One Red Tree
RESOURCE CENTRE INC

SELF-CARE

Cumulative grief, and how to remedy compassion fatigue and burnout.

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Acknowledgement of Country

One Red Tree Resource Centre respectfully acknowledge the Traditional Owners of the country on which we live and work. We especially acknowledge the Djab Wurrung people, and other peoples on whose ancestral lands One Red Tree provides services to the community. We pay our respects to Elders past and present, extending that respect to all Aboriginal and Torres Strait Islander peoples. We recognise the enduring connection of First Nations peoples to Country, culture, family, and community, and honour the holistic understanding of social and emotional wellbeing, where mental health is strengthened through connection, relationships, storytelling, culture, and collective care. We acknowledge their living culture and centuries of custodianship of these lands, and that sovereignty was never ceded. We acknowledge that the land on which we stand always was and always will be Aboriginal land.

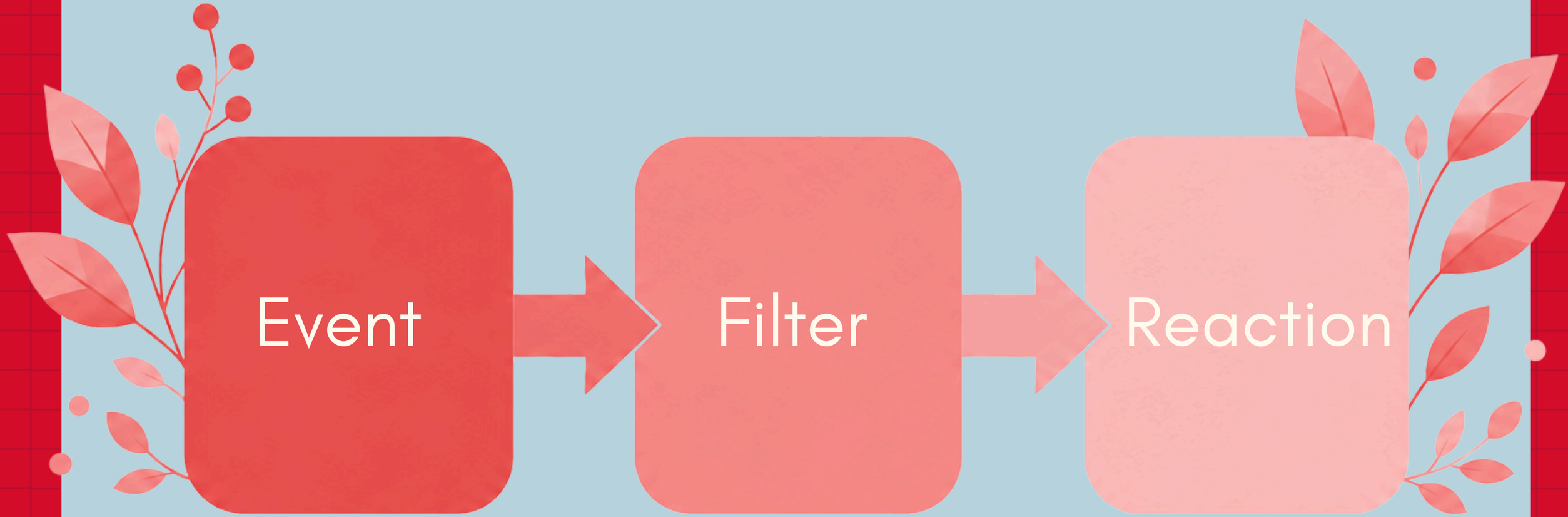
Experience of loss among aged care and EOLC workers

- Wellbeing in palliative care workforces report (PCA, 2024) findings:
  - 44% of palliative care workers and 41% of aged care workers reported frequently experiencing signs of burnout.
  - Only 47% of respondents are satisfied with their mental health.
  - Only 46% of respondents are satisfied with their physical health.
- Advancements in medicine create an ethos of preserving life (Kübler-Ross, 1969).
  - Death is seen as failure.
  - Fearing death more than the patient.
  - Withdrawing from bedside due to lack of ability to cope with the emotions of death.

