Palliative Care Team Health and Well-Being

High consult volumes, continued surges, staff shortages, limited resources, health and environmental crises, and/or other stressors continue to strain the overall health and morale of palliative care teams.

In this high-pressure health care landscape, team health and well-being are still paramount, particularly as we ask questions such as:

→ How do we deliver the best care possible with the available resources?
→ How do we meet the needs of all our patients and keep our team intact?
→ How do we pace ourselves and avoid moral injury, moral distress, and burnout?

Even prior to the pandemic, palliative care teams were under enormous pressure to provide care while under-resourced and understaffed. But since the pandemic, many of the coping strategies previously used have become less effective (or even infeasible).

As the overarching Emotional PPE narrative shifts from what individual health workers can do to how the US health care system must change to protect its workers, there are nonetheless actions that palliative care teams and leaders can take to promote wellness.

Ask Grounding Questions that Reflect the Current Era

Most of the following questions are not new to palliative care teams; however, taking the time to ask them and reflect on the answers can reorient us to our current needs and capacity – rather than striving for an ideal that is no longer possible. Note that although this list is not exhaustive, it includes a mix of individual and team-level reflection.

Theme	"New Normal"
Moral Injury or Moral Distress: Are we doing enough to honor patient wishes and values?	We cannot deliver all-inclusive care for patients. We have too many consults and not enough time or staff. We may be lacking in resources (e.g., medications, supplies, and personnel). Given these circumstances: • How do I change the expectations of a good palliative care encounter? • How do I perform a focused consult within the boundaries of palliative care and include other team members? • How do we as a team set expectations on patient volume? • How do we as a team set expectations that we are doing specialty palliative care and not primary care?

Theme	"New Normal"
	• How do we as a team get the resources we need to provide safe care? • How do we as a team ensure everyone has clear start and stop times to be able to return to work the next day?
Hierarchy of Needs: How do we ensure the psychological and physical safety of our team?	We are navigating a health care system in crisis in the aftershocks of a global pandemic, which includes a backlash against public health. We are witnessing and directly experiencing physical attacks on health care workers which erode feelings of psychological and physical safety. Within in this context, we are grappling with team dynamics and inequities. • How do I convey my needs to my team? • What immediate steps do I take if I feel unsafe? • How do I get support from the team and give support to the team? • How do we as a team address equity and psychological safety? • How does the organization ensure my physical safety?
Cognitive Framing: How do we reframe our previous expectations and established service standards for access and quality (timely, high-quality consults)?	Palliative care teams have long established themselves as having the time to do the things that no one else could. In the current health care landscape, this may not always be true. Teams must work more efficiently and effectively. • How do I focus on doing the best I can at this time with the resources I have in my environment? • How should we as a team delineate a good, quality, effective, palliative care encounter within our means, bandwidth, and resources? • How can we as a team acknowledge the quality work we do within the current environment?
Debriefing: How are we able to ensure best practice of conducting formal team debriefings on difficult cases or difficult situations related to patient care?	Teams are overwhelmed by patient volume and report increasing difficulty finding the time to conduct debriefings. Yet this level of processing is essential to individual and team well-being, as well as critical to patient safety and quality improvement. • How do I discuss difficult cases with peers? • How do we as a team debrief difficult cases?

Theme	"New Normal"
	• Are there alternative strategies to "make the time" (e.g., incorporating more frequent "huddles" at the beginning or end of a day)?
Team Strengths: How are we able to provide expert palliative care, including communication and pain symptom management?	We have experienced increased recognition by colleagues for our excellence in managing patients with pain, symptom, and/or decision-making crises. • How do I maintain the specialty level of palliative care work? • How do I collaborate with my interprofessional team? • How do we as a palliative care team rededicate ourselves to specialty level of palliative care work? • How do we as a team ensure interprofessional collaboration and care delivery?
Scope of Practice: How do we ensure comprehensive, safe, effective, and holistic care by using team members to the highest level of their licensure and scope of practice? How do we use our mission to set boundaries and scope of practice to provide care that reflects needs?	At the height of the pandemic, the scope of work undertaken by many palliative care teams often addressed more primary palliative care issues within patient care and education of colleagues. In current stressed health care landscapes, health care professionals' misunderstanding of the specialty palliative care role or struggling with their own pressures may result in continued requests to your team to assist with resolving ethical dilemmas, handling insurance issues, arranging discharges to facilities, and completing discharge orders, etc. as part of primary care. It is imperative to reestablish your program's boundaries as specialty palliative care and work across settings (e.g., ED, ICU, telehealth) with clear mission and vision. • How do I ensure that my team understands the depth – as well as limits – of my role and scope of practice? • How do I improve the care of patients with serious illness and their families? • How do we as a team realign the focus of palliative care with the organization? • How do we as a team ensure that we are using our members to their fullest scope, and in a complementary manner? • How do we build primary palliative care capacity among our colleagues as a first line of care and educate them about referral to specialty palliative care for more complex issues?

