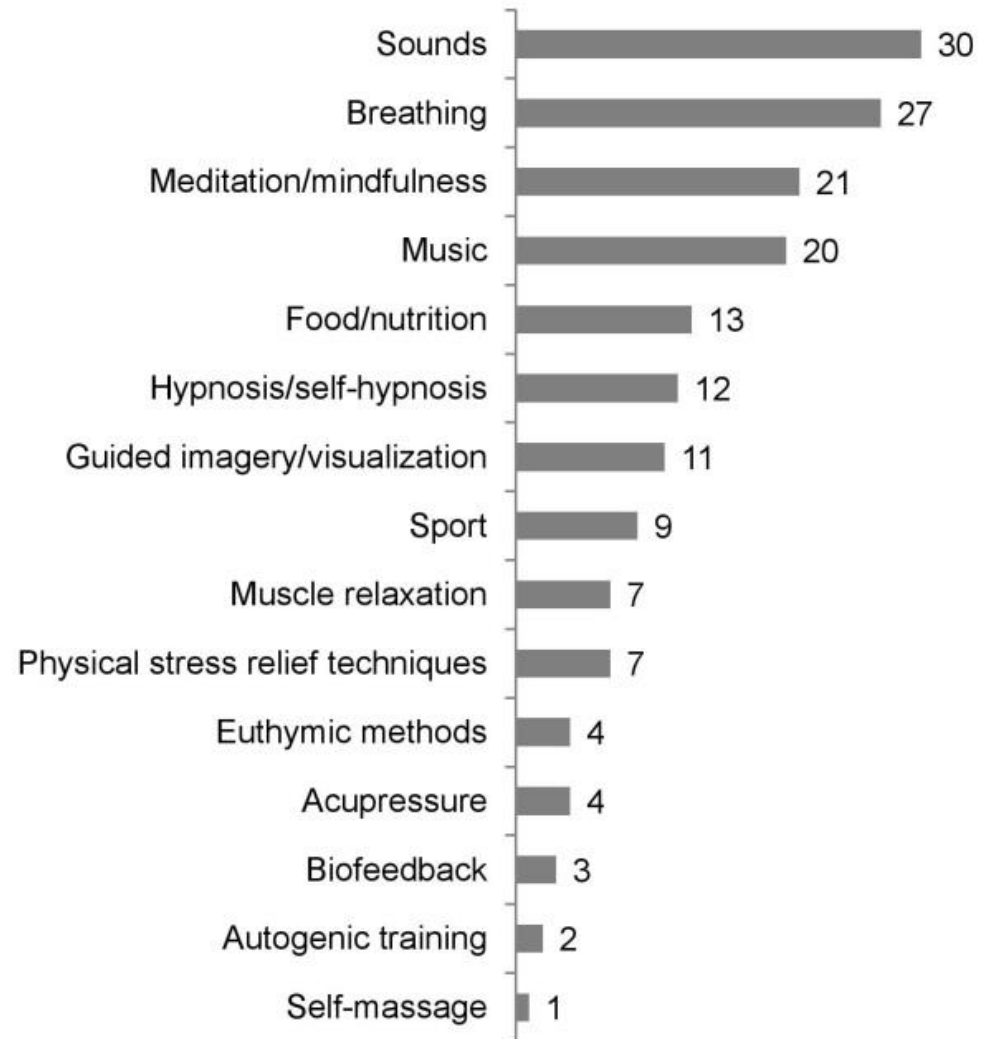


Words of Advice

- Don't make big decisions
- Don't blame others
- Don't spend your time complaining
- Don't try a quick fix



Stress Management Apps



Stress Management Apps

Multimedia Appendix. App scores and relative ranking

App Name	Category	BCTS ^a	BCT CS ^b	RTS ^c	BCTS rank	RTS Rank
Mevii by Thrive 4-7	health & fitness	21	5	9	1	2
Stress Management by Nasim	health & fitness	16	5	8	2	3
Health Foods Now by TopFreeAppsTips	health & fitness	13	4	7	3	4
Calm-IT Stress Relief by New Oceans	health & fitness	11	4	6	4	5
The Stress Surfer by Workforce Management Systems	health & fitness	11	4	6	4	5
3 Minute Stress Buster by Astute Software	health & fitness	10	3	4	5	7
Stress Relief Hypnosis by Shoonger	health & fitness	9	3	8	6	3
Get Out of Stress by AndroAppDevelopers	health & fitness	9	2	7	6	4
eSense Temperature by Mindfield Biosystems Ltd.	health & fitness	8	2	5	7	6
Pocket Clarity: Mindfulness by Three Pound	health & fitness	8	5	4	7	7
101 Ways to Be Healthy by Life Time Fitness	health & fitness	8	2	4	7	7

Self-Care and Stress Management

- Try to be physically active
- Strive to sleep and eat well
- Try to avoid increasing use of alcohol and other drugs
- Stay in contact with loved ones
- Turn to colleagues for contact and support

Relaxation Techniques

- Visualization
- Progressive muscle relaxation
- Mindful movements
- Meditation
- Breathing techniques
- Humor
- Journal writing or drawing
- Spiritual and religious practice
- Seek professional support

