The Moral Imperative of Relationship in Healthcare:
Do good, do no harm,
in caring for self and others

BC Kidney Days
October 24th, 2013

Drs. Hilary Pearson & Paul Whitehead
Centre for Practitioner Renewal
Providence Health Care/University of British Columbia

Learning Objectives:
Do good/ Do no harm - Do no self harm

- Understand the complexities and impact of relationships in our work

- Appreciate the importance of fostering relationships to do good and do no harm

- Explore how healthcare providers can sustain their sense of meaning, purpose and value in connection to their work

Centre for Practitioner Renewal (CPR)

Health care is about living/dying, curing/healing; art/science, mind/heart, skills/knowledge, technology/compassion

Health care is based on a business model of efficiency, the work we do is about relationship—relationship with self, other and Other

Relationship is often sacrificed to action and efficiency

Centre for Practitioner Renewal

- How do we sustain health care providers in the work place?

- What is the effect of being in the presence of suffering?

- What would be reparative, healing or restore resilience for health care providers?

Efficiency *through* relationship

Challenges to Well Being in Health Care

- Economic restraint & restructuring
- Rapidly developing technologies
- Increased access to information/misinformation
- Increased patient complexity
- Shortage of practitioners
- Decreased numbers of beds
- A more critical & litigious social climate

Our Experience at CPR

Sustaining Healthcare Providers in the workplace:

Burnout / Compassion Fatigue / Vicarious Trauma / Moral Distress / Grief / Depression / Anxiety

and

"Lateral Stress" among colleagues

Unfixable Suffering

Trauma: a sense of helplessness in the face of unfixable suffering

Judith Herman

Lateral Stress:
Accumulated stress discharged between colleagues

- Irritability, frustration, lack of patience
- Intolerance of difficult emotion
- Silencing response
- Scapegoating/bullying/incivility

Relationship-centered Health Care

- An approach that recognizes the importance and uniqueness of each health care participant's relationship with [*one's self and*] every other, and considers these relationships to be central in supporting:

  - high-quality care
  - high-quality work environment
  - superior organizational performance

Safran, DG, Miller, W. and Beckman, H
Organizational Dimensions of Relationship-centered Care
J Gen Intern Med 2006: 21:S9-15

Relationship-centered Health Care

Principles:

1. Relationships in healthcare ought to include the personhood of the participants

2. Affect and emotion are important components of relationships in health care

3. All health care relationships occur in the context of reciprocal influence

4. The formation and maintenance of genuine relationships in health care is morally valuable

Beach, MC, Inui, T, Relationship-Centered Care Research Network.
Relationship-centered Care: A Constructive Reframing
J Gen Intern Med 2006; 21:S3-8

Relationship-centered Health Care

Recognizing clinicians' relationships to:

- Self

- Patients + friends/family

- Colleagues

- The healthcare system

- The community

- Transcendence

Core Messages

- Relationships can sustain if they are maintained (self, other and Other)

- Relational intelligence begins with self

- The past is always present

Self Knowledge

Many people miss out on themselves as they journey through life. They know others, they know places, they know skills, they know their work, but tragically, they do not know themselves at all.

John O'Donohue: Anam Cara

Relationship with Self

The individual's capacity for self-awareness, depth of self-knowledge, and capacity to create and sustain personal integration ("wholeness" or integrity) in complex and challenging circumstances.

The least explored dimension of relationship-centered care.

Beach, MC, Inui, T, Relationship-Centered Care Research Network. Relationship-centered Care: A Constructive Reframing

J Gen Intern Med 2006; 21:S3-8

Reciprocity in Relationship

Self   ⇔   Other

Behaviours

Emotions

Expectations

Yearnings

- I affect others and they affect me

- The more I reflect on my own reactions, the clearer my understanding of the others'

THE PERSONAL ICEBERG METAPHOR
OF THE SATIR MODEL

BEHAVIOUR (action, storyline)

COPING (stances)

FEELINGS (joy, excitement, anger hurt, fear, sadness)

FEELINGS ABOUT FEELINGS (decisions about feelings)

PERCEPTIONS (beliefs, assumptions, mind-set, subjective reality)

EXPECTATIONS (of self, of others, from others)

YEARNINGS (loved, lovable, accepted, validated, purposeful, meaning, freedom)

SELF: I AM (life force, spirit, soul, essence)

See: Satir, V, Banmen J., Gerber, J., and Gamori, M. (1991). The Satir Model of Family Therapy and Beyond. Palo Alto, CA: Science and Behaviour Books, Inc.

