

Burnout Issue in Hospice Care

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Introduction

- What is Hospice?
- Home.
- Options.
- Specialized.
- Personable.
- Individualized.
- Care for End-of-life issues/care.

Introduction

- Dame Cicely Saunders at St. Christopher's Hospice in London first applied the term 'hospice' to specialized care for dying patients in 1967."
- Hospice has been available in the United States since the mid-1970s.

What services are provided?

Nursing Care:

- Registered nurses monitor symptoms and medication, and help educate both patients and their families about what's happening.

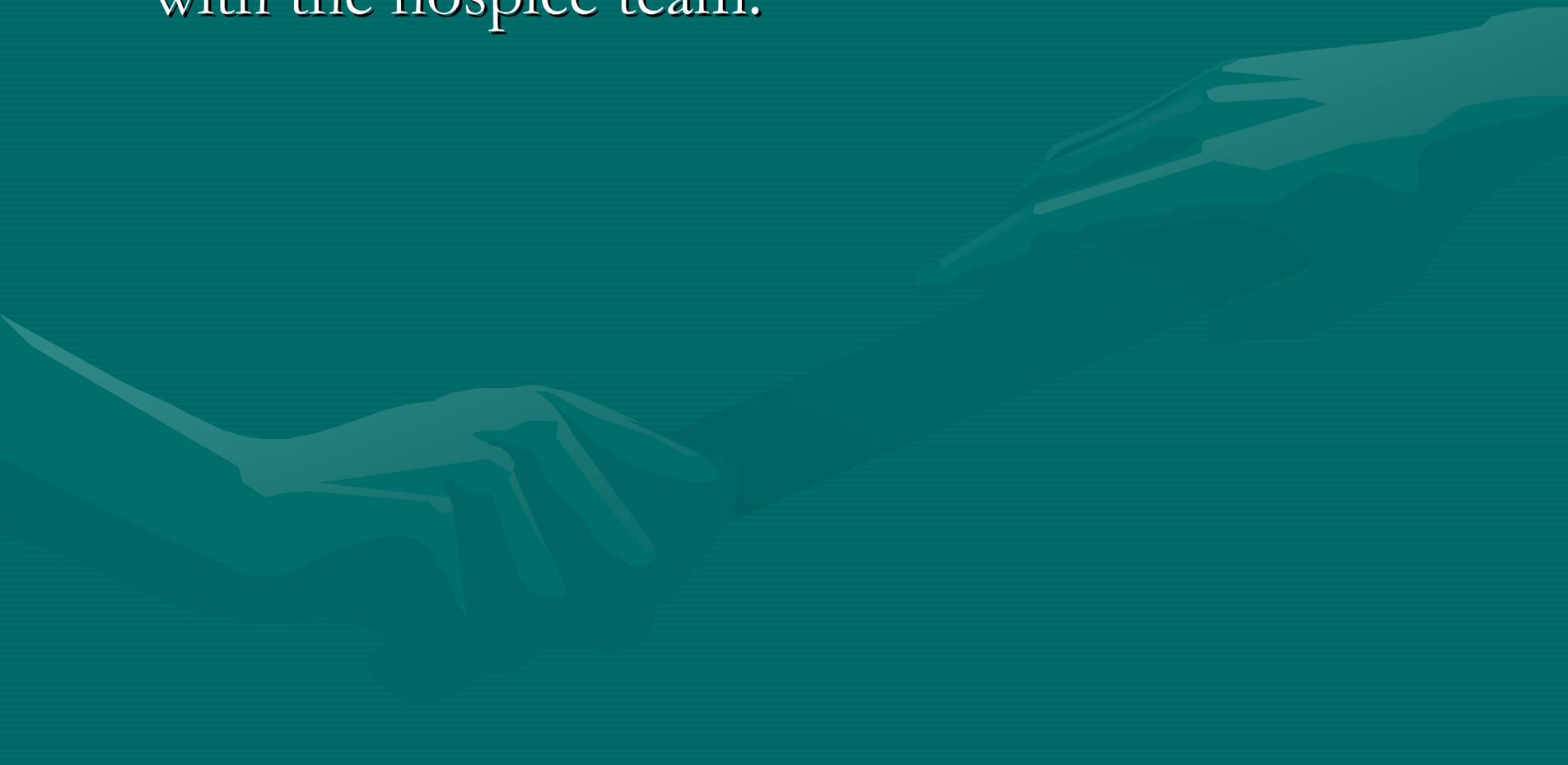
Social Services:

- A social worker counsels and advises patients and family members, making sure patients have access to the resources they need.



