



Clinical Network Learning Event: Maintaining Compassion

Mental Health and Substance Use
Thursday 28 September

Supporting better quality health and social care for everyone in Scotland



Agenda and aims of the day

Time	Item	Lead
14:00 – 14:05	Welcome and Aims	Chanpreet Blayney Consultant Psychiatrist; Clinical Lead for Mental Health and Substance Use, HIS
14:05-14:30	Maintaining Compassion <i>- Desk Research</i>	Daniela Latina Social Researcher, HIS
14:30-14:50	Open Discussion	All
14:50-15:05	Hearing about compassion fatigue from a staff perspective	Eileen McKenna Associate Director for Nursing, Policy and Professional Practice, Royal College of Nursing Scotland
15:05-15:25	Q&A	All
15:25-15:30	Next Steps and Close	Chanpreet Blayney

Compassionate care is a core element of providing support, yet maintaining compassion can at times be challenging for those providing care.

This session will explore strategies to maintain compassion and continue to provide compassionate care.

Maintaining Compassion

Daniela Latina

Social Researcher, Healthcare Improvement Scotland

Compassion Fatigue

Presentation Outline

- What is it?
- Risk factors
- Impact on people receiving care
- Impact on staff
- Is it burnout?
- Mitigations and remedies
- Wellbeing Hub Resources

Compassion Fatigue

- “The cost of caring”
- “The deep physical, emotional, and spiritual exhaustion that can result from working day to day in an intense caregiving environment”

Figley (1995)

Compassion Fatigue – what is it?

A diminished ability to have compassion for others (Figley 2002) linked to

➤ **Burnout:** a cumulative sense of fatigue or dissatisfaction

and

➤ **Secondary or vicarious trauma:** consequence of working with victims of trauma or illness (Day and Anderson 2011)

Risk factors

- Occupational setting - those frequently attending to crisis presentations e.g. inpatient settings and crisis teams
- Organisational and job-related factors – patient contact, inability to alleviate patient discomfort, equipment, time, accountability and administration
- Challenging environments – increasing demand and expectations alongside reduced capacity which requires individuals to respond both physiologically and psychologically
- Personal experience - history of trauma, lower social support, and gender are all contributing aspects of risk
- Gender, profession, poor health (physical and mental wellbeing), sleep quality, lack of self-care

Impact on people receiving care

- Caring relationships - 74% of health care providers showed no compassion for patients
- Medication adherence – 34% increase associated with strength of doctor-patient relationship
- Detrimental impact on likelihood of patient self-care
- Likely impact on health outcomes
- More research required on impact on patients

Impact on staff

- Parasympathetic responses (difficulty relaxing) / somatisation (psychological distress presenting physically)
- Psychological wellbeing (chronic stress, anxiety)
- Reduced ability to self-care
- Reduced sense of purpose
- Reduced morale and job satisfaction, absenteeism, recruitment and retention

[Stephen Trzeciak: Compassion fatigue amongst healthcare workers – Research in USA | TED Talk](#)

Hospital Staff Report It Is Not Burnout, but a Normal Stress Reaction to an Uncongenial Work Environment: Findings from a Qualitative Study (2020)

- Self-reported stress reaction to an uncongenial workplace largely attributed to *staff inability to provide the quality of care they felt was necessary (Kendrick et al, 2020)*
- **Their ‘burnout’ manifests as:**
 - *Long-term physical fatigue*
 - *Chronic stress*
 - *Anxiety*
- **Hierarchical position a risk factor for experiencing stress in the workplace**
 - *Patient-facing roles in the middle of the hierarchy*
 - *Large amounts of responsibility with low autonomy*
- **Occupational health approaches need greater focus on the workplace as a social determinant of health**

Burnout

- [Stephen Trzeciak: Healthcare's compassion crisis | TED Talk](#)
- **Compassionomics**
- **Burnout & Human Connection**

[ICD-11 for Mortality and Morbidity Statistics \(who.int\)](#)

QD85 Burnout

Description

Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.

