What We Know, Cures; Who We Are, Heals

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David Kuhl, MD PhD
Faculty of Medicine
University of British Columbia

Health care is about curing and healing; art and science, mind and heart, skills and knowledge, technology and compassion, living and dying, life and death.

Health care is based on a business model of efficiency, the work we do is about relationship—relationship with self, other and Other!
Who am I? Who are You? Who are We?

All illness, care, and healing processes occur in relationship.

The nature and the quality of relationships are central to health care and the broader health care delivery system

Iatrogenic Suffering

Iatrogenic: originating from the treatment

Suffering: a perceived or real threat to the sense of one’s intact self
Burnout

- Emotional exhaustion
- Depersonalization
  - A negative attitude towards clients
  - Personal detachment
  - Loss of ideals
- Reduced personal accomplishment and commitment to the profession.

Maslach, 1993

Moral Distress

- The negative feelings resulting from a situation in which moral choices cannot be translated into moral action
- Associated with experiences of anger, frustration, guilt, and powerlessness

Jameton, 1984; Rodney and Starzomski, 1993
Unfixable Suffering

Trauma: sense of helplessness in the face of unfixable suffering

Judith Hermann

Vicarious Traumatization

- Vicarious Traumatization (McCann & Pearlman, 1990)
- Secondary Traumatic Stress (Stamm, 1995)
- Compassion Fatigue (Figley, 1995)
Grief

- Grief is wanting more of what one will never get again.
- Grief begets grief (Grief of the past creeps into the present)
- Variable in duration
Most common signs

- Increased rates of illness
- Cynicism
- Sadness
- Intolerance of emotion
- Addictive responses
- Exhaustion
- Depression
- Loss of efficiency
- Judgment errors

Impaired Domains

- Safety
- Trust
- Esteem
- Intimacy
- Control
- Sensory intrusion
Effective Group/Team

Safety
Inclusion
Trust

Jos de Blok: Buurtzorg
Effective Individuals

Autonomy
Relatedness
Competence

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
Relationship-centered Health Care

Emphasizes the need to listen, respect [one’s self and] colleagues, appreciate the contributions that colleagues from other disciplines bring, promote sincere teamwork, bridge differences, and learn from and celebrate the accomplishments of their colleagues.


Relationship-centered Health Care

1. Relationships in health care ought to include the personhood of the participants.
2. Affect and emotion are important components of these relationships.
3. All health care relationships occur in the context of reciprocal influence.
4. Formation and maintenance of genuine relationships in health care is morally valuable.

Do Good; Do No Harm!

The Patient
The Family
The Friend
The Health Care Provider
The Hospital
The Health Care System
Challenges to Well Being in Health Care

- Economic restraint & restructuring
- Rapidly developing technologies
- Increased access to information (and misinformation!)
- Increased patient complexity & an aging population
- Shortage of practitioners & multigenerational issues
- Decreased numbers of beds
- A more critical & litigious social climate

Clinician-Patient Relationship

Relationship-centered care recognizes that the clinician-patient relationship is the unique product of its participants and its context… the quality of communication is an interactive process that is dependent on the efforts of both participants.

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

Relationship-centered care recognizes that the relationships that clinicians form with each other, especially within hierarchical organizations, contribute meaningfully to their own well-being as well as the health of patients.

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

Clinician-Clinician Relationship

The energy and enthusiasm that a practitioner brings into the consultation with a patient is profoundly influenced by the practice and larger organization’s values.

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

Rick Singleton
Director
Pastoral Care and Ethics
Eastern Health,
St. John’s, Nfld

First Noble Truth

Suffering is a fact of life. i.e. people hurt.

What is not transformed is transmitted.
  i.e. hurt (people hurt) people

What is transformed is not transmitted
  i.e. hurt people heal people
People Hurt

Hurt (People Hurt) People
Hurt

- Bullying
- Uncivil behaviour
- Working together for 5 years and not knowing someone’s name
- Gossip
- Exclusion
- Criticism (Private and/or public)
- Shaming and Blaming

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.

On average, how much time do you spend each day thinking about yourself?

- 1 minute
- 5 minutes
- 15 minutes
- 30 minutes
- 60 minutes

How would you define yourself?

- Introvert
  - ‘drained’ by social contact
- Extrovert
  - energized by social contact
- Introvert/Extrovert
  - it could go either way depending on the circumstances
Who am I?

The Good, the Bad, and the Ugly

Wholeness = Healing

Healing = Wholeness
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) |


Systemic barriers to well being

- Heavy physical & emotional demands coupled with consistent exposure to suffering
- A culture of stoicism, self sufficiency and silence
- Stigma persists around mental health issues and help seeking
Systemic barriers to well being (Cont’d)

- Perfectionism & compulsiveness are sanctioned and reinforced by work pressures & societal expectations
- Reluctance to disclose personal or a peer’s distress
- Lack of sufficient & easily accessible resources

Personal barriers to self care

- Internalized stigma
- Too busy – overburdened and lacking peer support
- Denial or minimization
- Prior experience of being “shamed & blamed”
Personal barriers to self care (Cont’d)

- Unwillingness to become a patient and/or challenges in being treated as a patient
- Fear of loss of license and livelihood
- Fear of possible diagnosis
- Concerns about family/friends/colleagues not accepting or negatively judging them

Communication

Speech is a mirror of the soul: as a man speaks so is he.  
Publius Syrus, 1 BC

There are tones of voice that mean more than words.  
Robert Frost

First, do no harm.  
Hippocrates
What is your relationship with:
- Illness
- Disease
- Suffering
- Death
- Dying
- Dysfunctional and disruptive family behaviour?
What is your relationship with:
- Expression of emotion, especially anger
- Conflict (aversion, avoidance, attraction)
- Being wrong; difference of opinion
- Need to be ‘right’
- Authority
- Friendship vs. Collegiality (Dual relationships)
- Bullying/Uncivil behaviour?

Team Charter

1. Leadership
2. Program
3. Job Descriptions
4. Role Definitions
5. Team Agreements
6. Annual Reviews
7. Relationships
Ingredients of Successful Teams

1. Boundaries
2. Civility/Incivility
3. Awkward/Difficult Conversations
4. Forgiveness and Reconciliation
5. Personal Team Charter
6. Know oneself
7. Know another
One Stick, Two Stick
The Way of the Old African Kings

Clarissa Pinkola Estés
Women Who Run With the Wolves

We are strong when we stand with another soul. When we are with others, we cannot be broken.

Clarissa Pinkola Estés
Women Who Run With the Wolves