

CULTIVATING SELF-AWARENESS AND RESILIENCE

WHAT IS SELF-AWARENESS AND RESILIENCE?

Nurse self-awareness has been shown to improve quality of care and decrease stress patients and patients' families.¹ Self-awareness means being able to honestly take stock of one's strengths and opportunities for growth. It is important for hospice and palliative clinicians to reflect on their abilities and where they need to grow, as this is how we best serve patients.

Resilience is the ability to engage in self-regulation strategies, such as implementing boundaries in both work and life, as well as engaging in activities such as psychotherapy and mindfulness.²

QUESTIONS ABOUT SELF-AWARENESS PRIOR TO A PALLIATIVE ASSESSMENT ³	
<p>What do I believe about ... ?</p> <p>Could I authentically discuss ... ?</p>	<ul style="list-style-type: none"> • Quality of life (QOL) • Suffering • Patient autonomy • Pain, treating pain, tolerance, and dependence • Death and dying • Advance directives • Code status • Organ donation • Funerals, burial, and cremation • Cultures other than my own • Use of cardiopulmonary resuscitation (CPR), life support, ventilators, tracheostomies, mechanically administered nutrition, and hydration at the end of life, as well as medication that could hasten death
<p>Would I feel comfortable ... ?</p>	<ul style="list-style-type: none"> • Including my last name when introducing myself to patients and families • Asking family members to leave the room if necessary

SELF-AWARENESS AND SELF-CARE

Self-care creates well-being when effective. A self-care survey of 372 palliative care practitioners which included physicians and nurses was conducted to assess self-care strategies.⁴ Findings were that self-care and well-being were relational, balancing care for the other with care for

oneself. Survey participants responded that these concepts were about a balance of physical health and emotional, spiritual, and intellectual well-being.

Elements of Self Care

Self-care is rather personal, and what will work for one person may not work for another. One strategy described by many clinicians as helpful is clinical supervision. Regardless of whether this is formal or more informal debriefing, it must include respect, confidentiality, and trust. This can allow nurses to reflect honestly on their practice, boundaries, and their own self-care practice, as well.⁴ A more individual type of reflective practice might be journaling, which is one way to reflect on your experiences and process emotions in a safe, non-judgmental place, as no one else will see your words.⁵

Self-care planning inside the workplace include participating in reflective practice, regulating workload, creating and maintaining boundaries, and incorporating humor. Outside of work, they include creating boundaries between work and home; creating positive social and familial relationships; maintaining an appropriate rest schedule; maintaining a preventative health routine; and participating regularly in spiritual, emotional, and intellectual practices.⁴

Self-compassion is the concept of considering one's emotional pain and imperfections, then encouraging both acknowledgement of and permission for those flaws. This skill encourages clinicians to sit with their own suffering as they do with their patients and families.⁵

Clinicians identified positive patient and family interactions as protective factors against burnout and sources for meaning in hospice and palliative care work.² Positive relationships, including personal and professional support networks, are important protective factors² and positive social connection is one of the five ways to signal to your body that it is ending a stress cycle.⁶

Empathic Distress Fatigue vs. Compassion Fatigue

Emerging neuroscience research teaches that compassion fatigue is actually a misnomer, and that what many of us in the helping professions are actually experiencing is empathic distress fatigue.⁷ In empathy, we feel *with* another, as demonstrated by magnetic resonance imaging findings. Empathy helps foster our connection to others, but it can also be difficult and painful when others are experiencing adverse emotions. Compassion is different in that it is feeling for another, but it is less personal. Neuroscience shows that when we empathize with a client/patient, we can sometimes confuse their feelings with our own, which can lead to feelings of empathic distress fatigue over time. Additionally, this emotional pain, like physical pain, can deplete one's dopamine levels, which leads to a decreased sense of reward and pleasure. On the contrary, in compassion, we are compelled to act, to slow down, and to be present as helpers, which activates our neuroreceptors for oxytocin and vasopressin, our brain's reward chemicals.⁷

To protect long-term health and well-being, strategies must be developed that prevent and manage exposure and response to frequent, intense, and uninterrupted stress.⁸ Emotions are events that happen at the intersection of one's body and mind. The nervous system runs throughout both, and emotions create chemical reactions in both places. Exhaustion happens when we get stuck in an emotion and don't allow it to complete its cycle.⁶ A person must do one of five things to communicate safety to the body so that the body will then "complete" the emotional cycle and move out of the stress response: engage in physical activity; do some deep breathing; connect with others in positive social interaction; have a real, honest belly laugh; or engage in affection such as a 20-second hug.⁶