Key Themes in Caregiver Resilience

Restorative

- Long-term relationships
- "Healing connections" (Mount, Boston & Cohen, 2007)
- Sense of meaning, purpose or service to a 'higher good'
- Embracing Life

Challenging

- Long-term relationships
- Identification
- Death out of time
- The paradox of a "chronically terminal" disease
- Witnessing 'unfixable suffering'

The web of relationship

- Provider   ⇔   Patient

- Provider   ⇔   patient's family and friends

- Patient   ⇔   Patient's family and friends

- Provider   ⇔   Healthcare team

- Team members   ⇔   Team members

Complex Decision-Making Matrix

- Medical Indications

- Patient Preferences

- Quality of Life

- Contextual Features

The secret of the care of the patient is in caring for the patient.
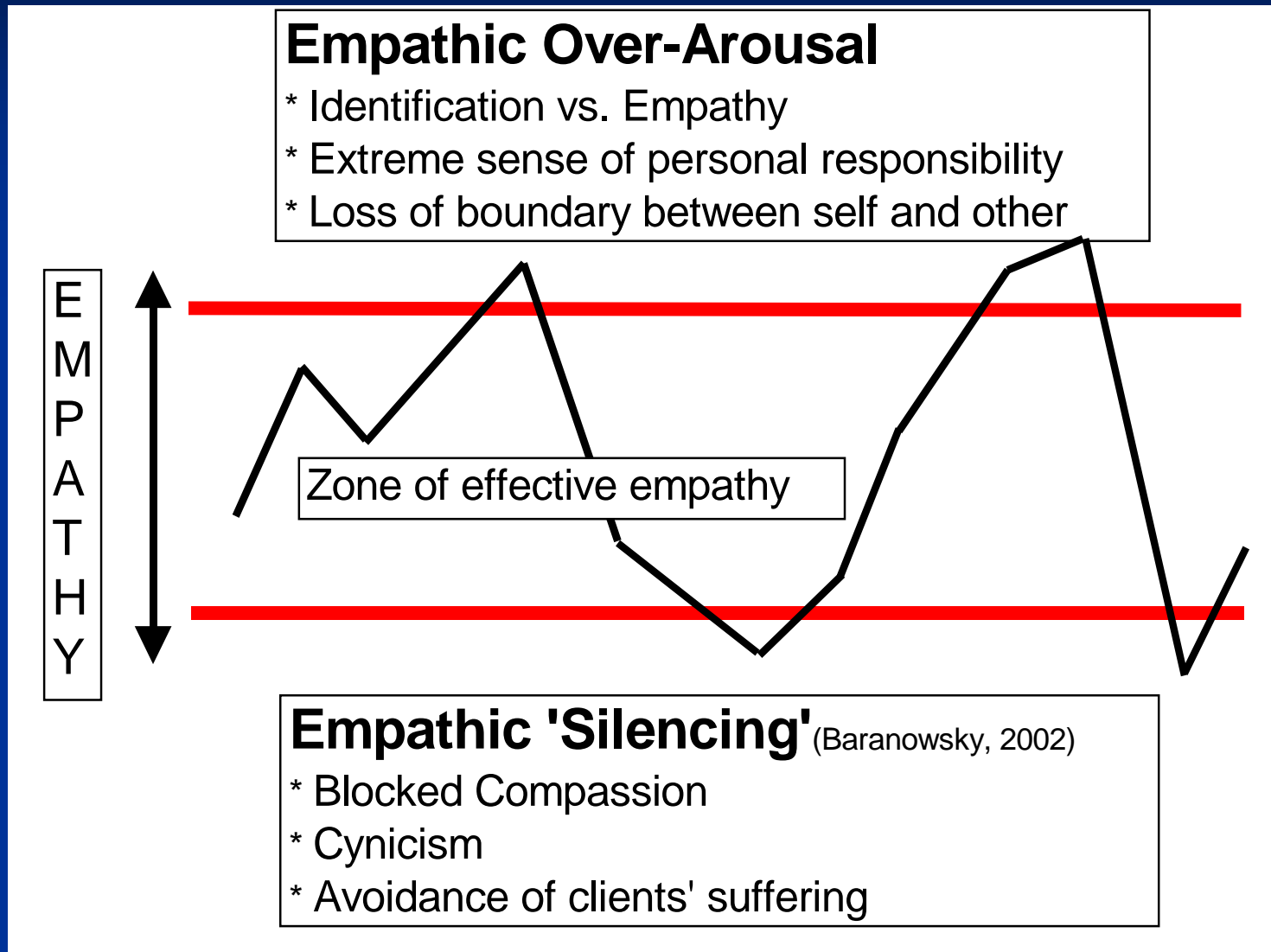
Dr Francis W. Peabody

Another secret of the care of the patient is in caring for the health care provider.

