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A Holistic and Proactive Approach for Preparing Occupational Therapy Practitioners to Combat Compassion Fatigue

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A Holistic and Proactive Approach for Preparing Occupational Therapy Practitioners to Combat Compassion Fatigue

by

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PERMISSION

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Degree: Master of Occupational Therapy

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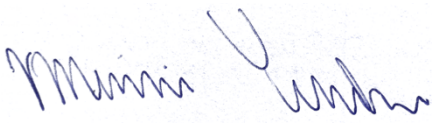

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ABSTRACT

Purpose

Occupational therapy is a unique profession working with individuals across the lifespan to overcome adversity and increase overall quality of life. Of the many settings where occupational therapists can work, 93% work in direct-patient care (AOTA, "Work Setting Trends for Occupational Therapy: How to Choose a Setting"). These settings are high demand in nature and require large quantities of time, energy, empathy, and compassion. Continuous use of empathy and compassion daily creates a risk for developing compassion fatigue among healthcare providers. Unfortunately, there currently appears to be a disjunction in occupational therapy literature related to compassion fatigue in occupational therapy practice. The purpose of this scholarly project is to raise awareness of compassion fatigue in the field of occupational therapy and provide education of the components of compassion fatigue and strategies to mitigate its effects on the quality of patient care, working life, and personal life (Edwards & Dirette, 2010).

Methods

An extensive literature review was conducted in order to understand the prevalence of compassion fatigue within occupational therapy. The information obtained from the literature review was analyzed and placed into emerging themes: (a) compassion fatigue versus burnout, (b) risk factors, (c) strategies, (d) tools for measuring compassion fatigue, and (e) models and theories for compassion fatigue and occupational therapy practitioners. Person-Environment-Occupation-Performance model was used to organize information and guide the creation of the product.

Results

Analysis of information indicated several risk factors and strategies to help identify and mitigate compassion fatigue. The main risk factors that impacted the development of compassion fatigue were aspects of the work environment, occupational therapists' ability to utilize personal and professional skills, experiences, and abilities for fostering resilience to help mitigate these issues. To help combat risk factors, the authors identified evidence-based strategies, including self-care, support systems, mindfulness practices, professional identity affirmation, and education. The authors created an *OT Practice* article to educate occupational therapy practitioners on what compassion fatigue is and provide strategies to combat its effects.

Conclusion

The purpose of this product is to raise awareness of the term 'compassion fatigue' and its impact on personal and professional life. There is currently a disconnect in occupational therapy literature related to compassion fatigue in occupational therapy practice, leading to the creation of the *OT Practice* article. The authors hope that by utilizing a proactive and holistic approach, practitioners can begin to identify and detect early warning signs and use evidence-based strategies to combat early signs of compassion fatigue and enhance occupational performance, participation, satisfaction, and fulfillment within their personal and professional lives.

CHAPTER I

Occupational therapy practitioners are often called upon to offer mindful, compassionate care, and empathetic engagement to all clientele, drawing from sources of wellness, strength, resilience, and presence (Zeeman & Harvison, 2017). At times, these core strengths of the occupational therapy profession, in addition to the ability to provide client-centered interpersonal care, can become emotionally, physically, and mentally fatiguing. The prevalence of burnout and compassion fatigue in occupational therapy is related to the core tenant of the profession--client-centered care. Because therapeutic use of self requires occupational therapy practitioners to give empathy and genuine engagement to all clientele, exposure to client-experienced trauma is often unavoidable in occupational therapy service delivery (Huang et al., 2019).

Despite extensive recognition of the term "burnout" across many workplace settings, the term does not have a clear-cut universal definition. Burnout occurs when the cumulative effects of chronic job stress cannot be effectively managed through active problem solving. Burnout can also occur with a gap between one's expectations and rewards, and disparity of effort recovery (Costa, 2018). Importantly, in recent literature, researchers, authors, and reviewers have begun to utilize the term compassion fatigue to describe elements of emotional, physical and psychological exhaustion (Kolthoff & Hickman, 2017; Delaney, 2018; Costa, 2018). Due to the novelness of the term compassion fatigue, burnout is still commonly and inappropriately used to describe elements of stress and exhaustion in healthcare. To raise awareness and recognition of

compassion fatigue within occupational therapy, the authors developed an *OT Practice* article as a proactive approach to provide insight, education, and holistic strategies to combat compassion fatigue. The article will encompass strategies in which occupational therapy practitioners can recognize warning signs and utilize evidence-based strategies to combat compassion fatigue.

In the process of preparing for and writing the article, the theoretical model that was chosen to guide the development of the resources and product is the Person-Environment-Occupation-Performance (PEOP) model. The model written by Baum, Christiansen, and Bass (2015) supports the physical, emotional, and social factors that can influence an individual's occupational performance. The PEOP model emphasizes the relationship between an individual's occupational engagement in varying contexts by looking at their client factors, performance skills and patterns (Baum, et al., 2015). An individual's capacity to match their skills in the environment of which they work is important when looking at factors that influence compassion fatigue. The authors believe that the model is suitable to guide a product that provides insight, education, and holistic strategies for combating compassion fatigue.

KEY TERMINOLOGY

The following terms and concepts used throughout the literature review and product have been defined below.

- **Burnout:** Burnout occurs when the cumulative effects of chronic job stress cannot be effectively managed through active problem solving. Burnout can also occur with a gap between one's expectations and rewards, and disparity of effort recovery (Costa, 2018).
- **Compassion fatigue:** A state of emotional exhaustion, emotional strain, and dysfunction (biologically, psychologically, and socially) as a result of prolonged exposure to a secondary trauma or single intensive event leading to decreased compassion (Meadors et al., 2010).
- **Compassion satisfaction:** The fulfillment one gets from being able to do one's work well (Delaney, 2018).
- **Cynicism**: Shown by individuals displaying negative, uncaring, or detached attitudes to various aspects of their job (Poulsen et al., 2014).
- **Depersonalization:** Consists of a detachment within the self, regarding one's mind or body, or being a detached observer of one's self (Sierra & Berrios, 2001).
- **Emotional exhaustion:** High level of strain and feelings of being depleted (Poulsen et al., 2014).
- **Mindfulness:** The awareness that emerges through paying attention, on purpose and nonjudgmentally, to the unfolding of experiences moment by moment (Luken & Sammons, 2016).

- **Professional identity:** Professional identity is defined as one's professional self-concept based on attributes, beliefs, values, motives, and experiences (Ibarra, 1999; Schein, 1978).
- **Resiliency:** Refers to the skills, abilities, knowledge and insights that accumulate over time as we learn to overcome adversity and deal effectively with challenges (Gentry, 2018).
- **Secondary traumatic stress:** Healthcare workers' response to vicarious exposure to trauma arising from treating patients who have directly experienced traumatic or extremely stressful events (Kelly & Lefton, 2017).

The following chapters address aspects of the identified product. Chapter II consists of a literature review providing an overview of compassion fatigue and burnout, risk factors impacting health and well-being, and evidence-based strategies to mitigate compassion fatigue. Chapter III describes methodology regarding the product in relation to the literature review. Chapter IV is the *OT Practice* article for occupational therapy practitioners. Chapter V consists of a summary of the scholarly project, including limitations, implementation proposal, recommendations, and a final conclusion. References utilized throughout this scholarly project are listed following Chapter V.

CHAPTER II

Literature Review

Occupational therapy is a diverse and holistic healthcare profession that helps people across the lifespan do what they want and need to do through the therapeutic use of everyday activities (occupations) (American Occupational Therapy Association [AOTA], 2014). Occupational therapists assess physical, mental, spiritual, and cultural aspects of a person as well as their environment to improve their quality of life. Throughout the advancement of the healthcare profession, dynamic changes influenced by both internal and external factors have impacted current practices within different healthcare professions. Since its beginning, the occupational therapy profession has seen numerous changes to meet shifting needs. With current healthcare demands placing high emphasis on accessibility, reimbursement standards, justification for services, and productivity, it is becoming more challenging to provide quality client-centered care (Edwards & Dirette, 2010). The services occupational therapy practitioners currently provide aim to reduce hospital readmissions and prevent further healthcare costs by promoting health and wellness across the lifespan (Rogers et al., 2016).

The majority of occupational therapists work as direct patient care practitioners in hospitals (26.6%), schools (19.9%), long-term care/skilled nursing facility (19.2%), outpatient (10.8%), home health (6.8%), early intervention (4.6%), mental health (2.4%), community (2%), and other (1.7%) realms (AOTA, "Work Setting Trends for Occupational Therapy: How to Choose a Setting"). Practitioners working in direct patient

care make up roughly 93% of the workforce (AOTA, "Work Setting Trends for Occupational Therapy: How to Choose a Setting"). These settings are high demand in nature and require large quantities of time, energy, empathy, and compassion. Empathy and compassion are often seen as two essential qualities used in direct patient care. Continuous use of empathy and compassion on a daily basis creates a risk for developing compassion fatigue among healthcare providers. If left ignored or untreated, the quality of patient care, working life, and personal life of healthcare practitioners are greatly impacted (Edwards & Dirette, 2010).

Information addressing compassion fatigue and burnout in the healthcare field is becoming more widely approached and recognizable. Currently, there is literature that supports compassion fatigue, burnout, and other work-related stressors in a variety of healthcare professions; however, there is little recognition and information relative to the field of occupational therapy.

Burnout vs. Compassion Fatigue

The term “burnout” was coined in the 1970s by the American psychologist Herbert Freudenberger. The term was used to describe the consequences of severe stress and high ideals in “helping” professions. Doctors and nurses, for example, who sacrifice themselves for others, would often end up being “burned out” – exhausted, listless, and unable to cope (Costa, 2018). The term’s prevalence is seen across various job and workplace settings and has become a term widely used to express feelings of chronic job stress that cannot be effectively managed through active problem solving. Notably, there is no clear definition of what burnout really is, and as a result, has been misused in healthcare literature.

Comparable to burnout is compassion fatigue. The term compassion fatigue was first used in the context of a study of burnout in nurses nearly two decades ago. At that time, Joinson (1992) coined the term to describe the 'loss of the ability to nurture' that was noted in some nurses in emergency department settings. Compassion, or the feeling of emotion which ensures that a person is moved by the distress or suffering of another (Hooper et al., 2010), is foundational to healthcare professionals working in direct-patient care. Multiple environmental stressors such as expanding workloads and long hours coupled with serving those with traumatic injury and emotional distress results in healthcare professionals feeling tired, depressed, angry, ineffective, apathetic, detached, and somatic issues (Costa, 2018; Delaney, 2018; O'Mahony et al., 2018; La Mott & Martin, 2019; Sprang et al., 2007; Cetrano et al., 2017). This phenomenon appeared to escalate gradually over time as a result of cumulative stress, particularly when nurses ignored their symptoms and did not attend to their own emotional needs (Bush, 2009). It has been shown that 50% of employees working in caring professions are vulnerable to compassion fatigue (Tehrani, 2009). Although the term compassion fatigue was originally coined in the nursing population, it is apparent that these symptoms are present in other healthcare professions working in direct-patient care. There has been a lack of conceptual clarity about what constitutes compassion fatigue and how it differs from other adverse work outcomes, such as job burnout (Jenkins & Baird, 2002).

Table 1.1 compares and contrasts definitions of burnout and compassion fatigue from various authors and researchers. *Table 1.2* was developed to provide a visual display of the key comparisons and contrasts of the components of compassion fatigue and burnout.

Table 1.1

Defining Compassion Fatigue and Burnout: Scrutiny across the literature.