What does it mean to be stressed?

- “Stress is the nonspecific response of the body to any demand made upon it.” (Selye, 1974)
- Healthy living requires a balance of our autonomic nervous systems.
  - Specifically between our sympathetic (fight or flight) and parasympathetic (rest and digest) system.
- Allostatic load is "the wear and tear on the body" which accumulates as an individual is exposed to repeated chronic stress.

How does stress “happen”?



How does stress “happen”?

- During a stress reaction, there’s an increase in:
  - HR, BP, breathing rate, perspiration.
  - Mental alertness, heightened senses, muscle tension.
  - Blood flow to brain, heart, and muscles.
  - Blood sugar, cholesterol, platelets, and clotting factors.
- And a decrease in:
  - Blood flow to skin, digestive tract, and kidneys.
- Stress hormones are protective in the short term, but chronic stress can weaken our immune system, and induce illness such as hypertension and heart disease.

Symptoms of stress

- Physical:
  - Headache, jaw clenching, nausea, agitation, sleep disturbance, fatigue, frequent illness.
- Emotional:
  - Anxiety, depression, sadness, fear, irritability, indifference.
- Behavioural:
  - Fidgeting, pacing, overeating, drinking, smoking, nail biting, blaming, yelling, crying.
- Psychological:
  - Decrease in concentration, forgetfulness, indecision, racing mind, drawing blanks.

Internal & external stressors

- External:
  - Physical, social, institutional, major life events, daily hassels.
- Internal:
  - Lifestyle choices, negative self-talk, interpretation of events, “mind traps”, belief systems, stress-prone personality types.

Reflection time

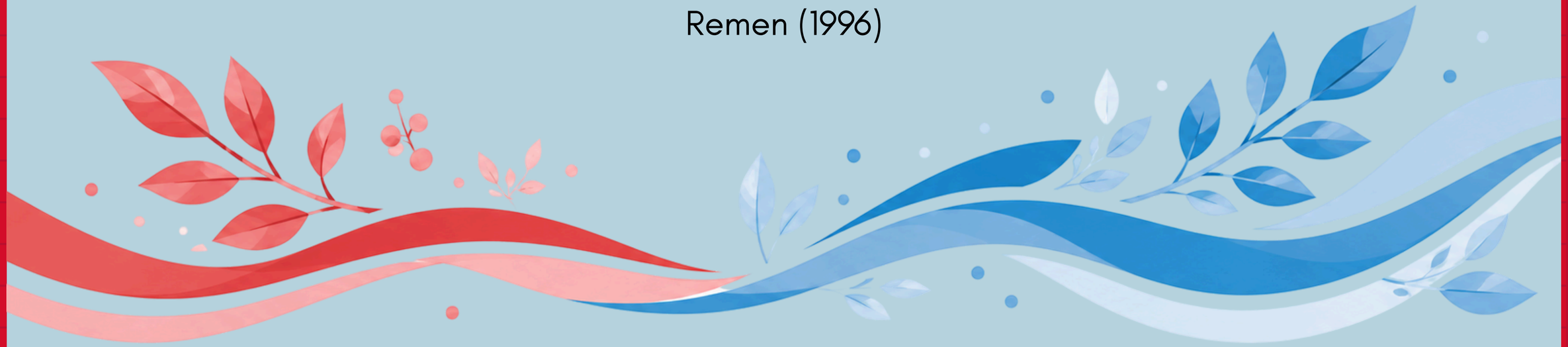
- Take a moment to remember a recent period of stress.
  - What did it look like? Feel like?
- Write down your personal symptoms and experiences.
- Have a think about what was happening for you at that time to have caused you stress.
  - What was it about the situation that was stressing you?
  - What was the self talk/the interpretation?

Burnout

- Burnout is a reaction to chronic, job-related stress.
- Used to describe physical and emotional exhaustion when workers have low job satisfaction and feel powerless and overwhelmed at work.
- Three primary domains:
  - Profound physical and emotional depletion,
  - Depersonalisation, and
  - A severe sense of inefficacy or reduced professional accomplishment.
- “The loss of concern for the people with whom one is working” (Maslach, 1976).

