

System Drivers of Compassion Fatigue

Section 4



INTRODUCTION

As we have discovered in the previous sections of this toolkit, the goal of compassion resilience can be reached with the application of personal skills and perspectives combined with organizational policies and practices. In this section we will focus on the systemic factors that can negatively impact our compassion resilience and explore our response and potential role in making positive change.

We all work in imperfect systems. When we look outside of our own system to those that we rely on to provide for the health and well-being of the people we serve, we find more imperfection. The first step in lessening the negative impact of the systems in which we live and work is naming what it is about the systems that contributes to our compassion fatigue. The second step is to discover which items on that list we can change, which ones leadership can and will address, and which ones we would best be served by letting go.



INFORMATION

[Distribute this document to all participants to explore prior to the following application activities.](#)



APPLICATIONS

Key Activity

[What Can I Control? Activity Write-Up](#)

[Toolkit Facilitators and Leadership Team, Please Review Prior to Implementing](#)

The following is a review of system factors that lead to compassion fatigue and those that are protective. Keep these factors in mind as you facilitate the combined staff and leadership activity, What Can I Control?, and if you are on the leadership team, use this information to prepare and respond to the activity.

[What Can I Control \(Demo Video\)](#)

Watch Sue McKenzie Dicks walk through the What Can I Control? activity with a group of staff. This video only includes Sue leading the Drivers of Fatigue portion of the activity. If you lead this activity, we encourage you to also include the Drivers of Resilience portion of the activity outlined in the circle agenda and activity directions below.

Wellness Practice

SPIRIT: Humor and Core Values

Reflect on what are you doing when you feel most alive – most like yourself? The majority of people when asked this question do not immediately go to a situation at work, but rather a place outside of work where they feel most alive. If that's the case for you, when is a time at work when you feel most alive?

When you go home from your workday, do you have a tendency to share what happened in your day that left you feeling most alive or what was most draining? Our bodies experience the stress we relive in our conversation to some degree as if we were experiencing it again. Sharing the hard parts of our day may be needed to be understood and validated. We can become aware of when it moves from helpful to hurtful. We have a choice about how much time and on what we focus when talking about our work. One practice to play with is to include what made you feel most alive in your day as you talk with friends and family.



Circle Agenda
[Staff Circle Agenda, Section Four](#)

Core Content Visual
[System Drivers – Use this Visual and Display in Staff Break Areas](#)

Posting this visual in common staff areas will serve as a reminder of content covered to staff and perhaps serve as a future conversation started for deeper reflection among staff members.



For links specifically for leadership and additional resources, please visit the Toolkit online.

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We all work in imperfect systems. When we look outside of our own system to those that we rely on to provide for the health and well-being of the people we serve, we find more imperfection. The first step in lessening the negative impact of the systems in which we live and work is naming what it is about the systems that contributes to our compassion fatigue. The second step is to discover which items on that list we can change, which ones leadership can and will address, and which ones we cannot control for now and can drain our energy if they are too great a focus in our conversations.

SELF-CARE



STRATEGIES

SPiRiT: Humor and Core Values

Reflect on what are you doing when you feel most alive – most like yourself?

The majority of people when asked this question do not immediately go to a situation at work, but rather a place outside of work where they feel most alive. If that's the case for you, when is a time at work when you feel most alive?

When you go home from your workday, do you have a tendency to share what happened in your day that left you feeling most alive or what was most draining? Our bodies experience the stress we relive in our conversation to some degree as if we were experiencing it again. Sharing the hard parts of our day may be needed to be understood and validated. We can become aware of when it moves from helpful to hurtful. We have a choice about how much time and on what we focus when talking about our work. One practice to play with is to include what made you feel most alive in your day as you talk with friends and family.

Chances are you came into a helping profession because you had a desire to make an impact on the world, or at least the person in front of you. In this [short video](#) by Kid President we can be inspired to connect back to that desire to make a change and enjoy some humor... both strategies to build compassion resilience.

[Self-care strategy MIND: Mindful compassion and self-compassion through hand movements](#)



WHAT'S NEXT

Expectations from Self and Others

Developed in partnership with:



compassionresiliencetoolkit.org

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Leadership and Staff Activity

What Can I Control?



