Compassion Fatigue and Burnout: 
Not If But When

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Disclosures

• Rodney O. Tucker, MD MMM
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Objectives:

• Identify and recognize signs of compassion fatigue and burnout
• Design and prepare an individualized plan for resiliency
Question One: The Why

• So why this topic and why now?

No one is experiencing more change than physicians.

• Quint Studer
  • Founder of the Studer Group
  • Years of experience working with Healthcare systems and physicians in culture change and making medicine a better place
  • Shares personal side of his family healthcare experiences and concerns about physician burnout
December JAMA Article

Prevalence of Depression and Depressive Symptoms Among Resident Physicians A Systematic Review and Meta-analysis
Douglas A. Mata, MD, MPH; Marco A. Ramos, MPhil, MSED; Narinder Bansal, PhD; Rida Khan, BS; Constance Guille, MD; MS; Emanuele Di Angelantonio, MD, PhD; Srijan Sen, MD, PhD
JAMA.2015;314(22):2373-2383

Impact of Burnout on Self-Reported Patient Care Among Emergency Physicians
Lu, Dave; Dresden, Scott; McCluskey, Colin, et al.
Volume XVI, No. 7: December 2015

Now is the time to engage and partner with physicians
EXTERNAL ENVIRONMENT

WHY?
◆ Change in Payment
◆ Change in Technology
◆ Change in Employment
“Moving from volume to value is monumental and the transition to getting there is schizophrenic at best.”
- R. Tucker, December 2015
Now is the time to engage and partner with physicians

EXTERNAL ENVIRONMENT

- Change in Payment System
- **Change in Technology**
- Change in Employment

WHY?

Healthcare Consumers Want Choice

- **72%** of US adult internet users who look for health information online
- **35%** of adults that have tried to diagnose a medical condition online
- **60%** of 18–24yo who prefer tele-health over an office visit.
- **71%** of 18–24yo interested in using a mobile app

The Digital Age of Review
How Consumers are Choosing Their Healthcare

Can we engage consumers and compete?

How Consumers are Accessing Healthcare
Beleaguered by Electronic Medical Record Mandates, Some Doctors Burning Out

John Russell
Chicago Tribune
December 12, 2015

Now is the time to engage and partner with physicians

EXTERNAL ENVIRONMENT

- Change in Payment System
- Change in Technology
- Change in Employment

WHY?

Providers (Physicians)

- Healers
- Crafts (people)
- Guides
- Counselors
- Prescribers
- Scribes
- Billers
- Managers
- Coders
- Most of all, leaders of subcultures
What Do Physicians Want?

<table>
<thead>
<tr>
<th>QUALITY</th>
<th>Physicians want to know their patients are receiving quality care and a great patient experience.</th>
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<tbody>
<tr>
<td>EFFICIENCY</td>
<td>Physicians want to work with team members who have the information needed at hand to discuss their patients. Over the course of a day this efficiency will save the physician 30 minutes or more.</td>
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<tr>
<td>INPUT</td>
<td>Physicians need a seat at the table to provide input when decisions are being made that affect clinical outcomes. Round on physicians and consistently ask them, “Do you have everything you need to provide excellent care to your patient?”</td>
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<tr>
<td>APPRECIATION</td>
<td>Physicians value a “thank you” and acknowledgment when things are going well. They also want to see follow-up on their input in the form of tangible change.</td>
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INTERNAL ENVIRONMENT

INTERNAL ENVIRONMENT

Unconsciously skilled

Consciously skilled

Consciously unskilled

Unconsciously unskilled

Question Two: The What

• So what is compassion fatigue and how does it look?
What Doctors Feel

• Grief
• Empathy
• Fear
• Guilt and Shame
• Disillusionment

Fatigue

• Considered a symptom, physical and/or mental
• Ranges from a general state of lethargy to a specific induced muscle tiredness
• Reported by self rather than others
• Inability to continue functioning at the level of one’s normal abilities
Compassion Fatigue

“A more user friendly term for secondary traumatic stress disorder which is almost identical to Post-traumatic Stress Disorder, except that it applies to those emotionally affected by the trauma of another (usually a client or family member)”


Burnout

“Progressive loss of idealism, energy, and purpose.”


