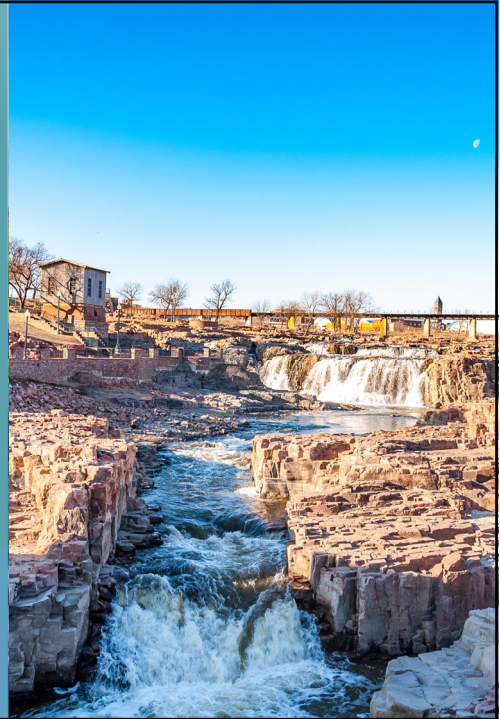


# Natural Impact of the Work on Ourselves, Teams & Institutions

A Paradigm Shift in Focus

Vickie Leff, MSW, LCSW, APHSW-C  
2026  
Vickie.leff@gmail.com



1



“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Remen. Kitchen Table Wisdom. 1996.

2

Nurses, physicians, CNA's, NP's social workers, chaplains, Fellows, students

## Working in Healthcare



- You witness difficult situations/emotions
  - Moral distress
  - Helplessness
  - Chaotic situations
  - Secondary trauma
  - Sadness
  - Frustration
  - Grief/Loss
  - Powerlessness

3

## Expectable & Normal Consequences

Psychological stress

Moral Distress

Vicarious Trauma

Empathic Strain – run out  
of nice

~~Burnout~~ CRISPY

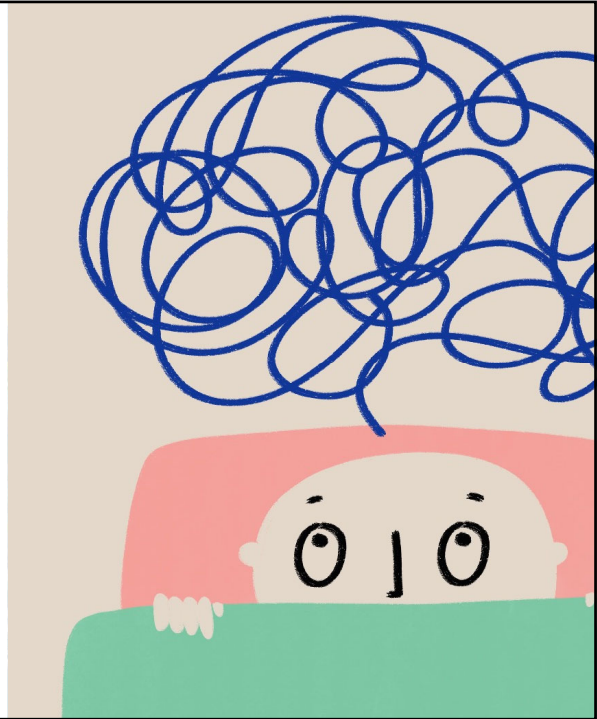


4

# Working with Emotions

Managing clinician emotion in the clinical setting is an important skill which **requires** insight and acknowledgement of those emotions

Altilio, 2021 p 602



5

## Why it Matters

If we try and understand the impact of the work, and why it matters to the emotional health of the provider as well as the workforce overall, we can begin to design strategies to mitigate the harm and build a sustainable workforce.




6

Pediatric Oncology Nursing

Social Science & Medicine

"I can't be the nurse I want to be": Counter-stories of moral distress in nurses' narratives of pediatric oncology caregiving  
 Monica L. Molinaro<sup>a,b,\*</sup>, Jessica Polzer<sup>c</sup>, Debbie Laliberte Rudman<sup>d</sup>, Marie Savundranayagam<sup>e</sup>



## “I can’t be the nurse I want to be.”

- Relational care makes the work meaningful
- Pulled in many directions
- Idealized nursing identities
- Never enough time
- High workloads/turnover
- Emphasizing individual responsibility obfuscates responsibility of institution; power structures that perpetuate – causes internalization of blame
- Damages their moral identities

Molinaro, 2023

7

2024

ANA Nursing Resources Hub Search Resources Hub

## What is Nurse Burnout? How to Prevent It

6 min read • April 23, 2024

Nurse burnout is a serious job-related condition that can have major consequences for nurses and their patients. Unfortunately, burnout in nursing is on the rise, making it more important than ever to understand how to manage and prevent this condition. It's important to remember that burnout or compassion fatigue is a result of working conditions — not a failure or a lack of compassion or work ethic on your part.