Table 1.1	**Compassion Fatigue**	**Burnout**
Cetrano et al. (2017)	"A practitioner's reduced capacity to be empathetic or bear the suffering of clients."	"A state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations."
Kolthoff and Hickman (2017)	"An emotional, physical, and mental exhaustion, also known as secondary traumatic stress."	Not defined in the article.
La Mott and Martin (2019)	"An umbrella term that refers to the negative consequences associated with working with traumatized individuals and vicariously experiencing the effects of their traumatic life event."	"A concept used to describe feelings of hopelessness, difficulties in dealing with one's job responsibilities effectively, and typically has a gradual onset."
Sprang et al. (2007); Painter et al. (2003)	Not defined in the article.	**"**Maslach 1982, defined burnout as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment."
Meadors et al. (2010)	"The consequence of working with a significant number of traumatized individuals in combination of a strong empathetic orientation or a formal caregivers reduced capacity and interest in being empathetic for suffering individuals."	"Defensive response to prolonged occupational exposure to demanding interpersonal situations that produce psychological strain and provide inadequate support."

Delaney (2018)	**"**A state of exhaustion and dysfunction as a consequence of prolonged exposure to suffering and stress."	**"**Response to prolonged exposure to demanding interpersonal circumstances and characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment."
Kelly and Lefton (2017)	"Conceptualized as the combination of burnout, psychological and physiological responses to prolonged chronic, emotional, and interpersonal stressors."	Not defined in the article.
Edwards and Dirette (2010)	Not defined in the article.	"A response to chronic stress; it represents erosion in values, dignity, spirit and will, and erosion of the human soul."
Costa (2018)	"A state of exhaustion and dysfunction (biologically, psychologically, and socially) as a result of prolonged exposure to secondary trauma or a single intensive event."	"Develops when cumulative effects of chronic job stress cannot be effectively managed through active problem solving. The failure to cope with stress constructively leads to the depletion of psychological energy required to carry out the job."
American Institute of Stress [AIS] (2019)	"The emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events. It differs from burn-out but can co-exist. Compassion Fatigue can occur due to exposure on one case or can be due to a "cumulative" level of trauma"	"Cumulative process marked by emotional exhaustion and withdrawal associated with increased workload and institutional stress, not trauma-related."

Table 1.2

Comparing and contrasting components of Compassion Fatigue and Burnout.

Table 1.2	**Compassion Fatigue**	**Burnout**
Origin	● 1992 ● First used to describe the 'loss of the ability to nurture' in nurses	● 1970's ● First used it to describe the consequences of severe stress and high ideals in "helping" professions
Examples of Workplace Settings	● Patient-care settings ○ Nursing ○ Therapy ○ Teachers ○ Social workers ○ EMT ○ Healthcare aides ○ Counsellors ○ Caregiver's (family, spouses, friends and others.)	● All workplace settings ○ Ex: Offices, Factories, Building sites, Design labs, Computer labs, Convention centers.
Differential Symptoms	● Emptiness[5, 11] ● Prolonged exposure to suffering, stress or trauma[1, 9, 10, 12, 13, 16] ● Reduced empathetic capacity[16] ● Questioning of professional purpose[5, 14] ● Sleep disturbances[1]	● Aggression[3] ● Callousness[1] ● Cynicism[1, 6, 7, 12, 13, 14] ● High risk behaviors/substance abuse[1, 14] ● Inability to cope[5, 14] ● Job dissatisfaction[2, 4, 8, 13]
Shared Symptoms	● Absenteeism[4, 8, 10, 14, 17] ● Anxiety[1, 5, 6, 16] ● Blunted affect[3] ● Defensiveness[1] ● Decreased judgement[3] ● Decreased motivation[3] ● Depersonalization[1, 2, 4, 5, 6, 8, 9, 13] ● Depression[1, 3, 16] ● Emotional exhaustion[1, 2, 4, 5, 6, 7, 8, 9, 11, 13, 14, 16] ● Emotional numbing[11, 13, 16] ● Guilt[1] ● Irritability[1, 5, 6] ● Isolation[2] ● Job turnover[1, 2, 8, 10, 14] ● Lack of a sense of humor[1] ● Mental exhaustion[1, 2, 6, 11, 15] ● Physical exhaustion[1, 2, 5, 6, 8, 11, 14, 15] ● Poor self-care[6] ● Psychological distress[13, 14, 15, 17] ● Physiological problems[6, 13] ● Reduced sense of personal accomplishment[1, 2, 4, 5, 6, 7, 9, 13] ● Social exhaustion[1, 16] ● Somatic complaints[6, 14]	

[1]Costa (2018). [2]Kawar, Radovich, Valdez, Zuniga and Rondinelli (2019). [3]Luken and Sammons (2016). [4]Painter, Akroyd, Elliot, and Adams (2003). [5]Siegel and Nagengast (2019). [6]Gentry (2018). [7]Poulsen et al. (2014). [8]Edwards and Dirette (2010). [9]Delaney (2018). [10]O'Mahony et al. (2017). [11]Kolthoff and Hickman (2017). [12]La Mott and Martin (2019). [13]Sprang, Clark, and Whitt-Woosley (2007). [14]Lloyd and King (2001). [15]Meadors, Lamson, Swanson, White and Sira (2010). [16]Cetrano et al. (2017). [17]Slatyer, Craigie, Heritage, Davis and Rees (2017).

Information from *Tables 1.1 and 1.2* highlight the similarities and differences between the terms "compassion fatigue" and "burnout". When considering the term "burnout", the authors discovered an ever-changing definition and recognized its over-utilization in a variety of workplace settings. An obstacle that the authors identified is that burnout is often used to describe components of compassion fatigue. It is not the author's intention to re-define the term "burnout", but rather bring attention to the improper use of the term in healthcare and caregiving. Due to burnout's prevalence in healthcare literature, the authors will continue to use the term throughout this scholarly project; however, compassion fatigue more closely aligns with the empathetic and caregiving nature of the occupational therapy profession.

Compassion Fatigue

For the purpose of this work, the authors developed a definition to encompass characteristics and components of compassion fatigue and defined it as an umbrella term used to encompass a practitioner's reduced empathetic capacity (La Mott & Martin, 2019; Cetrano et al., 2017; Meadors et al., 2010) due to a singular event or prolonged exposure to the suffering and stress of providing care for clients in the healthcare setting (Costa, 2018; Delaney 2018).

Compassion fatigue can cause adverse consequences for healthcare professionals, practitioners, patients, clients, organizations, and the field of healthcare. There are

numerous contributing factors that can impact the development of compassion fatigue (Sprang et al., 2010; La Mott & Martin, 2019; Gentry, 2018). Due to the variety of compassion fatigue risk factors, many professionals are not equipped to deal with the impacts that such fatigue can impose on their health and wellbeing. The coping mechanism most used is to disregard or avoid overwhelming emotions that surface repeatedly in caregiving work (Costa, 2018; Phillips & Volker, 2019). Delaney (2018) identified that orientation training for self-care strategies would be helpful to recognize problematic symptoms, develop awareness, and knowledge of strategies to utilize for combating compassion fatigue. Due to the lack of knowledge of compassion fatigue and ways to cope with its effects, it is important to first understand the risk factors associated with it.

Risk Factors. A risk factor is a characteristic, condition, or behavior that can increase the likelihood of developing problematic symptoms impacting one's overall health and wellbeing (Risk factor, n.d.). It is important to recognize that risk factors can be presented alone, but often do not occur alone, coexisting and interacting with one another. The most recognized risk factors within literature that impact the development of compassion fatigue are aspects of the work environment and an occupational therapy practitioner's ability to utilize their personal/professional skills, experiences, and abilities for fostering resilience to combat the risk factors of compassion fatigue.

Work Environment. The direct work environment and overall professional environment contribute heavily to compassion fatigue. Research has shown that compassion fatigue is not a problem of people themselves, but of the work environment (Kim & Stoner, 2008; Maslach & Leiter, 1997; Lloyd & King, 2001; Costa, 2018). The structure, functioning, and environment of the workplace can influence the social environment and how people interact with one another to carry out their jobs. It is argued that when the workplace does not recognize the human side of work, the risk of compassion fatigue grows.

Across the literature review, the authors concluded the following topics are the most prevalent risk factors of the working environment: productivity, access to resources, patient population, and a sense of autonomy in the workplace. These factors were reported as increasing the occupational therapist's risk of experiencing emotional, physical, and psychological distress (Kawar et al., 2019; Costa, 2018).

Resources/Finances. It is estimated that in the United States, the cost of stress and stress related problems to organizations is in excess of $300 billion annually (Edwards & Dirette, 2010). Additionally, Poulsen et al. (2012) found that occupational therapists with income dissatisfaction have been found to have higher rates of burnout and higher odds of cardiovascular disease than those who are satisfied with their income. If risk factors associated with burnout or compassion fatigue are not addressed, healthcare organizations are vulnerable to various problems including decreased productivity, absenteeism, high turnover rates, expense of continually replacing workers, and concerns for patient safety (Kelly & Lefton, 2017; O'Mahony et al., 2018).

Patient population. Occupational therapists working in chronic healthcare settings (long term care, rehabilitation, psychiatric settings) demonstrated higher levels of emotional exhaustion than those working in community (schools, outpatient clinics, and home health agencies) and hospital settings (Painter et al., 2003). Chronic healthcare settings typically have high stress, abundant workloads, limited resources, reduced autonomy, and are physically demanding (Painter et al., 2003); however, therapists working in adult and pediatric intensive care units are subject to the same work-related stressors (Colville et al., 2017). Colville and colleagues (2017) report that intensive care unit staff exhibited more anxiety and posttraumatic stress symptoms versus other health professionals. Meadors and colleagues (2010) recognized high levels of personal stressors were positively correlated with higher levels of clinical stress, as well as symptoms of secondary traumatic stress among neonatal and pediatric intensive-care providers. Furthermore, practitioners working in settings with high exposure to patient

death or survivors of violent or human-induced trauma seemed to be at greater risk for compassion fatigue and secondary traumatic stress (Sprang et al., 2007; Phillips et al., 2019). Workplace and emotional stress are compounded by the lack of time to process patient loss and emotions that arise from work, such as lack of continued treatment options and loss of hope for a cure (Phillips et al., 2019). When workplace and emotional stress are left unaddressed, it can lead to compassion fatigue.

Productivity. During the past decade, practitioners have been faced with heavy workloads, long working hours, and work in numerous different environments and settings. In addition to an increase in productivity, practitioners also have to meet the demands of third-party payers to justify interventions provided **(**Edwards & Dirette, 2010). Staff recruitment and retention, as well as shortages in staffing are reported as major stressors to existing staff in which the pre-existing staff are expected to fulfill ever-increasing demands of the job (Lloyd & King, 2001). Perceived work overload is one of many work-related stressors that can create interpersonal pressure and strain for individuals and is correlated with emotional exhaustion in occupational therapy practitioners (Gupta et al., 2012). Over-engagement and high levels of commitment required to meet job demands undermine the importance of personal health and work-life balance (Poulsen et al., 2014). Consistent with the findings of Gupta et al. (2012), Bakker et al. (2011), argued that if workloads become too demanding, or there is work/family conflict and health is compromised, the positive effects of high engagement, such as vigor, energy, dedication, and enjoyment can change over time into negative effects such as work strain. Lastly, outside of the work setting, practitioners have additional roles and routines to balance, and if a practitioner is unable to detach from work, it may impede full recovery at the end of the working day. (Poulsen et al., 2014; Hakanen & Schaufeli, 2012).

Length of experience. Entry level practitioners or new graduates as well as those working in settings with minimal structure, low support, and increased patient caseloads

were found to be at greater risk for developing compassion fatigue (Kelly & Lefton, 2017; Kawar et al., 2019; Kolthoff, 2017). Students and new graduates have additional factors that affect their work performance including: lack of experience, lack of professional boundaries, developing personal and professional goals, balancing changing life circumstances, discovering careers roles, lack of support groups and financial obligations (Poulsen et al., 2014; Kolthoff, 2017). Additionally, practitioners with six to ten years of experience reported high levels of compassion fatigue and burnout (Kelly & Lefton, 2017). Possible factors that may explain this association include consideration that therapists with ten or fewer years of experience may have not yet developed a repertoire of effective workplace coping strategies or may be in positions where they experience less autonomy and feel a greater need to justify their decision making. Within the work environment, less experienced staff may also experience greater professional isolation at work than more experienced therapists **(**Poulsen et al., 2014). In addition to therapists with less than ten years of experience, Luken and Sammons (2016) reported that practitioners balancing multiple roles at home and work have been associated with a higher incidence of compassion fatigue and burnout.

