

Burnout, Compassion Fatigue, and Suicide Among Nurses

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Learning Objectives

1. Recognize the prevalence of burnout, compassion fatigue, and suicide among nurses.
2. Identify risk factors associated with burnout, compassion fatigue, and suicide among nurses.
3. Discuss self-care interventions nurses can take to prevent burnout and compassion fatigue.



Burnout Syndrome

Burnout is a “syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.” (WHO)

The National Institutes of Health (NIH) considers burnout among healthcare professionals an epidemic.



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The History of “Burnout”

| 1969 | 1969, HB Bradley used the term "burnout" in a criminology paper to describe the fatigued staff at a center for treating young adult offenders. |
|------|--|
| 1974 | In 1974, Herbert Freudenberger, an American psychologist, used the term in his academic paper "Staff Burn-Out." The paper was based on his qualitative observations of the volunteer staff (including himself) at a free clinic for drug addicts. He characterized burnout by a set of symptoms that includes exhaustion resulting from work's excessive demands as well as physical symptoms such as headaches and sleeplessness, "quickness to anger", and closed thinking. He observed that the burned-out worker "looks, acts, and seems depressed." |
| 1976 | Christina Maslach noted the term being used by California lawyers working with the poor, and began to study the concept. |
| 1981 | Maslach and Susan E. Jackson published an instrument for assessing burnout, the Maslach Burnout Inventory (MBI). It was the first such instrument of its kind and the most widely used burnout instrument. The two researchers described burnout in terms of emotional exhaustion, depersonalization (feeling low-empathy towards other people in an occupational setting), and reduced feelings of work-related personal accomplishment. |
| 2010 | The Swedish Board of Health and Welfare adopted a refined conceptualization of severe burnout it described as "exhaustion disorder." |
| 2015 | In 2015, The World Health Organization adopted a conceptualization of burnout that is consistent with Maslach's. It adopted a modified version of this in 2022. However, "is not itself classified by the WHO as a medical condition or mental disorder. |
| 2017 | As of 2017, nine European countries considered burnout as being a recognized medical disorder. |



Burnout Syndrome (BOS)

In April of 2019, the World Health Organization added Burnout Syndrome (BOS) as a diagnosis in the 11th edition of the International Classification of Diseases (ICD-11). BOS is characterized by three dimensions:

- Feelings of energy depletion or exhaustion
- Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job
- Reduced professional efficacy

Prevalence of Burnout among Nurses

A study conducted by the Journal of the American Medical Association (JAMA), found that of 50,273 nurses surveyed (representing 3,957,661 nurses nationally)

- Among nurses who reported leaving their job in 2017:
 - 9.5% reported leaving their current position of which 31.5% reported burnout as a reason
- For nurses who had considered leaving their position in 2017:
 - 43.4% identified burnout as a reason that would contribute to their decision to leave their current job.
- Respondents who reported leaving or considering leaving their job owing to burnout reported the top 3 reasons being:
 - A stressful work environment (68.6% and 59.5%, respectively)
 - Inadequate staffing (63.0% and 60.9%, respectively)
 - Poor Leadership (58% and 50% respectively)

