Fueling the Flame: Complementary and Alternative Methods to Prevent Burnout

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Fueling the Flame: Complementary and Alternative Methods to Prevent Burnout

Abstract
Do you feel tired, stressed or overwhelmed? Do you have little time to care for yourself or are looking for new ways to bring wellness to your life? Nurses must be healed in order to heal. Modalities often considered complementary or alternative may offer the rejuvenation in your health and wellness you have been looking for! This session introduces the audience to common causes of burnout and ways in which acute and critical care nurses can find balance in their own lives through self-care practices. Modalities to be examined and practiced include centering, mindfulness, acupressure and aromatherapy. Personal experiences with creative integration and lessons learned are shared. Examples of professional development and personal growth are described.

Disciplines
Nursing

Comments
Presented at the American Association of Critical-Care Nurses National Teaching Institute in San Diego, California, May 20, 2015.
Fueling the Flame: Complementary and Alternative Methods to Prevent Burnout

Natalie A. Masco, DNP, RN, FNP-C
NTI, San Diego
2015
I invite you to be present.
Learning Outcomes

○ By the end of this session the participant will be able to:
  ○ Recall the concept of burnout as well as contributing and alleviating factors in nursing.
  ○ Identify and demonstrate complementary and alternative modalities to prevent burnout and promote self-wellness.
  ○ Develop a plan for self-care and achieving balance.
Stress

- Constraining force or influence: as
  - A force exerted when one body or body part presses on, pulls on, pushes against, or tends to compress or twist another body or body part
  - The deformation caused in a body by such a force
  - A physical, chemical, or emotional factor that causes bodily or mental tension and may be a factor in disease causation

Merriam-Webster dictionary online
Stress and Nurses

- Working in a hospital setting
- Working with palliative care patients
- Poor relationship with nursing supervisor
- Poor relationship with physicians
- Nursing specialty tenure in the nursing profession

Epstein, 2010
Balance of Stress
Burnout

A psychological syndrome that occurs in response to chronic emotional and interpersonal stressors at work.

- Low morale & internalizing
- Bitterness or anger at those in charge
- Self-criticism with putting up with demands
- Difficulties in one’s home life
- Cynicism, negativity and irritability
- A sense of futility
- Difficulties to commit
- A feeling of failure
- Absenteeism & staff turnover

Epstein, 2010
Effects of Burnout

- It is estimated that 45% of nursing and medical professionals experience burnout.

- According to the WHO, stress especially relating to work, is the second most frequent health problem, impacting ½ of employed people.

- Hypertension
- Metabolic syndrome
- Emotional overeating/obesity
- Depression
- Insomnia
- Infertility
- Infectious Diseases
- Cancer

http://www.ahna.org/Membership/Member-Advantage/Self-care

Yorvogil & Darvin, 2011
Refueling the Flame

Coping...... (or lack there of)
The key to keeping your balance is knowing when you've lost it.

Anonymous
Complementary and Alternative Modalities (CAM)

- A group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine
- Umbrella for as many as 1800 therapies practiced all over the world
- Present for thousands of years
- Health promotion-disease prevention
Why do people seek CAM?

- Financial, geographic or cultural barriers to conventional medicine
- Sense of hope, control, personal attention, physical contact, and regard for the whole person
- Conventional treatments are lacking or ineffective
- Identify with a particular healing system as part of cultural background
- Believe conventional medicine treats symptoms not underlying cause

Fountaine, 2015
CAM use by Race/Ethnicity among Adults

Conditions for which CAM is most frequently used among adults

Personal use of complementary and alternative therapies by critical care nurses

Ruth Lindquist, PhD, RN\textsuperscript{a,\*}, Mary Fran Tracy, PhD, RN\textsuperscript{a,b}, K

