

# Self-Care



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# Acknowledgement



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# Disclaimer



While this program provides educational information, this information is not medical advice. Health care providers should exercise their own independent clinical judgment. Some of the information cites the use of a product in a dosage, for an indication, or in a manner other than that recommended in the product labeling.

Accordingly, the official prescribing information should be consulted before any such product is used.

# Objectives



- Describe how clinicians can utilize their emotional reactions to improve patient care.
- List steps in enhancing your ability to become personally aware.
- Describe three steps to prevent professional burn-out.

## Imagine this scenario ...



- Mrs. Jones is a 54 y/o woman admitted to the hospital with increasing pain and nausea from metastatic pancreatic cancer. She has lost 25 pounds and is largely confined to bed. There are no further options for anti-neoplastic treatments.
- You are confronted with a very ill, cachectic woman, in obvious pain, who says to you, “*I just wish this were over*”.

# What is your emotional response?



Imagine this is your case, what *emotions* go through your mind?

- A)
- B)
- C)
- D)

# Common emotions



- Compassion
  - *I want to make things better for her*
- Empathy
  - *I feel bad about her situation, how can I help?*
- Hope (realistic)
  - *I'm hopeful that I can ease her suffering*

# Common emotions



- Fear
  - *I dread having to care for this dying patient*
  - *I don't know what to do*
- Anger
  - *Why me, why couldn't I get a different patient*
- Despair
  - *This patient is dying and there is nothing I can do*
  - *I just feel like crying*
- Uncertainty
  - *I don't understand my role*

# Care of the sick and dying



- Every interaction between two humans provokes emotional reactions in both.
  - Clinicians caring for seriously ill will develop emotional reactions.
- How the clinician chooses to deal with his/her emotions will impact patient care and the clinicians's own sense of professional satisfaction and meaning.

# Emotional consequences



- In general, clinicians who approach care of the ill and dying with empathy, compassion, and realistic hope, will be able to foster strong doctor-patient relationships, engender greater patient and family satisfaction, and have a more positive sense of professional self-worth.

# Emotional consequences



- In general, clinicians who approach care of the dying with anger, fear, and despair, will be unable to provide care that meets the physical and emotional needs of patients and families.
  - Poor pain/symptom control
  - Overly optimistic prognostication
  - Avoidant behaviors
  - Poor sense of self-worth regarding the role of the clinician

# Emotional involvement: Common Messages



- *keep your emotional distance from patients . . .*
- *do not express your emotions in front of patients . . .*
- *don't spend so much time with the patient . . .*

# Emotional involvement: Common Messages



- The purpose of these messages is well intentioned ...
  - To protect clinicians from losing their objectivity in making medical decisions
  - To protect from emotional burn-out
    - These are the same reasons why clinicians are counseled not to provide clinical care for family members

# Emotional involvement



- Yet, emotional reactions are both inevitable and vital in developing a positive therapeutic relationship.
  - Keeping an emotional distance will rob the clinician of an important diagnostic and therapeutic tool
    - To be present and aware with the patient through active listening and
    - Keeping a distance will deprive the patient and family of an emotional connection which can be sustaining and comforting in the face of a life-threatening illness

# Finding your balance



- Recognize how a particular patient is impacting you emotionally (*I am feeling sad, mad, fearful*)
- Use that information in a positive way to help the patient through the dying experience and for your own personal growth as a clinician
- Be aware of potential problems in clinician-patient boundaries

# Personal Awareness



- Personal awareness involves insight into how one's sensations, emotional life, past experiences, thoughts, beliefs, attitudes, and values influence our interactions with patients, families and other professionals.
- The key to managing emotional reactions is self-awareness.

Epstein (1999)

# Steps you can take



**1. Self-awareness** Recognize, value, and maintain awareness of your own sensations, emotions, thoughts, and actions when working with patients.

One's sensations, thoughts and feelings are often quite automatic. The interconnections between one's sensations, thoughts, feelings, and actions often go unnoticed.

# Steps you can take



**2. Self-acceptance** Accept your emotions, sensations and thoughts openly, without judgment — These emotions, sensations and thoughts are a natural part of your response to the world. They are a part of you. They are not caused by anyone else. You alone are the source of your thoughts, sensations and feelings.

# Steps you can take



- 3. Other-awareness** Recognize and identify the emotions, sensations and thoughts of your patients and their families.
- 4. Other-acceptance** Accept the patient's/family's emotions and thoughts openly, without judgments -- These emotions and thoughts are a natural part of their response to the world.

# Steps you can take



## 5. Identify patterns of response

In Yourself: Pay attention to your automatic sensations, emotions and cognitions and learn to recognize common patterns.

In what patient scenarios do you tend to feel angry?  
Happy? Depressed? Satisfied? Frustrated?

Identifying personal schemas involves a process of sustained self-observation, curiosity and hypothesis testing.

