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Trauma in the Workplace:

The Impact of Self-care Practices for Care-givers experiencing Stress, Grief, and Loss in a

Palliative Care Setting – A Literature Review

Name here

Australian College of Applied Psychology

Introduction

Harris and Winokuer (2016) describe the experience of grief and loss as normal and "The real or perceived deprivation of something meaningful" (p. 38). Each year in Australia, 130,000 individuals die, many of whose deaths are expected as they are suffering a terminal illness, or are advanced in years (Palliative Care Knowledge Network, 2017). It is widely accepted that *grief*

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for delivery of a *self-care*, *mindfulness psycho-education* based intervention. In this way, a reduction in the occurrence of *burnout* and other stress-related phenomena can be realised, improving the career longevity of carer staff. Exploring this topic will allow for the implementation of a program at a residential care facility dealing with palliative care.

Loss in the Work Place: A Definition

Large numbers of helping professionals are exposed to significant grief related trauma in the workplace, and despite the catharsis experienced by some caregivers when a suffering patient

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less affected, view it as a natural occurrence – this may point to differences in grieving style, an important factor in the recognition of coping with loss and an individual's level of stress

(Humphrey, 2009). This is important given the correlation between stress and burnout rates

among palliative care staff (Kennedy, 2005). Duarte and Pinto-Gouveia (2016) cite a burnout rate

among nursing staff of 40 %; ultimately, this has a negative effect on client care in the final days

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fatigue and burnout (Duarte & Pinto-Gouveia, 2016). In addition, mental health injury claims

have risen 22 % in the last decade (Safe Work Australia, 2015). Importantly, failure to address

psychological stress in the workplace is a breach of the Work Health and Safety Act

(2011)(§2.19, Primary duty of care). Resources such as The Australian Clinical Practice

Guidelines (2017) and the Principles for Palliative Care (Palliativecare, 2017) can assist

employers with respect to these obligations. Nonetheless, the need for such a program is

recognised by care staff also.

The Royal Hobart Hospital has introduced a group mindfulness program to deal with

workplace stress that has proved extremely popular (Glaetzer, 2015). Given the evidence for the

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Research Tools

The primary tool employed in the sourcing of material found in this narrative review was the Navitas Student Portal. A comprehensive search tool with access to a large number of databases, this resource proved helpful. Available databases include the Sage, Proquest, and Ebsco – all with a focus on social sciences in general. Peer-reviewed material was found here using a date range of 10 years, but this was expanded where inadequate results were yielded. Grey material in the form of web-based articles and YouTube videos were found through Google searches. In addition, government initiatives and industry-based advocacy organisations were

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when the research became more refined, terms such as "mindfulness study nursing", "palliative care mindfulness", "workplace mental health", and "MBSR workplace study" were employed. In addition to the above, printed material was used from relevant textbooks – as found in the literature analysis.

Literature Analysis

While there are studies which suggest the benefits accruing from Cognitive Behavioural Therapy (Beck, 1995), a recurring theme in the literature around the topic of interventions for caring professionals, is that of the usefulness of Acceptance and Commitment Therapy (ACT; Hayes, 2004) principles and Mindfulness Based Stress Reduction (MBSR; Kabat-Zinn, 1991). One important element of such interventions is the inclusion of mindfulness exercises which appear to be pivotal in addressing stress. These practices have been shown to promote self-

awareness around what an individual can change and what they cannot, that is, it highlights what

Bunting, & Rye, 2008; Southern & Thornton, 2014). Indeed, many group mindfulness-based

studies have been successfully undertaken in a workplace setting (Hülsheger, Alberts, Feinholdt,

& Lang, 2013; Lenz, Hall, & Smith, 2016). However, while there is less data specific to palliative

care staff, there is enough to provide strong evidence to support the value of this style of

intervention, as explored hereunder.

A study by Lan, Subramanian, Rahmat, and Kar (2014) on the effects of reducing the

stress experienced by nurses in critical care roles through mindfulness training ($n = 41$), provided

Further positive results were offered by Orellana-Rios et. al (2017). The authors measured

pre and post self-reporting qualitative data of palliative care staff ($n = 28$) over a ten-week

mindfulness-based psycho-education program. Among other instruments, the Perceived Stress

Questionnaire (PSQ-20; (Fliege et al., 2005) was utilised, showing a significant decrease in worry

and tension, and an increase in joy ($p = .005$). The authors conclude that training in mindfulness

practices is a practical method of stress-reduction in palliative care staff.