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Percent of nurses reporting personal use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise</td>
<td>91.7</td>
</tr>
<tr>
<td>Diet</td>
<td>86.5</td>
</tr>
<tr>
<td>Massage</td>
<td>78.1</td>
</tr>
<tr>
<td>Prayer and spiritual direction</td>
<td>74.6</td>
</tr>
<tr>
<td>Relaxation techniques</td>
<td>73.9</td>
</tr>
<tr>
<td>Counseling/psychotherapy</td>
<td>54.8</td>
</tr>
<tr>
<td>Herbal medicine</td>
<td>48.9</td>
</tr>
<tr>
<td>Meditation</td>
<td>48.0</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>44.3</td>
</tr>
<tr>
<td>Music therapy</td>
<td>43.1</td>
</tr>
<tr>
<td>Megavitamins</td>
<td>43.1</td>
</tr>
<tr>
<td>Pet therapy</td>
<td>36.6</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>35.6</td>
</tr>
<tr>
<td>Chiropractic/manipulative therapy</td>
<td>33.4</td>
</tr>
<tr>
<td>Guided imagery</td>
<td>32.5</td>
</tr>
<tr>
<td>Biofeedback</td>
<td>26.0</td>
</tr>
<tr>
<td>Acupressure</td>
<td>23.9</td>
</tr>
<tr>
<td>Homeopathic medicine</td>
<td>22.0</td>
</tr>
<tr>
<td>Behavioral medicine</td>
<td>21.2</td>
</tr>
<tr>
<td>Electromagnetic/magnet applications</td>
<td>19.4</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>13.4</td>
</tr>
<tr>
<td>Art therapy</td>
<td>13.3</td>
</tr>
<tr>
<td>Tai chi</td>
<td>10.7</td>
</tr>
<tr>
<td>Traditional Chinese medicine</td>
<td>10.3</td>
</tr>
<tr>
<td>Hypnotherapy</td>
<td>9.1</td>
</tr>
<tr>
<td>Environmental medicine</td>
<td>9.1</td>
</tr>
<tr>
<td>Native American medicine</td>
<td>5.3</td>
</tr>
<tr>
<td>Qi gong</td>
<td>2.8</td>
</tr>
</tbody>
</table>
Complementary Therapies

Introduction to Complementary, Alternative, and Traditional Therapies

DEBRA KRAMLICH, RN, MSN, CCRN

The use of complementary, alternative, and traditional therapies is increasing in the United States, and patients and their families are bringing these practices into the acute care setting. Acute and critical care nurses are in a unique and trusted position to advocate for their patients and to promote safe incorporation of complementary, alternative, and traditional therapies into the plan of care. (Critical Care Nurse. 2014;34[6]:56-57)

More acute and critical care nurses have reported that they use various forms of CAM in their own self-care to decrease stress and enhance health and well-being.
Centering

- A general term for any method that people use to quiet themselves physically, mentally and emotionally.

- Presence entails conscious attention to the upcoming interaction with the patient. The nurse must be available with the whole self and be open to the personal and care needs of the patient.

- The nurse takes a short time - Sometimes only 10 or 20 seconds - to eliminate distractions so that the focus can be on the patient. This can be done outside the room.

Snyder, M. & Lindquist, R., 2010
Centering

• Deep breath and closing the eyes helps in freeing them of distraction and becoming centered. This may be done outside the room in which the encounter will occur.

• The nurse’s pausing before contact with the patient and repeating the patient’s name to help focus attention on that person.
Mindfulness

- An ancient Buddhist practice, is both a philosophy and a mediation practice
- Its primary principle is “being in the moment”
- Most often people go through daily routines with little awareness or attention

Fountaine, 2015
Mind Full, or Mindful?
Mindfulness

- Increase insight by becoming a detached observer of the stream of changing thoughts, feelings, drives, and visions until their nature and origins are recognized.

- **Process**
  - Eliciting the relaxation response
  - Centering on breath
  - Focusing attention freely from one perception to the next

Snyder & Lindquist, 2010
Mindfulness

- No thoughts or sensations are considered intrusions.
- Mindfulness activities are carried out during normal daily activities. It requires being open to awareness of the moment as it is and to what the moment could hold. It produces a relaxed state of attentiveness to both the inner world of thoughts and feelings and the outer world of actions and perceptions.
“Focus on the journey, not the destination. Joy is not sought in finishing an activity, but rather in doing it.”

