

BUILDING RESILIENCE

WHEN WORKING IN END OF LIFE CARE

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Innovation and Excellence:
End of Life Care in
Residential Care Settings

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Building resilience

- What is one thing that you would like to leave with from today's session?



Resilience in end of life care is...

Both Organisational And Personal

What is resilience?

- Ability to “bounce back”
- Adapting to hardships and setbacks in life

<https://youtu.be/mDTph7mer3I>

Working in End of Life Care in Residential Care Settings

- What do you like about your job?

- What do you not like?

The End of Life Care Workplace – and Grief

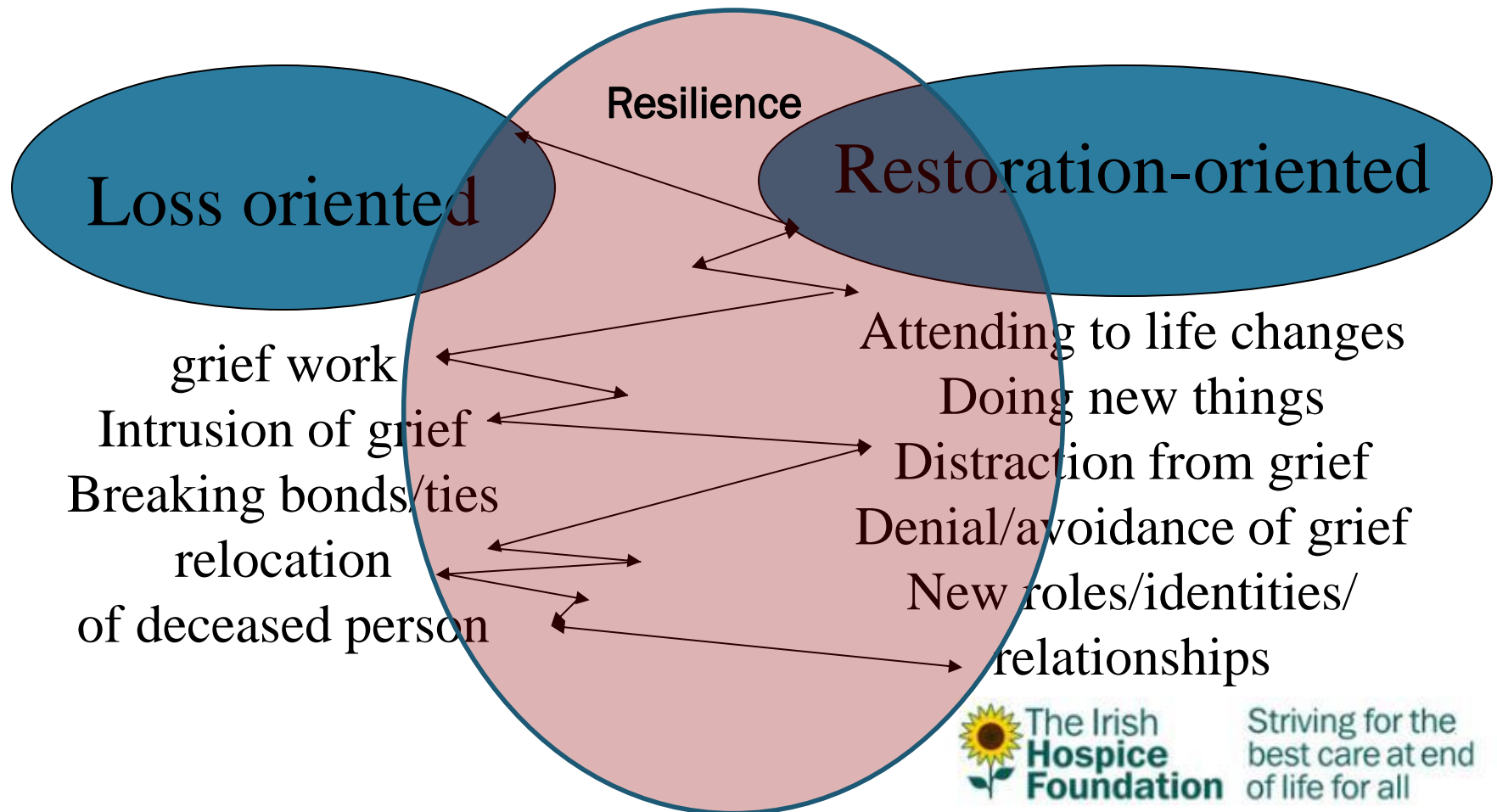
- 2 areas to consider
 1. Grief occurring in your personal life
Death of loved one
/partner/parent/miscarriage etc.
 2. Grief as a result of the nature of your work – :
 - Residents who die
 - Dealing with families/ relatives who are grieving
 - Multiple deaths