Burnout Rates by Specialty

The 2015 Medscape survey results reflect the highest burnout rates found in critical care (53%) and emergency medicine (52%), and with half of all family physicians, internists, and general surgeons reporting burnout.
## Does Burnout Matter?

<table>
<thead>
<tr>
<th>Medical Errors</th>
<th>Medical Malpractice Suits</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Williams ES et al., Health Care Manage Rev. 2007;32:203-212</td>
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<td>- Hickson, et al</td>
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<tr>
<th>Patient Compliance</th>
<th>Patient Satisfaction</th>
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<td>- Linn LS et al. Med Care. 1985;23. 1171-78</td>
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## Compassion Fatigue and Burnout Syndromes

- Cognitive
- Emotional
- Behavioral
- Spiritual
- Personal relations
- Somatic
- Work Performance

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### Cognitive

- Lowered concentration
- Decreased self esteem
- Apathy
- Rigidity
- Disorientation
- Perfectionism

- Minimalization
- Preoccupation with trauma
- Thoughts of self harm or harm to others
Emotional
- Powerlessness
- Anxiety
- Guilt
- Anger and rage
- Survivor guilt
- Shutdown
- Numbness
- Fear
- Helplessness
- Sadness
- Depression
- Emotional roller coaster
- Depleted
- Overly sensitive

Behavioral
- Impatient
- Irritable
- Withdrawn
- Moody
- Regression
- Sleep disturbance
- Nightmares
- Appetite changes
- Hypervigilance
- Elevated startle response
- Accident proneness
- Losing things

Spiritual
- Questioning meaning of life
- Loss of purpose
- Lack of self satisfaction
- Pervasive hopelessness
- Anger at God
- Questioning prior religious beliefs
- Loss of faith in a higher power
- Greater skepticism about religion
Personal relations
- Withdrawal
- Decreased interest in intimacy
- Mistrust
- Isolation from others
- Overprotection as a parent
- Protection of anger or blame
- Intolerance
- Loneliness
- Increased interpersonal conflicts

Somatic
- Shock
- Sweating
- Rapid heartbeat
- Breathing difficulties
- Aches and pains
- Dizziness
- Increased number of medical maladies
- Other somatic complaints
- Impaired immune system

Work Performance
- Low morale
- Low motivation
- Avoiding tasks
- Obsession about details
- Apathy
- Negativity
- Lack of appreciation
- Detachment
- Poor work commitments
- Staff conflicts
- Absenteeism
- Exhaustion
- Irritability
- Withdrawal from colleagues
Question Three: The How

• So how do we combat compassion fatigue internally and externally?

- Organizational psychologist
- CEO of Healthy Companies International
  - Physical Health
  - Emotional Health
  - Intellectual Health
  - Social Health
  - Vocational Health
  - Spiritual Health

New Culture Assumptions

- **Adapt** to a new era of accountability, engagement and communication
- **Adopt** flexible practices of evidence based leadership
- **Accept** that the physicians and providers of yesterday and today will not look the same as those of tomorrow
Designing a Personal Plan

- Individualized
- Consider where gaps or opportunities may exist (boost exercise, examine diet and sleep habits, etc.)
- Clinically:
  - Consider a step back in humanizing our patients before we medicalize
  - Set boundaries
  - Work as a team in meeting patient expectations
  - Reward and recognize; Celebrate positive feedback
  - Debrief with colleagues

Personal Leadership Plan

- Refocus on solutions rather than reiterating the problems
- Technology has to become friend not enemy; Volunteer for enhancement teams around the EHR
- Couple process improvement with standardized communication skills (AIDET)
- Round and engage colleagues differently:
  - What is working well?
  - Who is doing a good job and what is the behavior?
  - Where can we improve policies or procedures?
  - What resources do you need to take better care of our patients?

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