--Greg Anderson
Practice Makes Perfect
Acupressure

“An ancient healing art that uses the fingers to press certain points on the body to stimulate the body’s self-curative abilities”

Form of traditional Chinese medicine dating more than 3000 years.
How does acupressure work?

• Using the power and sensitivity of the hand, acupressure is effective in the relief of stress-related ailments, and is ideal for self-treatment and preventive health care for boosting the immune system.

• When these acupressure points are stimulated, they release muscular tension, promote circulation of blood, and enhance the body's life force energy to aid healing.
Acupressure

Techniques

- Apply finger pressure in a slow rhythmic manner to enable layers of tissues and the internal organs to respond
  - Firm stationary pressure
  - Slow motion kneading
  - Brisk rubbing
  - Quick tapping

Precautions

- Never press any area in an abrupt, forceful or jarring way. Lymph areas are very sensitive; use light touch
- Strong stimulation of certain points should be avoided during pregnancy

Snyder, M. & Lindquist, R., 2010
Acupressure for Headache from Stress/ Anxiety

**Acupoint #11**

On the largest crease of the inner wrist, on a line with the little finger

*TCM: Heart 7*

---

**Acupoint #38**

Two thumb widths on either side of the spine, where the base of the skull meets the neck

*TCM: Gallbladder 20*
Acupressure for Severe Headache

Acupoint #3

Two thumb widths above the outside of the wrist, lined up with the middle finger

TCM: Triple Warmer 5

Retrieved from http://pointfinder.org/classic/acupoints.html#3
Acupressure for Headache and Stress

Press with the thumb and index

Acupressure for Anxiety

Retrieved from http://pointfinder.org/classic/acupoints.html#15

Acupoint #15

On the middle finger, just above the nail, on the side closest to the thumb

TCM: Pericardium 9
Aromatherapy

- Therapeutic use of oils of plants to heal the body, mind and spirit
- Offshoot of herbal medicine
- The chemicals found in the essential oils are absorbed by the body, resulting in physiological or psychological benefits:
  - Prompt the body and mind to function more efficiently
  - Decrease and manage stress
  - Refresh or recharge oneself
  - Regulate moods, either by energizing or sedating

Fontaine, 2015
General Guidelines for Aromatherapy

- Aromatherapy is very safe if used with knowledge and within accepted guidelines.
- Store essential oils away from open flames.
- Store in a cool place away from sunlight.
- Can stain clothing and textiles.
- Use essential oils from a reputable supplier.
- Special care is needed when using essential oils with or around pregnant women, children, and persons who have a history of severe asthma or multiple allergies.

Snyder, & Lindquist, 2010
Application of Essential Oils

Put all oils on gently, do not rub too much.

Best Routes for absorption:
- Behind ears
- Behind neck
- Wrists
- Rim of ears
- Soles of feet
Lavandula angustifolia

- English Lavender: sweet floral smell first, with a slightly woody, herbaceous undertone
- Most versatile of all essential oils
- Calming, relaxing, and balancing effects—both physically and emotionally
- Research in ICU nurses
  - Inhalation of lavender relieves stress (Chen, Fang, & Fang, 2015)
  - It is not what the oil smells like, it is how it makes you feel... (Pemberton & Turpin, 2008)

Young, 2001
Salvia sclaria

- Clary Sage: Musky, warm, herbaceous/hay-like, with a musky/amber scent
- Uplifting and relaxing.
- Used for anxiety and depression
- Can aide in working through feelings of intolerance to others and life situations

Young, 2001
DIY: Essential Oil Blend For Stress

7 drops Lavender Essential Oil
3 drops Roman Chamomile Essential Oil
2 drops Peppermint Essential Oil

- Add the ingredients to 2 tablespoons of vegetable oil complex
- Shake well to mix.
- Relax with the aroma of this gentle essential oil blend by massaging temples, forehead, neck and shoulders.

