

# In the Spirit of Healthy Working Relationships: Beginning with Ourselves

Eastern Health  
St. John's, Newfoundland  
July 23, 2010

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Centre for Practitioner Renewal  
Providence Health Care/University of British Columbia

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# Centre for Practitioner Renewal (CPR)

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

Relationship is 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*

# Centre for Practitioner Renewal (CPR)

*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

# Objectives

**Do good/ Do no harm--Do no self harm**

- Deepen mindfulness of yourself
- Describing the impact of relationships in the work we do
- Exploring how to sustain our sense of meaning purpose and value in our work

# Guidelines

**C**onfidentiality

**E**qual airtime

**N**on-judgemental listening

**T**imeliness

**R**ight to pass

**E**ngaged7

# Palliative Care

*Active, total care of patients whose disease is not responsive to curative treatment.*

*Control of pain, of other symptoms and of psychological, social and spiritual problems is paramount.*

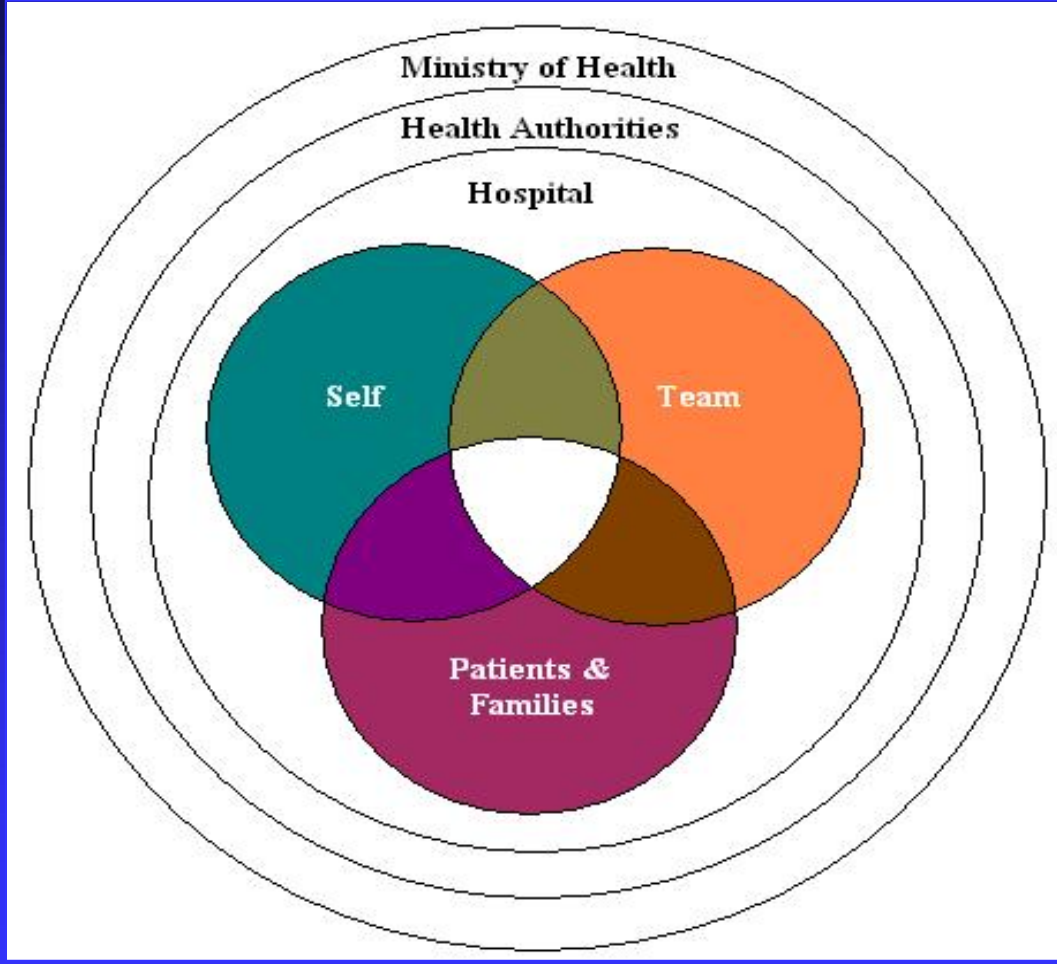
World Health Organization



Palliative: to cover, to shroud, to veil

With regard to the psychological and spiritual issues, people want to uncover, to unshroud, to unveil!!





Who am I?