Resilience. Resilience is an individual's skills, abilities, knowledge, and insights that accumulate over time as we learn to overcome adversity and deal effectively with challenges (Gentry, 2018). People who are emotionally resilient demonstrate interpersonal abilities to self-calm, self-replenish, express emotions, utilize self-care and are generally optimistic, hopeful, coherent, and socially supported (Gentry, 2018). Resilience is also about learning to recognize emotional and physical fatigue and having the ability to "bounce back" after experiencing adversity. Past experiences pose an additional risk factor impacting a practitioner's resilience and increase the likelihood of developing compassion fatigue. Examples of these include a history of trauma, negative life events, low social support, and an inability to cope with the demands of caregiving (Adams & Boscarino, 2006).

"One of the key factors in predicting the likelihood of the onset of compassion fatigue is an individual's resilience quotient" (Gentry, 2018, p.532). It has been said that success is not the absence of failure, as each mistake teaches us the ability to persist through hardships (Gentry, 2018). As compassion fatigue is developed, it is expected that there is an unbalanced sense of being, inevitably influencing personal happiness, decision making, and responses in a negative manner increasing absenteeism, risking patient safety, decreasing job satisfaction, and the quality of patient care (Fernandez-Parsons, Rodriguez, & Goyal, 2013). Developing emotional resilience can help practitioners safeguard against compassion fatigue or burnout. While some individuals are more naturally resilient, it is important to understand that individuals can develop and foster this capacity through positive thinking and associations.

Risk Factors Synopsis

For all occupational therapy practitioners, it is important to consider what a positive work-life balance looks like for their own happiness and wellbeing. Occupational therapy practitioners should be educated and aware of work-related stress and its presence unique to each practitioner. Work-related stress leads to job dissatisfaction, low-organizational commitment, absenteeism, and high turnover; it affects the interpersonal functioning of teams and colleagues with increased conflict, substandard patient care, problems at home, attrition, and physical and mental health problems. Continued exposure to work-related stressors poses a threat to physiological, psychological, physical, and emotional health as well as various problems for healthcare organizations (Colville et al., 2017; Gupta et al., 2012; Poulsen et al., 2014; Bakker et al., 2011). In order to mitigate compassion fatigue and foster resilience in occupational therapy practitioners, it is important to develop an understanding of symptoms and risk factors that can expose occupational therapy practitioners to negative work environments impacting the practitioner's overall health, wellness, and abilities to provide quality care to patients. Additionally, it is important to be knowledgeable of evidence-based strategies

to use for personal and professional purposes to mitigate compassion fatigue and increase compassion satisfaction and overall quality of life.

Strategies

Empathic engagement with clients are thought to be vital to the therapeutic process but can have an adverse emotional impact on the caregiver. To help reduce the emotional impact from empathetic engagement, the authors identified several strategies to combat compassion fatigue across their literature review. The most common and evidence-based strategies identified were self-care, support systems, mindfulness, professional identity, and education/training. Table 2.1 highlights the main themes of strategies that occupational therapy practitioners can employ to combat compassion fatigue. Following Table 2.1, the authors synthesized information for each of the five strategies and discussed implications for occupational therapy practitioners.

Table 2.1

Common Themes of Strategies to Combat Compassion Fatigue

Self-Care	• Self-care strategies are shown to be effective to counter isolation, increase professional identity and resilience, and maintain a sense of autonomy. • The most prevalent self-care strategies across the literature review were engaging in physically active or leisure pursuits, debriefing with family or colleagues, developing supportive social networks, maintaining a sense of humor, and self-reflection. (Poulsen et al., 2014; Gupta et al., 2012; Colville et al., 2017; Turner & Knight, 2015; Siegel, 2019; Meadors et al., 2010; Gentry, 2018)
Support Systems	• A social support network is made up of friends, family, and colleagues and creates an environment where one can experience positive states, feelings of acceptance, reduce isolation, and provide a sense of belonging. • Management and leadership support are crucial components to mitigate compassion fatigue. (Gentry, 2018; Kolthoff, 2017; Kawar et al., 2019)
Mindfulness	• Mindfulness arises when an individual is focused on being present in the moment to unfolding experiences through the use of self-reflection, meditation, awareness of sensations, thoughts, and feelings, while remaining detached and non-judgmental. • Bringing mindfulness into daily occupations has the potential to change the way people think about and engage in occupations to promote occupational presence, awareness, engagement, well-being, fulfillment, and can enhance one's occupational experience. (Luken & Sammons, 2016; Zeman & Harvison, 2017; Goodman et al., 2019).
Professional Identity	• Professional identity is defined as one's professional self-concept based on attributes, beliefs, values, motives, and experiences. Formation of professional identity is a dynamic process that is shaped by multiple factors which include personal and professional experiences, skills, knowledge, and educational background. • The development and maintenance of professional identity as a proactive measure prepares practitioners for challenging situations, role conflict, identity confusion, and self-doubt (Ibarra, 1999; Schein, 1978; Ashby et al., 2013; Edwards & Dirette, 2010).
Education	• Education can be used as a proactive approach to cultivate learning opportunities for practitioners. • Researchers highlighted the importance of education and guidance to increase learning strategies for emotion regulation, boundary setting, self-reflection, and coping strategies. • Evidence has supported the importance of incorporating these teaching and learning strategies to improve the quality of patient care, patient satisfaction, and the practitioner's resilience and identity. (Zeman & Harvison, 2017; Phillips & Volker, 2019).

Self-care. Self-care is the foundation for practitioner well-being. It is a dynamic concept that requires a commitment to nurturing and protecting personal and professional wellness (Siegel, 2019). Self-care is a way for practitioners to provide compassionate patient care, enjoy job satisfaction and engagement, and facilitate compassion satisfaction in themselves and others (Siegel, 2019). There is evidence that healthcare workers themselves do not prioritize self-care (Arman et al., 2011). As compassion fatigue develops gradually in response to chronic stress at work (Demerouti et al., 2010), ongoing education of healthcare practitioners concerning self-care practices at all points in their careers is necessary. Developing strategies and setting time aside for self-care practices may assist occupational therapy practitioners, educators, and students to learn adaptive coping skills that will help to better balance professional demands with their personal lives. Several different strategies were effective to counter isolation and increase professional resilience and identity. Common self-care strategies are identified in Table 2.2.

Table 2.2

Evidence-based Self-Care Strategies to Combat Compassion Fatigue

Self-Care Strategies
• active and passive coping skills[5] • attending in-service trainings[6, 7] • engaging in physically active or valued leisure pursuits[1, 2, 5, 8] • debriefing with family or colleagues[2, 3, 6, 8] • developing awareness of personal triggers[6] • developing supportive social networks[1, 2, 4, 6] • developing work boundaries[2, 5] • eat with colleagues at work[5] • healthy diet[8] • maintaining a sense of humor[1, 2, 6] • mindfulness practices[3, 7] • opportunities for reinforcing professional knowledge (journal clubs, informal study days)[4] • role modeling[4] • self-reflection[3, 4, 5] • sense of control over work responsibilities[1, 2] • sleeping regularly[5, 8] • spending time with family and friends[1, 5] • uni-professional meetings[4] • utilizing time management strategies to maximize productivity[2, 7] • work-life balance[1, 2, 6]

[1]Poulsen et al. (2014). [2]Gupta, Paterson, Lysaght and von Zweck (2012). [3]Colville et al. (2017). [4]Turner and Knight (2015). [5]Siegel (2019).[6]Meadors, Lamson, Swanson, White and Sira (2010). [7]La Mott and Martin (2019). [8]Gentry (2018).

There are several evidence-based self-care strategies practitioners can use both at work and home. It is important to be aware of self-care strategies that are successful for each unique individual. Practitioners can begin monitoring their levels of stress and well-being through outcome measures, such as analysis of survey results while simultaneously assessing the degree of self-care behavior they are engaging in to see how it affects levels of compassion (La Mott & Martin, 2019). Becoming educated in self-care practices may assist in increasing the likelihood of practitioners seeking help to reduce their overall stress, increase their degree of well-being, and be able to serve their clients better. Embracing a multimodal approach ensures the best chance at mitigation and recovery from compassion fatigue (Siegel, 2019). Focusing on self-care enables increased job satisfaction, job engagement, and compassion satisfaction. A commitment to self-care is integral to overcoming the personal and professional burden of compassion fatigue.

Support systems. Having a reliable and healthy personal and professional support system is essential for assuring emotional drain within occupational therapy. A social support network can consist of friends, family, and colleagues (Gentry, 2018). It provides a sense of belonging, feeling of security, and a safe place to express and receive support to help reduce feelings of isolation (Gentry, 2018). A social support network creates an environment in which one can experience positive states, feelings of acceptance, and caring (Gentry, 2018).

Regarding professional support systems, Kawar and colleagues (2019) identified that management and leadership support are crucial components of employee job satisfaction, engagement, and retention. Kolthoff (2017) reported that new graduate practitioners may be more vulnerable to compassion fatigue because they have not yet

developed a support group or set professional boundaries. To reduce new graduates' vulnerability to develop compassion fatigue, Kawar and colleagues (2019) found that new graduate orientation increases practitioners' knowledge and enhances skills in facing the many challenges that come with hands-on experiences and demanding patient populations. Building a mentoring program to engage new graduates with seasoned practitioners may strengthen the team spirit and be the key to ease the transition of new graduates from the novice to an expert role (Kawar et al., 2019). Management and leadership support may be demonstrated by enhancing staffing, controlling the workload, flexible scheduling, education benefits, celebrating and recognizing accomplishments, and implementing acknowledgment and reward programs (Kawar et al., 2019; Kolthoff, 2017). By obtaining a supportive environment and social network, practitioners are less susceptible to burnout and compassion fatigue and sustain compassion satisfaction.

Mindfulness. The practice of mindfulness originated around two thousand years ago, stemming from Eastern Buddhist traditions as a spiritual practice with the aim of awakening and knowing our true self (Goodman et al., 2019). Mindfulness arises when an individual focuses on being present in the moment to unfolding experiences through the use of self-reflection, meditation, awareness of sensations, thoughts, and feelings while remaining detached and non-judgmental (Luken & Sammons, 2016; Zeman & Harvison, 2017). Practicing mindfulness has shown significant positive results on acute and long-term improvements in emotional health, physical health, and the ability to manage stress, pain, and suffering in people living with various health conditions (Goodman et al., 2019).

Mindfulness training has also shown promise as a useful tool for mediating stress in the working lives of health and social care professionals (Goodman et al., 2019). In a study by Shapiro and colleagues (2005), healthcare professionals who participated in programs centered around mindfulness-based stress reduction (MBSR) or mindfulness-based cognitive therapy (MBCT) fostered empathy, increased self-compassion, decreased levels of anxiety and stress when compared to control groups. MBSR and MBCT are similar programs typically running eight weeks long. Both programs focus on reducing stress via utilization of mindful practices, which include meditation classes with a trained teacher, daily audio-guided home practice, homework assignments, and a day-long mindfulness retreat (Creswell, 2017). The course content focuses on learning how to mindfully attend to body sensations, using various mind-body meditative practices such as sitting meditation, body scans, gentle stretching, and yoga (Creswell, 2017). Evidence supports the implication of MBSR, MBCT, and mindfulness practices to decrease job burnout and compassion fatigue among healthcare professionals (Luken & Sammons, 2016; Shapiro et al., 2005).

Mindfulness enables practitioners to foster their personal and professional skills so that they can act with compassion, empathy, competence, presence, and insight (Goodman et al., 2019). Healthcare professionals who use mindfulness practices can develop rapport with clients and build stronger therapeutic relationships by demonstrating acceptance and openness to experiences throughout the therapeutic process (Luken & Sammons, 2016). Furthermore, mindfulness practices promote self-awareness in practitioners which, is essential when developing strategies such as self-care, resilience, presence, professionalism, and effective therapeutic relationships to combat compassion fatigue.

