

Compassion Fatigue and Burnout, One Institution's Interventions

*Esther Lee, MNP, MBA, RN, CEHL, JoAnn Daugherty, PhD, RN, CNL,
Kimberlee Eskierka, MBA, SHRM-SCP, Kathryn Hamelin, MA, AMFT, CCLS*

Compassion is a complex abstract concept and is generally perceived as an emotional reaction to another person's vulnerability and suffering that motivates an individual wanting the best for the one who is suffering. It is seen as a virtuous and an inherent quality of nursing care. Nurses are exposed to various work stressors caused by myriads of complex professional and organizational challenges. In response, some nurses have developed coping mechanisms exemplified by detachment and distance in the caring relationship, whereas others have fallen victim to compassion fatigue or burnout, stressors that may increase the risk for suicide. There is a direct cost to health care organizations when the staff begin to show signs of burnout and fatigue. It is incumbent on health care leaders to establish assistance programs to improve the quality of work life of caregivers, prevent and remove work stressors to reduce turnover, and retain talent.

Keywords: *compassion fatigue, burnout, absenteeism, suicide risk, interventions.*

© 2018 by American Society of PeriAnesthesia Nurses

COMPASSION IS GENERALLY acknowledged as an important attribute in caring and healing. The concept of compassion is most relevant to nursing because of nurses' role in the health care profession and their proximity to people in distress.¹ In her discussion of compassion and compassionate care, Schantz¹ uses a model case referencing the

screenplay "Wit" by Margaret Edson^{1 p53} in which she compares and contrasts the two types of care received by a cancer patient. An accomplished and demanding English professor in a famous Ivy League university is treated by a senior specialist. In the film, this scholar was accorded little sensitivity in the discussion about the prognosis of her illness. Similarly in the ward, she was treated with little respect and sensitivity by a resident who happened to be one of her former students.¹ On the other hand, the night-shift registered nurse (RN), the only staff member in the hospital with whom the professor had developed a close connection would comfort her and share with her intimate stories in addition to administering routine nursing care. The nurse also cried and laughed with her; cradled her body when she developed a violent reaction after a cancer treatment session, and the two would share cold refreshment in the aftermath.¹

This dramatization spotlights the differences of the two types of care given to a patient; one that is

Esther Lee, MNP, MBA, RN, CEHL, PeriAnesthesia Services, UC San Diego Health, San Diego, CA; JoAnn Daugherty, PhD, RN, CNL, PeriAnesthesia Services, UC San Diego Health, San Diego, CA, and School of Nursing, California State University, San Marcos, CA; Kimberlee Eskierka, MBA, SHRM-SCP, Department of Human Resources, UC San Diego Health, San Diego, CA; and Kathryn Hamelin, MA, AMFT, CCLS, Child Life Program, an affiliate of PeriAnesthesia Care, UC San Diego Health, San Diego, CA.

Conflict of interest: None to report.

Address correspondence to Esther Lee, UC San Diego Health, 200 West Arbor Dr., #8708, San Diego, CA 92103-8708; e-mail address: e19lee@ucsd.edu.

© 2018 by American Society of PeriAnesthesia Nurses

1089-9472/\$36.00

<https://doi.org/10.1016/j.jopan.2018.11.003>

cloaked in professional distance and the other imbued with sensitivity and compassion. Are the former caregivers exhibiting signs of compassion fatigue as exemplified by their dispassionate bedside manners? It has been posited that organizational stressors, in combination with prolonged exposure to increasing patient acuity, as well as routine and chronic human suffering may put health care professionals at risk of developing compassion fatigue and burnout.²⁻⁴

The first section of this article explores the various conceptualizations of compassion and compassionate care. Furthermore, compassion fatigue and burnout have been discussed in many health care publications. The issue of compassion fatigue and burnout is examined in the context of contemporary health care practice that is constrained by economics, social, political, and institutional factors. The authors share programs used by our institution to alleviate feelings of compassion fatigue.