# Effective Group/Team

**S**afety

**I**nclusion

**T**rust

*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.*

*Ultimately, the richest source for meaning and healing is one we already possess. It rests (mostly untapped) in the material of our own lifestory, in the sprawling, many-layered 'text' in the depths of, and as, our life.*

Kenyon and Randall



*A story is not just a story. In its most innate and proper sense, it is someone's life. It is the numen of their life and their first hand familiarity with the stories they carry that makes the story 'medicine' ...a medicine which strengthens and rights the individual and the community*

Clarissa Pinkola Estés

*Only what is truly oneself has the power to heal.*

*The psyche [soul] moves naturally toward  
wholeness.*

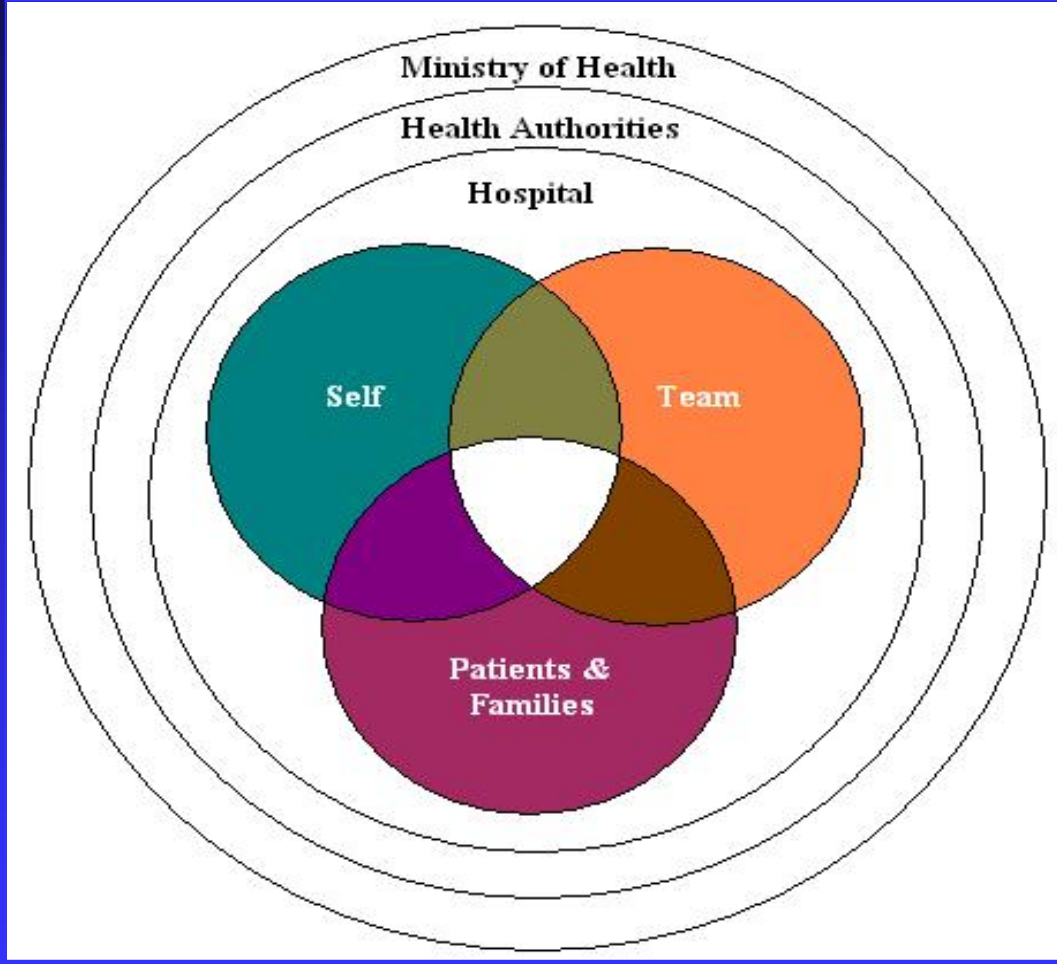
Carl Jung

*If you bring forth what is within you, what you bring forth will save you. If you do not bring forth what is within you, what you do not bring forth will destroy you.*

The Gospel According to Thomas

# In the stories we hear...

- Grief
- Anger (smiling rage)
- Distress
- Moral distress
- Anxiety
- Ambivalence
- Confusion
- Depression
- Suicidal ideation
- Burnout
- Vicarious trauma
- Fatigue
- Frustration
- Isolation



## 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.
- It is estimated that over the course of a year 16 million nursing hours are lost to injury & illness (= 9,000 FTE positions).

