

## Self-Care, a Critical ‘Caregiver’ to the Caregivers

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### Abstract

*Self-care is taking care of oneself as more often than not most caregivers are naturally inclined to take care of others. Caregivers let that work mentality “leak over” into the rest of their lives, allowing every relationship to become a caretaking relationship. Those drawn to work in caregiving may have learned at an early age to become other-focused rather than self-focused. As a result, they may not feel they need or deserve the same nurturing [that] they accept others need and deserve. They may have exceptionally high standards for themselves and yet be compassionate and forgiving of the shortcomings, mistakes or inconsideration of others. Watson’s defines caring as a special way of being-in-relation with one’s self, with others, and the broader environment. Such relationship requires both an intention and a commitment to care for the individual. Caregivers are people who take care of other adults, often parents or spouses, or children with special medical needs. The aim of writing this paper is to create awareness to the caregivers on the effects of care giving, bring to light the major roadblocks to caregivers, misconceptions held by the caregivers and encourage self-care to the caregivers. This will help the caregivers embrace the fact that the smallest changes can make the biggest impact. For example, never underestimate the power of a restful eight hours of sleep, exercise, good nutrition throughout the day, lunch with a friend can lift our spirits, taking a Sunday off to rest can help us recharge for the week.*

**Key Words:** *Self-Care, Critical, Caregiver, Caretaking Relationship*

### INTRODUCTION

People who end up in the helping professions, caregivers, are naturally inclined to take care of others. Counselling, by design, is a one-way caring relationship. Caregivers let that work mentality —leak over into the rest of their lives, allowing every relationship to become a caretaking relationship. Those drawn to work in caregiving like counselling may have learned at an early age to become other-focused rather than self-focused. As a result, they may not feel they need or deserve the same nurturing [that] they accept others need and deserve. They may have exceptionally high standards for themselves and yet be compassionate and forgiving of the shortcomings, mistakes or inconsideration of others (ibid, 2013).

Although caregivers like counsellors may be full of wellness tips for others, knowledge doesn’t always translate into action for them. We are not so different from our clients when it comes to this. There is often a gap between what we know in our heads to make sense and how we live our lives. Counsellors may have more information about effective self-care practices, but they are as vulnerable to internalized negative messages that discourage or discount self-care as their clients. In addition, counsellors may have a false belief that they should be able to heal themselves that their training as a counsellor somehow means they don’t need outside support and that the wellness practices that work for everyone else are somehow too simple for them or just not necessary (ibid, 2013).

This paper looks unto this perspective that caregivers are humans and need care at one point of their lives. As the saying goes that, ‘after all is said and done, a soldier is a child.’ It is evident that with many misconceptions in caregiving profession, caregivers may never get other people caring for them since they think they are well equipped. Therefore, this paper brings the solution to the caregivers that they ought to adapt self-care as a caregiver to themselves (ibid, 2013).

Watson’s (1999) defines caring as a special way of being-in-relation with one’s self, with others, and the broader environment. Such relationship requires both an intention and a commitment to care for the individual. In other words, the caregiver has to be conscious and engaged to care in order to connect and establish a relationship with the cared-for to promote health/healing. A Care giver refers to a person who takes care of a sick or old person at home (Oxford Advanced Learner’s Dictionary). Caregivers are people who take care of other adults, often parents or spouses, or children with special medical needs. The concept of caring resulted in the identification of five epistemological perspectives: caring as a human

state, caring as a moral imperative or ideal, caring as an effect, caring as an interpersonal relationship, and caring as a nursing intervention (Watson, 1999).

## DISCUSSIONS

### Importance of Caring

There is concern that caring has been threatened by greater emphasis on disease, cost, effective treatment protocols and priorities being given to targets and financial constraints (Finfgeld-Connett, 2008). Watson (2006) suggests that an economic model dominating over ethical and moral foundations of practice would only be a short term solution to the challenges facing healthcare. However, there is increasing recognition internationally that caring, or lack of it, can impact on healthcare staff and service users' wellbeing as well as effective, safe and efficient healthcare service delivery, which has led governments and healthcare organizations to make care and compassion top priorities alongside these other quality dimensions.

