

Working Around the System: The Experience of Professionals Working in Brain Injury Rehabilitation

Gillian Murray, DSW, LSW, CBIS

Background and Significance

Background and Significance

Statistics

- 2.5 million Americans sustain a traumatic brain injury (TBI) each year (CDC, 2016)
- 5.3 million Americans are living with a disability due to a TBI (CDC, 2012)
- 917,000 Americans sustain an acquired brain injury (ABI) due to stroke, tumor, aneurysm, or other medically-induced incident (Brain Injury Association of American, 2013)

Background and Significance (continued)

Etiology

- Men are most susceptible
- African Americans and Native Americans are at greater risk than other ethnicities
- Alcohol is a risk factor (Whyte, Ponsford, Watanabe, & Hart, 2010)
- Individuals of a lower socioeconomic status are at greater risk (Corrigan, Selassie, & Orman, 2010; Kraus & McArthur, 1996)

Injury Severity

- Most survivors receiving brain injury rehabilitation services have a moderate to severe brain injury (Whyte, Ponsford, Watanabe, & Hart, 2010)

Terminology to Describe Work-Related Stress

Burnout

- The term burnout was originally used to describe engine failure in a jet or rocket in the 1940s
- A psychological sequence characterized as: emotional exhaustion, depersonalization of patient interactions to self-protect, and a decreased sense of job satisfaction (Maslach, Schaufeli, & Leiter, 2001)
- Caused by external and environmental factors such as large caseloads and other bureaucratic issues (Canfield, 2005)

Compassion Fatigue

- Natural response to working with survivors of trauma (McHolm, 2006)
- More prevalent in females than males (Sprang, Clark, & Whitt-Woosley, 2007)
- Caused by external and bureaucratic factors and working with individuals who have experienced trauma (Newell & MacNeil, 2005)

Secondary Traumatic Stress

- Empathy and exposure are the two main components (Beck, 2011)
- Negative emotional response when clinicians empathetically engage with clients and learn their traumatic experiences (Figley, 1995)
- “Direct result of hearing emotionally shocking material from clients” (Canfield, 2005, p. 84)
- Does not result from bureaucratic stressors (Canfield, 2005)

Vicarious Traumatization

- Cognitive, schematic, and psychological reactions when working with individuals who are traumatized (Canfield, 2005)
- Clinician's views of the world, their beliefs and cognitive schemas are affected (Newell & MacNeil, 2005)
- Does not result from organizational or bureaucratic issues (Jenkins & Baird, 2002)

Current Research

Utilization of the Term Burnout

The term “burnout” was used in the current research on this topic, even though it is considered an antiquated term in other healthcare fields.

Contributing Factors for Work-Related Stress in Brain Injury Rehabilitation Professionals

- Population (Felton, 1998; Maslach et al., 2001; Sahraian et al., 2008)
- Amount of time spent interacting with clients (Felton, 2008; Schaufeli & Bakker, 2004)
- Limitations due to funding (Flett, Biggs, & Alpas, 1995; Saban et al., 2012)

Contributing Factors for Work-Related Stress in Brain Injury Rehabilitation Professionals

- Age and level of experience (Kumar, Fischer, Robinson, Hatcher, and Bhagat, 2007)
- Organizational Factors
 - Agency setting (Craig & Sprang, 2010)
 - Work load (Maslach et al., 2001; Schaufeli & Bakker, 2004)
 - Understaffing (Ducharme, Knudsen, and Roman, 2008)
 - Training

Contributing Factors for Work-Related Stress in Brain Injury Rehabilitation Professionals

- Perception of support/quality of supervision
 - Cohesive team/social support (Brown et al., 2003; Houkes et al., 2003; Schaufeli & Bakker, 2004)
 - Lack of support from supervisors (Dietzel, 1995; Maslach et al., 2001)
 - Quality of supervision (Stebnicki, 2000)

Current Research

- Saban et al. (2013) surveyed 233 polytrauma team members:
 - 30.6% reported moderate emotional exhaustion
 - 23.7% reported high emotional exhaustion
- Gosseries et al. (2012) surveyed 523 brain injury rehabilitation professionals and found:
 - 33% reported emotional exhaustion
 - 36% reported depersonalization
 - 18% reported burnout

