

Honouring the stories we live to promote sustainability and renewal

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Health care is about curing and healing; art and science, mind and heart, skills and knowledge, technology and 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 (CPR)

- 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

Learning Objective # 1

Review Pearson's research and rationale:

- Prevalence of psychological distress in the Canadian workplace
- Challenges to well being in health care
- Need for expanded resources to support physicians in their work

Expanding Professional Development Opportunities for Canadian Physicians

Purpose of Pearson's (2005) research:

- Create an in-depth understanding of how a group of family physicians experienced participating with colleagues in a group-based life review program
- Examine the viability of using group-based life review as a means to enhance well-being and sustainability
- Clarify the potential benefits and drawbacks of using this approach in the medical culture

The Prevalence of Mental Illness and Psychological Distress

- Leading cause of disability costs in Canada = stress, burnout, depression & other mental health difficulties.
- In Canada, absenteeism and presenteeism due to mental health problems account for over \$6 billion in lost productivity costs annually.
- Ripple effect on personal & family lives, the workplace climate, society as a whole.

Mental Health & Psychological Well Being in Health Care

NURSES:

- Reported in 2002 that the rate of absenteeism and work loss (due to illness, injury, burnout & disability) among Canadian nurses was almost double that of the general labour force.
- CLBC estimated that over the course of a year 16 million nursing hours are lost to injury & illness (= 9,000 FT positions).

Mental Health & Psychological Well Being in Health Care

PHYSICIANS:

- Significantly high levels of burnout
- 2003 CMA Physician Resource Questionnaire: 46% of respondents reported an advanced stage of burnout
- 2004 National Physician Survey: 60% of Family Doctors reported limiting access to new patients

Burnout linked in research to:

- Lost productivity, depression, addictions
- Higher rates of suicide than the general population
- Distress in physicians' family lives
- Sub-optimal medical care & increased patient suffering

Challenges to Well Being in Health Care

The Current Health Care Environment:

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

Systemic barriers to physician well being

- Depth of responsibility
- Heavy physical & emotional demands + consistent exposure to suffering
- Perfectionism & compulsiveness sanctioned and reinforced by work pressures & societal expectations

Systemic barriers to physician well being (cont'd)

- A culture of self reliance & stoicism resulting in reluctance to disclose personal or a peer's distress
- Traditional stigma regarding mental health issues and help seeking + fear of loss of license/livelihood
- Lack of sufficient & easily accessible resources

Physicians Today

- Demands to work faster & harder
- Adjust to changes that are out of their control
- Experience reduced social support

IDEAL RECIPE FOR BURNOUT!

Physicians Today (cont'd)

“High demand/low control is bad enough;
high demand/low control/low support can
be deadly.”

Wayne M. Sotile and Mary O. Sotile (2002) *The Resilient Physician*

The need for expanded resources to support physicians in their work

The professional environment is a good place to become and remain ill
Kaufmann, 2004

Demoralization and isolation are core to the process of addiction
Mezciems, 2004

Despite expansion of resources by the CMA an urgent need exists to: reform the medical culture; advocate for and develop a broad range of interventions to support physicians; and educate others
Myers,
2003/2004

Learning Objective # 2

Autobiographical learning and Life Review model:

- Documented value of self knowledge and biographical learning
- Group-based Life Review
- The structure of the Professional Development Life-Review Program for Family Physicians
- Research participants and methodology

Self Knowledge and Connection

“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

Biographical Learning: The Gift of Stories

“We share the gift of our story not so much for our own purposes but for the greater purpose of the lasting bond between human beings that is created through the sharing. Our story is a gift for the ages.”

Atkinson, R. *The Gift of Stories*. (1995).

Transforming Secondary Traumatic Stress/Compassion Fatigue (Pearlman)

- Self-awareness: strengths, vulnerabilities, what helps
- Continuing growth – personal/professional
- Connection
 - To self (time for self-reflection)
 - Work related support
 - Effective debriefing procedures
 - Supervision
 - Collegiality
 - Social support
 - Spiritual connection

The Missing Stories

We know more about the patient than the healer. The story of what it is like to be a healer is often missing

Kleinman, 1988

The untold stories of medical care are often those of the doctors

Montgomery Hunter, 1991

It is remarkable how little literature there is on the subject of internal stress in doctors

Holland, 1995

Group-Based Life Review/Guided Autobiography

The Life Review model:

- Core themes and sensitizing questions
- Structure: reflection, writing, sharing stories

Why Life Review?