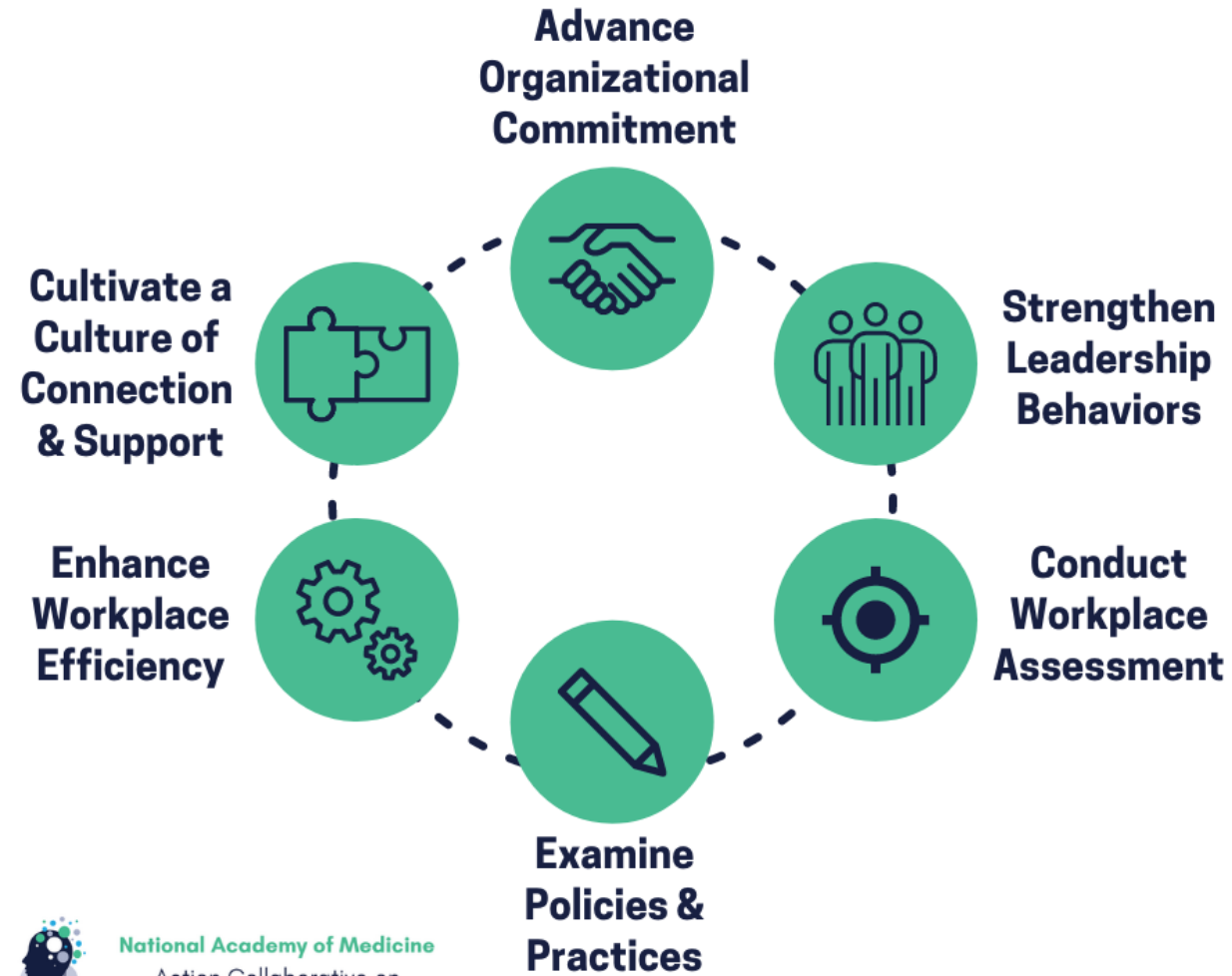
Thriving together: Solutions to health worker burnout



We must shift burnout from a “me” problem to a “we” problem.



Resources for Health Care Worker Well-Being: 6 Essential Elements



What Health Centers can do

- Transform workplace culture to *empower health workers* and be responsive to their voices and needs
- Show health workers how much they are valued
- Commit to health worker well-being at the highest levels of leadership.
- Regularly assess, measure, respond to and intervene to prevent occupational distress and burnout using validated tools.
- Establish a zero-tolerance policy for violence, and institute a workplace violence prevention program to address violence and abuse in the workplace, (this includes physical, verbal, and/or cyber-based)

What health center can do

- Commit to the safety and health of the workforce by prioritizing adequate personal protective equipment.
- Review and revise policies to ensure health workers are *not deterred from seeking appropriate care* for their physical health, mental health and/or substance use challenges.
- Increase access to *high-quality, confidential* mental health and substance use care for all health workers.
- Develop *mental health support services* tailored to the needs of health workers.
- Combat *bias, racism, and discrimination* in the workplace.

Key Points

- Compassion fatigue is a form of burnout that manifests itself as physical, emotional and spiritual exhaustion.
- To prevent or recover from compassion fatigue, take time for self-reflection, identify what's important and live in a way that reflects it.
- To sustain yourself at work, develop “principles of practice” – guidelines of personal integrity that articulate the parameters of your personal values. Commit to live and work within these principles.

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Thank you!