1. You can do this activity with a large group up to 30 people or divide into smaller groups. Prepare a large space for individuals to come forward to write their ideas for others to see. Have multiple markers ready for simultaneous writing. Divide the space in half and write Drivers of Fatigue at the top of the first half.
2. Share with the group: Identifying drivers of fatigue can broaden our self-awareness of what we CAN do and identifying drivers of resilience can do the same. The questions in this exercise may raise ideas that you at first feel uncomfortable sharing. You might ask yourself if you can trust the group and leaders to consider your thoughts without judgment. You may hear ideas from your colleagues that you do not understand. Participating in conversations of this type may feel vulnerable to some. Please approach this activity with openness to learn your colleagues' perspectives and share what feels right for you to share. I ask that you consider leaning into discomfort in order to have the conversation this team needs to have.
3. Invite staff and leaders to brainstorm on the first half of the space: Think about all you do in your work and the systems in which we work, the ones serving patients/clients and families and the larger systems responsible for setting local, state, and national policies. What about your work and the systems within which you work have a negative impact on your ability to do your job with compassion?
4. If in-person, give participants markers to write their ideas on flip-chart paper. Use more than one paper so they can write simultaneously which keeps a bit of anonymity in the process. If virtual, use a google doc or other online brainstorming tool.
5. Suggest that the board will be pretty full by the time they are out of ideas. Facilitators may suggest examples to get the group going or to help the group continue when they seem stuck. Be sure to use some examples related to inclusion and equity such as: a driver of fatigue – feeling like your opinions and experiences are not sought out when decisions are made or lack of acknowledgment of my identity such as using my pronouns or pronouncing my name correctly. An example of a driver of resilience related to equity might be acknowledging the diversity of our team and patients/clients when we celebrate holidays and important historical events from various cultures.
6. Next write Drivers of Resilience at the top of the other half of the space and ask the group, what about your work and the systems you work in have a positive impact on your ability to do your work with resilience? Have the group write their responses on the shared brainstorm space.
7. Once the writing area is pretty full and the ideas have slowed, read out each item one-by-one and ask the group to identify if:
 - a. They have little to no control over the item (strike through these items).
 - b. They have some level of control over it (circle it).
 - c. They believe that leadership could have some control over the item (mark with a large L).

Do not worry if some have more than one such as, I have some control and my leadership team has some control. Mark those items both ways. Allow people to discuss their ideas on which best fits. Suggest that they think of control in a time frame such as in the next two years. For example, I can vote for another candidate in a few years yet the change I want to see will not likely come in the next few years. If there is disagreement, ask them to use dotted lines to cross out or circle.

Once the list is sorted as described in #3, suggest that the group look at those items that they have identified as not being able to control. Ask them to assess the percent of time when they come together as a team that they typically spend talking about these items. Too much? Not enough? What seems like the right percentage of time to allow for validation of the reality, but not too much to waste time? Then ask what they could do to remind each other to avoid giving time to that which they cannot control? One idea is to have a signal that colleagues give each other when they start into circular conversations about things that will not change in the near future.

Leadership and Staff Activity *(continued)*

8. Next, look at the list that the group thought leadership might be able to control. Ask the leaders in the room if they would commit to looking at the list in the near future and get back to the staff with:
 - a. What they will spend time on in the next year or two.
 - b. What they want more information on from the staff.
 - c. What they will not address in the next year or two.

The Leadership team should be prepared to discuss items the staff designated to “leadership control” and report back to the staff which items the team would be exploring this year or next and which items would not change in the near future. Consider the three-tiered approach described in the information area of this section. Reporting plans back to the staff allows the staff to add the items the leadership team will not address to their “cannot control” list. It is most helpful to express willingness to look at those items in the future unless there is no possibility of change. Let the staff know that progress on the items the team has chosen to address will be shared throughout the year.

9. Ask the group to discuss in pairs, the steps they would like to take this year in one or two areas that they identified as under their control.
10. Close the activity by letting the group know that the next section will look at expectations that we have of ourselves and others have of us. Suggest that clarifying expectations is an important aspect of letting go and exercising our control. In addition, the content of the Mind section will address growing our self-awareness and challenging our thoughts. Again, these are skills that support our ability to let go of what we cannot control to avoid the weight of those things dragging on our effectiveness and compassion. [Do this hand gesture exercise.](#)

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For Toolkit Facilitators and Leadership:

Health care providers are at risk for compassion fatigue through their continued exposure to the suffering and trauma of their clients as well as to burnout due to the organizational stress that exists within the health care system. The effects of stress and trauma exposure are increasingly viewed as an 'occupational hazard' in the field of health care. Research on the topic shows that nearly 60% of physicians surveyed report symptoms of burnout,¹ and 33% of new registered nurses seek another job within the first year.² In studies of mental health providers (from psychiatrists to social workers to case managers), between 21-67% experience high levels of burnout, including high emotional exhaustion and depersonalization,³ with worse rates for those working in community-based settings.