Compassion and Compassionate Care

Compassion

What is compassion? Most authors point to the historical or biblical origin to find its root. Table 1 reviews a cross-section of the definitions and concepts of compassion.^{1,5-8} For this article, the definition from the Oxford English Dictionary as discussed by von Deitz and Orb was selected, "Compassion is a deliberate participation in another person's suffering and it has an affective dimension."⁶ p168

Compassionate Care

Schofield⁵ contends that compassionate care bears "altruistic, cognitive, quasi-religious and humanistic influences." It embodies "dignity and comfort" and various communication attributes.⁵ According to Schofield, *compassionate care* is now a National Health Service directive in United Kingdom. The Norwegian Nurses' Association in 2001 incorporated compassion as one of the fundamental values in their revised nursing code of ethics. The 2008 University of Pittsburg Medical Center bimonthly nursing newsletter (*Pathways to Excellence*) advocated compassion in nursing care.⁹ The publication states that caring is "feeling and exhibiting concern

and empathy for others or self" whereas compassion is a "sympathetic consciousness of others' distress together with a desire to alleviate it."⁹ p1 Caring promotes health, healing, adjustment to stress, and supports dignified death. The act of caring involves "critical thinking, clinical competency, compassion, respect, listening, and acceptance" and it is circular in motion, originated from self, to others, the communities, the environment, the earth, and the universe, affecting all life.⁹ p1 According to Koloroutis, cited by *Pathways to Excellence*,⁹ caring and compassion are inseparable twins and caring is based on compassion and sacrifice. Koloroutis argues that the finest nursing care is based on evidence-based practice and critical thinking with caring reassurance resulting in satisfaction of human needs as exemplified by Dr Jean Watson's Theory of Human Caring.⁹ Von Dietze and Orb⁶ argue that compassion is *intrinsic* to nursing care and that its spiritual quality gives it the *healing power* for those who suffer. These authors maintain that compassion is a chosen behavior given to a sufferer without any expectation for reward or punishment. Thus, compassion in nursing care is a moral choice by the caregiver to empower a patient, driven by "informed and altruistic decision to side with an issue of care."⁶ p170

Compassion Fatigue and Burnout

Bottorff et al as referenced in Kret's study¹⁰ of compassion and its effect on patients argue that "the compassionate caregiver echoes the sufferers' sentiment and shares in the suffering. In sharing other's suffering, the caregiver expresses compassion that strengthens and comforts the sufferer."¹⁰ p29 Nurses routinely expose themselves to the sick, the traumatized, and the pain and suffering of the patients under their care. In some circumstances this care must be provided under conditions of unsupportive management, nursing shortages, workplace culture that values professional distance with patients, inappropriate skill mix, unrealistic schedule, shortage of resources, and a poor working environment.¹¹⁻¹³

Studies of compassion fatigue identified the cause as a result of a progressive, cumulative process because of prolonged, intense, and continuous contact with patients in a high stress environment and the use of self.¹¹ Compassion fatigue is

Table 1. Selected Definitions and Concepts of Compassion

Author(s)	Definition	Key Concepts in the Author's Article
Schantz ¹	Compassion is an “internalized motivation of doing good which entails justice and work of mercy” ^{1 p50}	<ul style="list-style-type: none"> • Compassion is a contagious behavior like indifference and apathy
Schofield ⁵	Compassion is an emotion that manifests in the form of sympathy and sadness of having to witness the suffering of another person and results in a desire to alleviate that person's agony ⁵	<ul style="list-style-type: none"> • Author contends this definition parallels the Buddhist's philosophy that compassion is an ethical behavior imbued with “generosity and patience” accompanied by the desire to relieve another person's suffering^{5 p1}
Nussbaum (as cited in von Dietze and Orb ^{6 p168})	Compassion is an “essential bridge to justice” and that it embodies two elements: compassion as a link between as ourselves and others and our connection with the community ⁶	<ul style="list-style-type: none"> • Compassion represents a personal choice • It is an act of communicating to a suffering person with respect and understanding as to lessen his/her suffering
von Dietze and Orb ⁶ (citing Oxford English Dictionary)	Compassion is a deliberate participation in another person's suffering and that it has an “affective dimension” ^{6 p168}	<ul style="list-style-type: none"> • Compassion is a “moral choice” and it is difficult to “identify what comprises compassionate care”^{6 p166}
van der Cingel ⁷	Compassion rooted in theories of justice and virtue is triggered by suffering of another	<ul style="list-style-type: none"> • Compassion has its root in the Grecian theories of justice and virtue, Buddhist and Christian philosophical traditions, and nursing bioethics⁷ • Author further elaborates that Aristoteles (Aristotle) categorizes suffering as “death, physical injuries and disorders, old age, diseases, food deficiencies, repeated disasters and loneliness”^{7 p126}
Dewar ⁸	Compassion is the way we relate to another human being	<ul style="list-style-type: none"> • Being aware of another person's vulnerability • Finding solidarity with this person's misfortune is the hallmark of compassion