**In This Post**

- What Is Nurse Burnout?
- What Is the Burnout Rate for Nurses?
- What Leads to Burnout in Nurses?
- What is Moral Injury?
- Nurse Burnout Prevention and Management
- Avoiding Burnout Begins With Awareness

### What Is Nurse Burnout?

Burnout is caused by unmanaged, chronic workplace stress. It can occur in any job or sector and results in the following symptoms, [according to the World Health Organization](#):

- Mental and physical exhaustion
- Mental distance from the job
- Cynicism about the job
- Reduced efficacy in the workplace

8

## Results

High turnover  
 Dissatisfaction with work  
 Relationship fractures  
 Desire to leave position  
 High attrition  
 Over involvement  
 Under involvement



- Exaggerated sense of responsibility. “I can’t leave; people are counting on me.”
- The need to be needed and useful can blur boundaries
  - I’m expected to go above and beyond!

9



## HHS Public Access

Author manuscript

*Clin Gerontol.* Author manuscript; available in PMC 2019 July 01.

Published in final edited form as:

*Clin Gerontol.* 2018 ; 41(4): 282–292. doi:10.1080/07317115.2017.1370056.

### Psychosocial Predictors of Anxiety in Nursing Home Staff

Laura Gallego-Alberto, MA<sup>a</sup>, Andrés Losada, PhD<sup>b</sup>, Carlos Vara, MA<sup>b</sup>, Javier Olazarán, MD<sup>c</sup>, Ruben Muñoz, BA<sup>c</sup>, and Karl Pillemer, PhD<sup>d</sup>

<sup>a</sup>Biological and Health Psychology Department, Universidad Autónoma de Madrid, Madrid, Spain;

<sup>b</sup>Psychology Department, Universidad Rey Juan Carlos de Madrid, Madrid, Spain;

<sup>c</sup>Fundación Maria Wolff, Madrid, Spain;

<sup>d</sup>Department of Human Development, Cornell University, Ithaca, New York, USA

10

**Clinical Implications:** Interventions that address issues of guilt about the quality of care, and problematic relationships with family members of residents, may have potential to reduce staff anxiety and promote their well-being.

In addition to variables associated with staff well-being in prior research, the findings highlight the relevance of problems in daily interaction with families, quality of the relationship with families, and staff feelings of guilt as relevant predictors of workers' levels of anxiety.

11

Chronic  
stress:  
long term  
care issues

High caseload
---------------

Impaired cognition/mobility
-----------------------------

Family around/family not around
---------------------------------

Not a lot of team members around (reduced support)
--

Need more Training
--------------------

Taking time for professional development
--

Pay scale
-----------

12

## Expectable & Predictable

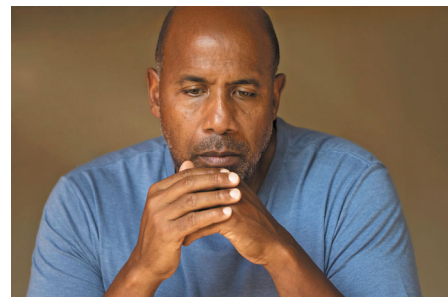
<del>Burnout</del>	Moral Distress	Empathic Strain	Secondary Trauma	Complex Stress
<ul style="list-style-type: none"> <li>• Related to organizational factors, resources, staffing.</li> </ul> <p>CRISPY</p>	<ul style="list-style-type: none"> <li>• When you don't have the power to change something that goes against your core beliefs.</li> </ul>	<ul style="list-style-type: none"> <li>• Run out of nice.</li> </ul>	<ul style="list-style-type: none"> <li>• The impact of witnessing trauma – as. Opposed to experience directly – through visual, story telling, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Combination of normal job stress overlaid with intense emotional stress.</li> </ul>

### Definitions

13

## Some Emotional Effects of Moral Distress

- Anger
- Anxiety
- Disgust
- Demoralization
- Want to leave job
- Guilt
- Sadness
- Frustration
- Powerlessness



*May lead to...*

Cynicism

Walling off of emotions (good and bad)

Compartmentalization

14

## Warning Signs of Empathic Strain

- Physical Exhaustion
- Insomnia/trouble sleeping
- Headaches
- Anger/irritability
- Avoiding patients
- Feeling helpless
- Difficulty making decisions



Tendacademy.ca Compassion Fatigue

15

## More Warning Signs: Cognitive Distortions



### "I Am Indispensable"

Inflated sense of importance; boundary blurring; "I am the only one who can help"

### "I Don't Really Care"


Compartmentalizing, detachment, lack of empathy, cynicism, isolation

### "It's Not My Fault"

"I can't change the institution" — disengagement from systemic responsibility

In *Trauma Stewardship*, Laura van Dernoot Lipsky notes that helpers can develop "an inflated sense of importance related to their work" and become addicted to the need to be needed — "getting increasingly attached to the feeling of being needed and useful."

