

# Avoiding Burnout in MS Nursing

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# What is an MS Nurse (IOMSN)

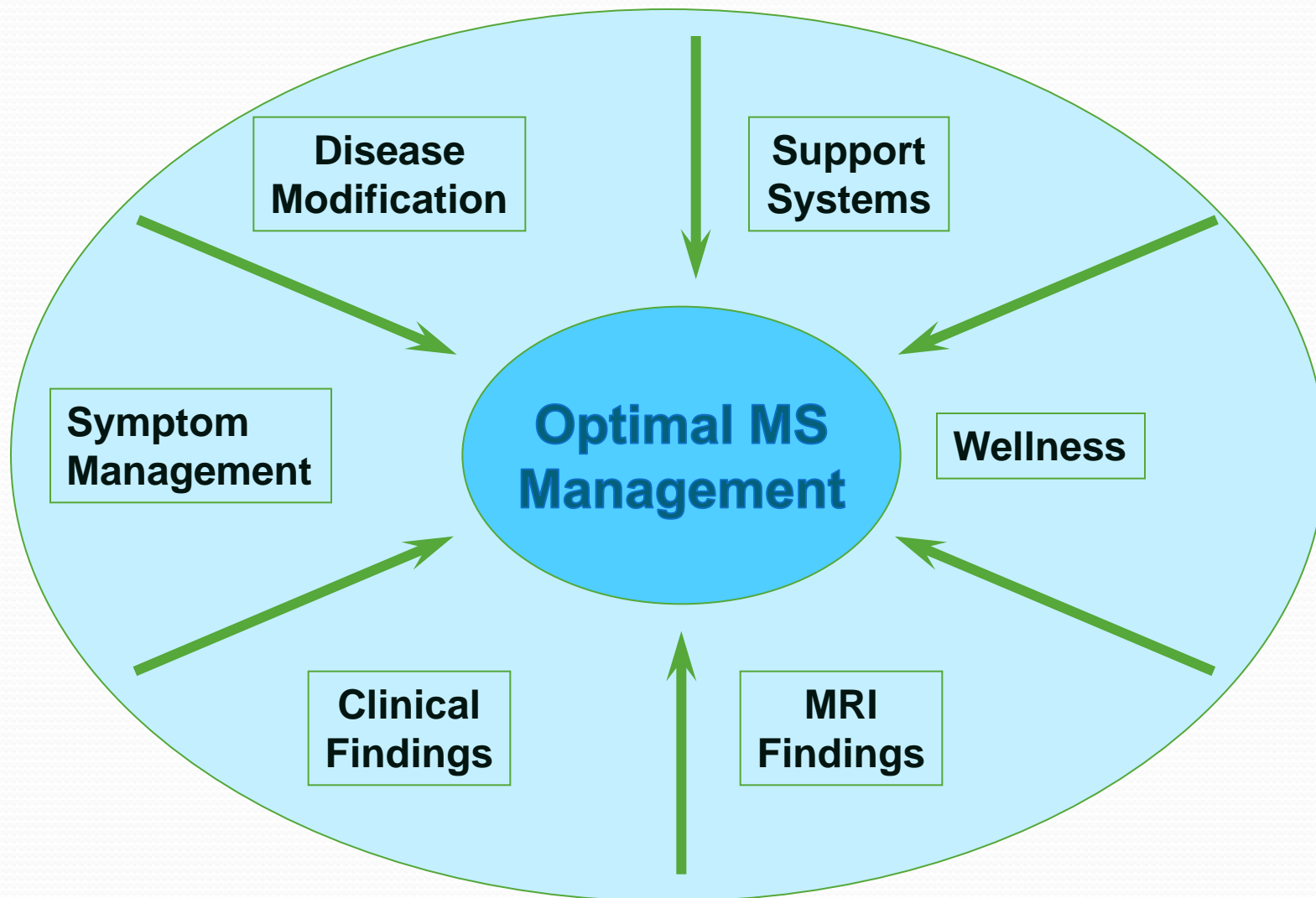
An MS nurse is a competent expert who collaborates with those affected by MS and shares knowledge, strength, and hope. MS nurses can enhance adaptive and coping skills, facilitate empowerment and a sense of control, and thereby engender hope and positive attitudes among those affected by MS.

