Barriers to compassion in primary care

Nathan S. Consedine, PhD

Department of Psychological Medicine, University of Auckland

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- Faculty: Dr. Tony Fernando, Prof. Bruce Arroll
- Student researchers: James Cameron, Tobias Barker, Sigourney Taylor, Harry Yoon, Kat Skinner
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- Participation: 1000+ physicians and 200+ medical students






Overview

- The (professional) expectation of compassion
- Compassion: patient expectations and outcomes
- So what is compassion, really?
- Why does compassion fail in medicine – fatigue?
- Beyond compassion fatigue: two studies
  - Study 1: instrument development
  - Study 2: differences across speciality/age
- Implications for CME and professional practice

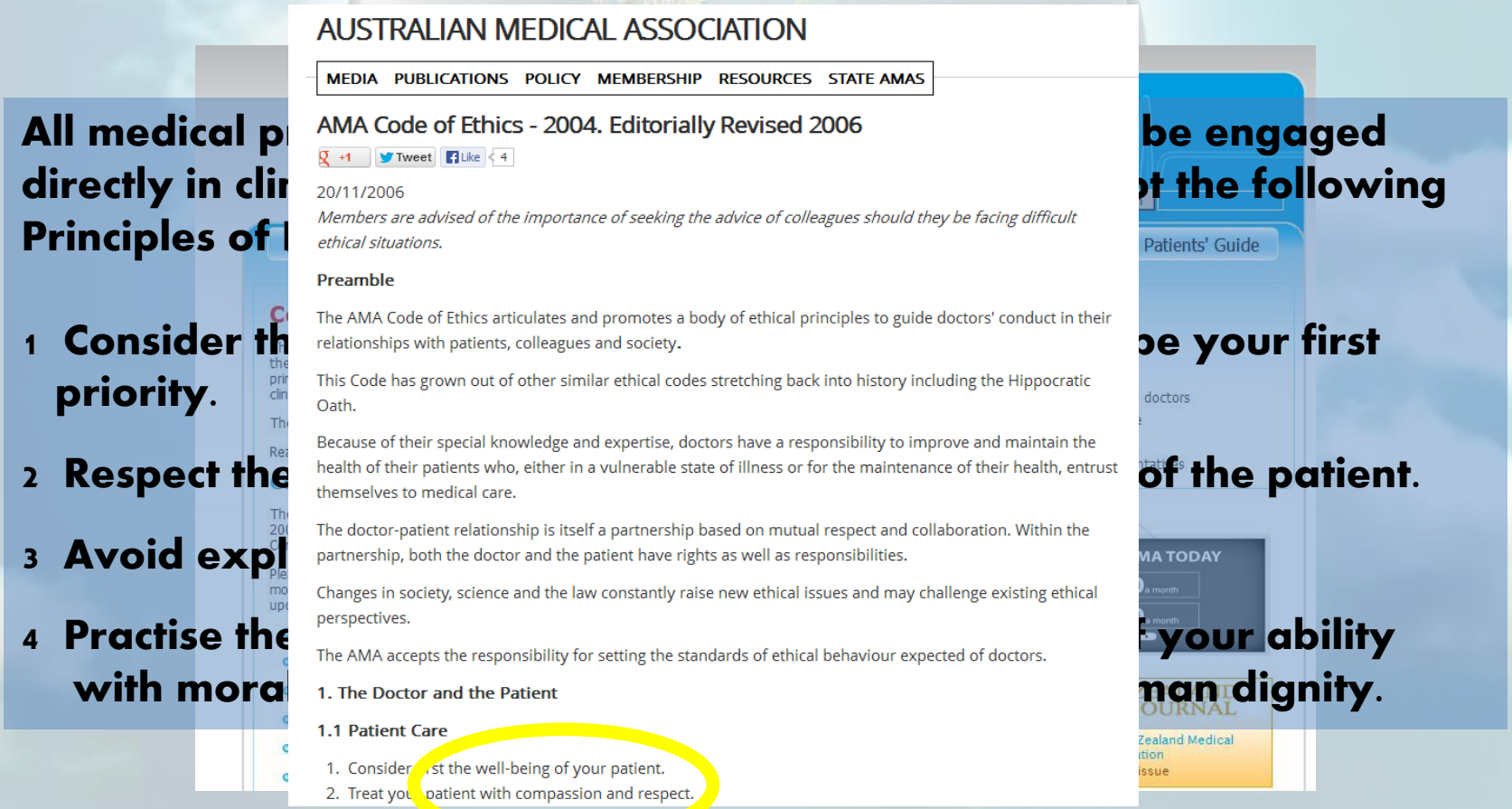
So what is compassion

- In our approach, compassion has two (necessary) aspects (per Dougherty & Purtilo, 1995):

  1. An ability and willingness to enter into another's situation deeply enough to gain knowledge of the person's experience of suffering; and
  2. The desire to alleviate the person's suffering or, if that is not possible, to be of support by living through it vicariously

Professional expectations

- Codes of practice in most healthcare environments ***require*** that physicians practice compassionately



Patient expectations

- Compassion is valued and expected by patients
- Linked to patient values, satisfaction, and, increasingly, to health outcomes

Links to patient outcomes

- Not knowing patients leads to less empathy (Branch, et al., 2012)
- Empathy predicts good outcomes (Lelorain, et al., 2012), including after acute surgery (Steinhausen et al., 2014)
- Failures of compassion can lead to poor decisions (Ekstrom, 2012)
- Compassion is central to patient-centred care which, in turn, predicts positive outcomes (Stevenson, 2002)
- A 40 second “enhanced compassion" video reduced patient anxiety and led to physicians being seen as more warm, caring, and sensitive (Fogarty, et al., 1999)

Compassion fatigue

- Primary framework for study of physician compassion (20-70%)
- Based in the clinical “knowing” that caring for others is tiring
- PTSD-like flavour in terms such as “burnout”, “secondary victimization”, “secondary stress”, and “vicarious traumatization”

