A self-care plan for hospice workers
Sally Hill Jones

AM J HOSP PALLIAT CARE 2005 22: 125
DOI: 10.1177/10499091050220208

The online version of this article can be found at:
http://ajh.sagepub.com/content/22/2/125
Abstract

Caring for dying patients and their families is a fulfilling, enriching, and meaningful experience. It can also be extremely stressful. Maintaining the balance between the output and input of energy in a caregiver’s professional and personal life is an ongoing process. Clinical staff members often formulate plans of care for patients. To prevent worker burnout, hospice caregivers must develop a plan of self-care to balance their own needs with the needs of their patients.

The goal of this article is to provide an overview of ways for hospice caregivers to relieve stress and develop an individualized self-care plan within the context of their work.

Key words: hospice, burnout, self-care plan

Introduction

As a hospice social worker and counselor for hospice personnel, I have observed that many employees see their work as a calling. Caring for dying patients and their families is a fulfilling, enriching, and meaningful experience. It can also be stressful, at times stretching caregivers beyond their limits. Maintaining the balance between the output and input of energy in professional and personal lives of caregivers is an ongoing process. Clinical staff members routinely formulate a plan of care for their patients; to prevent burnout, they need to develop a plan of self-care to successfully balance their own needs with the needs of their patients.

Several authors have written about the stresses and rewards of hospice work.1-7 Many of their ideas have been incorporated into an individualized plan of self-care for clinical hospice staff.

Motivation maturation

Motivation is essential to perform well in a hospice setting.1,7 With a new staff member, it is helpful to first consider what brings the worker to hospice, in order to maximize the person’s strengths. The impetus to go into hospice work commonly comes with expectations that match the reality of hospice work to varying degrees. A hospice worker may, for example, want to give to others what she received or did not receive during the death of a loved one. Firsthand experience gives valuable knowledge of universal aspects of the dying process. This motivation will need to mature, opening to the variety of death experiences encountered in hospice, many that differ from personal expectations or experiences. Over time, the worker must broaden her motivations to include a bigger picture of her calling, to appreciate the lifelong process of finding how to serve each individual and develop ways to make meaning of the deaths that are not peaceful, regardless of extensive efforts.

If motivations do not broaden and mature, the worker can become discouraged and frustrated, resulting in a decision to leave, or to work harder to fit the experience to her expectations, risking burnout. Another protective maneuver is to spend more time and energy with the more rewarding patients and their families and less time with those who do not meet expectations. Besides the clear concern for patient care this implies, the worker is also prevented from the learning that comes from the expansion and maturation of her original calling.

A speaker reported hearing Mother Theresa say about burnout, “It’s always hunger and the hunger is for love.”8 Caretaker professionals may have a hunger for love, which can feed the desire to give in heroic ways, as well as lead to imbalances in personal and professional lives, especially if the helper is unknowingly trying to make up for not feeling loved in past or current relationships. The goal is to fully enjoy the rewards of both meaningful work and fulfilling personal lives.

After discussing the worker’s motivations, the four aspects of the plan of self-care are explored. The four areas
are: 1) physical, 2) emotional/cognitive, 3) relational, and 4) spiritual. For each area, red flags are identified as early warning signs of stress, followed by a discussion of current methods of helpful self-care and ending with new things to try in each area. Since the four areas are intertwined, we pay attention to the connections among them. The written plan is given to the worker as a starting place, to be refined and reworked as the worker comes to know herself and her needs in each area.

Physical

Where does stress manifest itself in the body? The most common areas are the neck and shoulders, followed by headaches and sleep difficulties, then gastrointestinal symptoms, and exacerbation of existing medical conditions. Less common are general fatigue, back pain, eating more or appetite loss, and tightness in the jaws or grinding of teeth.

A plan is made to increase body awareness with routine body scans two to three times each day, paying particular attention to the red flag areas. Simply stretching or intentionally relaxing those areas throughout the day can prove helpful. In addition, the worker is encouraged to pay attention to breathing, as shallow breathing often adds to physical stress. A yogic breathing technique, the relaxing breath, described by Andrew Weil is one way to relax in a short amount of time. I encourage many workers to experiment with different relaxation techniques to find ones that fit, such as progressive muscle relaxation. Using audiotapes or CDs of relaxation or breathing techniques that work for the individual is often helpful.

If the worker is neglecting medical checkups or follow-up care, this is addressed as well. As Larson noted, hospice workers may experience fears of terminal diagnoses, due to the daily contact with the terminally ill. It can be helpful for the worker to know this is common and then to address those fears rationally, sifting through the generalized fear to the realities of the worker’s predispositions or risk factors, followed by a plan to address these risks.

Exercise is one of the more common things hospice workers identify as ameliorating physical stress levels—from walking, swimming, and yoga to strenuous aerobic workouts. Also mentioned are listening to or making music, soaking in a hot tub, and regular massage.

Adequate rest is also an area acknowledged as vital. Sleeping difficulties are discussed in detail, searching out individualized solutions. If there is the possibility of clinical depression, a referral for medication and counseling are made. Music, relaxation and breathing techniques, and methods to release worry are sometimes helpful for maintaining restful sleep.

Emotional/cognitive

The most common red flag identified in this area is crying easily. However, when asked, workers also list anxiety, anger or irritability, fatigue, carrying work home, feeling overextended, as well as exacerbation of addictive behaviors, and lower self-confidence or self-esteem.