Current Research

- Wittig et al. (2003) surveyed 133 brain injury rehabilitation professionals:
 - 67.7% reported being unable to leave work at work
 - 66.9% were afraid of getting hurt at work
- Providers of community based rehabilitation reported the following as increasing the risk for work-related stress (Mooney, Doig, & Fleming, 2009)
 - Frequent home visits
 - Increased hours spent driving to client homes
 - Being isolated from the treatment team

“Individuals involved in the rehabilitation of clients with acquired brain injury, particularly traumatic brain injury, may be at particular risk for burnout because these workers must display empathy during sometimes emotionally-laden interactions with clients who often evidence cognitive problems as well as emotional, behavioral, and interpersonal difficulties”

Wittig et al., 2003 (p. 98)

Methodology

Research Questions

1. What do brain injury rehabilitation professionals find stressful about working in brain injury rehabilitation?
2. What about working in brain injury rehabilitation is difficult?
3. How do brain injury rehabilitation professionals experience work-related stress?
4. How do brain injury rehabilitation professionals reduce work-related stress?
5. What support is offered by agencies to reduce work-related stress in brain injury rehabilitation professionals?

Qualitative Research Design

- Participants engaged in a one-time in-depth interview conducted either in person or using video conferencing software
- A semi-structured interview guide structured the line of questioning
- Interviews were digitally recorded and professionally transcribed
- Confidentiality and privacy
 - Alphanumeric codes were assigned to participants
 - All identifiable information was removed from transcriptions

Recruitment

Inclusion criteria:

- Brain injury rehabilitation professionals who:
 - Have at least two years of full-time experience in outpatient brain injury rehabilitation
 - Provide direct clinical care to individuals with TBI or ABI
 - Possess at least a Bachelor's Degree in a Human Services related field such as Psychology, Social Work, Disability Services, Vocational Rehabilitation, Health Care Administration, Counseling, or Nursing.
 - CBIS/CBIST requirement was eliminated in January 2016 due to poor recruitment

Sampling

- Convenience, snowball, and purposive
 - ACBIS published an article in their Newsletter
 - Brain injury rehabilitation providers were directly contacted
 - Traumatic Brain Injury Model Systems Listserv

Participant Demographics

P	Sex	Age Group	CBIS	Level of Education	Years experience	Case Management	Counseling	Skills training	Job Coaching	Groups
P01	F	21-29	Y	Bachelors	2-5	Y	Y	Y	N	Y
P02	F	21-29	Y	Bachelors	2-5	Y	N	Y	N	Y
P03	M	60-69	Y	PhD	26-30	N	Y	Y	Y	Y
P04	F	30-39	Y	Masters	6-9	Y	Y	Y	Y	Y
P05	F	30-39	Y	PhD	6-9	Y	Y	Y	Y	Y
P06	F	50-59	N	Masters	22-25	Y	Y	Y	N	Y
P07	F	30-39	N	Masters	2-5	N	N	Y	Y	N
P08	F	40-49	N	PhD	10-13	N	Y	Y	Y	N
P09	F	30-39	Y	Masters	6-9	N	Y	Y	N	Y
P10	F	30-39	N	PhD	2-5	N	Y	Y	N	N
P11	F	21-29	N	Masters	2-5	Y	N	Y	Y	Y
P12	F	30-39	N	PhD	2-5	Y	Y	Y	Y	N
P13	M	40-49	N	PhD	26-30	N	Y	Y	Y	Y
P15	F	30-39	Y	Bachelors	2-5	Y	N	Y	N	Y
P16	F	30-39	N	Masters	14-17	Y	Y	Y	Y	Y
P17	F	50-59	Y	Masters	18-21	N	Y	Y	N	N
P18	F	30-39	N	Masters	2-5	Y	Y	N	N	N

Data Analysis

- ▣ Grounded theory approach utilizing NVivo software
- ▣ Coded the first 4 interviews and created preliminary focused codes
- ▣ Coded the remaining 13 interviews directly into preliminary focused codes
- ▣ Initially identified 40 focused codes; reduced to 26
- ▣ Resulted in 8 provisional categories
- ▣ 6 final themes

