The Hidden Costs of Caring and Caregiving: Compassion Fatigue and Burnout in Healthcare Professionals and Informal Caregivers

Erin B. Povse
Kennesaw State University - May 2018
erin.povse@piedmont.org

Learning Objectives

1. Explain and define terms of compassion fatigue, burnout, and caregiver burden for clarity in OT practice
2. Recognize and identify personal risk factors of compassion fatigue and/or burnout that interfere with work/life balance
3. Utilize objective and standardized tools for measuring caregiver fatigue, burnout, and caregiver burden with evidence based instruments
4. Identify self-care and self-management strategies to alleviate and/or minimize personal or work related stress
5. Discuss and link rising incidence of cognitive impairment/dementia on a global level with implications for OT practitioners and informal caregivers
6. Introduce the use of the Triple Aim in healthcare and its relationship to healthcare professionals
Learning Objectives

- 7. Identify resources for Georgia Healthcare Professionals and Informal Caregivers
- 8. Identify potential new roles for OT practitioners working with persons living with dementia
- 9. Educate Georgia residents on current state plans/initiatives for improved diagnosis, treatment and management of persons living with Alzheimer’s and/or related dementias

Compassion Fatigue

- Expanded to helping professions (first responders, social workers, counselors, therapists)
- Also including adult children who are informal Family Caregivers
- Experiencing negative psychological response to cumulative stress
- Empathy + development of personal relationships with those experiencing personal trauma = compassion fatigue which eventually takes a toll on the caregiver

(Aycock & Boyle, 2009; Katzel, 2015; West, 2015)

Compassion Fatigue

- Described as situations where ethical/moral distress involved in traumatic situations/emergency situations prompting feelings of professional futility
- May involve family chaos or interfamilial disagreement/adversity, prompting feelings of helplessness
- Continued difficult clinical scenarios produces feelings of emotional exhaustion, and pessimism, cynicism increases

(Aycock & Boyle, 2009)
Risk Factors for Compassion Fatigue in OT due to contemporary demands

- 1. higher caseloads
- 2. challenging/complex patients and family members
- 3. diminishing resources/insurance/financial constraints
- 4. increased documentation requirements
- 5. growing emphasis on functional outcomes
- 6. increased productivity standards

May lead to emotional exhaustion, stress, job strain, inability to maintain empathy/therapeutic relationship of trust  
(Leyland & Armstrong, 2015; Sharma & Clark, 2018)

Signs of Compassion Fatigue

- Physical: headache, digestive issues, sleep disorders, muscle tension, palpitations, chest pressure
- Emotional: mood swings, restlessness, irritability, oversensitivity, anger, sarcasm, poor focus, lessened enthusiasm, depression
- Social: loss of interest in activities once enjoyed, withdrawal
- Behavioral: substance abuse, work errors, reduced empathy, avoidance, dread going to work, calling in sick

(Aycock & Boyle, 2009; Boyle, 2011; Lane, 2017)

Burnout

- We are strongly attached/connected to the concept of work as an occupation
- In modern society, work began to replace the typical and traditional "community" as a source of fulfillment
- Fulfills basic needs as well as deeper psychological needs which can lead to the belief that work is vital and the only way to achieve personal happiness/independence/self-confidence
- Excessive workload can lead to burnout syndrome

(Makinen & Bakker, 2016; Vlachou et al., 2016)
**Burnout**

- Defined by Maslach (1982): Multidimensional condition comprised of:
  - a. Emotional exhaustion (reduction of positive emotions, physical and mental fatigue)
  - b. Depersonalization/cynicism (negative and cynical attitude as a way of mentally escaping the pressure/stress)
  - c. Lack of perceived personal accomplishment (self-evaluation is very negative regarding work behaviors/ professional achievements)

**Six areas of “Work Life” that must balance to avoid developing burnout; enhance the person/job match**

- a. workload
- b. control
- c. rewards
- d. community
- e. fairness
- f. values (Maslach & Leiter, 1995; Ray et al., 2013)

---

**Compassion Fatigue vs Burnout**

<table>
<thead>
<tr>
<th>Compassion Fatigue</th>
<th>Burnout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to challenging persons/personalities</td>
<td>Response to difficult work environment and situations</td>
</tr>
<tr>
<td>Person continues to give but cannot maintain balance between empathy and objectivity (internalizes)</td>
<td>Imbalance of demand and actual resources</td>
</tr>
<tr>
<td>Results from compassion and working with (observing/listening/experiencing) absorbing pain and trauma over a period of time</td>
<td>Evolves gradually when differences between the individual and the expectations of work environment are in conflict (mismatch)</td>
</tr>
<tr>
<td>Intense emotional exhaustion/weariness/strain</td>
<td>Extreme work/life imbalance</td>
</tr>
</tbody>
</table>
Compassion Fatigue and Burnout in OT