Palliative care relies on emotional labor to accomplish its art. It is an important component of professional caregiving that involves managing emotion and emotional displays in the professional caring environment.⁸ Overuse of personal energy in the pursuit of providing care without rest and renewal can contribute to role stress, leading to compassion fatigue.⁹

The following is an example of symptoms associated with compassion fatigue that are consistent with emotional exhaustion and the coping mechanisms used to manage the exhaustion.⁸

DOMAINS ⁶				
Physical	Psychological/ Emotional	Social/Relational	Spiritual	Professional Practice
Alterations in sleep patterns	Irritability	Withdrawal from family activities	Loss of meaning and purpose	Avoidance
Changes in eating patterns	Episodes of tearfulness	Lack of interest in pleasurable activities	Hopelessness	Increased absenteeism
Unplanned fluctuations in weight	Impaired concentration	Conflict in personal relationships	Overwhelmed with uncertainty	Inability to meet obligations in a timely manner
Episodes of pain	Alterations in judgment	Isolation		Disengagement
Decrease in self-care activities	Emotional emptiness			Errors and safety violations
Substance use	Substance use Feeling of being removed from self; feelings of helplessness			Conflict in work relationships; frequent changing of jobs

Secondary Traumatic Stress Symptoms

Trauma, such as that witnessed and attended to by healthcare clinicians, particularly those who work in the hospice and palliative care sector, places people at a unique risk for secondary traumatic stress symptoms. This can happen when healthcare providers have repeated exposure to complex stories and bear witness to and sometimes even feel that they are inflicting physical suffering on patients.^{10,11} Symptoms include physical and social exhaustion and dysfunction and feelings of vulnerability and distress.¹¹ Healthcare professionals may suffer from both compassion fatigue and secondary traumatic stress syndrome. Professional assistance by a mental health professional may be required for secondary traumatic stress syndrome that does not respond to positive self-care measures.⁸

Burnout

Palliative care providers are vulnerable to burnout and compassion fatigue due to the nature of providing care to patients and families at the end of life.⁴ Behaviors that can contribute include blurring professional boundaries, having unrealistic personal expectations of the caregiving experience, attempting to meet personal needs through work, and working in a position that is not the right fit for one's personality.^{7,12} Some systemic and structural issues that can contribute to the development of compassion fatigue are rotating shifts, diminished workplace safety, workloads that are perceived to be impossible to manage, and lack of management support.¹³

Maslach and colleagues define burnout as “a psychological syndrome occurring in response to prolonged interpersonal stressors at work.”¹⁴ The Maslach Burnout Inventory¹⁴ is an evidence-based instrument that can be used to measure burnout. The three components of burnout are emotional exhaustion, decreased sense of accomplishment, and depersonalization.¹⁰ Over time, those subcategories have been reconsidered as emotional exhaustion, cynicism, and inefficiency.⁸ Replacement of depersonalization with cynicism acknowledges the influence of negative attitudes and the development of burnout.⁸ Inefficacy notes that feelings of helplessness can lead to the development of burnout.⁸

Participants in one American Academy of Hospice and Palliative Medicine/Hospice and Palliative Nurses Association survey described burnout as feeling “like heart failure, numbness, looking for a way out—feeling trapped and antsy, emotionally hypersensitive, feeling jaded, cynical toward patients, colleagues, the system, and like I have nothing left to give (at home or at work).”²

Resiliency Against Empathic Depletion Syndrome and Burnout

Empathic depletion fatigue and burnout can be connected to negative interpersonal, physical, and professional consequences.¹² Some visible signs may be safety violations, inability to concentrate, disruption of relationships, declining work performance, and diminished participation in recreational activities.⁶

Empathic depletion fatigue can place both the nurses themselves and their patients and families in vulnerable positions. Staffing shortages, medical errors, and poor relationships between nurses and patients or families can occur.¹⁰ Some nurses report empathy imbalance as a part of their work with patients. This results from struggling to create appropriate boundaries between their emotional responses to experiences in their personal lives and responses to experiences in their patients' lives or in their work lives, such as the death of a patient. This can lead to over-identification with patients and families or a lack of emotional connection.¹⁰

Qualities that provide an emotional foundation may protect an individual against burnout and empathic depletion fatigue. These qualities may be found in persons with feelings of self-efficacy, optimism, hardiness, and resiliency.^{15,16} These qualities allow a person to reframe challenging situations and learn new adaptive strategies for managing a similar situation in the future.¹⁷ In addition, research shows that self- and team-wellness activities that help clinicians cultivate compassion help to mitigate feelings of empathic depletion.¹⁸ These activities include brief but frequent interventions to teach compassion, such as trying Loving-Kindness Meditation, practicing self-compassion, and modeling self-care as nurse leaders, which will help demonstrate the collective value of wellness.¹⁸

