

## CARING FOR ONESELF AS A HEALTH CARE PROFESSIONAL

- To provide outstanding end of life care, it is critical for health care professionals to be aware of their own responses to this work, including their responses to its stresses and strains
- Health care professionals working with seriously ill individuals will likely experience multiple losses of their patients during the course of their careers along with the losses that they will experience in their personal lives
- Special stresses of work in end of life care
  - Awareness of loss and our own losses
  - Awareness of our own mortality
  - Experience of existential anxiety
  - Experience of multiple losses and accumulating grief (bereavement overload—Kastenbaum, 1969)
  - Reminders of our own difficult or traumatic loss experiences contributing to reexperiencing of this trauma
  - Awareness of the limitations of medicine as well as our own limitations as caregivers
    - Threats to feelings of self-control, mastery, and self-esteem
    - Feeling of disillusionment with the uncomfortable, unbeautiful realities of death
  - Lack of organizational and professional support for the grief of health care professionals

**One Fellow's Story...** Robert completed his fellowship in medical oncology at a prestigious institution. He was highly respected by both his peers and the faculty. His patients admired him and loved working with him. In the last year of his fellowship, a number of Robert's patients had progressing disease and ultimately died. Over the course of his fellowship experience, he had developed close relationships with several of his patients and their families during their lengthy treatments. One of these patients was a young woman in her twenties. After spending time with this woman's husband and family on the day she died, Robert returned to clinic but found that he was unable to hold back his tears and was unable to work. A faculty member in clinic that day commented that Robert would have to learn to "get over it" if he was going to continue in this profession.

**Perspective...** With increased opportunities for end of life care education, recently, there may be greater acceptance of the grief of health care professionals and fewer responses of "get over it" to the tears of students, residents, fellows, and colleagues.

Is there a risk that Robert could experience burn out in his profession? What are the mitigating factors? What are other ways that Robert could take care of himself during his last year of fellowship?

### What is Burnout?

- Occurs when stress is prolonged
- Coping resources are exhausted
  - Physically and emotionally spent
  - Cynical attitudes
  - Withdrawal from patients
  - Work becomes ineffective

### Ways that Health Care Professionals Working With Dying Persons Can Care for Themselves to Avoid Burnout (adapted from Rando, 1984)

- Allow time and places for health care professionals to express their grief
  - Quiet room for staff
  - Memorial services
  - Encouraging time off for rest and recreation
- Provide formal and informal time for staff to debrief after a death
  - Formal debriefing
    - Support conference (focused on staff needs and caregiver concerns about work)
    - Closure conference (focused staff feeling about a particular patient who has died or left the care unit and with whom they have developed a close relationship)
  - Informal meetings

- Promote an environment of care where colleagues respect the need to express grief and understand that the expression of grief is critical to the well-being of health care professionals working in end of life care
- Build relationships with supportive colleagues who will listen to concerns and accept the expression of grief
- Develop self-awareness of the impact of stress and energy available for work
  - Understand one's own energy levels and limits
  - Develop assertiveness in work situation so that work beyond one's limits does not occur
  - Learn to request assistance without guilt
  - Develop an appreciation for one's own abilities, rather than comparing one's self to others who may have different needs or circumstances
- Schedule regular time off for vacations
- Participate in continuing education activities
- Create home environment that allows for rest and renewal
- Develop awareness of personal attitudes and beliefs about dying and death and end of life care
  - What expectations do you have for yourself in caring for dying persons and their families?
  - How would you define success in your work with dying persons and their families?
- Work as a part of a team, if possible, to allow for coverage when taking time off
- Attend to own physical, psychological and social needs
  - Nutrition
  - Exercise
  - Sleep
  - Sex
  - Affection
  - Time with others
- Make time for creative and restorative activities
  - Art, music, dance, performance, theatre, movies
  - Meditation—formal and informal (walk in the park, hot bath)
  - Relaxation techniques
  - Massage
  - Yoga
  - Nature
  - Sports
  - Crafts
  - Reading
  - Classes
- Recognize end of life care situations that are particularly stressful and seek support and guidance
  - Ethical concerns—seek consultation from ethics team
  - Legal considerations—seek advise and support from legal council
  - Psychological concerns
    - Seek formal therapy or consultation from psychologist, social worker, psychiatrist
    - Develop informal collaborative relationships with mental health care professionals

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