

# Stress, Boundaries & Burnout in Haematology Care

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# Occupational Risks For Health Care workers

- Psychological
  - Stress
  - Burnout

Increasingly recognised and documented

Study workers along side identified victims

# Workplace Stress

- Stress occurs when: imbalance between the perceived demands of a given situation and our perceived resources to deal with these demands

i.e.  $\text{Demands} > \text{Resources} = \text{Stress}$

or

$\text{Demands} < \text{Resources} = \text{Stress}$

There is an optimal level of pressure/stress denoted by a healthy tension between feeling relaxed and energised

# Current Research on Staff Stress

- Documented high incidence of burnout and / or clinically significant anxiety or depression
- Approximately 40%

# Impact of patient-work on nursing staff

- Complex problems
- Very upsetting situations

# Impact of diagnosis on patients

- Uncertainty re future
- Meaning of what's happened
- Loss of control
- Loss of independence
- Helpless
- Fear
- Death

# Impact on patients - impacts on close carers

- Uncertainty re future
- Meaning of what's happened
- Loss of control
- Loss of independence
- Helpless
- Fear
- Death

# Patient variables?

Prognosis - mortality

- Sick
- Side-effects of treatment (disfigurement, fertility)
- Younger patients

# Variety of Patient Responses



# Anger and scape-goating



# The “Difficult Patient”

- Premorbid interaction style
- Long standing relationship difficulties
- Staff may become angry and unempathic

# The “Special Patient”

- Arouses deep involvement in the caregivers
- May be special for the team or one individual
- Can result in: over-involvement, impaired judgement, inter-staff disagreement and undigested grief

# Patients as a Stressor

Requires steadfastness of personal  
behaviour demanding much strength and  
maturity

*Lederburg, 1998*

# Variety of Staff Responses



# Underlying Principle

Not the situation that causes the problem

**BUT**

The way in which the person thinks and acts in that situation

# What is Burnout?

The background is a solid blue gradient. A thin, light blue curved line starts from the top left and arcs towards the center. On the right side, there is a dark blue, curved shape that resembles a corner or a slice of a circle, creating a layered effect.

# Burnout

- “Burnout Syndrome” – Freudenberg, 1974  
“...mental and physical exhaustion resulting from the stress of working with high demand populations”
- Maslach (1976) “a loss of interest and care for service users and consequently the development of a relationship characterised by detachment and coldness in staff working in the helping professions”

# Burnout 2

Maslach (1982)

Modified to include three components-

1. Emotional exhaustion
2. Depersonalisation
3. Lack of personal accomplishment

# Emotional Exhaustion

- The feeling of being emotionally drained and overburdened by work.
- Emotional resources are perceived as depleted and workers feel that they are no longer able to give of themselves at an emotional level

# Depersonalisation

- Characterised by negative feeling towards and cynical attitudes about clients.
- Workers tend to distance themselves from others treating clients in a dehumanising manner perceiving them as somehow deserving their troubles

# Lack of Personal Accomplishment

- The staff member feels unsatisfied about their accomplishments and evaluate themselves negatively

# Leiter and Maslack (1988)

- Burnout begins with an overwhelming work demand, which emotionally drains the person thereby forming a depersonalising emotional buffer between the professional and client, concluding in feelings of inadequacy

# Stress & Burnout

- Stress, in and of itself, does not cause burnout.
  - People can flourish in stressful, demanding careers if they feel valuable and appreciated, and that their work has significance
  - Stress can lead to burnout when people feel that their work has lost its meaning and stress continuously outweighs support and rewards.
  - Burnout can challenge the person's ability to provide effective services and maintain personal and professional relationships.

# Working in a Caring Profession

- Health care professionals generally have especially great empathy to the suffering of others.
- Emotional, personal and interpersonal challenges as well as intellectual and physical demands.
- Asymmetrical nature of relationships  
You need: I provide
  - People
  - Intense emotional situations

# Caring for in the caring professions

The danger of burnout and emotional exhaustion for health care workers results from the constant demand to give emotionally on a job, where the flow of emotional supplies goes only one way.....

# Consequences of Burnout

- Physical symptoms
- Cognitive symptoms – distortions in our thinking.
- Emotional exhaustion
- Interpersonal symptoms
- Depersonalisation and cynicism – negative, callous or exceedingly detached responses to various aspects of the job. (Maslach, 2001).
- Feelings of reduced personal accomplishment.
- Work-related symptoms

# Maintain boundaries

- Professional friendship
- Neutral stance
- No assumptions; surprise
- Share responsibilities
  - With patient
  - With colleague
- Not have all answers

# Staff

- Personal issues
- Previous experience cancer
- Previous experience similar patients
- Family history
- Identification with patients

Colour our interactions with patients

May increase burden of care for carers

# Staff

- Ability to stand back from situation
- Try to disconnect own personal emotional response
- Assess what is actually happening in the “difficult”, “special” situations

# Boundaries!

- Maintain distance
- Keep therapeutic environment safe for staff and patient
- None of own “baggage” to contaminate interaction eg own views; attitudes
- Make clear it is professional relationship not personal friendship

# Boundaries

- Prevents setting expectations you cannot meet
- May make it easier for patient to disclose difficult information

# Be aware of Dangers and Impact

- Over-involvement, Over-identification
- “Special” patients, “special” relationships
  
- Effect on patient
- Effect on staff member
- Effect on staff team
- Effect on other patients “less special”

# Psychotherapeutic considerations

- Own motivation
  - Desire to please, to succeed... “you’re the only one; you’re easy to talk to...”
- Own education/supervision
- Share care, get advice, input from others

# Intrapersonal Coping Strategies

- Recognise the challenges and strains of work – recognise your needs as legitimate
- Become aware of your own particular stressors
- Mind yourself
  
- Managing your personal work environment
- Change patient-centered orientation to “detached concern”
- Balance between work and personal life.

# Social Support Systems

- Different functions of social support systems:
  - Listening, technical support, technical challenge, emotional support, emotional challenge and providing of social reality.
  - Very important to learn to discriminate between the different social support functions.
  - Working on a team where communication is open and there is space for every team member to feel supported.

# Compassion Satisfaction

- Compassion satisfaction plays a vital role in working in the human services
- Return your focus to the positive – for yourself and others. Recognise what you and others have done well
- See change as a challenge
- Establishing a sense of control
- Remember your original motivating factors