- **Massage**: 5 drops per tsp. of base oil or lotion
- **Inhalation**: 1-2 drops in boiling water or on a tissue
- **Light Bulb Ring**: 1-2 drops
- **Bath**: 8-10 drops in bath water
- **Sauna**: 2 drops to 2 ½ cups water
- **Facial**: 2-3 drops in base product
- **Foot Bath**: 8 drops in bowl of water
- **Facial Sauna**: 10 drops in bowl of water
- **Cleanser**: 20 drops in 4 ounces of base product
- **Body**: 5-15 drops in base product
- **Chest Rub**: 10-20 drops to 1 oz of carrier oil
- **Washing Machine**: 10-20 drops per load
- **Vacuum Cleaner**: 5-10 drops
- **Auto Vent Outlet**: 2-3 drops
Nurses Care for Others...

NURSING CARE PLAN

**Identified Problem:** Patient is unable to carry out routine activities such as bathing, brushing, and etc. due to lack of energy supply. Secondary decreased oxygen needs.

**Nursing Diagnosis:** Self-Care Deficit (hygiene and self-toileting) / general weakness / secondary to hypoxic state.

<table>
<thead>
<tr>
<th>Subjective:</th>
<th>CUES</th>
<th>Short Term Objective: Within the 8 hours of nursing care, the patient and the SO will be able to identify and demonstrate alternate ways to perform self-care such as using bedpan or commode, having bed bath, and providing devices to brush teeth on bed after providing appropriate nursing and collaborative interventions.</th>
<th>INTERVENTIONS</th>
<th>RATIONALE</th>
<th>EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hangaig... as stated by the client.</td>
<td></td>
<td></td>
<td>Independent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Maglisod man gyud ni siya ug iho-ihok kay maglisod siya ug ginawa, ako na lang siyang tabangan.&quot; as stated by SO.</td>
<td></td>
<td></td>
<td>• Assessed level of self-care abilities and deficits in performing ADLs.</td>
<td>• Aids in planning for meeting individual needs.</td>
<td>Long Term Objective: After 3 days of nursing care, the client will be able to perform self-care activities within the level of her own ability after providing appropriate nursing and collaborative interventions.</td>
</tr>
<tr>
<td>&gt; Dyspnea/difficulty in breathing</td>
<td></td>
<td></td>
<td>• Provided devices and equipment that will aid the client in performing self-care:</td>
<td>• Promotes performance of self-care activities within client’s limitation. Also promotes independence.</td>
<td>Short Term Objective: Outcome met: After 8 hours of nursing care, the patient and the SO were able to identify and demonstrate alternate ways to perform self-care such as using bedpan or commode, having bed bath, and providing devices to brush teeth on bed after providing appropriate nursing and collaborative interventions.</td>
</tr>
<tr>
<td>Objective:</td>
<td></td>
<td></td>
<td>• Glass of water and toothbrush</td>
<td>• Patients need empathy and to know and to know caregivers will be consistent in their assistance.</td>
<td></td>
</tr>
<tr>
<td>• Labored breathing</td>
<td></td>
<td></td>
<td>• Bedpan or urinal for elimination</td>
<td>• Enhances sense of self-worth, promotes independence, and encourages patient to continue endeavors.</td>
<td></td>
</tr>
<tr>
<td>• Used of accessory muscle</td>
<td></td>
<td></td>
<td>• Basin with water for hygiene</td>
<td>• Reestablishes sense of independence and fosters self-worth and enhances rehabilitation process.</td>
<td></td>
</tr>
<tr>
<td>• Restlessness/confusion</td>
<td></td>
<td></td>
<td>• Provided positive feedback for efforts and accomplishments.</td>
<td>• Enhances likelihood of finding individually appropriate situation to meet client's needs.</td>
<td></td>
</tr>
<tr>
<td>• Wide-eyed appearance</td>
<td></td>
<td></td>
<td>• Encouraged SO to allow patient to do as much as possible for self.</td>
<td>• Collaborative: Assisted or supported family with alternative placements as necessary.</td>
<td></td>
</tr>
<tr>
<td>• Hyperventilation</td>
<td></td>
<td></td>
<td>• Maintained a supportive, firm attitude. Allowed patient sufficient time to accomplish tasks.</td>
<td>• After 3 days of nursing care, the client was able to perform self-care activities within the level of her own ability after providing appropriate nursing and collaborative interventions.</td>
<td></td>
</tr>
<tr>
<td>• Inability to perform activities such as bathing and tooth brushing</td>
<td></td>
<td></td>
<td>• Provided positive feedback for efforts and accomplishments.</td>
<td>• Enhances likelihood of finding individually appropriate situation to meet client's needs.</td>
<td></td>
</tr>
<tr>
<td>• Weakened state</td>
<td></td>
<td></td>
<td>• Encouraged SO to allow patient to do as much as possible for self.</td>
<td>• Collaborative: Assisted or supported family with alternative placements as necessary.</td>
<td></td>
</tr>
<tr>
<td>• Vital Signs:</td>
<td></td>
<td></td>
<td>• Maintained a supportive, firm attitude. Allowed patient sufficient time to accomplish tasks.</td>
<td>• Enhances likelihood of finding individually appropriate situation to meet client's needs.</td>
<td></td>
</tr>
<tr>
<td>• Temp: 37.0°C</td>
<td></td>
<td></td>
<td>• Provided positive feedback for efforts and accomplishments.</td>
<td>• Collaborative: Assisted or supported family with alternative placements as necessary.</td>
<td></td>
</tr>
<tr>
<td>• PR: 136 bpm</td>
<td></td>
<td></td>
<td>• Encouraged SO to allow patient to do as much as possible for self.</td>
<td>• Collaborative: Assisted or supported family with alternative placements as necessary.</td>
<td></td>
</tr>
<tr>
<td>• RR: 42 cpm</td>
<td></td>
<td></td>
<td>• Maintained a supportive, firm attitude. Allowed patient sufficient time to accomplish tasks.</td>
<td>• Enhances likelihood of finding individually appropriate situation to meet client's needs.</td>
<td></td>
</tr>
<tr>
<td>• BP: 100/70 mmH</td>
<td></td>
<td></td>
<td>• Provided positive feedback for efforts and accomplishments.</td>
<td>• Collaborative: Assisted or supported family with alternative placements as necessary.</td>
<td></td>
</tr>
</tbody>
</table>

