Resilience – a Skill to be Learnt and Taught in Palliative Care

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Historical Context

- Historically – self care within palliative care was a neglected area.
- Query the level of demand for it?
- People died in their own home, palliative care was not labour intensive
- Staff lived at home with family
- Nurses lived in quarters surrounded by peers
Palliative Care Today

- Palliative Care today is a very different story
- Western population expect and hope for cure
- Palliative care can be seen as a ‘failure’
- Ever increasing numbers of people requiring palliative care
- Workforce who live alone or are isolated
- Gen Y using Facebook and other forms of technology seeking support to ‘make meaning’ of palliative events in the workforce
Vicarious Traumatisation/ Burnout

- Growing body of literature suggesting high risk to staff who work in oncology and palliative care for burnout and psychiatric morbidity (Mukherjee et al 2009; LeBlanc et al 2003; Grunfeld et al 2000; Kash et al 2000; Plante et al 1995)

- The language surrounding concerns for VT is becoming common place in the workforce

- Almost an assumption in paediatric palliative care settings this will occur
Finding the Balance

- Reality. Literature has found no difference found in ‘burnout’ between paediatric oncology and other specialties (Liakopoulou et al 2008, Mukherjee et al 2009)

- Concerns need to be balanced with literature on Compassion Satisfaction, Meaning Making and the potential for ‘Human Flourishing’
Teaching Resilience in Palliative Care

- In Orientation: teach concepts and facts about risks and protective factors
- In Orientation: include sessions on “Looking After Yourself”
- Establish an expectation that the work will at times be sad, may cause existential crisis or questioning and to see this as ‘normal’ and healthy rather than damaging to the worker
Can not always Cure
BUT
Can always Connect
Teaching Resilience

- Increase knowledge and understanding of personal stress
- Share the research that VT, CF and Burnout are not higher in paediatric oncology/palliative care
- Assist in developing healthy coping skills
- Provide excellent Supervision and Mentoring
- Ensure a well functioning team
- Ensure social networks – formal and informal
Teaching Resilience

- Focus on also the rewards and satisfaction of the work – Compassion Satisfaction
- Encourage humour as an important resource (Penson et al. 2005)
- Emphasise that not everyone is at risk
- Keep people connected to the passion that originally drew them to the work
- Keep people connected to the Meaning of the work