

## **Self-Care: Reflections on how to avoid people burn-out as a health provider**

Working with clients/patients can expose workers to unexpected self-disclosure. When taking a case history, you may hear about neglect, physical and sexual abuse, or domestic violence which has impacted on the patient's well-being. This confronts you with a range of emotions. This can be draining, exhilarating, confronting and even scary. It can be dangerous if you do not have basic awareness of vicarious traumatisation. All forms of emotional/sexual/ abusive trauma is contagious. You may "catch" trauma as the worker.

Just the day to day stress and demands of caring for others, being as fully present as you can, showing restraint and patience, can lead to burn-out.

Therefore workers need to be aware of the need to take care of themselves. Such self-care will take different forms for different people.

### **What is burn out?**

Jerald S. Greenberg, in *Comprehensive Stress Management* defines it thus:

*An adverse work stress reaction with psychological, psychophysiological, and behavioural components.*

### **Symptoms can include:**

Losing your sense of humour

    Skipping rest and meal breaks

Increased working hours/not taking holidays

    Increased physical complaints

Social withdrawal

    Decreased job performance

Self-medication, possibly including alcohol

    Emotional exhaustion, loss of self-esteem, depression, frustration, feeling trapped

Difficulty making/explaining decisions, pessimism, loneliness

## The 5 Stages of burn-out:

- Stage one: Worker is satisfied, enthusiastic and then gradually senses loss of energy/enthusiasm
- Stage two: Fatigue sets in. May sleep poorly, abuse drugs.
- Stage three: Constant exhaustion, susceptibility to disease, anger, depression.
- Stage four: Actual illness can develop, time off work, home life affected, self-doubt, pessimism, obsessing about problems.
- Stage five: Severe illness, career may be threatened

## How can you treat or prevent Burn-out?

### ✓ Work out who you are and what you want.

Why are you working?

What things are most important to you?

Then you can make choices about what to let go of. Talking with someone to get this clarity may help, or writing it down, drawing, or mind-mapping.

### ✓ Actively care for yourself

#### **What are your ways of caring for yourself?**

- Physical, embodied: hot bath, walk, gym, sleep, snooze, stretch, swim, massage, healthy diet
- Talk/relational/ friends/family/inter-personal support (eg. Peer supervision, professional debrief/supervision)
- Distraction/changing the focus/doing something engrossing/ hobbies
- Balance activities: joy/fun/unwind/scream/cry/laugh/play play play....
- Spiritual, inner replenishment: prayer, meditation, walks in the bush, journal, reading

## Barriers to self-care:

- The first one may be complete denial. We may believe that it is **unprofessional** to have feelings, or to be impacted by another's story. So we bury our real response, rather than giving ourselves an opportunity to move through the feelings.

- Many of these were **learnt** as we grew up as children. Our families/environment/experiences taught us to “suck it in”.
- Some barriers to self-care will be based on beliefs that we carry in us that tell us we don’t **deserve** to be nourished, that we are “spoiling” ourselves and that is not OK.
- Some people experience **guilt** if they stop and re-fuel. Or if they say no.
- Sometimes the depth and extent of another’s pain may trigger us into running to **avoid** the feelings that brings up for us.
- Not being sure of what we feel/need/want. Finding it **difficult to tune inside ourselves**.
- A belief that **others’ needs** must always come first.

*Remember: You cannot be truly there for others if you are not truly there for yourself.*

## **Self-Care and Boundaries/Limits**

One of the biggest challenges for some health workers is facing their own limits in that role, or the limits put on them by the “contract” of the patient/worker role.

*Setting appropriate boundaries is the core of the work of helping others, in many ways. It is the emotional/spiritual/relational core of the caring role.*

## **What are Boundaries?**

- A boundary is an invisible, symbolic “fence”, usually with a gate, that we have around our SELF. It defines where you begin and end.
- Boundaries define you in relation to others; they are about relationship. Our boundaries need to be made visible to others and communicated to them in relationship. Boundaries vary according to the nature of the relationship we are in. Some are closer, some are more permeable. Some are rigid.
- Boundary violations can have immense personal, social, spiritual and legal consequences.
- We have many boundary problems because of relational fears. Fears of guilt, not being liked, loss of love, loss of connection, loss of approval, receiving anger, being known, and so on. In the helping field we can be triggered into inappropriate boundaries by the immensity of the client’s needs and pain.

- Good boundaries give clear limits. In the helping context, they give safety and clarity for all parties. They protect the worker from burnout, unethical conduct, or dual relationships which can unravel very quickly if things go wrong.
- Sometimes others will feel hurt or challenged when we set a boundary. Then we need to look after our feelings that are generated by this response. We only have power over our **own** boundaries: what we will and will not allow, or do. We cannot control another's choices.
- We have the freedom to set our own boundaries, and the responsibility to respect others' boundaries. *Our concern should not be "Are they doing what I would do or what I want them to do?" but "Are they really making a free choice?" When we accept others' freedom, we don't get angry, feel guilty, or withdraw our love when they set boundaries with us. When we accept others' freedom, we feel better about our own. (Cloud & Townsend, Boundaries)*

### **Questions about Boundaries and your professional context:**

- *What boundaries does the professional role give you? (time/tasks/personal)*
- *What boundaries will be your own responsibility as a health-care provider?*
- *What are the areas of vulnerability for you personally in terms of boundaries? (Where might you find yourself stressed by setting or maintaining boundaries?)*
- *What warning signs will you look for in these vulnerable areas? And what will you do to care for yourself and the relationship with the client?*

**We need to be clear about why we are offering to help others.** If we are doing it to fill unmet needs from the past, we may find strong feelings are triggered when we are asked in a helping context to set and maintain firm boundaries. We may find ourselves "driven" to do more and more, wanting to "fix" or help beyond the contracted boundary.

**If our boundaries are not communicated and exposed directly, they will be communicated indirectly or through manipulation.**

## Boundaries as Health Providers

- In a professional context, the organisation/modality you represent sets some boundaries for you. These are part of the contract you agree to when you become a health-care provider.
- Context, the type of relationship, defines appropriate closeness and distance in a relationship. Touching people can lead to deep levels of trust and self-disclosure.
- Confidentiality is a boundary that is paramount in caring. (Exception being mandatory reporting)
- Dual relationships (ie. Being in a relationship beyond the client/worker role) often lead to pain and distress for the carer and the client. This principle needs to be honoured.
- Certain roles carry rank or power. If one person is the therapist/health worker, the other the client, the provider is seen to be the one responsible for caring for/ setting/ protecting the boundaries in the relationship. That is the responsibility and privilege you are given.
- The sexual boundary must never be violated. This means excluding talking inappropriately about sexual things, off-colour jokes, or inappropriate touch.