“We burn out…because we don’t grieve. We burn out because we have allowed our hearts to become so filled with loss that we have no room left to care.”

Remen (1996)



Compassion fatigue

- The profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate.
- It is the physical, emotional, mental, and spiritual exhaustion in the caregiver caused by the repeated exposure of working with those undergoing pain and suffering, resulting in a decline in the caregiver's ability to experience joy or to feel and care for others.
- "The cost of caring" (Figley, 1982).
    - Highly specific to relational, helping professions.

Symptoms of compassion fatigue

- Cognitive:
  - Low concentration, apathy, rigidity, disorientation.
- Psychological:
  - Hypersensitivity/insensitivity, intolerance of strong feelings, intimacy issues.
- Emotional:
  - Powerlessness, exhausation, guilt, anger, fear, numbness, resentment, anxiety, depression, cynicism.
- Behavioural:
  - Poor sleep, appetite changes, absenteeism, increased alcohol use.
- Somatic:
  - Impaired immune system, exhaustion, aches/pains/dizziness, tachicardia.
- Spiritual:
  - Loss of purpose/hope, disruption of world view, questioning beliefs.

Compassion fatigue in the workplace

- What does it look like?
  - Chronic absenteeism, negativity towards management, strong reluctance towards change/inability to believe change is possible.
  - Inability for teams to work together, aggressive behaviour amongst staff, constant changes in co-worker relationships.
  - Inability of staff to complete tasks/meet deadlines, lack of flexibility.

Reflection time

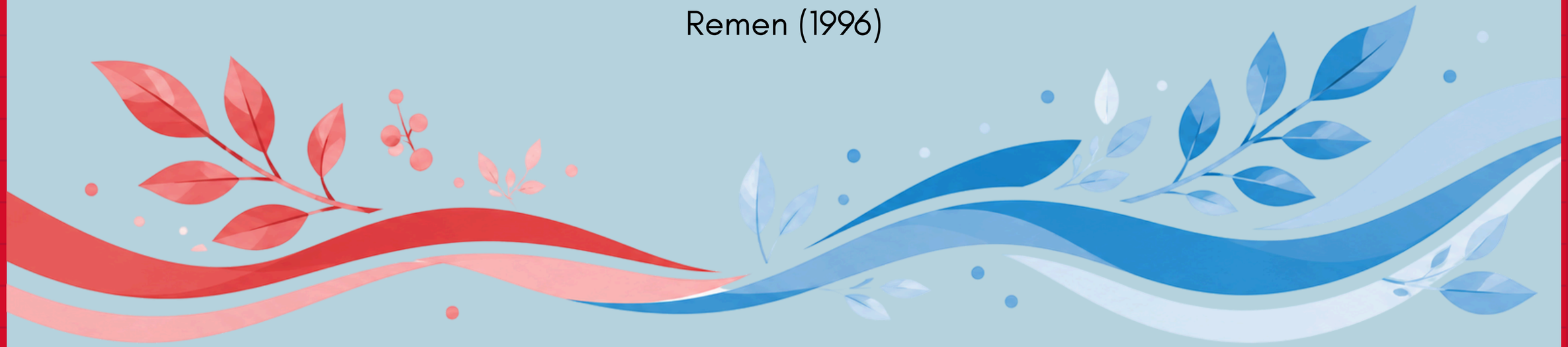
- What are your personal indicators of compassion fatigue?
    - What symptoms do you find pop up for you the most?
- How do you behave or change in the workplace when you are feeling burnout and depleated?
- What have you noticed in your coworkers?

Vicarious trauma

- Represents a gradual, cumulative, and transformative process.
  - A fundamental restructuring of a caregiver's internal beliefs and worldview.
- Disrupts personal relationships, impairs workplace functioning, and may compromise spirituality.
- "We view vicarious traumatisation as an occupational hazard, an inescapable effect of trauma work. It is not something that clients do to us; it is a human consequence of knowing, caring, and facing the reality of trauma." (Saakvitne & Pearlman, 1996)
  - Vicarious trauma occurs as a result of constant exposure to trauma. It's indirect, but it's recurring.