From: **Prevalence of and Factors Associated With Nurse Burnout in the US**

JAMA Netw Open. 2021;4(2):e2036469. doi:10.1001/jamanetworkopen.2020.36469

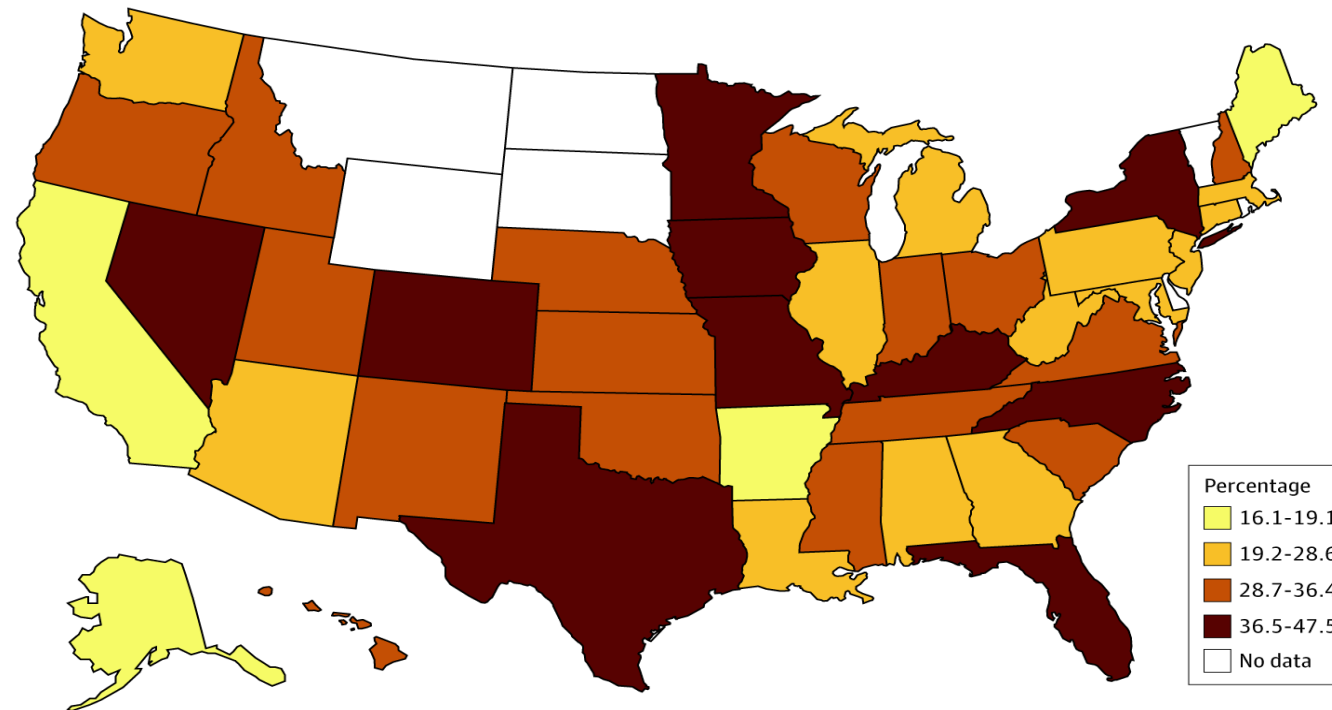


Figure Legend:

State-Level Distribution of Nurses Who Left Their Jobs Owing to Burnout

Data are from the 2018 National Sample Survey of Registered Nurses.



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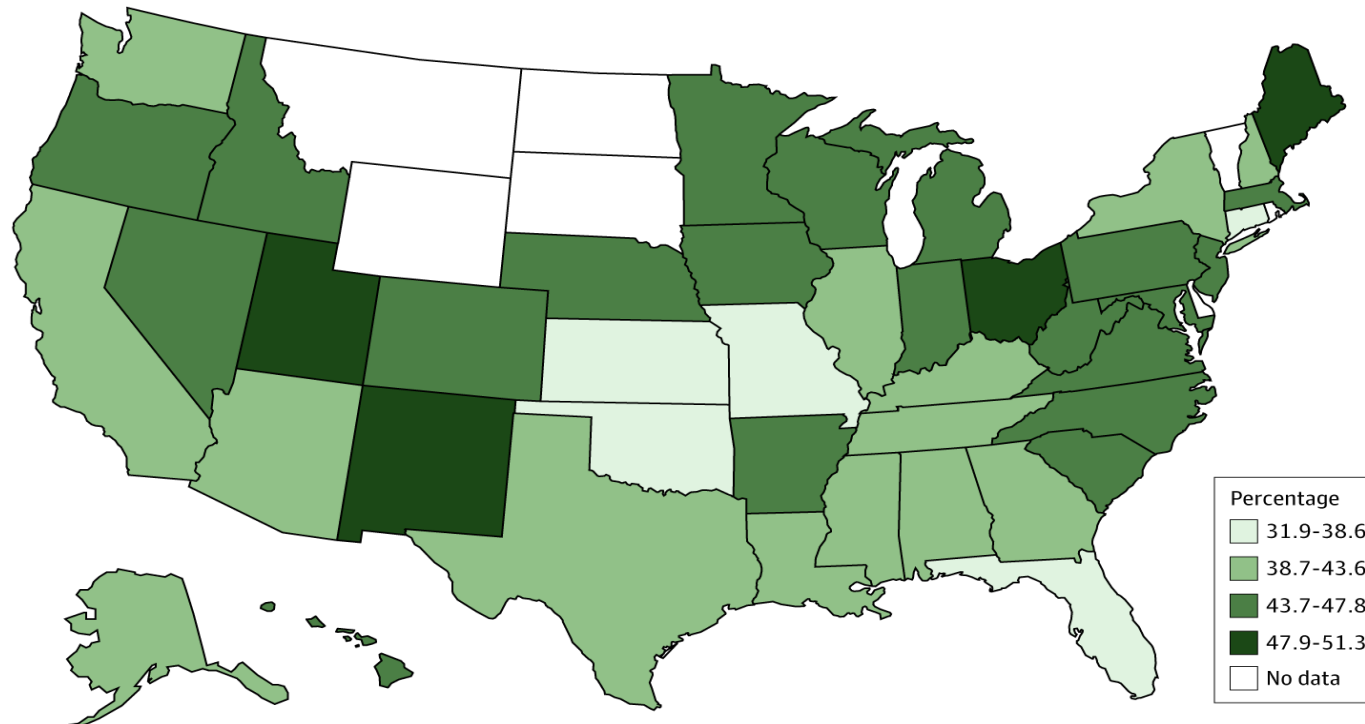


