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Self-Care Strategies Using the 8 Dimensions of Wellness



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Goals

-  Importance of self-care
-  Competence problems
-  Effects of stress
-  Secondary trauma
-  Burnout

-  Dimensions of self-care
-  Personal therapy
-  Positive effect on providers

Wellness and Self-Care

A state of complete physical, mental, and social well-being not merely the absence of disease and infirmity (WHO, 1958)

Wellness and Self-Care

“Self-care is what people do for themselves to establish and maintain health, and to prevent and deal with illness. It is a broad concept encompassing hygiene (general and personal), nutrition (type and quality of food eaten), lifestyle (sporting activities, leisure etc.), environmental factors (living conditions, social habits, etc.) socio-economic factors (income level, cultural beliefs, etc.) and self-medication.” (WHO, 1998)

National Wellness Institute (2017) defines wellness as “an active process through which people become aware of, and make choices toward, a more successful existence.”

Self-Assessment

Are you able to take time for yourself without feeling guilty?

Do you believe you deserve self-care?

Do you know the difference between self-care and self-indulgence?

Do you realize self-care does not equal weakness?

Are you okay with slowing down sometimes?

Do you have a go-to list of activities?

Do you make leisure time a priority?

Have you made self-care a habit?

Do you have a basic self-care plan, preferably in writing?

Importance of Self-Care

Inherently stressful

Requisite for competence

**Emphasized throughout
career**

Questions to Consider

**In what ways – positive, negative,
or otherwise – do you think your
work affects you now?**

**How might your work affect you
physically, emotionally, might it
be affecting you financially?**

Questions to Consider

In what ways – positive, negative, or otherwise – do you think your work affects you now?

How might your work affect you physically, emotionally, might it be affecting you financially?

How are you able to recognize if you are being affected adversely by your work?

Interferes with optimal functioning

Competence Problems

Self and peer observation

Ethical obligation to consult

Effects of Stress



Individual



Relationships



Questions to consider

Questions to Consider

1. How many days a week do you finish the workday feeling drained or experience a lack of energy/motivation?
2. How many days a week have you ended the workday successfully and enjoyed your work?
3. Do you think to listen as well to your partner or close friends?
 - What indicators do you have to show that you listened well?
 - How would you identify if you are not being as attentive?

Questions to Consider

4. In a typical week, how often do you find yourself thinking about your work or your patients when you are in another setting?
 - What are the consequences of it?
 - What strategies can you implement to help you avoid or reduce how much you are thinking of your patients or your work outside of the healthcare setting?

Mental and emotional

**Effects of
Stress**

Physical

Physical check-in

Vicarious traumatization

**Secondary
Trauma**

Burnout

Compassion fatigue

Vicarious Traumatization

The cumulative impact of working with survivors of trauma including widespread changes to the provider's identity, world view, psychological beliefs and memories

Burnout

Emotional exhaustion, cynicism, a reduction in personal accomplishments, a detachment as a response to stress at work

Compassion Fatigue

Diminished ability to empathize or feel compassion for others as a result of working with individuals in distress or those who have experienced trauma

Practical Strategies

Experiential engagement

Reducing rumination

Developing a conscious narrative

Reducing emotional labor

Monitoring internal states to achieve a sense of physical, psychological, and emotional regulation

Self-compassion

Self-Compassion

www.compassion.org

Gradual process

Burnout

Recognize emotional symptoms

Recognize physical symptoms

**Continuum rather than
destination**

Burnout

**Experienced at almost
every job**

Questions to consider

Questions to Consider

- 1. What personal characteristics do you have that could make you more vulnerable to burnout?**
- 2. What personal characteristics do you have that could make you less vulnerable or help you build resilience to burnout?**
- 3. What features of your current work setting or possible future work setting could contribute to burnout for you?**

Questions to Consider

- 4. What work setting features could help prevent burnout?**
- 5. What elements of your personal or family relationships may help prevent or exacerbate professional burnout?**
- 6. What broad social issues impact your feelings about the world?**
 - How might these impact your work as a professional?**

Questions to Consider

7. What circumstances, clients, organizational, personal, social do you think would be most likely to cause professional burnout?
 - How can you prepare yourself to recognize and cope effectively?