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Remen (1996)



Posttraumatic stress disorder

- DSM-5-TR PTSD criterion (American Psychiatric Association, 2022):
  a. Trauma exposure.
  b. Intrusion symptoms.
  c. Avoidance.
  d. Negative cognitions and mood.
  e. Hyperarousal and reactivity.
  f. >1 month duration.
  g. Significant functional impairment.

PTSD parallel

- Psychological suffering of EOLC and aged care staff closely mirrors the clinical criteria of PTSD.
- Human empathy is facilitated by the mirror neuron system:
  - When a caregiver witnesses a resident experiencing physical pain, terror, or distress, mirror neurons in the caregiver's brain fire in a pattern that matches the resident's state.
- Lack of emotional resilience, training, or support leads to empathetic distress.
  - Caregivers often resort to controlled empathy to survive this distress.
  - Requires intense prefrontal cortex activity which becomes neurologically taxing and forces the nervous system into a survival state.

“And when I turned to face grief, I saw that it was just love in a heavy coat.”

Shannon Lee Barry (2020)

Cumulative grief in aged care

- Residential aged care is built on long-term relationships.
- Over 50% of care workers experience 5 or more resident deaths per year.
- Before a carer has processed a death, they must immediately care for another resident.
    - Drip-grief phenomenon.
- Unresolved grief manifests as:
    - Somatic illness,
    - Chronic anxiety,
    - Depression, or
    - Abrupt exiting of career.
- “Grieving rules” are societal expectations of who is allowed to grieve.

Ambiguous loss & anticipatory grief in dementia care

- Ambiguous loss occurs when a resident is physically present but psychologically absent due to cognitive decline.
  - Caregivers grieve the loss of the former self before their body stops functioning.
- Caregivers frequently deal with distressing behavioural changes and memory loss.
  - Feel intense guilt or shame when they experience relief at a resident passing away.

Grieving with TEARS

- Developed by Dr Christina Hibbert (2010).
  - Facilitates Worden's (2009) second task—processing the pain of grief
- TEARS acronym provides 5 distinct pathways for the healthy experience and release of grief.

T: Talking

- Resist the urge to suffer in silence.
- Verbalising the experience of loss is critical to prevent it from turning into a depression.
- Provides an opportunity to tell stories, express emotions, and have pain validated in a non-judgemental space.

E: Exercise

- Grief is highly somatic.
  - Cortisol pool in the body causing muscle tightness, fatigue, and physical distress.
- Walking, stretching, yoga, or other physical activity increase circulation and lower stress.
- Individuals find exercise “allows for a reduction of aggressive feelings, a release of tension and anxiety and a relief of depression” (Rando, 1984/1995).
- Benefits of bilateral stimulation.

A: Artistic expression

- Grief often exists beyond the capacity of verbal language.
    - Creative outlets allow us to process the emotions of grief in a powerful, gentle manner.
- Art therapy, music, clay modelling, writing poetry, etc.