16



## Wait... I'm resilient!

- Have emotional intelligence
- Understand the distress of the work
- Been to a resilience workshop
- Practice mindfulness exercises
- Can compartmentalize and “turn off” work when I get home

Great! Having “resilience skills” does not immunize against having reactions.

17

## JAMA 2020

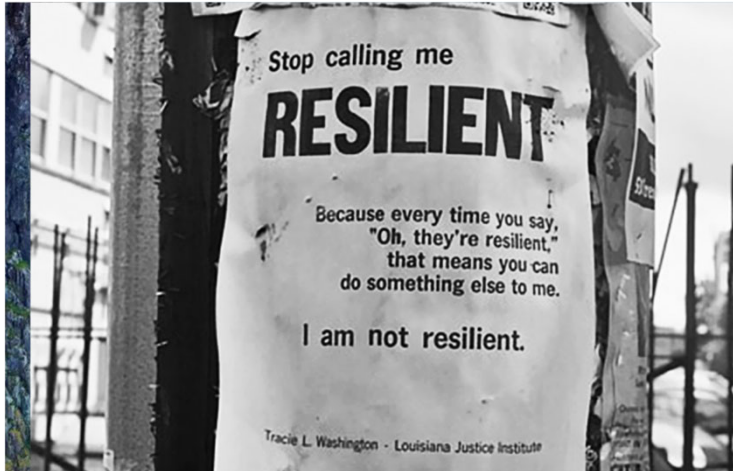
### It's not about **resilience**

US physicians exhibited greater resilience than the general working population. Physicians are not generally resilience-deficit and burnout rates are substantial even among the most resilient physicians.

West, C. P., Dyrbye, L. N., Sinsky, C., Trockel, M., Tutty, M., Nedelec, L., Shanafelt, T. D. (2020).

18

## Healthcare Professionals

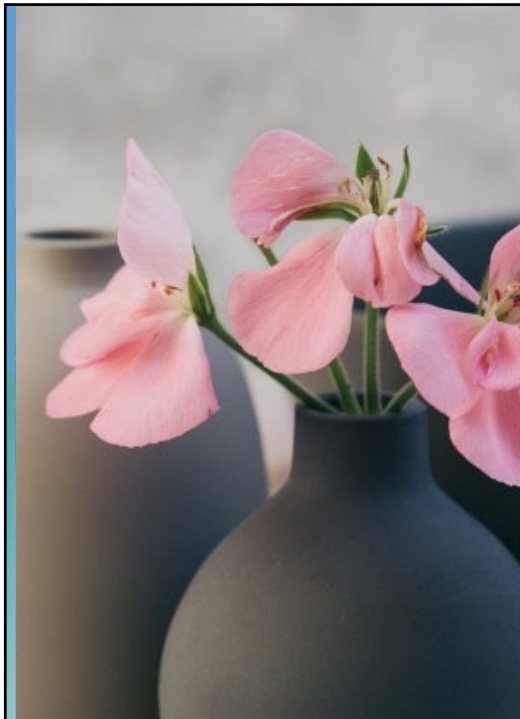


3.1 "Stop Calling Me Resilient": poster on lamppost in New Orleans. Courtesy of Candy Chang. This image is created by Taiwanese American artist Candy Chang.

- “We acknowledge that “resilience” and “self-care” have become triggering concepts during the pandemic, given that HCPs have often reported feeling abandoned by multisectoral leaders and often have **very little time or energy to devote to wellness.**”

Rosa, W. E., (2022)

19



## Change the paradigm.

- Don't need to “Immunize” against it.
- It is part of the the nature of this work.
- Of course we will be impacted.

