WALKING (OR JOGGING) THE TALK:
HEALTHCARE PROFESSIONALS’ EXPERIENCES OF TAKING CARE OF THEIR
OWN HEALTH

by

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Abstract

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Walking (or jogging) the talk: Healthcare professionals’ experiences of taking care of their own health
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Many healthcare providers are at risk of compassion fatigue and burnout from prolonged occupational stress, which can adversely affect workers, patients, and the healthcare system. This qualitative research project inquired into eight female healthcare providers’ experiences of sustaining their own wellbeing. Participants (27 to 60 years old) engaged in semi-structured interviews and participant observation of a self-care activity. Themes were found relating to the variety of self-care strategies used, challenges and supports in the work context, and the important role of authenticity in health promotion practice. Self-care strategies included: social support, pacing, taking breaks, exercise, nutrition, emotional self-care, adapting self-care routines over time, goal setting and prioritization. Supports to wellbeing included: flexible scheduling, taking personal responsibility for wellness, workplace wellness programs, and positive relationships with supervisors, colleagues, friends and family. This arts-informed research project is presented in graphic novel form to enhance its accessibility.
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# Table of Contents

Abstract.................................................................................................................................................. ii
Acknowledgements................................................................................................................................... iii
Introduction............................................................................................................................................... 1
Cover Illustration ....................................................................................................................................... 2
How to Read this Comic ............................................................................................................................ 3
Attention! Code Plaid!! ............................................................................................................................ 5
Roots of the Question ............................................................................................................................... 8
The Study.................................................................................................................................................. 14
Portraits of Participants ........................................................................................................................... 22
A Word of Explanation .............................................................................................................................. 40
Supertherapist Battles Burnout! ............................................................................................................... 41
Untold Stories of Burnout!: What Healthcare Administrators Need to Know ............................... 50
Conclusion............................................................................................................................................... 55
End Notes................................................................................................................................................ 58
References.............................................................................................................................................. 92
Introduction

This thesis is an arts-informed research piece, and therefore its form calls for a word of explanation. Arts-informed research values accessibility, and is willing to be creative with form in order to reach more people (Cole & Knowles, 2008). In keeping with that value, this research piece is drawn, where possible, in graphic novel form in the hopes of engaging attention and enhancing communicability through the use of visual cues and symbols. The body of the work is presented with illustrated chapters that present key information in story form. Following the graphic novel portion of the work are end notes referenced to the relevant panels within each page of cartooning. The end notes provide further explanation about the content of the panels, and draw in references to the literature. Panels for which there is an end note are marked with a footprint symbol, usually located in the lower right corner of the frame, and paired with the number of the corresponding end note. Arts-informed research also values trying to make a practical difference for the people directly affected by the phenomena under study (Cole & Knowles, 2008). To that end, this piece contains two chapters that are intended to stand alone, and that are designed to reach two key audiences: “Supertherapist Battles Burnout!” aims to reach healthcare workers, and “Untold Stories of Burnout!: What Healthcare Administrators Need to Know” targets healthcare administrators. These stand-alone chapters aim to raise awareness and provide some practical suggestions for coping with healthcare worker compassion fatigue and burnout. Readers are encouraged to consider the possibilities of alternative media such as graphic novels for their potential to contribute to the communicability of research and the effective dissemination of information.
WALKING (OR JOGGING) THE TALK:

HEALTHCARE PROFESSIONALS’ EXPERIENCES OF CARING FOR THEIR OWN HEALTH

RESEARCH BY BRONWEN MOORE
Hey, whatcha got?

Ugh... discharge report from hell.

Me too.

So hey, I heard a crazy rumor that you’re doing your research as a comic book.

Guilty!

WOW... that’s neat. So are you, like, researching Spiderman, or something?

No, seriously, it’s just arts-informed research. It’s getting more common in healthcare lately. See, a lot of conventional research can be hard to get, tough to read, and cut off from real life.

So, arts-informed research uses creative forms like cartooning to catch readers’ interest. It’s more approachable.
THAT'S A NEAT IDEA.

...STILL, IT'S KIND OF HARD TO IMAGINE HOW YOU'LL WRITE SOMETHING SCHOLARLY USING CARTOONS.

Yeah, the approach is a lot less formal than people are used to. But all the regular parts of a research piece are in there. The reader will just have to work a little harder to find and interpret them.

IN COMICS, THE TEXT HAS TO BE SHORT AND SWEET. SO THE PICTURES ADD EXTRA CLUES, SYMBOLS AND METAPHORS TO THE STORY. I HOPE THAT PEOPLE HAVE FUN FINDING THEM.

TYPICAL HEALTH WORKER

TIME PRESSURE

TRADITIONAL RESEARCH

SOUNDS GOOD. BUT WHAT ABOUT REFERENCES, AND IDEAS THAT ARE HARD TO DRAW?

I PUT IN SOME END NOTES TO CAPTURE THAT KIND OF THING WITHOUT BREAKING UP THE STORY. SEE?

AND YOU'RE REALLY GOING TO TELL JOKES?

YEP. SOME PEOPLE WON'T LIKE THAT. BUT HUMOR HELPS US RELAX AND TRY OUT NEW IDEAS. SO I'M ALL FOR IT.

NOT YOUR TRADITIONAL ACADEMIC STUFF!

MAYBE IT'S RIGOROUS IN ITS OWN WAY, AND AIMS TO MAKE A REAL DIFFERENCE FOR HEALTH WORKERS. IF I GET THEM READING, I'VE DONE MY JOB.

ALRIGHT. WELL, MY CHARTING IS CALLING ME. GOOD LUCK TO YOU, SPIDER-RESEARCHER!

THANKS!
ATTENTION! CODE PLAID!!

THERE IS AN OUTBREAK OF ARTS-INFORMED RESEARCH IN THE AREA!

ALL STAFF SHOULD BE ON THE ALERT FOR RESEARCH THAT DRAWS ON THE ARTS TO MAKE SCHOLARSHIP ACCESSIBLE.

UNLIKE CONVENTIONAL POSITIVIST RESEARCH THAT USES RIGID, FORMAL METHODS TO FIND CLEAR, PROVABLE TRUTHS.

ARTS-INFORMED RESEARCH USES A FLEXIBLE, COMMON-SENSE APPROACH TO LEARN ABOUT PEOPLE...

...THROUGH AUTHENTIC RELATIONSHIPS. WATCH FOR TELTAL SIGNS LIKE EVERYDAY LANGUAGE, AND CLEAR RESEARCHER PRESENCE IN THE WORK.
IT MAY TAKE CREATIVE, INTRIGUING FORMS LIKE CARTOONING...

- CREATIVE WRITING
- VISUAL ART
- PERFORMANCE

THE RESEARCH MAY REFUSE TO GIVE CLEAR-CUT ANSWERS, ON THE GROUNDS THAT THE HUMAN EXPERIENCE IS TOO COMPLEX FOR THAT.

IN A BLATANT ATTEMPT TO DRAW ATTENTION AND PROVOKE THOUGHT, FEELING AND DISCUSSION.

DO NOT BE ALARMED IF THE RESEARCH ATTEMPTS TO MAKE A DIFFERENCE IN YOUR DAILY LIFE, OR USES BUZZ-WORDS LIKE "PROCEDURAL HARMONY".

BUZZ WORD ALERT:
- REFLEXIVITY
- RELATIONALITY
- METHODOLOGICAL INTEGRITY
- COMMUNICABILITY

CONTACT WITH THE RESEARCH MAY CAUSE LAUGHING, THINKING, TALKING AND/OR MEANINGFUL CHANGE.

SHOULD YOU ENCOUNTER THE RESEARCH...

...PLEASE APPROACH WITH AN OPEN MIND. THANK YOU!
So, I want to understand how healthcare professionals take care of their own health.

You might be wondering why I care about that.

This could be a long story...

Like many people, I learned my self-care habits in childhood.

Most of my family worked in healthcare, education or both.

Great asymmetric tonic neck reflex!

Has she eaten anything?

How’s the social development going?

My mother was a speech therapist. She taught me to love reading.

From my older sister, I picked up a taste for humor, and for drawing cartoons.
MY FATHER WAS A CHEMIST, A REAL MAN OF SCIENCE. HE ENCOURAGED ME TO UNDERSTAND HOW THE BODY WORKS.

NOW AT THIS STAGE OF DIGESTION, THE ACIDIC STOMACH CONTENTS MOVE INTO THE DUODENUM. BILE FLUID IS THEN EXCRETED, WHICH HELPS BREAK DOWN FATS AND REDUCE ACIDITY. THE PANCREAS FURTHER CONTRIBUTE TO THE BREAKDOWN OF PROTEIN, FAT AND CARBOHYDRATE. THE INTESTINE IS COLONIZED WITH SYMBIOTIC BACTERIA, FUNGI AND PROTOZOA THAT CONTRIBUTE ENZYMATICALLY TO DIGESTION. ABSORPTION OF THE FREED COMPONENTS TAKES PLACE IN THE SMALL INTESTINE, THROUGH THE MUCOSA.

IT WASN'T ALWAYS GOOD FOR MY APPETITE, THOUGH!

FAMILY LIFE REVOLVED AROUND MY FATHER'S LONG DISTANCE RUNNING CAREER. WHEN I WAS SEVEN, I STARTED RUNNING TOO.

WHEN I WAS A TEENAGER, I GAVE UP RUNNING FOR A WHILE, ALONG WITH BEING POLITE, HAVING A SLEEP SCHEDULE, EATING ANYTHING I DIDN'T LIKE, AND OTHER SUCH HEALTHY HABITS.

ART SEEMED MORE INTERESTING.

THIS LIKE, TOTALLY REPRESENTS MY RAGE AGAINST, LIKE, CASSEROLES.

I STARTED HAVING BAD HEADACHES. THE FIRST TIME WAS IN GRADE EIGHT MATH CLASS. I THOUGHT I WAS GOING BLIND.

IT WAS MY FIRST REAL HEALTH CHALLENGE AND IT SCARED ME.
IT TOOK A WHILE, BUT IN THE END, I FIGURED OUT HOW TO TAKE BETTER CARE OF MYSELF. MY HEADACHES SETTLED DOWN.

I DIDN'T LIKE EVERY PART OF IT, BUT IT WORKED.

CAREFUL NOW, OR EVERYONE WILL WANT SOME.

SLOWING DOWN & REFLECTING REALLY HELPED.

OOOOOHM...

OOOOGH...

I'VE GOT TO GO HELP YOUR GRANNY. MAKE DINNER, WOULD YOU?

OOOOOAH...

THE YEAR I WAS EIGHTEEN, I LEARNED A LOT ABOUT EMOTIONAL SELF-CARE.

SEVERAL PEOPLE IN MY LIFE GOT SICK ALL AT ONCE: MY GRANNY, MY FRIEND, MY GREAT AUNT AND UNCLE, MY DARLING GRANDPA...

CAREGIVING WAS NEW TO ME THEN, AND I WASN'T SURE WHAT TO MAKE OF IT.

I SPENT A LOT OF TIME HANGING AROUND IN HOSPITALS.

WE GOT PRETTY GOOD AT PLANNING FUNERALS.

THAT'LL BE COFFIN C, IN OAK, WITH HANDLE 4, AND NO SALMON SANDWICHES THIS TIME PLEASE...

THEN, MY SISTER MOVED TO ENGLAND.

WILL YOU MISS ME?

PLEASE HOLD. YOUR LOSS WILL BE HANDLED IN SEQUENCE.

FOR GRIEF, PRESS ONE.
FOR SADNESS, PRESS TWO.
FOR EMOTIONAL EXHAUSTION, PLEASE STAY ON THE LINE...
IN TIME, I LEARNED HOW TO TAKE CARE OF MY EMOTIONS, AS WELL AS MY PHYSICAL HEALTH.

NEXT CAME UNIVERSITY.

AT FIRST, I WENT INTO PSYCHOLOGY AND ANTHROPOLOGY, BUT...

I SWITCHED TO OCCUPATIONAL THERAPY, AND I LOVED IT.

STILL, IT SEEMED ODD HOW MUCH WE MADE OF OBJECTIVITY, WHEN OUR WORK SEEMED SO PERSONAL....

I GOT A JOB TEACHING GROUPS OF PEOPLE WITH CHRONIC PAIN ABOUT HOW TO SELF-MANAGE THEIR HEALTH.

POOR DIET CAN INCREASE YOUR RISK OF DYING AND BEING USED AS AN EDUCATIONAL PROP!

I WAS AMAZED AT THE POWER OF EDUCATION TO HELP PEOPLE TAKE CONTROL OF THEIR HEALTH.

I TOOK THE STRATEGIES HOME WITH ME. I RAN MORE, READ MORE, AND IN-DULGED IN SOME CARTOONING COURSES.

...I FOUND THAT I WANTED TO DO SOMETHING MORE HANDS ON TO HELP PEOPLE MORE DIRECTLY.

IF WE RUN A ONE-WAY ANOVA OR "F-TEST" WE CAN COMPARE THE SAMPLE GROUP MEANS AND INFERENCE IF THERE IS A SIGNIFICANT DIFFERENCE BETWEEN THE POPULATIONS IN WHICH CASE WE SHOULD REJECT THE NULL HYPOTHESIS AND THEN RUN ANOTHER SET OF

AH... COULD YOU RATE YOUR STRESS ON A SCALE OF ONE TO TEN?!
AT WORK, I ALSO HELPED PEOPLE WITH ACQUIRED BRAIN INJURY TO GET BACK TO LIFE AT HOME.

I WAS 24 WHEN I STARTED WORKING, AND I LOOKED EVEN YOUNGER. I HAD TO WORK HARD TO EARN CREDIBILITY.

THINGS WENT BETTER WHEN I PRESENTED MYSELF AUTHENTICALLY. I ASKED MORE, AND TOLD LESS. I GOT INTERESTED IN SELF-CARE IN DAILY LIFE.

STRESS CAME IN WAVES: UNDER-STAFFING, COMPLEX CHOICES...

I WATCHED COLLEAGUES STRUGGLE DESPITE THEIR EXPERTISE ABOUT HEALTH. SOME LEFT THE FIELD, OR SEEMED TO GIVE UP.

WE NAGGED OUR PATIENTS TO TAKE CARE OF THEMSELVES, BUT HOW WELL WERE WE REALLY DOING? HOW COULD WE BE RESILIENT TO THE PRESSURES OF OUR WORK? AND HOW DID OUR PERSONAL CHOICES AFFECT OUR WORK?

I DECIDED TO STUDY ADULT EDUCATION, SINCE IT WORKED SO WELL WITH MY PATIENTS.

THE QUANTITATIVE TRADITION IS ONLY ONE OF MANY WAYS OF KNOWING. RESEARCH PROCESSES CAN BE COLLABORATIVE, EMPATHETIC & KIND...

YIKES!!! NEXT THEY'LL SAY THAT WE SHOULD STOP WRITING IN THE THIRD PERSON!!

SERIOUSLY! OR THAT THERE'S NO OBJECTIVE TRUTH!

MY STUDIES HELD SOME SURPRISES FOR ME. FOR ONE THING, ART WAS INVITED BACK INTO MY ACADEMIC LIFE AFTER A LONG HIATUS.

I LEARNED ABOUT ARTS-INFORMED RESEARCH, AND BECAME SO EXCITED ABOUT ITS POSSIBILITIES.

ANOTHER SHOCK: RESEARCH COULD BE DONE IN CARING AND CREATIVE WAYS...

WHERE WAS THIS 5 YEARS AGO!!
AND THE BIGGEST SHOCK OF ALL...

I WANT TO DO A RESEARCH PROJECT.

HOW DOES THAT INFORM HOW THEY HELP OTHERS?

I WANT TO KNOW HOW TO LIVE WELL, FOR MYSELF, MY COLLEAGUES AND MY PATIENTS.

HOW DO HELPERS HELP THEMSELVES?

IF YOU'RE CURIOUS TOO, YOU'RE WELCOME TO COME ALONG WITH ME...
So, I expect that you're wondering about my study.

Honestly, some days I wonder too!

I ran a small qualitative study in the fall of 2009, looking at healthcare providers' experiences of taking care of their own health.

I'm not sure the hospital research ethics review board was used to the ways that arts-informed research deals with ethics and quality...

... it took time, but in the end, the project was approved.
I recruited participants by sending out an email to the hospital list-serve asking for volunteers. I was looking for allied healthcare providers whose work included health promotion. However, I asked anyone going through a health or life crisis to sit out, as I was looking at everyday health routines, rather than emergency efforts.

The response was so encouraging.

I met with all the participants, walked through a consent form, and talked about what taking part would mean.

Oh, hi. Welcome. I’m Bronwen, the researcher.

Sorry I’m late. Someone called in sick today, so it’s been crazy.

Knock knock.

No worries!

I usually started by asking people why they wanted to join the study.

Well, I think that we need to talk more about self-care, if we want to have long and happy careers.

Jocelyn

Honestly, I wanted to help you out. I know first-hand how hard it is to juggle school and work.

Thanks!

Sirena

From there, I’d talk about the point of it all.
So, the thing about healthcare work is that it never ends.

Clients can have a lot of needs, and we want to do our best for them, even when resources are tight.

So we start digging. We dig for a little more time and energy to give. We stay late to keep up.