- Educational model
- Semi-structured process
- Previous research
- Adaptability

Life Review Professional Development Program for Family Physicians

Introductory session: building the foundations for inclusion, control and trust

Five Themes: Branching points; Family; Career; Stress, distress and bearing witness to the suffering of others; Meaning in life

Final session: reflection, feedback & closure

Follow up meeting

Participants

- Six Family Physicians currently working in an urban setting – 4 women & 2 men
- In practice for 15 – 25+ years (age range 39-59 years)
- Diversity of experience: rural practice, work in developing countries, teaching, medical research, sub-specialty work with specific populations/illness experiences

Methodology

Arvay's (2003) reflexive, collaborative narrative research methodology + participant inquiry

- Research journal & inviting participation
- Initial interviews
- **The Life Review Program**
- 1st (audio-taped) research conversations
- Transcription, interpretation & writing initial narratives
- 2nd research conversations: Reviewing the narratives
- Independent peer review
- Thematic analysis – 10 conceptual groupings
- Criteria for legitimacy: resonance, consensual validity, persuasiveness, and pragmatic usefulness

Learning Objective # 3

Results of the research:

- Thematic analysis
- Conclusions
- Pragmatic outcomes
- Implications

Themes

1. Constraints to Self-Care and Professional Support:

- Lack of time for self-reflection & connection
- The need to create non-stigmatizing support groups

2. Experimenting Safely with Self Disclosure among Colleagues:

- Initial concerns about professional norms
- Structure and process provided personal control & naturally increasing comfort with self-disclosure

3. Expert Group Facilitation

Themes (Cont'd)

4. Isolation, Relationship, and Collegial Support
5. Normalizing Concerns and Frustrations
6. Affirming Vocational Commitment and Esteem
7. Sharing the Burden of Painful Events and Witnessing Trauma
8. Sharing the Distress of Potential or Perceived Mistakes

Themes (Cont'd)

9. Personal and Interpersonal Learning:

- Integrating life experiences and expanding self-understanding
- Learning from other's experiences and life stories
- Keeping a journal amplified personal learning

Themes (Cont'd)

10. Promoting Professional Sustainability and Self Care:

“What came out of it for me was a whole new sense of my worth as a physician.” (Eric)

“Being able to review my life and renew my plans was a meaningful part of moving on from the pain of my marriage breakup and reclaiming my life.” (Chantal)

“I learned something from listening to all the stories ... I will use those stories to help me in my life.” (Kate)

Participants' conclusions about the Life Review Program

VIABLE

EFFECTIVE

NEEDED

“What I wrote in my journal about this group process after our final session was: *Anti-isolation; Anti-burnout; Anti-insulation.* At a professional level what I took from it was a heightened awareness of the benefits of learning and sharing among colleagues as ways to promote sustainability and self-care.” (Ray)

The Physician Sustainability Project 2006-7

Supported by Vancouver Coastal Health & the
Department of Family and Community
Medicine, St. Paul's Hospital, Providence Health
Care

- Family Physicians Affiliated with SPH
- Interdisciplinary Downtown Community Health
Care Team

CPR Life Review Programs at PHC

- Interdisciplinary Group (Nurses & Occupational Health & Safety)
- Clinical Nurse Leaders' Group
- Pastoral Care Group
- Residential Social Workers' Group
- Other: Individual counselling applications; Sex, Sexuality & Residential Care

Anecdotal Feedback

“Life Review has enhanced and affirmed my self confidence in my professional practice.”

“The Life Review provided me with the integration of my grief into the much larger picture of humanity’s interconnectedness.”

“A transformative learning experience.”

Anecdotal Feedback (cont'd)

“I often find myself asking questions that the Life Review generated for me ... Life Review has enhanced my practice in that I have more creative and thought provoking questions when doing interviews.”

“I felt it has been incredibly valuable in strengthening my practice, as well as my relationships with my colleagues.”

“I would let others know what a wonderful team building process this has been.”

Learning and Challenges

- Voluntary membership
- Time commitment (3+ hours)
- Scheduling + release time (if needed)
- Group member selection (trust, hierarchy issues)
- Legitimacy of taking time for self/PD (leadership support vital)
- Transition time following sessions
- Alternate formats?
- CE credit?
- More formal research

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)

Creating a Sense of Community

“Community is not an arrangement of people; it is a form of love. It is felt, enjoyed, and enacted in service and celebration. If you can achieve agape, communal love, in your feeling and attitude, you are a long way to finding your life work.”

Thomas Moore. *A Life at Work: The joy of discovering what you were born to do* (2008)

Experiencing Life Review

A branching point in your life

- individual reflection
- sharing in dyads

Draft Group Agreements

C onfidentiality (with standard limits)

E qual airtime

N on-judgmental listening

T imeliness

R ight to pass

E ngaged

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