



When Caring Stops, Staffing Doesn't Really Matter

EXECUTIVE SUMMARY

- ▶ How well do we understand the people side of staffing, and do we recognize the importance therein?
- ▶ Delivering care without caring is simply wrong.
- ▶ Health care leaders must take this concern seriously and find ways to invest in and set up structures that support healthy processing, by individual caregivers, of the many emotional situations that are a natural part of care delivery.
- ▶ Individual care providers must take responsibility for their own well-being and make choices that promote self-care.
- ▶ We must find more ways to recognize and address the needs of care providers who are facing emotional burnout or compassion fatigue, as they are both a threat to their own health and a potential risk to the patients and organizations they serve.



Kathy Douglas

OUR DEPENDENCE ON STAFFING runs deep. It is the fundamental structure upon which care delivery stands. Bringing together healthcare providers with patients is the core of the business of health care. We depend on staffing to meet the needs of patients, assure quality outcomes, and effectively move patients through their course of care with efficiency that supports

financial performance. Huge investments of time and money are spent on better understanding how to optimize staffing in the form of technology, ways to measure and predict workload, identifying optimal qualifications and characteristics of the workforce, financial analysis and industry trends, the list goes on and on.

With staffing holding such an essential role in the success of health care delivery it makes sense that staffing be deeply understood in all its dimensions. And yet, while much attention is given to structures, processes, operations, and technology, we may be overlooking that which is perhaps, above all these things, the key to the outcomes we strive to achieve.

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When it comes right down to it, no matter how modern, sophisticated, or efficient staffing programs are, if the individuals who are executing the care are not qualified, engaged, and able to offer the caring necessary for healing, the whole system can unravel quickly. At its very essence staffing works because of the people who are staffed.

Tuning into this dimension of staffing raises the question, how well do we understand the people side of staffing, and do we recognize the importance therein? Looking at the workforce and the individuals within it has its challenges. For one, it is not a simple thing, as it encompasses all things human; things that are difficult to quantify, track, trend, and even at times understand.

Perhaps even more daunting is overcoming the general attitudes around what many characterize as the “soft stuff,” emotions and all that. This is territory many business-minded people find hard to relate to. It includes topics not generally on the agenda of board meetings or part of strategic discussions. But this may well be the missing link, the answer to high performance, navigating the future of health care, and effectively responding to the demand to do more with less. What caregivers do, think, and how they behave can have very much impact the work they are doing, and that work can and does impact the bottom line.

With this backdrop, one might expect strength of emotional character and capacity to care would be an important measure for entry into the field of care delivery. Additionally, ongoing monitoring, partnered with recognition of issues and appropriate intervention, would be a standard part of managing any care team. Intuitively we know that when someone who is delivering care is out of balance, emotionally spent, or has lost their capacity for compassion, this is not a good thing. But how often does this occur, how well is it recognized, how often does it change our staffing or assignments and do we take actions to help the individual get back in balance?

These are all questions we might spend more time on if the impact of these matters were taken more seriously and if they were effectively translated into impact on performance, financial, and patient care indicators. One could easily imagine that if there was a strong business understanding of these issues, then addressing them would become as much of a priority as things like technology. In fact, we may even see core technology solutions change to help decision makers better understand things like individual or team emotional exhaustion, apathy, loss of compassion, and capacity for caring.

Growing Interest in Understanding the Caregiver

In a recent conversation with John Nelson, PhD(c), MS, RN, he described a growing interest in paying more attention to this part of the care delivery dynamic. Over the last 4 years he has participated in over 80 studies looking at caring as an intervention of healing. Nelson points out the need for developing new models and using mathematics to better understand the data on caring and its performance and outcomes implications. He asserts that today's measures give us very little understanding of what is really going on at the bedside.

Nelson speaks to something many of us have concerns about when it comes to the measures we use to inform our business decision and strategies, that "averages tell us nothing, they just help us rearrange the chairs." Our dependency on averages to understand situations and inform our business decision could be another clue to the elusiveness of optimal performance. If we embrace Nelson's position that "there are *no* average care situations," it certainly gives pause. Facing this complicated issue could help us break through to new ways of thinking about how to develop measurements and formulas that actually inform the path to high performance and optimal outcomes.