Physician Services:

- Doctor approves the plan of care and works with the hospice team.



Spiritual Support and Counseling:

- Spiritual counselors are available to visit patients and provide spiritual support at home.



Home Health Aides and Homemaker Services:

- Home health aides provide personal care such as bathing, shaving, and nail care.
- Homemakers may be available for light housekeeping and meal preparation.

Trained Volunteer Support:

- Caring volunteers have long been the backbone of hospice.
- They're available to listen, offer patients and their families compassionate support, and assist with everyday tasks such as shopping, and babysitting.

Physical, Occupational, and Speech Therapies:

- These hospice specialists can help patients develop new ways to perform tasks that may have become difficult due to illness, such as walking, dressing, or feeding themselves.

Respite Care:

- Respite care gives family a break from the intensity of care giving. Brief inpatient stay in a hospice facility provides a "breather" for caregivers.

Inpatient Care:

- Sometimes medical intervention will be recommended to ease the dying process (for example, an IV drip with pain medication), requiring round-the-clock nursing care.

Bereavement Support :

- Support may include a trained volunteer or counselor visiting family at specific periods during the first year, as well as phone calls, letters and support groups.

Definitions

- Burnout is a . . .
- "Psychological syndrome in response to chronic interpersonal stressors on the job." (Maslach, 1982)
- "State of mental and/or physical exhaustion caused by excessive and prolonged stress." (Girdin, 1996)

SYMPTOMS OF EACH SEQUENTIAL STAGE OF BURNOUT

- **Stress Arousal:** anxiety, irritability, hypertension, bruxism, insomnia, palpitations, forgetfulness, and headaches.
- **Energy Conservation:** resentment, morning fatigue, social withdrawal, increased alcohol or caffeine consumption, and apathy.
- **Exhaustion:** Chronic sadness, depression, chronic heartburn, diarrhea, constipation, chronic mental and physical fatigue, the desire to “drop out” of society.

PERSONAL CONSEQUENCES

1. Depletion of emotional and physical resources.
2. Negative self-image: feelings of incompetence and lack of achievement.
3. Self-neglect.

4. Neglect of family and social obligations.

5. Mental Illness: anxiety, PTSD, depression, substance abuse, adjustment disorders and suicide.

PROFESSIONAL CONSEQUENCES

1. Longer Work hours: If I work harder, it will get better.
2. Withdrawal, absenteeism, and reduced productivity.
3. Depersonalization: attempt to create distance between self and patients/trainees.

PROFESSIONAL CONSEQUENCES

4. Loss of professional boundaries leading to inappropriate relationships with patients/trainees.

5. Compromised patient care.

6. Providing “suboptimal care”.

Situational Risk Factors

- Long work hours, time pressure, and complex patient.
- Lack of control over schedules, pace of work, and interruptions.
- Lack of support for work/life balance from colleagues and/or spouse.
- Isolation due to gender or cultural differences.

Situational Risk Factors

- Work overload and its effect on home life.
- Feeling poorly managed and resourced.
- Dealing with patients' suffering.

Individual Risk Factors

- At risk earlier in career.
- Lack of Life-partner.
- Lack of sense of control over events.

- Personality characteristics (perfectionism).
- Identification with patients.
- Self-esteem.
- Unrealistic expectations.

- Feelings of inadequacy.
- History of psychiatric illness.
- Increased awareness of own losses, vulnerabilities, and fear of own death.
- Cumulative losses.

Self-Care & Coping Strategies

Physical Health:

- Eating well
- Exercise and recreation
- Restful and relaxing activities (massage therapy, napping, warm baths).
- Biofeedback
- Acupuncture

Self-Care & Coping Strategies

Emotional Health:

- Listening to quiet music.
- Interacting with optimistic people.
- Keeping a daily journal.

Self-Care & Coping Strategies

- Speaking with colleagues or friends.
- Sense of humor.
- Self-confidence—competence and control.
- Social support.

Self-Care & Coping Strategies

Mental Health:

- Setting priorities
- Saying no
- Keeping an open mind to new ideas
- In-services and continuing education
- Interests such as music or hobbies

Self-Care & Coping Strategies

Others:

- Religious/spiritual practices
- Consider personal beliefs
- Meditation
- Relaxation

Self-Care & Coping Strategies

Work Coping Strategies:

- Professional boundaries.
- Don't view death as a failure.
- Reflect on rewards of work and moments where you made the greatest difference.

