EXPLORING COMPASSION FATIGUE AMONG OUTPATIENT MENTAL HEALTH PROVIDERS

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ACKNOWLEDGMENTS

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- Committee members
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- Study participants

Thank you
OVERVIEW

• Project’s purpose
• What is Compassion Fatigue (CF)
• Review of the literature
• Method and Sampling
• Project’s Findings
• Discussion
• Implications
• Dissemination plans
• Conclusion
PURPOSE

To describe mental health providers views regarding compassion fatigue in the community-based outpatient setting.

...in order to hopefully guide future research into possible interventions to make changes and improve CS for future advance practice nurses within the mental health field.
• What is *compassion fatigue* (CF)?
  • “loss of satisfaction that comes from doing one’s job well, or job-related distress that outweighs job satisfaction” (Sheppard, 2016, para 2)

• Comprised of 3 different components
  • Compassion satisfaction (CS)
  • Burnout (BO)
  • Secondary traumatic stress (STS)

• Leads to *physical* and *emotional* consequences
  • Fatigue
  • Insomnia
  • Constant illnesses and absenteeism
  • Cynicism

• Affects the quality of patient care
  • Decreased patient satisfaction
  • Poor patient outcomes
LITERATURE REVIEW

• Individuals with multifaceted mental health needs can be very challenging  
  
(Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012)

• Outpatient setting stressors
  
  • Non-supportive work settings
  
  • Higher caseloads
  
  • Too few resources

(Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010)

• Difference in what the term CF truly entails

  • Studies which directly encompass all 3 components (BO, STS, and CS) are scarce
  
  (Hunsaker, Chen, Maughan, & Heaston, 2014; Sheppard, 2014)

  • Terms CF, BO, and STS are still frequently used interchangeably

(Sheppard, 2014)
LITERATURE REVIEW - cont’d

- Lack of studies which examine CF specifically among providers within the mental health settings
  - Most are done on emergency department healthcare professionals (Flarity, Gentry, & Mesnikoff, 2013)

- Highest level of CF in VA social workers work on PTSD units (Beder, Postiglione, & Strolin-Goltzman, 2012)

- Low levels of management support = high levels of BO and CF (Hunsaker, Chen, Maughan, & Heaston, 2014)

- A literature review done by Sabo (2011)
  - nurses working in mental health were among those most vulnerable to CF
METHOD AND SAMPLING

- **Design**
  - qualitative descriptive design
    - Two small focus groups

- **Setting**
  - Two local non-profit, community-based mental health organizations
  - Held during regularly scheduled monthly provider meetings

- **Recruitment**
  - Purposeful sampling of currently employed providers at each of the two organizations

- **Participants**
  - Consisted of PMHNP’s and MD’s
  - 4 providers in each group
  - Total $n=8$
FINDINGS

• Consistent with current research
• Focus groups themselves were therapeutic and beneficial
• 5 themes were identified from the focus group analysis
  1. Participant’s perceived definition of CF
  2. Participant’s perceptions of prevalence of CF in the mental health setting
  3. Their perceptions regarding the triggers
  4. Perceived participant symptoms and effects of CF
  5. Self-care practices
FINDINGS cont’d

- **Organization A**
  - 200-500 patient caseloads
  - 30 min med review/follow-up appointments
  - Only work 4 days/wk

- **Organization B**
  - >500 patient caseloads
  - 20 min med review/follow-up appointments
  - ½ work 4 days/wk and ½ work 5 days/wk

<table>
<thead>
<tr>
<th>Description</th>
<th>Range</th>
<th>n</th>
<th>%</th>
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<td>Days worked per week</td>
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<td>4</td>
<td>6</td>
<td>87.5</td>
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<tr>
<td></td>
<td>5</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Hours worked per week</td>
<td>&lt; 30 hrs.</td>
<td>1</td>
<td>12.5</td>
</tr>
<tr>
<td></td>
<td>30-40 hrs.</td>
<td>5</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>&gt; 40 hrs.</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Total patient caseload</td>
<td>&lt; 200 pts.</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>(Pt Caseload)</td>
<td>200-500 pts.</td>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>&gt; 500 pts.</td>
<td>4</td>
<td>50</td>
</tr>
</tbody>
</table>
DISCUSSION