It is clear that the health care profession is ripe with both inherent and external rewards and stresses. Both types of stresses can lead to compassion fatigue whereas the rewards can serve to protect against compassion fatigue. Research, however, posits that external, system factors play a bigger role in provider well-being and compassion fatigue than internal factors. So much so that when external, system factors become so overwhelming, it is not enough to tell individuals to simply become more resilient. It is, therefore, imperative for us, but particularly for leaders, to distinguish between inherent and external stresses and address them accordingly. The key is to balance these stresses and rewards.⁴

The following is a review of the rewards and stresses that are inherent in caring for clients as well as external to caregiving. Keep these in mind as you engage in the upcoming staff activity, What Can I Control?

Inherent Rewards & Stresses: The very nature of providing care to others who may be suffering is simultaneously satisfying and draining. It is a source of both rewards and stresses which are inextricably connected, meaning you cannot remove one without changing the nature of the provider role.

External Rewards & Stresses: These rewards and stresses arise outside of providing care for clients, are not connected to some reward with a deeper meaning, and make many providers say "I did not sign up for this." Much of this type of stress is related to the financial and regulatory aspects of health care, such as documentation and electronic medical records, as well as poor management and teamwork, a toxic culture, and disruptive peer behavior.

¹ Shanafelt T., Hasan O., Dyrbye L., et al. (2015). Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clinic Proceedings*, 90(12), 1600-1613.

² Lucian Leape Institute. (2013). *Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care*. Boston, MA: National Patient Safety Foundation.

³ Morse, G., Salyers, M., Rollins, A., Monroe-Devita, M., and Pfahler, C. (2012). Burnout in mental health services: A review of the problem and its remediation. *Adm Policy Ment Health*, 39(5), 341-352.

⁴ Mylod, D. (2017). [One way to prevent physician burnout](#). *Harvard Business Review*.

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Take a moment to think about the inherent and external rewards and stresses in your work. The table below (from Mylod, 2017) lists some common sources of rewards and stresses within the health care field. Consider which are present in your work and whether the related statements resonate with you.

- Is there a balance of stresses and rewards that are either inherent to the experience of caring for clients or external to it, arising from the work environment?
- Knowing that inherent rewards and stresses are intertwined, how could the inherent rewards in your work be amplified? How might the impact of inherent stresses be reduced?
- If you disagreed with any of the statements, what could be changed in your work environment to allow you to agree. Imagine (with as much detail as possible) what that environment would look like? Would you interact with colleagues differently? Would your day-to-day be changed?

INHERENT		
	Sources of reward and stress	Sample diagnostic statements (Agreement indicates reward; disagreement indicates stress)
Reward	<ul style="list-style-type: none"> • Satisfying challenges • Ability to impact lives • Sense of meaning & purpose • Being appreciated 	<ul style="list-style-type: none"> • I like the work that I do. • My work gives me a sense of accomplishment. • The work I do makes a real difference • The amount of job stress I feel is reasonable.
Stress	<ul style="list-style-type: none"> • Clinical complexity • High-stakes pressure • Limitation of medicine/care • Bearing witness to suffering 	

EXTERNAL		
	Sources of reward and stress	Sample diagnostic statements (Agreement indicates reward; disagreement indicates stress)
Reward	<ul style="list-style-type: none"> • Good pay and benefits • Privileges of seniority • Healthy culture and teams • Supportive management • Effective leadership 	<p>JOB/WORK</p> <ul style="list-style-type: none"> • My work unit is adequately staffed • I'm satisfied with the electronic health record (or other documentation) system • I have adequate input into decisions that affect how I practice