# Steps you can take



## 6. Identify patterns of response

In Others: By studying the emotional and cognitive responses of others over time you will become aware of patterns in their responses.

In what scenarios do they tend to feel angry? Happy?  
Frustrated? Demoralized?

Identifying another person's schemas also involves a process of sustained observation, curiosity and hypothesis testing.

# Steps you can take



## **7. Identifying patterns of interaction over time**

You are always interacting with others. Your sensations, emotions, cognition and behaviors influence others, while the emotions, cognition and behaviors of others influence you.

This process is constant and mutually reciprocal. You are linked with others in a constantly changing web of interactions.

# Steps you can take



- The highest level of personal awareness involves awareness of your engagement in this web of interactions.
  - How do your emotions, cognition and behaviors influence those around you?
  - How do their emotions, cognition and behaviors influence you?
  - What patterns of interaction play out over time with a specific patient?
- As you explore interactions, you will be challenged to move from awareness to acceptance to understanding over time



1. What am I feeling right now as I view this module?
2. What emotional reaction does the information trigger?
3. What is behind the emotion—why do I feel this way?
4. What past life experiences have led me to feel this way?
5. Are my reactions appropriate to my growth as a clinician? If not, why not, and what can I do to change?

# Getting Started



- Perform this process over and over--following encounters with patients and and peers.
- Over time you will come to recognize common themes in how your emotions are triggered by different patients, under different clinical circumstances, and you will be better prepared to analyze the impact of these emotions on your development as a clinician.

# Boundaries



- Boundaries are unspoken physical and emotional limits in the relationship between a patient and clinician.
  - They establish and maintain a safe and trusting clinician-patient relationship
  - They help clinicians maintain justice, equity and appropriate focus on patients' needs and vulnerabilities

# Boundary challenges



- Gift giving: to/from patients
- Patients wishing access to your personal life/information
- Patient expectations that you will provide care outside of normal settings.
- The clinician revealing excessive personal information
- Sexual/romantic feelings (in clinician or patient)

# Maintaining boundaries



- Set clear expectations about your role
  - Address boundary issues as they arise
- Use colleagues or mental health professionals as a sounding board if you are concerned
- Seek professional counseling for yourself if your own issues impact objective medical care decisions.

# Burnout



- *State of mental and/or physical exhaustion caused by excessive and prolonged stress.*  
(Epstein, 1996)
  - **Emotional exhaustion:** demoralization, irritability, withdrawal, depression, drug and alcohol abuse, marital conflict, family problems;
  - **Depersonalization:** Feeling emotionally separated and numb, cynicism, erosion of empathy, hostility, control and manipulation of others;
  - **Perceived professional inadequacy:** loss of control, dissatisfaction with gains;
  - **Substance abuse:** Use and abuse of controlled substances, illegal drugs, alcohol;
  - **Social isolation & withdrawal:** Backing away from colleagues or family; immersing oneself in work to the exclusion of family and colleagues.

# Factors that lead to Burnout



## Beliefs that promote an excessive sense of personal responsibility

- *Limitation in knowledge is my personal failing*
- *Responsibility is to be borne solely by me*
- *Altruistic devotion to work and denial of self is desirable*
- *It is “professional” to keep one’s uncertainties and emotions to oneself.*

## Tragic clinical situations

- An untimely death: child; young adult
- An unexpected death
- A patient suffering in spite of my best interventions

# Consequences of Burnout



- Personal Consequences
  - Substance abuse
  - Relationship Troubles
  - Decreased Job Satisfaction
  - Neglect for own health needs, such as routine doctor's visits
  - Depression
  - Suicide

# Consequences of Burnout



- Professional Consequences
  - Increased Medical Errors
  - Reduced productivity and efficiency
    - More likely to order unnecessary tests or procedures
  - Suboptimal Quality of Patient Care
    - Less time spent with patients
    - Less time explaining procedures, etc.
  - Decreased patient satisfaction
  - Increased job turnover

# Burnout prevention/interventions



- Personal Strategies
  - Reflection upon work: journaling, discussion with colleagues
  - Attend to health: diet, exercise, rest, regular health care
  - Plan activities that rejuvenate: Play!
  - Professional supervision: Regular interaction with a mental health professional with the express purpose of exploring dynamics of the physician/patient relationship
  - Allow for “timeout” when stressors increase

# Burnout prevention/interventions



- **Interpersonal Strategies**
  - Give important relationships priority – strengthen existing relationships with family and friends
  - Expand your community beyond existing relationships through activism or spiritual engagement

# Burnout prevention/interventions



- Professional Strategies
  - Debrief emotional events soon after they occur, with peers/colleagues
  - Reach out to colleagues
  - Seek out or strengthen a mentor relationship
  - Write about your work for a larger audience

# Learning Points



List 3 new things you learned from this presentation.

- 1.
- 2.
- 3.

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