A Practical Road Map to Managing Personal, Professional, and Team Sustainability

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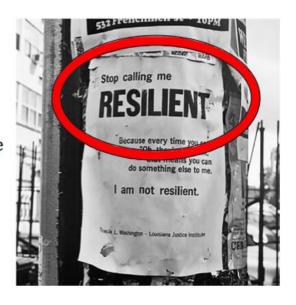
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Working in today's medical environment means sitting next to and putting ourselves in the middle of stress, crisis, grief and more. The fields of hospice and palliative care have identified compassion fatigue (empathic strain), secondary or vicarious trauma, moral distress, and burnout as consequences we will likely, and naturally, experience throughout our careers. We also know that the level of our own personal anxiety or stress can contribute to our ability to mitigate stress, distress, and other reactions. These factors impact not only how we do our work and how we manage our own stress, but also how we can manage our sustainability going forward and throughout our careers. Given the immense changes in health care over the last few years, it is a good time to consider strategies for thinking about our sustainability to deal with common, but distressing, reactions that are inevitable in our work and heightened in a crisis. The following tips provide an implementation road map to 1) enhance self-awareness around creating real-time strategies to navigate stress and 2) advocate for systemic changes and interventions.

Why Sustainability & Not Resilience?

- Traditional focus on individual
- The resilience enterprise can short circuit aims for social justice
- · Valorizes intrapsychic functioning
- · Normalizes a hierarchical structure
- Moves our focus away from root problems that cause distress
- Term resilience can be misused to mask structural and psychological problems.
- Built on denial of vulnerability



~ Park, 2020

Park, Y., Crath, R., & Jeffery, D. (2020). Disciplining the risky subject: a discourse analysis of the concept of resilience in social work literature. *Journal of Social Work, 20*(2), 152-172. doi:10.1177/1468017318792953

Things You Can Do as an Individual Clinician

1. Take inventory of your personal reaction styles to reveal your own strength and weaknesses. We already have skills, strategies, and coping styles that we use in our work that help us sustain ourselves and bounce back from difficult days/cases/interactions. During a time of increased distress, it is important to remind ourselves and recognize when we are moving from a normal reaction to something that is more challenging or experiencing empathic strain or secondary trauma. Distressing reactions can build and cause harm.¹ It is crucial to understand our physical, emotional, and behavioral reactions so that we can manage those feelings, learn from them, and take the best care of our patients and ourselves. Identifying our own warning signs will allow us to tend to those reactions more effectively, and build on our existing coping strategies. This exercise can help us uncover our reactions and physical responses, which we can then use as our warning signs. By recognizing warning signs, we can change our reaction, behavior, and interactions.²

<u>Implementation Strategy</u>: Using Figure 1 on p. 3, take an inventory of how you react in a crisis. Identify and list your **most frequent 3 responses in the 3 categories of physical, behavioral and emotional reactions**. How do you feel physically (e.g., exhaustion, racing heart); behaviorally (do you get irritable or angry); and emotionally (do you feel defeated, frustrated, guilty)? Do you feel all of the above?

It doesn't matter what your feelings are; the exercise helps you identify your reactions, which in turn will help you know when you need to slow down or need help. It will be helpful to write it down, and use it to keep track of where you are during the day or week. If a good, regular day is in the green zone, what might a yellow or red zone day or time look like? How would you know?

Physical Behavioral Emotional Check in(s): Color now (G/Y/R) Arrival to work: Midday: Heading/arriving home:	Domains	Most Common Reaction	Second Most Common	Third Most Common
Emotional Check in(s): Color now (G/Y/R) Arrival to work: Midday:	Physical			
Check in(s): Color now (G/Y/R) Arrival to work: Midday:	Behavioral			
Arrival to work:	Emotional			
Midday:	Check in(s):		Co	olor now (G/Y/R):
	Arrival to work: _			
Heading/arriving home:	Midday:			
	Heading/arriving	Heading/arriving home:		

2. Pause several times per day to check in with yourself about how you are feeling. Self-awareness has been noted as a key strategy for sustainability. Taking time to note how you feel throughout the day is a basic tenet of mindfulness and helps us better understand the relationship between feelings and thoughts. This method is central to psychological first aid as an immediate way to refocus the mind. We all occasionally experience cognitive distortions, such as catastrophizing, and not attending to outcomes that we can control may increase levels of anxiety and depression over time. Managing these thoughts will allow us to be present and consider other possible outcomes. This self-check-in, or noting technique, can be both preventative (identifying when you need a break) and therapeutic (the act of pausing gives your mind some space to process a situation or emotion).

