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Original Article

Mindful Self-Care, Self-Compassion, and Resilience Among Palliative Care Providers During the COVID-19 Pandemic



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Abstract

Context. Given the adverse impact of COVID-19 on the wellbeing of palliative care providers, there is a growing need to better understand protective variables, such as self-care, mindfulness and self-compassion, as they relate to resilience.

Objective. To investigate mindful self-care, self-compassion, and resilience as reported by palliative care providers during the COVID-19 pandemic.

Methods. Descriptive, cross-sectional survey. An electronic questionnaire captured data from validated instruments measuring each study variable, as well as participant demographics and perceived impacts of COVID-19 on professional quality of life.

Results. Positive, statistically significant correlations were found between mindful self-care, self-compassion, and resilience. These variables were also associated with greater satisfaction with professional life and perceived lessened impairment in physical and/or mental health due to a decrease in self-care activities stemming from altered routines during COVID-19. Those with higher resilience had worked in palliative care longer and also reported higher levels of self-compassion and mindful self-care, explaining 50% of variance. Self-compassion, satisfaction with professional life, and changes in self-care routine due to professional activities in the pandemic explained 44.3% of variance in mindful self-care. Self-compassion, female gender, and working as a frontline responder to the COVID-19 pandemic accounted for 35% variance in resilience levels.

Conclusions. Results from this study extend the currently limited knowledge of self-care, mindfulness and self-compassion, as protective variables related to resilience in palliative care providers during the COVID-19 pandemic. Further longitudinal studies into causal effects on health and wellbeing over time are needed. *J Pain Symptom Manage* 2022;64:49–57. © 2022 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

Key Words

COVID-19, Mindfulness, Palliative care, Resilience, Self-care, Self-compassion

Key Message

Mindful self-care, self-compassion and resilience were positively and significantly associated with each other, and also correlated with greater self-reported professional life satisfaction, and lessened physical/mental health impairment. Frontline responders to COVID-19 reported lower rates of mindful self-care; particularly physical self-care, in comparison to other respondents.

Introduction

As a compassionate response to suffering, the provision of palliative care can be a rewarding yet distressing experience for both informal and professional caregivers alike.¹ For health professionals, providing palliative care can be especially challenging due to ongoing exposure to suffering and other occupational stressors.² There is arguably a need for palliative care

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providers to balance compassion for others with compassion for oneself.^{1,3} Proactive, careful consideration of workforce wellbeing, self-care and resilience is therefore important to quality and continuity in the provision of palliative care,⁴⁻⁶ especially during a global pandemic, such as COVID-19.⁷

Indeed, many healthcare workers contracted COVID-19 and faced an increased risk of high-level stress, anxiety, depression, burnout, addiction and post-traumatic stress disorder, with potentially long-term psychological implications.^{8,9} Those providing palliative or end-of-life care experienced increased emotional and practical challenges, with impacts on their professional role and personal wellbeing.^{10,11}

In a study exploring the impacts of COVID-19 on palliative care providers across 41 countries, participants described how fear, anxiety, sadness, and stress significantly affected the care provided.¹² Additionally, new and adaptive models of palliative care service delivery together with increased workloads contributed to personal distress and burnout among these providers, affecting their health and wellbeing.¹² Taken together, the COVID-19 pandemic has resulted in unprecedented suffering and subsequent challenges to the wellbeing of palliative care providers.

While self-care represents a key coping strategy for palliative care providers, studies to date have largely focused on negative outcomes relating to COVID-19 rather than protective variables, such as mindfulness, self-care, and self-compassion. In this context, Yamaguchi et al.¹³ highlighted the important role of positive emotions in promoting mental health, including the psychological recovery process of individuals who have experienced intense stress and/or have developed mental disorders. Thus, there is an urgent need to better understand protective variables to promote wellbeing and prevent further suffering.