cumulative stress resulting from wanting to help or helping a suffering and traumatized person, but the inability of caregivers to alleviate this suffering results in feelings of professional futility and self-blame. In most situations, compassion fatigue is accompanied by the relational connections that a caregiver has developed with a patient and the patient's family.¹³⁻¹⁵ The process evolves from discomfort, stress, and eventually fatigue resulting in the loss of the restorative and recovery capability in the individual.^{11,16}

Compassion fatigue is generally understood to include two components “too tired to care and having to forgo compassion in an effort to protect oneself from despair.”^{17 p1,18} Kelly et al³ describe compassion fatigue as a combination of secondary

traumatic stress and burnout. Burnout is manifested as emotional exhaustion, depersonalization, and diminishing accomplishments in one's endeavors. Secondary traumatic stress is attributable to anxiety, pressure, and a constellation of negative feelings when a caregiver is helping and caring for someone who has experienced a traumatic event and suffering. Wu et al² elaborate that compassion fatigue and burnout are manifestations of two failed survival strategies. Compassion fatigue originates from a rescue-caretaking response, a natural response to alleviate pain and suffering, intrinsic to a caregiving profession. Its onset can be acute and insidious, long term, and not easily reversible without professional interventions. Conversely, burnout is environmentally driven, an “assertiveness-goal achievement response.”² The onset of

burnout is quick and its resolution usually resides in the removal of chronic job-related emotional and interpersonal stressors.^{2,4,18,19} Compassion fatigue and burnout negatively impact the personal and professional quality of life of caregiving professionals; it also compromises the quality of care provided to patients and families.^{2,20} In 2017, Sinclair's et al²¹ meta-narrative review of compassion fatigue summarized physical, psychological, behavioral, and spiritual signs and symptoms (Table 2).

To mitigate the effects of compassion fatigue, one must first be able to identify and measure it. The Professional Quality of Life 5 Survey is a widely used tool to measure the components of compassion fatigue known as burnout and secondary traumatic stress.²² In addition, the survey measures compassion satisfaction, the concept of work-related pleasure. The tool was developed in the late 1990s as a result of the combined efforts of Figley, Stamm, and Pearlman. These authors collaborated on research for many years to define the negative effects experienced by caregivers when caring for traumatized individuals. The goal is to measure both positive and negative aspects of caring and helping others. The survey has been translated into 24 different languages. It has high reliability and validity scores with numerous types of nursing professionals.

Case Example—Compassionate Care and Staff Support to Prevent Compassion Fatigue

The Child Life Program²³ at this Southern California Magnet certified academic medical center is dedicated to helping young patients to heal emotionally and physically from complex medical and psychosocial issues. The Certified Child Life Specialists support trauma, both burn pediatric patients and the children of the adult trauma, and burn patients. This program helps children cope with the trauma relating to imminent loss or loss of close family members because of severe illnesses or injury. In addition, in circumstances associated with the child's own mild, severe, and/or life-threatening burn injuries Specialists provide developmentally appropriate interventions, support, preparation, and education.

Since the Child Life Program's introduction to the burn center, it was clear that the nurses who care for pediatric burn injuries worked through incredibly challenging and emotionally taxing cases to provide the best possible care to the children served. Although patient care never suffered, morale on the burn unit showed a negative impact on nurses.

The idea of creating biannual Burn Survivor events was born of the need to help survivors find

Table 2. Manifestations of Compassion Fatigue in Health Care Workers

Physical	Behavioral	Psychological	Spiritual
<ul style="list-style-type: none"> ● Exhaustion ● Insomnia ● Compromised immunity ● Somatization ● Headaches ● Stomach aches ● Sleep disturbance ● Fatigue ● Emotional exhaustion ● Hypochondria 	<ul style="list-style-type: none"> ● Increased alcohol intake ● Anger and irritability ● Strained personal relationships ● Absenteeism ● Attrition ● Avoidance of patients ● Impaired clinical decision making ● Compromised patient care 	<ul style="list-style-type: none"> ● Emotional exhaustion ● Relational distancing ● Negative self-image ● Depression ● Reduced ability to feel sympathy and empathy ● Cynicism ● Resentment ● Professional helplessness ● Diminished enjoyment/career satisfaction ● Irrational fears ● Intrusive imagery ● Avoidance 	<ul style="list-style-type: none"> ● Lack of spiritual awareness ● Disinterest in introspection ● Poor judgment ● Decrease in discernment

