



## Change Concept 3: Build Compassion Resilience in the Workforce

Workforce concerns, such as compassion fatigue, secondary traumatic stress, vicarious trauma or burnout are common among staff and providers who work with individuals who have experienced trauma.<sup>46</sup> These workforce concerns affect individual staff members and the overall organization. Burnout is associated with lower patient satisfaction, reduced health outcomes and it may increase costs.<sup>47</sup> Burnout and secondary traumatic stress also affect families of staff members.

Building resilience in the workforce involves creating environments in which staff can maintain a compassionate presence in all interactions with patients, their families and colleagues, while maintaining their own well-being.<sup>48</sup> This change concept outlines common workforce concerns that result from working with individuals impacted by trauma and strategies for creating environments in which individual and organizational compassion resilience thrives.



### Action Steps

- Educate and train staff on symptoms of common workforce concerns.
- Create a culture of compassion resilience.
- Implement policies and procedures to build staff resilience.
- Provide time and resources for staff to process difficult situations.
- Encourage staff assessment of wellness practices.
- Encourage staff to develop and implement self-care plans.



### Implementation Tools

- [Compassion Resilience Toolkit for Health and Human Services Leaders and Staff](#)
- [How to Avoid the Contagion Effect of Sharing Tough Stories between Colleagues](#)
- [ProQOL](#)
- Provider Resilience App
  - o [Apple Store / Google Play Store](#)
- Self-care Planning Tools:
  - o [Fatigue and Resilience in the Wellness Compass](#)
  - o [Wellness and Resilience Strategies – Mind](#)



### Change Concept 3 Goals

1. Our primary care service team appropriately respond to workforce concerns (burnout, secondary traumatization and compassion fatigue).
2. Our primary care service team's written policies and procedures include recognition of the pervasiveness of trauma in the lives of people using our services and a commitment to reduce retraumatization and promote well-being and recovery and structures.
3. Our primary care service recognizes that emotional regulation is a cornerstone of resiliency and equips staff to help themselves and patients regulate their emotions and/or physical responses.

<sup>46</sup> Compassion Resilience Toolkit. (n.d.). Compassion Fatigue: Connection to Trauma, Stages and Assessments. Retrieved from [https://compassionresiliencetoolkit.org/media/Healthcare\\_Section3\\_Intro.pdf](https://compassionresiliencetoolkit.org/media/Healthcare_Section3_Intro.pdf)

<sup>47</sup> Bodenheimer, T., & Sinsky, C. (2014). From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Annals of Family Medicine*, 573-576.

<sup>48</sup> Compassion Resilience Toolkit. (n.d.). Compassion Fatigue: Connection to Trauma, Stages and Assessments. Retrieved from [https://compassionresiliencetoolkit.org/media/Healthcare\\_Section3\\_Intro.pdf](https://compassionresiliencetoolkit.org/media/Healthcare_Section3_Intro.pdf)



## EDUCATE AND TRAIN STAFF ON SYMPTOMS OF COMMON WORKFORCE CONCERNS

It is common for staff and providers who work with individuals impacted by trauma to experience adverse effects, including burnout, secondary traumatic stress, vicarious trauma and compassion fatigue. Educating staff on these workforce concerns is an early step in the process of building resilience and preventing workforce concerns among staff.

### Burnout

Burnout is a state of chronic stress that leads to physical and emotional exhaustion, cynicism and detachment and feelings of ineffectiveness and lack of accomplishment.<sup>49</sup> In 2019 the World Health Organization classified burnout in the International Classification of Diseases (ICD-11) as an occupational phenomenon or “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.”<sup>50</sup>

Characteristics of burnout:

1. Feelings of energy depletion or exhaustion and depression.
2. Increased mental distance from one’s job or feelings of negativism or cynicism related to one’s job.
3. Reduced professional efficacy.