Self-Care & Coping Strategies

- Taking time off.
- Working part-time.
- Join professional organizations.

Self-Care & Coping Strategies

- Journal—express feelings about caring for patients.
- Support from colleagues.
- Seek professional counseling.
- Define your role.
- Avoid distancing from patients/families.

How to prevent Burnout

Staff Journal

A journal book open in a quiet corner where staff can stop by and write entries of a personal nature (not work) such as "My dog died today" or "I miss my kids today".

The result is that we can be more sensitive to each other, supportive, and appreciative.

How to prevent Burnout

Staff Support

Once per month staff meets with an outside the agency facilitator for staff support. First 30-45 minutes are guided meditation and the remainder of the time is open for sharing.

How to prevent Burnout

Elegant Eating

Different staff and volunteers plan surprise lunches for all.

How to prevent Burnout

Breakfast of Champions

When needed to have early a.m. staffing we all bring in breakfast and have early breakfasts together while we staff.

How to prevent Burnout

Stress Buster

Go to lunch with entire hospice team to have an hour together for just being together, alleviating stress, and laughing.

A faint, semi-transparent image of two hands shaking is visible in the lower half of the slide, serving as a background for the text.

How to prevent Burnout

Christmas Party

Each holiday time our Christmas party is full of singing and talent. There are three hours of eating, singing, and just coming together and enjoying one another. The party is videotaped and we can look back each year.

How to prevent Burnout

Secret Angels

Names of our "Secret Angels" are drawn and then gifts are given just for fun.



How to prevent Burnout

The Stories of Their Lives

For staff bereavement we meet regularly for a story-telling sessions about patients who have died. We have lunch served and include volunteers of those patients as well as staff.

How to prevent Burnout

Meetings Away From Work

All staff meets once a month to support each other and promote teamwork. We meet at each other's houses or to go out. This brings us closer together as a team and decreases stress.

How to prevent Burnout

Team Support

A scheduled support every month. One meeting is a general staff meeting. It is formal, educational, creative support meeting and the other is informal and often includes food. This helps to resolve issues between disciplines and to provide team building.

How to prevent Burnout

Open Floor

During staff meeting each week, the last 10-15 minutes are reserved for the staff to voice complaints, suggestions, etc.

This time allows all staff to be heard; and hopefully breaks down barriers before they become walls.

How to prevent Burnout

Bereavement Remembrance

Once a month, a bereavement memorial service for the staff is of help.

To remember those that have died. The staff alternates in planning the service.

To light a candle for each client and the staff is encouraged to say a few words. Special music, and/or stories are read.

How to prevent Burnout

Memorial Table

To encourage and support staff as well as memorialize the patient, light a candle and place name cards of each deceased patient on a special table each day.

This tradition reminds support staff of our mission and helps clinical staff with their grief.

How to prevent Burnout

Daily AM Team Support Meeting

Short meeting of all team members at 8:00a.m., Monday through Friday, to:

- a) Give team support.
- b) review on-call contacts since 5p.m. the day before so we know which families may need extra attention.
- c) review new admissions.
- d) have prayer to remember families, staff, with special needs that day.

How to prevent Burnout

Hospice Heroes

To recognize a department (e.g., nursing, social work) for their hard work and contributions, and all team members express thanks and cite examples of terrific case outcomes and interventions by the department being honored.

Allows each department to feel appreciated and rewarded versus recognizing individuals.

How to prevent Burnout

Monthly Team Spirit Days

Builds and strengthens interdisciplinary team cohesiveness. Fun activities are used to show team spirit.

Examples of activities: a) secret special friend week. To reveal who special friends are at the end of the week. b) Character day--shirts, caps, etc. c) Strawberry Shortcake Day.

How to prevent Burnout

Staff Meeting

A meeting every month for the staff nurses, so that they are able to express feelings of sorrow, frustrations, anger over losing the patients they have cared for.

How to prevent Burnout

Final Friday

To invite all staff and volunteers (and their families, if they want) to meet at a family friendly restaurant the last Friday of the month after work. It gives staff and volunteers an opportunity to get to know each other better and in a non-clinical atmosphere.

How to prevent Burnout

Ways We Say Goodbye to Deceased Patients at Monthly Staff Meetings

At monthly staff meeting we memorialize the patients who have died during the month.

People have been planning music, poetry, song and readings that really have touched all the feelings and emotions the group holds.

THANK YOU