20

# The Importance of Setting Self-Expectations

a.k.a. tackling the “Should’s”



21

## Why Are Self-Expectations Important?

### 1. Direction and Motivation

- Help clarify your goals and set realistic priorities for yourself
- Inspire action and persistence

### 2. Self-Awareness

- Encourages reflection on your strengths and weaknesses
- Promote a more realistic self-assessment

### 3. Personal Growth

- Drives our improvement and learning
- Help develop sustainability through challenges

22

## Positive vs Negative Expectations

### Positive benefits of setting expectations

- Provides realistic and challenging
- Encourages effort and growth
- Boost self-esteem

### Negative impact of setting expectations:

- Unrealistic or perfectionistic self gets in the way
- Cause stress or fear of failure
- Can reduce your confidence and motivation

23

## Tips for Setting Healthy Self-Expectations



01

Be realistic  
and specific

02

Focus on  
progress, not  
perfection

03

Revisit and  
adjust  
regularly

04

Celebrate  
small  
successes

**Voltaire:** *"The best is the enemy of the good."*

24

Set yourself  
up for  
success




25

## Self-Awareness: Why it is (always) important

- We must offer assistance that comes from a **genuine and empathic** place in ourselves;
- We should not visit our issues on our clients/families;
- Helps us be better clinicians;
- It happens all the time.
- It is our professional responsibility.



26




Managing Yourself | Why You Should Make Time for Self-Reflection (Even If You Hate Doing It)

Managing Yourself

## Why You Should Make Time for Self-Reflection (Even If You Hate Doing It)

by Jennifer Porter

March 21, 2017




# Article from Harvard Business Review

- Reflection boosts productivity
- Reflection is about careful thought
- Conscious consideration
- Analysis of beliefs
- Chance to pause amid the chaos
- Might not know how
- Don't like the results
- Bias towards action

27

“We simply can not be totally objective in our work”

(Katz, When Professionals Weep)

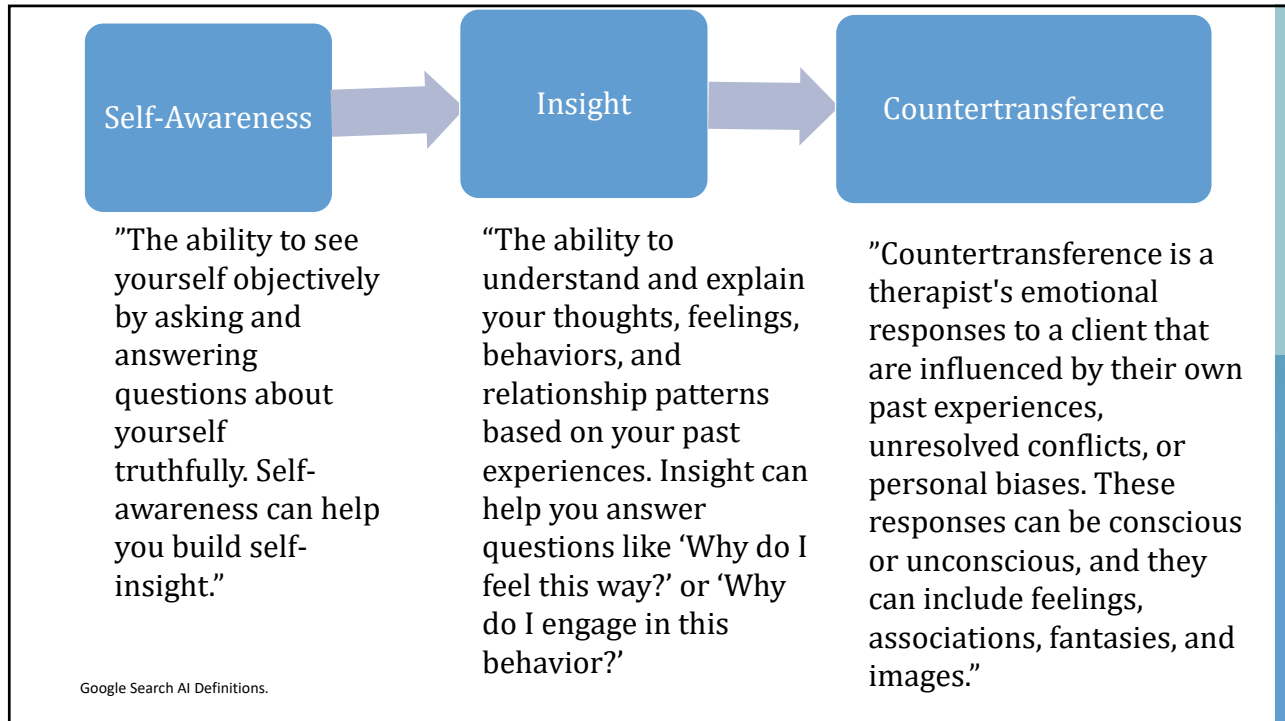


### The Truth

- “ To accurately understand what belongs to the patient, the helping professional must **first examine the contributions of his or her own psychological vulnerabilities**. This requires us to relinquish our omnipotent, perfectionistic, “professional” images and, instead, accept our humanity.”

Beitman, B.D. 1983.

