

Enhancing Compassionate Care: A reciprocal relationship centered approach.

Part 2

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Learning Objectives:

Do good/ Do no harm - Do no self harm

- Understand the impact of relationships in our work
- Recognize the reciprocity of relationships in healthcare, and the connection between reciprocity and compassion
- Explore how healthcare providers can sustain their sense of meaning, purpose and value in connection to their work

Outline

Part 1)

- Introduction to Centre for Practitioner Renewal
- Impact of working in health care
- Reciprocal relationship centered care
- Relationship with self
- Exercise: Your first team

Outline

Part 2)

- Self knowledge and connection
- The Window of Effective Empathy
- “Shadow Exercise”
- Transforming caregiver distress

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- 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

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 and Connection

*To understand ourselves we have to be understood by another.
To understand another we have to understand ourselves.*

Watzlawick, Bevan & Jackson

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)

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
- Constant Change
- Lack of personal control
- Witnessing ‘unfixable suffering’

The secret of the care of the patient is in caring for the patient.

Dr Francis W. Peabody

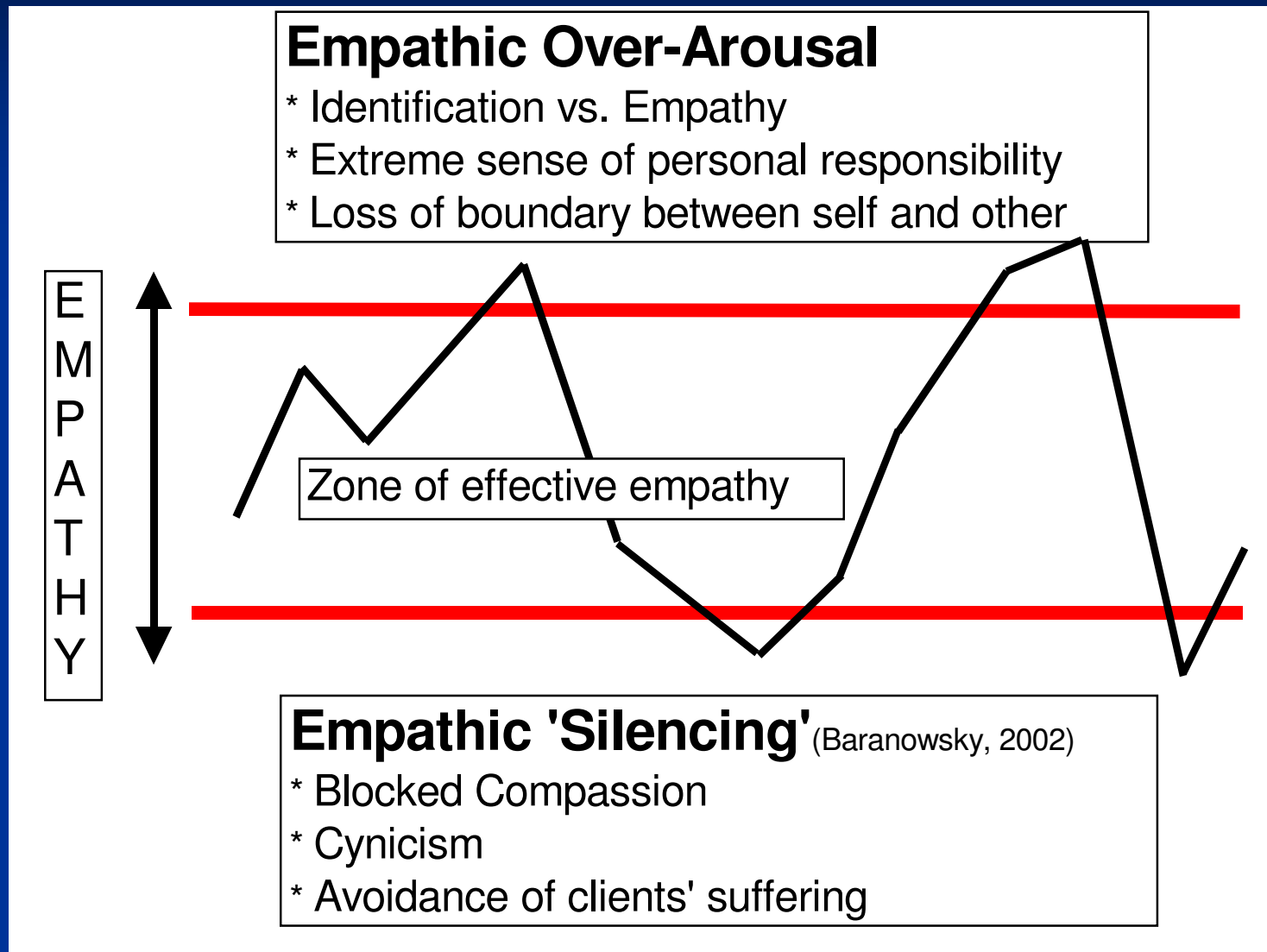
Another secret of the care of the patient is in caring for the health care provider.

