

# Self-care for paramedics

by Susan Gravier, Andrew Noble, Mark Mastanduono and Thomas Njoroge

The French philosopher Michel Foucault said: “Care for others should not be put before the care of oneself. The care of the self is ethically prior, in that the relationship with oneself is ontologically prior.”

Self-care can be broadly described as a clinician’s own maintenance of good holistic health and wellbeing.<sup>1</sup> This wellbeing extends beyond the physical to encompass psychological, emotional and spiritual balance and health. Self-care has been associated with the concept of self-compassion.<sup>2,3</sup> Self-compassion, or directing feelings of kindness and care towards oneself, can allow a person the attention and energy to alleviate pain or suffering. This article will outline self-care as a vital element of the rounded and healthy out-of-hospital clinician, with a special focus on the extended care paramedic working in the field of palliative care.

## The expanding role of the out-of-hospital clinician

The role of out-of-hospital clinician has grown and expanded enormously over the past generation and presents new challenges, particularly regarding engagement in the field of palliative care.<sup>4,5</sup> Developed out of a largely volunteer workforce, the role of paramedic was initially situated within the domain of emergency services rather than health care. Arguably, a greater proportion of the work and educational focus was on trauma rather than chronic medical conditions. Certainly, little if any thought was given to the chronic psychological

and emotional toll of constant exposure to stressful situations. Assumptions appear to have been made that innate emotional resilience was a job prerequisite, the absence of which was a sign of weakness.

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The expansion of the out-of-hospital clinician’s role has seen an increase in the responsibility and gravity of decisions made. More drugs, guidelines, invasive procedures and greater legal responsibilities have all contributed to a greater potential for stress. Failure to seriously consider and undertake self-care risks potentially serious consequences.<sup>1,6-9</sup> Burnout and compassion fatigue have been identified as the two most common results. These have a two-fold effect: first, the clinician’s wellbeing is compromised and second, their capacity to continue to perform the role with appropriate compassion is then limited.



## Extended care paramedic work

One of the most significant recent changes to the role of out-of-hospital clinician has been the use of specially trained paramedics, typically titled ‘extended care paramedics’ (ECPs), to avoid unnecessary emergency department presentations and hospital admissions through assessment and treatment in the patient’s home or residential facility.<sup>5,10</sup> Though not universal, a common pathway within the remit of emergency department avoidance is palliative care, where the patient (or their family) has made a conscious informed decision to remain at home.

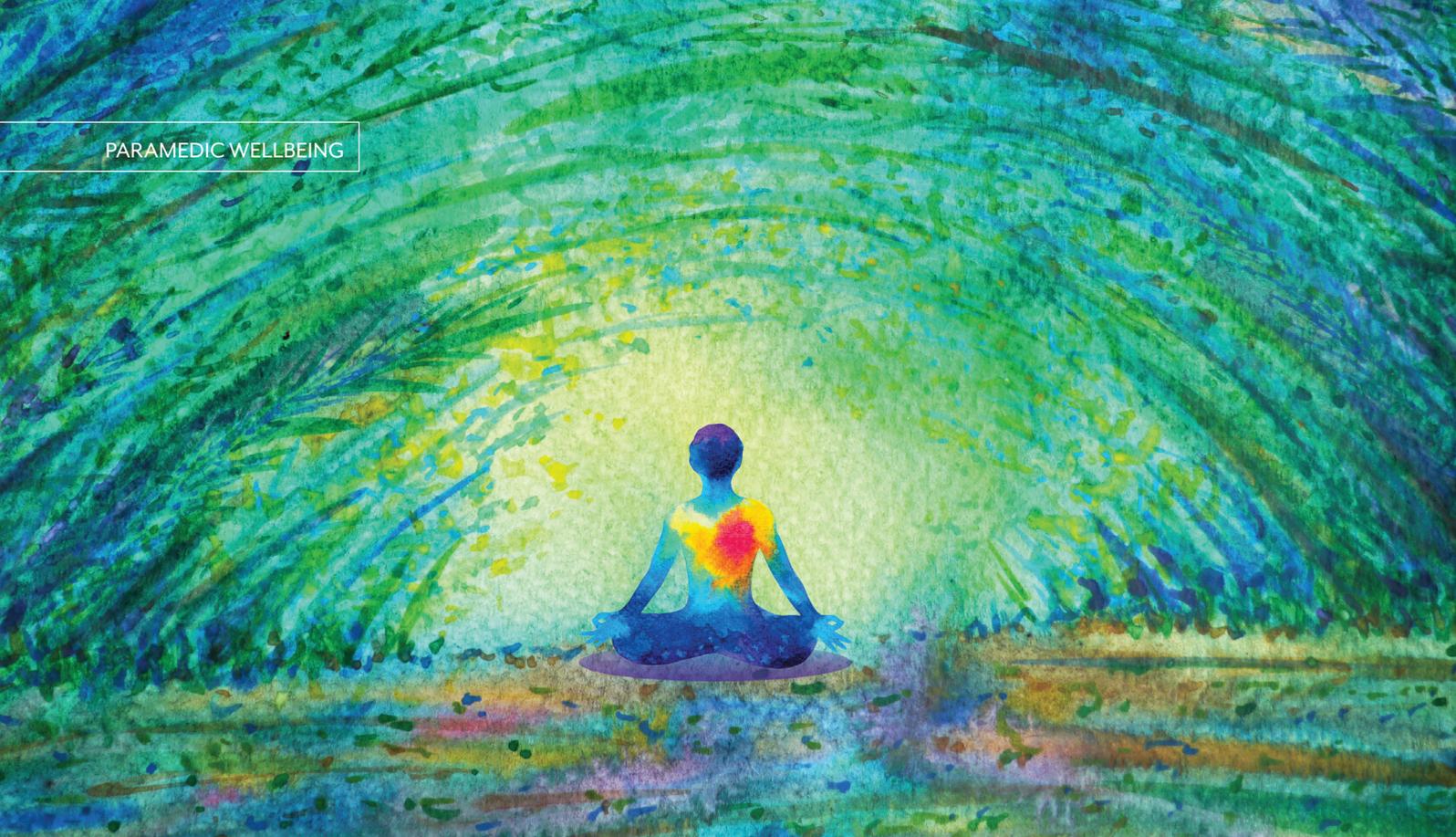
Several studies looking at palliative care workers’ ongoing exposure to grief and loss have identified that their occupation puts them at high risk of occupational stress and burnout.<sup>1-3,6,8,9,11</sup> Similar studies have looked at the reduced efficacy of these stressed workers.<sup>1,11</sup> The founder of the modern era of palliative care, Dame Cecily Saunders, once said compassion has traditionally been the hallmark of care for the dying. It should not be surprising to learn that a clinician who is suffering compassion fatigue will probably be unable to care for their patient as completely.