28



29

## Defense Mechanisms: assists the ego in its efforts to resolve mental conflict

Useful ways to mitigate anxiety/threat - they defend us.

30

## Defense Mechanisms

Not only could affect be “dislocated or transposed” from ideas but also that affect could be “reattached” to. Other ideas (i.e. displacement).

1. They mitigate distress of emotions and ideas
2. They are unconscious (**invisible to the user**)
3. They are discrete from one another
4. They are dynamic and reversible
5. They can be adaptive, even creative, as well as pathological.

1894, Freud 5 properties.

1936 Anna Freud, The Ego and Mechanisms of Defense

31

## Don't open a door you can't close

“They don't get it”  
 “They aren't ready”  
 “They're suffering”



- Respect defenses
- Careful how we interpret emotions/behavior/words
- This is not our story, it is theirs

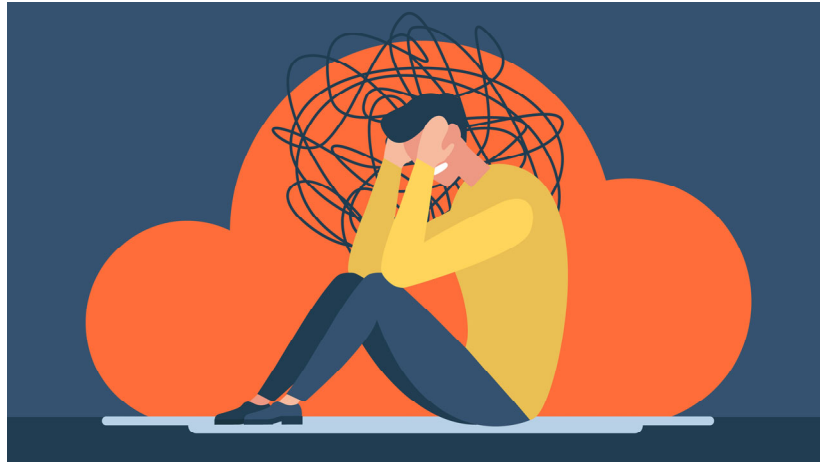


32

## Types of Countertransference

“The reaction to the patient’s condition or words emanating from the clinician’s own emotions and experiences.”

- Objective
- Subjective
- Diagnostic



Altilio 2021 p. 607

33

## Objective Countertransference



Everybody will have a reaction to a patient and family member -

**NORMAL**

- She reminds me of my grandmother

34

## Subjective CT

When subjective CT is triggered, clinicians may respond in ways that gratify their needs to recue and be needed or in ways that soothe their own suffering or emotional pain.



Katz, When Professionals Weep, 2016

35

## Case

### Example

88yo reminds you of your grandmother. You didn't get to say goodbye.  
You encourage the family to come and say goodbye.



## Case

### Example

44yo w/ hx of substance use, finding it difficult to feel motivated to change in order to improve health. You have a sibling who struggles with substance use.

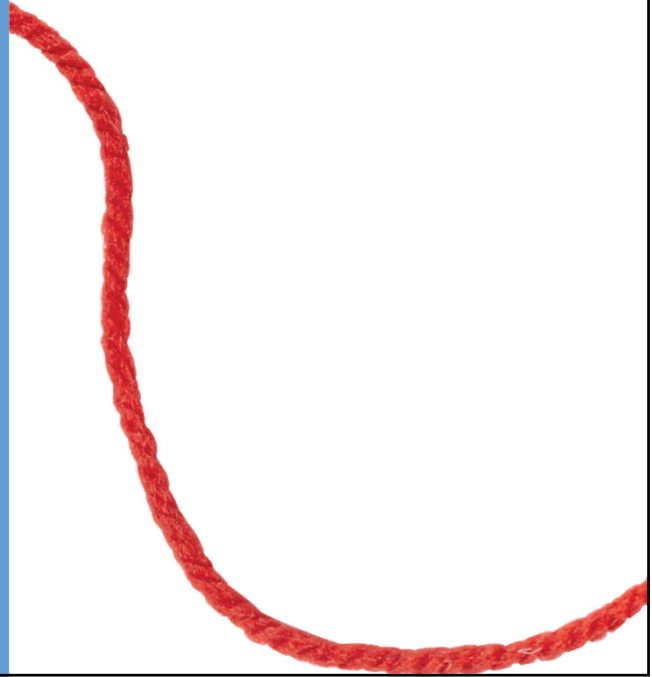
You start to feel resentful & angry with patient because they aren't taking responsibility. You start to avoid pt.