[www.IOMSN.org](http://www.IOMSN.org)

# MS Nurses

- Care Providers
- Educators
- Liaisons
- Facilitators
- Coordinators
- Investigators
- Innovators
- Negotiators
- Consultants
- Advocates

# Optimal MS Management





# Compassionate Fatigue

- The term used to describe the emotional effect of being indirectly traumatized by helping someone who has experienced primary traumatic stress
- A severe malaise resulting from caring for patients experiencing adversity (physical, emotional, social)
- A state where compassion energy that is expended surpasses the ability to recover resulting in physical and psychosocial consequences

Maytum J., Bielski M. et al. *Compassion fatigue and burnout in nurses who work with children with chronic conditions and their families.* J Pediatric Health Care. (2004). 18, 171-179.

Edmunds MW. *Caring too much: Compassion fatigue in nursing.* Applied Nursing Research (2010); 23: 191-197.

Boyle D. *Countering compassion fatigue: A requisite nursing agenda.* OJIN, 2011: 16(1). American Nurses Association.



# Risk Factors

- Close interpersonal relationship with patients, families
- Complex patient needs
- Unrealistic self-expectations
- Expanding work load, long hours
- Failure to attend to own emotional needs

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# Manifestations

- **Emotional:** anger, apathy, attitude of hopelessness, irritability, lessened enthusiasm, depression
- **Intellectual:** boredom, weakened attention
- **Physical:** lack of energy, loss of endurance and strength, weariness, sense of fatigue
- **Social:** indifference, feelings of isolation, loss of interest, detached
- **Work:** absenteeism, avoidance of patient situations, diminished performance



# Interventions

- “The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk on water without getting wet”
- Three categories
  - Work-life balance: establish a self-care plan
  - Education: Increased awareness of the emotional demands; recognize triggers
  - Work-setting: Support groups for staff, peer support

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# Burnout Versus Compassionate Fatigue

Variable	Burnout	Compassion Fatigue
Etiology	<u>Reactional</u> : response to work or environmental stressors	<u>Relational</u> : consequences of caring for those who are suffering
Chronology	Gradual, over time	Sudden , acute onset
Outcomes	Decreased empathetic responses, withdrawal, leave position or transfer	Continued endurance or “giving” results in imbalance of empathy and objectivity; may ultimately leave position

***Compassion fatigue is more common in healthcare than burnout***



# Burnout

- A syndrome of emotional exhaustion, depersonalization towards patients, and reduced sense of personal accomplishments
- “Progressive loss of idealism, energy, and purpose experienced by people in helping professions as a result of the conditions of their work”
- Inability to cope with job stress
- Associated with role stress, work conditions, and lack of support



# Risk Factors

Dimension	Risk Factor
<b>Work Environment</b>	Work overload, lack of control, insufficient reward, absence of community, lack of fairness, conflict in values
<b>Demographic variables</b>	Younger age, early in career, Lack of life partner or children, higher level of education
<b>Personality Traits</b>	Low self-esteem or confidence, need for approval, overachieving, impatience, intolerance, perfectionism



# Manifestations

Dimension	Manifestation
<b>Physical</b>	Stress-related symptoms- fatigue or exhaustion, GI disorders, hypertension, headache, insomnia, poor appetite, musculoskeletal symptoms
<b>Psychologic</b>	Anger, depression, anxiety, frustration, irritability, mood swings, lack of drive or initiative, decreased ability to cope
<b>Interpersonal/Social</b>	Inability to communicate with family, friends, and colleagues, neglect of family and social obligations, marital dysfunction



# Strategies to Avoid Burnout

<b>Strategy Classification</b>	<b>Specific Strategies</b>
<b>Personal Lifestyle</b>	Adequate sleep, proper nutrition, regular physical activity, maintain priorities, schedule adequate vacation time, participate in outside interests, maintain sense of humor, recognize limitations, seek support from family, maintain network of friends, spirituality
<b>Professional Lifestyle</b>	Set realistic goals, vary work routine, take breaks, become an advocate, seek support from colleagues, grieve well, enhance communication skills
<b>Organizational Level</b>	Create a healthy, supportive work environment, foster good interpersonal relationships with healthcare professionals, encourage and maintain strong leadership style, provide access to training targeted to psychosocial well-being



# Measuring Burnout and Compassion Fatigue

- Maslach Burnout Inventory
- Burnout Risk Survey by John Henry Pfifferling
- Professional Quality of Life Scale  
([www.compassionfatigue.org](http://www.compassionfatigue.org))
  - Burnout Scale
  - Compassion Satisfaction and Compassion Fatigue

Maslach C. *Burnout: The Cost of Caring*. Cambridge, MA: Malor Books; 2003.