Dr. David Kuhl

Most Common Signs of Distress

- Increased rates of illness, absenteeism

- Withdrawal - Isolation

- Cynicism - Sadness - Depression

- Exhaustion - Presenteeism

- Addictive responses

- Loss of efficiency - Judgment errors

- Challenging team dynamics

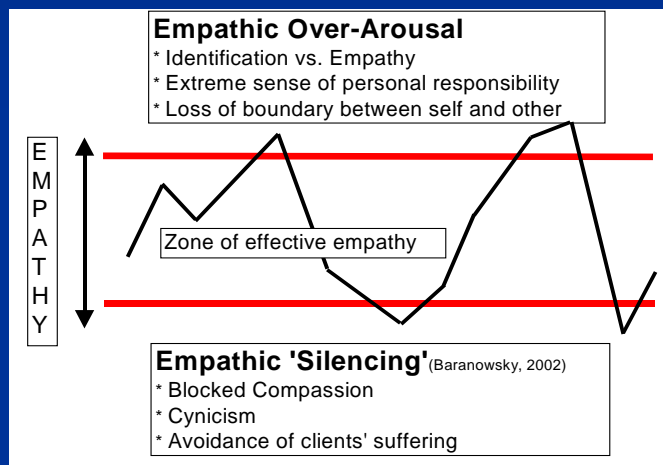- Impaired boundaries - Identification vs. Empathy

Window of Effective Empathic Engagement

Empathic Over-Arousal

* Identification vs. Empathy
* Extreme sense of personal responsibility
* Loss of boundary between self and other

EMPATHY

Zone of effective empathy

Empathic 'Silencing'(Baranowsky, 2002)

* Blocked Compassion
* Cynicism
* Avoidance of clients' suffering

Window of Effective Empathic Engagement

Over-Arousal

- Activation of personal trauma history
- Transfer of intensity/anxiety from caregiver to patient

Empathic Over-Arousal
* Identification vs. Empathy
* Extreme sense of personal responsibility
* Loss of boundary between self and other

EMPATHY

Zone of effective empathy

Empathic 'Silencing' (Baranowsky, 2002)
* Blocked Compassion
* Cynicism
* Avoidance of clients' suffering

Silencing Response Signposts

- Minimizing client distress
- Avoiding the topic/Fearing what the client has to say
- Blaming clients for their experiences
- Feeling numb

Mediating Factors

Self

- Life stage
- Current personal stressors
- Stress Hardiness
- Spiritual Connection
- Resolution of personal trauma history

Work

- Supervision: Skill based/Support based
- Role: Degree of isolation/Agency
- Experience: History/Training/Skill Level
- Quality of working relationships
- Ecological context

Emotion and Cognition

- Responding to an emotional need with a cognitive response (or vice versa) can result in unintended distancing

- Intention does not equal effect

Addressing Caregiver Distress:

Coping

- Self care (physical needs)

- Self nurturance (forgiveness/connection/tranquility/play)

- Escape

Addressing Caregiver Distress:

Transforming

- Self-awareness: strengths, vulnerabilities, needs
- Continuing growth – personal & professional
- Connection
  - self (time for self-reflection)
  - work related supports
  - social supports
  - spiritual connection

Positive Transformation

- Personal growth

- Deeper connection with others

- Deeper appreciation of the human journey

- Greater awareness of the natural world and one's place within it

- Meaningful sense of the transcendent

Sork, J. (2005). A study of health care professionals experiences of witnessed suffering.

Basic Human Needs

Exist

Relate

Grow

Alderfer,1969

Basic Human Needs

To be:

Seen

Heard

Understood

Effective Group/Team

S afety

I nclusion

T rust

Self Check-in/Journaling

What did I do well today?

Where did I mess up?

How might I make amends?

What am I thankful for today?

Adapted from Alisdair Smith leadership notes

Implications: The vital need for supportive relationships

"Adults remain social animals … in some important ways, people cannot be stable on their own – not should or shouldn't be, but <u>can't</u> be. This prospect is disconcerting to many, especially in a society that prizes individuality as ours does. Total self-sufficiency turns out to be a daydream whose bubble is burst by the sharp edge of the limbic brain. Stability means finding people who regulate you well and staying near them."

Lewis, Amini & Lannon. A General Theory of Love. (2000).

Gazing at Stars and Patting Cats

In order to live with equanimity and hope, to experience awe, wonder and joy, and to deal with our tragedies, despairs, and sorrows, we humans need to have one hand patting an animal or in the earth, and the other hand reaching out to the stars … Moreover, the further out we mean to travel, whether intellectually, imaginatively, emotionally or spiritually, the deeper our grounding should be if we are to travel safely.

Margaret Somerville, The Ethical Imagination (2006)

Centre for Practitioner Renewal

www.practitionerrenewal.ca