Adapted from Sinclair et al.²¹

connection, share their stories, and learn to face their lives with confidence. The decision was made to use burn nurses as chaperones. This was intended to help the nurses see firsthand the living outcomes of their work. The nursing staff would get to see the patients be kids again and realize that for most of the patients, with proper support, there is a potential for a happy ending. This project could serve as both a solution to one identified problem (patients' need to connect) and a working prevention model for another (nurses' compassion fatigue).

The inaugural trip in 2010 saw 15 burn survivors, 7 nurses, the child life specialist, and 2 child life interns go to Disneyland. The children could be children, have new experiences, build community, and grow more comfortable in their own skin, and the nursing staff had the opportunity to make peace with the reality of their work. The nurses could see firsthand that while not every patient story has a happy ending, children are resilient. Through this program, nurses could see themselves as part of that network of caring adults.

Since the project's creation, 14 trips to locations around southern California have been executed, each trip chaperoned by the Burn nurses who once cared for the children. To date the University of California (UC) San Diego Health Child Life Program has provided 220 children with the opportunity to meet and garner support from other survivors and over 40 nurses the opportunity to make connections and reconnect with their purpose as care providers to an often heartbreaking and exhausting patient population.

Compassion Fatigue Cost to Health Care Organizations

The Compassion Fatigue Awareness Project has studied the impact of compassion fatigue on organizations. "When Compassion Fatigue hits critical mass in the workplace, the organization itself suffers. Chronic absenteeism, spiraling Worker's Comp costs, high turnover rates, friction between employees, and friction between staff and management are among organizational symptoms that surface, creating additional stress on workers."²⁴ Some of the organizational symptoms of compassion fatigue as cited by the Compassion Fatigue Awareness Project are high absenteeism, constant

changes in coworkers' relationships, inability for teams to work well together, desire among staff members to break company rules, outbreaks of aggressive behaviors among staff, inability of staff to complete assignments and tasks, inability of staff to respect and meet deadlines, negativism toward management, strong reluctance toward change, inability of staff to believe improvement is possible, and lack of a vision for the future.²⁴ In addition to these symptoms, compassion fatigue leads to an increase in stress-related and anxiety-related workers' compensation and short-term disability claims, an increase in leave usage, and higher levels of turnover. Although many of these symptoms are difficult to quantify, others carry easily identifiable costs to an organization.²⁵

According to the 2016 National Healthcare Retention & RN Staffing report,²⁵ the average cost of turnover for an RN ranges from \$37,700 to \$58,400, and the turnover statistics for bedside RNs continues to rise. In 2015, the turnover rate was 17.2%. If a typical organization has 1,000 nurses, it can anticipate a turnover cost of over \$7,000,000 assuming a cost near the mid-range. Furthermore, there are daily and yearly costs associated with burnout, and this can be seen in increased absenteeism. According to the Bottom-Line Killer,²⁶ a publication of the workforce solution company Circadian, unscheduled absenteeism costs roughly \$3,600 per year for each hourly worker and \$2,660 each year for salaried employees. In addition, the Gallup-Sharecare Well-Being Index has estimated that as of 2013, the annual cost of lost productivity because of absenteeism in nursing in the United States is \$3.6 billion.²⁶

Interventions and Services—Case Example: UC San Diego Health

Loss prevention strategies and interventions include establishing employee assistance program (EAP), counseling, and life skill education to empower nursing staff with useful information to enable them to cope with work stressors, develop self-care skills, and develop protective measures.¹¹ Coetzee and Klopper¹¹ argue that it is important that nurses learn to care for themselves while being devoted to caring for the health and well-being of patients. Only when "we first care for and respect ourselves, we are better equipped to