Throughout the literature review process, the authors noted a compelling connection between the profession of occupational therapy, mindfulness, and occupation--the essence of doing, being, and becoming. Hasselkus (2006) highlighted dimensions of daily occupation, describing how occupational experiences illuminate implicit and explicit meaning in daily lives.

> Occupations are an essential part of the rhythm of everyday life and that this ordinary rhythm is the deep primordial nourishment of our existence. Everyday occupation is a means by which individuals organize their personal meaning of the world which they live in; the intermeshed patterns of daily occupations are what give shape to an individual's daily life. These features of everyday living are essential to quality of life and to the profession of occupational therapy and occupational science (p. 638).

Building deeper personal meaning and connection within everyday life emulates mindfulness, a way of being present with life's experiences (Goodman et al., 2019). Bringing mindfulness into daily occupations has the potential to change the way people think about and engage in occupations to promote occupational presence, awareness, engagement, well-being, fulfillment, and can enhance one's occupational experience (Goodman et al., 2019). In a world of ever-increasing emphasis on 'doing', mindfulness approaches may inform an important shift towards 'being' and 'becoming' in relation to everyday occupations and experiences. This connection is essential to the occupational therapy profession's identity and importance within healthcare.

Professional identity. Professional identity is an individual's professional self-concept based on attributes, beliefs, values, motives, and experiences (Ibarra, 1999; Schein, 1978). Formation of professional identity is a dynamic process that is shaped by

multiple factors, which include personal and professional experiences, skills, knowledge, and educational background. Professional identity is essential not only for an individual's health and wellbeing but also for the livelihood of a profession. Results of a study by Walsh (2018) indicated that although occupational therapy is over one hundred years old, the profession's presence in media and healthcare could be more substantial. The study suggested that the profession of occupational therapy itself lacks a clear professional identity. The results may be attributed to the vast scope of occupational therapy in addition to the ever-changing emerging areas of practice in the profession.

The lack of a strong professional identity is demonstrated through adverse effects that can occur on personal and professional levels. Findings of a study by Lloyd and King (2001), suggest that a lack of professional status, poor recognition, and the low visibility of the occupational therapy profession were contributing factors to compassion fatigue and burnout. These findings corroborate with Edwards and Dirette (2010), suggesting that a lack of professional identity creates a disadvantage in the realm of reimbursement and places individual practitioners at a higher risk for identity confusion. Costa (2018) reports that occupational therapy practitioners with high levels of compassion fatigue and burnout wished they had chosen a profession with more recognition and prestige. The practitioners describe feelings of being undervalued and disrespected by colleagues, patients, insurance companies, and third-party payers.

When practitioners feel undervalued and disrespected, their autonomy becomes affected. Autonomy, or being self-directed, is essential in healthcare settings when fostering competence among practitioners. Encouraging autonomy among occupational therapists occurs by instilling confidence in decision making and valuing the

practitioner's role in a multidisciplinary team. By instilling confidence, offering choices, and having open communication among managerial levels, occupational therapists will begin to have a sense of self-respect and self-worth, ultimately impacting a practitioner's resiliency and abilities to be proactive against compassion fatigue. Healthcare settings that provide occupational therapists a sense of control will enhance their engagement with work and may promote job satisfaction, organizational commitment, and decrease compassion fatigue (Painter et al., 2003).

Therapists that lack certainty of their scope of practice experience role conflict (Costa, 2018). For new graduates and entry-level practitioners, additional factors may affect fostering professional identity. With limited experience in practice, entry-level practitioners may experience higher levels of self-doubt when navigating personal, professional, and therapeutic reasoning (Costa, 2018). Lloyd & King (2001) identified a lack of supervision and mentorship within the workplace as an underlying issue in professional identity. This information is relevant to practitioners of all experience levels to understand the influence that support, and mentorship can have on an individual and the profession.

The advantages of promoting professional identity within occupational therapy are unparalleled. Therapists with lower levels of compassion fatigue felt that their patients recognized and appreciated occupational therapy as a unique treatment, considered occupational therapy to offer unique and distinct treatment approaches, and had a positive relationship with insurance companies and third-party payers (Costa, 2018). The development and maintenance of professional identity as a proactive measure

prepares practitioners for challenging situations, role conflict, identity confusion, and self-doubt (Ashby, Ryan, Gray & James, 2013; Edwards & Dirette, 2010).

It is essential for occupational therapy practitioners to continually advocate and promote the core values, beliefs, and visions of the professions to ensure its longevity. Continual establishment of professional identity within occupational therapy helps the profession remain a viable, prominent, and formidable stakeholder in today's healthcare marketplace (Walsh, 2018). Fostering professional identity strengthens practitioners' resolve to advocate for the profession of occupational therapy in environments where the importance of occupational therapy may not be well understood or validated (Ashby et al., 2013). The current dynamic of the healthcare system is complex, requiring practitioners to meet increasing expectations. Client-centered care adds to the mental, physical, and emotional demands of the practitioner as well as the identified challenges that occupational therapists experience with professional identity. The importance of using education as a proactive means to combat compassion fatigue is essential in sustaining professional resilience and career longevity (Ashby et al., 2013).

Education. Educators, clinicians, administrators, and policymakers need to take proactive steps to mitigate practitioners' risks of developing compassion fatigue. Education can be used as a proactive approach to cultivate learning opportunities for practitioners. Participants in a study by Colville and colleagues (2017) reported wanting more teaching opportunities for self-care to combat work stress, compassion fatigue, and burnout. Additionally, specialized training on trauma enhanced compassion satisfaction and reduced levels of compassion fatigue (Sprang et al., 2007). Researchers highlighted the importance of education and guidance to increase learning strategies for emotion

regulation, boundary setting, self-reflection, and coping strategies. Evidence has supported the importance of incorporating these teaching and learning strategies to improve the quality of patient care, patient satisfaction, and the practitioner's resilience and identity (Zeman & Harvison, 2017; Phillips & Volker, 2019).

The development of professional identity begins at the onset of academic programs (Ashby et al., 2013). Integrating topics that allow student learning experiences, such as self-care and mindfulness practices that practitioners can reference throughout their career, is essential for health, well-being, work-life balance, and career longevity (Ashby et al., 2013; Gentry, 2018). Entry-level practitioners deal with personal and professional demands in combination with a lack of experience within practice (Poulsen et al., 2014). Curricula should include occupation-focused models as they offer a theoretical basis for practice and provide explanations and guidance throughout the occupational therapy process (Ashby et al., 2013). Continually acquiring knowledge, information, and experience is the lifelong process of learning, which is essential to a practitioner's advancement in their personal and professional skills and abilities. A proactive approach that can help practitioners identify if they are at risk of developing compassion fatigue and burnout is utilizing assessments and measurements. These tools help obtain information about an individual's current perspective on their work and home environments as well as the individuals' abilities to mitigate aversive factors in their personal and professional lives.

Tools for Measuring Compassion Fatigue and Burnout

Measures:

Professional quality of life scale (ProQol): compassion satisfaction and fatigue version. Measures both the negative and positive effects of helping people who experience suffering and trauma. Includes subscales for compassion satisfaction, burnout, and secondary traumatic stress associated with caregiving (Delaney, 2018).

Connor-Davidson Resilience Scale 25 item: designed to measure a person's ability to cope with stress and adversity. Based on the definition of resilience as the ability to adapt well, overcome adversity, thrive in the face of adversity **(**Delaney, 2018).

Neff 26-item self-compassion scale: developed to measure both the negative and positive aspects of the three main components of self-compassion: self-kindness versus self-judgement, common humanity versus isolation, and mindfulness versus over-identification (Delaney, 2018).

Freiburg Mindfulness Inventory: developed to measure mindfulness in people with no background in mindfulness or meditation (Delaney, 2018).

Maslach Burnout Inventory (MBI): most widely used, accepted, valid, and reliable measurement tool of stress and burnout. The MBI contains 22 items broken up into three themes: emotional exhaustion, depersonalization, and accomplishment (Costa, 2018; Lloyd & King, 2001).

Oldenburg Burnout Inventory: provides a total Burnout score by adding the scores on the two dimensions of disengagement and exhaustion (Poulsen et al., 2014).

Utrecht Work Engagement Scale: Measurement scale for work engagement. Three themes are used to produce a total score for work engagement: vigour, dedication, and absorption (Poulsen et al., 2014).

Areas of Worklife Survey: Standardized assessment tool used to help identify areas that need change to enhance engagement with work; includes 6 subscales (workload, control, reward, community, fairness, values) (Gupta et al., 2012).

The identified tools are one of several ways that practitioners can be proactive when addressing adverse areas identified through assessments, measurements, feedback, or self-reflection. Using the Person-Environment-Occupation-Performance (PEOP) model as a guide throughout the occupational therapy process allows individuals the ability to reflect on occupational performance and participation within their daily occupations. The assessments can be used throughout evaluation to identify areas within occupations of work, leisure, social participation, as well as the impact of the individual's extrinsic (environments) and intrinsic factors (person: cognitive, physiological, spiritual, neurobehavioral, and psychological) to achieve wellbeing and quality of life (Baum et al., 2015). During intervention planning and implementation, the practitioner can identify areas within intrinsic and extrinsic factors that inhibit occupational performance and participation. The practitioner will then identify goals and strategies within each area to promote self-care, resilience, mindfulness, and professional identity. For outcome measurement, the assessments and measurement tools will assist with tracking the practitioner's progress within self-identified areas, goal obtainment, and occupational performance and participation throughout the therapeutic process. Education can be used to empower practitioners to manage aversive factors of compassion fatigue and burnout. Enabling practitioners is essential for the continual advancement of the profession and promotion of the core tenant of occupational therapy, helping people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities---occupations (AOTA, 2014).

Occupational therapy is a unique profession, working with individuals across the lifespan to increase their quality of life by overcoming challenges and hardships. With a majority of occupational therapists working in direct-patient care settings ("Work setting trends," n.d.), there is an increased demand for the constant use of compassion and empathy which often leads to emotional exhaustion. Compassion fatigue, introduced in 1992 (Joinson, 1992), is a term used to describe the 'loss of ability to nurture' or a practitioner's reduced empathetic capacity (La Mott & Martin, 2019; Cetrano et al., 2017; Meadors et al., 2010) due to a singular event or prolonged exposure to the suffering and stress of providing care for clients in the healthcare setting (Costa, 2018; Delaney, 2018). The authors found that the term "burnout" has been used across the literature to describe what is compassion fatigue.

The authors identified several risk factors across the conduction of their literature review. The main risk factors that impacted the development of compassion fatigue were aspects of the work environment, occupational therapists' ability to utilize personal and professional skills, experiences, and abilities for fostering resilience to help mitigate these issues. To help combat these risk factors and reduce the emotional toll on the practitioner, the authors identified evidence-based strategies, including self-care, support systems, mindfulness practices, professional identity, and education. By utilizing a proactive and holistic approach, practitioners can begin to identify and detect early warning signs and use evidence-based strategies to combat early signs of compassion fatigue.

Occupational Therapy Process

The occupational therapy process is the "client-centered delivery of occupational therapy services" and includes "evaluation and intervention to achieve targeted outcomes" (AOTA, 2014, p. S10). The Person-Environment-Occupation-Performance (PEOP) model can be used to help guide the practitioner through the occupational therapy process. Assessments can be used throughout evaluation to identify areas within occupations of work, leisure, social participation, as well as the impact of the individual's extrinsic (environments) and intrinsic factors (person: cognitive, physiological, spiritual, neurobehavioral, and psychological) to achieve wellbeing and quality of life (Baum et al., 2015). This model provides insight, education, and holistic strategies for combating compassion fatigue.