The impact of grief on staff

- Different types of organisations where grief and loss are more common
 1. Primary focus – e.g. hospice, funeral director
 2. Secondary focus – Health care settings / emergency services
 3. Periodic focus – all other organisations
- Grief will be a part of every organisation at some point
- Grief related to work /non-work
- Grief related to death / non-death losses

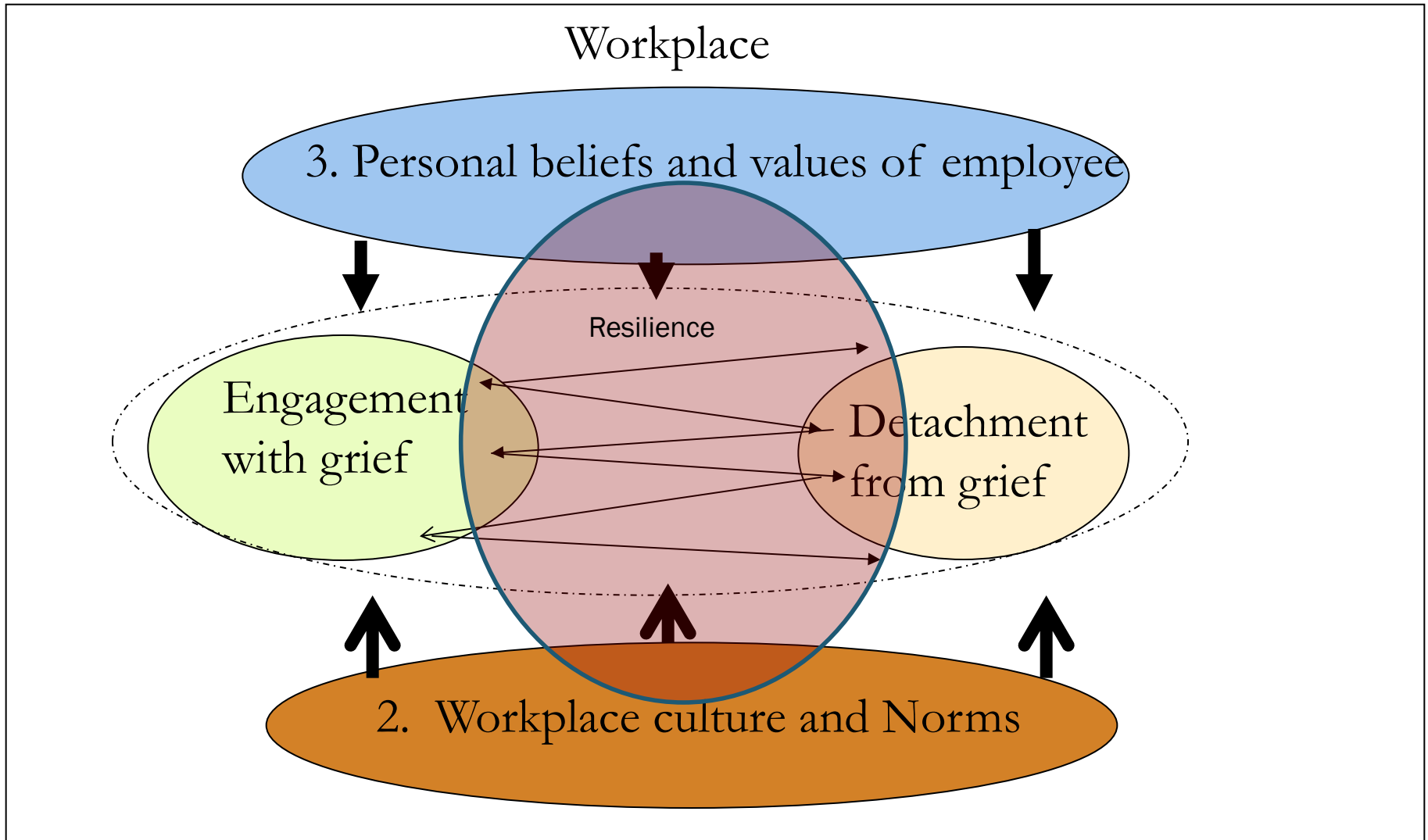
Dual process model of coping with significant loss



