Addressing Compassion Fatigue in the Intensive Care Unit (ICU): An Interdisciplinary Staff Support Group

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Disclosure slide

• Miriam Gross does not have any conflicts of interest in presenting today.
• Jessica Marshall does not have any conflicts of interest in presenting today.

Objectives

• Define and identify compassion fatigue and its presentation.
• Discuss indications and evidence for staff support groups.
• Apply strategies for staff to use during their work and careers to mitigate compassion fatigue.
Outline

• Compassion fatigue
  – Literature review
• Support group discussion
  – Literature review
  – Evidence Based practice
• Interdisciplinary ICU support group at Tisch Hospital at NYU Langone Health
  – Individual roles, group development and growth, Social work involvement
• Group goals
• Barriers
• Next steps

Identifying Compassion Fatigue

Compassion Fatigue

• Definition
  – “Cost of caring” for others in emotional and physical pain (Figley, 1982)
• By the numbers
• Components contributing to compassion fatigue
  – Secondary trauma stress
  – Burnout
  – Occupational stress
CF Signs and Symptoms

- At work
  - Absenteeism
  - Reduced ability to feel sympathy and empathy
  - Diminished sense of enjoyment in career
- Personal
  - Problems with intimacy in personal relationships
  - Difficulty separating work and personal life
  - Intrusive imagery

Compassion Fatigue Literature

- Focused on RNs and physicians in oncology, hospice, military
- Difficulty in isolating “Compassion” in surveys/questionnaires
- Research in compassion fatigue and rehabilitation services
  - OT
  - SLP
  - PT
  - SW
Support Groups

Defining a Support Group

• Overview
  - "Bring together people facing similar issues, whether that’s illness, relationship problems or major life changes" (Mayo Clinic 2015).

Benefits of Support Groups

• Feeling less lonely, isolated or judged
• Improving your coping skills and sense of adjustment
• Talking openly and honestly about your feelings
• Reducing distress, depression, anxiety or fatigue
• Getting practical advice or information about treatment options (Mayo Clinic 2015).
CF Surveys and Questionnaires

• Using surveys/questionnaires
  – For pre/post assessment
  – For individual progress
  – Feedback for enhanced programming
  – To facilitate programming permanence

• Sample survey questions
  – Ie ProQol: Compassion Fatigue Self Test (Figley & Stamm 2009)
    • I find it difficult to separate my personal life from my life as a [helper].
    • I get satisfaction from being able to [help] people.

Current Interdisciplinary Support Group Research

• Literature highlights how interdisciplinary staff support patients and their families
  – Focus on pediatric patients and their parents, not staff
  – Hospice, oncology, pediatrics focused
• The staff support groups that exist primarily focus on nursing and are not interdisciplinary
• Literature emerging on psychoeducation and its benefits for healthcare professionals (Klein et al. 2017)
  – Alternative Medicine Wellness Clinic at A Major Military Hospital Evaluation of a Pilot Program (Duncan et al. 2011)

Code of Ethics (PT)

Physical Therapy Code of Ethics

• Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.
• Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.
• Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.
Code of Ethics (RN)

Nursing Code of Ethics

• Provision 1. The nurse, in all professional relationships, practices with compassion and the recognition of human dignity and worth that is present in every individual.

• Provision 3. The nurse seeks to protect the health, safety, and rights of the patient.

• Provision 4. Responsibility and Accountability.

Code of Ethics (SLP)

American Speech-Language-Hearing Association

• Principle I. Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Code of Ethics (OT)

The 2015 Occupational Therapy Code of Ethics

• Principle 1. Occupational therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.

• Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination, privacy, confidentiality, and consent.

• Principle 6. Occupational therapy personnel shall treat clients, colleagues, and other professionals with respect, fairness, discretion, and integrity.
Code of Ethics (SW)

Social Work Code of Ethics

Multiple Categories:
To Clients, To Colleagues, Practice Settings, To The Profession, Broader Society

For Clients:
• Commitment to Clients
• Self-Determination
• Cultural Competence and Social Diversity
• Clients Who Lack Decision-Making Capacity

SW Code of Ethics For Colleagues:

• Respect
• Confidentiality
• Interdisciplinary Collaboration
• Disputes Involving Colleagues
• Consultation
• Referral for Services
• Unethical Conduct

Tisch Hospital- NYU Langone Health
Interdisciplinary ICU Support Group
Identifying Roles in the Support Group

- Traditional roles of facilitator and members
- Our unique roles/individualization of the group
- Role of supervisors/management

Our Group Development: MICU/SICU

- Who?
- Where?
- When?
- Why?

Involvement of Social Work

- The need for appropriate facilitation of the group.
- Pros: Knowledge of the unit, Environment, Patients, and Team Dynamics.
- Barriers: Maintaining neutrality and appropriate boundaries as the facilitator.
Support Group Growth

- Identified the need for an increasing awareness and additional training in the rehab therapy field when working with critically ill patients.
- The group initially began for PTs only → interdisciplinary
- Integration of therapy departments sparked discussion about the group and interest developed across disciplines.

Group Safety

- Establishing Group “Rules”
  - confidentiality limitations
- Providing options for follow up care outside of group
- Decision tree for involving administration

Group Goals

- Providing a safe space.
- Assistance in identifying professional boundaries.
- Promoting meaning making from patient care.
- Encouraging appropriate self-care.
- Preventing Compassion Fatigue, secondary trauma stress and Burnout.
Group Objectives

Preventing Compassion Fatigue

Professional boundaries

• Define Professional Boundaries

• Define Transference and Countertransference

• Strategies for Maintaining Professional Boundaries
  – Identifying transference and countertransference independently, Rotating Caseloads, Coverage changes, Communicating with other colleagues, staff or supervisors.

Creating Supportive Relationships and Effective Communication

• Group members are available to support one another on the units when issues arise in-between group meetings.

• There is an established trust and rapport which provides ongoing support on a daily basis.
Promoting Expression Of Feelings

- Examples: Avoiding self-judgment, analyzing their internal dialogue, and reflecting on their "self-talk".

- Application:
  - Staff are identifying when they need to remove themselves from a case, or lessen their involvement.
  - Staff are also volunteering to relieve one another when individuals have identified their difficulty with a specific case.

Meaning Making

- Create meaning from their work by allowing themselves to take a step back and see the broader picture.

- Making meaning from our work is an important protective factor that mitigates development of compassion fatigue.

- Example: PT, OT, and SLP are trained to see potential, create achievable goals, and focus on healing, growth and strength building.

- Application: Not losing sight of the overall picture of the patient’s illness, prognosis and their own individual/family goals of care.

Encouraging Self-Care

- Example: Be mindful of the physical aspects of self-care.

- Application:
  - Getting enough sleep
  - Eating well
  - Exercising
Additional Supportive Services Discussed/Utilized in Group

- Hospital Meditation Hotline Information
- Human Resources Support
- Integrative Health (Chair Yoga, Reiki, Mindfulness training, acupuncture)
- Animal Assisted Therapy (Barker et al. 2005)
- Utilize a tool kit of skills to prevent compassion fatigue

Barriers to Success… and Ways to Overcome Them

Group Barriers to Success

- Participation
- Scheduling Consistency
- Confidentiality
- Daily Workflow
Expansion of the Interdisciplinary Support Group

- Who?
- What?
- Where?
- When?
- Why?

Next Steps

- Sharing our work within our departments to encourage additional groups in other specialty areas
- Expansion of resources to rehab therapists outside of the MICU/SICU
- Complete additional and more extensive evaluations of the group
- Contribute to expanding literature in our respective fields

Questions?
References