We witness our patients’ suffering, and we feel for them. We dig, even though it’s exhausting.

Now, trauma is contagious—empathy passes it on. Some workers get secondary traumatic stress.

We get tired. Our work starts to suffer. We can no longer do what we think is right. We live in moral distress.

It sneaks up on us after a long time. Emotionally worn out, we start to cut ourselves off.

This is burnout. It’s common, and it’s serious.

And when health workers burn out, they don’t suffer alone. Imagine how it affects patients...

... or the healthcare system....
THE FUNNY THING IS, HEALTH WORKERS SEEM TO HATE SEEKING HELP WITH THIS STUFF. MAYBE WE FEEL PRESSURED TO APPEAR WELL.

GOOD SELF-CARE IS ONE OF THE SINGLE BEST THINGS WE CAN DO TO GET OUT OF THE HOLE AND STAY OUT.

SOME WORKERS EVEN FIND WAYS TO TURN COMPASSION STRESS INTO COMPASSION SATISFACTION AND FLOURISHING.

SO, WHAT ARE HEALTHCARE WORKERS' EXPERIENCES WITH SELF-CARE? THAT'S WHAT I'D LIKE TO KNOW.

ALSO, WHAT RELATIONSHIP DO HEALTHCARE WORKERS SEE BETWEEN WHAT THEY SAY AT WORK AND DO AT HOME, SELF-CARE WISE. HOW IMPORTANT IS IT TO PRACTICE WHAT WE PREACH ALL DAY?

NEXT, I HAD TO MAKE SURE THAT EACH PERSON WAS ELIGIBLE TO JOIN THE STUDY.
I was looking for 8 participants at a range of ages, professions and life stages, so that I could see a variety of experiences.

I wanted to talk to 4 participants in depth, 3-4 times. I also met with 4 others just once, to round out the picture.

Do you think that anyone will be able to recognize me?

WELL, I'M RECRUITING FROM A PRETTY BIG POOL OF ABOUT 450 PEOPLE AT THREE SITES OF A BIG HOSPITAL.

Genevieve

IT IS POSSIBLE THAT SOMEONE MIGHT FIGURE OUT WHO YOU ARE, SINCE HEALTHCARE IS A SMALL COMMUNITY. I'LL DO MY BEST TO MAKE THAT HARDER BY CHANGING OR LEAVING OUT DETAILS THAT POINT TO YOU.

Sounds good! Can I see it before it goes out?

Sure!
SO IF I JOIN UP, WHAT EXACTLY WILL I HAVE TO DO?

WELL, WE CAN MEET WHEREVER YOU LIKE, AND DO A SEMI-STRUCTURED INTERVIEW LASTING 1 TO 2 HOURS. IF YOU DON'T MIND, I'LL RECORD OUR TALKS.

I'LL ASK YOU ABOUT YOUR PERSONAL HEALTH BELIEFS AND PRACTICES, HOW THEY RELATE TO YOUR WORK, AND THE CONTEXT BEHIND THEM. I'D LOVE TO SEE ANY DOCUMENTS OR OBJECTS THAT HELP YOU TELL THE STORY.

I'M ALSO LOOKING FORWARD TO JOINING YOU IN DOING A FAVORITE SELF-CARE ACTIVITY.

LIKE WHAT? COOKING? HEY, YOU COULD COME TO MY LUGE LESSON!

CAN YOU MAKE ME TALLER? WITH LONGER HAIR?

SURE THING!

AH... GREAT... NOW, THIS STUDY IS UNUSUAL IN THAT I WILL DRAW IT IN GRAPHIC NOVEL FORM, SO THAT IT IS MORE INTERESTING AND READABLE.

FEEL FREE TO HELP PICK YOUR CHARACTER'S NAME AND APPEARANCE.

DO YOU KNOW WHAT THE STORY WILL BE LIKE, YET?

IT DEPENDS ON WHERE THE PROCESS LEADS AND THE THEMES I FIND, BUT I'LL BE KEEP YOU POSTED, AND TAKE YOUR FEEDBACK TO HEART.

SO, ARE YOU GETTING PAID FOR DOING ALL THIS WORK?

I WISH! NO, I HAVE NO SPONSOR, SO I'M ON MY OWN WITH EXPENSES. BUT THAT JUST MEANS BUYING THE ODD BUS TOKEN OR CUP OF COFFEE, SO IT'S NOT A BIG DEAL.
OF COURSE WE HAD TO TALK ABOUT THE RISKS, LIKE THE POSSIBILITY THAT OUR TALKS MIGHT BE UPSETTING.

I MADE SURE THEY KNEW I'D HELP THEM FIND COUNSELING IF NEEDED.

THERE WERE NO DIRECT BENEFITS TO PARTICIPANTS, BUT THERE'S ALWAYS THE HOPE THAT JUST REFLECTING ON SELF-CARE MIGHT HELP.

THE LEAST I COULD DO WAS GIVE THEM A COPY OF THE BOOK WHEN IT IS DONE.

LISTEN, I'M HAPPY TO HELP OUT WITH THIS, WHERE DO I SIGN?

YOU CAN THINK THIS OVER FOR A WEEK IF YOU WANT... HEY, I REALLY APPRECIATE THIS.

SO, YOU WEREN'T SERIOUS ABOUT THAT LUGE LESSON, WERE YOU?

COME ON, IT'S THE BEST STRESS RELIEVER EVER! YOU'LL SEE.

*GULP!*
ANYWAY, THAT’S THAT! ONCE EVERYONE WAS SIGNED UP, THE INTERVIEWS AND PARTICIPANT OBSERVATION SESSIONS GOT ROLLING...

OR SLIDING...

YAARGH!

WOO!!
IT'S TIME TO MEET THE KIND PEOPLE WHO TOOK PART IN THE STUDY.

I WAS HAPPY TO LINE UP A COUPLE OF OCCUPATIONAL THERAPISTS AND SOCIAL WORKERS, A PHYSIOTHERAPIST, A NURSE, AN EXERCISE TECHNICIAN, AND A PSYCHOLOGIST.

THE 8 WOMEN RANGED IN AGE FROM 27 TO 60 YEARS, WITH CAREERS FROM 3 TO 42 YEARS.
Sure, my sample size was small, but the goal here isn’t to create a representative sample. Rather, I was looking for in-depth exploration of a few people.

You could also say that the group might have been more diverse.

Fair enough! Still, there are hidden differences between people that matter too.

It might be hard to spot the two immigrants to Canada, and the three people with invisible disabilities in the group.

I was sorry not to have any male participants. But allied health-care workers are mostly women at this point, though I hope that’s changing.

Anyway, I’d like to introduce you to the participants.

They will each talk a bit about their individual self-care, and speak to a few themes from the wider discussion.

You never know, you might even see something familiar in their stories.

A little to the left... okay...

Say “cheese!”
LAURA, 27
WORKED IN HEALTHCARE FOR 3 YEARS

FOR ME, SELF-CARE MEANS TAKING CARE OF MYSELF FOR THE FUTURE. I WANT TO ENJOY LIFE WHEN I'M 80 OR 90 YEARS OLD.

IT HELPS TO SET GOALS; BE HONEST AND REALISTIC WITH THEM. I FIND FITNESS ACTIVITIES THAT I ENJOY. WHEN I DON'T ENJOY IT, I SEEK OUT OTHER OPTIONS.

I'VE ALWAYS BEEN ACTIVE AND HEALTHY, BUT WORKING IN HEALTHCARE HAS ACCENTED THE IMPORTANCE OF IT. IT GIVES ME THAT REALITY CHECK THAT LIFE IS A GIFT; IT CAN BE GONE IN A FEW SECONDS.

SURE, THINGS COME UP, LIFE HAPPENS. SO, I MISS A WORKOUT HERE AND THERE. NO BIG DEAL. BUT I ALWAYS MAKE SURE I COME BACK TO IT.

I MEAN, I'M ASKING MY PATIENTS TO EXERCISE 5 TIMES A WEEK AND DO ALL THESE GREAT THINGS FOR THEMSELVES. THE LEAST I CAN DO IS DO IT TOO!
YOGINI, 33
WORKED IN HEALTHCARE FOR 7 YEARS

I TRY TO REFLECT WHAT I'M TEACHING MY CLIENTS IN MYSELF. SO, AM I CALM IN THE FACE OF STRESS? AM I SETTING A GOOD EXAMPLE FOR THEM WITH MY POSTURE? AM I BREATHING DEEPLY?

FOR ME, YOGA IS DEFINITELY A MIND-BODY PRACTICE... TAKING TIME TO CALM THE MIND, BRING AWARENESS TO THE BODY, ADJUST AND WORK WITH THEM... IT'S JUST LIKE TAKING YOUR CAR IN FOR INSPECTION AND MAINTENANCE.

MY BOYFRIEND, MY PARENTS, AND MY FRIENDS AND ARE A HUGE PART OF MY SELF-CARE, WE LOVE TO EXERCISE, COOK, AND HAVE FUN TOGETHER.

WHEN I WORK WITH MY CLIENTS, I UNDERSTAND THAT WE'RE ALL HUMAN, AND WE'RE ALL IN THIS TOGETHER. IT'S NOT JUST ABOUT ME BEING AN EXPERT AND THEM ABSORBING EVERYTHING I KNOW. IT'S MUTUAL LEARNING.
ANNIKA, 38  
WORKED IN HEALTHCARE FOR 17 YEARS

MY DAUGHTER IS A GOOD STRESS INDUCER AND A STRESS RELIEVER, DEPENDING ON THE DAY. NOT THAT I WOULD CHANGE ANYTHING, BUT THE TIME I WOULD NORMALTY TAKE FOR SELF-CARE IS DEVOTED TO HER. BUT IT OPENS OTHER DOORS...

PEOPLE HOLD THEMSELVES TO A VERY HIGH STANDARD. BUT LIFE IS FAR MORE FREEING WHEN YOU GIVE YOURSELF PERMISSION TO MAKE MISTAKES, AND ACCEPT THAT YOU'RE NOT PERFECT. AT THE END OF THE DAY, IF I TRIED MY BEST, THAT'S ALL I NEED, NO MATTER WHAT HAPPENED.

AS I GET OLDER, I SEE FAR MORE PLACE IN MY LIFE FOR SELF-CARE. I'M MORE FAMILY ORIENTED. AT THE SAME TIME, LIFE GETS BUSIER, SO THERE IS LESS TIME FOR IT.

WORK CAN BE AN ADDICTIVE DRUG THAT KEEPS YOU COMING BACK FOR MORE, NO MATTER HOW TIRED YOU GET. NOW, I'M VERY DEDICATED TO MY CLIENTS. BUT WHEN I LEAVE MY WORK, I LEAVE MY WORK. I OWE IT TO MY FAMILY.
JOCelyn, 43
worked in healthcare for 18 years

it always helps to run. I find it particularly therapeutic when I'm stressed. It's a good time to try and reflect, be a bit more self-aware. It's getting outside, it's fresh air, it's a social outlet, it's that runner's high...  

on those weeks that I have the kids, the whole self-care thing goes down the tubes, I try to run over lunch, because it's the only opportunity I have. if there's a meeting over lunch, I'm out of luck.

in terms of the people, work is a really positive context. everyone gets along and is supportive and respectful. we encourage each other to exercise. there's always someone to bounce ideas off. I count myself pretty lucky to be here.

at work, our resources have been cut back, but the caseload is the same. I feel like I'm being pulled in a number of different directions, between clinical demands, education, research, committees... you have to prioritize and handle what you can handle.
BETTY, 45
WORKED IN HEALTHCARE FOR 17 YEARS

NOW, MY HEALTH IS VERY IMPORTANT. SO IF I FEEL THAT I'M JUST NOT STAYING ON TOP OF THINGS OR USING STRATEGIES WELL, I WILL TAKE A DAY OFF. IT'S NOT AS EASY AS I'D LIKE; BUT IT'S ESSENTIAL, SO I MAKE IT HAPPEN.

YOU HAVE TO TREAT YOURSELF. REWARD YOURSELF FOR ALL THAT YOU DO. ME, I LOVE TO SHOP—ESPECIALLY FOR SHOES! IT TOTALLY TAKES MY MIND OFF OTHER STUFF.

I SAY, MAKE THE MOST OF WHATEVER OPPORTUNITIES YOU HAVE TO TAKE CARE OF YOURSELF. IF YOU WORK LATE, TAKE THAT TIME BACK RELIGIOUSLY. TAKE WHATEVER VACATION TIME YOU HAVE. DON'T WORK OVER LUNCH. DON'T TAKE YOUR DAY TIMER HOME. TRAIN YOURSELF TO STEP AWAY.

BECAUSE IT WILL ABSOLUTELY EAT YOU UP. AND IT'S JUST NOT WORTH IT. NO JOB IS WORTH IT. NOBODY IS GOING TO THANK YOU FOR IT. NOBODY'S GOING TO REWARD YOU IF YOU MAKE YOURSELF SICK.

AT THE END OF THE DAY, YOU GO HOME, AND YOU DO SOMETHING FUN THAT'S GOOD FOR YOU. SO THERE!
BJORK, 47
WORKED IN HEALTHCARE FOR 10 YEARS

DOING POTTERY IS A REAL NEED FOR ME. IT'S REALLY IMPORTANT TO ACKNOWLEDGE THAT I'M NOT ONLY THE HEALTHCARE WORKER, BUT I HAVE THIS OTHER PART OF MY BEING. I'M PRETTY SURE THAT A LOT OF PEOPLE HAVE THIS TOO, AND IF YOU DON'T LISTEN TO THAT PART OF YOU, THEN YOU CANNOT BE FULLY HAPPY. YOU BURN OUT MORE EASILY, BECAUSE THIS IS A PART THAT GIVES ENERGY AND STRENGTH.

WHEN YOU GET SICK, LIKE I DID, IT'S LIKE YOU WERE RUNNING AND THEN HIT A BRICK WALL ALL OF A SUDDEN AND STOPPED IN YOUR TRACKS. IT MAKES YOU REEVALUATE EVERYTHING. I REALIZED THAT I JUST CANNOT BE SO STRESSED AND TAKE CARE OF OTHER PEOPLE ALL THE TIME. SOME PEOPLE NEED TO CRASH BEFORE THEY CHANGE. I THINK SOMETHING GOOD CAME OUT OF IT FOR SURE.

I HAD TO TAKE CHARGE OF MY HEALTH, BECAUSE ULTIMATELY IT IS MY SOLE RESPONSIBILITY. ONLY I CAN INFLUENCE MY OWN WELL-BEING. DOCTORS CAN HELP, BUT ONLY SO MUCH. IT'S NOT FAIR TO ASK MY FAMILY. WORK WILL NOT DO IT FOR ME. I TAKE THE CARE INTO MY OWN HANDS, TO BE THE MOST HEALTHY I CAN BE, DESPITE ANY HEALTH CHALLENGES.
GENEVIEVE, 52
WORKED IN HEALTHCARE FOR 30 YEARS

WITH SELF-CARE, YOU HAVE TO MAKE A PLAN AND STICK WITH IT. WE DO GOAL SETTING WITH OLDER PATIENTS, AND THEY HAVE TROUBLE CHANGING THEIR HABITS. WE SHOULD START THIS YOUNGER. THEY NEED TO PLAN IT INTO THE UNIVERSITY CURRICULUM. WHAT WILL STUDENTS DO TO LET OFF STEAM? WHAT ARE THE HEALTHY CHOICES, AND THE NOT SO HEALTHY ONES? MAKE A GOOD PLAN.

I WENT INTO HEALTH BECAUSE I LOVE CARING FOR OTHER PEOPLE. I NEED TO FEEL THAT I'M MAKING A DIFFERENCE, BUT I DON'T FEEL I HAVE TO SACRIFICE MYSELF TO DO IT. SOME PEOPLE FEEL LIKE THAT, AND IT'S A PROBLEM. IF YOU'RE IN BURNOUT WITH YOUR JOB ALONE, IT'S BECAUSE YOUR JOB IS YOUR LIFE.

COOKING! IT'S MY SPIRITUAL SELF-CARE. I DON'T CARE IF IT TAKES ME AN HOUR AND A HALF TO MAKE SOMETHING. CHOPPING VEGETABLES IS THERAPEUTIC: IT'S RITUALISTIC, REPETITIVE, PHYSICAL, ACTIVE, IT MAKES YOU PAY ATTENTION... IT JUST TAKES YOU AWAY FROM THE OTHER THINGS ON YOUR MIND.

YOU SHOULDN'T LET THE RECREATIONAL THING GO, AND SAY, "I'LL DO IT WHEN I HAVE TIME". YOU'LL NEVER HAVE TIME! DO IT ANYWAY!
SIRENA, 60
WORKED IN HEALTHCARE FOR 42 YEARS

WHEN MY PARENTS WERE REALLY ILL, I TOOK A MINDFULNESS-BASED STRESS REDUCTION COURSE, AND IT WAS A LIFE SAVER. THE DOCTOR THERE ASKED ME ABOUT WHAT I DID. WELL, I WORKED, LOOKED AFTER MY PARENTS, AND VOLUNTEERED FOR CHARITIES. AND HE SAID, BUT WHAT DO YOU DO FOR YOU? IT WAS A SLAP IN THE FACE. IT REALLY MADE ME STOP AND THINK: I WASN'T ACTUALLY DOING ANYTHING FOR ME. 48

NOW I MEDITATE EVERY DAY AT LUNCH TIME, AND GO FOR A WALK EVERY MORNING. IF I FILL UP MY TANKS WITH GOOD STUFF AT THE BEGINNING OF THE DAY, I CAN BE KINDER AND MORE HELPFUL TO OTHERS, IF YOU DON'T PUT BACK IN, THEN YOU CAN'T TAKE ANYTHING OUT.