ProQOL/ Compassion Satisfaction and Fatigue Version 5: [www.proqol.org](http://www.proqol.org) May be freely copied as long as author is credited and no changes are made. Beth H. Stamm, PhD, Dir. ProQoL.org. Idaho State University.

Pfifferling JH. *Burnout Risk Appraisal*. Available at [http://www.cpwb.org/burnout\\_information.htm](http://www.cpwb.org/burnout_information.htm)

# Professional Quality of Life Scale (ProQOL)

## Compassion Satisfaction and Compassion Fatigue (ProQOL) 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.	I am happy.			
_____	2.	I am preoccupied with more than one person I [help].			
_____	3.	I get satisfaction from being able to [help] people.			
_____	4.	I feel connected to others.			
_____	5.	I jump or am startled by unexpected sounds.			
_____	6.	I feel invigorated after working with those I [help].			
_____	7.	I find it difficult to separate my personal life from my life as a [helper].			
_____	8.	I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].			
_____	9.	I think that I might have been affected by the traumatic stress of those I [help].			
_____	10.	I feel trapped by my job as a [helper].			
_____	11.	Because of my [helping], I have felt "on edge" about various things.			
_____	12.	I like my work as a [helper].			
_____	13.	I feel depressed because of the traumatic experiences of the people I [help].			
_____	14.	I feel as though I am experiencing the trauma of someone I have [helped].			
_____	15.	I have beliefs that sustain me.			
_____	16.	I am pleased with how I am able to keep up with [helping] techniques and protocols.			
_____	17.	I am the person I always wanted to be.			
_____	18.	My work makes me feel satisfied.			
_____	19.	I feel worn out because of my work as a [helper].			
_____	20.	I have happy thoughts and feelings about those I [help] and how I could help them.			
_____	21.	I feel overwhelmed because my case [work] load seems endless.			
_____	22.	I believe I can make a difference through my work.			
_____	23.	I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].			
_____	24.	I am proud of what I can do to [help].			
_____	25.	As a result of my [helping], I have intrusive, frightening thoughts.			
_____	26.	I feel "bogged down" by the system.			
_____	27.	I have thoughts that I am a "success" as a [helper].			
_____	28.	I can't recall important parts of my work with trauma victims.			
_____	29.	I am a very caring person.			
_____	30.	I am happy that I chose to do this work.			

# Burnout Risk Survey

- Are your achievements your self-esteem?
- Do you tend to withdraw from offers of support?
- Will you ask for/accept help?
- Do you often make excuses, like, “It’s faster to do it myself than to show or tell someone?”
- Do you always prefer to work alone?
- Do you have a close confidant with whom you feel safe discussing problems?
- Do you “externalize” blame? (Obsessively seek to place blame away from yourself)
- Are your work relationships asymmetrical? Are you always giving?
- Is your personal identity bound up with your work role or professional identity?
- Do you value commitments to yourself to exercise/relax as much as you value those you make to others?
- Do you often overload yourself—have a difficult time saying “no?”
- Do you have few opportunities for positive and timely feedback outside of your work role?
- Do you abide by the “laws:” “Don’t talk, don’t trust, don’t feel?”
- Do you easily feel frustrated, sad, or angry from your regular work tasks?
- Is it hard for you to easily establish warmth with your peers and/or service (patients/clients) recipients?
- Do you feel guilty when you “play” or rest?
- Do you get almost all of your needs met by helping others?
- Do you put other’s needs before or above your own needs?
- Do you often put aside your own needs when someone else needs help?

Risk of burnout= “Yes” response to  $\geq 3$  items


High risk of burnout = “Yes” response to  $\geq 4$  items





# Conclusions

- MS Nurses need to
  - Be aware that they are at risk for compassion fatigue as they work with patients (and families) with a chronic disease
  - Learn to identify triggers and signs of compassion fatigue and burnout
  - Develop a wide range of coping strategies and a support system to revitalize their compassion and minimize risk of burnout
  - Work together to create a healthy work environment
  - Mentor younger nurses and advocate for self and colleagues
- Advanced practice nurses play a key leadership role in providing educational programs



**Compassion,  
often the ultimate gift of nurse to  
patient must be nourished to be  
sustained**

# Discussion

- What aspects of MS nursing place nurses at potential risk for compassion fatigue?
- Describe a situation in which you have experienced compassion fatigue or burnout.
  - What strategies did you use to deal with the situation?



# Discussion

- How can experienced MS nurses help novice nurses recognize and cope with compassion fatigue or burnout?
- What mechanisms can be implemented as an organization that will support MS nurses' understanding of compassion fatigue and burnout?