Strategies for Ensuring Rigor

- ▣ Peer debriefing and support after conducting each interview
- ▣ Negative case analysis
- ▣ Audit trail

(Padgett, 2008)

Findings & Discussion

Six Themes

1. *Brain injury rehabilitation is difficult*
2. *Emotional experience associated with treating survivors*
3. *The impact of limited funding and resources on treatment outcomes and professionals*
4. *Organizational factors contribute to stress*
5. *Support provided in work environment*
6. *Stress management used by professionals*

Contributing Factors of Work-Related Stress in Brain Injury Rehabilitation Professionals

- *Brain injury rehabilitation is difficult*
- *Emotional experience associated with treating survivors*
- *The impact of limited funding and resources on treatment outcomes and professionals*
- *Organizational factors contribute to stress*

Brain Injury Rehabilitation is Difficult

Brain injury rehabilitation is difficult describes the nature of providing rehabilitation services to survivors of brain injuries.

- ▣ *Slow progress* (Wittig et al., 2003)
- ▣ *Can't fix it* (Wittig et al., 2003)
- ▣ *Unpredictable* (Mooney et al., 2009; Wittig et al., 2003)
- ▣ *Increased responsibility of professionals* (Mukherjee et al., 2009; Wittig et al., 2003)
- ▣ *Challenging to collaborate with survivors*
- ▣ *So much to learn*

Quotations

Can't fix it:

- ▣ “There’s no cure for brain injury. We can’t put Humpty Dumpty back together.”

So much to learn:

- ▣ “I feel like I could never go to sleep for the next five years and probably still not feel knowledgeable or well versed on the subject.”

Emotional Experience Associated with Treating Survivors

Emotional experience emerged to describe the emotional distress brain injury rehabilitation professionals encounter when providing rehabilitation services to survivors.

- *Anosognosia* (Winkens, Van Heugten, Visser-Meily, & Boosman, 2014)
- *Building rapport and relationships* (Wittig et al., 2003)
- *Sad stories/empathy*
- *Family challenges* (Wittig et al., 2003)

Quotations

Anosognosia:

- ▣ “What I find stressful about it is believing that the person has the potential to improve their functioning and their lives but they’re getting in their own way.”

Sad stories/empathy:

- ▣ “Just seconds of poor judgment on someone else’s behalf has devastated this individual’s life. And it’s difficult to bear witness to that and to not sometimes become a bit disillusioned by humanity when you can witness what people are capable of doing.”

Impact of Limited Funding and Resources

Brain injury rehabilitation professionals identified *limited funding and resources* to be one of the most difficult and challenging aspects of working in the brain injury rehabilitation field (Flett et al., 1995; Wittig et al., 2003).

- ▣ *Lack of funding*
- ▣ *Lack of providers*
- ▣ *Working around the system*
- ▣ *Impact of funding on treatment outcomes and professionals*

Quotations

Lack of funding for brain injury rehabilitation:

- ▣ “Whereas when you go to college, you’re learning the skills so that you can help people and then when you come out, business people, the government, other entities that have nothing to do with health, understanding healthcare and rehabilitation, are telling you what you can and cannot do by limiting visits, by limiting funding.”

Impact of funding on treatment outcomes and professionals:

- ▣ “There’s definitely people that I think about, I wonder what happened to them, and just hope for the best for them, getting screwed by the system and by life.”

Organizational Factors Contribute to Stress

Organizational factors refer to work place dynamics and non-clinical job responsibilities.

- ▣ *Administrative duties*
- ▣ *Time* (Wittig et al., 2003)
- ▣ *Scheduled breaks*
- ▣ *Communication* (Wittig et al., 2003)

Quotations

Time:

- “It’s overwhelming to try to accomplish everything that you need to accomplish in one day...It’s overwhelming to try to provide high quality of care, when there’s so many demands on stuff outside of your actual therapy session such as documentation, billing, and any other aspects of your job.”
- “I can’t tell you the number of days that I haven’t even had the time to go to the bathroom.”