care for others with equal level of respect and compassion.”⁹ p⁴

UC San Diego Health, like other large complex health care organizations, is continuously exploring offerings to support our employees. There is no one formula for what employees need. Generational and social differences can impact what is truly meaningful to various employment populations. Therefore, it is beneficial to survey employees to determine what they value the most. In addition, it is important to determine measurable desired outcomes and monitor the offerings to see if they are working as anticipated. Some of current offerings in our institution include flexible work schedules, daycare and babysitting resource program, elder care resource site, lactation facilities, and wellness and mindfulness classes. The EAP includes resources to support work-life balance, on-demand resources for time management, financial fitness, estate planning, and retirement planning in addition to the mental health resources. An easy and popular program that supports employees with a minimal budget impact is a robust employee discount program. The organizational leadership recognizes the importance of celebrating employment milestones with employees through anniversary pins, luncheons, and dinners. In addition to the work-life balance offerings, the organization offers programs to support employees through events that are particularly emotionally distressing. There are crisis intervention resources that can be deployed to support staff after impactful patient and coworker-related events.

A unique program offered by our facility is the Healer Education and Referral (HEAR) Program for Nurses.²⁷ This program developed as a suicide prevention measure first for physicians and now for nurses based on the recognition that “when stressors exceed coping abilities of someone suffering from a mental condition”¹⁹ p⁸⁵ suicide may be a result. Although compassion fatigue and burnout may not be direct precursors of suicidal ideation, we thought this novel program deserved mention as the mental distress that may accompany compassion fatigue, burnout, and suicide may be intertwined. The HEAR program provides a series of educational presentations providing education on burnout, depression, and suicide. HEAR counselors are available to review the screening tool and follow up with each respon-

dent. The program counselors reach out to staff and do not wait for staff to self-report their concerns to the EAP. The HEAR program complements but does not alter or replace EAP. After 6 months, 7% (n = 172) of the nursing staff had completed a questionnaire related to suicide risk. Of these respondents, 74 (43%) were high risk for suicide; 19 (11%) had attempted suicide in the past. The program “has proven effective and feasible with nurses having received counseling and 17 have been referred to treatment who may not have sought treatment on their own.”¹⁹ p⁹²

Conclusions

Compassion is a complex abstract concept with varied interpretations among philosophers and researchers. Compassion is seen as a virtuous and an inherent quality of nursing care. Compassionate care research illuminates much variability in patients’ perception of compassion in nursing practice.

Nurses are exposed to various work stressors that may be enhanced by a myriad of challenging and complex professional, management, technology, and budgetary issues. In response, some nurses have developed coping mechanisms exemplified by detachment and distance in the caring relationship. Others have fallen victim to *compassion fatigue*, including burnout, thus affecting their ability to deliver effective care. Davidson et al¹⁹ found work-related stressors that increase the risk for suicide are some of the same stressors inducing compassion fatigue. More research is needed to determine the correlation between compassion fatigue and suicidal ideation.

It is incumbent on health care leaders to establish assistance programs such as the one described here. Furthermore, leaders should promote building peer support networks among all nurses to alleviate the emotional burden of caregivers and to stem this deleterious effect on compassion in a profession already suffering from nursing staff shortage and fatigue. Establishing these programs benefits the nurses and the employer. Although compassion is an abstract concept, it is very clear that there is a direct and real cost to the organization when the staff begin to show signs of burnout and/or secondary traumatic stress as is seen with compassion fatigue.

