Journal of Palliative Care & Medicine
ISSN: 2165-7386
Hernandez-Marrero and Pereira, J Palliative Care Med 2013, 3:1
DOI: 10.4172/2165-7386.1000e123

Editorial

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# Health Professionals' Emotional Well-Being, Empowerment, and Self-Effectiveness: Lessons to be Learned from Palliative and Long-Term Care Settings

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Health care professionals working in long-term and palliative care settings face situations that might affect their own emotional well-being. It is indeed a fact that these professionals have to cope with dying and death, suffering, ethical dilemmas, and organizational social-structural factors in their daily practice. These elements can contribute to the development of physical and emotional problems; such as burnout, compassion fatigue and moral distress. How can these concepts be defined, distinguished and correlated within a nomological network?

First, moral distress refers to feelings of distress, usually related to tensions that occur when moral or ethical decisions have to be made, and obstacles that make it difficult to practice and implement. This condition is commonly related to organizational and inter-professionals' tensions. Second, compassion fatigue is defined as a slow decrease in compassion over time, and is frequently related with a repeated contact with irresolvable suffering. Finally, burnout is defined as a complex and multidimensional syndrome, encompassing physical and emotional exhaustion, depersonalization and personal and professional dissatisfaction.

Although professionals working in palliative and long-term care settings face risk factors for the development of the enounced problems that affect their own emotional well-being, the literature points out to lower levels of burnout and moral distress in palliative care, when compared with other health care settings. It seems that professionals working in palliative care have a set of protective factors and strategies for preventing, coping and promoting, simultaneously, their own individual and team empowerment.

Empowerment is a relevant element of individual, team and organizations' effectiveness. Empowerment involves a personal and interpersonal sense of control in the workplace. This sense of control is manifested in four beliefs concerning the person-work relationship: meaning, competence, self-determination, and impact. The literature suggests that empowerment in the workplace is an important predictor of a series of outcomes: professionals' effectiveness, job satisfaction, affective commitment, low job-related strain, and intent to leave. This editorial highlights three outcome variables. Firstly, self-perceived effectiveness is defined as the degree to which professionals perceive that they fulfill or exceed work role expectations, namely when and by being capable of providing quality patient care. Secondly, affective commitment concerns the attachment to, identification with, and involvement in an organization. Finally, intent to leave involves people's intention of voluntary turnover, interfering with care provision due to repetitive changes into the team.

How can these concepts be related within palliative and long-term care settings?

On the one hand, the core elements of palliative care; symptom control, communication, family support, and interdisciplinary team work, help professionals to build up a sense of personal and professional accomplishment, and to be an integrated part of an effective work team. In addition, ethical dilemmas and difficult decision making processes are conducted inside a multi-professional team, by using an inter-disciplinary approach, which gives a sense of being an active member inside a team, and of comfort associated to the development of a "shared decision".

On the other hand, providing quality care and suffering relief, contributing to the fulfillment of patients' last wishes, and supporting families during grief increase self-perceived effectiveness, both as an individual and as a team member. In fact, providing palliative and long-term care can help professionals promoting quality of life, and focusing on the "essential things of life".

Moreover, although death occurs and these professionals need to face with suffering, dying and death, active strategies are conducted. These strategies help them to cope with losses and grief and also to prevent burnout. It is indeed a fact that, all over the World, palliative care teams attend to their own risk of professional related emotional distress and burnout by conducting different strategies for its prevention.

Considering that professionals who have empowering work environments and perceive positive feelings of empowerment show high levels of effectiveness at work and commitment to the organization, less burnout, and less intention of voluntary turnover; what are the lessons that could be learned from palliative care? First, professionals should be inspired by the personal and interpersonal sense of responsibility of being part of a larger system that affects other humans' well-being. Second, institutions and organizations should promote similar working strategies as the ones used in palliative care settings. In other words, organizations should develop programs to assess and put in place empowering structures and practices that engage professionals to attain a personal sense of control in the workplace.

In summary, health professionals' emotional well-being, self-effectiveness and empowerment do not only affect themselves individually, but also influence the quality of care provided. The better organizations promote professionals' well-being and empowerment, the better professionals feel and perceive their self-effectiveness and provision of quality patient care.

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**Received** November 29, 2012; **Accepted** December 01, 2012; **Published** December 04, 2012

**Citation:** Hernandez-Marrero P, Pereira SM (2013) Health Professionals' Emotional Well-Being, Empowerment, and Self-Effectiveness: Lessons to be Learned from Palliative and Long-Term Care Settings. J Palliative Care Med 3: e123. doi:10.4172/2165-7386.1000e123

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