It is characterized by three dimensions:

- 1) feelings of energy depletion or exhaustion;
- 2) 2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
- 3) 3) a sense of ineffectiveness and lack of accomplishment.

Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.

Mitigations and remedies

Systematic review (Marshman et al, 2021) suggested mitigations for mental health nurses:

- Strong leadership
- Positive workplace cultures
- Clinical supervision
- Reflection
- Self-care and personal well-being

Qualitative study (Kendrick et al, 2020) suggested system remedies may include:

- Audits
- Service improvement initiatives
- Improving access to information
- Leadership responses to concerns
- Addressing workplace stressors

Recommended Individual Strategies (NHS 2022)

‘Compassion fatigue can be a common experience in caring professions which can lead to tiredness, trouble sleeping, irritability, numbing emotions, feeling hopeless and isolated’

- Know the signs (as above) and Hit Reset – prioritise needs e.g. water, good food, sunlight and exercise. Watch out for coping methods that don’t help e.g. overeating
- Cut yourself some slack – practice thinking of yourself as a friend you care about and not someone to criticise. You do not need be responsible for everything
- Leave work at work – use the going home checklist to let it go
- Get support when you need it in the way you need it – everyone is different in how they use their support networks but it can be good to talk to family, friends, or a coach
- Let someone else show compassion to you



Going Home Checklist

- ✓ Take a moment to think about your day.
- ✓ Acknowledge one thing that was difficult during your work day – Let it go!
- ✓ Consider three things that went well.
- ✓ Check on your colleagues before you leave – Are they ok?
- ✓ Are you ok? We are here to support you.
- ✓ Now switch your attention to home – Rest and recharge.



Health and care wellbeing resources

- Wellbeinghub.scot
- [Workforce specialist service](#)
 - Confidential assessment
 - Specialist treatment
- Coaching for wellbeing
 - digital coaching service for health and social care staff
- National wellbeing helpline
 - 0800 111 4191

What are you looking for?

Here's a selection of our most popular topics. To see more, view all resources.



Mental Wellbeing



Financial Wellbeing



Physical Wellbeing



Psychologically safe workplaces



Supporting Staff Wellbeing



Responding to Emergencies

Open Discussion

How does this resonate with you?

What are your experiences?



Compassion fatigue from a staff perspective

Eileen Mckenna

Associate Director for Nursing, Policy and Professional
Practice, Royal College of Nursing Scotland



Compassion Fatigue

Summary of RCN's work on this issue

Compassion Fatigue – the cost of caring?

Definition

- Compassion fatigue refers to an identifiable set of negative psychological symptoms that caregivers experience as a result of providing care while being exposed to either primary trauma (experiencing the trauma first hand) or secondary trauma (rendering care to those experiencing trauma) (Figley, 1995).

- Numerous published articles in RCNi publications 2007 – 2023
- The Cost of Caring – RCN Bulletin 2018
Experience of RCN member, Jayne Ellis who experienced compassion fatigue and went on to write about self care and provide training on emotional resilience
- RCN Congress 2022 item for discussion - That this meeting of RCN Congress discusses if there should be increased awareness of compassion fatigue, and its potential impact, not only on the delivery of patient care but also on leadership within the workforce
- Promoting to RCN members RCN Mental Health and Wellbeing Resources including counselling services
- Promoting Healthy workplace, Healthy You resources to employers

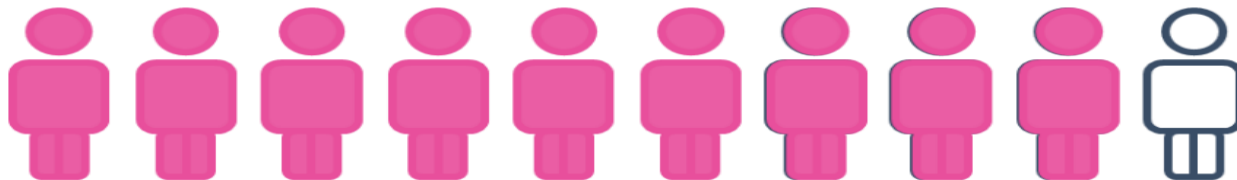
Causes of Compassion Fatigue in Nursing

- 2 components Secondary Traumatic Stress & Burnout



Compassion fatigue: conceptual model adapted from
Middleton 2015

Key findings for Scotland



Nearly 90% of respondents said the number of nursing staff on their last shift was not sufficient to meet all the needs of patients or service users



