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NURTURING OURSELVES AS PALLIATIVE CARE WORKERS

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During this session we will consider:

- What is it about palliative care work that is difficult?
- Why do we choose palliative care?
- What enables us to cope?



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The Challenge of Caring

“ The loss of a loved person is one of the most intensely painful experiences any human being can suffer, and not only is it painful to experience, but also painful to witness if only because we are so impotent to help.”

(Bowlby 1980 p.7)



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“Illness and dying are occurrences that take us to the very core of our being”

(Witt Sherman,2006 p.34)



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“ The professional who cares for, and empathises with patients and their families can experience significant stress in response to working with dying persons as well as in response to the deaths of particular patients.”

(Vachon,2004 p992.)



“ No man is an Island, entire of itself;
every man is a piece of the continent, a part of the main;
[.....] *any man's death diminishes me, because I
am involved in mankind.*
And therefore never send to know for whom the bell tolls;
It tolls for thee.

(John Donne 1571-1631)



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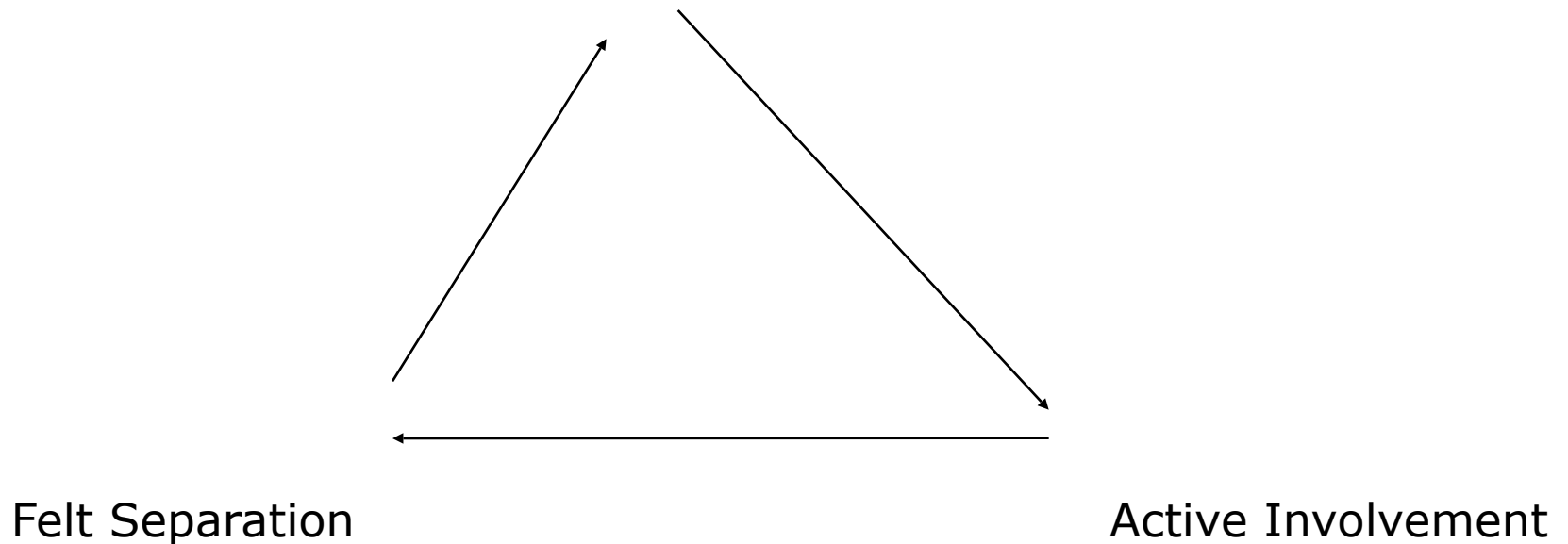
“If we are to remain for long near the suffering of dependence and parting, we need to develop a basic philosophy and search often painfully, for meaning even in the most adverse situations.”