MY PARENTS ARE GONE NOW, AND I MISS THEM TERRIBLY. BUT I'VE GOT A VERY GOOD CIRCLE OF FRIENDS. AND PETS ARE WONDERFUL COMPANY WHEN YOU'RE ON YOUR OWN. THEY SNUGGLE UP TO YOU NO MATTER HOW BAD A DAY YOU'VE HAD. 49

I'M COMING TO THE END OF MY CAREER... WHEN YOU ARE IN A JOB, YOU ARE IN A CERTAIN ROLE, SO WHEN THE ROLE IS GONE, WHO IS THE REAL YOU? YOU'VE GOT TO HAVE INTERESTS OUTSIDE OF WORK. TOO OFTEN I'VE SEEN MY FRIENDS BECOME VERY ILL ONCE THEY RETIRE. I WANT MY RETIREMENT TO BE GOOD QUALITY. 50

AND I STILL LOVE MY JOB 43 YEARS LATER. MY SURVIVAL TECHNIQUE IS BEING WILLING AND OPEN TO CHANGE, TO TRY NEW THINGS. THERE'S A SONG: "ONCE I WAS AN OAK, NOW I'M A WILLOW, NOW I CAN BEND..." IT'S BEEN A VERY INTERESTING CAREER, AND I'M NOT FINISHED YET! 51
They talked about so many good strategies: exercising, eating well, getting social and emotional support, taking breaks, setting boundaries between work and life, treating yourself.

It's really important that you make time to take care of yourself every day. As well as holidays, I believe in half-hour sessions. For half an hour, you just do what you want, guilt-free. It's a recharging of your batteries.

- Sirena

They spoke of taking responsibility for their own health, prioritizing self-care, and setting goals. They watched for signs of strain, and acted early to deal with problems.

Some self-care strategies were specific to work. People set limits, and tried to work more efficiently. They tried to create a supportive physical and social environment at work.

If that failed, several had changed jobs rather than compromise their well-being.

They touched on some of the themes that came out in the interviews, like how helpful it is to fold self-care into home and work life routines every day.

You have to make a conscious decision to find ways to relax and take care of yourself throughout the day.

It's not just for weekends and holidays.

- Yogini
NOW, LIFE STAGE AND FAMILY RESPONSIBILITIES REALLY CHANGED THE LANDSCAPE OF SELF-CARE. PARTICIPANTS HAD TO ADAPT THEIR SELF-CARE ROUTINES TO FIT THEIR CHANGING SITUATIONS.

THOSE WITHOUT KIDS SEEMED TO TREAT SELF-CARE AS A FORM OF RECREATION OR SOCIAL ACTIVITY.

I RUN 5 DAYS A WEEK, AND I DO WEIGHT TRAINING 2-3 TIMES A WEEK, AND I GO TO YOGA WITH A FRIEND AND PLAY VOLLEYBALL WITH MY TEAM. I WALK WITH MY CO-WORKERS... I DON'T THINK ABOUT IT, BECAUSE I ENJOY IT. I GET ASKED TO DO SOMETHING SO I JOIN IN.

- LAURA

THOSE WITH YOUNG CHILDREN REPORTED HUGE PROBLEMS JUGGLING RESPONSIBILITIES TO FIT IN SELF-CARE, ESPECIALLY FOR SINGLE PARENTS.

ELDER CARE WAS ANOTHER DEMANDING AND AT TIMES PAINFUL TASK THAT STRAINED WORKERS’ ABILITY TO COPE.

IN LATER LIFE, SELF-CARE SEEMED FOCUSED ON MANAGING AND PREVENTING HEALTH ISSUES AND INJURIES.

YOU’RE HAVING TO ADAPT THINGS TO YOUR BODY, BECAUSE YOUR BODY IS DIFFERENT NOW. WHEN YOU GET OLDER, IT HURTS. YOU CAN’T JUST GO OFF AND DO A BUNCH OF EXERCISE AND BE FINE. I’M CHANGING WHAT I DO IN ORDER TO AVOID BRINGING UP THE PROBLEMS IN MY BODY. I’VE HAD A LOT OF INJURIES, AND I HAVE TO BE CAREFUL NOT TO AGGRAVATE THEM. THAT’S THE BIGGEST CHANGE: I CAN’T JUST DO WHATEVER I WANT.

- GENEVIEVE

FOR BUSY PEOPLE, THE LUNCH BREAK WAS THE BEST, AND SOMETIMES THE ONLY OPPORTUNITY FOR SELF-CARE ALL DAY:

EXERCISE, MEDITATION, SOCIAL SUPPORT, AND MORE.

MISSING THE LUNCH BREAK WAS A SERIOUS BLOW.
THE THREE PARTICIPANTS WITH DISABILITIES REPORTED UNIQUE CHALLENGES.

GROWING UP WITH A DISABILITY MEANT MISSING OUT ON GYM CLASS AND HEALTH EDUCATION IN SCHOOL. BEING ACTIVE WAS DISCOURAGED, OR MADE PAINFUL BY THERAPIES.

GYM WAS NEVER AN OPTION FOR ME; I WASN'T ALLOWED. THAT ALWAYS MADE MY APPROACH TO PHYSICAL HEALTH VERY CAUTIOUS. I DIDN'T GET IT GROWING UP SO ALL THAT SELF-CARE STUFF JUST HAS BEEN LEARNED ON MY OWN. I DON'T DO IT WELL. I'M VERY SHY IN THAT SENSE... I DON'T KNOW WHAT TO DO, BUT I DON'T WANT TO ASK ANYBODY ABOUT SELF-CARE, BECAUSE I DON'T WANT TO LOOK STUPID.

- PARTICIPANT

IT WAS HARD TO LEARN ABOUT THE HEALTHY HABITS THAT THEY WOULD NEED AS ADULTS. AFTER ALL, MOST OF THE OTHER PARTICIPANTS REPORTED LEARNING THEIR HEALTH HABITS AT A YOUNG AGE FROM SCHOOL & FAMILY.

UNFORTUNATELY, WORKPLACE WELLNESS SUPPORTS WERE NOT ALWAYS ACCESSIBLE—LIKE, STAFF COULD GET DISCOUNTED MEMBERSHIPS AT A SPECIFIC GYM, BUT IT WAS NOT NECESSARILY ACCESSIBLE. JOB ACCOMMODATIONS COULD ALSO BE HARD TO GET.

WHEN I HAD HEALTH PROBLEMS, MY CONCENTRATION, MY ABILITY, MY ENERGY, JUST ABOUT HALVED... AND I HAD TO DO THE SAME WORK; THE SAME WAS EXPECTED OF ME. I COULD HOLD IT TOGETHER FOR PATIENT CARE, BUT AFTERWARDS I WAS WAY TOO TIRED. AND THEY SAW IT AS POOR PARTICIPATION, LACK OF VOLUNTEERING FOR EXTRA DUTIES...

- PARTICIPANT

HAPPILY, IN TIMES OF GREAT NEED, SUPPORTS WERE THERE. MEDICAL LEAVE EXPERIENCES WERE VERY GOOD. THE OCCUPATIONAL HEALTH AND SAFETY OFFICE WAS A BIG HELP.
THE FUNNY THING IS THAT, ALTHOUGH COMPASSION FATIGUE AND BURNOUT ARE SO COMMON, MOST OF THE PARTICIPANTS HAD LITTLE PROFESSIONAL EDUCATION ABOUT IT.

ONLY ONE SOCIAL WORKER HAD ANY SYSTEMATIC EDUCATION ABOUT SELF-CARE. THE EXERCISE TECHNICIAN HAD TO DO EXERCISE AS PART OF HER KINESIOLOGY STUDIES, AND SPOKE OF HOW THIS HELPED HER GET INTO GOOD HABITS.

EVERY DAY OF MY STUDIES THERE WERE REQUIRED PHYSICAL ACTIVITY COMPONENTS. IT REALLY BROADENED MY SCOPE. AT THE TIME I COMPLAINED BECAUSE I HAD SO MUCH TO STUDY, BUT IT HAD A LOT OF BENEFITS THAT I DIDN'T RECOGNIZE UNTIL I WAS PAST IT AND REFLECTING BACK.

- LAURA

ONE PERSON MENTIONED HAVING A SINGLE WORKSHOP RELATED TO EMOTIONAL SELF-CARE, WHICH WAS SO OUT OF CONTEXT THAT IT ONLY CONFUSED THE STUDENTS.

I DON'T THINK THERE WAS ANYTHING IN MY EDUCATION THAT EVER EVEN TOUCHED ON STRESS AND SELF-CARE. IT WAS JUST NEVER MENTIONED. I HAD TO FIGURE IT OUT FOR MYSELF. HOPEFULLY IT'S DIFFERENT NOW.

- JOCELYN

HOPEFULLY THIS IS CHANGING. SEVERAL SCHOOLS HAVE CREATED WELLNESS PROGRAMS THAT TEACH HOW TO RECOGNIZE COMPASSION FATIGUE, AND HOW TO MANAGE STRESS WITH TECHNIQUES LIKE MEDITATION AND YOGA.

YOU NEVER KNOW. MAYBE THE HEALTH WORKERS OF THE FUTURE WILL BE MORE CENTERED AND FLEXIBLE... LITERALLY!
WE ALSO TALKED A LOT ABOUT AUTHENTICITY.

EVERYONE FELT THAT IT WAS IMPORTANT TO PRACTICE WHAT WE PREACH TO PATIENTS. IT WAS ABOUT INTEGRITY.

CLIENTS CAN SEE RIGHT THROUGH US IF WE'RE NOT DOING WHAT WE TELL THEM TO DO. IT'S SO IMPORTANT. I COULDN'T TEACH SOMETHING THAT I DIDN'T BELIEVE IN, THAT I DIDN'T HAVE FIRST HAND EXPERIENCE WITH. IT'S NOT JUST ABOUT ME BEING A THERAPIST AND THEM BEING A CLIENT. WE ALL HAVE A COMMON UNITY HERE. CLIENTS SEEM TO RESPOND BETTER TO THAT THAN TO AUTHORITARIAN TEACHING.

- YOGINI

ALSO, LIVING AND ROLE MODELING SELF-CARE STRATEGIES HELPED PATIENTS TO BUY IN.

I THINK IT'S CRITICAL TO BE BELIEVABLE. WE'RE ALL IN SALES... HERE WE ARE, HEALTHCARE PROFESSIONALS TRYING TO MAKE THE PATIENTS CHANGE THEIR WAY OF THINKING AND DOING THINGS. WE'RE TRYING TO SELL OUR IDEAS. UNLESS WE SEEM AUTHENTIC, THEY'RE NOT GOING TO BUY WHAT WE'RE SELLING.

- SIRENA

PART OF MY SUCCESS IN MY WORK, IF YOU CALL IT THAT, IS AUTHENTICITY AND BEING REAL WITH CLIENTS. I THINK THAT PEOPLE APPRECIATE BEING TALKED TO AS IF THEY ARE PEOPLE, WITH THAT MUTUAL RESPECT, THAT MENTORSHIP COMPONENT... I THINK THAT'S IMPORTANT TO PEOPLE.

- ANNIKA

STILL, ONE PERSON CAUTIONED THAT BEING AUTHENTIC COULD RAISE THE RISK OF BURNOUT, & ACCIDENTALLY SAYING THINGS THAT CLIENTS MIGHT FIND--

--STRESSFUL!

- YOGINI

IT ALSO CREATED A SENSE OF MUTUAL LEARNING THAT LEVELED THE POWER IMBALANCE BETWEEN WORKER AND PATIENT TO SOME EXTENT.

SO, AUTHENTICITY SEEMED TO BE A POWERFUL TOOL, WHEN HANDLED WITH CARE.

CAUTION: DON'T RUN WITH SWORDS!
Participants spoke of how healthcare workers’ deep personal investment in their role can raise the risk of burnout.

Many participants said that they work in healthcare because of early experiences of illness and caregiving, or coming from families of helping professionals.

For healthcare workers, self-care can be a very difficult thing to think about. A lot of healthcare people were conditioned from childhood, like I was, to take care of others. Maybe someone in the family... we see taking care of others as part of who we are. The risk of burnout is quite high for that reason.

- Björk

The work is so engaging and rewarding, and expectations can be so high, that it tempts workers to try too hard. They pay the price with their health.

Every participant that I asked reported being near burnout at least once. It usually happened around an overload of work pressure and life events, like death, illness, and divorce.

I think burnout happens when work and life, the person, school, and everything comes together... everything collides at the same time. I remember just sitting there one day going, whoah, I'm done!

- Anniika

For some, burnout crises were a chance to take stock and make changes that ultimately made life better.

That fits nicely with theory around compassion satisfaction: when workers can stop fighting compassion fatigue and focus on finding ways to thrive in their work, they can find great rewards!
All the participants talked about factors at work that added to their stress. For one thing, short staffing and cutbacks created pressure to juggle multiple roles.

When I first started, it was not like this. We had a lot of control over our caseloads. You really had a sense that you were the master of your own fate. It was almost like you were expected to be honest: you are a professional, and you will not take advantage of the system, you will not abuse it. So nobody has to stand and count and read over your shoulder all the time, and say, why are you doing this?
- Participant

Many complained of a growing loss of autonomy and individual creativity in an environment of increasingly standardized care.

And there’s always the strain of politics and mixed messages, coping with other people, and the infamous lunch meeting.

Still, work in healthcare seemed to offer a lot of advantages. There were plenty of workplace wellness programs to choose from.

There was good access to exercise equipment and health education. The work itself is interesting and meaningful.

And seeing patients’ health problems was a powerful motivator to protect one’s own health.

The fact is that we have a unique perspective because we come face to face with ill health, and the effects of different lifestyle choices, every single day. It makes you reflect, and try to take less risks. It gives us an advantage. It forces us not to deny the fact that our lifestyles do matter to our quality of life over the long run.
- Yogini

Everyone talked about how much the people mattered. Team support, and a friendly, low-hierarchy atmosphere made a world of difference.
In the end, it seems to come down to balance.

Knowing how to balance the desire to do good against reasonable limits... how to balance work and life...

Learning that balance... may just be at the heart of having a long, healthy, happy career in healthcare.

Each person told stories of negotiating that balance in their own ways.
A WORD OF EXPLANATION

...HEALTHCARE WORKERS AND ADMINISTRATORS.

THE STORIES HOLD HELPFUL IDEAS FROM THIS STUDY AND FROM OTHER RESEARCH.

THEY ARE DESIGNED TO BE SHORT, FUNNY AND READABLE.

THE NEXT TWO PIECES AIM TO REACH TWO GROUPS OF PEOPLE WHO HAVE A LOT AT STAKE IN THE DISCUSSION OF HEALTHCARE WORKER WELLBEING.

THEY AIM TO CATCH THE EYE OF TWO VERY BUSY GROUPS OF PEOPLE.

AFTER ALL, ARTS-INFORMED RESEARCH IS ALL ABOUT TRYING TO MAKE A REAL-WORLD DIFFERENCE.

SO... HERE GOES!
SUPERTHERAPIST BATTLES BURNOUT!

SUPERTHERAPIST DELIVERS POINT-PERFECT PATIENT CARE!

SUPERTHERAPIST CHARTS FAST AND FLAWLESSLY!

SUPERTHERAPIST KEEPS ON THE CUTTING EDGE OF EVIDENCE-BASED PRACTICE!

SUPERTHERAPIST EFFORTLESSLY MANAGES DOZENS OF EXTRA CLINICAL AND NON-CLINICAL ROLES!

UH... I DON'T FEEL SO GREAT...

SUPERTHERAPIST NEVER RESTS IN HER PURSUIT OF PERFECTION!

I SAW THAT COMING.

YEP. CAN SOMEONE GET THE STRETCHER?
LATER, IN THE WORKPLACE HEALTH OFFICE...

YOU PASSED OUT. EATEN LUNCH LATELY?

I'VE GOT TO GET BACK TO THE UNIT! THEY CAN'T MANAGE WITHOUT ME!

THEY'LL BE FINE. YOU, ON THE OTHER HAND, HAVE A SERIOUS PROBLEM.

WHAT HAPPENED?

ARGH. WILL IT INTERFERE WITH MY WORK?

IT ALREADY HAS. NOT TO MENTION YOUR PHYSICAL AND EMOTIONAL HEALTH, YOUR SOCIAL RELATIONSHIPS, AND YOUR QUALITY OF LIFE.

SO, DO ANY OF THESE SYMPTOMS LOOK FAMILIAR?

BURNOUT SYMPTOMS:

- Cynicism
- Low self-esteem
- Feeling trapped
- Loss of productivity
- Emotional exhaustion
- Excessive caffeine use
- Outbursts
- Detachment
- Loss of compassion
- Insomnia
- Fatigue
- Pain
- Digestive problems
- Anxiety
- Depression
- Helplessness
- Alcohol use

YES... MOST OF THEM... WHAT'S WRONG WITH ME?