## Mental Health & Psychological Well Being in Health Care (Physicians)

Significantly higher levels of burnout than the general population - 46% of respondents to the CMA 2003 Physician Resource Questionnaire reported experiencing an advanced stage of burnout.

- ◆ 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

- 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



# Challenges to Well Being in Health Care

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

**THE IDEAL RECIPE FOR  
BURNOUT**

# Challenges to Well Being in Health Care

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

**Sotile W.M. and Sotile, M.O. (2002) The Resilient Physician.**

# 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

# Contributing Factors

## Person:

- ◆ Personal history
- ◆ Personality/coping style
- ◆ Current life context
- ◆ Training and professional history

# Contributing Factors

Situation:

- ◆ Clientele/patients
- ◆ Specifics of traumatic events and experiences
- ◆ Cumulative exposure
- ◆ Organizational context
- ◆ Social and cultural context



*Hurt people hurt people.*

**Rick Singleton**

Director

Pastoral Care and Ethics

Eastern Health, St. John's, Nfld

# 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

## Communication (Cont'd)

*...then all things are starting to flow by me. Having the CT scan done and turning over and seeing six or seven physicians there pointing and looking at the computer screens, trying to read their faces. Not one of them showing any bit of emotion or coming in to calm me down.*



# Communication

## Iatrogenic Suffering

*Oh by the way, we were wrong. It is cancer. I have made an appointment for you to see the oncologist in a few days.*

*The way in which the doctor talked with me caused me more pain than the pain from the disease itself.*

# Iatrogenic Suffering

Iatrogenic: originating from the treatment

Dorland's Medical Dictionary

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

Eric Cassel, MD

*The Nature of Suffering*

# Iatrogenic Suffering (Cont'd)

Who Suffers?

# Who Suffers?

(Toxic\*) Shame/Failure

I/Thou (Martin Buber)

An emotional need is met with a cognitive response.

\*Toxic shame: a rupture of the self with the self  
(Bradshaw)



# Death Anxiety

- Grief to relatives and friends
- All plans and projects come to an end
- Process might be painful
- No longer able to care for dependents
- What happens if there is life after death?
- Fear of what might happen to my body after death

J. Diggory and D. Rothman, "Values Destroyed by Death,"  
*Journal of Abnormal and Social Psychology* 63 (1961):205-  
10

# Estrangement

## (Absence of sense of connection)

### ■ Self

- ◆ The greatest burden a child must bear is the unlived life of the parent. Carl Jung
- ◆ The greatest burden the patient must bear is the unrecognized/unresolved psychological and/or spiritual issues of the health care provider.

### ■ Other

- ◆ Patients
- ◆ Colleagues (Same discipline, other disciplines)
- ◆ Administration (Decision making, Systemic issues)

### ■ OTHER

# 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

# Grief

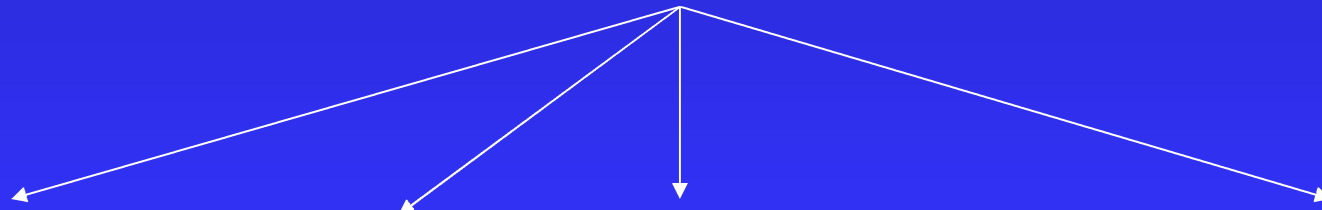
Change



Loss



Grief



Anger/Rage

Sadness

Fatigue/Lethargy

Isolation

# Unfixable Suffering

Trauma: sense of helplessness in the face of  
unfixable suffering

Judith Hermann

# Vicarious Traumatization

Long-term, inevitable, expectable consequence of working with suffering people.