Burnout and Stress

Recognize as signals rather than stigmatize experience

Burnout is a coping mechanism

Evaluate current coping mechanisms and their effectiveness

Dimensions of Self-Care

Important yet challenging
Helpful in improving self-compassion, decreasing distress, and increasing life and work satisfaction

Cognitive/
Intellectual
Physical
Emotional
Social

Financial
Occupational
Environmental
Spiritual

Cognitive / Intellectual Wellness

Beliefs about the world

Unrealistic expectations

Avoid over-generalizing

Physical Wellness

Physical activity

Massage

Nutrition

Physical Wellness



Sleep



Regular check-ups

Emotional Wellness

Self-check

Cleansing rituals

Meditation

Social support

Social Wellness

Networks

**Family
Friends
Peers**

**Involvement in
organizations**

Financial Wellness

**Seek out professional
assistance, if possible**

**Distinct profession,
similar ethical codes**

**Accredited Financial
Counselor**

Other Dimensions of Wellness

Occupational

Environmental

Spiritual

Multimodal Self-Care

What fun things can I do?
What positive emotions can I generate?
What sensory experiences can I enjoy?
What empowering and pleasant mental images can I conjure up?

What positive self-talk can I employ?
Which amiable people can I associate with?
What specific health-related activities can I engage in?

Mixed thoughts

**Personal
Therapy**

Encouraged for all

Various benefits

Positive Effects on Providers

Questions to consider:

What positive cognitive effects do you derive from your work?

As you look toward the future, what benefits do you expect to receive in each of these areas as a professional in the field?

Value of working in this field

Thank You!

**What does self-care mean to you?
How are you currently taking care of yourself?
Do these strategies include your physical, mental, social, financial, emotional, environmental, professional and spiritual health and wellbeing?**

**If not, are there any helpful strategies you can include to look after yourself?
What self-care practice can you incorporate into your life today?**

Self-Care Myths

- All or nothing
- Luxury not afforded by all
- Selfish
- Indulgences/guilty pleasures
- Must be earned
- Time-consuming
- Should feel like an obligation

Emotional Wellness

- The ability to be aware of, manage, and express feelings in a healthy way
- Enhancing emotional literacy/intelligence
- Increasing empathy
- Managing stress effectively
- Developing compassion for self and others

Emotional Intelligence

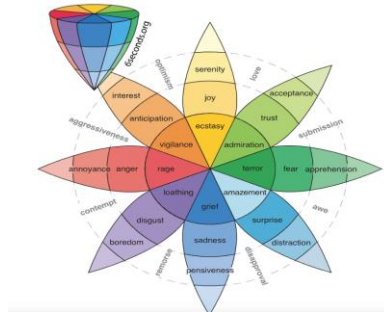
The ability to understand your own emotions as well as others

Identification of Emotions

Improving our vocabulary with regards to emotions

Wheel of emotions:

<https://www.6seconds.org/2022/03/13/plutchik-wheel-emotions/>



The following slides address the California BON regulation that, beginning January 2023, all continuing education providers shall ensure compliance with the requirement that continuing education courses contain curriculum that includes the understanding of implicit bias.

Implicit Bias

How does it affect healthcare?

Why does implicit bias matter?

Implicit attitudes are thoughts and feelings that often exist outside of conscious awareness, and thus are difficult to consciously acknowledge and control. (Hall et al., 2015)

Implicit (subconscious) bias refers to the attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. (The Joint Commission, 2016)

Why does implicit bias matter?

Implicit biases affect behavior through a two-phase process: biases are activated in the presence of a member of a social group and then are applied so that they affect the individual's behavior related to that group member. In the healthcare context, for instance, implicit biases may be activated when a provider is interacting with an African American patient, particularly under conditions that tax her cognitive capacity (e.g., stress, time-pressure, fatigue, competing demands), and can then influence how she communicates with and makes decisions about her patient. (Burgess et al, 2017)

Why does implicit bias matter?

Implicit (unconscious) biases can create gaps between good intentions and good outcomes in the health care field. (The Ohio State University, 2020)

Based on the available evidence, physicians and nurses manifest implicit biases to a similar degree as the general population. The following characteristics are at issue: race/ethnicity, gender, socio-economic status (SES), age, mental illness, weight, having AIDS, brain injured patients perceived to have contributed to their injury, intravenous drug users, disability, and social circumstances. (FitzGerald & Hurst, 2017)

Why does implicit bias matter?

The implicit biases of concern to health care professionals are those that operate to the disadvantage of those who are already vulnerable. Examples include minority ethnic populations, immigrants, the poor, low health-literacy individuals, sexual minorities, children, women, the elderly, the mentally ill, the overweight, and the disabled. However, anyone may be rendered vulnerable given a certain context. (FitzGerald & Hurst, 2017)

Why does implicit bias matter?

Implicit biases among health care providers are associated with the following negative effects on patient care:

- inadequate patient assessments
- inappropriate diagnoses and treatment decisions
- less time involved in patient care
- patient discharges with insufficient follow-up

Why does implicit bias matter?

The terms "health care disparities" and "health care inequities" refer to the poorer health outcomes observed in minority and other vulnerable patient groups compared with those observed in majority or dominant patient populations. Disparate patient outcomes are associated with age, sex, religion, socioeconomic status, sexual orientation, gender identification, disability, and stigmatized diagnoses (for example, HIV, obesity, mental illness, and substance abuse). (Narayan, 2019)

Why does implicit bias matter?