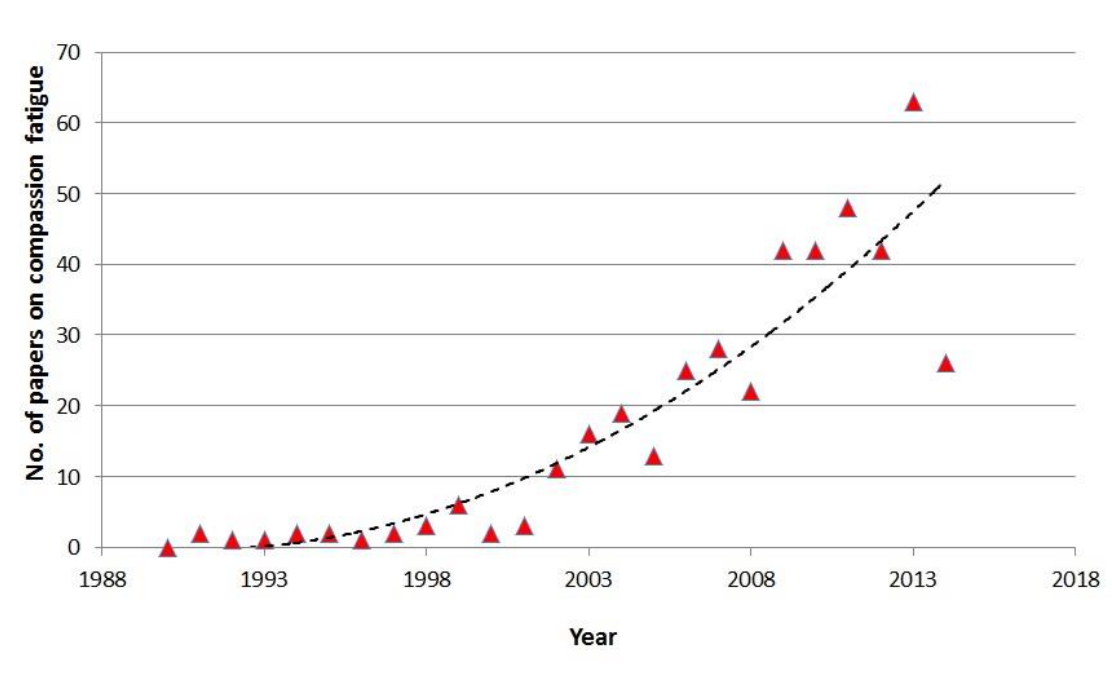


Fig 1: SCOPUS data for number of studies on compassion fatigue

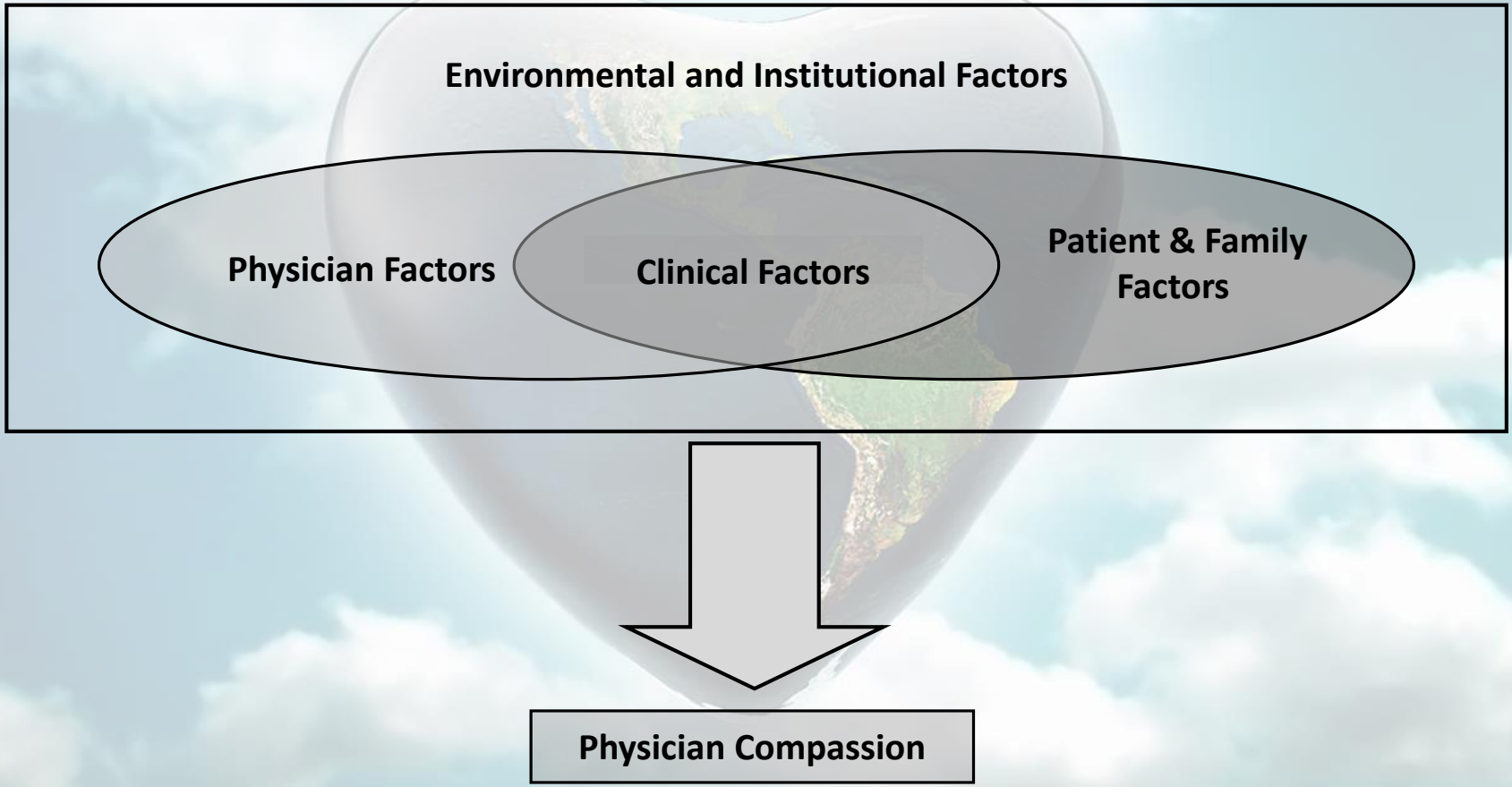
Circular Reasoning

Circular reasoning is one of four types of arguments known as begging the question, [Damer] where one implicitly or explicitly assumes the conclusion in one or more of the premisses. In circular reasoning, a conclusion is either blatantly used as a premiss, or more often, it is reworded to appear as though it's a different proposition when in fact it is not. For example, *You're utterly wrong because you're not making any sense*. Here, the two propositions are one and the same since being wrong and not making any sense, in this context, mean the same thing. The argument is simply stating, 'Because of x therefore x' which is meaningless.

A circular argument may at times rely on unstated premisses, which can make it more difficult to detect. Here is an example from the Australian TV series, *Please Like Me*, where one of the characters condemns the other, a non-believer, to hell, to which he responds, "[That] doesn't make any sense. It's like you're trying to prove God is real by saying". In this example, the unstated premiss is that there exists a God who sends a subset of people to hell. Hence, the premiss 'There exists a God who sends non-believers to hell' is used to support the conclusion 'There exists a God who sends non-believers to hell.'