I'M AFRAID IT'S... BURNOUT.

OH! THERE MUST BE SOME MISTAKE. I LOVE MY JOB. I CAN'T BE BURNED OUT!
The funny thing is that loving your job can actually put you at risk of burnout, by motivating you to work harder than you can sustain in the long term.

This is so embarrassing. I don’t have problems like this. I’m not a patient.

If it makes you feel any better, most healthcare workers get burnout sooner or later. It’s the nature of the work.

It’s too bad, but the healthcare environment doesn’t seem to tolerate staff illness well.

Caring for patients in distress... time pressure... team dynamics... conflicting priorities... no-win situations... all take their toll.

Personally, I think we should talk more about this stuff. That’s why I did a study recently looking at healthcare workers’ experiences of taking care of their own health.

So what can I do to deal with this?

Brushes with burnout can be great chances to learn ways to thrive. Let’s go see what tricks other healthcare workers use to take care of themselves!
FIRST OF ALL, SELF-CARE IS SOMETHING THAT WON’T WAIT UNTIL WEEKENDS AND HOLIDAYS. IT’S BEST WHEN INTEGRATED INTO DAILY LIFE AND WORK.

NOW, SOME PEOPLE MAKE THEIR OFFICE A WELLNESS CENTRE. WHAT DO YOU NOTICE ABOUT YOUR COLLEAGUE’S DESK?

HER DESK IS ALL CLUTTERED UP WITH PERSONAL STUFF?

YES - SHE HAS SET UP CUES THAT HELP HER TO RELAX AND STAY POSITIVE

I ALSO KEEP A STASH OF HEALTHY SNACKS AND HERBAL TEA BAGS. THEY KEEP MY ENERGY UP SO I DON’T GO OVERBOARD ON CAFFEINE AND SUGAR.

ME, I LIKE TO TAKE “STEALTH” BREAKS WHILE I WORK. I CAN STRETCH WHILE THE COMPUTER LOADS, OR WALK TO FIND SOMEONE INSTEAD OF PHONING.

HONESTLY, I GET MORE DONE IF I PACE MYSELF. WORK IS A MARATHON, NOT A SPRINT.

EVEN WHEN WORKING WITH A CLIENT, YOU CAN USE DEEP BREATHING TO HELP RELAX. NO ONE CAN TELL, IT’S A SECRET POWER.
Hi ladies, we're hoping you can tell us some of your best self-care tips and tricks.

Well, just talking and debriefing with each other is a huge support. We watch out for each other, and speak up if someone looks overwhelmed.

We were just going over a tough decision I had to make earlier, like, if you keep bottling up the stress and troubling experiences...

...eventually you can crash. Talking helps offload that pressure.
I know... I mean, I teach this stuff. But it's so hard to justify doing these things for myself when there's no time, and my patients need my help.

We're only human. We can't be everything to everyone, all the time. You wouldn't expect your car to run smoothly if you never fuelled or maintained it, would you? So why expect yourself to?

This may sound crazy, but helping myself actually improves my work. When I'm run down, I make mistakes.

Also, doing self-care can enhance your work. See, we sell ideas about healthy living.

Patients need to believe us if they are going to buy into our ideas. And believe me, they can see through phonies.

Thanks... I never thought about it that way. I'm going to have to make some changes.
ATTENTION!
CODE BLUE!

THIS LOOKS...
LIKE A JOB FOR...
THE THERAPEUTIC
AVENGERS!

WAIT -
WEREN'T YOU JUST
TELLING ME NOT TO
PLAY THE HERO ALL
THE TIME?

EXACTLY!
SOMETIMES, LIKE NOW,
WE SAVE THE DAY.
THE REST OF THE TIME, WE
SUSTAIN OURSELVES.

LET'S GO!

WAIT -
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EXACTLY!
SOMETIMES, LIKE NOW,
WE SAVE THE DAY.
THE REST OF THE TIME, WE
SUSTAIN OURSELVES.

LET'S GO!
SUPER SELF-CARE TIPS
FOR HEALTHCARE WORKERS

REGULAR EXERCISE:
FIND WAYS OF BEING ACTIVE THAT YOU ENJOY, AND SET GOALS.

ORGANIZE:
WORK SMARTER, NOT HARDER

BE FLEXIBLE:
ADAPT YOUR ROUTINE OVER TIME TO FIT YOUR BODY AND YOUR SITUATION

WATCH OUT:
FOR SIGNS OF STRESS, AND ACT EARLY TO CORRECT THEM

PRIORITIZE:
DO THE IMPORTANT THINGS—FIRST... LIKE SELF-CARE!

TAKE YOUR LUNCH BREAK:
REVIVE YOURSELF WITH FOOD, SOCIAL TIME, EXERCISE, RELAXATION AND MORE.

TREAT YOURSELF:
DO SOMETHING YOU ENJOY EVERY DAY. TAKE BREAKS AND VACATIONS REGULARLY.

SET LIMITS:
LEARN TO SAY NO, AND LEAVE WORK AT WORK.

SOCIALIZE:
SEE YOUR FRIENDS AND FAMILY, AND GET TO KNOW YOUR COLLEAGUES.

TO DO:
- EXERCISE
- SEE FRIENDS
- READ A BOOK
- HELP KIDS
- HOME RENO
- TIDY HOUSE
- DEAL WITH MAIL COMMITTEE

STOP
SUPER SELF-CARE TIPS FOR HEALTHCARE WORKERS

LEARN:
TAKE COURSES ABOUT COM-PASSION FATIGUE, COMMUNICATION AND STRESS MANAGEMENT

TALK:
DISCUSS STRESS AND COPING WITH YOUR COLLEAGUES, STUDENTS, AND EVEN WITH A COUNSELOR IF NEEDED.

BE MINDFUL:
TRY MINDFULNESS MEDITATION OR RELAXATION TECHNIQUES.

FOCUS ON THE POSITIVE:
LOOK FOR THE GOOD THINGS WITH YOUR WORK, PATIENTS AND COLLEAGUES

FORGIVE YOURSELF:
REALISTICALLY, EVERYONE MAKES MISTAKES. TRY TO LEARN FROM EACH ONE AND MOVE ON.

BE CREATIVE:
DO ARTISTIC PURSUITS FOR ENJOYMENT AND RELAXATION

LEISURE:
DO SOMETHING NICE EACH DAY, JUST FOR YOU. HOBBIES LET YOU SHOW ANOTHER SIDE OF YOURSELF.

PLAN TO GROW:
BE A LIFELONG LEARNER. PLAN AHEAD, AND CHANGE JOBS WHEN NEEDED TO ADVANCE YOUR JOURNEY.

THERE ARE A WORLD OF POSSIBILITIES FOR SELF-CARE...
IT BEGINS WITH GIVING YOURSELF PERMISSION TO TRY AND CHOOSING A FIRST STEP THAT WORKS FOR YOU!
IN BREAKING NEWS, A MYSTERIOUS AILMENT GRIPS HEALTHCARE WORKERS!

AN EPIDEMIC OF BURNOUT HAS SENT HOSPITALS REELING TO COPE WITH PLUMMETING QUALITY OF SERVICE, LOW CLIENT SATISFACTION, AND HIGH STAFF UNREST, ILLNESS AND TURNOVER.

IT WAS AWFUL! MORALE WAS SO LOW... ABSENTEEISM WAS OUT OF CONTROL... THE TEAM WAS IN-FIGHTING... WHAT COULD WE DO?!

WE TURNED THIS BURNING QUESTION TO HEALTHCARE RESEARCHER BRONWEN MOORE. BRONWEN, WHAT CAN MANAGERS DO ABOUT WORKER BURNOUT?

EYEWITNESS ACCOUNT: MANAGER X
Bill, research shows that balance is the key to managing burnout.

The Job Demands–Resources (JD-R) model tells us that when the demands of a job get high, resources and supports need to keep up or else the stage is set for serious burnout. And work in healthcare is very demanding, especially in these days of cutbacks.

So, smart organizations can fight burnout by designing programs to reduce or redesign job demands and enhance resources.

Great, but what kind of supports do healthcare workers want?

I just did a qualitative study about how healthcare workers stay well, so I can tell you that right from the source!
Workers agreed that the organizational climate and their manager's style had a big impact on their stress and coping. So here are some things that smart managers can do to help fight burnout in their team.

First, offer flexible scheduling. Flex time actually improves attendance and productivity, since it lowers the conflict between work and life responsibilities!

Also, respect the lunch break. Workers used this for all kinds of self-care that made the rest of the day more productive.

Workers also really appreciate being allowed to use the exercise and wellness facilities at work. It's a great chance to burn off stress.

Next, be friendly. Just a greeting or a word of praise made a big difference to stress. Research agrees.

Workers value having quality employee assistance programs and workplace wellness supports, especially when managers sincerely encouraged workers to use them.

Last, help your workers learn about self-care, stress management and communication skills. It may not seem work-related, but believe me, the whole team will benefit!
BRONWEN, WHAT MAKES IT SO DIFFICULT TO PLAN FOR WORKPLACE WELLNESS?

UNFORTUNATELY, THERE IS NO ONE SIMPLE SOLUTION THAT WORKS IN ALL SITUATIONS. WORKPLACES ARE COMPLEX SYSTEMS, SO IT HELPS TO TARGET INTERVENTIONS AT MANY LEVELS.

IT ALSO HELPS TO WATCH OUT FOR SOME COMMON MISCONCEPTIONS. REMEMBER, HEALTHCARE WORKERS ARE NONE OF THESE THINGS:

WORKPLACE WELLNESS PLAN

ISLANDS
NO ONE CAN COMPLETELY SEPARATE WORK AND LIFE. LIFE EVENTS AND FAMILY RESPONSIBILITIES PLAY A BIG ROLE IN BURNOUT, SO THEY NEED TO BE FACTORED INTO PLANS.

SLACKERS
IN FACT, MANY HEALTH WORKERS ARE SO DEDICATED THAT THEY WORK THEMSELVES TO EXHAUSTION. EMPOWERING LEADERSHIP STYLES CAN THEREFORE BE MORE SUCCESSFUL THAN AUTHORITARIAN STYLES AND MICROMANAGEMENT.

SUPERHEROES
EVERYONE SIMPLY HAS A LIMIT. AFTER A POINT, EITHER THE QUALITY OF WORK OR THE WORKER'S HEALTH HAS TO GIVE. STREAMLINE PROCESSES AND AVOID OVERWHELMING WORKERS WITH NON-CLINICAL ROLES.

EASILY REPLACEABLE
EMPLOYEE TURNOVER IS EXPENSIVE AND RESOURCE CONSUMING. INVEST IN HANGING ON TO YOUR GOOD PERFORMERS.
THANKS. SO IN CONCLUSION, DO WORKPLACE HEALTH-PROMOTION PROGRAMS WORK?

STUDIES SAY YES - THEY CAN REDUCE SICK ABSENCES AND ENHANCE WORKER PERFORMANCE AND WELLBEING.

JUST REMEMBER, EVEN POSITIVE CHANGES ARE STRESSFUL IN THE SHORT TERM. IT HELPS TO EMPOWER THE WORKERS AND GIVE THEM A SAY IN PLANNING.

THE BEST PART IS THAT, WHEN WE SUPPORT HEALTHCARE WORKER WELLNESS, EVERYONE WINS: THE WORKERS, PATIENTS & THE ORGANIZATION.

THANKS FOR THAT REPORT.

YOU'RE MOST WELCOME. GOOD LUCK!

UP NEXT-- A BREAK-IN AT THE MINISTRY OF HEALTH! WILL THE MYSTERIOUS SUPERHERO SAVE THE DAY?

SMASH!

YIKES!!
CONCLUSION

SO, THAT WAS THE STUDY.

I'M GRATEFUL TO THE PARTICIPANTS FOR SHARING THEIR STORIES AND THEIR WISDOM.

ABOUT HOW HEALTHCARE PROVIDERS TAKE CARE OF THEIR HEALTH...

... AND ABOUT HOW MUCH THEY VALUE AUTHENTICITY IN THEIR WORK.

... ABOUT HOW CONTEXTS AT WORK, HOME AND SCHOOL AFFECT THIS...
I applaud other healthcare workers as they explore ways to build health-promoting habits and sustainable work lives...

... and I salute the administrators who help make that happen.

I know that I learned some lessons about how to be a resilient healthcare provider. I hope you did too.

Goodbye... and be well!

Thanks for your company on the journey.
End Notes

How to Read this Comic

1. Page 3, Panel 5
   We cannot stress more the importance of accessibility in research, in communicating complex understandings through multiple or alternative media for purposes far beyond mere artistic fancy and pleasure, and personal gratification. Stifled, conventional academic texts have not furthered the reputation of university scholars for breaking out of the ivory tower. (p. xii)

2. Page 3, Page 6
   There are many examples of arts-informed research being used in healthcare contexts, including:
   Bergum and Godkin (2008); Cole and McIntyre (2006); Gray, Ivonoffski and Sinding (2002); Gray and Sinding (2002); Hodges, Keeley and Grier (2001); Ivonoffski (2002); Ivonoffski and Gray (1998); Kolker (1996); Locsin, Barnard, Matua and Bongomin (2003); Riley and Manias (2003); Robinson (2007); Rykov (2008); and Walsh, Chang, Schmidt and Yoepp (2005).

3. Page 4, Panel 1
   The role of visual arts in research is becoming more established. Weber (2008) discusses many roles that visual images can play in research, such as capturing ideas that are hard to say in words, making ideas memorable, communicating holistically and symbolically, enhancing empathy, and capturing attention. Visual art is an open research text that viewers interpret in their own way, co-creating the meaning through a dialectical contemplative process (McIntyre & Cole, 2007). As Sullivan (2008) reports: "... the task of artistic or scientific inquiry is to create and apply new knowledge; however, these goals can be achieved by following different but complementary pathways." (p. 249). Many theses and dissertations have been produced that involve a visual arts component (e.g. Davis-Halifax, 2002; Jongeward, 1995; Lipsett, 2001; Luciani, 2005; Rykov, 2006; Springgay, 2001; Thomas, 2003).

4. Page 4, Panel 2
   Cartooning is an accessible medium that communicates concepts, feelings and sensory experiences through symbols, icons and visual metaphors (McCloud, 1993; McCloud, 2006). Comics are also a relatively transparent medium in which the author’s influence is clear, and they spark the imagination by requiring the viewer to mentally fill in the connections between panels (Wolk, 2007).

5. Page 4, Panel 4
   Humor can be an effective way to create a bond with the audience, to invite people to lower their defenses, and to create a sense of ambiguity between criticism and caring that encourages critical thinking (Roy, 2004). Humor also appears to be a helpful strategy for coping with role strain among healthcare providers (Jensen, Trollope-Kumar, Waters, & Everson, 2008).

6. Page 4, Panel 5
   Cole & Knowles (2008) discuss criteria to judge the value of arts-informed research. These include intentionality (having a clear intellectual and moral purpose), researcher presence in the work, aesthetic quality, methodological commitment (shown through a principled process & procedural
harmony), holistic quality, accessible communicability, knowledge advancement, and contribution to theory.
7. Page 5, Panel 1

The title, “Attention! Code Plaid!” refers to the tradition in hospitals of announcing emergency situations using color codes in order to avoid alarming patients and visitors. For instance, code black refers to a bomb threat. There is no code plaid… yet.

8. Page 5, Panels 3-6

According to Cole and Knowles (2008), “Arts-informed research is a mode and form of qualitative research in the social sciences that is influenced by, but not based in, the arts broadly conceived” (p. 59).

9. Page 5, Panel 5

We all learn lessons in life, share stories and nourishment at the “academy of the kitchen table”. Arts informed research strives to honor such everyday learning (Neilsen, 1998).

10. Page 6, Panels 1 & 2

Presenting research in artistic forms “…brings opportunities for connection between viewer and text, authors and reader, that conventional forms of research representation simply do not permit.” (Cole & McIntyre, 2006, p. 312)

11. Page 6, Panels 2 & 3

Maus is a Pulitzer-Prize-winning graphic novel that tells the story of the author’s father, a World War II holocaust survivor (Spiegelman, 1986).

12. Page 6, Panel 4 & 5

The “buzz words” describe defining elements of quality arts-informed research. Procedural harmony means showing commitment to a set of principles throughout the research process. Reflexivity refers to the sense of researcher presence and signature in the work. Relationality is about having an authentic, mutual research relationship. Methodological integrity means that there is a clear rationale for the researcher’s decisions (Cole & Knowles, 2008).
The Study

13. Page 14, Panel 5
For more information about ethics and arts-informed research, please see: McIntyre (2004); Mienczakowski and Moore (2008); Schuster (2001); and Sinding, Gray and Nisker (2008).

14. Page 16, Panel 4
Compassion fatigue is the emotional exhaustion that comes from being exposed to, and feeling empathy for, people who have been through very stressful events such as personal injury or severe illness (White, 2006).

15. Page 16, Panel 5
Vicarious traumatization refers to the change to a caregiver's world view as a result of empathizing with traumatized patients. Secondary traumatic stress is a version of post-traumatic stress disorder that caregivers can acquire through exposure to their patients’ suffering (White, 2006).