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EXTERNAL		
	Sources of reward and stress	Sample diagnostic statements (Agreement indicates reward; disagreement indicates stress)
Stress	<ul style="list-style-type: none"> • Unsafe environments • Lack of resources • Excessive policies and procedures • Administrative burdens • Dysfunctional culture and teams • Poor management • Weak leadership 	<p>COLLEAGUES/PEERS</p> <ul style="list-style-type: none"> • Members of my work unit work well together • Teamwork between colleagues in different roles (e.g., physicians and nurses) is effective <p>MANAGEMENT & LEADERSHIP</p> <ul style="list-style-type: none"> • The person I report to treats me with respect • I have confidence in senior management's leadership

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Staff Support



Circle Agenda

Circle Topic	CR Section 4: System Drivers of Compassion Fatigue
<p>Planning</p>	<p>Send the introduction document from Section 4 in the online toolkit at least 4 days prior to the circle to all participants.</p> <p>Hold a meeting with leadership to prepare for this section and invite the leader(s) to consider the following:</p> <ol style="list-style-type: none"> 1. This section will begin with a brainstorm on what is driving staff fatigue and resilience. If you are participating, avoid defensiveness and share your own drivers of fatigue and resilience, resist the temptation to correct perceptions brought forward by staff. As the activity unfolds you will see that it asks staff to consider both what they can control and what they look to you as a leader to control. One goal is to increase an internal locus of control mindset to promote shared accountability for the culture. 2. The Leadership team should be prepared to discuss items the staff designated to “leadership control” after the session and report back to the staff which items leadership is or will be exploring this year or next and which items would likely not change in the next two years. Some items you may want to ask for clarification from staff or engagement of a team to address. Reporting plans back to the staff allows the staff to add the items the leadership team will not address to their “cannot control” list. It is most helpful to validate the need to look at those items in the future, once other priorities are met, unless there is no possibility of change. Let the staff know that you will share progress on the items the team has chosen to address will be shared throughout the year. 3. For the full leadership preparation document, please visit this page.
<p>Purpose of Circle/ Learning Objectives</p>	<p>We are learning to name things about the system we work in that are contributing to our compassion fatigue and which items we have control over and have the opportunity to spend energy addressing.</p>

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Circle Topic	CR Section 4: System Drivers of Compassion Fatigue
Materials/ Preparation/Time	<p>Time: 45-50 minutes</p> <p>Materials:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Circle kit <input type="checkbox"/> Values and shared agreements created in first session <input type="checkbox"/> Markers and flipchart paper <p>Set-up: Up to 15 chairs arranged in a circle without furniture in the middle.</p> <p>To consider: Understanding Your Social Location as a Facilitator – Active Bystander Intervention: Training and Facilitation Guide</p>
Welcome/Check-In (5 minutes)	<p><i>“Incredible change happens in your life when you decide to take control of what you do have power over instead of craving control over what you don’t.” – Steve Marboli</i></p> <p>(Go-around) What is something from your childhood that as a child you wished you had control over that now as an adult you do?</p>
Grounding/Wellness Practice (5 minutes)	<p>(Pair Share) What are you doing when you feel most alive – most like yourself?</p> <p>After 2 minutes, bring the group back and discuss these points:</p> <ul style="list-style-type: none"> • Raise your hand if you shared a situation of being at work (most will not). • Think about what that means for how well we know our colleagues. • Think of when you feel most alive at work. • When you go home from your workday, do you have a tendency to share what happened in your day that left you feeling most alive or what was most draining? • Our bodies experience the stress we relive in our conversations to some degree as if we were experiencing it again. Sharing the hard parts of our day may be needed to be understood and validated. We can become aware of when it moves from helpful to hurtful. We have a choice about how much time and on what we focus when talking about our work. One practice to play with is to include what made you feel most alive in your day as you talk with friends and family. <p>If you would like to consider a different grounding practice, please review the mindfulness appendix for additional suggestions).</p>
Review (5 minutes)	<p>Share: We have looked at what compassion in action looks like, some of the challenges we face in those steps (such as engaging people in deciding their next best steps based on their strengths and available resources), and how fatigue develops through the cats cycle. Today we will look one more time at fatigue to gain some insights into the drivers of fatigue that are specific to this team as well as what drives resilience.</p>