Evaluation

To begin the evaluation process, practitioners are required to be aware of their current health state and identify supports and barriers to health, well-being, and participation (AOTA, 2014). The practitioner must collect information about their unique needs, problems, and concerns about their work performance (AOTA, 2014). To help collect this information, practitioners may use tools to measure for risk factors of compassion fatigue. There are many scales and surveys available online to measure a practitioner's current emotional state, resilience, mindfulness and compassion. Specifically, the Professional Quality of Life Scale (ProQOL), Neff Self-Compassion Scale, and the Freiburg Mindfulness Inventory Survey are free of purchase and available

online to use. Other useful surveys and scales include the Connor-Davidson Resilience Scale, Uterecht Work Engagement Scale, and the Areas of Worklife Survey.

The Professional Quality of Life Scale measures the positive and negative effects of helping people who experience suffering and trauma. Specifically, the ProQOL measures compassion satisfaction, burnout, and secondary traumatic stress associated with caregiving (Delaney, 2018). The second assessment available online is the Neff Self-Compassion Scale. This scale was developed to measure both the negative and positive aspects of the three main components of self-compassion: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification (Delaney, 2018). The third assessment practitioners may use to evaluate, and measure subscales of compassion fatigue is the Freiburg Mindfulness Inventory Survey. This was developed to measure mindfulness in people with no background in mindfulness or meditation (Delaney, 2018). These assessments are important and useful in identifying specific areas where one may exhibit stronger symptoms (i.e. self-kindness, self-judgement, mindfulness, resilience, isolation, compassion satisfaction, burnout, and secondary traumatic stress).

Occupational therapy practitioners may use the Person-Environment-Occupation-Performance (PEOP) model as a guide throughout the occupational therapy process. The PEOP model allows individuals the ability to reflect on occupational performance and participation within their daily occupations. The assessments can be used throughout evaluation to identify areas within occupations of work, leisure, social participation, as well as the impact of the individual's extrinsic (environments) and intrinsic factors (person: cognitive, physiological, spiritual, neurobehavioral, and psychological) to

achieve wellbeing and improved quality of life (Baum et al., 2015). By obtaining assessment information, practitioners can begin the individualized approach in the evaluation, intervention planning, and intervention implementation stages (AOTA, 2014).

Intervention

Throughout the therapeutic process, therapists will develop an intervention plans to facilitate engagement in occupations related to health, well-being, and participation (AOTA, 2014). The intervention process is divided into the intervention plan, intervention implementation, and intervention review (AOTA, 2014). During intervention planning and implementation, the practitioner can identify areas within intrinsic and extrinsic factors that inhibit occupational performance and participation. The practitioner will then identify goals and strategies using either primary or secondary interventions to promote self-care, resilience, mindfulness, and professional identity. Upon the intervention review, practitioners will reflect on which strategy helped them the most to reach the goals they identified within the intervention plan and modify the strategies or plan as needed.

By utilizing a proactive and holistic approach, practitioners can begin to identify and detect early warning signs and use evidence-based strategies to prevent early signs of compassion fatigue. To help combat risk factors and reduce the emotional toll on the practitioner, the authors identified evidence-based strategies, including self-care, support systems, mindfulness practices, professional identity, and education. Self-care strategies include: engaging in physically active or leisure pursuits, debriefing with family or colleagues, developing supportive social networks, maintaining a sense of humor, and self-reflection (Poulsen et al., 2014; Gupta et al., 2012; Colville et al., 2017; Turner &

Knight, 2015; Siegel, 2019; Meadors et al., 2010; Gentry, 2018). Having a strong social support network was found to help practitioners maintain a positive state of mind, feel accepted, reduce feelings of isolation, and provide a sense of belonging (Gentry, 2018; Kolthoff, 2017; Kawar et al., 2019). Mindfulness is considered being present in the moment and was found to have the potential to change the way people think about and engage in occupations to promote presence, awareness, and fulfillment (Luken & Sammons, 2016; Zeman & Harvison, 2017; Goodman et al., 2019). The development and maintenance of professional identity (self-concept) as a proactive measure prepares practitioners for challenging situations, role conflict, identity confusion, and self-doubt (Ibarra, 1999; Schein, 1978; Ashby et al., 2013; Edwards & Dirette, 2010). Lastly, education can be used to empower practitioners to manage aversive factors, increase learning strategies for emotional regulation, boundary setting, self-reflection, and coping strategies (Zeman & Harvison, 2017; Phillips & Volker, 2019). Evidence supports the importance of incorporating these teaching and learning strategies to improve the quality of patient care, patient satisfaction, and the practitioner's resilience and identity. (Zeman & Harvison, 2017; Phillips & Volker, 2019).

Outcomes

For outcome measurement, the assessments and measurement tools will assist with tracking the practitioner's progress within self-identified areas, goal obtainment, and occupational performance and participation throughout the therapeutic process. Types of outcomes that may be seen upon review of assessments include: increased compassion satisfaction, engagement with patients and co-workers, higher quality of care, greater work-life balance, increased sense of personal accomplishment, improved self-care and

self-esteem, increased sense of humor, increased job satisfaction, and higher quality of sleep. As the practitioner analyzes his or her occupational performance, changes to the intervention plan may occur, redefining desired outcomes (AOTA, 2014).

Conclusion

Understanding the components of the occupational therapy process is vital to ensure optimal therapeutic outcomes. Beginning with collecting information related to work performance, conducting assessments to identify targeted areas for intervention planning and implementation, and reassessment to measure functional outcomes, are important to consider helping mitigate compassion fatigue. Identifying problematic areas and developing and using self-care strategies may assist not only occupational therapy practitioners, but educators and students to learn adaptive coping skills that will enable individuals to better balance professional demands with personal lives, leading to greater satisfaction with daily pursuits.

CHAPTER III

Methodology

The authors of this scholarly project both feel a deep passion for the profession of occupational therapy. Upon completion of student fieldworks, the authors reflected on several practitioners who appeared to lack passion, joy, engagement and excitement within their work. Following these experiences, the authors were intrigued with the prevalence of compassion fatigue within the occupational therapy profession. When looking up its prevalence, the authors noted many articles addressing burnout in healthcare occupations, and compassion fatigue among nursing occupations. The authors struggled with determining a true definition of compassion fatigue and burnout, noting many similarities among the two terms across several researchers. Through the conduction of the literature review, the authors came to define compassion fatigue as an umbrella term used to encompass a practitioner's reduced empathetic capacity (La Mott & Martin, 2019; Cetrano et al., 2017; Meadors et al., 2010) due to a singular event or prolonged exposure to the suffering and stress of providing care for clients in the healthcare setting (Costa, 2018; Delaney 2018). The authors found compassion fatigue differed from burnout as burnout is a response to chronic stress (Edwards & Dirette, 2010) and in inability to bounce back, often leading to job cessation. Burnout is not appropriate to use to describe decreased empathetic capacity, typically seen among caregiving professions; rather, compassion fatigue is a term that is most appropriate to use to describe depleted empathy, emotional exhaustion, and emotional numbness.

The authors conducted a literature review following reflection, discussion, and identification of the need to address compassion fatigue among occupational therapy practitioners. Scholarly articles were retrieved from databases such as CINAHL, PubMED, OT search, Google Scholar, and the American Journal of Occupational Therapy (AJOT). The authors utilized the following search words "compassion fatigue," "burnout," "compassion satisfaction," "empathy," "compassion fatigue AND occupational therapy," "burnout AND occupational therapy," "compassion fatigue IN occupational therapy," and "compassion fatigue, burnout, and secondary traumatic stress." The articles were critiqued using qualitative and quantitative charts provided by the University of North Dakota.

Information obtained was organized into sections of the outline that included: (a) compassion fatigue versus burnout, (b) risk factors, (c) strategies, (d) tools for measuring compassion fatigue, and (e) models and theories for compassion fatigue and occupational therapy practitioners. A thorough analysis of the information was completed by the authors. The analysis of information indicated several risk factors and evidence-based strategies to help mitigate compassion fatigue. Because there remains a disjunction in literature regarding compassion fatigue and occupational therapy, the authors chose to write an *OT Practice* article to educate and inform practitioners of early warning signs and strategies to combat compassion fatigue. By using a proactive and holistic approach, practitioners are better suited to independently identify components of compassion fatigue and practice evidence-based strategies in order to continue providing empathetic care, engaging fully and compassionately within their work, and be able to leave work feeling a sense of fulfillment and pride.

The authors chose to use the Person-Environment-Occupation-Performance (PEOP) model to guide the scholarly project and development of the product. The model can be used throughout evaluation to identify areas within occupations of work, leisure, social participation, as well as the impact of the individual's extrinsic (environments) and intrinsic factors (person: cognitive, physiological, spiritual, neurobehavioral, and psychological) to achieve wellbeing and quality of life (Baum et al., 2015). This model was chosen in order to guide a product that provides insight, education, and holistic strategies for combating compassion fatigue.

The authors began writing the *OT Practice* article by stating the lack of acknowledgement of the prevalence of compassion fatigue within the occupational therapy profession and the importance of being proactive in occupational therapy practitioners learning in order to identify and mitigate early warning signs of compassion fatigue. The authors then stated and explained problems identified throughout the literature review, placing emphasis on the comparisons and differences between compassion fatigue and burnout. From there, the authors developed two case studies (experienced practitioner versus new graduate) and used the PEOP model for guidance throughout the occupational therapy process. The authors hope that by educating occupational therapists about compassion fatigue, practitioners will take be proactive by educating others and using strategies to enhance occupational engagement, satisfaction, and fulfillment.

CHAPTER IV

Product

The purpose of our product is to raise awareness of compassion fatigue in occupational therapy. Occupational therapy is an emotionally demanding field, requiring continuous use of compassion and empathy to provide high quality care to each patient within practitioners' caseload. After completing the literature review, the authors noted misuse of the term "burnout" which often replaced "compassion fatigue." Due to the varying definitions of the terms "burnout" and "compassion fatigue," the authors evolved a novel definition of compassion fatigue and have chosen to define it as an umbrella term used to encompass a practitioner's reduced empathetic capacity due to a singular event or prolonged exposure to the suffering and stress of providing care for clients in healthcare settings (Cetrano et al., 2017; Costa, 2018; Delaney, 2018; La Mott & Martin, 2019; Meadors et al., 2010). Compassion fatigue is more fitting to use in healthcare settings as it directly addresses the emotional, physical, and psychological toll that arises from direct-patient care. In order to raise awareness of compassion fatigue in occupational therapy, the authors created an *OT Practice* article to educate occupational therapy practitioners of their findings.

The authors discovered emerging themes of risk factors and evidence-based strategies to combat components of compassion fatigue across the literature review conduction. The most recognized risk factors within literature that impact the development of compassion fatigue are aspects of the work environment and an occupational therapy practitioner's ability to utilize their personal/professional skills,

experiences, and abilities for fostering resilience to combat the risk factors of compassion fatigue. If left unaddressed, these risk factors lead to job dissatisfaction, absenteeism, high job turnout, substandard patient care, and physical and mental health problems (Colville et al., 2017; Gupta et al., 2012; Poulsen et al., 2014; Bakker et al., 2011). To combat these identified risk factors, the authors noted the most common strategies across the literature review were self-care, a strong social support network, mindfulness practices, sense of professional identity, and education/training.

The Person-Environment-Occupation-Performance (PEOP) model was used to guide the process of writing the *OT Practice* article. The article is designed to highlight the misuse of "burnout" in healthcare professions and raise awareness of the prevalence of compassion fatigue in occupational therapy. *Table 1.1* compares and contrasts compassion fatigue and burnout across healthcare literature. *Table 1.2* lists the risk factors of compassion fatigue and its implications in practice. Two case studies were developed to demonstrate the presentation of compassion fatigue in occupational therapy practitioners and using the PEOP model as a guide through the occupational therapy process.

OT Practice Article

A Holistic and Proactive Approach for Preparing Occupational Therapy Practitioners to Combat Compassion Fatigue

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A Holistic and Proactive Approach for Preparing Occupational Therapy Practitioners to Combat Compassion Fatigue

Abstract: The purpose of this article is to develop occupational therapy practitioners' understanding of compassion fatigue and other adverse work-related stressors while promoting holistic and proactive strategies to combat aversive factors. Occupational therapy practitioners are called upon to give empathy and genuine engagement to all clientele requiring interpersonal abilities, mindful, compassionate care, and empathetic engagement throughout therapeutic processes (Zeeman & Harvison, 2017; Huang et al., 2019). At times, these core strengths of the occupational therapy profession can become emotionally, physically, and mentally fatiguing. Moreover, Practitioners experience adverse consequences from interpersonal experiences with client trauma, which is often unavoidable in occupational therapy service delivery (Huang et al., 2019).