Palliative care providers are exposed to situations that require an intense amount of emotional energy, such as physical suffering, emotional distress, psychological pain, moral distress, and end of life. This puts the palliative care provider at risk for empathic depletion fatigue and burnout.⁴ Developing a personalized wellness plan that includes evidence-based strategies to promote wellness will assist with the long-term, physiologic impacts the body may endure being immersed in this work. The following is a sample wellness plan from the *Oxford Textbook of Palliative Nursing*, 2019, Box 69.1:³

SAMPLE WELLNESS PLAN ³			
Intention Statement(s): a paraphrased “I” statement using action-oriented verbs. It captures actions, patterns of behavior, and/or thought processes to incorporate into one’s life.		1. I am healthy and energetic. 2. I practice random acts of kindness. 3. I count my blessings daily.	
ACTION MATRIX ³			
Domains	Action/Frequency	Resources	Re-evaluation
Positive emotion	Daily counting of blessings	None	Weekly review
Engagement	Weave with absorption and passion.	Weaving materials	At the end of each session
Meaning	Practice daily meditation.	None	Did I practice?
Positive relationships	Make cookies for the toddlers in the neighborhood.	Cookie mix	Ongoing contact with the family
Accomplishments	See patients one day a week.	Group practice	Full schedule

The American Psychological Association defines resilience as “the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors.” Responding to resilience requires effort; mindfulness; and attention to your personal, emotional, social, and spiritual needs.¹⁹

THE ABCS OF RESILIENCE²⁰

Agency and Adaptability

It is helpful during times of stress to differentiate between **things we can control** and **things that are beyond our control**. This requires discernment about where to focus our energy and take action. We cannot change situations beyond our control, but we can help where we are most needed.

Examples of **areas we can control**: using clear language when communicating, asking for help when you need it, providing compassionate care for others, acknowledging the hard work of others, setting healthy boundaries, taking care of your physical and emotional needs, and utilizing your strengths as a caregiver.

Blessing and Being Present

Sometimes a stressful situation requires us to take a step back from our normal habits, slow down, take a deep breath, and ***simply be present***. We might even think of this as “blessing” a difficult situation—simply by showing up where we are needed and providing compassion or listening to others. There are times when we may not be able to offer a medical intervention or provide nursing care in familiar ways. At these times, being present without an agenda, providing a calm and compassionate presence, can be the most important intervention we offer.

Community and Co-Creative Coping

As caregivers, we need the support of others. In times of stress, you don’t have to struggle alone. Seek out a trusted colleague, make a phone call to a dear friend, or simply enjoy a social gathering or meal with coworkers. It’s likely that others have faced similar challenges, and they might have helpful suggestions. And be creative! Instead of scrolling through social media during your break, take a quick walk outside with your coworker, head to a quiet place to meditate, or surprise someone with a cup of coffee. We are in this work together, and we can navigate stressful times with a bit of creativity and patience with ourselves and others.

Target Your Stress with a Body Scan

Stressing out? Feeling irritable? Shoulders up around your ears? Tightness in your jaw?

Try a “body scan.”²¹ Ask yourself:

1. What am I feeling in my body in this moment?
2. Where am I holding tension or tightness in my body? Can I let those areas of my body relax?
3. What thoughts are going through my mind in this moment?
4. What emotions am I experiencing in this moment?

Ask these questions without any judgment. Simply wait, listen, and allow the moment to pass. Take a moment to intentionally relax any areas of tension. This way, your next actions will be calmer and less reactive.

4-7-8 Breathing

Consider using the 4-7-8 relaxation breathing technique:²²

1. Empty the lungs of air.
2. Breathe in quietly through the nose for four seconds.
3. Hold the breath for a count of seven seconds.
4. Exhale forcefully through the mouth, pursing the lips and making a “whoosh” sound, for eight seconds.
5. Repeat the cycle up to four times.

Additional Resources¹⁸

- Australian College of Nursing's Nurse Strong Initiative in association with Mindful Innovative Actions: <https://www.acn.edu.au/nursestrong> and <http://miaonline.co/>
- Loving-Kindness Meditation, developed by Emma Seppala: <https://emmaseppala.com/gift-loving-kindness-meditation/>
- Chris Germer: <http://www.mindfulselfcompassion.org/>
- Schwartz Center for Compassionate Healthcare: <http://www.theschwartzcenter.org/>
- Free eBook: *Compassion: Bridging Practice and Science*: <http://www.compassion-training.org>

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