16. Page 16, Panel 6
Moral distress is defined as a dissonant existential state caused by being unable to do what one thinks is right. Moral distress correlated with burnout, poor personal health, and leaving the healthcare field (Vinje & Mittelmark, 2007).

17. Page 16, Panel 7
Burnout is defined as a syndrome of gradually increasing mental fatigue due to prolonged occupational stress; its major symptoms are emotional exhaustion, depersonalization and reduced personal accomplishment (Espeland, 2006).

18. Page 16, Panel 8
Role strain is a significant problem among healthcare providers. Research has well established the relationship between working in healthcare and mental and physical health consequences, stress and burnout (Espeland, 2006; White, 2006; White, Edwards, & Townsend-White, 2006; Wicks, 2006). Estimates of prevalence of such issues vary considerably (no doubt affected by factors such as study design, patient population and practice environment). A recent survey of British social workers found that most workers reported high levels of stress and emotional exhaustion and low job satisfaction, and that 47% showed significant levels of distress (Evans et al., 2001). A study of cancer care workers in Ontario found that allied health professionals reported significant levels of burnout symptoms including emotional exhaustion (37%), and low personal accomplishment (54%) (Grunfield et al., 2000). It may be that all health workers live with mild, occasional symptoms of burnout; that many go through periods with lasting, stable symptoms; and that some develop chronic symptoms and physical illness (Wicks, 2006).

19. Page 16, Panel 9
Stressed healthcare workers may manifest symptoms of burnout affecting many aspects of their life and functioning. Burnout levels and job satisfaction both seem to be predictors of worker mental and physical health (McCracken & Yang, 2008). Espeland (2006) summarizes an ominous list of burnout symptoms including emotional changes (such as cynicism, bitterness, frustration, negativity, loss of self-
esteem, and feeling trapped and ineffective), effects on work (including loss of enthusiasm, productivity, attendance, punctuality and quality of work), compulsive activities (such as increasing work hours, over- or under-eating, excessive caffeine and alcohol use, or gambling), relationship changes (including outbursts, hostility, detachment, loss of compassion and empathy, and problems relating to others), and physical symptoms (such as insomnia, fatigue, dizziness, lightheadedness, cold sensitivity, headaches, migraines, back aches, nausea, allergies, and digestive problems). Further emotional symptoms include worry and anxiety (Hallin & Danielson, 2007), depression (Mudgal, Borges, Diaz-Montiel, Flores, & Salmeron, 2006), helplessness, worthlessness, and a belief that the world is unjust and unsafe (Tehrani, 2007). Workers may come to avoid, fear and struggle with their own emotions and upsetting memories (McCracken & Yang, 2008).

Not surprisingly, stressed healthcare providers do not do their best work. Fatigued caregivers show poorer judgment and job performance (Thompson, Cupples, Sibbett, Skan, & Bradley, 2001). Overloaded nurses report taking potentially dangerous shortcuts and feeling unable to properly learn new procedures due to time pressure (Hallin & Danielson, 2007). Stressed healthcare workers may also direct their unhappiness towards their patients: as Campbell (2007) notes, “When exposure to suffering lasts too long, compassion can turn to apathy and then resentment.” (p. 169). Workers’ family members may also be affected (Mugdal et al., 2006).

20. Page 16, Panel 10

Healthcare worker burnout and related phenomena have been raised as a social justice issue for vulnerable populations, as worker stress may affect patient access to quality health care (White et al., 2006). Burnout can contribute to high absenteeism, decreased quality of care and low morale (White, 2006). Morale, in turn, affects staff recruitment, retention and team function (Priebe, Fakhoury, Hoffman, & Powell, 2005). Ironically, overly fatigued health workers may further affect resource access for patients by consuming care resources for their own work-related health problems (Mugdal et al., 2006).

21. Page 17, Panel 1

While healthcare providers may have an ethical responsibility to take care of their own health in order to provide quality patient care (Campbell, 2007), they are hampered by a culture of intolerance for personal illness (Thompson et al., 2001, p. 729). Studies of burnout among nurses point to a pervasive intolerance for personal illness and taking time off, and an expectation that one must meet all work requirements no matter the demands or circumstances, which is reflected in colleague attitudes and hospital policies around sickness absences (e.g. Billeter-Koponen & Freden, 2005; Ekstedt & Fagerbert, 2003; Hallin & Danielson, 2007).

Healthcare providers also face systemic barriers that impede their access to care. For instance, a study of British doctors confirmed that most doctors do not access healthcare through conventional routes, preferring to self-treat, or to rely on informal advice from colleagues about their own health and that of their families (Forsythe, Calnan & Wall, 1999). Concerns about confidentiality are a significant barrier: working in a close professional community with ready access to health records, it is difficult to feel
confident that one’s health information will remain private; this is particularly problematic around sensitive issues like mental health and substance abuse (e.g. Forsythe et al., 1999; Thompson et al., 2001). Another obstacle is a lack of adequate practical coverage arrangements (and, sometimes, financial compensation) for absences, which may constrain health workers from taking sick days or attending medical appointments (Billeter-Koponen & Freden, 2005; Forsythe et al., 1999; Thompson et al., 2001). Studies call for practical changes that could help health workers to tend their wellbeing, such as increasing organizational support for sick time, improving absence coverage and enhancing occupational health and safety resources (Thompson et al., 2001) as well as expediting access to primary care (Forsythe et al., 1999). An interesting answer to concerns about confidentiality is to establish a separate healthcare service exclusively for healthcare providers, with expertise in the health challenges they face (Forsythe et al., 1999).

22. Page 17, Panel 2

Research supports the positive impact of self-care habits on healthcare worker wellbeing (e.g. Espeland, 2006; Radey & Figley, 2007; Wiener, Swain, Wolf, & Gottlieb, 2001). Such strategies include reading, eating well, avoiding drugs and alcohol, seeking counseling support, doing hobbies and practicing meditation, developing supportive relationships outside of work, participating in religion or spirituality, and adjusting work habits (e.g. limiting workload, switching jobs) (Wiener et al., 2001).

23. Page 17, Panel 3

New theories of compassion satisfaction rooted in positive psychology suggest ways to effectively negotiate the balance between stress and satisfaction. Radey and Figley (2007) encourage healthcare providers to shift their focus away from trying to prevent compassion fatigue, and towards actively seeking compassion satisfaction: a state of joy at helping others, a sense of growth, goodness, creativity and resilience.

Positive psychologists argue that it does more good to build strengths than to correct weaknesses: “… psychology is not just the study of pathology, weakness and damage; it is also the study of strength and virtue. Treatment is not just fixing what is broken; it is nurturing what is best.” (Seligman & Csikzentmihalyi, 2000, p. 7). Strengths that buffer against adversity include faith, courage, perseverance, honesty and insight. The best defense is therefore a good offense; health providers could benefit from stopping efforts to fend off burnout and starting to actively pursue an enriching work and life.

24. Page 18, Panel 2

Various techniques were used in an effort to enrich the information gained through interviews, including participant observation, document analysis, reflexive journaling carried out throughout the interview process, and the checking of themes with participants for validation (Cole & Knowles, 2001).

25. Page 19, Panel 8

Participants were offered a meal if the interview is held during mealtimes, and were offered reimbursement for interview-related travel expenses such as TTC fare or parking costs.
26. Page 20, Panel 3

A qualitative study of resilient nurses suggested that introspection and "deep stocktaking" helped them to identify strengths and difficulties with their working life, and to maintain a healthy work/life balance (Vinje & Mittelmark, 2007).
Portraits of Participants

27. Page 23, Panel 1
This project is based on ideas from qualitative life history research methodology, in which the focus of research is on the in-depth exploration of a small number of participants. As Cole and Knowles (2001) explain:

...In life history research we are opting for depth over breadth, and the aim in participant selection is not population representativeness... It is much more important to work thoroughly, meaningfully and authentically with one participant than to end up with very partial and sketchy understandings based on work with several or many. (p. 66)

The in-depth exploration of individual lives in their context helps researchers to better understand the complexities of community life, and it is this relationship between individuals and their context that is the basis of emerging theory. The "sample size" of this project is therefore in keeping with its methodological foundations.

28. Page 23, Panel 3
Allied health professions have traditionally been female-dominated. For instance, the College of Nurses of Ontario reported that 95.2% of its registrants were female in 2009, and the Ontario College of Social Workers and Social Service Workers reported that 84% of its registrants were female as of May 2010 (L. Belouin, personal communication, May 3, 2010). The College of Physiotherapists of Ontario reported that 79% of their registrants are female (P. Tyagi, personal communication, May 7, 2010).

29. Page 23, Panel 5
Note: Participants’ own words were used in the pages that follow, with some adaptations for brevity and flow. The themes of the study were derived through manual qualitative analysis of the interviews, participant observation and document analysis.

30. Page 24, Panel 2
Having a personally relevant and meaningful goal appears to enhance commitment to health programs, particularly among people with high levels of optimism (Geers, Wellman, Seligman, Wuyvek, & Neff, 2010).

31. Page 24, Panel 4
Rosenbaum’s model of self-control suggests that people with a good repertoire of learned resourcefulness skills (such as problem-solving skills and positive self-talk) are better able to maintain healthy routines despite the disruptions and demands of everyday life (Kennet, Worth, & Forbes, 2009).

32. Page 25, Panel 1
Therapeutic use of self, or the intentional use of one’s personality and insights in the therapeutic process, is highly valued by occupational therapists (and, no doubt, by other allied health professionals) as a way to engage clients in therapeutic activities (Taylor, Lee, Keilhofner, & Ketkar, 2009).

33. Page 25, Panel 3
It appears that a stable, supportive spousal relationship offers protection against the effects of work stress (Mudgal et al., 2006; Escriba-Aguir & Tenias-Burillo, 2004), as does social integration and support outside of the workplace (Decker, 1997).

34. Page 25, Panel 4
The adult learning theory of andragogy proposes that adults learn well in conditions where they are treated with respect, given responsibility, and take part in mutual inquiry with the teacher (Knowles, 1996).

35. Page 26, Panel 3
Perfectionism, or having overly high expectations, is implicated in role stress (Vinje & Mittelmark, 2007). For that reason, cultivating self-awareness, accepting personal limitations, setting realistic expectations and forgiving errors are vital skills for healthcare workers. It is also helpful to focus on the valuable contributions that one makes (Jensen et al., 2008).

36. Panel 26, Panel 4
A qualitative study of resilient nurses describes their constant negotiation of the balance between their desire to work hard for their patients (meaningfulness) and their need to keep work to tolerable limits (manageability) (Vinje & Mittelmark, 2007). Sadly, carers with the greatest capacity for empathy seem to be at the highest risk of secondary traumatic stress (Tehrani, 2007).

37. Page 27, Panel 1
A recent literature review confirmed that stress is damaging to health, and that exercise appears to buffer against these damaging effects (Gerber & Puhse, 2009).

38. Page 27, Panel 2
Organization-level forces influence healthcare worker wellbeing. Cutbacks and restructuring mean that workers are often responsible for patients with multiple, complex issues (White et al., 2006; White, 2006). Employee turnover, shortage of qualified workers, and insecure jobs can exacerbate the situation (Vinje & Mittelmark, 2007; Priebe et al., 2005). Cutbacks and the pressure to lower costs mean increased workload (Repar & Patton, 2007; White, 2006; Vinje & Mittelmark, 2007). Frequent, fast organizational change can be hard for workers to adapt to (Priebe et al., 2005; Vinje & Mittelmark, 2007).

39. Page 27, Panel 4
Social support between healthcare workers is believed to play a role in nurturing their wellbeing and stress resilience (e.g. Billeter-Koponen & Freden, 2005; Jensen et al., 2008; Tehrani, 2007; Wiener et al., 2001).

40. Page 28, Panel 2
Self-reflection and taking steps to protect health and wellbeing were found to be effective coping strategies among resilient nurses (Vinje & Mittelmark, 2007).

41. Page 28, Panel 3
Studies point to the importance of balancing the personal and professional arenas of life, protecting time for recreation and exercise, taking breaks and vacations (Jensen et al., 2008).
42. Page 28, Panel 4

Unfortunately, the demands of work in healthcare are not always balanced by financial rewards, social status or positive public perception (Priebe et al., 2005).

43. Page 29, Panel 1

Figley (2002) suggests that healthcare professionals can manage compassion fatigue by spending time in situations where they are not viewed in their caregiver role—perhaps Bjork’s pottery hobby gives her that opportunity to develop a different side of her identity.

The arts appear to be a powerful form of self-care for many people. For instance, Sarid and Huss (2010) discuss how art therapy appears to be an effective way to cope with acute stress when compared to traditional cognitive behavioural therapy intervention. Another study found that involvement in participatory art projects improved the empowerment and mental wellbeing of people with mental health concerns (Hacking, Secker, Spandler, Kent, & Shenton, 2008).

44. Page 29, Panel 2

Brushes with burnout can be opportunities to make positive changes to one’s wellbeing. In a study of nurses with a reputation for thriving in difficult work conditions, participants reported that near-burnout experiences made them reflect and identify their own risk factors, vulnerabilities and negative behavior patterns (Vinje & Mittelmark, 2007).

45. Page 30, Panel 1

The University years appear to be a key period when lifelong health habits are established, so these years are believed to be an excellent opportunity for health promotion education (Stewart-Brown et al., 2000; Dunne & Somerset, 2004).

46. Page 30, Panel 2

People who have a deep sense of personal calling and duty to their work may have trouble delegating and accepting the standards of other workers. These workers report a strong need to be excellent, punctual and well-prepared, and may work themselves to exhaustion trying to reach their own (at times unrealistic) expectations (Vinje & Mittelmark, 2007).

47. Page 30, Panel 3

Eating a healthy, balanced diet is widely considered to be an effective way to promote personal health. Healthcare providers identify eating well as an effective stress management strategy (Wiener et al., 2001).

48. Page 31, Panel 1

Mindfulness Based Stress Reduction (MBSR) shows the potential to help health professionals to develop their stress-coping skills and self-awareness. Mindfulness meditation has its roots in Buddhism and other contemplative traditions, and involves the active cultivation of an open, receptive awareness of the present moment. Mindfulness training promotes attention to current experiences, clarifies one’s emotional states, promotes reflexive consciousness, disengages one from unhealthy habits and automatic thoughts, improves self-regulation and the prompt identification of needs, and makes
experiences more clear and vivid (Brown & Ryan, 2003). Behavioral psychology theory explains the dangers of using rigid patterns of behavior, fearing and avoiding emotions, and separating oneself from lived experience (McCracken & Yang, 2008). Stressed health professionals appear to benefit from learning how to slow down, appreciate and process the present moment. Studies show that healthcare providers experience significant health benefits after MBSR training, including greater self-compassion and decreased stress (Shapiro, Astin, Bishop & Cordova, 2005), decreased symptoms of burnout, greater life satisfaction and relaxation (MacKenzie, Poulin, & Seidman-Carlson, 2006), reduced emotional exhaustion, depersonalization, and distress from witnessing patients’ pain; and enhanced vitality, social and emotional function and general health (McCracken & Yang, 2008). MBSR training is a relatively brief, cost-effective undertaking with the potential to do health workers a lot of good.

49. Page 31, Panel 3

Studies suggest that having pets enhances the owner’s physical and emotional health, as well as their quality of life and social integration (e.g. Enders-Slegers, 2000; Hart, 2006; McNicholas & Collis, 2006; McNicholas et al., 2005).

50. Page 31, Panel 4

Health promotion efforts such as exercise, nutrition and social activities show significant health benefits for older adults. Wilson & Palha (2007) reviewed the research around health promotion at retirement, and they explain that many working-age adults neglect self-care as a result of being busy with work, child care, housework and/or elder care. The time around and after retirement is an important opportunity to make positive changes to these risky health behavior habits in the hope of preventing illness. The studies reviewed suggest that retirees often devoted more time to health promotion, and some encouraging evidence suggests that these healthy behaviours are linked with benefits in disease prevention and management.

51. Page 31, Panel 5

Interestingly, it appears that more experience as a health professional generally decreases distress, but that a longer tenure in the same job increases it (Decker, 1997).

The song Serena refers to is "Until it’s time for you to go" by Buffy Sainte-Marie (1965).

52. Page 32, Panel 3

Studies support the value of regular breaks from healthcare work (e.g. Jensen at al., 2008; Wiener et al., 2001).

53. Page 32, Panel 4

The Compassion Fatigue Process Model (CFPM) (Figley, 2002) suggests ways for helping professionals to manage compassion fatigue. It is important for healthcare workers to talk openly about compassion fatigue, and to spread the word with colleagues, particularly those who appear to be at risk. Healthcare workers can benefit from enhancing their social support network, and improving or eliminating harmful relationships. Fatigued health professionals may find it helpful to learn about stress management and self-soothing techniques, and to seek professional counseling support when needed. It can also be
valuable to make a conscious effort at self-care, to cultivate a sense of achievement about one’s work, and to disengage from the client’s suffering between treatment sessions.