Assess Yourself and Your Team

Reflect on your own coping in stressful situations. Recognize that each team member reacts differently to stressful situations – some members become more focused and direct, some more quiet, and others have a hard time making decisions. Be sensitive to how team members may be experiencing stress within the current health care environment – and be aware that stress responses may change over time. Consider that different kinds of crises (e.g., a fire or accident vs. a public health emergency) may produce different responses based on the nature of the event, as well as individual factors such as backgrounds, underlying health conditions, and support at home.

Revisit, revise, and reinforce your palliative program's mission and values. Avoid leading individual team members to question their purpose or role. Delineate the team's priorities and expectations of the work to promote interprofessional collaboration and reduce feelings of inadequacy.

Encourage and reinforce interdisciplinary professional respect. Acknowledge different fears, strengths, and roles, and ensure everyone has a safe space and voice in what is happening (i.e., all team members, whether at home or on-site still have equal importance and voice). Psychological and physical safety is paramount for the delivery of quality palliative care.

Acknowledge and Address Maladaptive Stress Responses

As individuals and teams reflect on their normal stress responses, it is important to remind ourselves of potentially problematic stress responses in ourselves and others. Examples include, but are not limited to:

→ Consistent absence
→ Chronic lateness
→ Changes in personality (irritability, withdrawal, mood changes, etc.)
→ Changes or difficulty in sleep
→ Difficulty concentrating
→ Changes in eating patterns
→ Worsening of chronic health problems
→ Increased use of alcohol, tobacco, or other drugs (i.e., chemical coping)

Cultivate sensitivity to these stress responses to identify if they crop up in yourself or your team members and develop a compassionate action plan for addressing needs in real time. There are numerous free resources available to support coping with these stressors. Connect team members with immediate help if they are in a crisis.

Support Each Other in Healthy Coping Strategies

→ Be clear about expectations – specifically work hours and adopt best practices in time management (e.g., try to have the team start and stop at the same time).
→ Ensure that each team member has a break from patient care each day.
→ Start team meetings by checking in with each team member about how they are doing, potential concerns about loved ones, family illnesses that need navigation, childcare issues, or modifications

that need to be made for the next week. Establish boundaries around the form these check-ins should take (e.g., time limits for sharing, level of feedback from other team members, frequency of check-ins, etc.).

→ Create or expand opportunities that can nurture physical needs and reduce isolation among staff; for instance:

    → Take time for mindfulness, deep breathing exercises, meditation or prayer, stretching, or walking (you could even start team meetings by rotating through these options)

    → Take meal breaks, ideally as a team

    → Establish formal buddy systems that enable peer-to-peer connections between staff

→ Work collaboratively on the shift schedule to ensure all team members get academic time, education time, and time off. Reinforce the expectation that scheduled time off on must be honored by the individual and the team, except in extreme emergencies.

→ Conduct regular wellness debriefings to normalize the emotional, psychological, spiritual, and physical responses to working in a sustained high-stress environment.

→ Re-establish critical incident (or similar) debriefings to work through particularly traumatic incidents.

→ Affirm the expectation that support the team's emotional health is a collective responsibility, which includes:

    → Providing mutual support among team members

    → Soliciting assistance from external sources as needed (e.g., Support Groups, Peer Support Groups, Employee Assistance Programs (EAP), private counselors, spiritual providers)

    → Fostering a supportive environment that empowers team members to tend to their own emotional wellness

Refine Your Team's Boundaries and Roles: Know What You Own

Palliative care teams should be at the health system/organization table to discuss staffing, lack of resources, increased patient volumes, and/or role in patients with serious illness who have complex needs.