But what about ourselves?

Altered Nutrition
Ineffective individual coping
Spiritual distress
Self-care deficit
Anxiety
Self-care comprises those activities performed independently by an individual to promote and maintain personal well-being throughout life.

Dorothea Orem, RN, BSN, MNE
Self-Care

**Body**
- exercise, grooming, massages, breathing, yoga, conscious eating

**Mind**
- quiet contemplation, meditation, focusing on the moment, healing music, laughter

**Spirit**
- meditation and prayer, reading spiritual literature, listing positive things in your life, random acts of kindness

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Self-care and Nurses

If we don’t take care of ourselves... who will?

Obstacles to Self-Care

- Taking care of yourself is ‘selfish’
- Lack of time
- Lack of personal/private space
- Not thinking it is important
- Listening to others who make negative value judgements on your attempts

Lorenz, 20017
Self-Care Plan

A reminder of the things that make you feel good.
Self-Care Plan

- Wake up time:
- Morning self-care activities:
- Breakfast: (an example of a healthy breakfast you love)
- Early afternoon self-care activities:
- Lunch
- Late afternoon self-care activities:
- Dinner
- Evening self-care activities:
- Bedtime
Self-Care Plan

1. Drink lemon water
2. Do 15 minutes of yoga
3. Get a massage
4. Meditate
5. Read a good book
6. Go for a run
7. Eat green/leafy vegetables
8. Call someone you love
9. Take a walk
10. Listen to great music
11. Cook a healthy meal
12. Write in a journal
13. Do creative work that inspires you
Lessons Learned

- Life is too short…. Avoid life on autopilot. Be mindful.
- Make yourself a priority
- Find the balance between passion, compassion, and self-care
“Focusing on care of self and self-healing [is] essential to caring for others”.

Gayle Kipnis
Questions?

Thank you for your time.

nmasco@sjfc.edu
References

References