Coping Strategies for Work-Related Stress in Brain Injury Rehabilitation Professionals

- *Support provided in work environment*
- *Stress management used by professionals*

Support Provided in Work Environment

Support provided in work environment refers to the ways in which brain injury rehabilitation professionals receive support from supervisors, administration, and coworkers.

- *Experience of supervision* (Dietzel, 1995; Maslach et al., 2001; Prigatano, 1989; Stebnicki, 2000).
- *Cohesion and relationships with coworkers* (Brown, Prashantham, & Abbott, 2003; Houkes et al., 2003; Schaufeli & Bakker, 2004)
- *Stress reduction by employer*
- *Opportunities for education*

Quotations

Experience of supervision:

- “She likes to know the details about every single thing we’re doing. And we’re pretty competent employees, and so that gets a little frustrating. And that’s, a lot of time, a source of stress.”

Cohesion and relationships with coworkers:

- “I don’t ever feel like I’m out there alone trying to treat this very difficult, challenging population.”

Stress Management Used by Professionals

Brain injury rehabilitation professionals utilize coping strategies and engage in stress reduction activities to reduce the effects of work-related stress

- ▣ *Coping with stress at work* (Saban et al., 2013)
- ▣ *Stress reduction away from work* (Copley, 2013; Saban et al., 2013)
- ▣ *Effects of stress at work*
- ▣ *Effects of stress in personal life*
- ▣ *Resiliency* (APA, 2016; Jackson et al., 2007; McAllister & McKinnon, 2009; Shakespeare-Finch et al., 2005)

Quotations

Stress reduction away from work:

- “I like more structured classes because I have to listen to someone else tell me what to do rather than me making decisions... I have to go to these classes because I just would be a robot and follow what they tell me to do. And I can shut off my brain for that hour.”
- “My joke answer is, have a bottle of wine ready at all times.”

Effects of stress in personal life:

- “I go to bed thinking about work and I have dreams about work. And I wake my husband up talking about work to a survivor. I will wake up talking to a survivor! That’s okay, we’re just handling things in my sleep.”

Implications & Limitations

Implications for Brain Injury Rehabilitation Professionals

- Develop an awareness of the contributing factors of work-related stress as a brain injury rehabilitation professional
- Identify how to reduce work-related stress by:
 - Utilizing effective coping strategies in work environment
 - Engaging in self-care and stress-reduction activities
- Understand how work-related stress may impact the personal lives and relationships of brain injury rehabilitation professionals

Implications for Supervisors and Administrators

- Identify the contributing factors of work-related stress in brain injury rehabilitation professionals
- Have a better understanding of the perspectives of their employees
- Promote more effective means to not only reduce but to prevent work-related stress amongst brain injury rehabilitation professionals
 - Quality of supervision
 - Cohesion of team
 - Improved communication
 - Opportunity for employees to provide feedback

Direct Practice Implications

It is apparent that there are inequities in funding opportunities for survivors of brain injuries to receive the vital treatment that is necessary to recovery.

- Survivors, due to being of a lower socioeconomic status, do not have discretionary income to fund expensive rehabilitation that is not covered by private health insurance
- Survivors may require long-term services due to supervision needs, however, these types of services are not always available.

Direct Practice Implications

- Continued advocacy for the development of programs to fund treatment for the extensive continuum of care required after brain injury is imperative.
- Education and training needs to be provided to healthcare and mental health professionals to increase survivors' access to specialty care, such as psychiatry and substance abuse treatment.

Implications for Future Research

There continues to be a gap in the literature to examine not only how work-related stress impacts brain injury rehabilitation professionals, but also how this impacts survivors of brain injuries, their families and treatment outcomes.