In talking about the role of caring, compassion, and love in care delivery, Nelson describes the issues surrounding these topics as "huge." He is quick to point out a growing interest in these topics by executives not just nationally but globally. "They know things aren't right and they want to understand," Nelson says. Executives are not the only ones trying to understand. Recently, Caring International Research Collaborative joined forces with Sigma Theta Tau (2010) where 250 researchers from across the globe are looking at caring as a healing intervention.

"When I care about you, something happens. When someone feels cared for there are physiological responses that support healing. We need to better understand this," says Nelson. We then need to translate that understanding into a business case, into terms that will speak the language of the business of health care.

So what's driving all the interest in looking more closely at the caregiver? Well, it is likely a convergence of things rather than any one isolated situation. Starting with the fact that we have looked under all the other stones for answers to improved productivity and performance and still come up short. Additional pressure comes from the need to recruit and maintain a strong nursing workforce to manage the demands on care today and in the future. We know too many nurses leave acute care where they are so needed. Burnout remains an unsolved issue. Patient satisfaction has become public information,

which has increased its influence on financial performance.

Another angle on this issue may well be connected to blurring of the role of the professional nurse. How carefully have we examined and understood consequences prior to adding to or taking away from the operational role of the professional nurse? If the professional nurse is over burdened with tasks or activities that take them away from the bedside, how well do we understand the implications for patients, their course of care, ability to heal, and length of stay? How well do we understand the implications for the individual nurse, their commitment to caring, their frustration with not being able to provide the care they believe is necessary, their pain when things go south and they feel they were not able to give their best to the situation?

Caring: Who's Job Is It?

The daily environment within a health care setting is hard by anyone's standards. Daily, even hourly, caregivers are dealing with some of the hardest situations human beings can face. As defined by Maria W. O'Rourke, PhD, RN, long-time advocate and expert on professional practice, the role of the professional nurse includes five domains: scientist, leader, practitioner, educator, and transferor of knowledge. This is a powerful way to raise understanding of the scope and complexity of the role of the professional nurse.

But there is another less spoken of role, the role of supporting other human beings through, fear, pain, loss, and the resulting impact on the patient *and* caregiver. If this aspect of the role of the caregiver was more front-and-center, we might be better equipped to deal with the implications. There would be more structures put in place that support and even prevent potential negative impacts from this part of the role. Management of events that might result in burnout, leaving the profession, or even worse, continuing to deliver care when coping with this part of the job has taken an unhealthy course would be a priority.

There is nothing like first-hand experience to bring awareness to a situation. Such was the case for myself when a recent personal experience raised the questions: What happens when a nurse stops caring? Can we prevent it? Do we recognize it? Do we know what to do when it occurs? (See Table 1).

As is often the case, new insights and new perspectives are revealed when we switch roles. It is easy to imagine that caregivers who have experienced the care-receiving side of health care see things in new ways. This was the position I found myself in over a 3-month period of caring for a critically ill relative in and out of various levels of care. What was astounding to me was the number of caregivers encountered during this time that I would describe as having lost their compassion. Tasks were performed and interactions occurred without any sign of interest in the per-

Table 1.
Warning Signs of Compassion Fatigue

Emotional	Work Behaviors	Physical
<ul style="list-style-type: none"> • Apathy • Frustration • Hopelessness • Irritability • Poor concentration • Boredom • Anxiety • Depression • Isolation 	<ul style="list-style-type: none"> • Tardiness/Absenteeism • Error rate an issue • More critical of team members • Record keeping a challenge • Cynical towards work 	<ul style="list-style-type: none"> • Insomnia • Increased susceptibility to illness • Short-term memory issues • Fatigue • Weight changes • Personal uses of chemicals increasing

Adapted from Self-Care Academy (2010). Used with permission.

son they were caring for. No inquiry, no eye contact, no kind words, as if the person in the bed were similar to the IV pump or the C-pap machine; an object without feelings, fears, or emotional needs.

It is important to not misrepresent the situation by adding there were many outstanding caregivers at all levels of the care team. But those among them who seemed to have lost touch with the caring part of their job were more than a few, enough to raise deep concern. An informal inquiry with other caregivers who had recently experienced the consumer side of care revealed similar stories across geographies, enough to pause and wonder what's going on here. If a nurse is not "emotionally present," what happens to the patients they are assigned to? How prevalent is the issue and what are we doing about it?