Figure Legend:

State-Level Distribution of Nurses Who Considered Leaving Their Jobs Owing to Burnout

Data are from the 2018 National Sample Survey of Registered Nurses.



Maslach Burnout Inventory

| Emotional Exhaustion (EE) | The 9-item Emotional Exhaustion (EE) scale measures feelings of being emotionally overextended and exhausted by one's work. Higher scores correspond to greater experienced burnout. |
|-------------------------------------|---|
| Depersonalization (DP) | The 5-item Depersonalization (DP) scale measures an unfeeling and impersonal response toward recipients of one's service, care, treatment, or instruction. |
| Personal Accomplishment (PA) | The 8-item Personal Accomplishment (PA) scale measures feelings of competence and successful achievement in one's work. Lower scores correspond to greater experienced burnout |
| Cynicism | The 5-item Cynicism scale measures an indifference or a distance attitude towards one's work. It is akin to the Depersonalization scale. The cynicism measured by this scale is a coping mechanism for distancing oneself from exhausting job demands. |
| Professional Efficacy (PE) | 6-item Professional Efficacy scale measures feelings of competence and successful achievement in one's work. It is akin to the Personal Accomplishment scale. This sense of personal accomplishment emphasizes effectiveness and success in having a beneficial impact on people. Lower scores correspond to greater experienced burnout. |

Symptoms of Nurse Burnout

Cognitive Symptoms

- Inability to focus or think clearly
- Difficulty remembering details or conversations
- Inability to make decisions or solve problems

Emotional Symptoms

- Depersonalization
- Apathy
- Increased irritability or frustration
- Emotional numbness
- Sadness
- New or worsening symptoms of depression and anxiety