Causes:

- A transformation of the system of meaning in the sufferer
- A darkening of one's worldview, spirituality and relationships (Pearlman and Saakvitne, 1995)

# Vicarious Traumatization

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

# Metaphors of Secondary Traumatic Stress

- *There were days when I just didn't have my being with me when I went to work.*
- *Coming home from work I would feel that dark, heavy cloak come over me and I would just be draped in despair.*



# Metaphors of Secondary Traumatic Stress (Continued)

- *I would stay at work as long as I possibly could to keep the dogs at bay—my workaholism was my coping mechanism and it was killing me.*
- *I isolated myself socially. No one, not my family or friends could understand what I had witnessed, nor could I tell them. I didn't want to make my home toxic.*

# Post Traumatic Stress Disorder

- Three symptoms
  - ◆ Hyperarousal
  - ◆ Avoidance and/or numbing
  - ◆ Reexperiencing
- Causing
  - ◆ Distress
  - ◆ Disengagement from the world
  - ◆ Decrease in functioning (marked)

# Hyperarousal

- Insomnia
- Decreased concentration
- Increased startle response
- Irritability
- Anger
- Hypervigilance (always scanning the environment for danger)

# Avoidance

- Withdrawal from life or things one previously enjoyed
- Depression
- Shunning anyone, anything, or anywhere that reminds you of the traumatic event

# Reexperiencing

- Intrusive recollections of the event
- Nightmares
- Dreams of the event
- Reactivity to triggers
- Flashbacks
- Traumatic memory replaying itself in your mind as if it were happening in the present

# Impaired Domains (VT & PTSD)

- Safety
- Trust
- Esteem
- Intimacy
- Control
- Sensory intrusion

# Most common signs

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

# Personal Assessment

At the end of each day and that the end of your work week, how would you rate your emotional stress level? What do you notice in your body, your mind and your feelings as you leave your work?

How do you feel as you commute to work? As you commute home? When you arrive home? After an hour at home? As you fall asleep? Do you dream about your work? If so, what are the themes and imagery in these dreams?



# Impact of VT on Patient Care

- Iatrogenic Suffering
- Team dynamics
- Boundary Issues

# 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

# Addressing STS/VTS

## Coping

- Self care
- Self nurturance (rest/play)
- Escape

# Addressing STS/VTS Transforming

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

# Positive Transformation

- Personal growth
- Deeper connection with others
- Deeper appreciation of the human journey
- Greater awareness of the natural world and their place within it
- Meaningful sense of the transcendent

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

# 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

# Effective Coping Strategies

- Work related support (effective debriefing procedures)
- Social Support (not isolating self)
- Commitment of a Self Care Plan
- Spiritual Connection



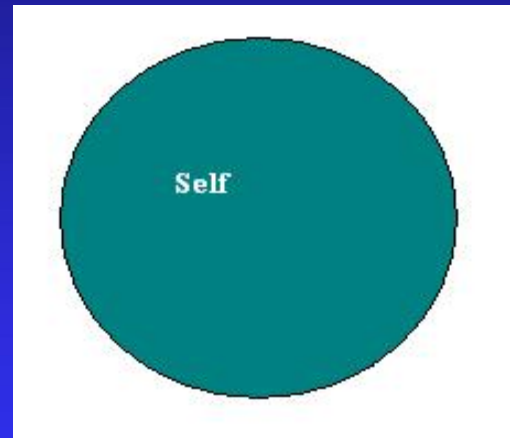
# Effective Coping Strategies

- Cumulative Critical Incident Stress Management
- Individual Counselling
- Team Agreements
- Communication Skills (Difficult Conversations)
- Addressing the Conspiracy of Silence
- Forgiveness and Reconciliation
- Laughter, fun

# Relationships

- Self
- Other
- OTHER

Who am I?



# Who am I?

- Who would I be if I was not living up to the expectations of others?
- What would others need to know about my family of origin to understand me or to know who I am?
- What is my repetition compulsion?
- Which emotions am I most afraid of expressing?
- Was I traumatized or neglected in my childhood?

# Who am I?

- Whose life am I living?
- What do I want?
- Who do I admire?
- Who do I despise?
- What does spirituality mean to me?
- Do I feel seen, heard, and understood?

# Who am I?

- What brought me to health care?
- What keeps me in health care?
- Who do I expect from patients?
- What do I expect from colleagues?
- What do I expect of myself?
- If I had \$2, 000,000 what would I do?
- What makes my heart sing?

# First Experience of Team

(Your family of origin)

- Who was in your family?
- What was your birth order?
- Who was in your extended family?
- What were 2 of your family values?
  - ◆ Do you hold them today?
- Who were/are you close to?

# First Experience of Team

## (Your family of origin)

- How were decisions made?
- Who was present?
- How were differences of opinion expressed?
- Who held the power? Who had control?
- How was anger expressed?
- What affect did it have on you at the time?
- How might that first team affect your work today?