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Circle Topic	CR Section 4: System Drivers of Compassion Fatigue
Guiding Questions (20 minutes)	<p>What Can I Control Activity</p> <p>Explain: Identifying drivers of fatigue can broaden our self-awareness of what we CAN do and identifying drivers of resilience can do the same. The questions in this exercise may raise ideas that you at first feel uncomfortable sharing. You might ask yourself if you can trust the group and leaders to consider your thoughts without judgment. You may hear ideas from your colleagues that you do not understand. Participating in conversations of this type may feel vulnerable to some. Please approach this activity with openness to learn your colleagues' perspectives and share what feels right for you to share. I ask that you consider leaning into discomfort in order to have the conversation this team needs to have.</p> <ol style="list-style-type: none">1. (Go-around) Think about all you do in your work and the systems in which we work, the ones serving youth and families and the larger systems responsible for setting local, state and national policies. What about your work and the systems within which you work have a negative impact on your ability to do your work with compassion?2. If in-person, give participants markers to write their ideas on flip-chart paper. Use more than one paper so they can write simultaneously which keeps a bit of anonymity in the process. If virtual, use a google doc or other online brainstorming tool.3. Facilitators suggest examples to get the group going or to help the group continue when they seem stuck. Be sure to use some examples related to inclusion and equity such as: a driver of fatigue – feeling like your opinions and experiences are not sought out when decisions are made or lack of acknowledgment of my identity such as using my pronouns or pronouncing my name correctly. An example of a driver of resilience related to equity might be acknowledging the diversity of our team and patients/clients when we celebrate holidays and important historical events from various cultures.4. Re-do step 1, but ask (Go-around) What about your work and the systems you work in have a positive impact on your ability to do your work with resilience?5. Once the two lists have been created explain that each item will be read aloud. Participants can show with their hands if they feel the item is: closed fist – one they feel they have no control over or open hand – could have some control over it. When they look to leadership of their organization to have some control over the item read, use their other hand to make an L for leadership. Explain that control should be something that could be accomplished in the next two years (i.e., I can vote for a new candidate in the next election, but their policies would not take affect for multiple years.) If a majority of participants give the item a fist – strike through it, an open hand – circle it, L – mark it with a large L. Allow there to be some discussion if people have more than one idea for the same item and items can be marked with dotted lines when there is variance. You can vote for control or no control from your perspective AND L for your thoughts on leadership control.6. Another approach to this activity is giving everyone a marker and asking them to write on the flipcharts directly.7. Ask administration if they would be willing to look at the items with which participants felt leadership has some control over and would commit to looking at the list and reporting back to the circle if any of the items are things leadership will spend time on in the next 1-2 years, which items they would like more staff feedback on and which items they will not be addressing in the next couple of years.