(Saunders and Baines, *cited in Aranda p623 2004*)

THE CARING CYCLE



Empathic Attachment



(Skovholt, 2006 p.13)



EMPATHY

“Conscious empathy is a desirable capacity, making it possible for us to ‘walk in their shoes’.”

“As helping professionals, our emotions are [also] vulnerable to provocation through infection with our clients’ feelings.”

(Rothschild,2006 p.10, 29)



DOMAINS OF CARE

- Physical
- Social
- Emotional
- Spiritual



FACTORS WHICH MAY INFLUENCE OUR DESIRE TO WORK IN PALLIATIVE CARE

- ❖ Personality factors
- ❖ Personal experiences
- ❖ Circumstantial /accidental factors
- ❖ Social factors

(Papadatou,2006)



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Papadatou indicates that personality factors are not enough to ensure 'good' care. It is the interplay between the needs, characteristics, and resources of a worker and the corresponding match with the needs, characteristics and resources of the service/institution, which promotes quality care, in the field of death and dying.



LOSSES EXPERIENCED BY HEALTH PROFESSIONALS

- Loss of a particularly close relationship
- Loss due to identification with the pain of the family
- Loss of unmet goals and expectations
- Loss related to personal beliefs and assumptions
- Past unresolved losses or anticipated losses
- Own mortality