Difficulties for health professionals

- Difficulties occur in the grieving process when there is a persistent lack of fluctuation between experiencing and repressing one's grief. Under such circumstances health providers are either totally overwhelmed by the experience or they systematically repress it. In both situations there is a persevering sense of immobilisation or 'stuckness' which has a disabling effect upon the functioning of the care provider. (Papadatou 2000)

A model for dealing with grief in the workplace (adapted from Papadatou (2000))



Balancing engagement and detachment in caregiving - Carmack

- Having the potential to make a difference to the life of the person you are caring for while at the same time letting go of the need to control the outcome
 - Doing what I can do now for the person in the way that “they” want
 - Learning that I cannot fix people or situations
 - I may not be able to change what is happening but I can be part of it
 - I do not have to take on the problems of the people I am helping
 - Accepting the limits of what I can do and focus on the things that I can change or control

What does resilience mean to you?

- A resilient Residential Care Centre is.....
- A resilient person is.....

Why does resilience matter?

- Working in EOLC in RCCs is worthwhile but also tough. You are encountering dying, death and grief on a regular basis. This makes demands on you as a member of staff. If death and grief arise in the workplace – it needs to be dealt with in the workplace.
- The scale of the current challenges within healthcare or large organisations means that developing resilience is even more important than ever before for staff and organisations particularly working in the community sector.

More on resilience

Resilience is the ability to roll with the punches.

When stress, adversity or trauma strikes, you still experience anger, grief and pain, but you're able to keep functioning — both physically and psychologically.

Resilience isn't about toughing it out, being stoic or going it alone. In fact, being able to reach out to others for support is a key component of being resilient.

How do we do this?

What helps – to develop resilience?

1. Understanding the dynamics of grief in the EOLC workplace
2. Organisational care - creating a supportive workplace environment for staff around death and dying
3. Self-care - taking care of ourselves around grief and loss

Organisational Care

- Creating a supportive workplace atmosphere to help staff work with grief – CEOL Review Workshop–
- This workshop has two aims;
 - Firstly to allow the group to identify areas where good practice was present, any areas where change is needed, and to offer staff the time and space to grieve the loss of these residents in a supportive and learning environment.
 - Secondly, the workshop is an opportunity for staff to learn experientially how to conduct a review after death.