Positive emotions such as self-compassion are also associated with higher levels of wellbeing, professional quality of life, and self-care.^{14,15} For palliative care professionals, cultivating self-compassion is as necessary as compassion for others.¹⁵ Quality of life at work and compassionate care are related to the well-being of health professionals: when professionals take care of themselves, it can lead not only to more compassionate care, but also to healthier and happier health professionals.¹⁵

While it is known that mindful self-care can reduce the risk of burnout among hospice professionals, this topic has received little empirical attention.¹⁶ Further, there is evidence that when these professionals engage in multiple and frequent self-care strategies, they experience a higher quality of professional life and a lower risk of burnout and secondary traumatic stress.¹⁶ Mindful self-care is an iterative process involving: 1) mindful awareness and assessment of internal needs and

external demands; and 2) intentional engagement in self-care practices to meet needs and demands in a way that serves personal wellbeing and effectiveness.¹⁷ Mindfulness can be defined as “paying attention to what’s happening in the present moment in the mind, body and external environment, with an attitude of curiosity and kindness.”¹⁸ Prior to the influence of mindfulness on self-care, traditional models of self-care for helping professionals were helpful but offered limited integration into an embodied present-moment experience, and often presented self-care as a task.¹⁷

The development of effective coping skills and resilience among palliative care professionals has been linked to better health and well-being, longevity at work, improved quality of patient care and burnout prevention.^{19,20} Resilience occurs when professionals cognitively process their experiences, articulate their thoughts and feelings into a coherent narrative, and build a sense of meaning or purpose.⁴ Despite evidence that resilience can mitigate stress, this is a variable that is still poorly researched in the specialized palliative care environment.⁴ Further, despite a compelling need for research in this area,⁷ these variables have not yet been examined together in palliative care providers, during the COVID-19 pandemic.

The theoretical basis for this study was framed by a synthesis of 1) Hotchkiss’ conceptual model of healthcare professional wellness;¹⁶ 2) Mills’ middle range theory of self-care,⁵ and 3) the palliative care professionals’ inner life model by Galiana et al.¹⁵ Based on adaptations of mindful self-care and Maslow’s hierarchy of needs, within the Hotchkiss model mindful self-care mediates the relationship between compassion satisfaction and burnout, with the impact of compassion fatigue buffered by mindful self-care/needs being met and compassion satisfaction understood as an expression of self-actualization.¹⁶ According to Mills’ middle range theory of self-care,⁵ self-care is a relational aspect of healthcare practice and self-compassion is a positive emotion that supports effective self-care practice in health care professionals. The palliative care professionals’ inner life model is informed by an awareness-based conceptualization of self-care, with self-compassion performing a mediator role between self-care and awareness and professional quality of life.¹⁵ In this model, professional quality of life and compassionate care are associated with palliative care professionals’ wellbeing—with the theoretical premise that effective self-care will lead to more compassionate care, as well as healthier and happier palliative care professionals.

As highlighted by Hotchkiss,¹⁶ potential linkages have been postulated between self-actualization and “resiliency of the human spirit.” Thus, we were interested in examining resilience within this broad theoretical framework to better understand the variables of, and explain associations between, mindful self-

care, self-compassion, and resilience in palliative care.^{5,15,16} Specifically, this study was conducted to address the question: “What are the levels of mindful self-care, self-compassion and resilience in palliative care providers during the COVID-19 pandemic?” Therefore, the primary aim of this study was to investigate the levels of mindful self-care, self-compassion, and resilience in these professionals. Secondary to this, we also explored perceived impacts of COVID-19 on quality of life, including satisfaction with professional life and physical or mental health impairment and associations between mindful self-care, self-compassion, and resilience.