R: Recording emotions

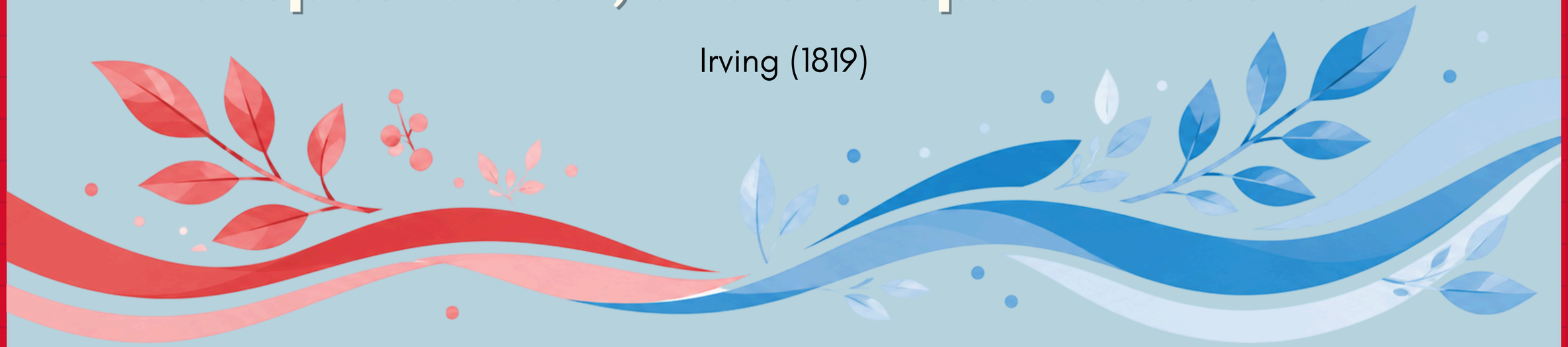
- Journaling is highly effective in capturing and exploring the complexity of grief.
    - By writing down what they have seen, heard, and felt, you can organise your thoughts, and identify meaning in your experiences.

S: Sobbing

- Crying is a therapeutic, physiological mechanism for releasing intense emotional pressure.
- Allowing oneself to sob deeply releases tension and activates the parasympathetic nervous system.
    - Brings a sense of relief and calm.

“There is sacredness in tears. They are not the mark of weakness—but of power. They speak more eloquently than ten thousand tongues. They are messengers of over-whelming grief, of deep contrition, and of unspeakable love.”

Irving (1819)



Stress and burnout prevention

- Connect with others.
  - Maintain connection with others.
  - Seek support from peers, family, and friends.
- Practice self-validated care giving.
  - Reward comes from within and not from others.
  - Practice positive self-talk.
- Practice self-care.
  - Make time for fun and recreation.
- Self-regulation.
  - Appreciating the here and now.
  - Mindful living and non-judgement mindset.

What is self-care?

- Activities we engage in on a regular basis to reduce stress, and maintain and enhance our short- and long-term health and wellbeing.
- Aims of self-care:
  - Limit and address professional stressors.
  - Enhance your overall wellbeing.
- Practicing self-care may help you with... →

Self-care plan

- To formulate your own personal self-care plan, write down one thing that you could work on or increase your awareness of in the next month.
  - Physical, psychological, emotional, spiritual self-care.
  - Self-care in relationships.
  - Self-care in the workplace.
- What might get in the way?