### Secondary Traumatic Stress

Secondary traumatic stress (STS) is the emotional duress that results when an individual hears about the firsthand trauma experiences of another.<sup>51</sup> There a high correlation between burnout and STS and burnout can be a predictor of STS.<sup>52,53</sup> It is important for all staff to receive training to identify the symptoms of burnout and STS in themselves and their colleagues, their causes, preventive measures and ways to respond. [Change Concept 2: Develop a Trauma-Informed Workforce](#) includes training on this topic.

<sup>49</sup> Carter, S. (2011). *High Octane Women: How Superachievers Can Avoid Burnout*. Prometheus Books.

<sup>50</sup> World Health Organization. (2019, May 28). Burn-out an “occupational phenomenon”: International Classification of Diseases. Retrieved from [https://www.who.int/mental\\_health/evidence/burn-out/en/](https://www.who.int/mental_health/evidence/burn-out/en/)

<sup>51</sup> National Child Traumatic Stress Network. (2018). Types of Traumatic Stress. Retrieved from <http://www.nctsn.org/trauma-types>

<sup>52</sup> Cieslak, R., Shoji, K., Douglas, A., Melville, E., Luszczynska, A., & Benight, C. C. (2014). A meta-analysis of the relationship between job burnout and secondary traumatic stress among workers with indirect exposure to trauma. *Psychological Services*, 11(1), 75-86.

<sup>53</sup> Shoji, K., Lesnierowska, M., Smoktunowicz, E., Bock, J., Luszczynska, A., Benight, C. C., & Cieslak, R. (2015). What Comes First, Job Burnout or Secondary Traumatic Stress? Findings from Two Longitudinal Studies from the U.S. and Poland. *PLoS ONE*, 10(8), e0136730.



**Table 8. Burnout and STS Symptoms**

<b>Burnout Symptoms</b>	<b>STS Symptoms</b>
<ul style="list-style-type: none"> <li>• Chronic fatigue</li> <li>• Insomnia</li> <li>• Forgetfulness/impaired concentration and attention</li> <li>• Physical symptoms including increased illness</li> <li>• Loss of appetite</li> <li>• Anxiety</li> <li>• Anger or Increased irritability</li> <li>• Depression</li> <li>• Loss of enjoyment</li> <li>• Isolation or detachment</li> <li>• Pessimism, apathy and hopelessness</li> <li>• Lack of productivity and poor performance</li> </ul>	<ul style="list-style-type: none"> <li>• Hypervigilance</li> <li>• Hopelessness</li> <li>• Guilt</li> <li>• Avoidance</li> <li>• Survival coping</li> <li>• Social withdrawal</li> <li>• Minimizing</li> <li>• Sleeplessness</li> <li>• Insensitivity to violence</li> <li>• Illness</li> <li>• Fear</li> <li>• Chronic exhaustion</li> </ul>

**Vicarious Trauma**

Vicarious trauma is the “cumulative transformative effect on the helper of working with survivors of traumatic life events.”<sup>54</sup> Symptoms of vicarious trauma can appear similar to post-traumatic stress disorder (PTSD) and can include changes in identity, safety, ability to trust, self-esteem, intimacy and sense of control.<sup>55</sup>

**Compassion Fatigue**

Compassion fatigue refers to the “feelings of depression, sadness, exhaustion, anxiety and irritation that may be experienced by people who are helpers in their work and/or personal life.”<sup>56</sup> Compassion fatigue is a common response among health care providers who work with individuals experiencing trauma. The term “compassion fatigue” often encompasses the experiences of both burnout and secondary trauma.

**Compassion Resilience**

Building resilience among staff and providers is critical to protect staff and providers from the harms of compassion fatigue, burnout, secondary traumatic stress, vicarious trauma and other workforce concerns. Compassion resilience is “the ability to maintain physical, emotional and mental well-being while responding compassionately to people who are suffering.”<sup>57</sup> In health care settings, compassionate resilience involves:



**Compassion Resilience Toolkit**

Many of the recommendations in this section can be found in more detail in the [Compassion Resilience Toolkit for Health and Human Services Leaders and Staff](#).