The prevalence of compassion fatigue and burnout is present across occupational therapy settings and disciplines. The authors have outlined the need for holistic and proactive strategies to combat compassion fatigue, burnout, and other work-related stressors. This article will feature two case studies that apply evidence-based strategies throughout the occupational therapy process in which occupational therapy practitioners are proactive and utilize evidence-based strategies to combat compassion fatigue. The article and case studies are guided by the Person-Environment-Occupation-Performance model (PEOP) to target the learning needs of occupational therapy practitioners (Baum, Christiansen, and Bass, 2015).

Key Words: Compassion fatigue, burnout, mindfulness, professional identity, self-care, resiliency.

Current Status of Occupational Therapy

Since its beginning, the profession of occupational therapy has continually evolved to meet everchanging demands within society and healthcare practice. Current healthcare demands place a high emphasis on accessibility, reimbursement standards, the justification for services, and increasing productivity; it is becoming more challenging to provide quality, client-centered care (Edwards & Dirette, 2010). The services that occupational therapy practitioners provide aim to reduce hospital readmissions and prevent further healthcare costs by promoting health and wellness across the lifespan (Rogers, Bai, Lavin, & Anderson, 2016). A practitioner's ability to promote health and wellness for their clients depends on a practitioner's ability to promote these ideals within their own lives. Practitioners often over-extend themselves due to the empathetic commitment required with direct patient care in return undermining the importance of personal health and work-life balance (Bakker et al., 2011; Gupta et al., 2012; Poulsen et al., 2014).

Continuous use of empathy and compassion creates a risk for developing compassion fatigue among occupational therapy practitioners. If left ignored or untreated, the quality of patient care, working life, and personal life of healthcare practitioners are significantly impacted (Edwards & Dirette, 2010). Literature addressing compassion fatigue and burnout in other healthcare professions is abundant and has become widely approached and recognized. In contrast, the profession of occupational therapy continues to have limited literature addressing compassion fatigue, burnout, and other work-related stressors. It is essential to provide holistic information that is easily accessible by practitioners across disciplines settings to prepare practitioners for situations that are

empathetically demanding. Promoting practitioners to be proactive against compassion fatigue reiterates the effect that well-being and quality of life has on the longevity of personal and professional endeavors.

Compassion Fatigue vs Burnout

The prevalence of the term "burnout" is seen across various job and workplace settings and has become a term widely used to express feelings of chronic job stress that cannot be managed effectively through active problem-solving. Notably, there is no clear definition of what burnout is, and as a result, has been misused in healthcare literature. The term compassion fatigue emerged in the context of a study of burnout in nurses nearly two decades ago. At that time, Joinson (1992) coined the term to describe the 'loss of the ability to nurture' and was noted in some nurses in emergency department settings. Compassion, or the feeling of emotion, which ensures that a person is affected by the distress or suffering of another (Hooper et al., 2010), is foundational to healthcare professionals working in direct patient care. Multiple environmental stressors such as expanding workloads and long hours coupled with serving those with traumatic injury and emotional distress results in healthcare professionals experiencing symptoms of compassion fatigue (Costa, 2018; Delaney, 2018; O'Mahony et al., 2018; La Mott & Martin, 2019; Sprang et al., 2007; Cetrano et al., 2017).

Table 1.1

Defining Compassion Fatigue and Burnout: Scrutiny across the literature.

Table 1.1	**Compassion Fatigue**	**Burnout**
Cetrano et al. (2017)	"A practitioner's reduced capacity to be empathetic or bear the suffering of clients."	"A state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations."
Kolthoff and Hickman (2017)	"An emotional, physical, and mental exhaustion, also known as secondary traumatic stress."	Not defined in the article.
La Mott and Martin (2019)	"An umbrella term that refers to the negative consequences associated with working with traumatized individuals and vicariously experiencing the effects of their traumatic life event."	"A concept used to describe feelings of hopelessness, difficulties in dealing with one's job responsibilities effectively, and typically has a gradual onset."
Sprang et al. (2007); Painter et al. (2003)	Not defined in the article.	**"**Maslach 1982, defined burnout as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment."
Meadors et al. (2010)	"The consequence of working with a significant number of traumatized individuals in combination of a strong empathetic orientation or a formal caregivers reduced capacity and interest in being empathetic for suffering individuals."	"Defensive response to prolonged occupational exposure to demanding interpersonal situations that produce psychological strain and provide inadequate support."
Delaney (2018)	**"**A state of exhaustion and dysfunction as a consequence of prolonged exposure to suffering and stress."	**"**Response to prolonged exposure to demanding interpersonal circumstances and characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment."
Kelly and Lefton (2017)	"Conceptualized as the combination of burnout, psychological and physiological responses to prolonged chronic, emotional, and interpersonal stressors."	Not defined in the article.
Edwards and Dirette (2010)	Not defined in the article.	"A response to chronic stress; it represents erosion in values, dignity, spirit and will, and erosion of the human soul."
Costa (2018)	"A state of exhaustion and dysfunction (biologically, psychologically, and socially) as a result of prolonged exposure to secondary trauma or a single intensive event."	"Develops when cumulative effects of chronic job stress cannot be effectively managed through active problem solving. The failure to cope with stress constructively leads to the depletion of psychological energy required to carry out the job."
American Institute of Stress [AIS] (2019)	"The emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events. It differs from burnout, but can co-exist. Compassion Fatigue can occur due to exposure on one case or can be due to a "cumulative" level of trauma"	"Cumulative process marked by emotional exhaustion and withdrawal associated with increased workload and institutional stress, not trauma-related."

Information from *Table 1.1* displays a juxtaposition between the terms "compassion fatigue" and "burnout." When considering the term "burnout," it is evident that there is an ever-changing definition recognized in a variety of workplace settings. An obstacle that the authors identified is that burnout is often used in healthcare to describe components of compassion fatigue. The intention of T*able 1.1 is* to display the discrepancies between definitions of burnout and compassion fatigue. In return promoting the use of the term compassion fatigue as it more closely aligns with the empathetic and caregiving nature of the occupational therapy profession.

Compassion Fatigue

The authors evolved a novel definition of compassion fatigue and have chosen to define compassion fatigue as an umbrella term used to encompass a practitioner's reduced empathetic capacity due to a singular event or prolonged exposure to the suffering and stress of providing care for clients in healthcare settings (Cetrano et al., 2017; Costa, 2018; Delaney, 2018; La Mott & Martin, 2019; Meadors et al., 2010). The definition of compassion fatigue more closely aligns with the profession's 2025 vision statement, "as an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living" (AOTA, 2017). A practitioner's inattention to compassion fatigue can cause adverse consequences for healthcare professionals, practitioners, patients, clients, organizations, and the field of healthcare. (Sprang et al., 2010; La Mott & Martin, 2019; Gentry, 2018). Instead of dealing with adverse factors when they arise, the most used coping mechanism is to disregard or avoid overwhelming emotions that repeatedly surface in caregiving work (Costa, 2018; Phillips & Volker,

2019). Increasing a practitioner's awareness of aversive risk factors of compassion fatigue allows time to develop and implement adaptive strategies to mitigate the effects of compassion fatigue.

Risk Factors

Factors that have a consistent presence throughout literature that affect the development of compassion fatigue are “work environment” (patient population, productivity, and resources/finances) and a practitioner's “personal factors” (experience, resiliency, and work-life balance). Table 1.2 Risk Factors of Compassion Fatigue highlights key components from literature about risk factors that increase the occupational therapist's likelihood of experiencing emotional, physical, and psychological distress (Kawar et al., 2019; Costa, 2018)

Table 1.2

Risk Factors of Compassion Fatigue

Work Environment	Personal Factors
Patient Population • Chronic healthcare settings (long term care, rehabilitation, psychiatric settings) demonstrated higher levels of emotional exhaustion and strain than community settings (schools, outpatient clinics, and home health agencies) and hospital settings. The chronic healthcare settings typically have high stress, abundant workloads, limited resources, reduced autonomy, and are physically demanding (Painter et al., 2003). *Implications* • High levels of personal stressors were positively correlated with higher levels of clinical stress. (Meadors et al., 2010). • Practitioners working in settings with high exposure to patient death or exposure to survivors of violent or human-induced trauma were at a greater risk for compassion fatigue and secondary traumatic stress (Sprang et al., 2007; Phillips et al., 2019).	***Level of Experience*** • Entry level practitioners, new graduates, practitioners with six to ten years of experience, or practitioners working in settings with minimal structure, low support, and increased patient caseloads are at greater risk for developing compassion fatigue (Kelly & Lefton, 2017; Kawar et al., 2019; Kolthoff, 2017). • Lack of experience, lack of professional boundaries, balancing changing life circumstances, discovering career roles, lack of support, lack of mentorship, lack of job orientation, and financial obligations affect work performance of students and new graduates (Poulsen et al., 2014; Kolthoff, 2017). *Implications* • Therapists with ten or fewer years of experience may have not yet developed a repertoire of effective workplace coping strategies. In addition, these practitioners may experience higher rates of professional isolation, less autonomy and feel a greater need to justify their decision making (Kelly & Lefton, 2017; Poulsen et al., 2014).
Productivity • Practitioners are often faced with heavy workloads, long working hours, and work in numerous different environments and settings. Practitioners also must meet the demands of third-party payers to justify interventions provided **(**Edwards & Dirette, 2010; Lloyd & King, 2001). *Implications* • Perceived work overload can create interpersonal pressure and strain for individuals and is correlated with emotional exhaustion in practitioners. Over engagement and high levels of commitment required to meet job demands undermine the importance of personal health and work-life balance (Bakker et al., 2011; Gupta et al., 2012; Poulsen et al., 2014).	***Resiliency*** • Resilience is learning to recognize the emotional and physical fatigue and having the ability to "bounce back" after experiencing adversity (Gentry, 2018). • People who are emotionally resilient demonstrate interpersonal abilities to self-calm, self-replenish, express emotions, utilize self-care and are generally optimistic, hopeful, coherent, and socially supported (Adams & Boscarino, 2006; Gentry, 2018). *Implications* • An individual's resilience quotient is a key factor in predicting the onset of compassion fatigue (Gentry, 2018). • Developing emotional resilience can help practitioners safeguard against compassion fatigue (Gentry, 2018).

Resources/Finances • The cost of stress and stress related problems to organizations in the U.S. is in excess of $300 billion dollars annually (Edwards & Dirette, 2010). • Occupational therapists with income dissatisfaction have higher rates of burnout and higher odds of cardiovascular disease than those who are satisfied with their income (Poulsen et al., 2012). *Implications* • If risk factors associated with burnout or compassion fatigue are not addressed, healthcare organizations are vulnerable to decreased productivity, absenteeism, high turnover rates, expense of continually replacing workers, and concerns for patient safety (Kelly & Lefton, 2017; O'Mahony et al., 2018).	***Work-life balance*** • Practitioners balancing multiple roles at home and work have been associated with a higher incidence of compassion fatigue and burnout due to the strain on an individual's work-life balance (Luken & Sammons, 2016). *Implications* • If a practitioner is unable to detach from work, it may impede full recovery at the end of the working day (Poulsen et al., 2014; Hakanen & Schaufeli, 2012). • As compassion fatigue is developed, it is expected to influence personal happiness, decision making, and responses in a negative manner. As a result, it is expected to see increased absenteeism, patient safety risks, decreased job satisfaction, and decreased quality of patient care (Fernandez-Parsons, Rodriguez, & Goyal, 2013).