Methods

Study Design

This descriptive, cross-sectional survey of palliative care providers was conducted between December 2020 and March 2021, and is reported here in line with STROBE statement guidelines.²¹

Participants and Procedures

Study participants comprised a convenience sample of Brazilian palliative care providers ($n = 336$), with initial recruitment supplemented by a snowball sampling technique.²² Specifically, we first invited individual palliative care providers to participate in the study through digital messaging and social media applications (Whatsapp, Telegram, Facebook, and Instagram), with contact details obtained via professional networks to which members of the research team belong. These membership networks are exclusively composed of palliative care providers and their aim is to share professional experiences, including opportunities to contribute to research.

Potential participants received a message containing explanatory text about the study and ethical approval, as well as a link that enabled access to proceed further. Upon clicking the link, participants navigated to an online consent form. If participants declined to participate in the study, they were directed to a page with a message thanking them for considering participation in the study. After agreeing to participate in the study voluntarily, participants were directed to the self-report questionnaire. This online form was developed using the Google Forms tool and was piloted prior to the start of data collection for clarity, functionality, and usability. After submitting their answers, the respondents received a confirmation e-mail with a link that allowed them to access and review their responses. They were also offered an opportunity to share details of the research study among their personal connections/professional networks to support the recruitment of other palliative care providers across Brazil.

Study Variables and Instruments

The online questionnaire comprised items from validated instruments measuring each study variable, as well as participant demographics and perceived impacts of COVID-19 on professional quality of life. Specifically, respondents were asked to identify their age (years), gender, marital status, highest level of education attained, clinical discipline, length of employment in palliative care, and level of satisfaction with professional life. They were also asked about perceptions of possible interference with professional performance in self-care routines during the COVID-19 pandemic.

Mindful Self-Care

The mindful self-care scale (MSCS) was developed and validated to measure mindful self-care practices.²³ It comprises 33 items divided into six subscales: Physical care (eight items); Supportive relationships (five items); Mindful awareness (four items); Self-compassion and purpose (six items); Mindful relaxation (six items); and Supportive structure (four items). An additional three general items do not enter into calculation of the scale's mean score. The final score is the sum-total of mean scores of the six subscales combined.²³ Demonstrating sound psychometric properties, the MSCS has been translated, culturally adapted, and validated for use among Brazilian palliative care providers.²⁴

Self-Compassion

Self-compassion involves responding with kindness and compassion to one's own suffering and failures, rather than neglecting one's own wellbeing or engaging in harsh judgements and self-criticism.²⁵ The self-compassion scale-short form (SCS-SF) is a validated instrument used to assess an individual's self-compassion.²⁶ As a brief version of Neff's self-compassion scale (SCS),²⁷ which has been adapted and validated for use in Brazil,²⁸ it comprises 12 items and has demonstrated near-perfect correlation with total scores from the 26-item SCS. All items are distributed across six subscales—with three positive (self-kindness, common humanity, and mindfulness) and three negative (self-judgement, isolation, and overidentification) subscales. The response options are arranged on a five-point Likert scale ranging from 1 (Almost never) to 5 (Almost always). To compute a total self-compassion score, the negative subscale items are reverse-scored, prior to calculation of the mean value of each subscale, and a total mean value (the average of the six subscale means) self-compassion score.

Resilience

Resilience can be understood, generally, as an individual's ability to overcome adversity and endure stressful events.^{29,30} The brief resilience scale (BRS) is an instrument developed to assess adults' level of

resilience.³¹ The BRS comprises six items, all answered using a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree), and having demonstrated sound psychometric properties, it has been validated for use in Brazil.³²

Data Analysis

Absolute and relative frequency distribution was analyzed, and descriptive statistics were calculated for all quantitative variables. Following a Shapiro-Wilk test for normality, nonparametric Mann-Whitney tests and Spearman's correlation coefficients were selected as appropriate for further analysis. To evaluate associations between the variables of mindful self-care, self-compassion, and resilience as independent variables, a multiple linear regression model was used with stepwise method to select variables that composed the final model. The models were fitted upon confirmation of relevant assumptions of normality and independence (Durbin-Watson test) of errors, with collinearity of the model variables having been tested. Cronbach's alpha was used to assess the internal consistency reliability of the study instruments. All tests were performed using a 5% significance level. The treatment of missing data involved exclusion of any incomplete questionnaires from data analysis.