More organisational care

- Medland et al (2004) re the impact of burnout on oncology nurses, highlighted the value of normalizing the experience of work-related grief and bereavement in helping nurses to cope with the demands of the job.
- The Schwartz Center Rounds (2010) system which provides “... a unique forum to explore and process the non-medical dimensions of patient care”.
- <http://www.theschwartzcenter.org/supporting-caregivers/schwartz-center-rounds/>

Self-Care

- As someone working in EOLC in a residential care setting with people who are facing or dealing with significant losses
 - You are not immune to grief
 - You need to be aware of your own approach to loss
 - You need a safe place to process your own feelings
 - You need to be supported in this work

Self-care for those working in EOLC with people who are facing and dealing with significant losses

- Acknowledging that this is hard work
 - Worthwhile , but hard at times
- Balance in your life
 - processing grief – doing job
 - Fun, exercise, other interests
 - Creativity
- Containment
 - Self reflection – rituals and practice for letting go
- Debrief
 - With colleagues / supervision
- Clarity of role, expectations and limitations
- If I cannot care for myself I have no right to offer care to others!

Where do I start?

Do you:

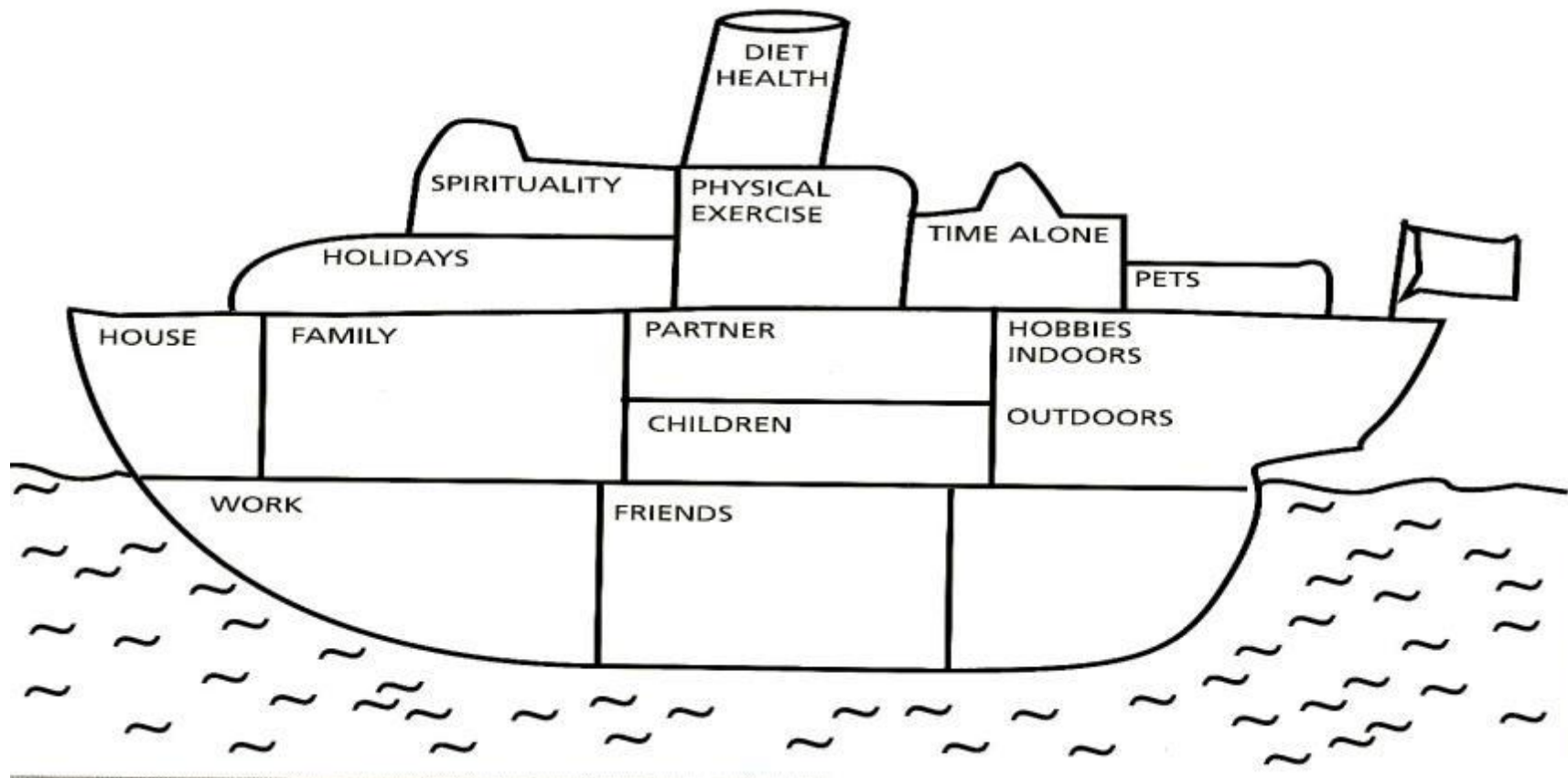
- take breaks
 - Eat Lunch
 - Hydrate your body
 - Go to the toilet
 - Come to work sick
 - Take your holidays
- If we are not getting the basics right there will be a cost/impact