Further research is warranted to:

- Quantify the stressors brain injury rehabilitation professionals face and what activities and programs are effective in reducing stress levels
- Explore supervisory relationships and styles
- Explore the perspective of other rehabilitation professionals who provide services to other types of debilitating and chronic disabilities

Limitations

- Predominantly female Caucasian sample
- Brain injury rehabilitation professionals who reside and practice outside of the United States of America may have a different experience.
- Professionals who participated in this study are more likely to have more effective and positive coping strategies to manage work-related stress.
- The findings described the nature of relationships with supervisors and survivors of brain injuries. However, neither supervisors nor survivors were interviewed.
- Qualitative research also relies on the knowledge and expertise of the researcher to conduct the interviews and interpret the results (Padgett, 2008).

Conclusion

Terminology to Describe Work-Related Stress in Brain Injury Rehabilitation Professionals

Identified contributing factors of work-related stress:

- Combination of organization factors
- Stressors from the emotional experiences of providing rehabilitation services to survivors

The term compassion fatigue appeared to be the most relevant term to effectively describe the nature of work-related stress experienced by brain injury rehabilitation professionals.

Conclusion

- Brain injury rehabilitation professionals face significant challenges due to *limited funding and resources*.
- The findings identified working in *brain injury rehabilitation is difficult*.
- The close relationships developed with survivors during the rehabilitation process and exposure to *sad stories* increases the risk for compassion fatigue.
- Brain injury rehabilitation professionals rely on *support provided in work environment* by their coworkers and supervisors to cope.
- Brain injury rehabilitation professionals continue to persevere to promote meaningful change and recovery in the lives of survivors of brain injuries despite facing adversity.

References

- American Psychological Association. (2016). The road to resilience. Retrieved from <http://www.apa.org/helpcenter/road-resilience.aspx>
- Beck, C. T. (2011). Secondary traumatic stress in nurses: A systematic review. *Archives of Psychiatric Nursing, 25*(1), 1-10
- Brain Injury Association of America. (2013). Brain injury statistics. Retrieved from <http://www.biausa.org/LiteratureRetrieve.aspx?ID=104992>
- Brown, N. C., Prashantham, B. J., & Abbott, M. (2003). Personality, social support and burnout among human service professionals in India. *Journal of Community & Applied Social Psychology, 13*, 320-324.
- Canfield, J. (2005). Secondary traumatization, burnout, and vicarious traumatization: A review of the literature as it relates to therapists who treat trauma. *Smith College Studies in Social Work, 75*(2), 81-101.
- Centers for Disease Control and Prevention. (2012). Injury prevention and control: Traumatic brain injury. Retrieved from <http://www.cdc.gov/TraumaticBrainInjury/statistics.html>
- Centers for Disease Control and Prevention. (2016). TBI: Get the Facts. Retrieved from https://www.cdc.gov/traumaticbraininjury/get_the_facts.html
- Copley, L. A. (2013). Checking yourself for burnout and compassion fatigue. *The Counselor Education Newsletter, 7*, 1-3.
- Corrigan, J. D., Selassie, A. W., & Orman, J. A. L. (2010). The epidemiology of traumatic brain injury. *The Journal of head trauma rehabilitation, 25*(2), 72-80.
- Craig, C. D., & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress, & Coping, 23*(3), 319-339.
- Dietzel, L. C. (1995). Age, consumer difficult behavior, perceived understaffing, workplace social support, and job satisfaction as predictors of emotional exhaustion among psychosocial rehabilitation staff (Doctoral dissertation, University of Maryland, College Park, 1995). *Dissertation Abstracts International, 56*, 6434.
- Ducharme, L. J., Knudsen, H. K., & Roman, P. M. (2008). Emotional exhaustion and turnover intention in human service occupations: The protective role of coworker support. *Sociological Spectrum, 28*, 81-104.
- Felton, J. S. (1998). Burnout as a clinical entity--its importance in health care workers. *Occupational Medicine (Oxford, England), 48*(4), 237-250.
- Figley, C. R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self care issues for clinicians, researchers, and educators* (pp. 3-28). Lutherville, MD: Sidran Press.
- Flett, R., Biggs, H., & Alpass, F. (1995). A perspective on occupational concerns of rehabilitation service providers. *Disability and Rehabilitation, 17*, 76-82.
- Gosseries, O., Demertzi, A., Ledoux, D., Bruno, M., Vanhauzenhuysse, A., Thibaut, A., . . . Schnakers, C. (2012). Burnout in healthcare workers managing chronic patients with disorders of consciousness. *Brain Injury, 26*(12), 1493-1499.
- Houkes, I., Janssen, P. P. M., De Jonge, J., & Bakker, A. B. (2003). Personality, work characteristics, and employee well-being: A longitudinal analysis of additive and moderating effects. *Journal of Occupational Health Psychology, 8*, 20-38.