PCA Self-Care Matters planning tool

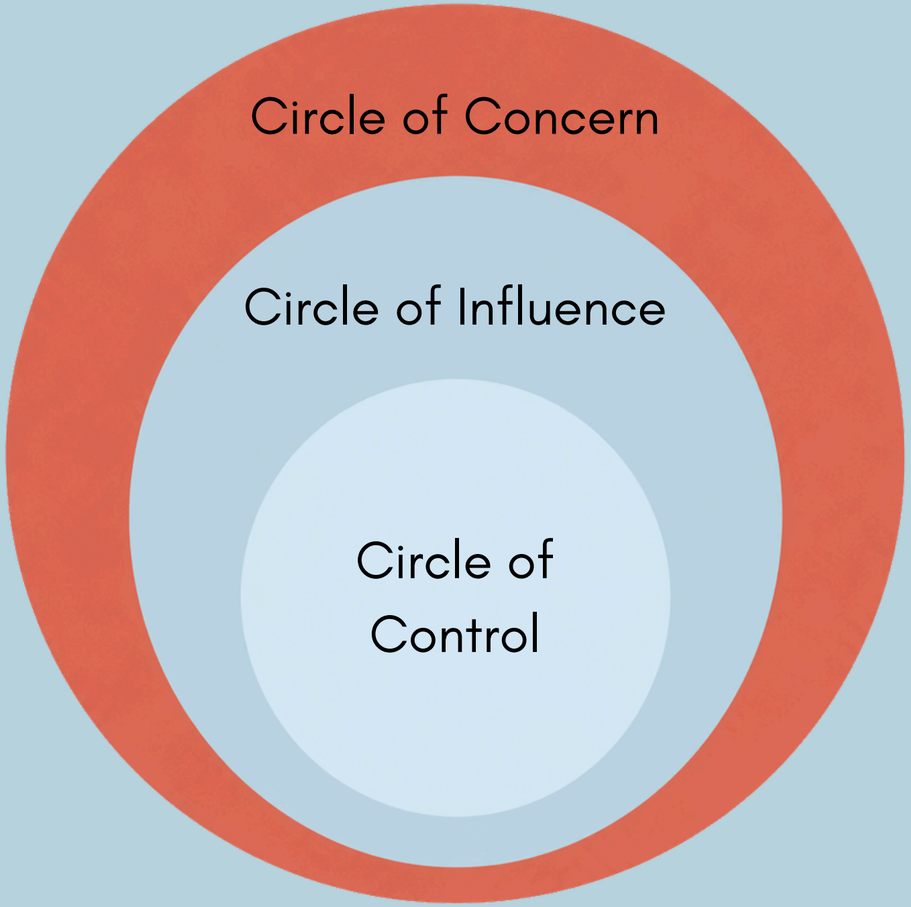
What is self-compassion

- Extending compassion to the self for one's feelings of inadequacy and experiences of suffering.
- Self-compassion is associated with intrinsic motivation, learning, personal growth, curiosity and exploration.
- Taught through mindfulness practice.

What is mindfulness?

- Moment-to-moment purposeful attentiveness to one's own mental processes during everyday work with the goal of practicing clarity and compassion.
  - Attention.
  - Intention.
  - Attitude.
- Listening differently.
- Attentiveness to experiences of others and one's reaction.
- Letting go of self-interest, position, outcome.

We can only control what we can control.



Developing a compassion fatigue prevention toolkit

- What are my warning signs?
  - On a scale of 1-10, what does 4 mean to me, what is 9?
- Regular weekly check-ins.
  - How am I doing?
- What things do I have control over?
- What stress relief strategies do I enjoy?
- What stress reduction strategies work for me?
- What stress resilliency strategies can I use?

Case study: Eleanor

Eleanor is a RN with over 8 years of experience working in a residential dementia care facility. She is highly respected for her clinical expertise and has historically developed deep, familial bonds with the residents.

Over the past 6 months, Eleanor's unit has experienced a wave of mortality, with 8 long-term residents passing away in close succession. One of these residents was a gentleman whom Eleanor had cared for directly for over 4 years.

2 months before his death, the resident's cognitive decline reached a stage where he no longer recognised Eleanor, which caused her a profound sense of loss. When he finally died, Eleanor felt a wave of immediate relief, which was instantly followed by intense guilt, shame, and self-criticism.

Case study: Eleanor

Because of staffing shortages and high room-occupancy demands, the bed was filled within 12 hours of his passing. Eleanor was expected to immediately orient the new resident while managing the grief of the resident's family and her own unprocessed loss.
No clinical debriefing occurred, and her supervisor focused solely on completing discharge paperwork.
Recently, Eleanor has begun exhibiting significant changes in behaviour. During her shifts, she feels emotionally numb, detached, and has caught herself speaking sharply to a resident's family member—an action entirely uncharacteristic of her usual self. She has begun avoiding rooms of residents who are actively dying, choosing to focus on administrative tasks instead.
At home, Eleanor is hypervigilant, always checking the facility's clinical portal on her phone, unable to sleep, and experiencing intrusive thoughts and nightmares. She feels isolated, stating to herself, "No one would understand why I am so broken over this; it's just my job".

Case study discussion

- In breakout rooms, discuss Eleanor's situation.
  - Scan the QR code to see the case study again and some questions to prompt discussion.
  - **No right or wrong answers!**
    - Designed to get you thinking about yourselves and your colleagues.
  - Be brave, validate one another, you're all in the same boat.

Scan to read case study & discussion prompts

Reference list & further reading

- Full list of references used is available here by scanning the QR code.
- Further reading & tools can be found here too, with a copy of this presentation.
- Thank you for your participation.

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