The care that an ECP provides differs from that provided by staff in a palliative care service such as a hospice. These

differences present additional challenges to emotional wellbeing. ECPs tend to work alone in a patient’s home, without the immediate support provided by co-workers or a familiar environment. ECPs are called to intervene typically at a time of crisis rather than for chronic management of the patient. On arrival at a palliative care case, the ECP is required to immediately familiarise themselves with the patient, their condition, their situation, their crisis and the solution.<sup>10,12-15</sup> In short, they are constantly playing catch-up. The solo nature of ECP work means that post-case debrief (a staple of standard paramedic work) is also not available. ECPs graduate out of the ranks of paramedics where they have spent much of their development time. This means they have become accustomed to regular, if not constant, discussions with their work partner about how the case was managed or could have been managed better. Moving from this field of relatively accessible psychological support to a solo role makes the need to recognise and act on the concept of self-care only more important.

## Methods of self-care

Despite its importance, evidence is scarce regarding specific strategies for out-of-hospital clinicians to manage their self-care. To date, no validated measure for self-care ability has been developed. Yet numerous published



papers identify the need and value for this element of a clinician's development and maintenance. What has been established, are three key elements to self-care:

- awareness
- expression, and
- planning.

## Awareness

The first step in enacting self-care is recognition not just of its value but its essential nature to support a long, happy and successful career as an out-of-hospital clinician. Awareness in this context relates to both the suffering of others and one's own emotional response, either conscious or subconscious.<sup>9</sup> For this reason, awareness of the need for self-care by both individual clinicians and their employers is vital.

## Expression

While measures are yet to be developed, research has identified a range of practices that are used successfully for self-care.<sup>9,16</sup> These are all based on the concept of the clinician expressing their thoughts and feelings to become aware of and resolve them. Aspects of a clinician's life which might benefit from expression can be variously divided into a range of dimensions including physical, psychological, emotional, spiritual, professional and social.

Within these dimensions, individual clinicians will find most benefit when utilising a form of mindfulness to identify which dimensions are most taxed by palliative work and which solutions work best to resolve this stress. As with many things, a balanced approach that encompasses all dimensions of self-care would seem to be most valuable. Specific activities that are regularly brought up as examples of successful expressions of self-care include meditation, reflective writing, mindfulness, facilitated discussion, debriefing and self-initiated communication with others, in particular with those who have insight into your situation.<sup>8,16</sup> Additionally, occasional episodes of clinical supervision have been found particularly useful to promote expression of thoughts and feelings. To their credit, many ambulance services have for some time made available psychologists to staff as needed. The opportunity to initiate self-referral to a professional should always be an option.

## Planning

In the same way that a patient's care is outlined in a care plan, clinicians may benefit from both individual and organisational planning of self-care.<sup>16</sup> Where studies have been conducted, a systematic rather than haphazard approach has been found to beneficially service all clinicians, rather than just those who have identified a need. That said, care planning is an individual activity and as with patients, no two clinician self-care plans will be identical.

## Conclusion

There is a growing body of evidence to show that self-care, based on self-compassion, is a valid and necessary part of the continuing development of out-of-hospital clinicians. Ambulance services and their individual clinicians are developing a growing awareness of the need to manage, mitigate and avoid excessive and unrecognised emotional and psychological stress.<sup>7</sup> This will benefit clinicians, their employers but perhaps, most of all, their patients.

### Online resources

CareSearch hosts a collection of evidence-based and peer-reviewed palliative care eLearning resources for independent learning: [www.caresearch.com.au/caresearch/tabid/3882/Default.aspx](http://www.caresearch.com.au/caresearch/tabid/3882/Default.aspx)

End-of-Life Essentials offer modules and supporting resources to help doctors, nurses and allied health professionals develop their skills and confidence in end-of-life care. Initially targeted at the acute care sector, the education is applicable to a wide range of health settings. Modules include videos and role-played examples of how best to approach difficult conversations: [www.caresearch.com.au/caresearch/tabid/2629/Default.aspx](http://www.caresearch.com.au/caresearch/tabid/2629/Default.aspx)

palliAGED offers trustworthy evidence and resources for palliative care providers caring for older Australians: [www.palliaged.com.au/tabid/4248/Default.aspx](http://www.palliaged.com.au/tabid/4248/Default.aspx)

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