# 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)

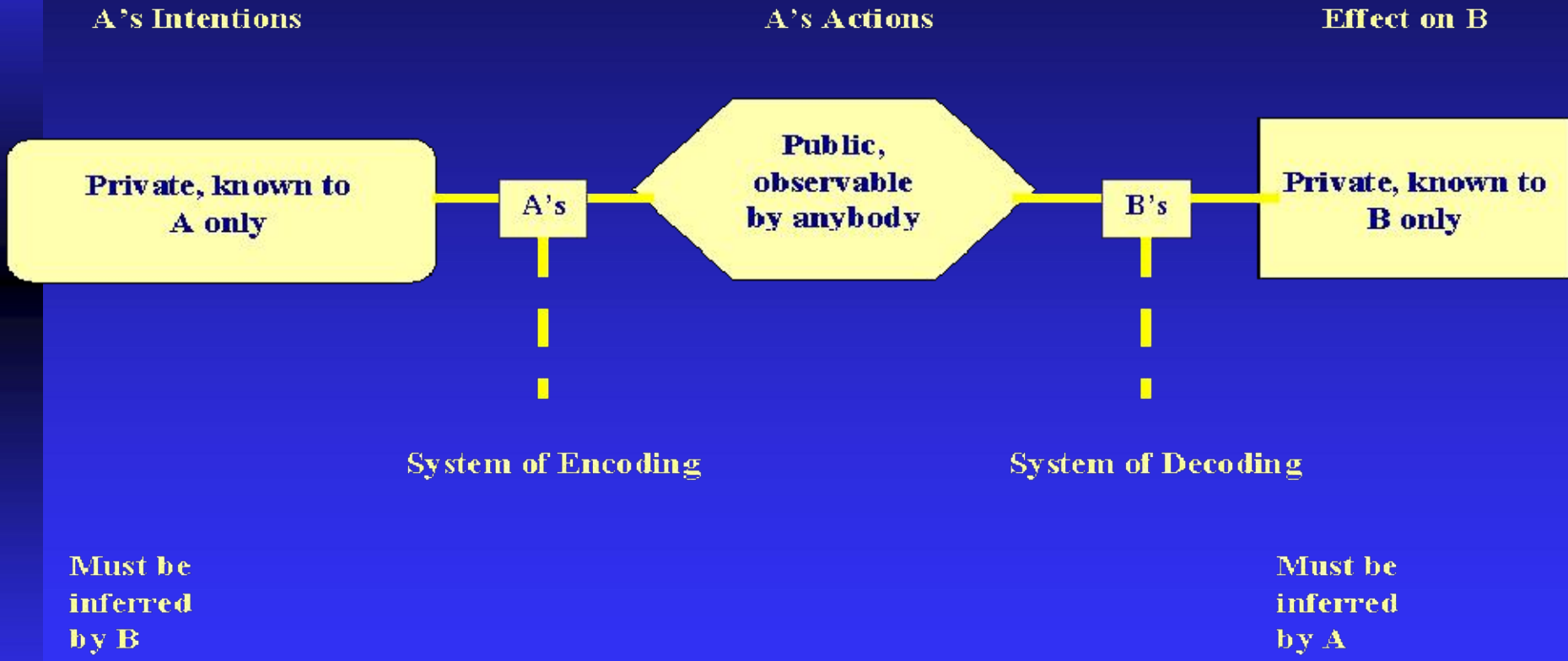
**PERCEPTIONS** (beliefs, assumptions, mind-set,  
subjective reality)

**EXPECTATIONS** (of self, of others, from others)

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

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

# The Interpersonal Gap



*J. Wallen (1972)*

## Group Process (Cont'd)

Every family has dysfunction in it!

Serious/terminal illness exaggerates and exacerbates family dysfunction.

We bring our own family dysfunction and death anxiety to the decision making process.

# Group Process (Cont'd)

- Remember: the most anxious person speaks first!
- Remember: this is usually the family of origin—the dynamics of that family is present, even though they may not have been together for many years.
- Remember: Speak to the emotion!

# Expressed Empathy

Your expression of your understanding of the other person's

- Experiences
- Behaviours
- Feelings

“You feel \_\_\_\_\_ because \_\_\_\_\_.”

Empathy vs. Identification

# Empathy vs. Identification

# Team Charter

1. Job Descriptions
2. Role Definitions
3. Team Agreements
4. Annual Reviews
5. Relationships

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