Less than a quarter of shifts had the planned number of registered nurses working (the lowest out of any country in the UK)



Nearly 70% of staff working in Scotland feel that patient care was compromised on their last shift, due to staffing levels (well above the UK average of 62%) and only 16% agreed that they had enough time to provide the level of care they would like



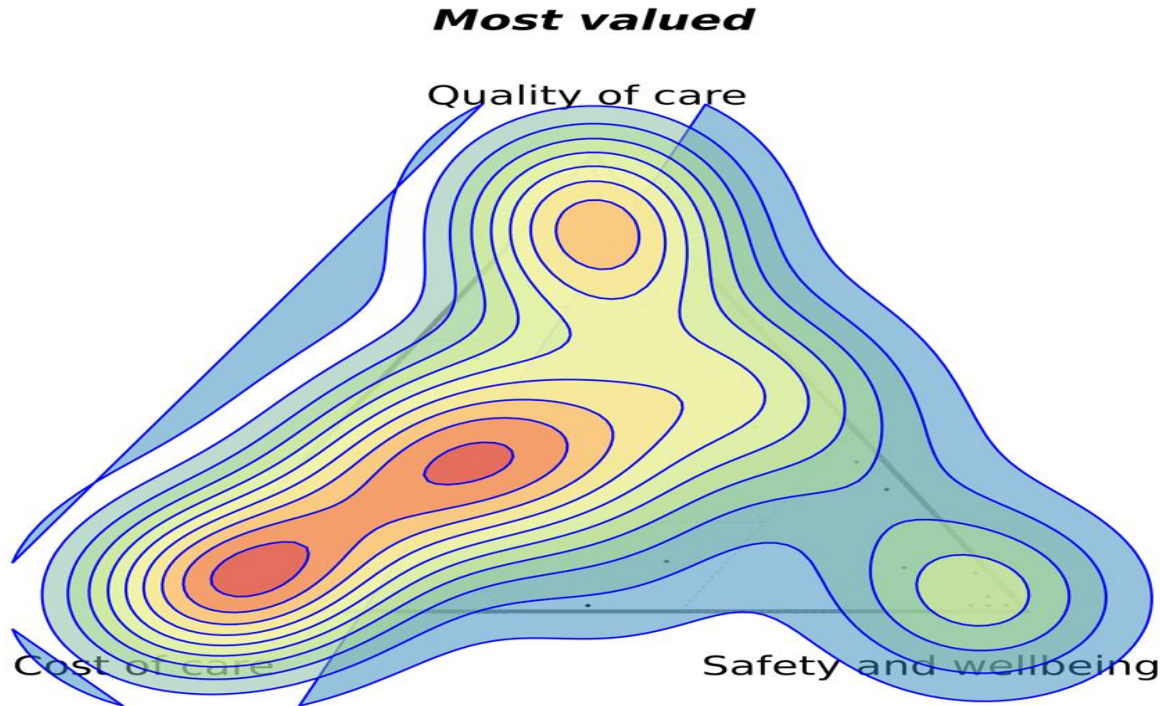
Staff in Scotland were most likely to state that during their last shift they “felt exhausted and negative” with 63% agreeing with this statement (compared to the UK wide figure of 54%)