Caring for oneself

- Take time for yourself- Press the pause button!
- Be compassionate with yourself
- Acknowledge your feelings
- Allow yourself to grieve
- Give yourself little treats – whatever works for you – e.g.
 - a warm bath
 - A walk with a friend
 - A coffee
- Ask for and accept support
- Communicate effectively and honestly
- Balance different aspects of your life

Balance different aspects of your life

From Trevor Powell – The Mental Health Handbook - 2008



- Just as understanding and identifying the levels of grief we live with helps us to manage them in healthier more helpful ways; so also understanding and identifying how to comfort ourselves, take care of ourselves, helps us to manage to do this better as well.
- If we are to grow and develop and thrive in end of life care, we need to understand and work on our grief issues at a variety of levels. We also need to diligently work on comforting ourselves- on caring for ourselves – each and every day.

Tiller, E. (2006). "Challenges and gifts of professional caregiving." Maryland Nurse 8(1): 23-23.

Common Sense is not so common anymore...

- Resilience can be learned and developed
- Resilience is both organisational and personal
- Resilience comes from:
 1. Developing a supportive EOLC workplace culture
 2. Taking care of yourself
 3. Optimism and perspective
 4. Using your strengths
 5. Reaching out and helping others
 6. Building positivity

Summary

- Working in EOLC with people who are facing and dealing with significant losses is difficult
- Staying healthy in this work involves both organisational and self – care
- Self-care involves being aware of why one is doing this work – the benefits and drawbacks
- Creativity / balance and fun are important elements of self-care
- Be open minded about ways of caring for yourself – be prepared to try new things

- *“I’ve been touched by the smallest gestures – a squeeze of the hand, a gentle touch, a reassuring word. In some ways these quiet acts of humanity have felt more healing than the radiation and chemotherapy that hold the hope of a cure.”*
Kenneth B. Schwartz

One old man's advice to a young person whose friend died....

"I wish I could say you get used to people dying. I never did. I don't want to. It tears a hole through me whenever somebody I love dies, no matter the circumstances. But I don't want it to "not matter". I don't want it to be something that just passes. My scars are a testament to the love and the relationship that I had for and with that person. And if the scar is deep, so was the love. So be it. Scars are a testament to life. Scars are a testament that I can love deeply and live deeply and be cut, or even gouged, and that I can heal and continue to live and continue to love. And the scar tissue is stronger than the original flesh ever was. Scars are a testament to life. Scars are only ugly to people who can't see.

The same man's view of grief.....

“As for grief, you'll find it comes in waves. When the ship is first wrecked, you're drowning, with wreckage all around you. Everything floating around you reminds you of the beauty and the magnificence of the ship that was, and is no more. And all you can do is float. You find some piece of the wreckage and you hang on for a while. Maybe it's some physical thing. Maybe it's a happy memory or a photograph. Maybe it's a person who is also floating. For a while, all you can do is float. Stay alive.

”Take it from an old guy. The waves never stop coming, and somehow you don't really want them to. But you learn that you'll survive them. And other waves will come. And you'll survive them too. If you're lucky, you'll have lots of scars from lots of loves. And lots of shipwrecks.”

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