Watson (2006), a well-known caring theorist, suggests that the presence of caring is the ultimate measure of client experience. The link between caregiver caring behaviours and client satisfaction is well documented (Green *et al.*, 2005, Wolf *et al.*, 2008). Larrabee *et al.* (2004) looked at a range of variables and identified client perceived caregiver caring as the major predictor of client satisfaction, with caregiver collaboration as the other direct predictor.

A recent study evaluated the impact of reducing work intensity alongside implementing key caring behaviours. The results indicated improvements in job fulfilment and improvement in co-working relationships because staffs were able to spend more time caring for clients (Drenkard, 2008). These studies highlight the interdependence of relationships between healthcare service user, staff, and other members of the healthcare.

### Challenges Faced by Caregivers

Caregiving is a rewarding process but can be stressful. If you are a caregiver, you know that taking care of someone who needs your assistance can be very rewarding. Being there for your loved ones when they need you is a core value for many. But being a caregiver can exact a high toll, and caregiver stress is common. Caregiver stress is the emotional and physical strain of caregiving. Individuals who experience the most caregiver stress are the most vulnerable to changes in their own health (Sheehy, 2010).

Some caregivers are family members; others are paid. They help with: Food shopping and cooking, House cleaning; Paying bills; Giving medicine; Going to the toilet, bathing and dressing; Eating; Providing company and emotional support. Caring can be viewed in multiple ways. It can be an attitude or ability, an attribute or characteristic or a complex set of behaviours. This has led some to believe that it is difficult to measure and improve however there is increasing evidence that both measurement and improvement are possible (Green, 2005).

As a caregiver, you may be so focused on your loved one that you don't realize that your own health and well-being are suffering. Watch for these signs of caregiver stress: feeling tired most of the time, feeling overwhelmed and irritable, sleeping too much or too little, gaining or losing a lot of weight, losing interest in activities you used to enjoy. Too much stress, especially over a long time, can harm your health. As a caregiver, you're more likely to experience symptoms of depression or anxiety. In addition, you may not get enough physical activity or eat a balanced diet, which only increases your risk of medical problems, such as heart disease and diabetes (ibid, 2013).

The major challenges faced by the caregivers are burnout, vicarious traumatization; compassion fatigue and impairment. Burnout is a psychological term that refers to long-term exhaustion and diminished interest in work. It is not a recognized disorder in the DSM although it is recognized in the ICD-10 and specified as a "State of vital exhaustion" (Z73.0) under "Problems related to life-management difficulty" (Z73), but not considered a "disorder" (WHO, 1994). It goes in 12 phases as described by Herbert Freudenberger and Gail North which are not necessarily followed sequentially, nor necessarily in any sense be relevant or exist other than as an abstract construct (Kraft, 2006). These are: the compulsion to prove oneself; working harder; neglecting their needs; displacement of conflicts; revision of values;

denial of emerging problems; withdrawal; obvious behavioural changes; depersonalization; inner emptiness; depression and burnout syndrome.

Vicarious traumatization (VT) is a transformation in the self of a trauma worker or helper that results from empathic engagement with traumatized clients and their reports of traumatic experiences. Vicarious trauma, conceptually based in constructivist self-development theory (Saakvitne *et al.*, 2000), arises from an interaction between individuals and their situations. In other words, anything that interferes with caregiver's ability to fulfil his/her responsibility to assist traumatized clients can contribute to vicarious trauma. The major signs and symptoms are as follows but are not limited to only them: social withdrawal; mood swings; aggression; greater sensitivity to violence; somatic symptoms; sleep difficulties; intrusive imagery; cynicism; sexual difficulties; difficulty managing boundaries with clients; and core beliefs and resulting difficulty in relationships reflecting problems with security, trust, esteem, intimacy, and control (Bober, Regehr & Zhou, 2006).

Impairment, in health, refers to any loss or abnormality of physiological, psychological, or anatomical structure or function, whether permanent or temporary. Identifying impairments that contribute to disability, a functional problem for a patient is a key factor for a health professional to determine appropriate treatment (WHO, 1994).