Implicit bias isn't limited to race. The Implicit Association Test (IAT) measures attitudes and beliefs that people may be unwilling or unable to report.

For example, when the IAT was administered at an obesity conference, participants implicitly associated obese people with negative cultural stereotypes, such as "bad, stupid, lazy and worthless."

Implicit gender bias among physicians also may unknowingly sway treatment decisions.

Why does implicit bias matter?

Women are three times less likely than men to receive knee arthroplasty when clinically appropriate. One of the stereotypical reasons for this inequity and underuse problem is that men are viewed as being more stoic and more inclined to participate in strenuous or rigorous activity.

(The Joint Commission, 2016)

Why does implicit bias matter?

People of color face disparities in terms of morbidity, mortality, and health status. Black, Hispanic, and Indigenous Americans have higher infant mortality rates than White and Asian Americans. The premature death rate from heart disease and stroke is highest among Black Americans. Race and ethnicity are not the only demographic factors associated with disparity in health outcomes. Women are more likely to experience delayed diagnosis of heart disease compared to men, as well as inferior heart attack treatment. Sometimes, these disparities intersect, as in the case of childbirth, where the United States is one of the few countries experiencing a rise in the maternal mortality rate, and Black women are nearly four times as likely to die during childbirth as are White women. (Whitmer, 2020)

Why does implicit bias matter?

Healthcare providers in a certain geographic area may equate certain races and ethnicities with specific health beliefs and behaviors (e.g., "these patients" engage in risky behaviors, or "those patients" tend to be noncompliant) that are more associated with the social environment (like poverty) than a patient's racial/ethnic background or cultural traditions. (Stanford University, 2020)

How does implicit bias develop?

The ability to distinguish friend from foe helped early humans survive, and the ability to quickly and automatically categorize people is a fundamental quality of the human mind. Categories give order to life, and every day, we group other people into categories based on social and other characteristics.

This is the foundation of stereotypes, prejudice and, ultimately, discrimination.

Social scientists believe children begin to acquire prejudices and stereotypes as toddlers.

How does implicit bias develop?

Once learned, stereotypes and prejudices resist change, even when evidence fails to support them or points to the contrary.

People will embrace anecdotes that reinforce their biases, but disregard experience that contradicts them. The statement "Some of my best friends are ____" captures this tendency to allow some exceptions without changing our bias. (Learning for Justice, 2022)

How does implicit bias develop?

Scientific research has demonstrated that biases thought to be absent or extinguished remain as "mental residue" in most of us. Studies show people can be consciously committed to egalitarianism, and deliberately work to behave without prejudice, yet still possess hidden negative prejudices or stereotypes.

A growing number of studies show a link between hidden biases and actual behavior. In other words, hidden biases can reveal themselves in action, especially when a person's efforts to control behavior consciously flags under stress, distraction, relaxation or competition. (Learning for Justice, 2022)

How does implicit bias develop?

Research has frequently focused on the amygdala, a structure in the medial temporal lobes. The amygdala receives direct input from all sensory organs, enabling it to respond rapidly to immediate threats in advance of more elaborative cognitive processing. It plays a central role in arousal, attentiveness and triggering the flight-or-fight response, reacting to social threats in exactly the same way it reacts to physical ones. Unconscious bias, then, is the immediate, reflexive, defensive reaction to the "other." (Korn Ferry Institute, 2022)

How do I recognize implicit biases?

One way to discover implicit biases is to pay attention to gut feelings.

Nurses can ask themselves if they anticipate unpleasant experiences when caring for any particular group of patients, or if any particular group of patients makes them feel uncomfortable, anxious, or fearful.

Such feelings may indicate implicit bias and prompt self-reflection.

Thoughtfully reflecting on the meaning and origin of such feelings and whether they influence the quality of relationships with patients can help nurses acknowledge and control previously unrecognized biases. (Narayan, 2019)

How do I recognize implicit biases?

Take one or more of the free Implicit Association Tests (IATs) available at Project Implicit (<https://implicit.harvard.edu/implicit/education.html>).

Developed by Harvard, there are 14 instruments for measuring some of the most prevalent biases—those related to race, ethnicity, skin color, religion, age, gender, overweight or obesity, sexual orientation, or disability.

Learning about potential biases can enable people to employ strategies to reduce them or mitigate their effects on future interactions. The IATs are reliable and valid research instruments, and should not be used to diagnose bias but rather as educational tools.

How do I recognize implicit biases?

