






# Staff Wellness, Burnout, and Conflict Management in Long-Term Care

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# Objectives

By the end of this session, participants will be able to:

-  **Recognize** signs and symptoms of burnout and compassion fatigue in themselves and others.
-  **Demonstrate** effective conflict management strategies in resident, family, or coworker interactions.
-  **Develop** a personal plan to integrate at least one stress-management strategy into their daily work routine.

# Why This Matters

Direct care staff are the **heart** of every long-term care community.

Emotional labor, high workload, and repeated loss can lead to **compassion fatigue**.

Burnout impacts **resident care, staff retention**, and **team morale**.

 **Reflection Prompt:** What signs do you notice in yourself when you're emotionally drained?



# Defining Burnout

**Burnout** = Emotional, physical, and mental exhaustion caused by prolonged stress. **Key Signs:**

- Feeling detached or numb
- Frequent irritability
- Trouble focusing or sleeping
- Decline in empathy or motivation

# Compassion Fatigue vs. Burnout

	Compassion Fatigue	Burnout
Onset	Sudden emotional exhaustion after intense care situations	Gradual decline in motivation & engagement
Trigger	Often triggered by empathy overload	Often triggered by systemic stress (workload, hours)
Relationship to Work	Can exist even when loving the job	Often linked to feeling powerless or stuck

# Attachment Styles & Stress Response

Your **attachment style** influences how you handle workplace stress and relationships. Based on *Integrated Attachment Theory (IAT)* :

**Anxious:** Seeks reassurance; fears disapproval

**Avoidant:** Withdraws or over-controls when overwhelmed

**Fearful-Avoidant:** Alternates between connection and defensiveness

**Secure:** Balances emotion and logic; uses healthy communication

# How Attachment Shows Up at Work

## Anxious:

People-pleasing, overhelping, internalizing criticism

## Avoidant:

Detached, avoids vulnerability, values independence

## Fearful-Avoidant:

All-or-nothing responses; may misinterpret feedback

## Secure:

Sets healthy boundaries; asks for help when needed



# Small-Group Discussion

Think about your reactions when:

1. A coworker doesn't pull their weight.
2. A resident or family member criticizes your care.
3. You feel unappreciated.

→ Which attachment pattern might show up for you?





# Recognizing Core Beliefs (IAT)

From the **IAT Core Beliefs List** :

"I am not enough."

"I am unseen or unheard."

"I am trapped or stuck."

These subconscious beliefs can trigger stress responses and conflict. Our nervous system interprets threat — not logic — when we're emotionally triggered.

# Understanding Your Needs

From the IAT Tertiary Needs Framework:



**Connection:** Feeling seen,  
valued, appreciated



**Certainty:** Structure, safety,  
routine



**Significance:** Purpose, being  
needed, respected

**Question:** Which of these needs do you seek most on difficult days?

# Restoring Balance

Wellness is a **balance** of:



Even a 5-minute regulation break supports nervous system reset.

# Common Triggers in Care Settings

→ Family conflict or resident aggression

→ Feeling unheard by leadership

→ Loss of autonomy

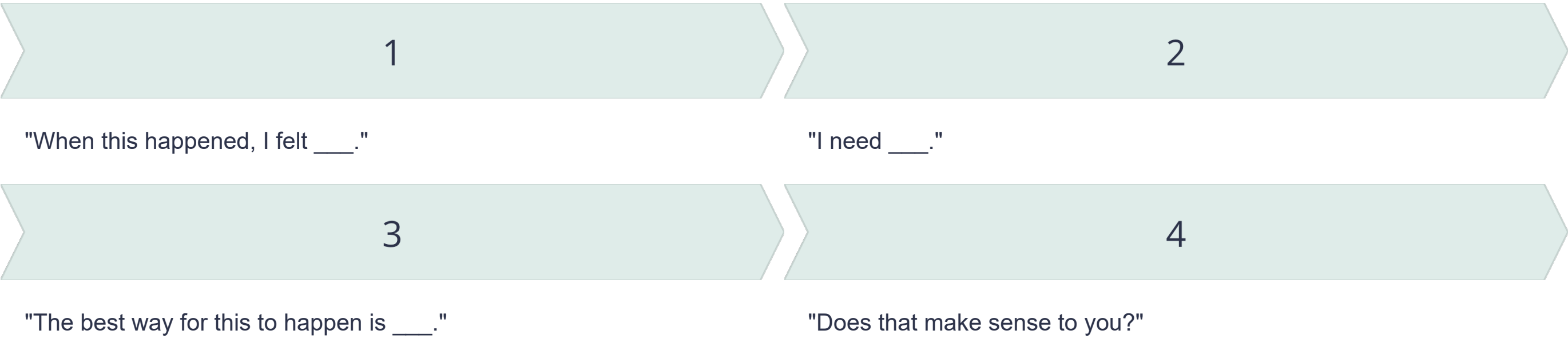
→ Guilt over missed care

→ Colleague tension

📌 Recognize: **Triggers are clues** , not flaws.

# Communication Under Stress

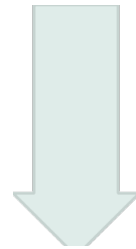
When dysregulated, communication becomes reactive. Try IAT's **Conflict Communication Steps** :



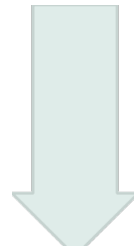


# Practicing "Expressing Needs"

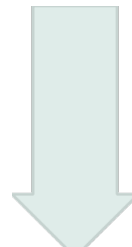
Use the "Positive Sandwich" method:



Start with appreciation ("I appreciate how hard we all work...")



Share the need clearly ("...I'd like clearer shift expectations.")



End positively ("...so we can all feel supported.")

# Conflict in Long-Term Care

## Common Scenarios:

- Staff –Family disagreements
- Resident –Resident interactions
- Interdisciplinary misunderstandings

## Effective response:



Stay regulated before responding



Validate feelings ("I can see this is frustrating...")



Re-center on shared goals: resident safety & dignity



# Attachment & Conflict Patterns

Style	Typical Response	Growth Opportunity
Anxious	Over-apologizes, avoids tension	Set boundaries, self -validate
Avoidant	Withdraws, minimizes	Practice vulnerability
Fearful -Avoidant	Reacts strongly, regrets later	Pause before responding
Secure	Open & balanced	Model healthy conflict repair

# Stress Management Strategies

**Physical:** Stretching, deep breathing, walking rounds

**Emotional:** Journaling, peer check-ins, gratitude lists

**Cognitive:** Reframing thoughts ("I can't fix everything, but I can help right now.")

**Social:** Humor, shared meals, brief grounding chats



# Building a Wellness Plan

- 1 Identify one **personal trigger**.
- 2 Choose one **regulation tool** (breathing, stretching, music, journaling).
- 3 Commit to one **boundary statement** this week.
- 4 Pair with a **peer accountability buddy**.

# From Surviving to Thriving



Connection > Isolation



Collaboration > Competition



Curiosity > Judgment

You can't pour from an empty cup —refilling is part of care .

# Reflection & Takeaway

📄 Prompt: What one mindset or boundary will help you stay grounded this week?

"Wellness isn't a luxury in long-term care — it's a leadership skill."