The idea of emotional presence, the capacity for caring, a reasonable level of compassion an individual has is an intrinsic part of the formula for effective care delivery and seems a realistic expectation. Understanding of the role of attitude and emotions on the ability of a person to heal is well documented and continues to expand. But what happens when a person is exposed to individuals in the role of delivering care, who are not bringing to the care situation a positive attitude, emotional support, and a sense of caring? And further, what are the implications beyond the individual patient, to a unit, to outcomes, quality, safety, speed to recovery, to costs?

Compassion and the Caregiver

It seems reasonable to assume most people in care delivery begin with a well-developed sense of compassion and caring. It is, however, not clear this is always the case. It would be interesting to hear from the nursing community at large; how often we screen, upon entry into education programs, the profession, or on hiring, for the characteristic of emotional availability and compassion. To assume these highly

important characteristics are present may not be serving us.

There may be individuals in the profession who simply are not cut out for the work and that should certainly be addressed. But the more common situation is likely to be the caring individual who has lost her/his capacity for caring, for connecting to the compassion within themselves in a given moment, day, week, or even for years. A recent informal conversation revealed an individual describing her experience of multiple nurses, outside a care delivery setting, as emotionally unavailable. While certainly not the kind of information one can draw conclusions from, when combined with other observations it does raise the question of how prevalent is the situation in which caregivers finally shut off their feelings as a way to cope with their jobs.

Wikipedia defines compassion (from Latin: "co-suffering") as a virtue, one in which the emotional capacities of empathy and sympathy (for the suffering of others) are regarded as a part of love itself, and a cornerstone of greater social interconnectedness and humanism; foundational to the highest principles in philosophy, society, and personhood. There is an aspect of compassion which regards a quantitative dimension, such that individual's compassion is often given a property of "depth," "vigor," or "passion." More vigorous than empathy, the feeling commonly gives rise to an active desire to alleviate another's suffering. Ranked a great virtue in numerous philosophies, compassion is considered in all the major religious traditions as among the greatest of virtues.

Setting aside for the moment how to address those who somehow get into the health care profession lacking the essential quality of compassion, we can assume our starting point is that compassion/caring at a minimum was present upon entry into the workplace. Therefore, for those who lack these qualities, something happened along the way. It may be unreasonable to try and list the vast number of things that could occur in a care setting that could damage this most essential aspect of a caregiver's character. It does however seem reasonable to acknowledge that given the nature of health care, the potential for problems is huge and worthy of careful attention by both the organization and the individual caregiver themselves.

The Role of the Organization on Maintaining the Capacity to Care

Even while waiting for more research to validate what is already know on many levels, that this is an area that needs more attention, action can be taken. The more that can be done to support caregivers and their emotional needs, the sooner the negative impact of emotional imbalances can be minimized for patients, organizations, and the individuals themselves.

During the discussion with John Nelson, he shared this concern, saying “that when we don’t allow for time in which caregivers can process their own feelings or pay attention to their own needs, they end up giving more and more and taking care of themselves less and less.” This leads to emotional or even spiritual depletion that can manifest in a variety of ways; sick calls, decrease in productivity, illness, shutting down, losing the capacity to care, or even leaving the profession all together.

So, what kinds of actions can organizations take to set a positive course in supporting the well-being of the workforce? To begin with, acknowledge the problem. Then go about putting structures in place that support self-care of caregivers. Recognize they often face situations that result in the need for time to process feelings and put in place mechanisms that allow for that to happen. The natural response, where do we find the time, must be put in its place. We can’t afford not to find the time.

The need for nurses to feel good mentally, physically, emotionally, and spiritually to be effective in their jobs is well understood by Kim Richards, RN, founder of the Self-Care Academy. Over 23 years she kept hearing the same themes over and over: nurses wanted to leave their jobs because they were burned out or had no work-life balance. She decided to create a program specifically designed to address this situation by educating caregivers on the power of self-care.

Richards is seeing more and more hospitals recognizing the importance of creating space within which nurses can recharge, such as serenity rooms or gardens. “This is an encouraging sign that the importance of self-care among caregivers is being recognized as essential and worthy of hospital resources,” says Richards. She is discouraged, however, that although interest is high, when it comes to spending money on programs like hers, that educate the workforce on self-care awareness and techniques, executives are hesitating to invest. This points back to the need for data that helps executives understand the significant costs that could be avoided by investing in such programs.

