SELF CARE IN END OF LIFE CARE

The vast majority of healthcare staff are people who are highly motivated to care for others. This predisposition, and the nature of care work itself, mean that particular attention is needed if staff are to avoid compassion fatigue and burnout. Compassion fatigue has been likened to over-caring, or caring too much. It is often characterised by an inability to switch off, by intrusive thoughts or dreams about work, by avoidance and ‘not wanting to go there again’, and by irritability. If we do not attend to it, and especially if it is accompanied by overwork, it can lead to burnout, which is a defensive reaction and which is characterised by emotional exhaustion, detachment (not caring at all), powerlessness, and cynicism. None of these feel good and none of these are good for the staff member or for the residents/patients.

If you are working with residents and families facing death and dying, it is useful to remind yourself of the following:

- You are not immune to grief
- You need to take care of yourself in order to be effective and resilient in this work
- You need to be aware of your own approach to loss and what you get out of it
- You need a safe place to process your own feelings
- You need to have a sense of what helps you to stay healthy and committed to this work.

There are many ways in which you can attend to your self care. A good way to start is to appreciate that we are multi-dimensional and that care—for us and for residents—is best practised when it works across all of these different dimensions.

The diagrams here suggest a number of different dimensions of self care, and we can work on some or all of these at any one time. In addition, there are several more suggestions overleaf as to how we can increase our care of ourselves.
SOME SUGGESTIONS FOR SELF CARE

- As you walk from your car to your workplace or through the corridors of your workplace, attend carefully to the sensation of contact between your feet and the ground.
- Set your watch or telephone alarm for midday each day. Use this as a prompt to centre or ground yourself in the here-and-now e.g. take 4 deep slow breaths, think of a loved one, recite a favourite line or poetry, prayer or a verse of song.
- Call a ‘time out’ (usually, a few minutes is enough) as a way of dealing with emotional flooding after a traumatic event—for example, tell your colleagues that you need to take a five-minute walk or break.
- Stop at a window in your workplace and notice something in nature—consciously give it your attention for a few moments.
- Before going to the next resident, pause and bring your attention to the sensation of your breathing for 2 to 5 breaths.
- Don’t go without food or fluid.
- Stay connected to the outside world during the day, e.g. phone home or check in with loved ones.
- Use hand hygiene activities as meditative rituals.
- Deliberately make connections during the day with colleagues, residents and families and, where possible, use humour.
- Keep a notebook and write ‘field notes’ on traumatic or meaningful encounters and events.
- Deliberately develop a role-shedding ritual for the end of the day—for example, changing out of work clothes, using the drive home from work to sing, taking five minutes on the way home to breathe some fresh air, listening to music or audiobooks, etc.
- Give yourself permission to do what you need to do to look after yourself, to care for yourself.
- Allow yourself to dance in and out of grief—as the diagram alongside suggests, people who work in healthcare move from periods of engaging with grief to times of detaching from it. How this is handled will depend on your values and beliefs about what is ‘right’ in grief, as well as on the culture and norms of your workplace.

![Diagram: The Grief Process for Health Professionals]


SOME SUGGESTIONS FOR TEAM CARE

- If you don’t already have team meetings, start them! Use them to talk to your colleagues about the rewards and challenges of end of life care.
- Peer support and acknowledgement are powerful mechanisms to help alleviate stress—peer support mechanisms can include buddying, peer learning meetings, peer learning groups, and debriefing meetings after traumatic or difficult events.
- Other ways in which you can get some support include finding a mentor, investing in teambuilding and team relationships, and ensuring that you and your team are aware of the sorts of stresses and strains (and associated symptoms) of providing care at end of life.