Ethical Considerations

The study was approved by the Federal University of Alfenas Research Ethics Committee (CAAE: 30928920.4.0000.5142; No: 4.274.760; September 14, 2020). All participants received written information regarding the research, and each granted their informed written consent prior to participating in the study. There were no incentives offered for participation in the survey.

Results

Sample

The survey had 346 respondents but only data from 336 participants was included for analysis, based on non-completion of the questionnaire. The study sample was mostly female, with a mean age of 38.56 years (SD = 9.47), and on average they had worked in palliative care for 6.6 years (SD = 5.6). More information regarding sample characterization is presented in Table 1.

On a scale of 0 (totally unsatisfied) to 10 (totally satisfied), the mean response to satisfaction with professional life was 8 (SD = 1.6). Among respondents, 62.8% ($n = 211$) stated they worked as frontline responders to the COVID-19 pandemic during (during data collection). Of these providers, 16.1% ($n = 54$) reported that their routine had been totally changed by the

Table 1
Sociodemographic and Professional Characteristics of Participants ($n = 336$)

Variables	f ¹ (%)
Gender	
Female	291 (86.6)
Male	45 (13.4)
Level of education	
Undergraduate	18 (5.4)
Specialist	224 (66.7)
Master's	61 (18.2)
PhD	33 (9.8)
Marital status	
Married/stable union	200 (59.5)
Single/no partner	136 (40.5)
Discipline	
Social work	3 (0.9)
Medicine	100 (29.8)
Nutrition	8 (2.4)
Nursing	80 (23.8)
Dentistry	2 (0.6)
Pharmacy	4 (1.2)
Psychology	59 (17.6)
Physiotherapy	51 (15.2)
Occupational therapy	1 (0.3)
Speech therapy	13 (3.9)
Others ^a	15 (4.5)

¹f = absolute and percentage frequency.

^aChaplain, music therapist, technician.

pandemic, such that they were unable to perform their usual self-care activities; while 46.7% ($n = 157$) stated the pandemic changed their self-care routine only partially. Having rated from 0 (no harm) to 10 (total harm), for those who were unable to perform their self-care activities, the perceived impact of these changes in terms of harm to their physical and/or mental health was 5.5 (SD = 2.6).

Mindful Self-Care, Self-compassion, and Resilience

The BRS demonstrated sound reliability in this study with a Cronbach's alpha of $\alpha = 0.830$, and the mean BRS score was 3.43 (SD = 0.76) indicating a moderate level of resilience. Cronbach's alpha for the MSCS was $\alpha = 0.932$, with a mean score of 20 (SD = 3.34) for mindful self-care. The SCS-SF also demonstrated sound reliability ($\alpha = 0.851$) in this study, with a mean score of 3.16 (SD = 0.70), indicating a moderate level of self-compassion. See Table 2 for mean scores of the MSCS and SCS-SF subscales.

Among participants, 95.5% ($n = 321$) stated that they perform several self-care activities, and 92.6% ($n = 311$) usually plan their self-care. Additionally, 89.9% ($n = 302$) look for new ways to incorporate self-care activities into their lives.

Associations Between Mindful Self-Care, Self-Compassion, Resilience, and Other Variables

Positive and statistically significant correlations were found between mindful self-care, self-compassion, and resilience (Table 3). In addition, higher levels of these

Table 2
Mean Values of the Subscales of the Mindful Self-Care and Self-Compassion Scales (n = 336)