- If mismanaged, may ultimately lead to:
  - Frustration
  - Powerlessness
  - Decreased personal morale
  - Role strain/Role overload with absence of modeling professional behaviors (ie. with PW students)
  - Job conflict: leading to continued disagreement with co-workers/management

Caregiver Burden

- Caregivers experience burden in 3 separate areas:
  1. Physical and Mental Health: poorer health, increased risk of illnesses (HTN, depression, anxiety), lower physical stamina, sleep disorders, increased mortality
  2. Financial: direct costs for medical care, AEDME, hired extra help, missed days of work, forfeited promotions, quitting jobs, reduced potential retirement benefits
  3. Emotional: can be subjective: worry, anxiety, feelings of isolation, disconnection from friends, self-identity solely becomes caregiver, loss of control, giving up hobbies, interests, and/or social life (Hooyman, Kawamoto & Kiyak, 2016)

Self-Care and Self-Management Strategies

- Meditation/visualization/relaxation/mindfulness/self-reflection/phone applications (Calm, etc.)
- Healthy eating/good nutrition/exercise/yoga
- Adequate sleep hygiene/sleep habits
- Setting boundaries at work/set limits to work hours/less tech use
- Journaling/creative writing/leisure activities/hobbies
- Spiritual rituals/faith/religion (Boyle, 2014; Bush, 2009; Gambin, 2011; Katapol, 2015)
Self-Care and Self-Management Strategies, continued

- counseling/support groups/social support/retreat
- vacation/flexible work schedules/work-life balance/changes in personal/professional/organizational arena
- develop a personal mission statement as a guide/set personal, professional goals
- limit exposure to additional trauma (i.e. current events/news/TV/social media)

(Boyle, 2014; Bush, 2009; Gamblin, 2011; Katapol, 2015)

Compassion Fatigue in Caregivers

- Impact of Caring for persons with dementia (Japan)
  - Caregivers more likely to be female, older, married/partnered, frequent alcohol drinkers, smokers, exercisers, less likely to be employed
  - Experienced more depression, insomnia, anxiety, HTN, pain and DM, role overload
  - Employed caregivers had more presenteeism and absenteeism, more visits to ED, MD, and hospital

(Goren et al., 2016)

Resources for Caregivers

- Family Caregiver Alliance, National Center on Caregiving (www.caregiver.org)
- Daily Caring (www.dailycaijing.com)
- National Alliance for Caregiving (www.caregiving.org)
- Area Agencies on Aging (www.aging.georgia.gov)
- Alzheimer’s Association (www.alz.org)
- Caregiver support groups, online resources, message boards, videos, education, advice, workshops
- Rosalynn Carter Institute for Caregiving (www.rosalynncarter.org)
- AARP (www.aarp.org)
Georgia State Plan

*Georgia Initiatives:

1. State plan on Aging
2. State plan on Alzheimer’s Disease** (GARD)
3. State plan on Senior Hunger
4. Information Management
5. Georgia Alzheimer’s Project ** (GAP)

Georgia Initiatives

- Georgia Department of Human Services / Georgia Alzheimer’s Project (GAP) created the Georgia Memory Net
- Purpose: statewide program for early diagnosis and treatment for individuals with Alzheimer’s disease and related disorders/ dementia.
- The Georgia Memory Net will establish 5 Memory Assessment Centers (MACs) with $4 million in state funds

Georgia Memory Net

5 Memory Assessment Centers

1. Medical College of GA at Augusta University
2. Medical College of GA affiliates in Albany (Phoebe Putney)
3. Mercer University School of Medicine - Macon
4. Mercer University affiliates at Columbus Regional Medical Center
5. Morehouse School of Medicine at Grady Hospital in Atlanta
International Crisis and Health Epidemic

- Alzheimer’s Disease – major public health issue with actual and projected costs of future global impact not fully recognized or acknowledged.

- ADI recommends that research needs to be prioritized higher, intensified, and must include balance between prevention, treatment, care, and cure.
  (ADI, Alzheimer’s Disease International, World Report 2016)

- “Since there is no treatment option to heal Alzheimer’s or stop its progress, the goal is to improve and support the quality of life in patients, their families and their caregivers as much as possible…”
  (Koca et al, 2017)

Wellness and Prevention

The 6 Pillars of Alzheimer’s Prevention

- Physical activity
- Social engagement
- Mental activity
- Healthy diet
- Sleep management
- Daily living management