In another recent study, Duarte and Pinto-Gouveia (2016) examined the effectiveness of a weekly two-hour long mindfulness-based intervention group over a six week period on self-selecting oncology nurses ($n = 94$). An experimental ($n = 45$) and comparison group ($n = 48$) was formed and the DASS, in conjunction with other instruments, was employed. Among the findings, a significant decrease in stress ($p = 0.040$) and compassion fatigue was recorded ($p = <0.001$) post-trial.

Santos et al. (2016) had similar findings in their study on the effects of a mindfulness stress reduction based program for nursing professionals. With the aim of evaluating the

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the positive effect on staff and patient care. The idea of increasing the strength of relationships in the workplace in addition to an increase in client care points to positive attributes beyond the psychological – among them, an increase in the retention of nursing staff in high-stress trauma-related workplaces (Cunningham, Bartels, Grant, & Ralph, 2013). The idea of group work as an efficient method for delivering psycho-education programs is an increasingly attractive proposition.

Evaluation of Group Mindfulness Interventions

Knight and Gitterman (2014) reviewing the support available in a group setting for bereaved individuals, highlight the fact that it is as effective as one on one counselling interventions. While the work may not be as deep as one on one sessions, group work allows for the "collegial support" found to be of importance to Australian care staff (Lim, Bogossian, &

Ahern, 2010). Above all, the hope that an individual needs to begin the process of healing or

change can be provided in a supportive environment (Bartholomay & Houlihan, 2016; Larsen &

religious or cultural affiliation (R. Harris, 2013; C. Peterson, 2006; J. Peterson, 2017, February).

In this way, cross-cultural experiences can naturally occur inclusive of the healing power of ritual

(Belanti, Perara, & Jagadheesan, 2008; Doka, 2007; Reeves, 2011). Similarly, this undefined

approach negates the risk of stereotyping while acknowledging difference in culture or gender

(McGrath, Phillips, & Fox-Young, 2008). In a workplace situation where an individual is

exposed to significant loss and trauma, groups provide a safe and supportive environment to

explore shared experiences (Coleman et al., 2008; Collins et al., 2012). Ultimately, the presence

of others to listen may be enough for some, as they can convey and process what they are feeling

– many do not know quite what they think about a problem until it is verbalised (Runnymede

Society, 2017, January).

programs are proving increasingly popular.

Existing Mindfulness-based Programs

A number of programs are in place for palliative care and associated staff, chiefly with the use of external facilitators such as Mindfulness Works Australia (2017); however, there is little in the way of published data on the implementation. Nonetheless, organisations that have adopted the practices in Australia report staff enthusiasm for the program and a reduction in burnout (Glaetzer, 2015, May 30). Among the organisations that have introduced a comprehensive staff mental health program is Wesley Mission Queensland (WMQ). They are engaged in the Heads Up Mentally Healthy Workplace Alliance (2016), an overarching program targeting mental health issues in the workplace; among the strategies employed are mindfulness-based therapies.

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desirable outcome while still making use of the manualised framework, such as the Palouse Mindfulness program created by Potter (2017).

Conclusion

The review has demonstrated through a number of measures that mindfulness-based psychoeducation groups are a beneficial activity for employee well-being. The inclusion of a program based on these interventions for nurses and ancillary staff in a high demand palliative capacity has been clearly demonstrated through the review of peer-reviewed data and supporting materials. Potter (2017) has incorporated the work of others to produce an inclusive eight-week stand-alone mindfulness program, making possible a targeted delivery to staff at a residential care facility specialising in palliative care, as found at WMQ's "Parkview".

Perhaps, as Wheeler (2007) explores, a helping professional that has an understanding of a client's vulnerability through their own traumatic growth might be called a "wounded healer". This can surely be applied to the nursing profession, where many describe the experience of palliative care as an "honour" (Gagle et al., 2017).

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