<u>Implementation strategy</u>: Integrate routine check in times during the day. You can use Figure 1 as a place to record your feelings; for instance, pause each time you wash your hands or reach for your office door handle. Slow down, take a deep breath, and simply notice how you feel. Avoid judgement and negative self-thoughts; just notice your feelings and thoughts then move on to your next task. This mindfulness exercise can help you note how you are physically and emotionally managing. Only by regularly paying attention will you acknowledge your distress instead of ignoring it.

3. Adapt your self-care strategies. In times of immense change, you may feel so overwhelmed that your usual strategies are not as effective as usual. Having a fixed notion of what you need for self-care may lead to frustration. Ask yourself: Do my strategies need to change due to a crisis, schedule, different roles, or new responsibilities? If your current strategies are not helping mitigate your feelings, you will need to adapt.

<u>Implementation strategy</u>: When a change is needed, identify one new strategy for your daily routine. Set yourself up for success by choosing something that is easy to do and sustain. In times of crisis, there can be immense value in returning to the fundamentals of self-care, such as eating well and getting enough sleep. Whether a new or time-tested strategy, make a small change and adapt as needed. Consider which of the strategies in Table 1 you can commit to implementing this week.

Table 1: Easily Implemented Self-Care Strategies

Easily Implemented Self-Care Strategies	Possible Barriers	Benefits
Get enough sleep	We get overinvested in our work and feel we must work harder in order to be productive.	Being rested helps us cope better, increases our patience, and offers the ability to see possibilities.
Take 5-15 minutes for yourself each day by unplugging	We can feel we are omnipotent and can't pull ourselves away from work.	Giving yourself "space" to relax; thinking of something unrelated to work can be refreshing and add to our strength.

Easily Implemented Self-Care Strategies	Possible Barriers	Benefits
Exercise 20-30 minutes per day	We often feel like we don't have enough time or feel too tired or 'spent' to move around.	Moving our bodies for a bit, especially if we don't at work, increases energy and can help with sleep.
Be aware of your stress level	We can be so focused on issues outside of ourselves that we miss what we can control.	Monitoring yourself will allow you to respond to yellow moments before they turn red!
Eat breakfast or pack lunch	It is faster to order take out and carbohydrates and processed sugars taste great!	Eating a good breakfast (something with protein) can fuel you through lunch. Packing lunch offers portion control and healthier options.

4. Create a transition routine between work and home. Creating a routine that signifies the beginning and end of your work day provides structure and promotes balance for work and home. No matter how small or dramatic it may be, a daily routine for starting and finishing your day can be enormously helpful in allowing space and time outside of working. In a crisis, this routine will likely be challenged and need revision, even daily. There may be some days when the transition isn't possible but having a routine is helpful for many people.

Implementation strategies: You can change your shoes before entering your home, use the drive home to think through the day and refocus on other things, or light a candle when you arrive home. If you are working from home, using different home spaces for professional work and personal time offers the opportunity to create a transition routine at the end of the work day. Although you are at home, changing into work clothes, following your typical morning routine before beginning work is one example. Deciding on a time that you will stop checking your work email at the end of the day can also work as a transition back to "home."

5. Use debriefings as a strategy for your colleagues and teams. Peer validation and social support are important coping strategies, especially in a crisis when we may be hypercritical of ourselves. Debriefings are a flexible, portable, and effective way to normalize your experiences and build sustainability as an individual and group. Frequency They create an opportunity to "offload" intense emotions and thoughts as a way of gaining control and understanding. Using debriefings to deal with moral distress has been found to add to nursing sustainability.

<u>Implementation strategy</u>: Schedule weekly or monthly team debriefs. <u>Standard implementation</u> of debriefings includes having a peer facilitator provide guidelines and reinforce confidentiality and expectations for participants. Whether scheduled or spontaneous, leaders can use debriefings to pay attention to reactions, foster space,

and enable individuals to increase their awareness and implement possible interventions. Note: These debriefings are not meant to be used for a trauma situation.