Scale	Subscales	Mean (SD)
MSCS	Physical care	2.66 (.77)
	Supportive relationships	3.70 (.83)
	Mindful awareness	3.84 (.71)
	Self-compassion and purpose	3.66 (.73)
	Mindful relaxation	3.03 (.78)
	Supportive structure	3.42 (.76)
SCS-SF	Self-kindness	3.36 (1.09)
	Mindfulness	3.61 (.89)
	Common humanity	3.45 (.85)
	Isolation	3.11 (1.08)
	Self-judgement	2.82 (1.09)
	Overidentification	2.74 (1.04)

MSCS = mindful self-care scale; SCS-SF = self-compassion scale-short form.

variables were associated with greater satisfaction with professional life and perceived lessened impairment in physical and/or mental health due to the decrease in self-care activities stemming from pandemic-related routine changes (Table 3). Palliative care providers reporting greater impairment were those with less experience working in palliative care who also reported lower satisfaction with their professional life; older participants reported higher levels of mindful self-care and self-compassion (Table 3).

Participants working as COVID-19 frontline responders reported lower rates of self-care (median=2.37) ($P = 0.037$), when compared to others (median = 2.68). As outlined in Table 4, providers with higher levels of mindful self-care were more self-compassionate and felt more satisfied with their professional lives. However, those providers who stated that their self-care routine had been changed due to their professional performance in the pandemic presented lower levels of mindful self-care. The variables presented in Table 4 explain 44.3% of the variance in mindful self-care.

Palliative care providers who were more self-compassionate were also more resilient and demonstrated

higher levels of mindful self-care, whilst also having worked longer in palliative care; in the regression model (see Table 5), these variables explained 50% of variance in self-compassion. Females scored significantly higher in self-judgement (median = 3.00) when compared to males (median = 2.50) ($P = 0.021$), and males reported higher levels of common humanity (median = 4.00) in comparison to females (median = 3.50) ($P = 0.04$). Palliative care providers who were married or partnered reported higher levels of isolation (median = 3.00, mean = 3.22) than those who were single (median = 3.00, mean = 2.95) ($P = 0.032$).

COVID-19 frontline responders scored higher in resilience (median = 3.60) when compared to others (median = 3.40) ($P = 0.006$). Across the sample, males scored comparatively higher in resilience (median=3.80) than females (median = 3.60) ($P = 0.045$). The variables presented in Table 6 explain 35% of the variance in resilience.

Discussion

Through translation and validation of the MSCS, mindful self-care and its correlates are increasingly investigated within new populations and cultural contexts around the world.^{24,33,34} Given the growing recognition and importance of mindfulness, self-care and resilience to palliative care practice,^{5,7,19,20,29} the primary aim of this study was to investigate the levels of mindful self-care, self-compassion, and resilience in Brazilian palliative care providers. Secondary to this, we also explored perceived impacts of COVID-19 on quality of life, including satisfaction with professional life and physical or mental health impairment and associations between mindful self-care, self-compassion, and resilience.

Main Findings

Mindful self-care, self-compassion and resilience were positively and significantly associated with each

Table 3
Correlation Between Mindful Self-Care, Self-Compassion, Resilience, and Professional Characteristics

		Age	Time in PC ^a	Self-compassion	Resilience	Satisfaction ^b	Impairment ^c
Mindful self-care	r^d	0.147	—	0.621	0.389	0.381	-0.317
	P	0.007	—	<0.001	<0.001	<0.001	<0.001
Self-compassion	R	0.160	0.151	—	0.561	0.206	-0.295
	P	0.003	0.006	—	<0.001	<0.001	<0.001
Resilience	R	—	—	0.561	—	0.142	-0.130
	P	—	—	<0.001	—	0.009	0.035
Satisfaction ^c	R	—	—	0.206	0.142	—	-0.156
	P	—	—	<0.001	0.009	—	0.011
Impairment ^d	r	—	-0.127	-0.295	-0.130	-0.156	—
	P	—	0.043	<0.001	0.035	0.011	—

^aTime working in palliative care.

^bLevel of satisfaction with professional life.

^cImpairment to physical and/or mental health caused by the interruption of self-care activities.

^dSpearman's correlation coefficient.

