The Personal, Narrative, and Preventing Burnout

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The Two Yous!

This material relates to the promotion of alcohol and should not be viewed by anyone below the legal age of alcohol purchase in the country of viewing.
“Becoming a Professional”

- ...means leaving “summer you” and becoming “rest of year you.” Changing.

- And we are expected to make a complete transformation!
Case: Medicine has Two Problems

- The erosion of empathy among med students right at the moment they need to start having it.
- The rise of burnout and compassion fatigue among practicing physicians.
- Both results of medical culture's requirement that physicians divide their personal and professional selves.
Sound familiar?

- We are dealing with same challenges in education.
- Among new teachers, inability to focus on what matters in caring relationships because of overwhelming focus on data and outcomes.
- Among practicing teachers, rampant burnout and attrition (50% in first 5 years in NC).
Other professions way ahead of us:

- We still “ride them hard and putting them away wet”
- Zeroed out mentoring and PD budgets for...four years?
- Wake County teacher attrition up 50% - soon we will have to confront the challenge more comprehensively
So...what is medicine doing?

- Learning to attend to the role of the personal in the professional
- Last fifteen years: rise of “narrative medicine”
Rita Charon MD, PhD - Columbia

**Narrative Competence:**
- “The set of skills required to recognize, absorb, interpret, and be moved by the stories one hears or reads.”

- Curricula that have students *read together* to develop it

“The point of such teaching is not to produce literary critics out of doctors and medical students but:

- to equip them with the readerly skills to follow a narrative thread,
- to adopt multiple and contradictory points of view,
- to enter into the teller’s narrative world and see how that teller makes sense of it...
- to tolerate stories’ ambiguity, and
- to be imaginatively transported to wherever the story might take the one who surrenders to it.”

Educational Outcomes:

- Greater attentiveness to the effect of one’s experience on one’s well-being
- Greater capacity to see the world through another’s eyes
- Greater capacity to tolerate ambiguity (not lock down before “not knowing”)
- Greater capacity to surrender to reality, not break yourself against it
Victoria Bonnebaker
Maine Humanities Council: “Humanities at the Heart of Healthcare”
- Formation of Literature and Medicine groups at hospitals
- Providers in different roles read stories and poems together
- Story as shared pretense to explore personal experience

Participants between 2005 and 2008 reported a great or medium increase in:

- empathy for patients 79%
- interpersonal skills 64%
- communication skills 58%
- job satisfaction 62%
- cultural awareness 67%

Clary B (2008).
“Methods of self-care that do not involve enhanced self awareness, such as maintaining clear professional boundaries, offer protection from occupational stressors and can make possible renewal outside of work. However, an exclusive reliance on such approaches to self-care has limitations and can result in a clinician who is less emotionally available to patients and who experiences work as less rewarding. A clinician who adopts a self-awareness-based approach to self-care may be able to remain emotionally available in even the most stressful of clinical situations. This approach enhances the potential of the work itself to be regenerative and fulfilling for the clinician.

Physicians with burnout who use self-care without self-awareness may feel as though they are drowning and barely able to come up for air, whereas self-care with self awareness is like learning to breathe underwater.”

- The space a text allows to bridge the gap between personal and professional

- The cascading possibilities of *multiple professional perspectives!*
“If we could recover a familiarity with, an acceptance of, the essentially fractured nature of our selves and our hearts, we might regain an insight that the empiricist disposition of contemporary medicine, for all its explanatory power, has lost the power to see, to express, or to accept...

Rather than ignoring or decrying the gap we pry between our emotions and our function as doctors—rather than hiding it as a dirty secret of medical initiation, scotomizing it or pretending it is something other than it is, we need to address it: encourage it, cultivate it, learn it, and teach it.

Make it not a loss but a gift, an instrument as important to medical care as any other technique at our disposal.”

Ring the bells that still can ring
Forget your perfect offering
There is a crack in everything
That's how the light gets in.

- Leonard Cohen
“Narrative and the Caring Professions”

- Honors College of a state, masters comprehensive university (16K UG)
- Spring 2012-2014: three seminars of @ 20 undergraduate professional students
- Future practitioners of medicine, dentistry, nursing, counseling, occupational therapy, physical therapy, nutrition, social work, and teaching
- What do these professions have in common? A commitment to caring for others in institutional settings that, left to their own devices, are not usually very caring.

“Narrative and the Caring Professions”

- “We believe “reading together” will help make you better at attending to ALL the aspects of what your professional responsibility will require of you.
- “We believe “reading together” will help you be more reflective about the experience of giving care and more able to meet your own needs.
- “We believe “reading together” will help you build communities of support that will be valuable for helping you stay healthy and happy in your work.”

What we read

Full syllabus upon request – osmond@appstate.edu
What is going to be the hardest part of the job you are preparing to do?

- I’m pre-med and I want to become a doctor, and I think the hardest thing for me, the part that I don’t even know how I am going to do, is when someone dies and you have to tell the family that. I had four surgeries in the past year, and my Dad would always go to the hospital with me, and when he was there once a doctor had to go and tell a family that the father in that family had died. My Dad talked to me afterwards, and said he’d never been so upset or scared in my life. After that he started to take care of himself to make sure that he wouldn’t die.
I think that as a teacher you meet situations where a child might be in a terrible home situation and then it gets abusive and you have to be the one to make it aware to the officials, and you might be the cause of that family getting torn apart. I would feel really guilty, even though you know it’s the best thing for that child, overall you’re still going to think I’m the reason the child’s away from the parent now.

I don’t know if this counts, but I was thinking of becoming a court psychologist, and determining if the person was insane or not or just having to talk to the client or the defendant and see where he stands in court. It kind of makes me feel bad because if I say he was insane, it’s going to affect the parents of the child more than if he was just psychotic or whatever.
I shadowed an occupational therapist this summer and one of the hardest things I saw that she had to do was telling the people above her that she couldn’t help someone because they weren’t willing to be helped. There was nothing wrong with the patient at all but the patient wouldn’t let her help. I think that would be really tough if you can’t help. It’s your job but you can’t do anything because somebody is unwilling to let you.
This isn’t as deep, but I’m excited, I’m perusing physical therapy and just the fact that if someone’s complaining ah, I have a crick in my neck or this is wrong, I just know exactly what to do to solve the problem. I’m really excited to be able to do that. But then just small things such as noticing everyone’s posture or how they walk, if they walk with a certain arch, I don’t know if I’m just personally excited to know these things. I’m sure that after a while it might become a burden if everyone around you realizes that I can massage everything like in their back or something.
Let’s Do Some!

Two Poems:

*Give me a Doctor, Partridge Plump*

*Let Us Have Medicos Of Our Own Maturity*
What do we expect from our physicians?
Are we reasonable? Why or why not?
How do physicians respond to our expectations?

How are the expectations of physicians like the expectations of educational leaders?
How do we, as educational leaders, respond to these expectations?
Charon (2012), on another interdisciplinary seminar:

- This short description of one stretch of conversation cannot convey how rich and risky are the discussions, how exposing the students and faculty have become toward questions deep to the self. The fact that these students from different health care professions together are bending their heads over these subjects makes all the more meaningful the teaching and learning moments we undergo, for not only do they learn of the plights of the sick but also come to recognize that they need one another to learn the most from their experiences.
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References


