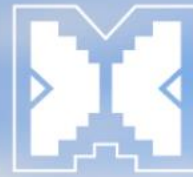


Restoring
Purpose &
Meaning
Renewal,
Advocacy and
Compassion
Satisfaction

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Objectives

Gain Practical Tools and Strategies to:

1. Explain the concept of compassion satisfaction and its relationship to moral distress and burnout.
2. Identify organizational practices that support renewal, advocacy, and meaning in primary care settings.
3. Discuss how collective voice and advocacy contribute to restoring meaning and professional sustainability within constrained systems.
4. Select at least one renewal or advocacy practice adaptable to their own CHC or primary care environment.

Self Reflection

What gives you meaning and what most sustains you in your work day?

- My primary source of meaning is...
- One reason it matters is...
- One factor that threatens it is...

Why This Matters Now

- Primary care continues under clinical, operational, and moral strain
- Burnout and moral distress threaten:
 - Workforce stability
 - Quality of Care
 - Community Trust
- 300-400 physicians die of suicide each year.
- Sustainability requires more than resilience, it requires renewal. Burnout is not a deficiency, it is a systems failure.



The Current State of Primary Care

- High administrative burden
- Productivity pressures
- Access challenges
- Emotional toll of caring for vulnerable populations

Key Concepts

Burnout

→ Emotional exhaustion, depersonalization, reduced accomplishment



Moral Distress

→ Knowing the right thing but being unable to do it

Compassion Satisfaction

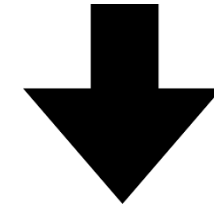
→ The fulfillment derived from helping others and doing meaningful work



Compassion Satisfaction- The Missing Link

Compassion Satisfaction is

- The fulfillment derived from helping others
- The sense that “my work matters”
- A protective factor against burnout
- It’s not the absence of stress, it is the presence of meaning



Compassion Satisfaction vs Burnout

Burnout:

**Emotional
exhaustion**

Moral Injury

Isolation

Powerlessness



Compassion Satisfaction:

Emotional fulfilment

Moral Alignment

**Connection & shared
purpose**

Advocacy and voice

Scenario #1

- Dr. X is a primary care provider who has been working in a community health center for several years. She is deeply committed to her patients, but recently feels emotionally exhausted, frustrated by operational constraints, and discouraged by a sense that her work is never “enough.” The joy she once felt from helping others feels distant.
- What specific actions could leaders take to shift this experience from one of depletion to one that restores meaning and purpose?

Renewal: A Leadership Responsibility

Renewal requires:

- Intentional pause and reflection
- Structure that reconnect staff to why they entered primary care
- Organizational permission to prioritize meaning
- Renewal is not individual self care alone, it's designed into the system

MCHC Burnout Plan

- Prescription refill improvement
 - Pre-visit lab testing
 - Improved inbox management
 - Updated patient portal
 - Enhanced use of support staff
 - Investment in AI and technology
 - “STAT” to improve patient flow and efficiency
 - Changes in post visit planning
- Clinical Psychologist
 - Provider retreats
 - Team building
 - 4-10 work schedule
 - Wellness committee
 - Mini-Z survey

Organizational Practices that Promote Renewal

- Protected time for team connection
- Team based care reflection after difficult outcomes
- Recognition tied to values, not just productivity
- Wellness activities and leadership visibility
- Narrative sharing (patient stories)
- Workflow redesign to reduce friction
- Leadership visibility and listening

Real- World Example

- Implemented provider shadowing and debriefs
- Identify friction points and “pebble in shoes”
- Provider wellness check-ins
- When clinicians have a voice:
 - Moral distress decreases
 - Trust in leadership improves
 - Retention and engagement increases
- Collective voice shifts clinicians from passive recipients to active partners

Advocacy as a Source of Meaning

Advocacy:

- Reconnects clinicians to mission and community
- Moves clinicians from powerless → empowered
- Transforms frustration into collective action
- Advocacy is a renewal pathway, not an added burden