<sup>54</sup> Bloom, S.L. (2003). Caring for the Caregiver: Avoiding and Treating Vicarious Trauma, in Sexual Assault, Victimization Across the Lifespan, A. Giardino, et al., (Eds.). GW Medical Publishing: Maryland Heights, MO. p. 459-470.

<sup>55</sup> Ibid.

<sup>56</sup> Compassion Resilience Toolkit. (n.d.). Advancing Adult Compassion and Resilience: A toolkit for Health Care Agencies, Section 2, What are We Talking About? Retrieved from [https://compassionresiliencetoolkit.org/media/Healthcare\\_Section2\\_Intro.pdf](https://compassionresiliencetoolkit.org/media/Healthcare_Section2_Intro.pdf)

<sup>57</sup> Compassion Resilience Toolkit. (2019). Compassion Resilience. Retrieved from <https://compassionresiliencetoolkit.org/healthcare/compassion-resilience/>



1. Maintaining physical, emotional and mental well-being (using energy productively) while compassionately caring for those who are suffering.
2. Identifying and addressing the barriers to caregivers/families and colleagues being able to effectively partner on behalf of patients.
3. Identifying, preventing and minimizing compassion fatigue among staff.<sup>58</sup>



### Case Study: Zufall Health

Zufall Health implemented many small changes that increased staff knowledge and practice of trauma-informed care. They send short motivational tips from their behavioral health department to all staff every other month, focusing on psychological safety, privacy and confidentiality. They are also working to create open lines of communication that make staff comfortable with holding each other accountable if they see someone performing in a non-trauma-informed manner. They also hold staff retreats that allow time for trauma-informed trainings. During these retreats staff have the entire afternoon off, they provide food and share various content as it relates to trauma-informed care and being trauma-informed in general.



## CREATE A CULTURE OF COMPASSION RESILIENCE

There are steps CITs and leaders can take to create a culture of compassionate resilience in their organizations. The [Compassion Resilience Toolkit](#) recommends four primary steps to build a culture of compassion resilience: expectations from staff and others, compassionate boundary setting, staff culture and staff self-care.

### Expectations from Staff and Others

Identifying and assessing staff self-expectations and expectations of others helps staff understand problematic expectations that can lead to compassion fatigue and other workforce concerns. Organizations can help staff better identify and set reasonable expectations for themselves and others through reflection exercises and self-care strategies. Staff can reflect on expectations using the prompts in Table 9. Staff should place a star next to expectations that they feel are helpful or realistic and an “X” next to the expectations that are hurtful or unrealistic.

---

<sup>58</sup> Ibid.



**Table 9. Staff Expectations Reflection Exercise<sup>59</sup>**

	<b>Expectations of Self</b>	<b>Expectations of Patients</b>	<b>Expectations of Colleagues</b>	<b>Expectations of Patients' Families</b>
<b>Example</b>	I should enjoy providing care to all of my patients.	Patients should always come to appointments on time.	Colleagues should always stay on top of their appointments.	Families should help patients with their health care needs.
<b>My Examples</b>				



**Case Study:  
Malama I Ke Ola**

Malama I Ke Ola began implementing trauma-informed care within their agency by highlighting trauma-informed actions of staff. This is a form of acknowledgement and motivates other staff members. One patient overheard a staff member doing a call-out and asked what it meant to be trauma-informed. After staff explained what trauma-informed care was, the patient said that he had noticed a positive change in the staff. They seemed to be friendlier and more respectful to each other and their patients.

**Compassionate Boundary Setting**

Establishing and managing boundaries can help protect staff from compassion fatigue and other workforce concerns. Boundaries are simply “what’s okay and what’s not okay”<sup>60</sup> and are especially important among staff and providers who work with individuals who have experienced or are experiencing trauma. Clear boundaries protect relationships with patients and allows staff to maintain a level of self-awareness and self-regulation that protects them from compassion fatigue. Organizational policies should codify reasonable expectations related to staff boundaries. *Several exercises and tools* are available for staff to identify needed boundaries.