36

The object is not to eliminate countertransference, but to follow and understand it...so that we can more deeply know our patients without acting out our own issues”

When Professionals Weep: Emotional and Countertransference Responses to End of Life.  
Katz, R., Johnson, T 2006



37

## Key points

An abbreviation for the totality of our responses to our work – emotional, cognitive and behavioral – whether prompted by our patients, the dynamics incumbent to our helping relationships or by our own experiences.

- 1 Countertransference is a natural, appropriate and inevitable emotional response
- 2 It is a crucial source of information about the patient
- 3 It is the basis for empathy, compassion and a deeper understanding of both the patient and clinicians own processes
- 4 Countertransference responses can be complex, enormously subtle

38

## Why does this happen?

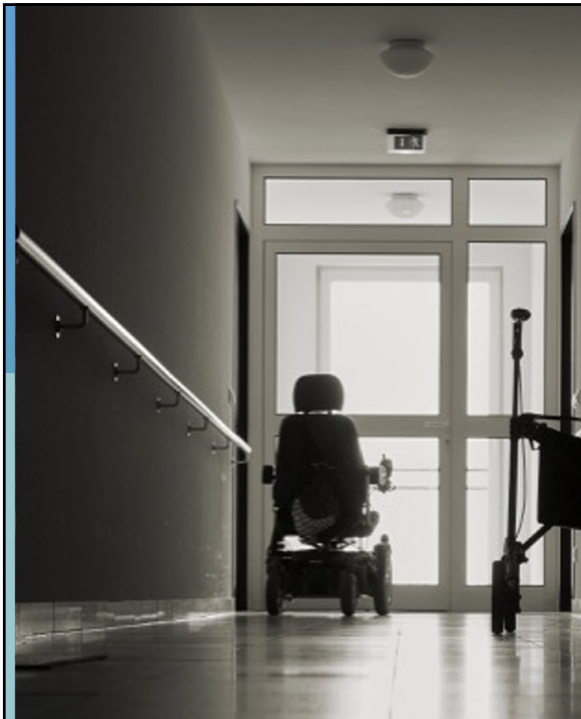
Natural to react to people's stories;

Our brain is always looking for connections;

Because we sometimes unconsciously assume that if we re-enact conflict, there is a good chance of it being resolved. We will be better off once our new experiences replace old painful memories.

Double-Edged Swords: Understanding Transference and Countertransference in Non-analytic Therapy  
by [Judith A. Schaeffer, Ph.D.](#)

39



## Truths we can agree on...

1. Everyone will experience some level of distressing feelings in this field of work
2. We cannot & should not avoid being impacted by this work
3. We have an obligation to "deal with" our issues that get triggered
4. We cannot continue to blame the individual for natural consequences of the work
5. We CAN learn to mitigate the harms
6. Social support is key for **resilience** sustainability
7. Self awareness (reflection) is key for **resilience** sustainability
8. The hierarchy in many institutions makes change difficult

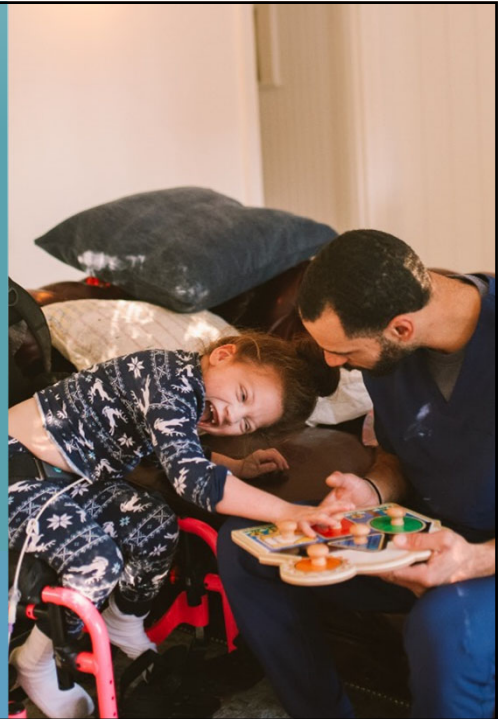
40

...the human soul does not want to be fixed, it wants simply to be seen and heard.

Parker Palmer, 1998

41

Strategies



42

## Strategies & Ideas for You, Your Team, Your Workplace



*in it for the long haul*

Together

43



## Pay Attention to Warning Signs



- We can only know how to help ourselves and each other if we know our reactions and own red flags.
- Likely experiencing many of these symptoms, fluctuating each day.
- Do they come and go? Stick around? Impair your functioning?