Compassion fatigue, also known as secondary traumatic stress (STS), is a condition characterized by a gradual lessening of compassion over time (Meadors, *et al.* 2008). The major symptoms are hopelessness, a decrease in experiences of pleasure, constant stress and anxiety, sleeplessness or nightmares, and a pervasive negative attitude. Some risk factors are persons who are overly conscientious, perfectionists, and self-giving, low levels of social support or high levels of stress in personal life, previous histories of trauma that led to negative coping skills, such as bottling up or avoiding emotions (Meadors, *et al.* 2008). To the Caregivers STS results from the taxing nature of showing compassion for someone whose suffering is continuous and irresolvable which makes them hopeless and helpless to ease the client from the suffering situation (*ibid*, 2013).

### **Self-Care Strategies**

It is impossible to stop the impact of a chronic or progressive illness or a debilitating injury on someone for whom you care but taking responsibility of your personal well-being is a possible factor. Many times our attitudes and beliefs form personal barriers that stand in the way of caring for ourselves. Not taking care of yourself may be a lifelong pattern, with taking care of others an easier option (*ibid*, 2013).

However, as a caregiver the following hypothetical questions are critical to ask one while caring for others: "What good will I be to the person I care for if I become ill? What If I die?! you find that when a caregiver fell ill, by not taking care of oneself, may not of greater help to the client as well as if death comes as a result of forgetting self-care. Therefore, the following self-care strategies stands out as very critical to all the caregivers across the globe (*ibid*, 2013).

Self-awareness is a very critical strategy and entails the capacity for introspection and the ability to recognize oneself as an individual separate from the environment and other individuals. It entails being in touch with yourself. Get to understand your emotions, strengths, weaknesses, and limitations. Are there times when you get assertive enough to say, I can't handle this?! Assertive enough to acknowledge your weakness and seek help? Do you realize when it's too much to handle an issue? (*ibid*, 2013). Self-awareness has been called "arguably the most fundamental issue in psychology, from both a developmental and an evolutionary perspective" (Phillepe, 2003). In psychology, the concept of "self-awareness" is used in different ways: as a form of intelligence, whereby self-awareness can be an understanding of one's own knowledge, attitudes, and opinions (Simon, 1904), self-efficacy that builds on our varying degrees of self-awareness as explained by Albert Bandura, 1983, and our general inaccuracy about our own abilities, knowledge, and opinions has created many popular phenomena for research such as the better than average effect. For instance, 90% of drivers may believe that they are "better than average" (Swenson, 1981).

Positive self-talk is another strategy that helps to erases most of misconceptions that most caregivers have which are: I am responsible for my parent's health; If I don't do it, no one will; If I do it right, I will

get the love, attention, and respect I deserve; Our family always takes care of their own and I promised my father I would always take care of my mother; I never do anything right; There's no way I could find the time to exercise. Instead, caregivers should adapt positive statements: "I'm good at giving John a bath." "I can exercise for 10 minutes a day." Remember, your mind believes what you tell it because we base our behaviour on our thoughts and beliefs, attitudes and misconceptions like those noted above can cause caregivers to continually attempt to do what cannot be done, to control what cannot be controlled. The result is feelings of continued failure and frustration and, often, an inclination to ignore your own needs. Ask yourself what might be getting in your way and keeping you from taking care of yourself (ibid, 2013).

Personal therapy is another strategy whereby it is concerned with a deep internal searching and working through unresolved conflicts aiming at personality changes. Psychoanalysts call it 'training analysis'. Wosket (1999) parallels the depth of the —work with oneself with gardening: you can choose gardening that eradicates every tiny weed or gardening that pulls out only the large weed. The impact is seen of caregiver's characteristics which are believed to contribute to clients' constructive change, such as are for example, empathy, authenticity, and warmth (Macran & Shapiro, 1998). It offers the opportunity for the caregiver to explore and shield their personal issues which, if not identified and not been dealt with in the past, may come to the surface and impede their work in the future. Practically, this means that they will need to be resilient in order to be able to confront the suffering and to tolerate anger, criticism, contempt, and even rejection by some of their clients (Orlinsky, et al., 2005).

A sense of humour and play can help the caregiver remember that life need not always be so serious. Cultivate a culture of laughing the situations out, seeing humour in a stressful situation, smiling at difficult issues because you always look better when you smile. So smile and you will receive back the —smile from difficult issues. Learn to put on a smile as the last attire when dressing for the events of life. You are not the first nor will be last to be a caregiver. Learn to smile because you don't carry all the troubles of this life (ibid, 2013).