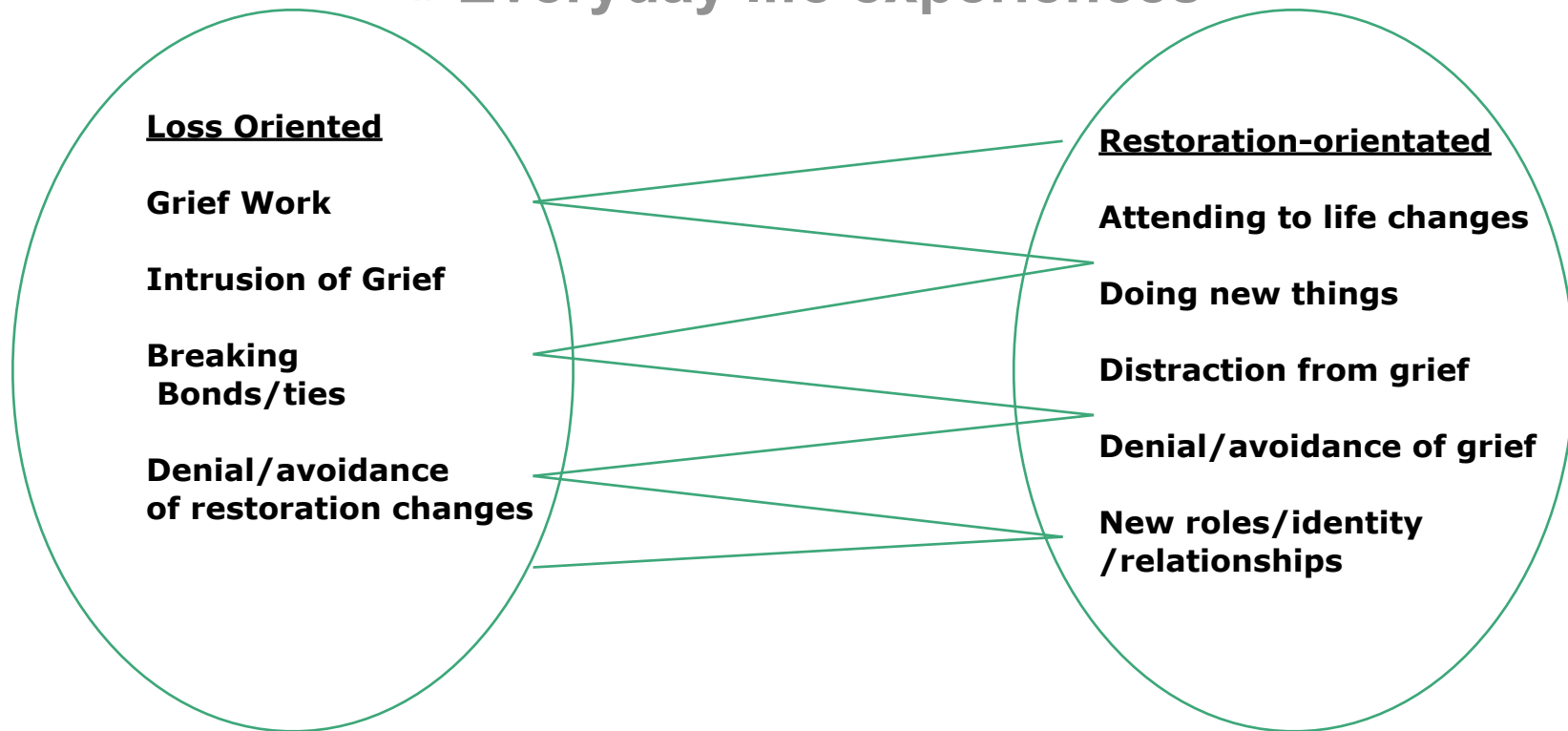


Research findings suggest that health professionals grieve by fluctuating between focusing on, or moving away from the loss experience. This type of fluctuation is necessary, adaptive and healthy. Where there is a lack of such fluctuation, workers may be overwhelmed by the experience or systematically repress it.

(Papadatou,2000)

DUAL PROCESS MODEL

» Everyday life experiences



(Stroebe and Schut 1999)

Finding a balance



Hardness of heart



**Erosion of the
Spirit**

Sadness of the soul



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BURNOUT

“Burnout is the index of the dislocation between what people are and what they have to do. It represents an erosion in values, dignity, spirit and will --- an erosion of the human soul”

(Maslach & Leiter,1997 p.17)

What facilitates effective care giving?

Resilience:

- (a) a sense of commitment through active involvement and a sense of positive meaning from achievements

- (b) a sense of personal agency/control in stressful situations

- (c) an ability to perceive difficulties as a challenge rather than as a threat, and positive self image



Ability to:

- (a) Recognise own vulnerability
- (b) Tolerate ambiguity
- (c) Remain open towards self and others
- (d) Understand the context of life story and experiences
- (e) Awareness of social contexts

(Papadatou,2000)



WHAT SUSTAINS PROFESSIONAL CARERS?

- ❖ Personal values, beliefs and needs
- ❖ Validation
- ❖ Mutual support
- ❖ The ability to create meaning from work
- ❖ Team, organizational and environmental culture

(Papadatou,2006)



OTHER FACTORS THAT SUSTAIN:

- ❖ Meaningful human contact
- ❖ Finely tuned professional boundaries
- ❖ Peer support
- ❖ Low level of organizational conflict
- ❖ Sense of humour and playfulness
- ❖ Professional development
- ❖ Tolerance of professional loss and sense of failure
- ❖ Distinguishing between idealism and realism

(Skovholt, 2001)



Different kinds of support sought by staff

- 1) Informational support
- 2) Clinical/practical support
- 3) Emotional support
- 4) Meaning making support

(Papadatou, 2000)



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“The challenge for practitioners may be the need to resolve their own feelings of loss, with their spiritual convictions supported, their sense of failure alleviated, and their emotional strength replenished.”

(Witt Sherman,2006 p.32)



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“The capacity to maintain a balance between making a difference and accepting the limitations of what can be achieved requires a significant level of self-and team-awareness.”

(Aranda,p.633 2004)



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A PASSING THOUGHT!

“Strength and vulnerability are two parts of the same coin. Both complement the other. In sharing our humanity with others and allowing ourselves to be vulnerable in a healthy way we allow ourselves to become stronger.”

(Kinghorn & Gamlin 2000)



FINALLY

“It is our gift for empathy that draws us to our work. And yet, empathy at full throttle- felt and projected 100 per cent with our bodies, hearts and minds-has it’s risks. Without some sense of separation, our capacity to help (patients) erodes. Keeping something in reserve doesn't make us heartless or cold. Far from it: the most heartfelt and healing work we do is when we are in complete possession of ourselves, and can bring to our (patients) a full measure of thoughtful problem-solving compassion.”

(Rothschild, 2002)



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THANK YOU!

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