Physical Symptoms

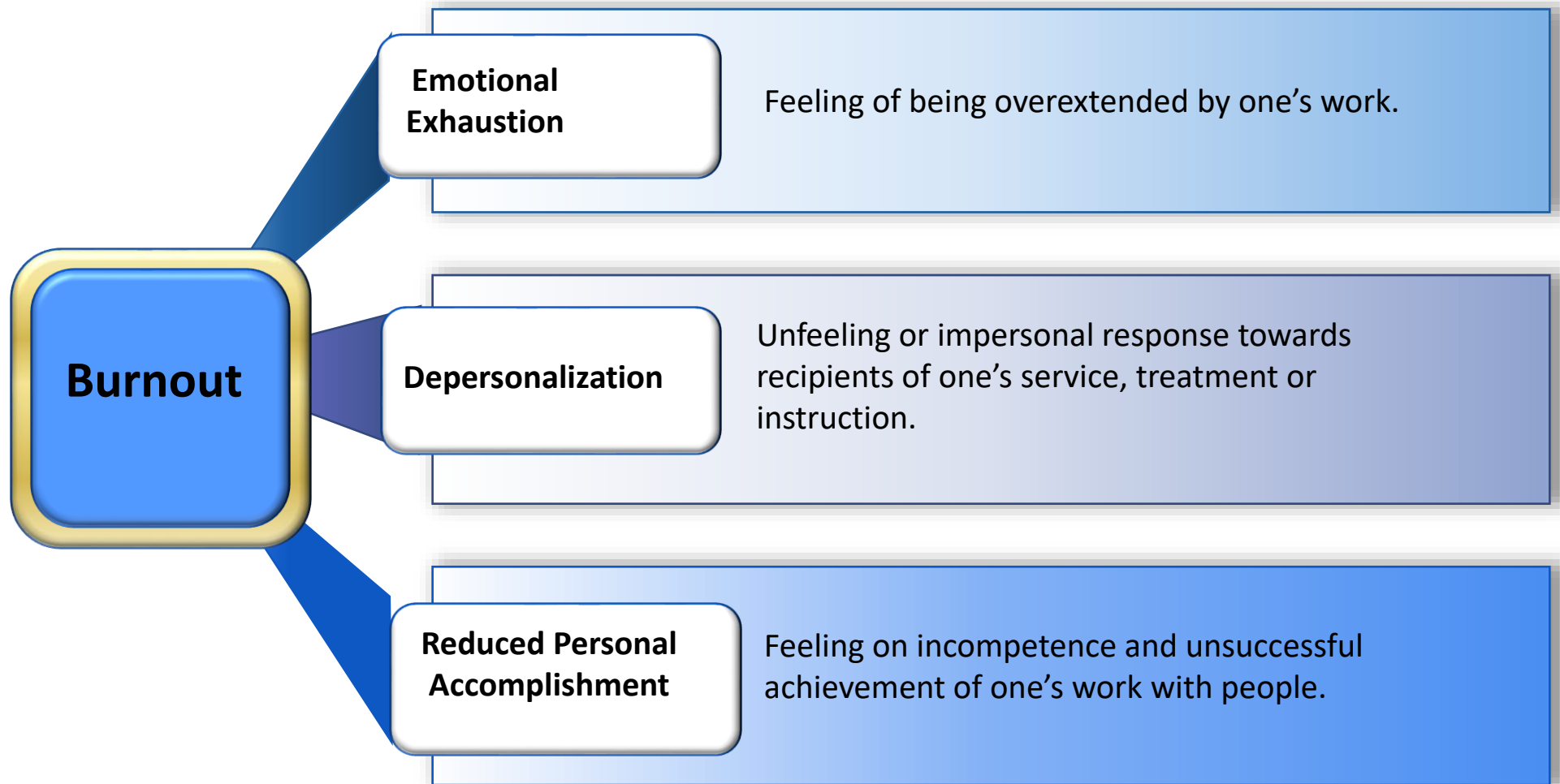
- Difficulty sleeping
- Gastrointestinal issues
- Headaches
- Chest pain

Behavioral Symptoms

- Increased risk - taking behaviors
- Reduced ability to support your team
- Abuse of substances



Job Related Burnout



What is Compassion Fatigue

Compassion fatigue is medically defined as “cynicism, emotional exhaustion, or self-centeredness occurring in a health care professional previously dedicated to his or her work and clients.”

Compassion fatigue is a type of burnout that impacts the emotional connection nurses have with their patients and causes them to disengage.

(1) Venes D, ed. Taber's Cyclopedic Medical Dictionary. 23rd ed Philadelphia, PA: F.A. Davis; 2013:526,902,1147-1148, 1740. [Google Scholar]

(2) Perez-Bret E, Altisent R, Rocafort J. Definition of compassion in healthcare: a systematic literature review. Int J Palliat Nurs. 2016 Dec;22(12):599-606. doi: 10.12968/ijpn.2016.22.12.599. PMID: 27992278.,



Symptoms of Compassion Fatigue

| Emotional | Intellectual | Physical | Social | Spiritual | Work |
|--|--|---|--|---|---|
| <ul style="list-style-type: none">• Anger• Apathy• Breakdown• Cynicism• Desensitization• Discouragement• Dreams, flashbacks, preoccupation (r/t patient experiences)• Feelings of being overwhelmed• Attitude of hopelessness• Irritability• Lessened enthusiasm• Sarcasm | <ul style="list-style-type: none">• Boredom• Concentration impairment• Disorderliness• Weakened attention to detail | <ul style="list-style-type: none">• Increased somatic complaints• Lack of energy• Loss of endurance• Loss of strength• Proneness to accidents• Weariness, sense of fatigue, exhaustion | <ul style="list-style-type: none">• Callousness• Feelings of alienation, estrangement, isolation• Inability to share in or alleviate suffering• Indifference• Loss of interest in activities once enjoyed• Unresponsiveness• Withdrawal from family or friends | <ul style="list-style-type: none">• Decrease in discernment• Disinterest in introspection• Lack of spiritual awareness• Poor judgment r/t existential issues | <ul style="list-style-type: none">• Absenteeism• Avoidance of intense patient situations• Desire to quit• Diminished performance ability• Stereotypical/impersonal communications• Tardiness |