44



### Checking in....

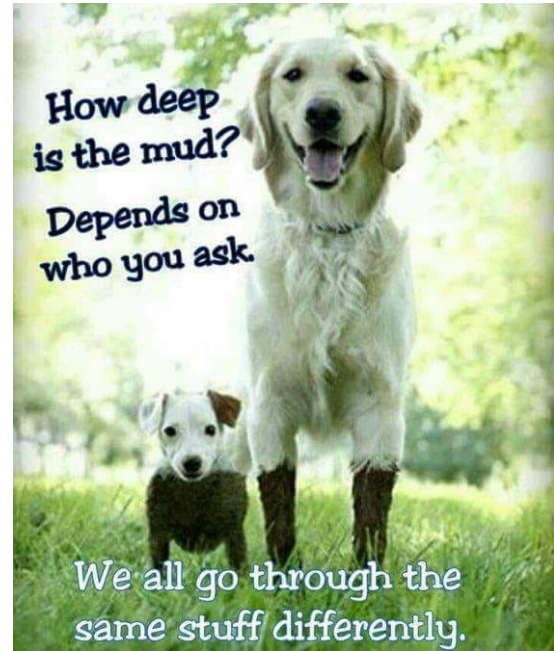
What state are you in right now?

#### Hyper arousal

- Anxiety
- Overwhelmed
- Angry
- Impulsive

#### Hypo arousal

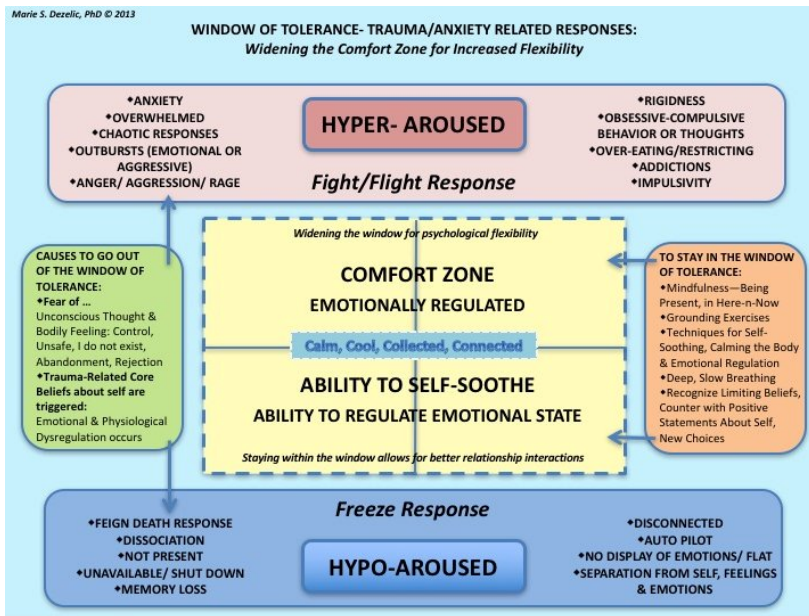
- Frozen
- Numb
- Non comital
- Shut down