References

1. Schantz ML. Compassion: A concept analysis. *Nurs Forum*. 2007;42:48-55.
2. Wu S, Singh-Carlson S, Odell A, Reynolds G, Su Y. Compassion fatigue, burnout, and compassion satisfaction among oncology nurses in the United States and Canada. Paper presented at: *Oncol Nurs Forum*. 2016;43:E161-E169.
3. Kelly L, Runge J, Spencer C. Predictors of compassion fatigue and compassion satisfaction in acute care nurses. *J Nurs Scholarsb*. 2015;47:522-528.
4. McHugh MD, Kutney-Lee A, Cimiotti JP, Sloane DM, Aiken LH. Nurses' widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care. *Health Aff*. 2011;30:202-210.
5. Schofield B. Concept analysis—compassion in nursing. Available at: http://www.rcn.org.uk/_data/assets/pdf_file/0011/445817/Research2012Mo16.pdf; 2012. Accessed January 2, 2013.
6. von Dietze E, Orb A. Compassion care: A moral dimension of nursing. *Nurs Inq*. 2000;7:166-174.
7. van der Cingel M. Compassion and professional care: Exploring the domain. *Nurs Philos*. 2009;10:124-136.
8. Dewar B. *Caring About Caring: An Appreciative Inquiry About Compassionate Relationship Centred Care*. Scotland: Edinburgh Napier University; 2011.
9. University of Pittsburgh Medical Center (UPMC) Nursing. Caring and compassion. Caring for patients. Caring for self. *Pathways to Excellence*. 2008(July):1-5. Available at: <https://www.upmc.com/-/media/upmc/careers/nursing/documents/pathways-to-excellence-2008-07.pdf?la=en&hash=43718F4F5B6E870387890A4B35A20B7AC496EA46>. Accessed January 31, 2019.
10. Kret DD. The qualities of a compassionate nurse according to the perceptions of medical-surgical patients. *Medsurg Nurs*. 2011;20:29-36.
11. Coetzee SK, Klopper HC. Compassion fatigue within nursing practice: A concept analysis. *Nurs Health Sci*. 2010;12:235-243.
12. Duffield C, O'Brien-Pallas L. The causes and consequences of nursing shortages: A helicopter view of the research. *Aust Health Rev*. 2003;26:186-193.
13. Burrige LH, Winch S, Kay M, Henderson A. Building compassion literacy: Enabling care in primary health care nursing. *Collegian*. 2017;24:85-91.
14. Boyle DA. Countering compassion fatigue: A requisite nursing agenda. *Online J Issues Nurs*. 2011;16:2.
15. Jakel P, Kenney J, Ludan N, Miller PS, McNair N, Matesic E. Effects of the use of the provider resilience mobile application in reducing compassion fatigue in oncology nursing. *Clin J Oncol Nurs*. 2016;20:611-616.
16. Moss M, Good VS, Gozal D, Kleinpell R, Sessler CN. A critical care societies collaborative statement: Burnout syndrome in critical care health-care professionals. A call for action. *Am J Respir Crit Care Med*. 2016;194:106-113.
17. Kleiner S, Wallace JE. Oncologist burnout and compassion fatigue: Investigating time pressure at work as a predictor and the mediating role of work-family conflict. *BMC Health Serv Res*. 2017;17:639.
18. Duarte J, Pinto-Gouveia J, Cruz B. Relationships between nurses' empathy, self-compassion and dimensions of professional quality of life: A cross-sectional study. *Int J Nurs Stud*. 2016;60:1-11.
19. Davidson JE, Zisook S, Kirby B, DeMichele G, Norcross W. Suicide prevention: A Healer Education and Referral Program for nurses. *J Nurs Adm*. 2018;48:85-92.
20. Mooney C, Fetter K, Gross BW, Rinehart C, Lynch C, Rogers FB. A preliminary analysis of compassion satisfaction and compassion fatigue with considerations for nursing unit specialization and demographic factors. *J Trauma Nurs*. 2017;24:158-163.
21. Sinclair S, Raffin-Bouchal S, Venturato L, Mijovic-Kondejewski J, Smith-MacDonald L. Compassion fatigue: A meta-narrative review of the healthcare literature. *Int J Nurs Stud*. 2017;69:9-24.
22. Stamm B.H. *The Concise ProQOL Manual*, 2nd ed. Pocatello, ID: Proqol.org; 2010.
23. University of California San Diego Health. Child Life Program. Available at: <https://health.ucsd.edu/patients/yourhospitalstay/Pages/child-life-program.aspx>. Accessed March 16, 2018.
24. Smith PF, Smith D, Webmaster. The Compassion Fatigue Awareness Project...where healing begins. In: *Recognizing Compassion Fatigue*. 2017.
25. NSI Nursing Solutions. *National Healthcare Retention & RN Staffing Report.16*. Available at: <https://avanthealthcare.com/pdf/NationalHealthcareRNRetentionReport2016.pdf>. 2016. Accessed August 11, 2018.
26. Circadian WS. *Circadian, Shift Work and Absenteeism: The Bottom-Line Killer* (Multiple). Available at: <http://circadian.com/component/k2/item/43-shift-work-absenteeism-the-bottom-line-killer.html?Itemid=300>. Accessed August 11, 2018.
27. UCSD Medical Center. *HEAR Program (Healer Education, Assessment and Referral) Teaching*. San Diego, CA: UCSD Health Sciences; 2017:1.