## SPEAKOUT **AUGUST 2019**





### Speech Pathology Australia

## Caring for the carers

#### Self-care for speech pathologists who care for people at end of life.

Increasingly, speech pathologists are supporting a diverse range of clients with palliative care needs.3 This is in response to the increasing number of Australians living with a life-limiting illness, and those living with multiple chronic conditions and approaching their end of life. Older Australians approaching their natural end of life with multiple chronic conditions may have palliative care needs. Although their conditions may not be lifelimiting, their state of health may be such that they are likely to die in the foreseeable future.

Palliative care provides a support system for people living nearing the end of life to live as actively as possible for as long as possible. It is active and supportive care that seeks to maximise quality of life and to support the family and carers. It may be offered over months or years, not exclusively in the last days or week of life.

The growing demand for palliative care means that the need for all health professionals to make palliative care their business has become critical. Yet, for many allied health professionals including speech pathologists, palliative care is an emerging area of practice.

Improving the quality of life of clients and support clients in meaningful interactions with family and friends, can be rewarding for speech pathologists. Yet, palliative care can present specific challenges. Good palliative care often sees the creation of strong bonds between the people who provide care and clients, their carers and families. Grief over the death of clients is not unusual and may contribute to stress or burnout. This should be acknowledged.

Signs of stress, burnout or "compassion fatigue" include fatigue, poor sleep, headaches, negativity, cynicism, lack of enjoyment and absenteeism. This can impact on the emotional and physical availability to care for clients. The importance of self-care and self-compassion is recognised in the literature and in the National Palliative Care Standards. Self-care resources for allied health professionals can help promote health and wellbeing.

Exploring the factors that have shaped beliefs, attitudes and perhaps hesitations about death and dying can provide the



opportunity to recognise and understand uncomfortable thoughts and feelings that may be triggered by encounters with dying clients. Developing self-awareness is central to self-care as it helps understand emotional reactions to difficult situations and recognise early signs of stress.

Self-care activities will be different for everyone. Activities that energise, lower stress, provide social support and contribute to wellbeing include exercise, massage, singing, hobbies, poetry, prayer or meditation, mindfulness, narrative writing, and art therapy. These activities are most beneficial if they are enjoyable and part of a regular routine and not a response to a crisis.

Developing effective communication skills can improve resilience in emotional situations. Creating a safe and empathic space avoids a sense of having to provide answers or solutions and allows exploration of goals that are realistic and meaningful to clients. Active listening, acknowledging emotion and paraphrasing can help the navigation of difficult conversations.

Being part of a team can provide the opportunity for support, supervision, reflection and debriefing. This may be particularly

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helpful in developing realistic expectations of the degree of support that can be provided to a client who is dying. A team may be work colleagues or a network of peers. Establishing regular supervision and a joining special interest group can provide connections to a larger community of support and learning. The Australian Allied Health in Palliative Care (AAHPC) and Program of Experience in the Palliative Approach (PEPA) may be of interest.

Integrating self-care as a core component of professional practice can enable speech pathologists to maintain focus, energy and wellbeing over the long term. It may be easy for speech pathologists to underestimate the positive impact that they have on people in your care towards the end of their life. Their input assists clients to live well until the end.

#### **Contributor:**

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Susan trained as a physiotherapist in Adelaide and worked in regional Victoria, Canada and Hong Kong. She is now a researcher in palliative care, having worked on healthy ageing and active ageing projects for many years. In 2016-2017, Susan coordinated the production of palliAGED, writing many of the topic pages in the Evidence and Practice Centres.

#### References

- 1. https://www.caresearch.com.au/caresearch/tabid/2739/
  Default.aspx INFORMATION FOR > ALLIED HEALTH > ALLIED HEALTH AND PALLIATIVE CARE > ROLES OF ALLIED HEALTH PROFESSIONALS > SPEECH PATHOLOGISTS
- 2. https://www.caresearch.com.au/caresearch/tabid/2739/
  Default.aspx INFORMATION FOR > ALLIED HEALTH > ALLIED HEALTH AND PALLIATIVE CARE > ROLES OF ALLIED HEALTH PROFESSIONALS > SPEECH PATHOLOGISTS
- 3. Pascoe A, Breen LJ, Cocks N. Being prepared for working in palliative care. *Journal of Clinical Practice in Speech-Language Pathology*. 2015;17(2):82-4.
- 4. Chahda L, Mathisen BA, Carey LB. The role of speech-language pathologists in adult palliative care. *International Journal of Speech-Language Pathology*. 2017;19(1):58-68.
- 5. Mathisen B, Yates P, Crofts P. Palliative care curriculum for speech-language pathology students. *International journal of language & communication disorders*. 2011;46(3):273-85.
  6.Kelly K, Cumming S, Corry A, Gilsenan K, Tamone C, Vella K, et al. The role of speech-language pathologists in palliative care: Where are we now? A review of the literature. *Progress in Palliative Care*. 2016;24(6):315-23.
- 7. https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/chronic-disease/overview
- 8. http://www.who.int/cancer/palliative/definition/en/
- 9. Kelly et al. again
- 10. Luckett T, Reid KLP. Speech and language therapy in palliative care. In: Cherny N, Fallon M, Kaasa S, Portenoy RK, Currow DC, editors. *Oxford Textbook of Palliative Medicine* (5 ed): Oxford University Press; 2015.
- 11. Chahda et al. again

- 12. Kelly et al. again
- 13. Kelly et al. again
- 14. https://www.caresearch.com.au/caresearch/tabid/2173/ Default.aspx CLINICAL EVIDENCE > SERVICE DELIVERY EVIDENCE > SELF-CARE
- 15. http://palliativecare.org.au/wp-content/uploads/dlm\_uploads/2018/11/PalliativeCare-National-Standards-2018\_Novweb.pdf
- 16. Mills J, Wand T, Fraser JA. Palliative care professionals' care and compassion for self and others: a narrative review. *International Journal of Palliative Nursing.* 2017;23(5):219-29.
- 17. https://www.caresearch.com.au/caresearch/tabid/2749/ Default.aspx INFORMATION FOR > ALLIED HEALTH > CLINICAL CONSIDERATIONS > SELF-CARE
- 18. Mills et al. again
- 19. Mills et al. again
- 20. https://www.palliaged.com.au/tabid/4456/Default.aspx
  Practice Centre > Evidence in Practice > Communication at Endof-Life
- 21. https://www.palliaged.com.au/tabid/4453/Default.aspx
  Practice Centre > Evidence in Practice > Communication Skills
  22. aahpc.committee@gmail.com
- 23.https://pepaeducation.com/about-pepa/what-is-pepa/
- 24. LINK to https://www.caresearch.com.au/caresearch/tabid/4884/Default.aspx WHAT IS PALLIATIVE CARE > NATIONAL PROJECTS > ENGAGEMENT PROJECT