6. **Check your 'Window of Tolerance.'** During a time of crisis or repeated exposure to trauma, our ability to tolerate stress will vary. We will not always be in the place where we feel in control, where expectations seem clear, and where life feels predictable. Experiencing too many emotions, fears, or expectations can ultimately lead to us becoming numb and disconnected. The idea of a 'Window of Tolerance' helps us diagnose our reactions and current capabilities. This information can then inform how we tend to those reactions, give language to unconscious feelings, and guide interventions. Implementing strategies regularly and in a state of calm can be effective for learning what works well for you as an individual.

<u>Implementation strategy</u>: Ask yourself: how is my window of tolerance today? Am I feeling numb or in "fight" mode? Limit judgement and/or guilt about where you are. Paying attention to how you are currently coping will provide insight into what you need to widen your Window of Tolerance.

7. Pay attention to your personal triggers. Palliative care and hospice clinicians must remain aware of our personal issues that can be triggered by the work we do with patients, families, and colleagues. Acknowledging the general notion of emotional triggers is insufficient, as many reactions may be unconscious or manifest as a vague feeling. Identifying and deepening our understanding of our own triggers can help us better address our feelings/reactions, if not resolve past issues. This will inform your attitude, word choice, perspective, interventions, and more.

<u>Implementation strategy</u>: Note when interactions with patients, families, or colleagues leave you feeling uneasy. Ask yourself what it is about this case, this interaction, or emotion contributing to the unease. Recognize that these triggers will happen over and over. The goal is not to rid ourselves of these, but to understand how they impact our work.¹¹

8. **Be kind and patient towards yourself and others.** Compassion for other means starting with compassion for yourself. Compassion for yourself begins with recognizing and attending to our own fears and feelings, as noted above. This concept can easily be translated for those who are leading teams and individuals to find peace within themselves.

<u>Implementation strategy</u>: Either through observation or by asking, seek to understand how colleagues deal with distress. The act of simply checking in (e.g., asking "How are you doing today?") conveys collegial support and connection. This curiosity allows us to be open minded, which can lead to healthier interactions. Interprofessional education has achieved a lot in this arena, helping us all to discover different curriculums and ethical constructs, and increase our empathy and understanding of those we work with.¹²

Institutional Obligations

As the individual clinician, you are not responsible for creating the environment that has so significantly increased the stress of caring for people living with serious illness. While we all have a personal obligation to take care of ourselves as professionals, our institutions also have an obligation to help mitigate the natural consequences of working in health care.

Sustainable strategies from institutions are those that acknowledge the normalcy of stress – AND identify and address system- and institutional-level issues that need changing. These may include (but are not limited to) reducing caseloads, ensuring protected time for staff to engage in professional development or well-being activities, or minimizing unnecessary administrative burden. Effective institutional solutions require co-creation with all impacted parties; and individuals must be empowered to push back as needed.

Overarching suggestions for institutions include:

- Acknowledge the difficulty of the work it's always challenging
- Put ongoing supports in place make part of the culture
- Take on the moral responsibility of supporting staff

"Clinician well-being needs to be a marker of the success of the health care enterprise." 13

Resources for Health Care Worker Well-Being: 6 Essential Elements



For more resources, visit https://nam.edu/initiatives/clinician-resilience-and-well-being/

Conclusion

Working in health care has become increasingly difficult over time. In order for this work to be sustainable, we and our workplaces must develop intentional and deliberate strategies to mitigate job and personal stress and their more menacing cousins. We encourage everyone to use the list above (also summarized in Appendix A) as a roadmap for choosing and implementing tested strategies that can help to minimize our own suffering, advocate for support from the institution as we work tirelessly to minimize the suffering of our patients and colleagues.

