“CARITAS” SELF CARE WORKSHOP

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Introduction: Poor stress management and inadequate self-care are chief contributors to the development of “compassion fatigue” and “burnout” in nurses and other health care practitioners. Often times this leads to detachment, non-caring behaviors and diminished levels of experiencing joy in the work.

Significance: Non-caring and caring behaviors can directly impact the patient’s state of healing and the quality of the relationship with the practitioner as identified in Hallodorsdottir’s Model. (Watson 2008 p.85)

Purpose: The purpose of this project is to highlight and integrate the 10 Caritas Processes TM from Watson’s (2008) Caring Science/ Theory into daily self-care, self-reflective and meditative practices and interpersonal relationships to facilitate transpersonal, transformational change, sustain human dignity, healing and wholeness and minimize the experience of burnout. It is the author’s belief that learning how to cultivate a deeper level of caring, intentionality and authentic presence in all relationships will serve to replenish and regulate patterns of energy thereby preventing compassion fatigue and burnout.

Setting and Participants: The workshop was held over two months with meetings every two weeks (a total of four sessions). The group was composed of twelve nurse consultants (field nurses) from eight teams within the managed long-term care (MLTC) program. This particular VNSNY program has undergone and is still undergoing significant organizational and restructuring changes with new service delivery models. This restructuring has required nurses to change patterns of behavior and ways of relating to each other and to patients.

Project Description/Process: The project began with the author meeting with senior management and then middle managers to present the proposed project. Once approved the next steps were to recruit twelve nurses for the project and to secure a scheduled meeting space and time. The sessions were held in the office every other week for hour and a half duration. Each session was focused on a group of Caritas Processes TM and specific topics/skills. Each group opened and closed in circle with a centering exercise and time for a check-in and group reflection. In session one, the group completed a “Joy in Work Inventory”. The group viewed the Ten Caritas Processes TM DVD (#1, 2 &3) and then focused on Self Awareness practices. Exercises were practiced in dyads. Homework (a practice CD with self report) was encouraged.
Each nurse was given a pocket journal, the Jean Watson Caring Science Theory: Ten Caritas Processes™ touchstone, a folder including handouts (Core concepts of Watson Caring Science theory, caring literacy, daily activity log, awareness practices, self-reports). **Session two** focused on mindfulness, meditation practices and Caritas Processes™(#4&5). The session began with listening to the Caritas Meditation. The group practiced mindfulness exercises together (utilized an orange and hand massage in mindfulness) and were given handouts and homework to match the content. **Session three** focused on an introduction to the nurse coaching model, Heart Math and a review of Caritas Processes™(#6&7) in the DVD. **Session four** focused on the remaining Caritas Processes™ (8, 9&10). In this session the group created a “caritas” themed vision board and reflected on the VNSNY mission, five Pillars (Mission, People, Quality, Growth, and Finance), four Cultural attributes. A project evaluation and reassessment of “Joy in Work Inventory” was administered. Future directions were explored.

**Project Outcomes/Projected Outcomes:** The projected outcome is that through the lens of the Caritas Processes™ and Caring Science /Theory, the nurses will come to understand and appreciate this holistic framework and the value of caring on many levels. Cultivating self-awareness, self-reflection and self-care practices will contribute to evolving caring consciousness. In the process the nurse will learn how to build resiliency and stress hardiness while partnering with the patient in the healing process and present moment. Intentionally bringing caring into consciousness and incorporating authentic caring into personal and professional practice will help co-create caring-healing relationships and a more biogenic caring-healing model of caring behaviors.

**Project Evaluation or Partial/Projected Evaluation:** A “Joy in Work Inventory” (Barnsteiner, Schweikhart and Suresh Joy in Work Inventory 2010) was administered at the start and the end of the project. Potential scores ranged from 0-75. The majority of the group were in the “moderately joy at work” category at the start of the project.

**Future Directions:** The nurses from this project will be returning to their respective teams and hopefully will continue to disseminate and exemplify the Caritas Processes™, caring consciousness and caring behaviors. By leading team meditations, creating a regional “caritas” bulletin board and establishing a supportive network, they can have a ripple effect on the immediate environment and plant seeds for further growth and curiosity about Watson’s Caring Science and its importance at VNSNY.

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