- Participant’s perceived definition of CF
  - All 8 were able to define CF
  - Term “emotional exhaustion” was often used
  - Only 1 knew that CF consists of BO, STS, and lack of CS
    - Consistent with literature = differentiation in what CF is comprised of

<table>
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<tr>
<th>Participant’s Definitions</th>
<th>Response</th>
<th>n</th>
<th>%</th>
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<tbody>
<tr>
<td>Basic knowledge of CF</td>
<td>Yes</td>
<td>8</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Comprised of all 3: BO, STS, and lack of CS</td>
<td>Yes</td>
<td>1</td>
<td>12.5</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>7</td>
<td>87.5</td>
</tr>
<tr>
<td>Thought CF was BO specifically</td>
<td>Yes</td>
<td>5</td>
<td>62.5</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3</td>
<td>37.5</td>
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</tbody>
</table>
DISCUSSION

• **Perceptions of prevalence of CF in the mental health setting**
  • Smaller caseloads and longer patient visit times = decreased CF
  • Consistent with literature
    • Role overload = increased emotional exhaustion and BO
      (Green, Albanese, Shapiro, & Aarons, 2014)

• **Perceptions regarding triggers**
  • “unrealistic expectations” by stakeholders
  • Working with a difficult population
  • Unrealistic or demanding work place environments
  • Supports the findings by Flarity and colleagues (2013) of CF in ED nurses
    • High patient acuity
    • Unrealistic expectations from administration and patients
    • Low workplace morale
DISCUSSION

- **Perceived participant symptoms and effects of CF**
  - Most common symptoms (see table below)
  - Correlates to research = negative psychological and emotional symptoms (Flarity, Gentry, & Mesnikoff, 2014; Wentzel & Brysiewicz, 2014)
  - Decreased patient care when “emotionally exhausted”

<table>
<thead>
<tr>
<th>Symptom</th>
<th>n</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Sleep deprivation</td>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td>Nightmares</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>Increased sickness</td>
<td>3</td>
<td>37.5</td>
</tr>
<tr>
<td>Headaches</td>
<td>7</td>
<td>87.5</td>
</tr>
<tr>
<td>Crying</td>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td>Fatigue</td>
<td>6</td>
<td>75</td>
</tr>
</tbody>
</table>
DISCUSSION

• **Self-care practices**
  - Believed to decrease CF and improve CS
    - Increase CS = increased pleasure derived from performing his/her role
    - (Hooper et al, 2010)
  - Believe self-care improves resiliency
  - Acknowledged that an awareness is necessary
    - Must be able to identify their own triggers in order to recognize their limitations and coping abilities
    - (Stamm, 2010)

• **Examples**
  - Exercise
  - Spending time with family and friends
  - Eating well
  - Travelling
  - Getting massages, manicure, and/or pedicures
  - Shopping
Shortage of mental health providers
- U.S. Department of Health and Human Services reported nearly 91 million adults lived in areas where there is a shortage of mental health providers (Heisler & Bagalman, 2015)

Mental health providers experiencing CF are at an increased risk for
- Developing health issues
- Demonstrating poor job performance
- Making mistakes and med errors
- *Are overall more likely to leave the profession* (Hooper et al., 2010; Sheppard, 2014)

Access to mental health care depends on the number of practicing mental health providers
DISSEMINATION PLANS

- **Participating Organizations**
  - Executive summary
    - PowerPoint presentation during monthly provider’s meetings

- **Public/Peers**
  - Printed journals
    - *Journal of Nursing Scholarship*
    - *Applied Nursing Research*

- **Global**
  - Websites
    - Online Journal of Issues in Nursing - *American Nurses Association*
    - Psychological Services - *American Psychological Association*
CONCLUSION

The personal descriptions of the experiences and insights of the participants in this study expand the current literature on CF and the knowledge gained from this project will contribute to the development of quality improvement projects committed to reducing CF among outpatient mental health providers.
REFERENCES


REFERENCES cont’d


QUESTIONS