Key findings for Scotland



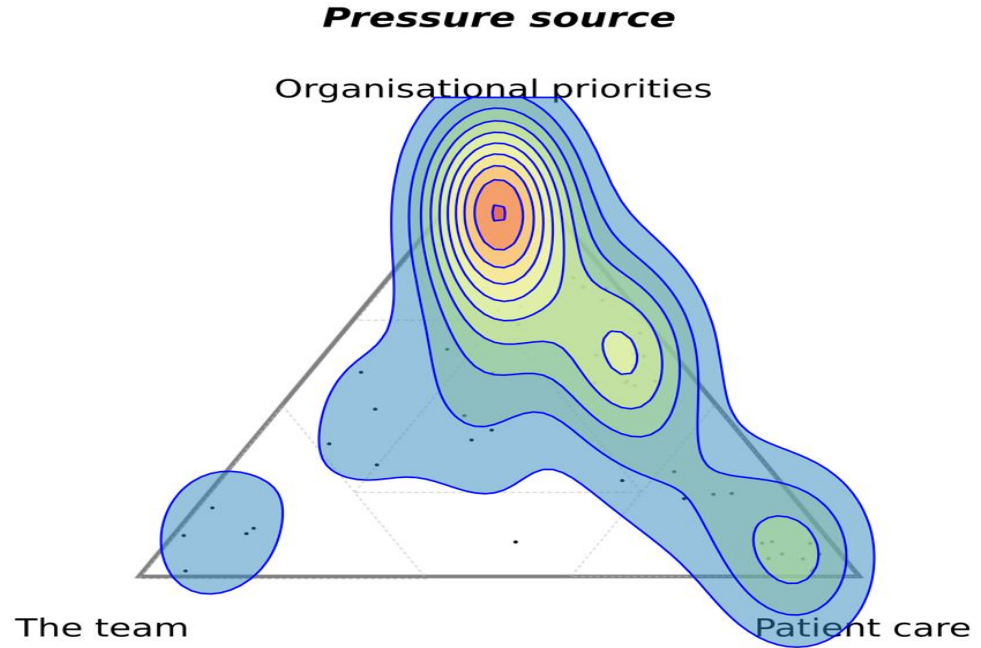
Staff are risking burnout by covering for gaps in the workforce - around two thirds were unable to take their breaks and 62% worked additional time during their last shift

RCN Sensemaker Tool Capturing Lived Experience of Nurses 2023



RCN Sensemaker Tool Capturing Lived Experience of Nurses 2023

after 6 months working in the UK was ready to leave the industry. The staffing levels are dangerously thin. There is no way to give proper care to a dying patient when you have 9-10 other patients who you alone are responsible. Now combine that with 12 hour shifts that leave you drained and numb, and pay that is literally less than I was paid in a lower band in Australia. Those stresses show in the teamwork on the wards. The snippy, nasty, feral fight to survive every shift. The pressure to kick out patients who still need to be in hospital to bring a new patient in, or the inability to organise support to facilitate a patient being discharged. Month long waiting times for basic scans, and getting longer because funding bids are being refused. I almost left. And honestly if things get much worse, the nursing profession will collapse.