References (continued)

- Jackson, D., Firtko, A., & Edenborough, M. (2007). Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: a literature review. *Journal of Advanced Nursing*, 60(1), 1-9.
- Jenkins, S. R., & Baird, S. (2002). Secondary traumatic stress and vicarious trauma: A validation study. *Journal of Traumatic Stress*, 15(5), 423-432.
- Kumar, S., Fischer, J., Robinson, E., Hatcher, S., & Bhagat, R. N. (2007). Burnout and satisfaction in New Zealand psychiatrists: A national study. *International Journal of Social Psychiatry*, 53, 306-316.
- Kraus, J. F., & McArthur, D. L. (1996). Epidemiology of brain injury. *Neurology and trauma*, 2, 3-18.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397-422.
- McAllister, M., & McKinnon, J. (2009). The importance of teaching and learning resilience in the health disciplines: a critical review of the literature. *Nurse Education Today*, 29(4), 371-379.
- McHolm, F. (2006). Rx for compassion fatigue. *Journal of Christian Nursing*, 23, 12-19.
- Mooney, O., Doig, E., & Fleming, J. (2009). Risk assessment and management for providers of community-based rehabilitation to people with acquired brain injury: Health professionals' perspectives. *Disability & Rehabilitation*, 31(6), 500-507.
- Mukherjee, D., Brashler, R., Savage, T. A., & Kirschner, K. L. (2009). Moral distress in rehabilitation professionals: Results from a hospital ethics survey. *PM&R*, 1(5), 450-458.
- Murray, G. (2016). *A Mental Minute: A Qualitative Exploration of Work-Related Stress in Brain Injury Rehabilitation Professionals* (Doctoral Dissertation). Retrieved from University of Pennsylvania Scholarly Commons.
- Newell, J. M., & MacNeil, G. A. (2005). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practice in Mental Health*, 6(2), 57-68.
- Padgett, D. K. (2008). *Qualitative methods in social work research* (2nd ed.). Thousand Oaks, CA: Sage.
- Prigatano, G. P. (1989). Bring it up in milieu: Toward effective traumatic brain injury rehabilitation interaction. *Rehabilitation Psychology*, 34(2), 135-144.
- Saban, K. L., Hogan, T. P., DeFrino, D., Evans, C. T., Bauer, E. D., Louise-Bender Paper, T., . . . Smith, B. M. (2013). Burnout and coping strategies of polytrauma team members caring for Veterans with traumatic brain injury. *Brain Injury*, 27(3), 301-309.

References

Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout:

Factors impacting a professional's quality of life. *Journal of Loss and Trauma, 12*, 259-280.

Stebnicki, M. A. (2000). Stress and grief reactions among rehabilitation professionals: Dealing effectively

with empathy fatigue. *Journal of Rehabilitation, 66*(1), 23-29.

Whyte, J., Ponsford, J., Watanabe, T., & Hart, T. (2010). Traumatic brain injury. In W.R. Frontera (Ed.), *Delisa's*

Physical Medicine and Rehabilitation: Principles and Practice, (5th ed.) (pp. 575-623). Philadelphia, PA:

Wolters Kluwer, Lippincott Williams & Wilkins.

Winkens, I., Van Heugten, C. M., Visser-Meily, J. M., & Boosman, H. (2014). Impaired self-awareness after acquired brain injury: clinicians' ratings on its assessment and importance for rehabilitation. *The Journal*

of Head Trauma Rehabilitation, 29(2), 153-156.

Wittig, P., Tilton-Weaver, L., Patry, B., & Mateer, C. (2003). Variables related to job satisfaction among professional care providers working in brain injury rehabilitation. *Disability & Rehabilitation, 25*(2), 97-106.