Nelson cautions us to pay attention to the wide range of needs that exist. In some cases a nurse may just need to get off the floor for 5 minutes; in other cases the needs may be much greater. The situations an emergency room nurse faces are very different from the situations of a nurse in palliative care. Whatever the situation that has given rise to the need for emotional processing or support, allowing room for this before diving directly into the next care situation may well avert the consequences that can have longer-term effects of emotional fatigue.

“Compassion fatigue is a physical and emotional exhaustion that causes a decline in a person’s ability to feel compassion when taking care of others. It is the cumulative result of internalizing the emotions of

patients, co-workers, family, and friends. It costs the health care industry millions of dollars each year in stress, burnout, and employee turnover. Compassion fatigue is a result of the caregiver being focused on providing care to others and NOT providing care to themselves. This cannot be a one-way street, especially for health care professionals. Too often health care professionals give most of themselves to others over a long period of time and don’t stop to recharge their own batteries ‘ (Self-Care Academy, 2010).

Being Self-Responsible for Self-Care

Our tendency is to give to the point of exhaustion. From there we either continue to give at the cost of our own well-being or health or we shutdown, knowing one cannot give from an empty well. There is a strong case to be made that the limiting factor on one’s capacity for caring and compassion is an individual’s ability to replenish this part of themselves. While one can look to and even advocate for structures within the health care environment that support one’s self-care, ultimately the responsibility for self-care belongs with one’s self.

“If your compassion does not include for yourself, it is incomplete.” This quote by Jack Kornfield, best selling author and Buddhist teacher, makes the point. As important as keeping up with the latest evidence in treatments and pharmaceuticals, a professional responsibility is being a safe health care practitioner. We need ways to invest in the renewal of our own internal resources that give us the capacity to be present emotionally and offer compassion.

When physical or emotional exhaustion is present, waiting for someone else to address it is not the answer. As caregivers we are equipped with a strong understanding of what constitutes wellness and we need to take personal responsibility for our own well-being. That means removing excuses for not taking care of ourselves and making the commitment to doing those things that are renewing to our body, mind, and spirit.

Constantly running on empty not only harms one’s self, it has the potential to negatively influence the care one is working so hard and sacrificing so much to give. Or worse, it has the potential to shut down the capacity to be caring, to have compassion for the people who’s care for whom you are responsible. To stay in this place too long can make it harder and harder to pull out.

We must find ways to replenish ourselves, to refill the well. There are so many ways to nourish one’s self, and each person knows what works best for her/him. For some it is taking a walk in nature, or listening to inspiring music. For others it is taking a yoga class or meditation, gardening, or some form of art. It does not really matter what it is as long as it works for you. The more you invest in filling up your own wellspring, the more you will have to give to others (Douglas, 2010).

While at work Richards suggests finding moments that refresh and renew, even in a few deep breaths or stepping outside. Pausing to look at the sky or meditate can refresh and renew one's energy. Richards points out that in her experience, nurses are often under the misconception they need large amounts of time or more resources before they can invest in themselves. She enjoys helping them understand there are many ways in moments throughout the day in which self-care can be achieved. This might take the form of sitting in a quiet area alone for a few deep breaths or bringing an iPod to work and taking a moment to listen to an inspiring song.

Richards finds it common that nurses believe they have to be constantly "on" from the moment they walk in the door to the moment they leave. She is also quick to point out this is not the case; it is a choice the individual is making and, indeed, the care they are providing would be improved and more efficient if the time was taken for some self-care.

Some Final Thoughts

Delivering care without caring is simply wrong. Patients should not have to experience it, nursing as a profession should not tolerate it, and employers should have ways to screen for it, monitor for it, and have structures in place to effectively minimize and/or eliminate its occurrence. It is not just a sad situation when caring stops. It can damage the very purpose of health care, which is to create an environment in which people can heal.

Health care leaders must take this concern seriously and find ways to invest in and set up structures that support healthy processing, by individual caregivers, of the many emotional situations that are a natural part of care delivery. They should invest in managers and better equip them in recognizing situations that need

support, in warning signs when things get to far out of balance, and in how to take action.

Individual care providers must take responsibility for their own well-being and make choices that promote self-care. We must find more ways to recognize and address the needs of care providers who are facing emotional burnout or compassion fatigue, as they are both a threat to their own health and a potential risk to the patients and organizations they serve.

When we make staffing and assignment decisions, if there are workforce members who are functioning from a place of compassion fatigue or emotional exhaustion, this needs to be taken into consideration. If a caregiver has passed these phases and entered a state of apathy, he/she should not be at the bedside. \$

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