54. Page 32, Panel 6

The University of New Mexico (UNM)’s “arts in medicine” program is an innovative effort to improve worker health and team functioning. The program aims to help nurses to reconnect emotionally and spiritually with themselves, their patients and their colleagues. It is a collaborative effort between UNM’s faculties of medicine, nursing and art, and affiliated teaching hospitals. A team of staff and volunteers act as “roving rejuvenators”, including artists, writers, massage therapists, fitness instructors and more. The roving rejuvenators roam the hospital inviting nurses to take short breaks and engage in a brief massage or creative activity. Creative encounters might include art making, relaxation techniques, writing, music, dialog, journaling, poetry, working with clay, doing yoga or tai chi, and more. Repar and Patton (2007) report that workers benefitted from the opportunity to express selves, to clarify their sense of self, to place more value on self-care, to recognize the possibility for change, to build their comfort with not knowing, and to connect with their feelings and sensations. Other benefits included an improved attitude towards work, decreased tension, anger, unhappiness and fatigue, and feeling more peaceful, present and energized. Creative afternoon retreats were also used to enhance a sense of community. The program has now become so popular that their current challenge is keeping up with the demand.

55. Page 32, Panel 7

A study of physicians supports the positive impact of self-care acts such as reading, eating well, avoiding drugs and alcohol, seeking counseling support, doing hobbies and practicing meditation. Participants also spoke of the benefits of developing supportive relationships outside of work, religion or spirituality, and adjusting work habits (e.g. limiting workload, or switching jobs) (Wiener et al., 2001).

56. Page 33, Panel 3

Women’s double burden of work and domestic responsibility seems to place them at more risk of burnout than men. The distribution of domestic responsibilities at home also appears important to worker stress: female healthcare workers who did the majority of household chores reported lower vitality and poorer mental health (Escriba-Aguir & Tenias-Burillo, 2004).

57. Page 33, Panel 4

Providing elder care appears to negatively affect caregiver health and quality of life (Ho, Chan, Woo, Chong, & Sham, 2009). Fortunately, elder care also appears to offer some benefits such as role satisfaction, if the carer is intrinsically motivated to provide care and has a good quality relationship with the care recipient (Lyonette, & Yardley, 2003). A study of health care workers in Spain suggested that caregiving for live-in older adults actually promoted psychological wellbeing among healthcare workers, possibly because the elders offered emotional and instrumental support (Escrib-Aguir & Tenias-Burillo, 2004).

58. Page 34, Panel 3
Health promotion and disease prevention among children is believed to be a key method of preventing future health problems. Early learning environments including the family and school play important roles in developing lifelong health habits: “Investing in children’s health early is critical to improving health outcomes. Good health during childhood is a precursor to adult health.” (Dunderstadt, 2007, p. 278).

59. Page 34, Panel 4

Studies suggest that healthcare workers are hampered in their efforts at self-care by a culture of intolerance for personal illness. Doctors reported feeling under pressure to appear physically well, as “…patients believed a doctor’s health reflected his or her medical competence” (Thompson et al., 2001, p. 729). Doctors reported taking little sick time due to a sense of duty to patients and loyalty to practice partners, and described feelings of shame and embarrassment about personal health issues, particularly psychological illness (Thompson et al., 2001). Studies of burnout among nurses point to a pervasive intolerance for personal illness and taking time off, and an expectation that one must meet all work requirements no matter the demands or circumstances, which is reflected in colleague attitudes and hospital policies around sickness absences (Billeter-Koponen & Freden, 2005; Ekstedt & Fagerbert, 2003; Hallin & Danielson, 2007). It is perhaps understandable, given the circumstances, that healthcare providers may struggle with taking care of their personal health.

60. Page 35, Panel 1

Studies of healthcare providers in training suggest that the pattern of role strain starts early. Studies of clinical psychology students show high levels of distress (Kuyken, Peters, Power, & Lavender, 1998) and vicarious traumatization (Adams & Riggs, 2008) that increased as studies progressed. It is not surprising that healthcare provider trainees would experience stress given the many challenges of student life, including learning to manage many new roles, coping with the demands of clinical and academic work, changes of identity, personally and professionally challenging clinical placements, financial strains, the disruptions of beginning and ending placements, difficulties balancing work and personal life, and the strain of continual evaluation. Kuyken and colleagues (1998) found that many psychology trainees appeared to use effective coping strategies, but nevertheless required support in order to maintain their wellbeing; and 25% of trainees showed worrying problems with self-esteem, work adjustment, depression and anxiety. Students reported concerns that if they were not seen as coping well, they would lose status and grades; students appeared to achieve the image of coping well at a personal cost in self-esteem, anxiety and depression (Kuyken et al., 1998).

61. Page 35, Panel 2

A quarter of students reported receiving no formal training in how to deal with traumatized individuals, a factor linked with greater vulnerability to vicarious trauma (Adams & Riggs, 2008). Unfortunately, the trend towards self-treatment (rather than seeking a professional opinion) seen in medical and psychological practitioners seems to begin in the student years (Brimstone, Thistlethwaite, & Quirk, 2007).
Given that the habits formed in school can last a professional lifetime, it is important for educators to consider ways to build student resilience to stress. Institutions that train future healthcare workers may wish to consider enhancing education about compassion fatigue, compassion satisfaction and self-care. Students would benefit from education about the pitfalls of self-diagnosis and self-treatment, and the idea of seeking professional help and practicing regular self-care should be normalized (Brimstone et al., 2007). Certain groups of students may be at more risk of stress and would benefit from supports tailored to their needs, such as students with a personal history of trauma (Adams & Riggs, 2008), male students and older learners (Kuyken et al., 1998). Curricula that specifically address how to work with traumatized individuals appears particularly valuable, as such training seems to protect against vicarious traumatization; one-time seminars are unlikely to be sufficient (Adams & Riggs, 2008). Campbell (2007) encourages schools to teach specific techniques to for healthcare workers to reduce their own anxiety and trauma such as eye movement desensitization and reprocessing. Students may also benefit from learning about the relationship between wellness, beliefs, values, self-awareness and the importance of self-reflection to wellbeing (Wiener et al., 2001). Educators have a unique opportunity to help to prepare students for a long, healthy and productive career.

Clinical practicum supervisors play a central role in guiding students to form healthy clinical habits. Supervisors may find it helpful to encourage self-exploration and reflection, discuss potentially traumatic cases regularly, and coach students about building self-care skills and setting boundaries (Adams & Riggs, 2008). Supervisors can also provide emotional support to students, challenge their appraisals of threat and control, and encourage trainees to develop adaptive coping styles and strategies (Kuyken et al., 1998). Best of all, modeling healthy behaviors at work is good for supervisors too.

Certain educational institutions have risen to the challenge with innovative programs to help students learn to manage stress. Shapiro and colleagues (2007) found that psychology students taking a mandatory stress management course including mindfulness-based stress reduction training showed lower stress, less negative affect, anxiety and rumination; and more self-compassion and positive affect than controls. Schure, Christopher and Christopher (2008) reported positive outcomes to a program teaching counseling students meditation, qi gong and yoga. Students reported that the course improved their professional work, and also provided physical, mental, emotional, spiritual and interpersonal benefits. Lee and Graham (2001) describe a successful wellness elective course at a medical school that encouraged stress reduction and personal wellness. Robinson (2007) describes a holistic health promotion course for nursing students that involved exploring personal and professional beliefs about health through art, music and literature, and appeared to promote student empathy, morale and awareness. Such educational interventions can help students professionally as well as personally, since self-awareness is part of being a good therapist (Shapiro et al., 2007).
Authenticity and the therapeutic use of self can be powerful tools in clinical practice. Elliott (2000) describes her experience of therapeutic use of self in her counseling practice eloquently:

The therapist’s instrument is orchestral. It includes the therapist’s whole self and surround, all of which influence the process, whether acknowledged and utilized or not… I believe that authenticity and self-responsibility are paramount underlying traits. Therefore the therapist’s individuality automatically surfaces for use. The traits and passions of the therapist’s life can be used deliberately to lead to astonishing moments of new access to split-off affect states. (p. 329)

64. Page 36, Panel 8

A study of occupational therapists found that therapeutic use of self was a highly valued skill in practice and clinical reasoning. Those who valued and were more trained in the therapeutic use of self reported both more positive regard for their clients, and more interpersonal difficulties and concerns about their clients. Only half of respondents reported being educated about therapeutic use of self in school, and less than 10% had access to professional education about it. The authors call for greater education about therapeutic use of self, as it is a tool that most respondents used and valued highly, and one that also seems linked with interpersonal stress (Taylor et al., 2009).

65. Page 37, Panel 1

People who have a deep sense of personal calling and duty to their work may have trouble delegating and accepting the standards of other workers. These workers report a strong need to be excellent, punctual and well-prepared, and may work themselves to exhaustion trying to reach their own (at times unrealistic) expectations (Vinje & Mittelmark, 2007).

66. Page 37, Panel 2

While studies exploring why people choose to work in healthcare were difficult to find, there is some evidence that people with a history of trauma may be well represented among healthcare workers. For instance, a study of psychology trainees found that one third of respondents had a history of personal trauma, and these people seemed to be at more risk of vicarious traumatization from their work (Adams & Riggs, 2008). Another study looked at how psychologists cope with stress, and suggested that 25% of trainees surveyed reported significant psychological distress or mental health conditions such as depression and anxiety. The trainees appeared to be coping at the expense of their emotional wellbeing (Kuyken et al., 1998).

67. Page 37, Panel 4

Educators seem to experience similar tendencies to sacrifice their own well-being for their work as healthcare workers. In an arts-informed research project entitled “Academic Altarcations”, Cole (2009) illustrates the personal sacrifices that educators make at the “altar” of their work:

Once affiliated with the academy, the desire to stay is so strong that they become increasingly self-sacrificing. Work becomes all encompassing, all consuming. Pressures to perform as teachers, researchers, scholars, and community members, and personal ambitions to “make a difference,” leave little time or room for life outside work, especially when those two sets of goals
require different but equally demanding ways of working. Self-care is reduced to luxury and family commitments become a challenge to uphold. The promise of the academy, though, is seductive. Despite the personal and professional sacrifices made religiously at the academic altar, often with considerable associated pain and loss, the chant, echoed and re-echoed, resounds: “But I love my work. I really, really love my work.” (para. 10)

68. Page 37, Panel 5

The Compassion Fatigue Process Model (CFMP) describes how compassion fatigue arises when a helping professional with the right degree of empathetic capability and concern is exposed to a patient’s suffering, and has an empathetic response. The encounter leaves an emotional residue of compassion stress, which can build up into compassion fatigue unless it is controlled. Compassion fatigue can be mitigated if the worker makes a conscious effort at self-care, cultivates a sense of achievement about their work, and disengages from the client’s suffering between treatment sessions. Certain factors can aggravate compassion stress, including prolonged exposure, traumatic recollections (either of similar patients, or of the therapist’s own life events), or ordinary life disruptions. The balance of these factors influences whether the healthcare worker will develop compassion fatigue (Figley, 2002).

69. Page 37, Panel 7

The good news is that it seems possible to benefit from brushes with burnout. After all, if managed carefully, even living through trauma can lead to post-traumatic growth, improved self-worth, an enriched philosophy and better relationships; and challenge and distress can be powerful motivators to learn (Tehrani, 2007). Resilient nurses reported that near-burnout experiences became chances to identify vulnerabilities and negative patterns. A practice of “deep stocktaking”, introspection and reflection helped nurses to recognize which parts of their job are rewarding, and which aspects must change in order for the worker to remain well (Vinje & Mittelmark, 2007). When challenges become opportunities to learn, wellness at work becomes more achievable and sustainable.

70. Page 37, Panel 8

New theories of compassion satisfaction rooted in positive psychology suggest ways to effectively negotiate the balance between stress and satisfaction. Radey and Figley (2007) encourage healthcare providers to shift their focus away from trying to prevent compassion fatigue, and towards actively seeking compassion satisfaction: a state of joy at helping others, a sense of growth, goodness, creativity and resilience. Flourishing health workers can maintain a high ratio of positive to negative experiences at work though collegial support, focusing on client successes rather than failures, actively creating a sense of progress, and upholding a sustainable work lifestyle. Healthcare workers can promote compassion satisfaction through enhancing their self-care, building their resources for stress management, and increasing positive affect, particularly towards clients. Practical suggestions for pursing compassion satisfaction include building a positive work environment, diversifying caseloads to avoid repetitive strain, taking regular breaks from work and from distressing patients, and holding regular team meetings for peer support, sharing successes and debriefing.
71. Page 38, Panel 1

The daily work of healthcare involves many identified risk factors for role strain. Several studies of burnout among nurses emphasize the role played by the stress of doing a highly demanding job with a heavy workload and ever-increasing responsibilities (Billeter-Koponen & Freden, 2005; Ekstedt & Fagerbert, 2005; Escriba-Aguir & Tenias-Burillo, 2004; Hallin & Danielson, 2007). The strain of being responsible for so much, often without the time and resources needed to properly meet job demands, can lead to conflict and moral distress (Vinje & Mittlemark, 2007).

72. Page 38, Panel 2

Contextual factors in the healthcare environment also play a role in burnout. Increasing bureaucracy and demands to work unpaid overtime, take on administrative responsibilities and do ever more paperwork add to the pressure on healthcare workers (Preibe et al., 2005). Nurses reported feeling stressed when they were too busy with other demands to build rewarding relationships with patients (Hallin & Danielson, 2007). Organizational factors also impact worker empowerment, including absent or contradictory goals, values and philosophy, authoritarian leadership styles, low shared responsibility, lack of worker participation in decision-making, poor workplace communication, and bureaucratic and hierarchic structures (Kuokkanen & Katajisto, 2003).

73. Page 38, Panel 3

A study of occupational therapists suggests that workers are struggling to comply with accountability requirements that go beyond the worker’s degree of autonomy, which creates a sense of chronic dissonance (Freeman, McWilliam, MacKinnon, DeLuca, & Rappolt, 2009). The authors call for regulatory bodies and healthcare institutions to create accountability expectations that are more coherent with the realities of practice.

74. Page 38, Panel 4

There are a number of stressors inherent in healthcare work. Social relationships, hierarchic relations and support in the workplace appear important to worker wellbeing, particularly the quality of the supervisory relationship (Decker, 1997). Exposure to patients’ pain, distress and sometimes intractable health problems is a daily strain (McCracken & Yang, 2008). Poor ergonomics, long hours and night shifts take their toll in fatigue, while a lack of opportunity to take breaks and vacations offers little respite, and ambiguous and conflicting roles leave workers struggling to set priorities (Espeland, 2006; White, 2006; White et al., 2006) Healthcare work means coping with no-win situations, in which it is impossible to satisfy all parties no matter what one does (Espeland, 2006). Unfortunately, the demands of this work are not always balanced by financial rewards, social status or positive public perception (Priebe et al., 2005). This perceived under-valuation of their work plays a key role in nurse burnout (Billeter-Koponen & Freden, 2005).

75. Page 38, Panel 5

Employers who promote worker health and job satisfaction may reap the rewards in attendance, staff retention and quality of service. A recent meta-analysis found that workplace health promotion
initiatives appeared to effectively reduce sick absences and enhance worker mental wellbeing, job well-being, and work ability (Kuopala, Lamminpaa & Husman, 2008). There is some debate about whether individual-level or organizational-level interventions are more effective. Kuopala and colleagues argue that workplace-level interventions should be more effective than individual supports, as work communities are social structures that have the potential for collective planning, action and mutual support. Semmer (2006), in a similar review of effective workplace health promotion interventions, advocates for pairing up person-centered with organization-centered interventions, as organizational change initiatives generate their own stress and will not reach all workers. Systems theory helps to make sense of how difficult it is to measure the success of workplace health promotion initiatives, since the more complex the system is, the less predictable the changes will be. Ureda and Yates (2005) make the point that for an intervention to have long-term effects, it must change the whole system, not just one part; and the aim should be to leave the system independent of further help. It is therefore helpful, when planning an intervention, to recognize the system’s complexity and target many levels.

A wide range of workplace health promotion initiatives have been evaluated. The most effective interventions noted in literature reviews targeted healthy lifestyle promotion, ergonomic interventions, work redesign (Kuopala et al., 2008), as well as clarifying roles and bettering social relationships (Semmer, 2006). Tenure in the same job for long periods of time seems detrimental to job satisfaction, perhaps due to prolonged exposure to the same set of stressors, so workplaces may wish to consider ways to make it easy for workers to transfer between different positions within an organization (Decker, 1997).

Employers can also benefit from finding ways to structure work so that it interferes less with life roles. The conflict between work and life responsibilities is a factor consistently implicated in worker dissatisfaction (Kuokkanen & Katajisto, 2003; Jensen et al., 2008; Decker, 1997). Flexible work scheduling shows the potential to promote positive health behaviors: employees were able to work longer hours before their work/life balance became impaired, perhaps because workers were able to fit healthy acts into their work schedule (such as exercise) that offset the fatigue of a longer work day (Grzywacz, Casey, & Jones, 2007).

76. Page 38, Panel 9

The importance of social relationships at work is clear, particularly employees’ relationships with their supervisors (Decker, 1997; Kuokkanen & Katajisto, 2003), so interventions aimed at improving the sense of team cohesiveness and promoting good communication between management and staff appear well supported. Campbell (2007) encourages supervisors to create a work environment that supports self-care, to keep a careful watch for workers that are at risk of compassion fatigue, and to help stressed staff access assistance.