<sup>59</sup> Compassion Resilience Toolkit. (n.d.). Advancing Adult Compassion and Resilience: A Toolkit for Health Care Agencies, Section 5, Expectations from Self and Others. Retrieved from [https://compassionresiliencetoolkit.org/media/Healthcare\\_Section5\\_Intro.pdf](https://compassionresiliencetoolkit.org/media/Healthcare_Section5_Intro.pdf)

<sup>60</sup> Brown, B. (2018). Dare to lead: Brave work, tough conversations, *whole hearts*.



### Quick Tips for Compassionate Boundary Setting

To identify effective boundaries, consider at least five ways that you would complete each of these statements<sup>61</sup>

- I have the right to ... (examples: privacy, information before making a decision).
- To protect my time and energy it is okay to ... (examples: change my mind, set a time limit).
- People may not ... (examples: humiliate me or others, share information that is not theirs to share).

### Staff Culture

To create an environment that supports compassionate resilience, leaders and staff can work together in small teams to identify and implement organizational:

- Values: A way of being or believing that is important, such as equity, respect and honesty.
- Beliefs: Convictions we hold to be true, such as “patients have the right to make choices about their treatment process” and “everyone is doing the best they can.”
- Practices: Rules for working together.
- Behaviors: How we treat each other and those we serve.



#### Case Study: Peninsula Community Health Services

Peninsula has integrated a game to help promote a culture of trauma-informed care among staff. At the beginning of every meeting, staff write questions on vinyl beach balls to highlight self-care ideas. During the meeting, they toss the ball to people who answer the question facing them. “We hope this idea keeps self-care, prevention of burnout and trauma-informed practices touched on routinely and part of our usual work and thoughts.”



#### Key Considerations for Building a Culture of Compassion Resilience<sup>62</sup>

- What is your vision of the most positive work environment to be your best self in your job?
- What staff behaviors and attitudes would lead to such an environment?
- Which of these are your top five-to-eight priorities for the culture you desire?
- What are your strengths in regard to these behaviors?
- Where would you like to see growth in your ability to think and act in these ways?
- What might help you with that?
- How has what happened in your life impacted your ability to contribute to a positive work culture?
- What practices/activities work best for you to enhance connections with your colleagues within these behavior boundaries?

<sup>61</sup> Compassion Resilience Toolkit. (n.d.). Advancing Adult Compassion and Resilience: A Toolkit for Health Care Agencies, Section 6, Compassionate Boundary Setting. Retrieved from [https://compassion-resilientoolkit.org/media/Healthcare\\_Section6\\_Intro.pdf](https://compassion-resilientoolkit.org/media/Healthcare_Section6_Intro.pdf)

<sup>62</sup> Compassion Resilience Toolkit. (n.d.). Advancing Adult Compassion and Resilience: A Toolkit for Health Care Agencies, Section 7, Staff Culture. Retrieved from [https://compassionresilientoolkit.org/media/Healthcare\\_Section7\\_Intro.pdf](https://compassionresilientoolkit.org/media/Healthcare_Section7_Intro.pdf)



## IMPLEMENT POLICIES AND PROCEDURES TO BUILD STAFF RESILIENCE

Developing and implementing policies and procedures that systematically prevent and address compassion fatigue and build compassion resilience signals to staff that their wellness is a high priority among organizational leadership. Organizations must first evaluate what policies, procedures and pathways may impact compassion fatigue, then review all policies, procedures and pathways for alignment with trauma-informed principles. Use the [Trauma-Informed Care Initiative Alignment Tool](#) to assist with that step in the process. Modify any policy that is not in alignment with the trauma-informed principles and could potentially cause burnout.



### Checklist of Policies to Prevent and Address Compassion Fatigue

Each organization should, at a minimum, have the following trauma-informed policies to prevent or address compassion fatigue and other workforce concerns:

- Conflict resolution policy for conflict between staff.
- Conflict resolution policy for conflict between staff and patients.
- Formal grievance policy.
- Policy for staff and/or patients to communicate when the physical environment is unsafe without fear of retaliation.
- A policy for staff and/or patients to communicate without retaliation when interpersonal interactions are unsafe.
- A code of conduct policy that states clearly that all staff must participate in creating safe and secure environments.
- A policy on addressing adverse incidents that includes debriefing and support for those impacted by the incident.
- A policy ensuring supervised individual or group trauma-informed meetings where staff can discuss potential burnout or STS without fear of retaliation.
- A benefits policy or plan that includes access to services and supports including, but not limited to, behavioral health services, employee assistance program and wellness activities.