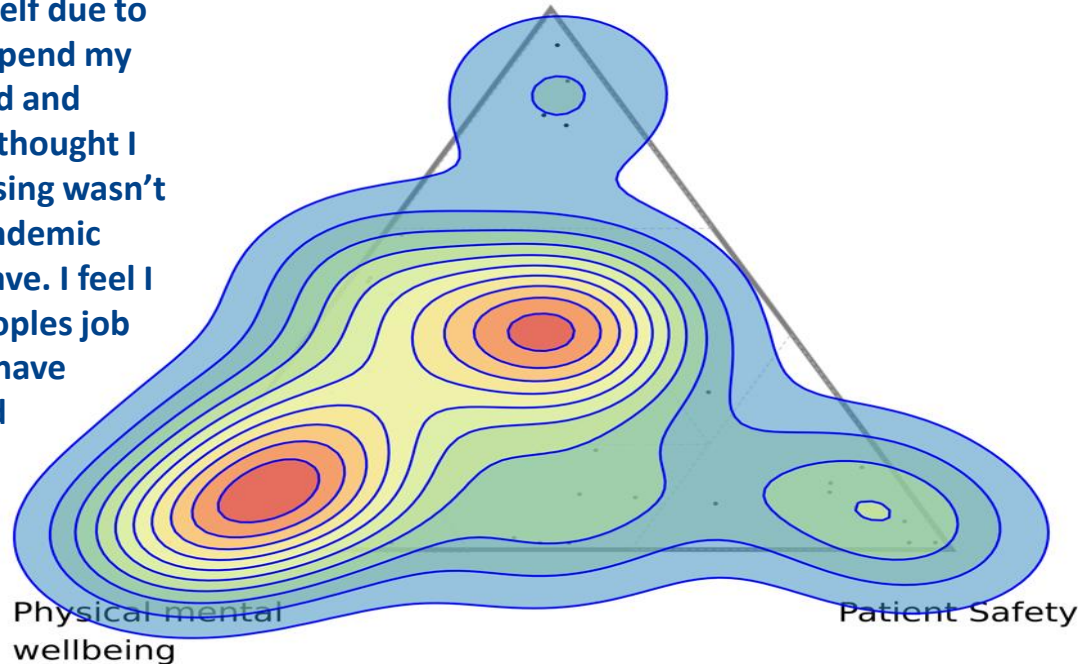


RCN Sensemaker Tool Capturing Lived Experience of Nurses 2023

Compromise on

Staying true to myself and my values

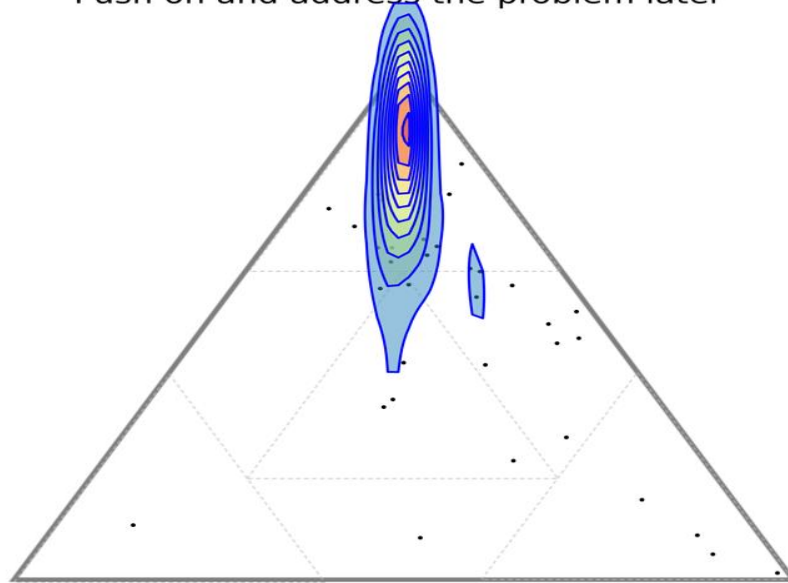
Overworked and undervalued is a constant feeling for myself due to my career as a nurse. I spend my work life feeling stressed and under pressure. I never thought I would ever feel like nursing wasn't for me but since the pandemic started I just want to leave. I feel I do two maybe three peoples job and the responsibility I have leaves me overwhelmed