Table 4
Mindful Self-Care-Adjusted Model Estimates

Model	Unstandardized Coefficients		Sig.	95% Confidence Interval for Coefficients	
	Estimates	Std Error		LL	UL
(Constant)	9.937	0.988	<0.001	7.993	11.880
Self-compassion	2.598	0.205	<0.001	2.195	3.002
Satisfaction with professional life	0.450	0.089	<0.001	0.275	0.624
Change in self-care routine due to professional performance in the pandemic	-1.671	0.419	<0.001	-2.496	-0.846

other, and also correlated with greater self-reported professional life satisfaction, and lessened physical/mental health impairment. These findings are not only consistent with the theoretical underpinnings of this study,^{5,15,16} but they can also inform broader theory development. For example, this study lends further empirical support to the unitary caring science resilience model,³⁵ which postulates mindfulness and self-compassion as resilience-building strategies. Additionally, respondents' levels of mindful self-care, self-compassion and resilience varied according to age, gender, and length of practice in palliative care. Surprisingly, frontline responders to COVID-19 reported lower rates of mindful self-care; particularly physical self-care, in comparison to other respondents. This may be of concern, given the literature indicates that working as a frontline responder to the COVID-19 pandemic is a risk factor for poor mental health outcomes among healthcare providers.⁸

Those who stated that their self-care routine had been altered by their professional role in the pandemic also reported lower levels of mindful self-care. Considering the new and increased stress caused by the pandemic, it may be important to ensure protected time for self-care activities. However, in light of the workload of frontline providers,⁸ it may be challenging for these providers to find the time and inclination to commit to and actualize this. It is therefore vital that those providing palliative care receive ongoing support in teams and organizational cultures that are conducive to resilience and wellbeing – institutional policies should include strategic planning and prioritization of workforce wellness at an organizational level.⁷

In contrast to previous research in Pakistan, where younger nurses and nurses with limited clinical

experience were seemingly more mindful of self-care,³⁴ the present study found that older participants reported higher levels of mindful self-care and self-compassion. This variance may reflect either cultural or multidisciplinary differences in the broader professional sample in this study.

Further, the most self-compassionate providers had worked for longer in the field of palliative care. Self-awareness regarding one's reactions to patients and their families is a core competency for all providers in palliative care.³⁶ Thus, it is possible that providers who have been working longer in palliative care, and consequently the older providers due to their experience in this field, are more familiar and comfortable with introspection and reflective practice, perceiving their own thoughts and feelings, whilst being mindful of collective suffering. They may be better able to search for the means to alleviate their own suffering and meet their own needs whilst balancing this with compassion and care for others. In a recent study, self-care and awareness predicted coping with death and self-compassion which, in turn, predicted professional quality of life in palliative care professionals.¹⁵

Frontline responders to the COVID-19 pandemic reported the highest levels of resilience. While this may seem counterintuitive, given that frontline responders also reported lower levels of self-care, it must be understood that palliative care professionals use other forms of coping strategies to adapt and cope with occupational stressors. For example, a recent study found that self-care-based coping represented just one of four main coping strategies used by palliative care professionals.³⁷ In professional contexts, resilience is demonstrable when personal resources are able to withstand stress and meet work demands,^{7,29} thus it is likely that other

Table 5
Self-Compassion-Adjusted Model Estimates

Model	Unstandardized Coefficients		Sig.	95% Confidence Interval for Coefficients	
	Estimates	Std Error		LL	UL
(Constant)	-0.023	0.179	0.898	-0.376	0.330
Mindful self-care	0.091	0.009	<0.001	0.074	0.109
Resilience	0.371	0.039	<0.001	0.294	0.447
Time working in palliative care	0.010	0.005	0.039	0.001	0.020

Table 6
Resilience-Adjusted Model Estimates

Model	Unstandardized Coefficients		Sig.	95% Confidence Interval for Coefficients	
	Estimates	Std Error		LL	UL
(Constant)	1.545	0.185	0.898	1.180	1.910
Self-compassion	0.625	0.049	<0.001	0.528	0.721
Female gender	-0.212	0.100	0.035	-0.408	-0.015
Working as a frontline responder to the COVID-19 pandemic	0.140	0.071	0.050	0.000	0.279

coping strategies were used to complement self-care in supporting resilience.