Dr. David Kuhl

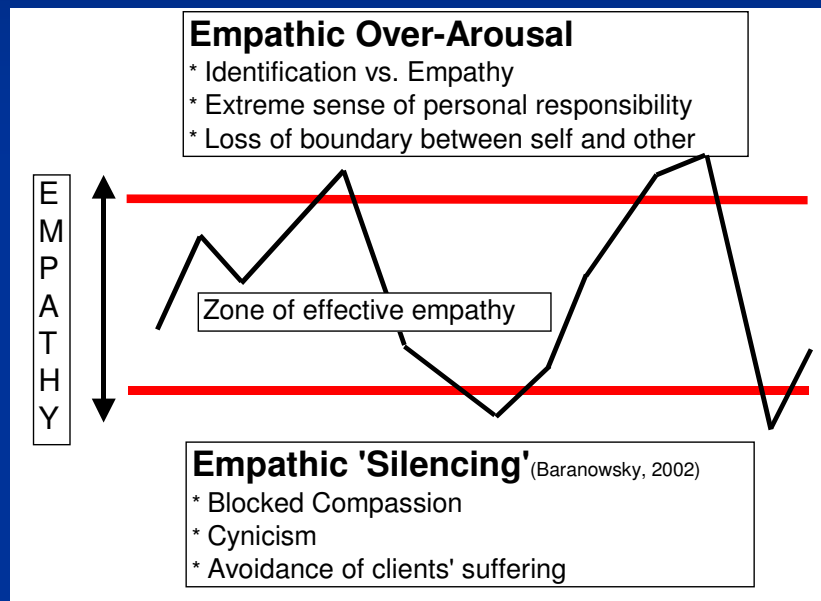
Most Common Signs of Distress

- 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



Window of Effective Empathic Engagement



Over-Arousal

- Activation of personal trauma history
- Transfer of intensity/anxiety from self to other

Silencing Response

- Minimizing others' distress
- Avoiding the topic/Fearing what the other person has to say
- Blaming others for their experiences
- Feeling numb

Window of Effective Empathic Engagement: 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

Shadow Exercise

Shadow Exercise

1 _____ _____ _____	6 _____ _____ _____
2 _____ _____ _____	7 _____ _____ _____
3 _____ _____ _____	8 _____ _____ _____
4 _____ _____ _____	9 _____ _____ _____
5 _____ _____ _____	10 _____ _____ _____

1 _____ _____ _____	6 _____ _____ _____	_____
2 _____ _____ _____	7 _____ _____ _____	_____
3 _____ _____ _____	8 _____ _____ _____	_____
4 _____ _____ _____	9 _____ _____ _____	_____
5 _____ _____ _____	10 _____ _____ _____	_____

Discussion

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

Effective Group/Team

Safety

Inclusion

Trust

Using Check-in's

Helpful Tips:

- Agreement to the guidelines (i.e. CENTRE) is required before starting a check in
- If a new person joins, then revisit guidelines
- A check-in is a declaration of the present experience, feeling or behaviour of a team member
- Use simple prompts for safety when starting to use check-in's
- Avoid cross-talk or questions during a check-in

Using check-in's

Helpful tips:

- Each person is invited to check-in
- If someone passes, they may be invited a second time
- Each person is given the time they need to express their thoughts or experiences

Example Prompts

- For safety, check-ins are bounded by prompts at the beginning of a group's experience with check-ins
 - What is one thing you have to leave behind to be as fully present as you can be?
 - What is one thing that is distracting you at this moment?
 - My energy level right now is ... (from 1 – 10)
 - As I sit in this meeting right now, I...

Self-Reflection / 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

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 can’t 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).

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