## PROVIDE TIME AND RESOURCES FOR STAFF TO PROCESS DIFFICULT SITUATIONS

It is important for primary care organizations to provide time and resources for staff to process difficult situations. Providing time in meetings, supervision and team huddles to process difficult situations and receive support and resources from the team can help prevent burnout and secondary trauma and build compassion resilience.<sup>63</sup> Some primary care organizations utilize Balint Groups as a group supervision model that allows for a safe place for staff to discuss interactions with each other and patients. Others utilize individual trauma-informed supervision, like reflective supervision, or the [staff circle framework](#) for facilitating difficult conversations.

### Staff Huddles

Daily huddles provide staff an opportunity to convene at the beginning of their shift to discuss concerns that may come up during the day. Staff huddles are brief, usually 10 to 15 minutes, and allow staff to identify important issues they would like to discuss. Staff huddles can address case presentations for patients, but do not need to focus on these issues. Staff huddles provide an opportunity to check in with staff and incorporate trauma-informed principles in practice. For example, the University of California San Francisco Women’s HIV Program begins each daily ‘huddle with a “mindful minute” when staff can breathe, relax and prepare for the day.<sup>64</sup>

### Staff Self-care

The fourth major component to building a culture of compassion resilience is staff self-care. Approach staff wellness holistically across four domains: heart, spirit, strength and mind.<sup>65</sup> Staff self-care practices can involve a range of activities and should reflect the individual’s unique needs, including culture.



## ENCOURAGE STAFF ASSESSMENT OF WELLNESS PRACTICES

Staff can use the [Compass Wellness Practices Assessment](#) to conduct a self-assessment of their wellness practices. Through the assessment, staff reflect on their wellness practices across four major domains: heart (relationships, emotions), spirit (core values, rest and play), strength (stress resilience, care for body) and mind (school/work, organization).

<sup>63</sup> American Academy of Pediatrics. (2014). Protecting Physician Wellness: Working with Children Affected by Traumatic Events. Retrieved from [https://www.aap.org/en-us/Documents/ttb\\_physician\\_wellness.pdf](https://www.aap.org/en-us/Documents/ttb_physician_wellness.pdf)

<sup>64</sup> Schulman, M. & Menschner, C. (2018, January). Laying the Groundwork for Trauma-Informed Care. Center for Health Care Strategies.

<sup>65</sup> Compassion Resilience Toolkit. (2019). Compassion Resilience. Retrieved from <https://compassionresiliencetoolkit.org/healthcare/compassion-resilience/>





## ENCOURAGE STAFF TO DEVELOP AND IMPLEMENT SELF-CARE PLANS

Self-care plans help staff better cope with stress and adversity. Staff should receive information and education on the types of tools and resources available to them from their employer, for example, employee assistance programs. Other preventive strategies include informal and formal self-report screening workplace self-care groups, creating balanced caseloads and providing flextime scheduling.<sup>66</sup> It is important to honor the principles of diversity, equity and inclusion when providing self-care opportunities for staff as not all staff will choose to engage in the same types of self-care.



### **Quick Tips: Diversity, Equity and Inclusion in Self-care**

- Not all staff will choose to engage in self-care in the same way. Consider differences in cultural understandings of self-care.
- Allow staff autonomy in creating their self-care plans.
- Provide staff a range of different options to engage in self-care in the organization, including approaches rooted in individual culture and spirituality.

<sup>66</sup> National Child Traumatic Stress Network. (2011). Secondary traumatic stress: A fact sheet for child-serving professionals. Retrieved from [http://www.nctsn.org/sites/default/files/assets/pdfs/secondary\\_traumatic\\_tress.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/secondary_traumatic_tress.pdf)