There are several aspects of the worker’s emotional life involved in self-care. Unique to work with the dying is the need to be familiar with grief and to be able to grieve as needed. Larson identifies “helper grief” and the somewhat constant state of grief hospice workers feel, to varying degrees. We explore the worker’s personal experience with grief, how she allows herself to express those feelings, and what helps her through. We also develop new expressive methods she may try out to improve her self-care.

Often, hospice workers can have personal grief resurface, especially when the patient, family, or situation resembles a personal grief experience. This needs to be worked through, with help of family, friends, or professionals.

Crying as needed is often identified as helpful, and the worker may need to give herself permission to do this. Hospice workers often push themselves on to the next task because of time pressures, or because they believe that they should not be grief-stricken when the relationship is professional. However, given that the dying process involves strong emotions, which are often unknowingly absorbed, it is reasonable to expect to cry more often than usual.

Additional ways to express feelings are encouraged, such as writing or other creative endeavors. Two very common ways of relieving stress cited by the workers are talking through feelings with others and having time alone. The temperament of the worker is key: extroverted workers need to verbally express their emotions more than introverts, who need to be sure they have adequate time alone to reflect. Keeping confidentiality paramount, workers need to process feelings with colleagues, supervisors, and more generally, with friends and family. Time alone to be silent, meditate, pray, or center oneself is often neglected, and I encourage those who find this helpful to assure its priority in their lives.

Amusement is one of the most common ways that hospice workers find to relieve stress. Among the wide variety of forms of amusement, some possibilities listed are: gardening, reading, dancing, cooking, craftwork, sailing, fishing, travel, shopping, golf, bridge, horseback riding, and socializing. Making time for play is extremely important in balanced lives. Many mention humor as a necessity in relieving stress.

In the cognitive area, I ask about
music, exercising, organizing, and even chocolate. We discuss fears of overwhelming emotions and how to find their own pace, at times finding diversions, while other times allowing expression of the feelings.

**Relational**

Red flags in the relational area usually include irritability with others, distancing in close relationships, over-involvement or overdependency in close relationships. Connecting with family and friends for support is the second most common way our hospice workers have identified as helping with stress. We discuss how much significant others understand the stresses of hospice work and their abilities to listen or to help work through to possible solutions. We determine if supportive relationships need to be developed.

Setting and maintaining good boundaries is a very common way hospice workers use to help with stress and one of the most frequent recommendations for the plan of self-care. People who choose this work often have difficulty setting limits in terms of meeting other’s needs versus their own. Hospice workers may need help in identifying and listening to their own needs, to ask for what they need, and to set healthy limits with others. Sometimes, it is helpful to role-play explaining to a patient or family member the limits needing to be set. Identifying red flags in these areas is also recommended. Possible red flags with patients and family members include: giving a home phone number; extended visits; thinking about the patient or family member after work; extending the professional relationship to a personal one; sharing more personal information than usual; believing that the person is the only one who understands or can meet the needs of the patient or family member; keeping hidden from others the extent of the relationship because they would not understand; accepting more than small, token gifts, or otherwise stretching the rules about the professional relationship. Although not always unethical, it is helpful for the worker to identify early signs of compromise, as well as the hospice policy, professional ethical standards, and any legal rulings on such matters.

Studies show that much stress in hospice workers relates to conflicts with coworkers or management. Learning to handle conflict effectively is one of the more common items identified as helping with stress and a common recommendation in the plan of self-care. It is helpful to brainstorm and problem-solve the worker’s specific situation. A frequent pattern is reluctance to confront a coworker when there is a conflict, for fear of offending or hurting others’ feelings. However, this often results in stored up resentments, which then appear in an overreaction to something seemingly small, the resentments leaking out in irritability or talking to others about the problem. This can result in a much bigger problem involving several people. I often recommend practicing healthy confrontation in role-plays, suggesting the common framework for wording: “I have a problem. When you _____ (be specific), I _____ (result) and I feel ______. Can we work out a solution?” The latter part can also be a specific request, such as “Would you be willing to _____?”

In difficulties with supervisors, we discuss feelings and past experiences with power differences in relationships. We may role-play interactions within the context of that specific relationship. At times, the worker is frustrated in situations about which she knows only one part. Helping workers obtain the larger picture, getting the facts from knowledgeable people instead of rumors and taking appropriate action that fits the situation, can be a part of the plan of
self-care. At times, a third party is needed to help sort out the difficulties.

**Spiritual**

The most common way of handling stress identified by the hospice workers is maintaining a spiritual connection. Most of the hospice workers have a spiritual belief system, which may not be connected to an organized religion or be well-defined, but consists of some belief in something beyond the self, some way of making meaning of the world and life. Being around so much death can make it all the more important to connect with life and broader perspectives. Red flags in this area often include feeling cynical, losing touch with the meaning of life, and a diminishment of spiritual practice either in frequency or meaning.

We discuss ways the worker has typically felt connected spiritually and any obstacles to that connection. We may also develop ways for her to become connected spiritually, if that is something important to her. Possible ways of staying or becoming connected spiritually can include: getting in touch with nature, praying, meditating, reading sacred scripture or inspirational material, attending worship services, participating in holy sacraments, interacting with children, as well as creative work, singing, dancing, listening to or making music.

**Conclusion**

The individualized self-care plan is one way for the hospice worker to be proactive in maximizing her gifts and achieving fulfillment while minimizing the draining aspects of work. In refining and developing the methods that fit her uniquely, she learns to take good care of the best tool she has for hospice work—herself.

**References**