The Prevalence of Compassion Fatigue

- A systematic review and meta-analysis of over 74 studies consisting of 28,509 nurses worldwide from 11 countries concluded that 33% of nurses suffered from compassion fatigue.

<https://www.sciencedirect.com/science/article/abs/pii/S0020748921001188?via%3Dihub>



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Compassion Fatigue vs. Burnout

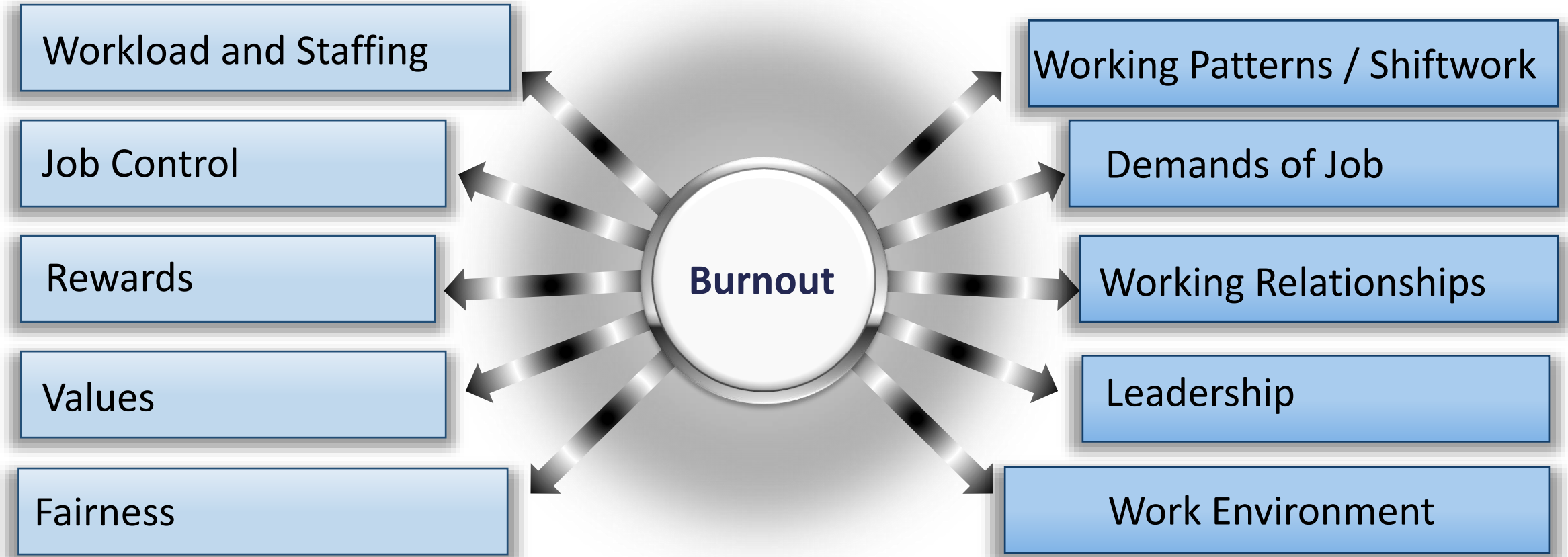
Compassion Fatigue

- Relational: consequences of caring for those who are suffering
- Rapid onset
- Continued endurance or 'giving' results in an imbalance of empathy and objectivity; may ultimately leave position

Burnout

- Reactional: response to work or environmental stressors
- Occurs gradually, over time
- Decreased empathic responses, withdrawal; may leave position or transfer

Risk Factors Associated with Burnout among Nurses



From: Prevalence of and Factors Associated With Nurse Burnout in the US

JAMA Netw Open. 2021;4(2):e2036469. doi:10.1001/jamanetworkopen.2020.36469

A Reasons for leaving job



B Reasons for considering leaving job



Overlap of Work Reasons for Nurses Who Left or Considered Leaving Their Jobs Owing to Burnout

Data are from the 2018 National Sample Survey of Registered Nurses.