In comparison to females, males in this study reported higher levels of resilience, a greater sense of common humanity, and were less judgmental of themselves. This is consistent with past research that found lower levels of self-compassion in female palliative care providers in comparison to their male colleagues.¹⁴ Findings from other studies conducted with healthcare providers during the COVID-19 pandemic indicate that female gender is associated with severe symptoms of depression, anxiety, and distress⁸ and lower levels of resilience.³⁸ This may stem from greater emotional exhaustion among female providers arising from social roles relating to home and family life, in comparison to their male colleagues.³⁹ However, there is evidence that females typically score lower on resilience measurements compared to males since the existing conceptualizations of resilience do not reflect the ways in which gender roles, social expectations, perceptions, and environmental factors interact to differentially shape male and females' experiences and their responses to adversity.⁴⁰

What This Study Adds

As the first known study to investigate mindful self-care, self-compassion, and resilience among palliative care providers, this research has generated a number of key findings to advance knowledge in this area of increasing importance. Following the findings of recent research demonstrating that mindful self-care behaviors are protective against burnout risk and predict higher levels of professional quality of life in hospice and palliative care providers,^{16,41} the present study provides new empirical evidence suggesting that mindful self-care, self-compassion, and resilience are positively related to each other. Our findings indicate these variables are also associated with greater satisfaction with professional life and perceived lessened impairment in physical and/or mental health stemming from decreased self-care activities due to routine changes related to professional performance in the COVID-19 pandemic. This is despite new self-care resources being developed and made widely accessible online to facilitate mindfulness meditation and promote resilience.⁷

Importantly, frontline responders to the COVID-19 pandemic reported lower rates of mindful self-care — particularly physical self-care — in comparison to other respondents. Given the protection of healthcare providers is an important component of public health measures responding to crisis situations such as the COVID-19 pandemic⁸; and that mindful self-care, self-compassion, and resilience can be learned, developing interventions that assist with learning and practicing mindful self-care may be of benefit, especially for females. As highlighted by Yang et al.³³ during their validation of the B-MSCS among Chinese hospice nurses, these findings can support the development of targeted educational plans for those providing palliative care. In the same way that informal caregivers of those living with terminal illness may struggle with “permission to be kind” to themselves,⁴² this is also an area of great need for palliative care professionals. This study provides preliminary evidence towards an increasingly important area of research. Future studies should investigate possible causal relationships between the variables in question, and test targeted interventions designed to foster wellbeing and increase levels of self-care, self-compassion, and resilience among palliative care providers.

Limitations

The nonprobability convenience sampling for this study is a limitation that should be noted. As a national study, however, this approach enabled a broad reach across Brazil. While it is not possible to establish causal relationships from this study, such investigation of causal relationships was beyond the scope of this descriptive, cross-sectional survey. We acknowledge the use of subjective outcome measures, as the self-report instruments used are, at present, necessary to measure the subjective study variables. However, despite these limitations, we believe the strengths and significance of this study support its original contribution to the literature.

Conclusion

This research extends the currently limited knowledge of self-care, mindfulness, and self-compassion, as protective variables related to resilience in palliative care providers. The results from this study suggest that

interventions to promote mindful self-care and self-compassion may support resilience and wellbeing in palliative care providers. In response to self-care deficits identified during the COVID-19 pandemic, the provision of staff support, including targeted education, might usefully focus on self-care planning and other resources to support physical self-care for those working on the frontline. Future longitudinal studies into causal effects of the study variables on health and wellbeing over time are recommended.

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