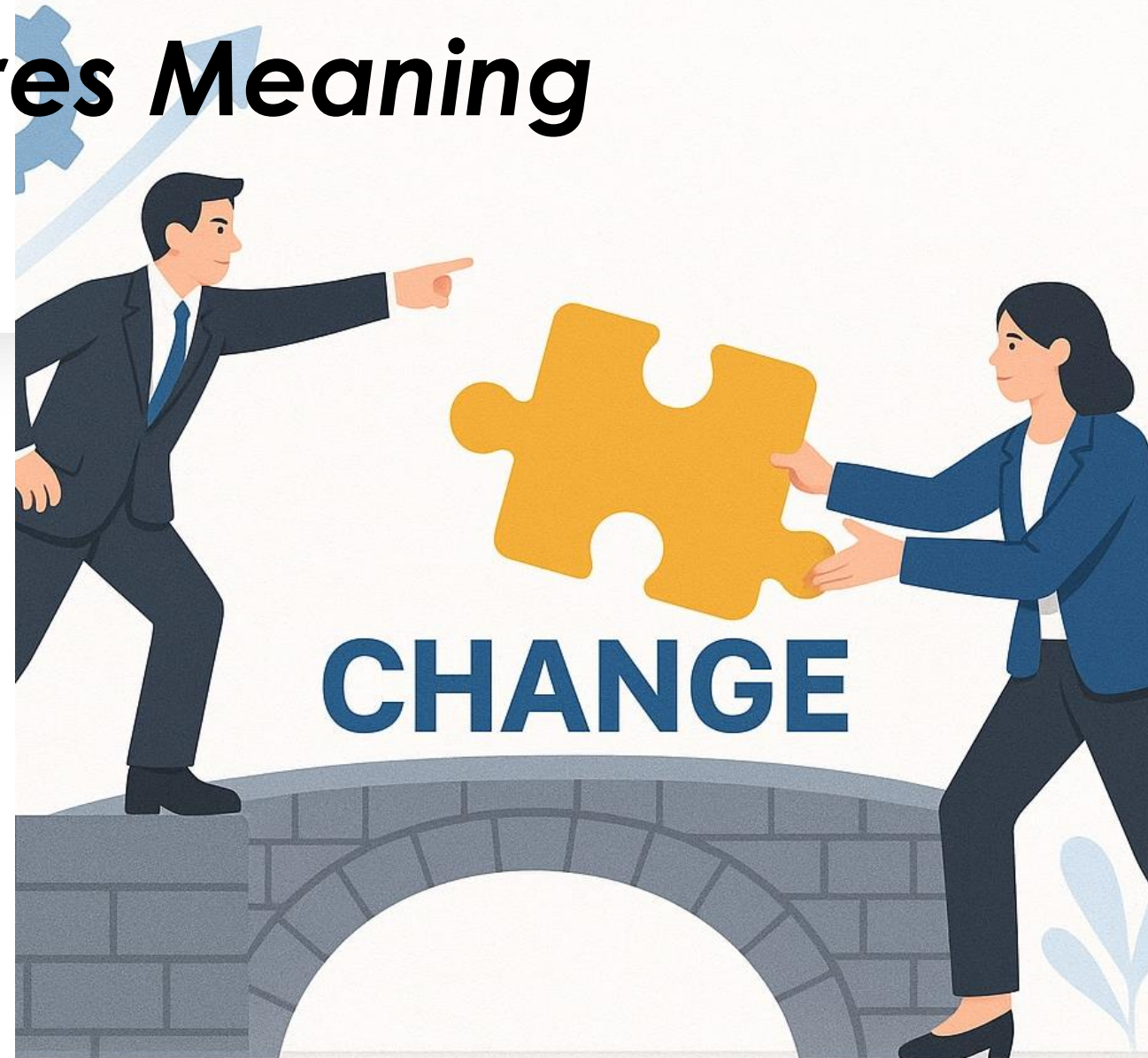
Advocacy in Action

- Engaging leadership with frontline realities
- Participating in committees
- Partnering with community organizations
- Addressing social drivers of health



Why Advocacy Restores Meaning

- Aligns work with values
- Creates tangible change
- Strengthens connection to community
- Reinforces purpose beyond productivity



Public Policy and Advocacy



Scenario #2

A primary care provider repeatedly sees patients harmed by barriers outside the clinic's control—housing instability, gaps in coverage, medication access. Over time, the provider feels frustrated and powerless.

- How can leaders create opportunities to engage in advocacy?
- What can leaders do to ensure advocacy restores rather than adds burden?

Barriers to Renewal

- Time constraints
- Change fatigue
- Competing priorities
- Lack of leadership alignment

Overcoming Barriers

- Start small
- Embed into existing workflows
- Engage champions
- Align with organizational goals

Examples of Actionable Change

- Start meetings with a patient impact story
- Implement a monthly reflection session
- Create structured provider feedback channels

Reflection

What is one renewal or advocacy practice that you will implement in the next 30 days?



Summary



Burnout is not solved by resilience alone



Compassion satisfaction is essential



Renewal requires intentional design



Advocacy restores meaning



Small changes can have a large impact



Questions