Decision making techniques is another essential strategy that caregivers should embrace. Decision making refers to the cognitive process resulting in the selection of a belief or a course of action among several alternative possibilities. Every decision-making process produces a final choice that may or may not prompt action. Decision making is the study of identifying and choosing alternatives based on the values and preferences of the decision maker (James, 1990).

Decision making techniques are: Pros and cons which involve listing the advantages and disadvantages of each option and contrasting the costs and benefits of all alternatives; Simple prioritization whereby choosing the alternative with the highest probability-weighted utility for each alternative is done; Satisficing entails examining alternatives only until an acceptable one is found; Elimination by aspects which involves comparing all available alternatives by aspects (Tversky, 1972); Preference trees is elimination by aspects technique by presenting a more ordered and structured way of comparing the available alternatives (Tversky, 1979); Acquiesce to a person in authority or an "expert"; "just following orders"; Flipism which is flipping a coin, cutting a deck of playing cards, and other random or coincidence methods; Prayer, tarot cards, astrology, augurs, revelation, or other forms of divination; Taking the most opposite action compared to the advice of mistrusted authorities; Opportunity cost whereby calculating the opportunity cost of each options and decide the decision is done; Bureaucratic whereby you set up criteria for automated decisions; Political which entails negotiating choices among interest groups; Participative decision-making (PDM) which is a methodology in which a single decision-maker, in order to take advantage of additional input, opens up the decision-making process to a group for a collaborative effort; and the use of a structured decision-making method (Donald, 2013).

Keeping up with the literature in the field can also promote wellness. When caregivers read the latest research and understand new aspects of a concept or problem, it can remind them to view clients as people rather than the problems they represent. Remember a leader is a reader and you can't lead the client if you are not informed (ibid, 2013).

Also a proponent of journaling is another self-care strategy which entails putting into writing ones daily experiences. What are the most striking events? How did they make you feel? What are the emotions that were triggered? What did you think of yourself and the event as well the people who were involved? For

example keeping a gratitude journal or several (one by your bed, one in your purse, and one at work) can help you remember all the things that are good in your life (ibid, 2013).

Effective communication skills are critical in caregiving. The basic guidelines for good communication entails: Use "I" messages rather than "you" messages like saying "I feel angry" rather than "You made me angry" enables you to express your feelings without blaming others or causing them to become defensive; Respect the rights and feelings of others; be clear and specific; and being a good listener (Schmall *et al.*, 2000).

Finally, relaxation is another technique that important in the life of a caregiver. This can be achieved through: meditation; deep breathing; being present at the moment and focus on your senses; reaching out to a social network like technology has made this easier with face booking, twitter; imagery where you focus on something positive like an achievement; laughing out loud which lowers Cortisol, your body's stress hormone, and boosts brain chemicals called endorphins, which help your mood; listening to soothing music; exercising like yoga, walking; and being grateful person always giving thanks in every situation which is achieved by looking at the positive side of every situation (ibid, 2013).

## CONCLUSION

In conclusion, self-care is very critical to all caregivers in that they are entitled to take care of themselves. As seen in the discussion, caregivers are others oriented and this puts them at a risk of being a forgotten factor to those they take care of and also to themselves if they are not conscious and careful about themselves. Many caregivers struggle just to get through the day, so self-care takes a backseat to limited time and fatigue. Plus, some work environments make it difficult for caregivers to engage in self-care because of unusual or long work hours, large caseloads and little or no support like therapists for example (ibid, 2013).

Although self-care can appear large and looming at times, the process begins with just one step. As we see with clients, it doesn't usually require a heroic effort or a complete life makeover to generate really positive results. Sometimes the smallest changes can make the biggest impact. Never underestimate the power of a restful eight hours of sleep, exercise and good nutrition throughout the day. Lunch with a friend can lift our spirits, and taking a Sunday off to rest and play can help us recharge for the week (ibid, 2013).

The key strategies discussed are self-awareness, personal therapy, journaling, keeping literature, effective communication skills, decision making techniques, relaxation, a sense of humour and positive self-talk. As per this article, the focus is on self, in that it is upon the caregivers to take care of themselves and not wait for another person to do so because this may never yet they need to be healthy in order to take care of others effectively (ibid, 2013).

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## BIO-DATA

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