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Risk Factors - Workload and Staffing

- High workloads
- Low staffing levels or inadequate staffing
- Higher patient to nurse ratio
- Time pressures
- Lower RN hours per patient day related to burnout



Risk Factors - Working Patterns and Shiftwork

- Night shift
- Irregular shifts
- Working higher number of shifts
- Working overtime
- Working long shifts (≥ 12 hours)
- No flexibility in scheduling
- < 8 days off per month



Risk Factors - Job Control

- Low job control (low scores in all subscales)
 - Predicted EE for nurses working day shift
- Low schedule flexibility
- Time pressures
- Job insecurity
- Mandatory overtime
- Not being able to schedule time off when needed



Risk Factors – Values and Fairness

Values congruence refers to a match between the requirements of the job and people's personal principles

- Values conflicts related to burnout
- Nurses with high value congruence reported lower Emotional Exhaustion
- Nurses with a low value congruence experienced more severe Depersonalization

Two studies considered social capital, defined as a social structure that benefits its members including trust, reciprocity, and a set of shared values, and found that:

- Lower social capital in the hospital predicted Emotional Exhaustion



Risk Factors - Psychological Demands and Job Complexity

- High psychological demands
- Low task variety
- Administrative tasks

Patient Characteristics

- Suffering or having multiple requirements
- Dying patients
- Decisions regarding foregoing life sustaining measures
- Stress resulting from patient care
- Patient violence
- Conflicts with patients



Risk Factors - Working Relationships

- Role conflicts
- Autonomy  Trust
- Role ambiguity
- Negative relationship with physicians
- Negative team relationships
- Team collaboration problems
- Bullying



Risk Factors - Leadership

- Leaders who lack authenticity
- Poor leadership
- Lack of support from leaders and supervisors
- Low trust in the leader
- Low autonomy
- Limited decision making



Risk Factors - Work Environment and Characteristics of the Setting

- Unsafe working environments
- Workplace violence
- Incivility
- Lack of participation in policy making
- Lack of organization support
- Lack of trust in organization leadership



Additional Factors Contributing to Nurse Burnout in Correctional Setting

- Ethical dilemmas
- Moral Distress
- Limited ability to Advocate for Patient's Rights
- Being the "Scapegoat"
- Patients feigning symptoms
- Limited support from managers and supervisors
- Inappropriate sexual comments / actions
- Not feeling "safe" when performing nursing duties
- Lack of appropriate material resources
- Archaic work settings
- Not made to feel "welcomed"
- Politics
- Multiple vendors that don't always work well together



Individual Characteristics Contributing to Burnout

- Family issues
- High work-life interference
- Younger nurses
- Not having a Bachelors degree
- Ethical dilemmas
- History of depression
- Poor history of managing stress



The Effects of Burnout



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Effect of burnout on the Nurse

- Frustration and irritation with coworkers and clients
- Becoming cynical
- Difficulty concentrating and/or completing tasks
- Delivering poor patient care
- New or worsening symptoms of depression and anxiety
- Sleep problems
- Physical symptoms like headaches, chest pain and stomach
- Increase in the number of nurses leaving the profession
- Poor Job performance



Suicide and Nurses

Suicide is when people harm themselves with the goal of ending their life, and they die as a result.

According to the 2005-2016 National Violent Death Reporting System dataset from the Centers for Disease Control:

| Suicide Rate | |
|------------------------------|----------------|
| Female in General Population | 7 per 100,000 |
| Female Nurses | 10 per 100,000 |
| Males in general population | 27 per 100,000 |
| Male Nurses | 33 per 100,000 |

Suicide and Nurses

A study conducted by the University of California San Diego School of Medicine and UC San Diego Health found that:

- Male and female nurses are at higher risk of suicide than the general population
- Nurses are four times more likely to commit suicide than people working outside of medicine
- Male and female nurses are at higher risk of suicide than the general population

An assessment conducted by The American Nurses Foundation found that 35% of 22,316 nurses surveyed reported experiencing feelings of depression in the last 14 days

<https://health.ucsd.edu/news/releases/Pages/2020-02-03-national-study-confirms-nurses-at-higher-risk-of-suicide.aspx>