RCN Sensemaker Tool Capturing Lived Experience of Nurses 2023

When overwhelmed

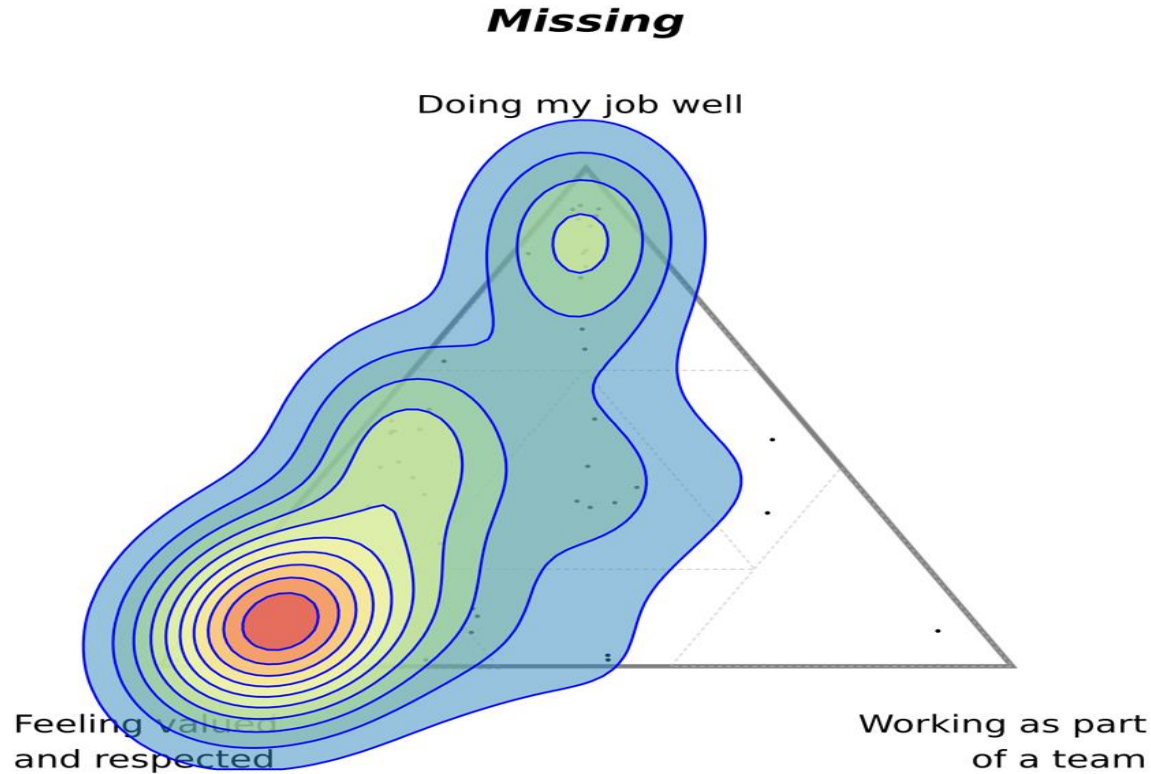
Push on and address the problem later



Take a step back from the
source of the stress

Seek out support
from others

RCN Sensemaker Tool Capturing Lived Experience of Nurses 2023



Managing Compassion Fatigue



Managing Compassion Fatigue – Areas for Action



Autonomy

The need to have control over one's work life, and to be able to act consistently with one's values

- **Authority, empowerment and influence**
Influence over decisions about how care is structured and delivered, ways of working and organisational culture
- **Justice and fairness**
Equity, psychological safety, positive diversity and universal inclusion
- **Work conditions and working schedules**
Resources, time and a sense of the right and necessity to properly rest, and to work safely, flexibly and effectively

Belonging

The need to be connected to, cared for by, and caring of colleagues, and to feel valued, respected and supported

- **Teamworking**
Effectively functioning teams with role clarity and shared objectives, one of which is team member wellbeing
- **Culture and leadership**
Nurturing cultures and compassionate leadership enabling high-quality, continually improving and compassionate care and staff support

Contribution

The need to experience effectiveness in work and deliver valued outcomes

- **Workload**
Work demand levels that enable the sustainable leadership and delivery of safe, compassionate care
- **Management and supervision**
The support, professional reflection, mentorship and supervision to enable staff to thrive in their work
- **Education, learning and development**
Flexible, high-quality development opportunities that promote continuing growth and development for all

- **Aim - Building a Sustainable and Skilled Workforce**
- **5 Working Groups**
 - **Attraction**
 - **Culture & Leadership**
 - **Education & Development**
 - **Wellbeing**
 - **Listening Project**





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Q&A



Evaluation

Use the link in the chat box or scan the below



Next Steps



Register for Upcoming Clinical Network Event

**Presentations of Concern, Personality Disorder with
Concurrent Substance Use:**
Thursday 2 November 2023



Thank you for joining us – please keep in touch

Twitter: @online_his

Email: his.mhportfolio@nhs.scot

Web: healthcareimprovementscotland.org

Blog: blog.healthcareimprovementscotland.org

To find out more visit:

<https://ihub.scot/improvement-programmes/mental-health-portfolio/mental-health-and-substance-use-programme/>