Be clear about the palliative care team's responsibilities and role: **to promote quality of life and relieve suffering through expert communication and symptom management in serious illness and crisis**. Review what falls outside the scope of specialty palliative care team, including (but not limited to): fixing ethical dilemmas, resolving insurance issues, contacting facilities for discharge, or completing discharge orders.

Re-establish team expectations that palliative care is predicated on high-touch, patient- and family centered care – be it in-person or via telehealth. While the modality may be different, the care remains the same.

Share Joys and Grief

Acknowledge and celebrate individual team members' contributions and communicate team accomplishments. Offer shout-outs that reinforce team values or create an opportunity for laughter.

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Continue or develop team rituals devoted to the emotional aspect of the work, such as remembrances through weekly or monthly time. As a team, acknowledge feelings of distress and frustration.

Encourage Well-Being Strategies

These strategies are adapted from the [Duke Health Culture and Well-Being](#):

→ Practice gratitude: focus on three good things, within two hours of bedtime (if possible, write them down). A commitment to do this for two weeks helps your brain re-frame to scan the environment for the positives. Data shows that people who did this exercise had less depression, even six months after their two-week commitment.

→ Try resilience writing: write non-stop about an emotionally difficult subject for 30 minutes every day for three days. This helps move emotional events from the amygdala to the hippocampus (emotional to cognitive) and promotes healing.

Visit CAPC's [Emotional PPE Tool Kit](#) for additional strategies.

Revisit Plan for Stressed Capacity

Stressed capacity is defined by inability to deliver comprehensive palliative care due to inadequate staffing. Although care has stabilized (somewhat) since the worst of the pandemic, surges may still occur as a result of other epidemics, natural crises, or mass casualty events. Planning for these eventualities will support team sustainability.

→ Understand what "stretch" capacity your team can accommodate at any given time. This is important during known times where consults increase such as holidays, school vacations, July with new physician residents and house staff.

→ Integrate best practices for existing strategies for team health; see CAPC's toolkit, [Building and Supporting Effective Palliative Care Teams](#) (particularly "Team Health and Resilience"), for more information.

→ Develop a strategy to channel pertinent health care information so that it goes to a centralized location and reduces the amount of "noise" for team members.

→ Create structural boundaries that will limit overextending providers later on:

  → Work with organizational leadership how palliative care will be maximally effective (see "Know What You Own" above)

  → Set concise, actionable criteria for triaging the most appropriate patients for your services. This is crucial for smaller programs that might have one physician or nurse practitioner, who are then asked to take on more responsibility for patients in the ED or the ICU

→ Explore interest and partnerships with various parts of the hospital to develop clinicians' knowledge of primary palliative care in communication and basic symptom management. Think "outside the box" to facilitate integration of palliative care:

  → Should you attend patient care rounds on a weekly basis on a particular unit where there are frequent consults?

  → Should you coach and mentor staff who are palliative care champions within a certain unit, specialty, or practice?

→ Recognize that in times of stressed capacity, you may not have bandwidth to do formal consultations for hospice readiness or confirmation of comfort care; however, you might be able to coach primary care team professionals – particularly before a crisis.

Tips for Managers

The following tips for managers are adapted from Yale New Haven Health:

→ Foster a high-trust culture. Managers have hired employees to do their jobs, and must empower staff do their work.

→ Know the balance between check-ins vs. micromanagement. Listing every piece of work is counterproductive.

→ Set parameters for meetings and stick to them. Be clear about start time and stop time. Offer an agenda prior to the meeting. Be respectful. Consider a hybrid of in-person and virtual attendance.

→ Practice empathy and show your human side. It's ok to admit that everyone is struggling with the 'new normal', including you as the manager. Share your struggles.

Additional Resources

→ Strategies for Maximizing the Health/Wellness of Palliative Care Teams: Resource for orienting new team members, defining team goals and attributes, and understanding team health and function

→ CAPC Virtual Office Hours: Small group calls with CAPC faculty to discuss challenges and ideas for navigating the COVID-19 pandemic

→ CAPC Quick Tips: Team Health and Resilience