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Suicide and Nurses – Risk Factors

- Exposure to repeated trauma
- Scheduling long, consecutive shifts
- Repeated requests for overtime
- Workplace violence, incivility, and bullying
- Inadequate self-care
- Isolation from family and friends
- Fearing for one's safety or the safety of loved ones
- Financial stressors
- Access to and knowledge of lethal substances
- Constant, high workplace stress
- Loneliness after relocation, transfer, or new job
- Issues with management
- Work/life role conflict
- Feeling unsupported in the role
- Feeling like you don't belong
- Feeling unprepared for the role
- Fear of harming a patient
- Being evaluated for substance use disorder
- Depression



Effects of Burnout on the Organization

- Increased turnover rate and report of intentions to leave
- Increased absenteeism (mostly related to needing a mental health break)
- Not meeting quality goals
- Poor quality of care delivered to patients
 - Negative patient safety climate
 - Higher rates of adverse events
 - Increase in medication errors
 - Nurses less likely to report errors and near misses and adverse events
 - Increase in infections
 - Increase in patient falls
 - Poor patient satisfaction reports
 - Increase in patient and family complaints



Effects of Burnout on the Patient

Poor quality of care delivered to patients

- Negative patient safety climate
- Higher rates of adverse events
- Increase risk for errors
- Increase risk of infections
- Increase in patient falls
- Patient and family verbal abuse



What can Organization Do to Decrease the Risk of Nurse Burnout



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Create a Healthy Work Culture

- Avoid having to work in “crisis mode” for prolonged periods
- Assign manageable caseloads
 - Consider patient acuity
 - Consider RN to LPN ratios
- Set limits on number of consecutive hours a nurse can work
- Consider shifts less than 12 hours
- Flexible scheduling when possible
- Encourage use of paid time off
- Discourage contacting staff on their days off
- Avoid use of “mandatory” overtime
- Ensure that nurses are “competent” to work in assigned areas



Prioritize Mental Health Care for Nurses

- Frequent check-ins with nurses who work “psychologically” demanding units or with psychologically demanding patients
 - Hospice
 - Psych Units
 - ICU
 - Emergency units
 - Medical Surgical
- Provide an avenue whereby nurses can talk about traumatic events occurring on the job
- Provide avenues whereby nurses can “confidentially” voice concerns
- Provides avenues whereby nurses can receive **confidential** mental health assistance as needed
- Provide a system whereby traumatic and stressful events are identified and offer support as needed (HR, Nurse Leaders)



Give Nurses a “Voice” within the Organization

- Input into policy changes
- Listen to feedback from nurses on opportunities for improvement



Be Fair

- Review workloads and expectations frequently
- Ensure that staff have the resources necessary to meet job requirements
- Adopt a fair compensation plan
- Reward nurses according to their contributions



Foster Professional Growth

- Provide mentorship and support for new nurses
- Consider the nurses' level of competency when making assignments
- Cross train and encourage skills development
- Create avenues for growth and promotions within the organization
- Provide leadership development trainings for new nurse leaders
- Teach nurses how to deal with difficult patients



Nurse Leaders

- Provide ongoing leadership training to new nurse leaders
- Authentic leadership
- Leader empowering behavior
- Transformational Leadership
- Task variety
- Autonomy - Decision latitude
- Workplace support from leaders and peers
- Provided the necessary resources to accomplish job requirements (human, material and time)



Support Effective Working Relationships

Be clear on roles and responsibilities

Provide supportive mentorship to new nurses

Identify conflicts in the nurses roles / responsibilities

Foster effective working relationships:

- Positive relationships with physicians
 - Be fair in addressing conflicts
- Mentoring and support for new nurses
- Support from the leader
- Positive leadership style
- Team collaboration
 - Address conflicts and negative team relationships
- Zero tolerance for bullying
- Teach nurses how to deal with difficult patients (people)



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To decrease risk of burnout; nurses should:

- Work-life Balance
 - Take time away from work
 - Leave work at work
- Work in an area that aligns with your values
- Discuss moral and ethical dilemmas with your Supervisor
- Practice good financial management
- Seek mental health care as needed
- Recognize the signs of burnout (yourself and coworkers)
- Recognize when it's time to depart from your job



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. This sort of denial is no small matter (Figney,C).

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Thank You Joining



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