References

- 1. Epstein E, Hamric, A. Moral Distress, Moral Residue, and the Crescendo Effect. *J Clin Ethics*. 2009;20(4):330-342.
- 2. Mathieu F. *The Compassion Fatigue Workbook*. Routledge; 2012.
- 3. Perez G. Promoting resiliency among palliative care clinicians: Stressors, coping strategies, and training needs. *Journal of Palliative Medicine*. 2015;18(4):332-337.
- 4. Urdang E. Awareness of Self A Critical Tool. *Social Work Education*. 2010;29(5):523-538.
- 5. Mathieu F. Beyond Kale and Pedicures: Can We Beat Burnout and Compassion Fatigue. 2015; https://www.tendacademy.ca/beyond-kale-and-pedicures/. Accessed 4/17/20.
- 6. Browning E. Reflective Debriefing: A Social Work Intervention Addressing Moral Distress among ICU Nurses. *Journal of Social Work in End of Life & Palliative Care*. 2018;14(1):44-72.
- 7. Rushton C. Moral Distress: A Capacity for Navigating Moral Distress in Critical Care. *Ethics in Critical Care*. 2016;27(1):111-119.
- 8. Austin CL, Saylor R, Finley PJ. Moral Distress in Physicians and Nurses: Impact on Professional Quality of Life and Turnover. *Psychol Trauma*. 2016;9(4):399-406.
- 9. Rushton C. Defining and Addressing Moral Distress: Tools for Critical Care Nursing Leadership. *AACN Advances Critical Care*. 2006;17(2):161-168.
- 10. Siegel DJ. *The developing mind : toward a neurobiology of interpersonal experience.* New York: Guilford Press; 1999.
- 11. Katz RJ, T. When Professionals Weep. New York: Routledge; 2006.
- 12. Hall P. Interprofessional teamwork: Professional cultures as barriers. *Journal of Interprofessional Care*. 2005;Suppliment 1(May 2005):1888-1196.
- 13. Epstein, R., Privitera, M. (2021) Finding Our Way Out of Burnout. JCO Oncology Practice. 17(7)

Appendix A: Sustainability Tool Box

Suggestion	When to practice	Example	Challenges
Identify and create a stress warning system for yourself. Write down how you react to stress/crisis and name your top 3 reactions. Use these as your warning system.	15 minutes. End of the day, individually or in a group; revisit monthly, has anything changed?	You have identified that your heart races, you withdraw from the conversation and feel frozen. These are your warning signs to pay attention to. When you feel these starting think about what could be helpful to mitigate (not rid) the reactions to allow yourself to be present.	We have a tendency to ignore our reactions, thinking we can just "tough it out" or feel shame that we have reactions.
Pay attention to your personal issues that get triggered in conversations and interactions.	This is an ongoing practice and skill used throughout your career. This selfawareness is particularly helpful during a case that is causing you distress. Helpful to write these down, journal. Debriefings are also a venue for discussion.	You didn't get to say goodbye to your grandmother; you had things you wanted to say and feel guilty this didn't happen. When a family chooses not to be present at a death, you feel very angry with them.	It is easy to avoid our own issues and project them onto others. "That family made me so mad. They should want to be present at the time of death". This work can stir painful memories and requires intention.
Check your basics : Eating, sleeping, play	During a crisis, or stressful times, we can often forget to eat right, get enough sleep. While they are basic, they are fundamental for being able to manage stress effectively.	Be intentional about your meals, what you eat and taking time. Be sure and get enough sleep each night, reschedule your routine to accommodate this self-care.	We have less time; preoccupation with daily crisis situations; ignoring warning signs; build to overwhelming fatigue.
Create a transition routine between work and home	Decide how you want to mark the beginning and end of your work day. Make sure there is a beginning and an end.	Set aside 15 minutes in the morning to sit outside before checking phone and email. Turn your phone off at end of work day and spend 15 min reading.	Work can become 24/7, especially during a crisis when things change daily.

Appendix B: Additional Resources

Mindfulness

- Calm Together: https://blog.calm.com/take-a-deep-breath
- Tara Brach Guided Meditation "The RAIN of Self Compassion": https://www.youtube.com/watch?v=wm1t5FyK5Ek
- Brené Brown "Unlocking Us": https://brenebrown.com/podcast/introducing-unlocking-us/
- NIH "Meditation and Mindfulness": https://www.nccih.nih.gov/health/meditation-and-mindfulness-what-you-need-to-know
- Five Exercises to Calm our Body's Stress Response and Restore Resilience:
 https://kripalu.org/resources/five-exercises-calm-our-bodys-stress-response-and-restore-resilience

Resilience through Compassion Fatigue and Secondary Trauma

- Tend Academy: https://www.tendacademy.ca/
- Trauma Stewardship: https://traumastewardship.com/
- Hamilton Health Sciences "Resilience Support Toolkit": https://www.hamiltonhealthsciences.ca/covid19/staff-physician/hhs-resources/resilience-support-toolkit/