77. Page 39, Panel 2

If working in healthcare comes with such health risks, why do so many people persevere? The answer seems to lie in the rewards of the work. Semmer (2006) discusses the paradoxical effects of
stress: high demand jobs may be stressful, but they also enhance feelings of self-esteem, job satisfaction and accomplishment. No wonder that letting go and setting reasonable limits on work can be difficult for care providers: reducing workload also diminishes a rewarding sense of achievement. This phenomenon is supported by other studies. In their qualitative research with resilient nurses, Vinje and Mittelmark (2007) found that job engagement was both a source of stress and a protection against stress. Nurses reported choosing their profession out of a strong sense of calling, duty and responsibility, and this existential need to help others sometimes overrode their need for self-preservation. Burnout happened when nurses became too absorbed in their work and exceeded their coping resources; when the pursuit of meaningfulness was out of balance with manageability. Hallin and Danielson (2007) echoed this finding in a similar study, reporting that nurses described their daily work as a constant struggle for balance between the strain of the work and the stimulation it provided. Resilient doctors also described the importance of balance, prioritization, and self-awareness (Jensen et al., 2008). Radey and Figley (2007) describe the feeling of “elevation” as a glowing feeling of taking part in acts of virtue; this feeling can unfortunately be so appealing that it tempts workers to overexert themselves. Careful judgment is critical to maintaining a sustainable level effort.

78. Page 39, Panel 3

Proponents of constructivist self-development theory encourage health workers to maintain a careful balance between personal and professional life, between difficult and easier patient care activities, and between direct patient care and replenishing activities like teaching and research (McCann & Pearlman, 1990). In a survey of doctors’ personal health practices, the strategy associated with the greatest wellbeing was maintaining a positive, balanced approach to life with a focus on success (Wiener et al., 2001). Jensen and colleagues (2008) found that the balance between personal and professional life is key to the wellbeing of physicians in their study: it is important to set limits, to prioritize time for learning and peer support, to protect time off, to enjoy frequent recreation, vacations and exercise, and to maintain a practice of regular reflection on practice.
A Word of Explanation

79. Page 40, Panel 6

Readers may notice some repetition of content in the two chapters that follow, because these pieces are intended to stand alone and briefly provide key information from the study to healthcare workers and administrators. Arts-informed research values the attempt to reach and make a practical difference for parties with the most at stake in the issue being researched (Cole & Knowles, 2008), and these pieces were created in keeping with that goal. “Supertherapist Battles Burnout!” is intended for healthcare workers, and “Untold Stories of Burnout!: What healthcare administrators need to know” is geared towards healthcare managers and other administrators.
Role strain is a reality for many healthcare workers, and the consequences can take different forms. Burnout is a syndrome of gradually increasing mental fatigue due to prolonged occupational stress; its major symptoms are emotional exhaustion, depersonalization and reduced personal accomplishment (Espeland, 2006). Compassion fatigue is the emotional exhaustion that comes from being exposed to, and feeling empathy for, people who have been through very stressful events (White, 2006). Vicarious traumatization refers to the change to a caregiver’s world view as a result of empathizing with traumatized patients (White, 2006). Secondary traumatic stress is a version of post-traumatic stress disorder that caregivers acquire through exposure to their patients’ suffering (White, 2006). Chronic grief is the long-term accumulation of grief that grows when losses occur too often to be fully processed, such as when caring for suffering or dying patients (Repar & Patton, 2007). Lastly, moral distress is defined as a dissonant existential state caused by being unable to do what one thinks is right. Moral distress correlated with burnout, poor personal health, and leaving the healthcare field (Vinje & Mittelmark, 2007).

This cartoon is based around a superhero protagonist, SuperTherapist, because several study participants reported that they felt that their employers and patients expected them to be like superheroes: never making mistakes, exhibiting limitless strength and resources, and being constantly available to help others regardless of personal cost.

Working in healthcare involves many risk factors for burnout. Studies of burnout among healthcare workers point to the stress of doing a highly demanding job with a heavy workload and ever-increasing responsibilities (Billeter-Koponen & Freden, 2005; Ekstedt & Fagerbert, 2005; Escriba-Aguir & Tenias-Burillo, 2004; Hallin & Danielson, 2007). The strain of being responsible for so much, often without the time and resources needed to properly meet job demands, can lead to conflict and moral distress (Vinje & Mittelmark, 2007).

Increasing demands for productivity and competence can add to role strain for healthcare workers (Kuokkanen & Katajisto, 2003). The move towards economic rationalism tends to focus organizations on the cheapest, rather than the best way to work (Breen, Green, Roarty, & Saggers, 2008), which can lead to role overload for workers. High professional competency demands also add to stress. For one, the powerful movement towards evidence-based practice puts added pressure on allied health professionals: “… evidence-based practice, with its clear positivist ties, does not always compliment the realities of practice, and practitioners aren’t well resourced to really do evidence-based practice” (Breen et al., p. 176). Indeed, a recent study of Canadian health professionals suggested that accountability obligations can be impossible to fulfill completely within the degree of professional autonomy that workers ordinarily have. Practitioners reported constantly doing their best to juggle their
ethical and accountability obligations with the practical necessities of their working lives. The study calls on professional regulatory bodies and other stakeholders to create a more reasonable accountability framework that is coherent with the realities of practice (Freeman et al., 2009).

83. Page 41, Panel 5

Increasing bureaucracy and demands to work unpaid overtime, take on administrative responsibilities and do ever more paperwork add to the pressure on healthcare workers (Preibe et al., 2005). Healthcare providers report feeling stressed when they were too busy with other demands to build rewarding relationships with patients (Hallin & Danielson, 2007).

84. Page 41, Panel 6

Perfectionism, and working unsustainably hard to achieve unreasonably high standards, appears to be a risk factor for burnout. Studies point to the value of taking breaks. In one study, resilient nurses described their efforts to resist the impulse to put excessive time and energy into their, in order to achieve a sustainable work life balance (Vinje & Mittelmark, 2007). Another study of healthcare providers indicated that taking regular rest breaks and pacing oneself is an important part of building resilience to burnout (Wiener et al., 2001).

85. Page 42, Panels 4 & 5

Stressed healthcare workers may experience symptoms of burnout that affect many aspects of their life and functioning. Burnout levels and job satisfaction both seem to be predictors of worker mental and physical health (McCracken & Yang, 2008). Espeland (2006) summarizes an ominous list of emotional changes (such as cynicism, bitterness, frustration, negativity, loss of self-esteem, and feeling trapped and ineffective), effects on work (including loss of enthusiasm, productivity, attendance, punctuality and quality of work), compulsive activities (such as increasing work hours, over- or under-eating, excessive caffeine and alcohol use, or gambling), relationship changes (including outbursts, hostility, detachment, loss of compassion and empathy, and problems relating to others), and physical symptoms (such as insomnia, fatigue, dizziness, lightheadedness, cold sensitivity, headaches, migraines, back aches, nausea, allergies, and digestive problems). Further emotional symptoms include worry and anxiety (Hallin & Danielson, 2007), depression (Mudgal et al., 2006), helplessness, worthlessness, and a belief that the world is unjust and unsafe (Tehrani, 2007). Workers may come to avoid, fear and struggle with their own emotions and upsetting memories (McCracken & Yang, 2008). Unfortunately, healthcare workers may begin to direct their unhappiness towards their patients: as Campbell (2007) notes, “When exposure to suffering lasts too long, compassion can turn to apathy and then resentment.” (p. 169). One can be forgiven for not wishing to receive treatment from, to work with, or to be a healthcare professional experiencing these ill effects.

86. Page 43, Panel 1

If working in healthcare comes with such health risks, why do so many people persevere? The answer seems to lie in the rewards of the work. Semmer (2006) discusses the paradoxical effects of stress: high demand jobs may be stressful, but they also enhance feelings of self-esteem, job satisfaction
and accomplishment. No wonder that letting go and setting reasonable limits on work can be difficult: reducing workload also diminishes a rewarding sense of achievement. This phenomenon is supported by other studies. In their qualitative research with resilient nurses, Vinje and Mittelmark (2007) found that job engagement was both a source of stress and a protection against stress. Nurses reported choosing their profession out of a strong sense of calling, duty and responsibility, and this existential need to help others sometimes overrode their need for self-preservation. Burnout happened when nurses became too absorbed in their work and exceeded their coping resources; when the pursuit of meaningfulness was out of balance with manageability. Hallin and Danielson (2007) echoed this finding in a similar study, reporting that nurses described their daily work as a constant struggle for balance between the strain of the work and the stimulation it provided. Resilient doctors also attested to the importance of balance, prioritization, and self-awareness (Jensen et al., 2008). Radey and Figley (2007) describe the feeling of “elevation” as a glowing feeling of taking part in acts of virtue; this feeling can unfortunately be so appealing that it tempts workers to overexert themselves. Careful judgment is critical to maintaining a sustainable level effort.

87. Page 43, Panel 2
Why is it that some healthcare providers remain resilient to role stress, while others struggle? Individual factors such as personality traits and coping style appear to play a role in managing stress. Women seem to be at more risk of burnout than men, perhaps due to their double burden of work and domestic responsibility (Escriba-Aguir & Tenias-Burrillo, 2004). Certain personality traits have been linked with a greater likelihood of developing burnout, including neuroticism (White et al., 2006), external locus of control, over-involvement with clients, and type A personality (Espeland, 2006). Perfectionism, or having overly high expectations, is also implicated in role stress. People who have a deep sense of personal calling and duty to their work may have trouble delegating and accepting the standards of other workers. These workers report a strong need to be excellent, punctual and well-prepared, and may work themselves to exhaustion trying to reach their own (at times unrealistic) expectations (Vinje & Mittelmark, 2007). Sadly, carers with the greatest capacity for empathy seem to be at the most risk of secondary traumatic stress (Tehrani, 2007). Risky coping styles include “wishful thinking” (White et al., 2006), and using a passive/defensive coping style rather than an active/confronting style (Espeland, 2006). Psychological flexibility also appears to play a role: people who think and act according to rigid patterns may struggle to emotionally process stressful situations (McCracken & Yang, 2008). Other risk factors include: poor self-care, previous unresolved trauma, lack of satisfaction at work, and insufficient stress management skills (Radey & Figley, 2007). It is important, however, to remember that burnout is more than a personal problem.

88. Page 43, Panel 3
Role strain is a significant problem among healthcare providers. Research has well established the relationship between working in healthcare and mental and physical health consequences, stress and burnout (Espeland, 2006; White, 2006; White et al., 2006; Wicks, 2006). Estimates of prevalence of such
issues vary considerably (no doubt affected by factors such as study design, patient population and practice environment). A recent survey of British social workers found that most workers reported high levels of stress and emotional exhaustion and low job satisfaction, and that 47% showed significant levels of distress (Evans et al., 2006). A study of cancer care workers in Ontario found that allied health professionals reported significant levels of burnout symptoms including emotional exhaustion (37%), and low personal accomplishment (54%) (Grunfield et al., 2000). It may be that all health workers live with mild, occasional symptoms of burnout; that many go through periods with lasting, stable symptoms; and that some develop chronic symptoms and physical illness (Wicks, 2006).

89. Page 43, Panel 4

Work in healthcare has many inherent risk factors for burnout. Exposure to patients’ pain, distress and sometimes intractable health problems is a daily strain (McCracken & Yang, 2008). Poor ergonomics, long hours and night shifts take their toll in fatigue, while a lack of opportunity to take breaks and vacations offers little respite, and ambiguous and conflicting roles leave workers struggling to set priorities (Espeland, 2006; White, 2006; White et al., 2006). Healthcare work means coping with no-win situations, in which it is impossible to satisfy all parties no matter what one does (Espeland, 2006). Unfortunately, the demands of this work are not always balanced by financial rewards, social status or positive public perception (Priebe et al., 2005). This perceived under-valuation of their work plays a key role in nurse burnout (Billeter-Koponen & Freden, 2005).

90. Page 43, Panel 5

Healthcare providers tend to have a complex relationship with their own health. Unfortunately, there is a culture of intolerance for personal illness in healthcare. In one study, doctors reported feeling under pressure to appear physically well, as “…patients believed a doctor’s health reflected his or her medical competence” (Thompson et al., 2001, p. 729). Doctors reported taking little sick time due to a sense of duty to patients and loyalty to practice partners, and described feelings of shame and embarrassment about personal health issues, particularly psychological illness (Thompson et al., 2001). Studies of burnout among nurses point to a pervasive intolerance for personal illness and taking time off, and an expectation that one must meet all work requirements no matter the demands or circumstances, which is reflected in colleague attitudes and hospital policies around sickness absences (e.g. Billeter-Koponen & Freden, 2005; Ekstedt & Fagerbert, 2003; Hallin & Danielson, 2007). It is perhaps understandable, given the circumstances, that healthcare providers may struggle emotionally and instrumentally with taking care of their personal health.

Healthcare providers also face systemic barriers that impede their access to care. For instance, a study of British doctors confirmed that most doctors do not access healthcare through conventional routes, preferring to self-treat, or to rely on informal advice from colleagues about their own health and that of their families (Forsythe et al., 1999). Concerns about confidentiality are a significant barrier: working in a close professional community with ready access to health records, it is difficult to feel confident that one’s health information will remain private; this is particularly problematic around sensitive
issues like mental health and substance abuse (Forsythe et al., 1999; Thompson et al., 2001). Another obstacle is a lack of adequate practical coverage arrangements (and, sometimes, financial compensation) for absences, which may constrain health workers from taking sick days or attending medical appointments (Billeter-Koponen & Freden, 2005; Forsythe et al., 1999; Thompson et al., 2001). Studies call for practical changes that could help health workers to tend their wellbeing, such as increasing organizational support for sick time, improving absence coverage and occupational health and safety resources (Thompson et al., 2001) as well as expediting access to primary care (Forsythe et al., 1999).

91. Page 43, Panel 6
This qualitative research project inquired into healthcare providers’ experiences of sustaining their own wellbeing. Eight female healthcare professionals were recruited, working in rehabilitation, and ranging in age from 27 to 60 years old. Participants engaged in semi-structured interviews: four workers took part in one interview, and four workers engaged in two to three interviews and a participant observation session of a personally meaningful self-care activity. Documents and artifacts were also examined. Themes were found relating to the variety of self-care strategies used, challenges and supports in the work context, and the important role of authenticity in health promotion practice.

92. Page 43, Panel 7
The good news is that it seems possible to benefit from brushes with burnout. After all, if managed carefully, even living through trauma can lead to post-traumatic growth, improved self-worth, an enriched philosophy and better relationships; and challenge and distress can be powerful motivators to learn (Tehrani, 2007). Resilient nurses reported that near-burnout experiences became chances to identify vulnerabilities and negative patterns. A practice of “deep stocktaking”, introspection and reflection helped nurses to recognize which parts of their job are rewarding, and which aspects need to change in order for the worker to remain well (Vinje & Mittelmark, 2007). When challenges become opportunities to learn, wellness at work becomes more achievable and sustainable.

93. Page 44, Panel 1
Studies point to the importance of balancing the personal and professional arenas of life, protecting time for recreation and exercise, and taking breaks and vacations (Jensen et al., 2008).

94. Page 44, Panel 3
Study participants described many ways of making their work space a haven, including playing music if possible, placing personal photos on the desk or computer desktop, bringing their children’s artwork to the office, and more.

95. Page 45, Panel 4
Cultivating supportive, mentoring relationships with colleagues is a good way to become more resilient to work stress (Espeland, 2006; Jensen et al., 2008).

96. Page 45, Panel 6
Not surprisingly, stressed healthcare providers do not do their best work. Fatigued caregivers show poorer judgment and job performance (Thompson et al., 2001). Overloaded nurses report taking
dangerous shortcuts and feeling unable to properly learn new procedures due to time pressure (Hallin & Danielson, 2007). The phenomenon has been raised as a social justice issue for vulnerable populations, as worker stress may affect patient access to quality health care (White et al., 2006).

**97. Page 48**

The self-care strategies listed on this page are themes from interviews with this study’s participants. These strategies appear well supported by other research into the self-care strategies that healthcare professionals find effective. Balance between personal and professional life is key: it is important to set limits, prioritize time for learning and peer support, protect time off, enjoy frequent recreation, vacations and exercise, and maintain a practice of regular reflection on practice. Cultivating supportive relations at work, at home and with friends is helpful (Espeland, 2006), as is maintaining efficient and supportive business practices such as limiting workload and setting realistic schedules (Jensen et al., 2008). Another study supports the positive impact of self-care (such as reading, eating well, avoiding drugs and alcohol, seeking counseling support, doing hobbies and practicing meditation), participating in religion or spirituality, and adjusting work habits (e.g. limiting workload, switching jobs) (Wiener et al., 2001). Espeland (2006) reviewed the literature and found several additional strategies to promote wellness, including using humor and relaxation, working on positive thinking and reducing worry. It is also helpful to practice assertiveness skills, to set boundaries, and to refrain from negative communication such as gossip. Stressed healthcare workers may find it beneficial to enhance their social support network, improve or eliminate harmful relationships (Figley, 2002).

**98. Page 49, Panel 1**

The self-care strategies described on this page come partly from this study, and partly from other research into healthcare worker self-care. This panel encourages workers to learn about self-care and resilience skills such as time management, prioritization, problem-solving skills and setting limits, as these skills appear to buffer against role strain (Jensen et al., 2008; Hallin & Danielson, 2007). It also appears helpful to learn about stress management and self-soothing techniques (Figley, 2002).