Implicit bias is different from prejudice. Implicit bias means we have the instinctive tendency to evaluate other groups against the norms of our own groups. Prejudice, on the other hand, means that one feels consciously and overtly that some groups are inferior, an attitude that can be used to justify discriminatory actions. (Narayan, 2019)

But I really don't think I'm biased

There's a reason it's called unconscious bias.

It's because hard-wired biases operate at a level that is beneath our conscious awareness. Even if we sincerely believe we're being fair and objective, stereotypes may still be influencing our opinions -without us being aware of it. (Stanford University, 2020)

We may consciously reject negative images and ideas associated with disadvantaged groups (and may belong to these groups ourselves), but we have all been immersed in cultures where these groups are constantly depicted in stereotyped and pejorative [derogatory] ways. (FitzGerald & Hurst, 2017)

Challenges in reducing implicit biases

Some types of interventions focus more on declarative knowledge – what you know – than on procedural knowledge – knowing how to do something.

Understanding implicit bias as a score on the IAT also may engender the view of implicit bias as a fixed trait that one can do little about.

Issues of race and racism are emotionally fraught and politically charged. The idea that healthcare providers may contribute to racial disparities may contradict their core beliefs and values, including beliefs that they treat everyone equally and that racial inequality is a thing of the past. (Burgess, 2017)

How to reduce implicit bias

- 1. Stereotype replacement** — Recognizing that a response is based on stereotype and consciously adjusting the response
- 2. Counter-stereotypic imaging** — Imagining the individual as the opposite of the stereotype.
- 3. Individuation** — Seeing the person as an individual rather than a stereotype (e.g., learning about their personal history and the context that brought them to the doctor's office or health center)
- 4. Perspective taking** — "Putting yourself in the other person's shoes"

How to reduce implicit bias

- 5. Increasing opportunities for contact with individuals from different groups** — Expanding your network of friends and colleagues or attending events where people of other racial and ethnic groups, gender identities, sexual orientation, and other groups may be present
- 6. Partnership building** — Reframing the interaction with the patient as one between collaborating equals, rather than between a high-status person and a low-status person

How to reduce implicit bias

- 7. Emotional regulation** — People who have good emotional regulation skills and who experience positive emotion during clinical encounters may be less likely to view patients in terms of their individual attributes, and to use more inclusive social categories. It's easier to empathize with others when people view themselves as being part of a larger group. (The Joint Commission, 2016).
- 8. Mindfulness** — A “mode of awareness” that can be enacted in different situations, including those which are emotionally challenging (Burgess, 2017).

How to reduce implicit bias

9. Habit replacement — Implicit bias is like a habit that can be broken through a combination of awareness of implicit bias, concern about the effects of that bias, and the application of strategies to reduce bias. (Devine et al, 2012)

10. Take care of yourself — Protect your mental resources. Do things to protect your mental energy, such as getting sufficient sleep, finding ways to reduce stress and taking mental breaks throughout the day to refocus on being present with your patients. (van Ryn, 2016)

The Institute for Healthcare Improvement (2017)

How to reduce implicit bias

The Institute for Healthcare Improvement (2017) also offers practical tips to combat implicit bias in healthcare, drawn from the book *Seeing Patients: Unconscious Bias in Health Care*, by Dr. Augustus White.

- Have a basic understanding of the cultures your patients come from.
- Don't stereotype your patients; individuate them.
- Understand and respect the tremendous power of unconscious bias.
- Recognize situations that magnify stereotyping and bias.

How to reduce implicit bias

The Institute for Healthcare Improvement (2017) also offers practical tips to combat implicit bias in healthcare, drawn from the book *Seeing Patients: Unconscious Bias in Health Care*, by Dr. Augustus White.

- Know the National Culturally and Linguistically Appropriate Services (CLAS) Standards. (Available at <https://thinkculturalhealth.hhs.gov/clas/standards>)
- Do a "Teach Back." Teach Back is a method to confirm patient understanding of health care instructions that is associated with improved adherence, quality, and patient safety.
- Assiduously practice evidence-based medicine.

Recommended viewing

Institute for Healthcare Improvement. (2020)

- How Does Implicit Bias Affect Health Care?
<http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Anurag-Gupta-How-Does-Implicit-Bias-Affect-Health-Care.aspx>
- What Are the Harms of Not Addressing Bias in Health Care?
<http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Anurag-Gupta-What-Are-the-Harms-of-Not-Addressing-Bias-in-Health-Care.aspx>

Recommended viewing

Institute for Healthcare Improvement. (2020)

- What Is Bias, and What Can Medical Professionals Do to Address It?
<http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Anurag-Gupta-What-Is-Bias,-and-What-Can-Medical-Professionals-Do-to-Address-It.aspx>
- Why Shouldn't Providers Judge Patients' Choices?
<http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Nia-Zalamea-Why-Shouldnt-Providers-Judge-Patients-Choices.aspx>

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