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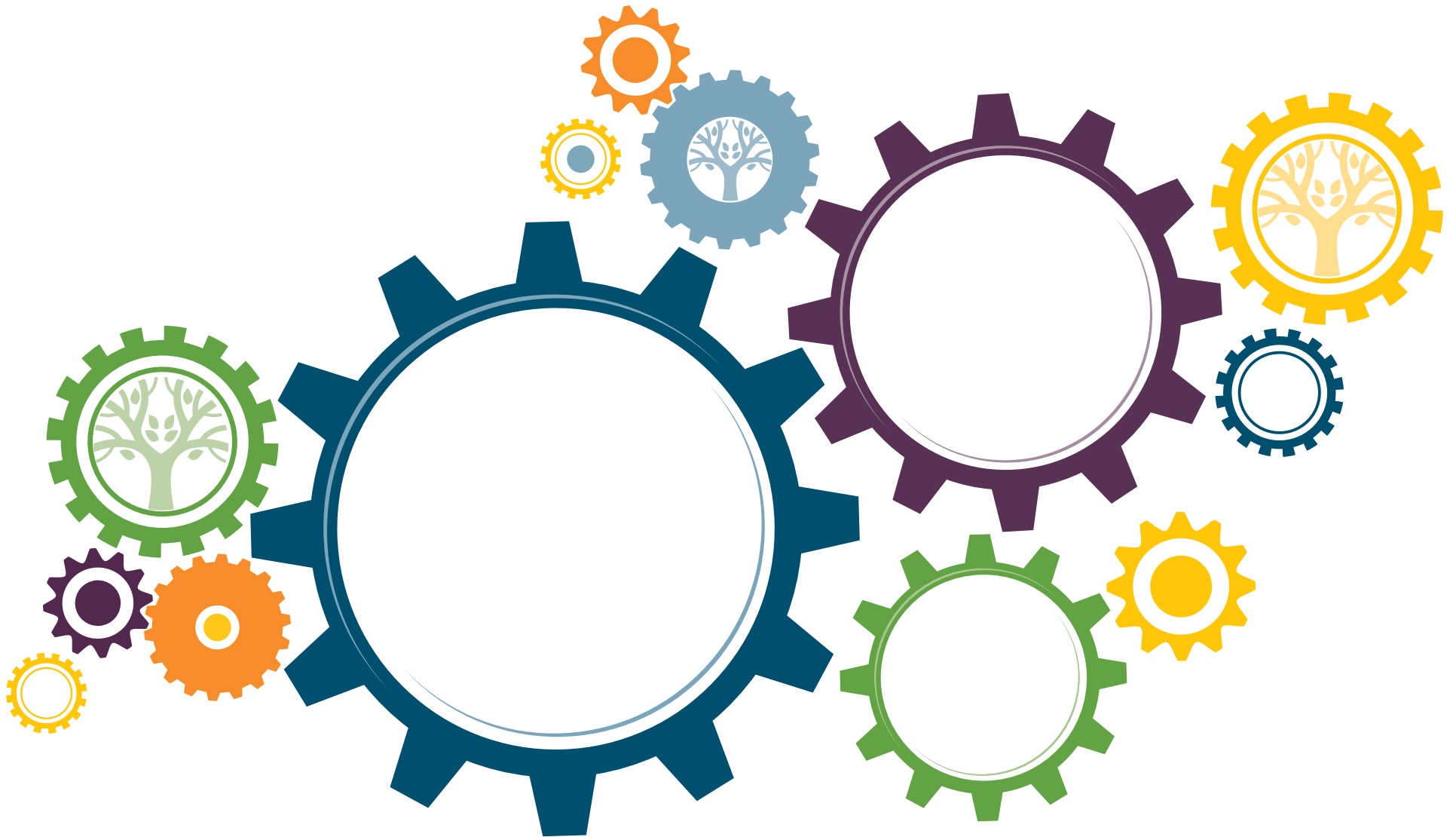
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Circle Topic	CR Section 4: System Drivers of Compassion Fatigue
Putting it into Practice (10 minutes)	<ol style="list-style-type: none">1. (Open mic) What percentage of time does your team or sub-set spend discussing the things they cannot control when they are together?2. (Open mic) What percentage seems healthy for your team?3. (Open mic) How can you identify to your team members when the group has gone over that percentage?

Closing (5 minutes)	<p>Hand movements activity from Section 4 in the Toolkit. Share the statements below.</p> <ul style="list-style-type: none">• Hold your hands out and squeeze them into fists. (Hold for at least 30 seconds and invite participants to close their eyes for the rest of the activity.) This may be akin to feeling fatigue.<ul style="list-style-type: none">– Think about what emotions arise as you close your fists. This is a metaphor for resistance – what it feels like when we cannot accept our current reality. Resistance can be helpful if it leads us to discover where we might have some level of control and motivates us to act. Yet, staying in the place of resistance without a path of action can be emotionally fatiguing.• Now, bring your elbow to your side, open your hands and turn your palms upward.<ul style="list-style-type: none">– Think about what emotions arise for you. This is a metaphor for mindfulness, what it feels like when we are present and open to ourselves, our experiences and the changes, challenges, and opportunities we are faced with. Being mindfully present may help us to hear more clearly what others are saying, see a path of action, or how to care for ourselves in the moment.• Now extend your palms and your arms forward.<ul style="list-style-type: none">– Think about how this makes you feel. This is a metaphor for common humanity – what it feels like when we reach beyond ourselves and welcome and include others. In our vulnerability we discover the common aspects of humanity and can form bonds with others. We can act with compassion and make a positive impact together.• Now place one hand in the other with both palms facing upward. Slowly bring them to your chest. Feel the warmth and gentle pressure. Breathe naturally.<ul style="list-style-type: none">– Reflect on your feelings during this last step. This symbolizes self-compassion. Caring for ourselves is the foundation that supports our compassion for others and helps us find comfort in our common humanity. <p>Bonus Activity: Test it out! Suggest again that the participants practice sharing something that made them feel alive in their workday with someone outside of work at least once each day until the next session. Ask that they observe the listener’s reaction and their own.</p>
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What is Driving Compassion Fatigue in This Organization?



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What is Drives Compassion Resilience in This Organization?