**99. Page 49, Panel 2**

It can be helpful for healthcare workers to talk openly about compassion fatigue, and to spread the word with colleagues, particularly those who appear at risk (Figley, 2002). Professional counseling can provide important support to stressed workers.

**100. Page 49, Panel 3**

Mindfulness Based Stress Reduction (MBSR) shows the potential to help health professionals to develop their stress-coping skills and self-awareness. Mindfulness meditation involves the active cultivation of an open, receptive awareness of the present moment. Mindfulness training promotes attention to current experiences, clarifies one’s emotional states, promotes reflexive consciousness, disengages one from unhealthy habits and automatic thoughts, improves self-regulation and the prompt identification of needs, and makes experiences more clear and vivid (Brown & Ryan, 2003). Behavioral psychology theory explains the dangers of using rigid patterns of behavior, fearing and avoiding
emotions, and separating oneself from lived experience (McCracken & Yang, 2008). Stressed health professionals appear to benefit from learning how to slow down, appreciate and process the present moment. Studies show that healthcare providers experience significant health benefits after MBSR training, including greater self-compassion and decreased stress (Shapiro et al., 2005), decreased symptoms of burnout, greater life satisfaction and relaxation (MacKenzie et al., 2006), reduced emotional exhaustion, depersonalization, and distress from witnessing patients’ pain; and enhanced vitality, social and emotional function and general health (McCracken & Yang, 2008). MBSR training is a relatively brief, cost-effective undertaking with the potential to do health workers a lot of good.

101. Page 49, Panel 4

The University of New Mexico (UNM)’s “arts in medicine” program is an innovative effort to improve worker health and team functioning through creative means. The program aims to help nurses to reconnect emotionally and spiritually with themselves, their patients and their colleagues. It is a collaborative effort between UNM’s faculties of medicine, nursing and art, and affiliated teaching hospitals. A team of staff and volunteers act as “roving rejuvenators”, including artists, writers, massage therapists, fitness instructors and more. The roving rejuvenators roam the hospital inviting nurses to take short breaks and engage in a brief massage or creative activity. Creative encounters might include art making, relaxation techniques, writing, music, dialog, journaling, poetry, working with clay, doing yoga or tai chi, and more. Repar and Patton (2007) report that workers benefited from the opportunity to express themselves, to clarify their sense of self, to place more value on self-care, to recognize the possibility for change, to build their comfort with not knowing, and to connect with their feelings and sensations. Other benefits included an improved attitude towards work, decreased tension, anger, unhappiness and fatigue, and feeling more peaceful, present and energized. Creative afternoon retreats were also used to enhance a sense of community. The program has now become so popular that their current challenge is keeping up with the demand.

102. Page 49, Panel 5

New theories of compassion satisfaction rooted in positive psychology suggest ways to effectively negotiate the balance between stress and satisfaction. Radey and Figley (2007) encourage healthcare providers to shift their focus away from trying to prevent compassion fatigue, and towards actively seeking compassion satisfaction: a state of joy at helping others, a sense of growth, goodness, creativity and resilience. Flourishing health workers can maintain a high ratio of positive to negative experiences at work though collegial support, focusing on their patients’ successes rather than failures, actively creating a sense of progress, and upholding a sustainable work lifestyle. Healthcare workers can promote compassion satisfaction through enhancing their self-care, building their resources for stress management, and increasing positive affect, particularly towards clients. Practical suggestions for pursing compassion satisfaction include building a positive work environment, diversifying caseloads to avoid repetitive strain, taking regular breaks from work and from distressing patients, and holding regular team meetings for peer support, sharing successes and debriefing. Students and practicing care providers
would benefit from chances to learn more about self-care and the value of optimism. Research evidence is emerging to support this viewpoint: for instance, in a survey of doctors’ personal health practices, the strategy associated with the greatest wellbeing was maintaining a positive, balanced approach to life with a focus on success (Wiener et al., 2001).

103. **Page 49, Panel 6**

Practicing forgiveness of oneself and others offers great potential for stress relief (Espeland, 2006), as does cultivating self-awareness, accepting personal limitations, setting realistic expectations, forgiving errors, staying interested in work, and focusing on the valuable contribution that one makes (Jensen et al., 2008).

104. **Page 49, Panel 7**

It seems helpful for healthcare workers to spend time in situations where they are not viewed in their caregiving role (Figley, 2002).

105. **Page 49, Panel 8**

Positive psychologists argue that it does more good to build strengths than to correct weaknesses: “… psychology is not just the study of pathology, weakness and damage; it is also the study of strength and virtue. Treatment is not just fixing what is broken; it is nurturing what is best.” (Seligman & Csikzentmihalyi, 2000, p. 7). Strengths that buffer against adversity include faith, courage, perseverance, honesty and insight. The best defense is therefore a good offense; health providers can then stop trying to fend off burnout and start actively pursuing an enriching work and life.

Espeland (2006) encourages workers to plan ahead for professional growth and lifelong learning, to take on new challenges such as teaching and research, and to change jobs if the current situation ceases to nourish.
Untold Stories of Burnout: 
What Healthcare Administrators Need to Know

106. Page 50, Panel 2
Burnout is defined as a syndrome of gradually increasing mental fatigue due to prolonged occupational stress; its major symptoms are emotional exhaustion, depersonalization and reduced personal accomplishment (Espeland, 2006).

107. Page 50, Panel 3
Role strain is a significant problem among healthcare providers. Research has well established the relationship between working in healthcare and mental and physical health consequences, stress and burnout (Espeland, 2006; White, 2006; White et al., 2006; Wicks, 2006). Estimates of the prevalence of such issues vary considerably (no doubt affected by factors such as study design, patient population and practice environment). A recent survey of British social workers found that most workers reported high levels of stress and emotional exhaustion and low job satisfaction, and that 47% showed significant levels of distress (Evans et al., 2006). A study of cancer care workers in Ontario found that allied health professionals reported significant levels of burnout symptoms including emotional exhaustion (37%), and low personal accomplishment (54%) (Grunfield et al., 2000). It may be that all health workers live with mild, occasional symptoms of burnout; that many go through periods with lasting, stable symptoms; and that some develop chronic symptoms and physical illness (Wicks, 2006).

The stresses inherent in healthcare work appear to impact on worker wellbeing. Exposure to patients’ pain, distress and sometimes intractable health problems is a daily strain (McCracken & Yang, 2008). Poor ergonomics, long hours and night shifts take their toll in fatigue, while a lack of opportunity to take breaks and vacations offers little respite, and ambiguous and conflicting roles leave workers struggling to set priorities (Espeland, 2006; White, 2006; White et al., 2006) Healthcare work means coping with no-win situations, in which it is impossible to satisfy all parties no matter what one does (Espeland, 2006). Unfortunately, the demands of this work are not always balanced by financial rewards, social status or positive public perception (Priebe et al., 2005). This perceived under-value of their work plays a key role in nurse burnout (Billeter-Koponen & Freden, 2005). For instance, a survey of Swaziland nurses suggested that workers left the country not because of the low pay or high risk of work-related HIV infection, but because of feeling under-valued and uncared for in the workplace (Baleta, 2008).

108. Page 50, Panel 4
Not surprisingly, stressed healthcare providers do not do their best work. Fatigued caregivers show poorer judgment and job performance (Thompson et al., 2001). Overloaded nurses report taking dangerous shortcuts and feeling unable to properly learn new procedures due to time pressure (Hallin & Danielson, 2007). The phenomenon has been raised as a social justice issue for vulnerable populations, as worker stress may affect patient access to quality health care (White et al., 2006).
Burnout may manifest itself in organizations through verbal abuse among colleagues (Repar & Patton, 2007), increased sick time and absenteeism, high turnover, loss of worker enthusiasm, decreased quality of service and client dissatisfaction (White, 2006); low morale, poor recruitment and retention, and impaired team function (Priebe et al., 2005).

The job demands-resources (JD-R) model presents a straightforward way of understanding how burnout develops and how to address it at the organizational level. The JD-R model proposes that the interaction between job demands and resources is the key to burnout and its main symptoms, emotional exhaustion and disengagement. High job demands such as work overload and time pressure require the worker to make a sustained effort to cope, which eventually exacts a physical and/or psychological cost – leading to emotional exhaustion. Low job resources (such as social support, task variety, involvement in decision-making, job control, and feedback on performance) make it difficult for workers to meet goals and to develop. Over time, this can cause workers to withdraw from the job in order to protect themselves from frustration – leading to disengagement. So, when job demands are high and resources are low, the stage is set for burnout (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001). Studies support the link between job demands and supports with worker well-being (Escriba-Aguir & Tenias-Burillo, 2004).

The broader context of the healthcare system also plays a role in healthcare workers’ experiences. In their review of literature around work health promotion, Kuokkanen and Katajisto (2003) identify systemic challenges in work life including the aging labor force, demands for increased productivity and competence, and the trend towards fragmented careers. Moving healthcare from hospitals to the community has many advantages, but when the community care system is not adequately equipped to meet the challenges, the strain on workers (and patients) can be significant (Priebe et al., 2005; White et al., 2006). The move towards economic rationalism tends to focus organizations on the cheapest, rather than the best way to work (Breen et al., 2008). Also, the powerful movement towards evidence-based practice puts added pressure on allied health professionals: “... evidence-based practice, with its clear positivist ties, does not always compliment the realities of practice, and practitioners aren’t well resourced to really do evidence-based practice.” (Breen et al., p. 176).

Indeed, a recent study of Canadian health professionals suggested that accountability obligations can be impossible to fulfill completely within the degree of professional autonomy that workers ordinarily have. Practitioners reported constantly doing their best to juggle their ethical and accountability obligations with the practical necessities of their working lives. The study calls on professional regulatory bodies and administrators to create a more reasonable accountability framework that is coherent with the realities of practice (Freeman et al., 2009). While these systemic factors may not always be easy to control, awareness opens the door to coping more effectively.
This qualitative research project inquired into healthcare providers’ experiences of sustaining their own wellbeing. Eight female healthcare professionals were recruited, all working in rehabilitation with some element of health promotion in their practice, and ranging in age from 27 to 60 years old. Participants engaged in semi-structured interviews: four workers took part in one interview, and four workers engaged in two to three interviews and a participant observation session of a personally meaningful self-care activity. Documents and artifacts were also examined. Themes were found relating to the variety of self-care strategies used, challenges and supports in the work context, and the important role of authenticity in health promotion practice.

Organization-level forces influence healthcare worker wellbeing. Cutbacks and restructuring mean that workers are often responsible for patients with multiple, complex issues (White, 2006; White et al., 2006). Organizational factors can negatively impact worker empowerment, including absent or contradictory goals, values and philosophy, authoritarian leadership styles, low shared responsibility, lack of worker participation in decision-making, poor workplace communication, and bureaucratic and hierarchic structures (Kuokkanen & Katajisto, 2003). Employee turnover, shortage of qualified workers, and insecure jobs can exacerbate the situation (Priebe et al., 2005; Vinje & Mittelmark, 2007). Cutbacks and the pressure to lower costs mean increased workload for individual employees (Repar & Patton, 2007; Vinje & Mittelmark, 2007; White, 2006). Frequent, fast organizational change can be hard for workers to adapt to (Priebe et al., 2005; Vinje & Mittelmark, 2007).

One beneficial workplace wellness strategy for employers involves structuring work so that it interferes less with life roles. The conflict between work and life responsibilities is a factor consistently implicated in worker dissatisfaction (Decker, 1997; Jensen et al., 2008; Kuokkanen & Katajisto, 2003). Workplace flexibility shows the potential to promote positive health behaviors: in one study, employees were able to work longer hours before their work/life balance became impaired, perhaps because they were able to fit healthy acts into their work schedule (such as exercise) that offset the effects of a longer work day (Grzywacz et al., 2007). Recommendations for employers included giving workers flex time, greater control over when, how long & where they worked, improving managerial support and communication, and offering different types of work schedules. Employers benefitted from the reduced costs of absences and the greater productivity of healthier workers.

The importance of supportive social relationships at work is clear (e.g. Semmer, 2006). Employees’ relationships with their supervisors appears to be of particular importance to employee wellbeing (Decker, 1997; Kuokkanen & Katajisto, 2003), so interventions aimed at improving the sense of team cohesiveness and promoting good communication between management and staff are well supported. In a study of nurses, incivility from supervisors, and to a lesser degree from colleagues, was an important predictor of burnout, employee retention and job satisfaction (Spence Laschinger, Leiter,
Day, & Gilin, 2009). Campbell (2007) encourages supervisors to create a work environment that supports self-care, to keep a careful watch for workers that are at risk of compassion fatigue, and to help stressed staff to access assistance.

115. Page 52, Panel 6

A wide variety of workplace health promotion programs appear to have positive effects on worker wellbeing (Kuopala et al., 2008; Semmer, 2006).

116. Page 52, Panel 7

Training in resilience skills such as time management, prioritization, problem-solving skills and setting limits appears to benefit healthcare workers (Jensen et al., 2008; Hallin & Danielson, 2007).

117. Page 53, Panel 2

Systems theory helps to make sense of how difficult it is to measure the success of workplace health promotion initiatives, since the more complex the system is, the less predictable the changes will be. Ureda and Yates (2005) make the point that for an intervention to have long-term effects, it must change the whole system, not just one part; and the aim should be to leave the system independent of further help. When planning an intervention, it is therefore most effective to recognize the system’s complexity, and target many levels.

A wide range of workplace health promotion initiatives have been evaluated. The most effective interventions noted in literature reviews targeted healthy lifestyle promotion, ergonomic interventions, work redesign (Kuopala et al., 2008), as well as clarifying roles and bettering social relationships (Semmer, 2006). Tenure in the same job for long periods of time seems detrimental to job satisfaction, perhaps due to prolonged exposure to the same set of stressors, so workplaces may wish to consider ways to make it easy for workers to transfer between different positions within an organization (Decker, 1997).

118. Page 53, Panel 5

Studies show that empowerment is a key ingredient in worker wellbeing. In their meta-analysis, Kuopala and colleagues (2008) found that workplace health promotion interventions were more effective when employees participated actively in planning and carrying out the change, when worker autonomy was respected, and when trust was promoted between employer and employee. Semmer's literature review (2006) also spoke to the benefits of taking a participative approach, and increasing employee autonomy, control and rewards for performance. Kuokkanen & Katajisto (2003) identified factors that promoted empowerment for nurses, including low-hierarchy organization structures, shared governance, opportunities for new challenges and recognition of achievement, trust and open communication between employees and managers. Leaders may find it helpful to show confidence in, and delegate responsibility to employees, promote a positive attitude towards education and new ways of working, nurture cooperation within the team, and cultivate an atmosphere of freedom.

Perfectionism, or having overly high expectations, is also implicated in role stress. People who have a deep sense of personal calling and duty to their work may have trouble delegating and accepting
the standards of other workers. These workers report a strong need to be excellent, punctual and well-prepared, and may work themselves to exhaustion trying to reach their own (at times unrealistic) expectations (Vinje & Mittelmark, 2007). Workers with perfectionist tendencies may enjoy longer, healthier careers if they practice moderation.

The daily work of healthcare involves many identified risk factors for role strain. Several studies of burnout among nurses emphasize the stress of doing a highly demanding job with a heavy workload and ever-increasing responsibilities (Billeter-Koponen & Freden, 2005; Ekstedt & Fagerbert, 2005; Escriba-Aguir & Tenias-Burillo, 2004; Hallin & Danielson, 2007). The strain of being responsible for so much, often without the time and resources needed to properly meet job demands, can lead to conflict and moral distress (Vinje & Mittlemark, 2007). Increasing bureaucracy and demands to work unpaid overtime, take on administrative responsibilities and do ever more paperwork add to the pressure on workers (Preibe et al., 2005). Nurses reported feeling stressed when they were too busy with other demands to build rewarding relationships with patients (Hallin & Danielson, 2007).

Employee turnover is indeed expensive. One study of turnover in long term care reported that: The cost of turnover is high, ranging from $2,200 to $5,000 per employee and as much as 150% of employees' annual compensation… All too often, facilities do not think they have a problem. While consulting in two organizations, we discovered that both had a high number of staff being hired and leaving. The cost of that turnover surprised them. In one facility, the annual projected expense of turnover was approximately $840,000. In the second facility, where the board of directors did not believe there was an issue with staffing, the expenditure was in the neighborhood of $350,000 per year. (Glister & Dalessandro, 2008, pp. 22-23)

Employers who promote worker health and job satisfaction may reap the rewards in attendance, staff retention and quality of service. A recent meta-analysis found that workplace health promotion initiatives appeared to effectively reduce sick absences and enhance worker mental wellbeing, job well-being, and work ability (Kuopala et al., 2008).

There is some debate about whether individual-level or organizational-level interventions are more effective. Kuopala and colleagues (2008) argue that workplace-level interventions should be more effective than individual supports, as work communities are social structures that have the potential for collective planning, action and mutual support. Semmer (2006), in a similar review of effective workplace health promotion interventions, advocates for pairing up person-centered with organization-centered interventions.
Semmer (2006) notes that organizational change initiatives generate their own stress and will not reach all workers, so person-centered initiatives are a helpful addition.
References