Summary of Risk Factors

For all occupational therapy practitioners, it is essential to consider what a positive work-life balance resembles for overall happiness and wellbeing. Work-related stress leads to job dissatisfaction, low-organizational commitment, absenteeism, and high turnover; it affects the interpersonal functioning of teams and colleagues with increased conflict, substandard patient care, problems at home, attrition, and physical and mental health problems. Continued exposure to work-related stressors poses a threat to physiological, psychological, physical, and emotional health as well as various problems for healthcare organizations (Colville et al., 2017; Gupta et al., 2012; Poulsen et al., 2014; Bakker et al., 2011). Developing a practitioner's understanding of the adverse effects that can impact overall health, wellness, and abilities to provide quality care to patients, is essential in order to mitigate symptoms and risk factors of compassion fatigue. Additionally, it is essential to be knowledgeable of evidence-based strategies to use for personal and professional purposes to mitigate compassion fatigue and increase wellbeing and overall quality of life.

Evidence-Based Strategies

The responsibility to address aversive factors synonymous with compassion fatigue falls on the individual practitioner and their workplace. Several strategies were noted consistently throughout literature as supportive ways for practitioners to reduce the emotional impacts of client engagement. The evidence-based strategies include self-care, support systems, mindfulness, professional identity affirmation, and education. Delaney (2018) identified that orientation training within a workplace setting emphasizing self-care strategies is helpful for practitioners to recognize problematic symptoms and

develop awareness and knowledge of strategies to utilize for combating compassion fatigue. Current evidence suggests a lack of preventative focus on compassion fatigue and other adverse factors. Participants in a study by Colville and colleagues (2017), reported wanting more teaching opportunities for self-care to combat work stress, compassion fatigue, and burnout**.** Literature supporting the implications of evidence-based strategies for all groups involved throughout the therapeutic process is displayed in the sections below.

Self-care. Self-care is the foundation for practitioner well-being as it is a dynamic concept that requires a commitment to nurturing and protecting personal and professional wellness. Self-care is also a fundamental component for providing compassionate patient care, having job satisfaction and engagement, and facilitating compassion satisfaction in themselves and others (Siegel, 2019). Self-care strategies are proven to be useful to counter isolation, increase professional identity and resilience, and maintain a sense of autonomy (Poulsen et al., 2014; Gupta et al., 2012; Colville et al., 2017; Turner & Knight, 2015; Siegel, 2019; Meadors et al., 2010; Gentry, 2018).

Support systems. A social support network consists of friends, family, and colleagues. A healthy support system creates an environment where one can experience positive states, feelings of acceptance, reduced isolation, and provides a sense of belonging. Within the workplace, management and leadership support are crucial components in employee job satisfaction, engagement, and retention. In return, helping mitigate aversive factors of compassion fatigue (Gentry, 2018; Kolthoff, 2017; Kawar et al., 2019).

Mindfulness. Mindfulness arises when an individual focuses on being present in the moment to unfolding experiences through self-reflection, meditation, awareness of sensations, thoughts, and feelings while remaining detached and non-judgmental (Goodman et al., 2019). Mindfulness enables practitioners to foster their personal and professional skills so that they can act with compassion, empathy, competence, presence, and insight. Healthcare professionals who use mindfulness practices can develop rapport with clients and build stronger therapeutic relationships by demonstrating acceptance and openness to experiences throughout the therapeutic process. Furthermore, mindfulness practices promote self-awareness in practitioners, which is essential when developing strategies such as self-care, resilience, presence, professionalism, and effective therapeutic relationships to combat compassion fatigue (Luken & Sammons, 2016; Zeman & Harvison, 2017). Bringing mindfulness into daily occupations has the potential to change the way people think about and engage in occupations to promote occupational presence, awareness, engagement, well-being, fulfillment, and can enhance one's occupational experience (Goodman et al., 2019).

Professional identity affirmation. Professional identity is an individual's professional self-concept based on attributes, beliefs, values, motives, and experiences (Ibarra, 1999; Schein, 1978). Formation of professional identity is a dynamic process that is shaped by multiple factors, which include personal and professional experiences, skills, knowledge, and educational background. The development of professional identity begins at the onset of academic programs. Integrating topics into academia that allow student's learning experiences, such as self-care and mindfulness practices that practitioners can reference throughout their career, is essential for health, well-being,

work-life balance, and career longevity (Ashby et al., 2013; Gentry, 2018). A study by Walsh (2018) indicates that although occupational therapy is over one hundred years old, the profession's presence in media and healthcare could be more substantial. The study suggested that the profession of occupational therapy itself lacks a clear professional identity, possibly attributed to the vast scope of occupational therapy practice in addition to the ever-changing emerging areas of practice in the profession. This study further identifies a need to continually promote professional identity affirmation within individual practitioners and the overall profession of occupational therapy.

Education. Using education as a proactive approach to cultivate learning opportunities, prepares practitioners to combat compassion fatigue. Education serves as a means of guidance to increase learning strategies for emotion regulation, boundary setting, self-reflection, and coping strategies. Evidence has supported incorporating education, teaching, and learning opportunities into workplace settings to improve the quality of patient care, patient satisfaction, and the practitioner's resilience and identity (Zeman & Harvison, 2017; Phillips & Volker, 2019). The development of professional identity begins at the onset of academic programs (Ashby et al., 2013). Integrating topics that allow student-learning experiences, such as self-care and mindfulness practices that practitioners are able to reference throughout their career are essential for health, well-being, work-life balance, and career longevity (Ashby et al., 2013; Gentry, 2018). In addition, fostering mentorship programs within the workplace to engage new graduates with seasoned practitioners may strengthen the team spirit and be the key to ease the transition of new graduates from the novice to expert role (Kawar et al., 2019). Continually acquiring knowledge, information, and experience is the lifelong process

which is essential to a practitioner's advancement in their personal and professional skills and abilities.

Theoretical Implementation

To enhance a practitioner's professional reasoning, occupation-focused models offer a theoretical basis for practice and provide explanations and guidance throughout the occupational therapy process (Ashby et al., 2013). The PEOP model emphasizes occupational performance and participation throughout daily occupations. The PEOP model recognizes occupations as goal-directed, meaningful pursuits that extend over time (Baum et al., 2015). Within the evaluation component of the OT process, the PEOP model assesses an individual's extrinsic (environments) and intrinsic factors (person: cognitive, physiological, spiritual, neurobehavioral, and psychological) and their ability to achieve wellbeing and quality of life (Baum et al., 2015). During intervention planning and implementation, a practitioner identifies areas within intrinsic and extrinsic factors that inhibit occupational performance and participation. The practitioner uses self-reflection to identify meaningful activities to incorporate into personal and professional goals. When writing goals, the practitioner incorporates evidence-based strategies of self-care, resilience, mindfulness, and professional identity affirmation to mitigate the effects of compassion fatigue. After implementing goals and interventions, the practitioner can evaluate their progress towards their self-identified goals by using outcome measurements to assess global improvements in their quality of life and wellbeing.

The following pages contain two case studies depicting situations in which occupational therapy practitioners are experiencing compassion fatigue. The PEOP model will be used to guide reasoning throughout the occupational therapy process in the case

study examples. In addition, the authors created a handout located in the appendix, which offers ideas within identified evidence-based strategies that practitioners can engage in to promote wellbeing, quality of life, and increase compassion satisfaction.

Case Study #1: Sarah

Sarah is an occupational therapist that has been practicing for twenty years. Within the last ten years, Sarah has been practicing in an outpatient mental health setting serving individuals of pediatric and adolescent populations. She describes feeling "stuck and complacent in her job" as she lacks motivation and a professional sense of purpose within her daily practice. Sarah frequently works with clients that have been through traumatic and abusive situations. Sarah feels as though she is not making a difference, as she continually sees signs of trauma and abuse throughout new evaluations with clients. Sarah has described feeling emotionally exhausted from prolonged exposure to suffering, stress, and trauma of her patients. Sarah understands the importance and impact that occupational therapy services can have on clients within the population she serves. Sarah would like to reignite her passion for her career but is unsure how. Sarah reaches out to her manager to discuss her feelings. Her manager suggests implementing a mentorship program for practitioners who are feeling the same as Sarah. A mentorship program would include an orientation process for new employees as well as an in-service to provide training on how to recognize and combat compassion fatigue. The mentorship program provides benefits including professional socialization opportunities, personal development opportunities, development of knowledge and skills, improvements in quality of patient care, reduction of job turnover, and job stress (Kawar et al., 2019; Lloyd & King, 2001).

Occupational Therapy Process: Guiding Questions

1. Describe the evaluation process using the PEOP model as a guide.
2. Utilize evidence-based strategies to plan interventions for Sarah.
3. Describe outcome measurements, assessments, and tools that can be used to measure Sarah's progress.

OT Process Model Integration: PEOP

Evaluation	Interventions	Outcomes
Sarah begins utilizing self-reflection to evaluate her current occupational performance and participation within the occupations of work and leisure. ⬇ Sarah identifies supports and barriers within her intrinsic and extrinsic factors. ⬇ Sarah utilizes the following assessments to obtain information determine her baseline function. ⬇ *Professional quality of life scale (ProQol) ⬇ *Maslach burnout inventory (MBI)	Sarah reflects on results from the assessments and begins to plan personal and professional goals. ⬇ Sarah chooses to focus on the evidence-based strategies of mindfulness, professional identity, and self-care as intervention areas. ⬇ Sarah identifies tasks, activities, and occupations that are meaningful to her. **<u>Goals</u>** Self-care ➢ within one month, Sarah will walk for thirty minutes four times a week to promote self-care within leisure. Mindfulness ➢ Sarah will complete a Mindfulness-based stress reduction program (MBSR) within four months to improve mindfulness and increase her quality of life and well-being. Professional Identity ➢ Sarah will attend community events that promote professional networking, once a month to increase her professional identity within work.	Sarah will utilize self-report to assess progress and change in her overall wellbeing and quality of life. ⬇ Sarah will re-evaluate her occupational performance and participation with the occupations of work and leisure. ⬇ Sarah can re-utilize the ProQol & MBI. to assess her overall progress within his goals.

**Professional quality of life scale (ProQol):* Measures both the negative and positive effects of helping people who experience suffering and trauma. Includes subscales for compassion satisfaction, burnout, and secondary traumatic stress associated with caregiving (Delaney, 2018).

**Maslach burnout inventory (MBI):* Most widely used, accepted, valid, and reliable measurement tool of stress and burnout. The MBI contains 22 items broken up into three themes: emotional exhaustion, depersonalization, and accomplishment (Costa, 2018; Lloyd & King, 2001).

Case Study #2: Joe

Joe is a newly graduated occupational therapist who recently accepted a job working in an inpatient rehabilitation facility. The orientation process for the job was brief and did not cover several areas including, benefits and resources available within the workplace. Joe has been working for six months and has had a difficult time adjusting to the high emotional, physical, and psychological demands of his job. Also, financial stress has begun setting in as Joe needs to pay back his loans. Joe has begun interacting less with co-workers, family, and friends. Moreover, Joe reports feeling anxious working with patients as Joe has limited experience working as a practitioner. For the past month, Joe has been working with a client in the inpatient rehabilitation unit. The patient is the same age as Joe and was involved in a traumatic motor vehicle crash causing the individual to have a T2 spinal cord injury. After each session with this patient, Joe has been feeling emotionally drained. After today's therapeutic session, Joe begins to question why he chose occupational therapy over other careers and wonders if he made the wrong choice. Joe decides to speak with management about available opportunities within his workplace that promote employee wellness. Joe uses open communication to discuss his current feelings and concerns about the limited job orientation he received. Also, he expresses that he would appreciate support and guidance from other senior staff members. Management educates Joe about resources within the workplace for employee wellness and provides Joe a list of mentors to contact. Management also suggests that Joe to develop strategies within his personal and professional life to combat compassion fatigue and other aversive work-related factors.

Occupational Therapy Process: Guiding Questions

1. Describe the evaluation process utilizing the PEOP model as a guide
2. Utilize evidence-based strategies to plan interventions for Joe.
3. Describe outcome measurements, assessments, and tools that can be used to measure Joe's progress.

