

CAREGIVER SELF-CARE

“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 and not get wet.”

- Rachel Naomi Remen, *Kitchen Table Wisdom* 1996

Goal: Provide support, decrease isolation, offer a safe place to express feelings and create opportunities for death rituals.

Serial Grief: Occurs when there is insufficient time to process multiple losses. Also known as cumulative grief.

Compassion Fatigue: Form of exhaustion resulting from prolonged exposure to caring for sick or traumatized patients. *Taber's Cyclopedic Medical Dictionary.*

Rituals for staff: Techniques for coping with human suffering and death:

- Moment of silence at time of death
- Pause at the end of shift to remember those who died
- Utilize existing resources, i.e., reflection gardens on hospital campus'
- Debrief after death with co-workers, maintaining a safe physical distance (name of patient and one personal thing about them that you were able to garner i.e., John loved gardening)
- Remembrance tree: create a paper tree in the nurse's lounge. Provide an opportunity for caregivers to attach "leaves" with patient's first name to the tree
- Staff say aloud the name of the patient who died followed by chimes



Zen garden, Trinity Care, Torrance, Calif.

Self-Care: Achieving work-life balance – transitioning from work to home and shedding the professional role

- Listen to music to and from work – the daily news will be there when you get to your destination
- Leave your badge in your car
- Put away your stethoscope
- Change out of your work clothes and into something comfortable
- Exercise and diversions – take a walk, practice yoga or visit this helpful resource for wellness activities [\[CLICK HERE\]](#)

- Engage in spiritual/religious activities such as prayer, meditation, reading scripture, poetry, mantras, and journaling
- Seek support from others:
 - Family/friends
 - Faith community/leaders
 - Spiritual care/chaplain
 - Manager
 - Providence Resource Page [\[CLICK HERE\]](#)

There is a lot of research around all of these topics. We acknowledge that these are unprecedented times and you may not have the time to take advantage of all of these ideas. Today, if you are at a place where you can only do two things, we recommend that you:

1. Pause during your shift and acknowledge the patients for whom you have cared and have died and
2. Practice shedding your professional role when you get home – do one thing from the list of transitioning from work to home

References:

1. [“Helping Nurses Cope With Grief and Compassion Fatigue: An Educational Intervention”, Clinical Journal of Oncology Nursing, 2014, Volume 18, Number 4.](#)
2. [“Compassion Fatigue in Palliative Care Nursing: A Concept Analysis”, Journal of Hospice and Palliative Nursing, 2019 Feb; 21\(1\): 21–28.](#)