45



### Widening your Window of Tolerance



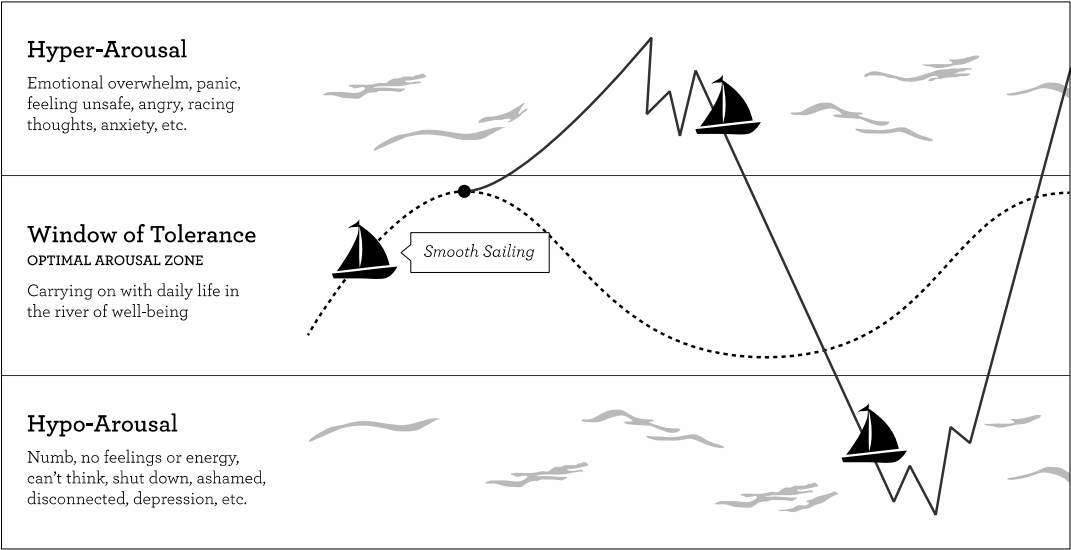
46



**Hyper-Arousal**  
Emotional overwhelm, panic, feeling unsafe, angry, racing thoughts, anxiety, etc.


**Window of Tolerance**  
OPTIMAL AROUSAL ZONE  
Carrying on with daily life in the river of well-being

**Hypo-Arousal**  
Numb, no feelings or energy, can't think, shut down, ashamed, disconnected, depression, etc.




Mindful Awareness  
Stabilization Training  
mast.stmichaelshospital.com

47



## In the moment strategies

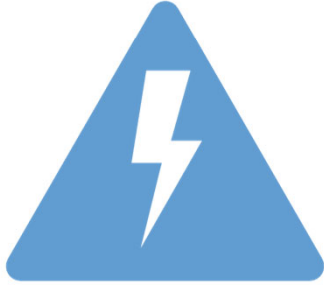
**Green zone**      **Yellow Zone**      **Red Zone**



Where are you right now? How do you know?

48

this is  
real life



- When do you feel in your orange zone?
- What does your Red zone look like?
- **How would someone else describe you in the red zone?**
- Do you normally IGNORE or MEDICATE?
- Where are you on the scale right now?

49

Look at what  
we choose to  
share:



What do you share?

- Why the details?
- What is necessary?
- What are the circumstances? (i.e. need to join quickly; crisis intervention; push a clinical issue to the front).



In whose interest?

- Assuaging anxiety
- Providing modeling
- Joining statement



50

## Reflection on Action: Ask Yourself

Am I behaving in some way that indicates a **personal-professional trigger point has been activated**?

### Behavioral Clues

- Losing patience
- Arriving late
- Changing the subject (silencing)
- Avoiding a patient
- Providing false assurances
- Tuning out

### Deeper Questions

- What is it about THIS person that is hooking me?
- Am I having similar feelings to those of the client?
- Am I more over-involved or disengaged?
- At which developmental stage do I feel when I'm with this client?

51

## Debriefings: Scheduled & Ongoing

Peer Facilitated Healthcare Provider Debriefings provide:

- Social Support
- Validation
- Normalization
- Institutional Caring
- Acknowledgement of difficulty of work



52

# Humility

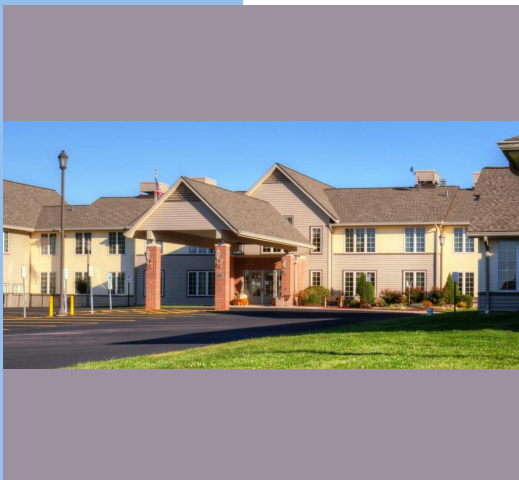
• “We simply cannot be totally objective in our work”

• ~Katz, 2016



• ~ Beitman, 1983.

53



Vickie Leff, MSW, LCSW, APHSW-C  
2026  
Vickie.leff@gmail.com

# Summary

- Identify what is normal – provide data.
- Shared responsibility with institution.
- Get rid of perfectionistic professional selves.
- Self awareness increases ability to sustain ourselves in this work.
- Debriefs offer social support.

54

## Exercise: In the face of pain



- Mary, a 69yo post mastectomy patient, had successfully battled recurrent breast cancer for 20 years. When she discovered another lump in her breast that was found to be malignant, she returned to her local cancer center for additional chemotherapy and radiation. With the onslaught of the new regimen, Mary became increasingly weak and debilitated. She would arrive at the center hunched over and would slowly and painstakingly drag herself to her “station.
- One afternoon, Mary wearily confided in Sarah, her nurse of many years: “It’s too much”, she whispered. “The nausea, the pain...it’s excruciating.” Then, turning away, she wept silently. “I’m just so tired. This is no way to live. I’m done, I’m not coming back”
- As her nurse and as someone who has developed a deep affection for Mary through all the years you’ve worked together, what might your initial impulse be?

55

## What might your initial impulse be?

1. Convince her that this pain is temporary, “Just give it a chance”.
2. Tear up and cry.
3. Analyze aloud the possible reasons for her distress.
4. “Discuss”/push the medical necessity of the chemo/radiation regimen (aka guilt trip her into continuing treatment).
5. Shut down emotionally. Become quiet.
6. Other?

56

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