OT Process Model Integration: PEOP

Evaluation	Interventions	Outcomes
Joe begins by reflecting on his current occupational performance and participation within the occupations of work and leisure and social participation. ⬇ Joe identifies supports and barriers within his intrinsic and extrinsic factors. ⬇ Joe utilizes the following assessments to obtain information and data. ⬇ *Connor-Davidson Resilience Scale 25 item. ⬇ *Neff 26-item self-compassion scale	Joe reflects on results from the assessments and begins to plan personal and professional goals. ⬇ Joe chooses to focus on the following evidence-based strategies self-care, support systems, and professional identity. ⬇ Joe identifies tasks, activities, and occupations that are meaningful to him. **<u>Goals</u>** Self-care ➢ Joe will write in a journal every night before bed for one month to promote leisure. Support systems ➢ Joe will set up weekly meetings with a designated mentor to promote professional social participation. Professional identity ➢ Within one month, Joe will participate in one continuing education course to promote professional identity within work.	Joe will utilize self-report to assess progress and change in her overall wellbeing and quality of life. ⬇ Joe will re-evaluate his occupational performance and participation with the occupations of work, leisure, and social participation. ⬇ Joe can re-utilize the Connor-Davidson Resilience scale-25 & Neff 26-item self-compassion scale to assess his overall progress within his goals.

Connor-Davidson Resilience Scale 25 item:* Designed to measure a person's ability to cope with stress and adversity. Based on the definition of resilience as the ability to adapt well, overcome adversity, thrive in the face of adversity **(Delaney, 2018).

**Neff 26-item self-compassion scale:* Developed to measure both the negative and positive aspects of the three main components of self-compassion: self-kindness versus self-judgement, common humanity versus isolation, and mindfulness versus over-identification (Delaney, 2018).

CHAPTER V

Summary

Occupational therapy is an emotionally demanding field requiring continuous use of empathy and compassion on a daily basis. Compassion fatigue, first coined in 1992 (Joinson, 1992) was used to describe the 'loss of the ability to nurture' that was noted in nurses working in emergency departments. Compassion fatigue is the result of healthcare professionals feeling tired, depressed, angry, ineffective, apathetic, detached, and somatic complaints (Costa, 2018; Delaney, 2018; O'Mahony et al., 2018; La Mott & Martin, 2019; Sprang et al., 2007; Cetrano et al., 2017). Comparable to compassion fatigue is burnout, a term that has been seen across various job and workplace settings. Burnout has been used to express feelings of chronic job stress that cannot be effectively managed through active problem solving. Across the literature review conduction, the authors noted many articles addressing burnout in many healthcare occupations and compassion fatigue in nursing occupations. Within these articles, the terms "compassion fatigue" and "burnout" had very similar definitions, with no clear or distinct definition of the two terms. In addition, the authors noted the over-utilization of "burnout" in a variety of workplace settings. The authors found that compassion fatigue more closely aligns with the empathetic and care-giving nature of the occupational therapy profession; therefore, it is important not to misuse "burnout" for what is actually compassion fatigue. The purpose of this scholarly project is to raise awareness and provide education of the components of compassion fatigue and strategies to mitigate its effects on the quality of patient care, working life, and personal life (Edwards & Dirette, 2010).

Occupational therapy practitioners should be educated and aware of work-related stress and its presence unique to each practitioner. Work-related stress leads to job dissatisfaction, low-organizational commitment, absenteeism, and high turnover; it affects the interpersonal functioning of teams and colleagues with increased conflict, substandard patient care, problems at home, attrition, and physical and mental health problems. Continued exposure to work-related stressors poses a threat to physiological, psychological, physical, and emotional health as well as various problems for healthcare organizations (Colville et al., 2017; Gupta et al., 2012; Poulsen et al., 2014; Bakker et al., 2011). The most recognized risk factors within literature that impact the development of compassion fatigue are aspects of the work environment and an occupational therapy practitioner's ability to utilize their personal/professional skills, experiences, and abilities for fostering resilience.

Risk factors of the work environment include patient population, productivity, and resources/finances. Practitioners in settings with high exposure to patient death or survivors of violent or human-induced trauma were at greater risk for compassion fatigue and secondary traumatic stress (Sprang et al., 2007; Phillips et al., 2019). Perceived work overload can create interpersonal pressure and strain and is correlated with emotional exhaustion in practitioners. Over engagement and high levels of commitment required to meet job demands undermine the importance of personal health and work-life balance (Bakker et al., 2011; Gupta et al., 2012; Poulsen et al., 2014). If risk factors associated with burnout or compassion fatigue are not addressed, healthcare organizations are vulnerable to decreased productivity, absenteeism, high turnover rates, expense of

continually replacing workers, and concerns for patient safety (Kelly & Lefton, 2017; O'Mahony et al., 2018).

Interpersonal risk factors include professional experience, resiliency, and work-life balance. Therapists with ten or fewer years of experience may have not yet developed a repertoire of effective workplace coping strategies. In addition, the practitioners may experience higher rates of professional isolation, less autonomy and feel a greater need to justify their decisions (Kelly & Lefton, 2017; Poulsen et al., 2014). An individual's resilience quotient is a key factor in predicting the onset of compassion fatigue (Gentry, 2018). People who are emotionally resilient demonstrate interpersonal abilities to self-calm, self-replenish, express emotions, utilize self-care and are generally optimistic, hopeful, coherent, and socially supported (Adams & Boscarino, 2006 Gentry, 2018). Lastly, practitioners balancing multiple roles at home and work have been associated with a higher incidence of compassion fatigue and burnout due to the strain on an individual's work/life balance (Luken & Sammons, 2016). As a result, it is expected to see increased absenteeism, patient safety risks, decreased job satisfaction, and decreased quality of patient care (Fernandez-Parsons, Rodriguez, & Goyal, 2013). Additionally, it is important to be knowledgeable of evidence-based strategies to use for personal and professional purposes to mitigate compassion fatigue and increase compassion satisfaction and overall quality of life.

Empathic engagement with clients is thought to be vital to the therapeutic process but can have an adverse emotional impact on the caregiver. To help reduce the emotional impact from empathetic engagement, the authors identified several strategies to combat compassion fatigue across their literature review. The most common and evidence-based

strategies identified were self-care, support systems, mindfulness, professional identity affirmation, and education/training. Self-care strategies were shown to be effective to counter isolation, increase professional identity and resilience, and maintain a sense of autonomy (Poulsen et al., 2014; Gupta et al., 2012; Colville et al., 2017; Turner & Knight, 2015; Siegel, 2019; Meadors et al., 2010; Gentry, 2018). A social support network is made up of friends, family, and colleagues and creates an environment where one can experience positive states, feelings of acceptance, reduce isolation, and provide a sense of belonging (Gentry, 2018; Kolthoff, 2017; Kawar et al., 2019). Bringing mindfulness into daily occupations has the potential to change the way people think about and engage in occupations to promote occupational presence, awareness, engagement, well-being, fulfillment, and can enhance one's occupational experience (Luken & Sammons, 2016; Zeman & Harvison, 2017; Goodman et al., 2019). The development and maintenance of professional identity as a proactive measure prepares practitioners for challenging situations, role conflict, identity confusion, and self-doubt (Ibarra, 1999; Schein, 1978; Ashby et al., 2013; Edwards & Dirette, 2010). Lastly, education can be used as a proactive approach to cultivate learning opportunities for practitioners. Evidence has supported the importance of incorporating these teaching and learning strategies to improve the quality of patient care, patient satisfaction, and the practitioner's resilience and identity (Zeman & Harvison, 2017; Phillips & Volker, 2019).

The minimal recognition of compassion fatigue within occupational therapy led to the development of the product – *OT Practice* article. The purpose of the article was to raise awareness of what compassion fatigue is, it's risk factors, and educate practitioners on evidence-based strategies to mitigate its effects on quality of working and professional

life. In order to diminish compassion fatigue and foster resilience in occupational therapy practitioners, it is important to develop an understanding of symptoms and risk factors that can expose occupational therapy practitioners to negative work environments. After identifying the risk factors, practitioners may utilize and practice evidence-based strategies, such as self-care, support systems, mindfulness, professional identity affirmation, and education/training.

There are few limitations to this product. The focus of this product is to raise awareness of the prevalence of compassion fatigue within the occupational therapy profession. A limitation is that the product is not specific to one set group of individuals; however, the purpose of the product was to increase generalizability and inclusivity of all occupational therapy practitioners. A second limitation is that the product does not outline specific steps for mitigating compassion fatigue, but rather it provides a list of common risk factors and strategies to use to guide intervention. Lastly, there is currently a disjoint in literature regarding the prevalence of compassion fatigue in occupational therapy; however, the authors recognized the term's similarities with "burnout" and comprised a definition of compassion fatigue with relevance to the occupational therapy profession. This novel definition could create an additional limitation as the term is not well established in occupational therapy literature.

The authors plan to submit the *OT Practice* article to reach a wide audience across the nation to raise awareness of the effects of compassion fatigue in healthcare, specifically occupational therapy. The authors plan to design the handouts for occupational therapy practitioners to use to prevent compassion fatigue and use strategies listed as needed. The authors will have practitioners critique the handout on its

effectiveness and usefulness unique to each individual. Following these critiques and revisions, the authors propose to distribute these articles through the fieldwork database of the University of North Dakota Occupational Therapy Program.

The hope is that this product raises awareness of compassion fatigue in occupational therapy. Practitioners should be knowledgeable of the difference between compassion fatigue and burnout as to not continue to misuse 'burnout' for compassion fatigue. As practitioners become educated and develop an awareness of the aversive effects of compassion fatigue on health and wellness, they can use a proactive approach and practice evidence-based strategies to mitigate its effects. Utilizing a proactive and holistic approach will help practitioners better balance their work and personal lives, as well as increase their compassion satisfaction, engagement with patients and co-workers, provide higher quality of care, increase sense of personal accomplishment, improve self-care and self-esteem, increase job satisfaction and overall quality of life.

APPENDIX

Strategy	Ideas
Self-Care	• Engage in physically active or valued leisure pursuits. • Maintain a positive work-life balance • Maintain a sense of humor. • Eat nutritious meals. • Prioritize sleep. • Practice deep breathing techniques. • Write in a journal. • Maintain a healthy work/life balance.
Support Systems	• Debrief with family, friends, or colleagues. • Volunteer • Join a gym or fitness group • Take a class • Spend time with family and friends. • Take time to appreciate family and friends.
Mindfulness	• Participate in a Mindfulness Based stress reduction (MSBR) or Mindfulness Based cognitive therapy (MBCT). • Take time to enjoy daily lunch breaks. • Listen to a guided breathing video. • Be present and check in with feelings during experiences: sights, sounds, touch, smell, and taste. • Focus on a growth mindset: Be open to new possibilities, use feedback as a chance to grow, and learn something new that will be beneficial further on. • Practice meditation.
Professional Identity	• Develop professional goals. • Research continuing education opportunities of interest. • Advocate for the occupational therapy profession. • Attend community networking events. • Reflect on personal reasons for choosing the profession. • Attend local, state, or national conferences for occupational therapy.
Education	• Attend/develop in-service opportunities. • Join state or national associations of occupational therapy. • Read relevant literature about the profession. • Become a mentor. *(Jones, n.d.)*

Additional Resources

Personal Assessment:

- Professional Quality of Life Scale: https://www.proqol.org/
- Neff 26-item Self-Compassion Scale:https://self-compassion.org/self-compassion-scales-for-researchers/
- Freiburg Mindfulness Inventory Survey: http://www.mindfulness-extended.nl/content3/wp-content/uploads/2013/07/Freiburg-Mindfulness-Inventory.pdf

Books:

- "The Compassion Fatigue Workbook: Creative Tools for Transforming Compassion Fatigue and Vicarious Trauma"- Francoise Mathieu
- "The Heart of the Buddha's Teaching: Transforming Suffering into Peace, Joy, and Liberation"-Thich Nhat Hanh
- "Start Here: Master the Lifelong Habit of Well-being"- Eric Langshur

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