

## MDS Alert

### Burnout Avoidance: Try This Trick to Help with Feeling Overwhelmed

#### Writing about your experiences may sound kooky, but it works.

The COVID-19 pandemic is an unprecedented global crisis, and it's hitting nursing homes and facility staff especially hard. If you are feeling the stress of caring for residents, staying safe personally, and keeping your family safe as well, you're not alone.

But how do you cope when so many of the regular options for stress relief aren't available, due to social distancing measures, or even your own facility's rules and regulations? Reflective writing can be a useful tool for processing experiences, and you don't need any special equipment or access to other professionals to utilize it. If you don't want to think of such a process as merely writing down your thoughts, feel free to apply a more intentional name: "narrative medicine."

#### Look to These Benefits

**Background:** Narrative medicine is an educational movement that some medical schools and other places for clinical medical education are incorporating into their curriculum in order to both build empathy for patients and residents, as well as to check in with clinicians' own biases and realities.

"Narrative medicine gives doctors, nurses, and social workers the skills, traditions, and texts to provide nuanced, respectful, and singularly fitting clinical care to the sick while also achieving genuine contact with their own and their colleagues' hopes and ideals as health professionals," says **Rita Charon, MD, PhD**, in her book *Narrative Medicine*. Clinicians and laypeople both use methods inherent to narrative medicine to get in touch with their own feelings about an experience, as well as connect with others.

It can be an especially poignant and effective tool right now, while so many crave connection to make sense of disparate situations in a collective experience.

"Narrative medicine offers a unique framework to explore and manage the complexity of healing. Its impact extends beyond the physician-patient relationship and into the relationships between physician and self, physician and colleagues, and physician and society," say **Samir Johna, MD**, and **Ahmed Dehal, MD**, in their article "The Power of Reflective Writing: Narrative Medicine and Medical Education" in *The Permanente Journal*.

#### Use Writing to Make Sense of Your Experience

Compartmentalization is a go-to coping skill for many, whether they use their commutes to unwind so they don't bring "work" home or, for clinical encounters, try to pack their feelings about a tough or sad experience with a resident into one corner of the heart or mind so they don't bring the guilt or sorrow home.

But now, amidst the pandemic that is hitting the elderly and long-term care facilities particularly hard - and with fewer "normal" connections or support systems or distractions available - it's especially important to process the intensity of the experience, and your place in it.

"The 'self' in question is necessarily both the professional and the personal self because clinical practice is informed by both medical and personal experience. Few medical educators writing about empathetic witnessing or narrative medicine, however, make note of the impact that a physician's personal identity - including personal and familial illness history, ethnicity, gender, sexuality, class - may have upon their ability to hear, interpret, and translate patients' stories," say **Sayantani DasGupta, MD, MPH**, and Charon in their article "Personal Illness Narratives: Using Reflective Writing

to Teach Empathy” in Academic Medicine.

Right now, if you're working at a long-term care facility, you may be feeling sad about seeing residents' social isolation. You may feel sad about your inability to touch to provide comfort, and frustration that the personal protective equipment (PPE) necessary to conduct interviews with residents is inadequate or inaccessible. Add the pressure of being essential personnel and the combination, for some folks at some facilities, of being called to the floor or facing cuts in pay or hours: It's a lot. You may feel like you're failing residents (or your colleagues or your family), through no fault of your own.

"Health care professionals' guilt is a powerful engine for their behavior. We are burdened and also supported by a highly developed sense of personal accountability. When we inevitably err in the course of practice, we must deal with the tremendous pain of guilt," Charon says.

Acknowledging any complicated feelings is both part of the process, as well as a result. "Although the specifics of the suffering may change - paralleling the technological realities of practice - the heart of the suffering remains the same: shame at being powerless, guilt and rage in the face of blame, and fear of all the dying."

And right now, while social distancing is in effect for so much of the country, writing is an especially great method for processing these feelings and experiences. "Writing, or telling, gives a speaker the authority and the opportunity to reveal the self," Charon says.

### **Try This Exercise - And Consider Sharing**

Set a timer for five minutes and put a pen to paper. Don't think too hard about what you're writing, just jot down your feelings about what happened that afternoon or day or week. Don't worry about editing - just get the words down. For some people, putting words to paper is cathartic in and of itself.

Interestingly, trying this exercise together with colleagues can really bring a team together through collective experience and shared witnessing.

Although most studies have been conducted with medical students and the results aren't conclusive, evidence suggests that sharing your writing within a small group can be helpful. The difference between writing for yourself and sharing with a small group is one of connection.

"The first phase (writing) is individual and solitary, consisting of personal reflection and creation. Here, introspection and imagination guide learners from loss of certainty to reclaiming a personal voice; identifying the patient's voice; acknowledging simultaneously valid yet often conflicting perspectives; and recognizing and responding to the range of emotions triggered in patient care," say **Johanna Shapiro, PhD; Deborah Kasman, MD; and Audrey Shafer, MD**, in their article "Words and Wards: A Model of Reflective Writing and Its Uses in Medical Education" in Journal of Medical Humanities.

"The next phase (small-group reading and discussion) is public and communal, where sharing one's writing results in acknowledging vulnerability, risk-taking, and self-disclosure. Listening to others' writing becomes an exercise in mindfulness and presence, including witnessing suffering and confusion experienced by others," Shapiro, Kasman, and Shafer say.

Though everyone feels like there isn't enough time in the day, devoting five minutes to writing or 15 minutes to writing and sharing your work could make a difference in how you cope with the pressures of COVID-19 and how you connect with your colleagues over an experience you're sharing together but apart.