- Compassion fatigue is the product of a process (an end point) and ill-suited to illuminating its own causes (Fernando & Consedine, 2014)
- Three problems:
  1. Monolithic focus on physician – ignores the person-environment transaction
  2. The unacknowledged tautology
  3. Fails to capacitate interventions

The Transactional Model of Physician Compassion



Fernando, A. T., & Consedine, N. S. (2014). Beyond compassion fatigue: a transactional model of physician compassion. *Journal of Pain and Symptom Management*. DOI: 10.1016/j.jpainsymman.2013.09.014

An initial study

- ***Participants***: 372 physicians (46% male) from the Philippines
- ***Design***: Cross-sectional, survey-based
- ***Measures***
  - ***Demographics and medical education****:* Assessed age, sex, country of birth, year of graduation and country of training.
  - ***Clinical practice*****:** recorded specialization, practice duration, patient load, consult duration, income sources
  - ***Barriers to Physician Compassion Scale (BPC):*** Piloting and theory provided a list of 57 items reduced to 34 on the basis of redundancy, clarity, and content validity
  - ***Perceived Stress***
  - ***Work Locus of Control Scale***
  - ***Trait Compassion***

Fernando, A. T. & Consedine, N. S. (2014). Beyond compassion fatigue: Development and preliminary validation of the Barriers to Physician Compassion Questionnaire. *Postgraduate Medical Journal.* DOI: 10.1136/postgradmedj-2013-132127

	Physician Gender	
	Male (N = 170)	Female (N = 202)
Demographics		
Age	42.25 (11.66)	41.58 (11.72)
Practice Variables		
Years of practice	11.71 (9.78)	11.39 (10.15)
Patients/week	62.23 (58.61)	74.61 (75.38)
Average initial consult (mins)	20.18 (12.91)	21.00 (12.66)
Average follow up (mins)	13.38 (10.27)	13.37 (8.72)
% work Private	41.65 (39.96)	44.57 (42.83)
% work Public	53.05 (40.92)	49.64 (43.90)
% work NGO	3.60 (11.16)	2.99 (9.27)
Psychological		
Clinical load	3.42 (0.91)	3.43 (0.88)
Overall load	3.53 (0.78)	3.60 (0.83)
Stress	1.65 (0.43)	1.67 (0.44)
Compassionate Love	40.81 (8.23)	40.97 (7.88)
Work Locus of Control	2.62 (0.62)	2.51 (0.60)

Results

- Component analyses suggested 4 distinct groupings of items
  - ***Burnout***: 5 items regarding physicians feeling pressured, tired, or fatigued – a "burnout" component
  - ***Environmental distraction***: 10 items centered on environmental factors, being interrupted, paperwork, or people present – "external distraction"
  - ***Difficult patient/family***: 7 items regarding a difficult patient or family
  - ***Clinical complexity***: 11 items centered on aspects of patient and condition as demanding or complex – "complex clinical situation"

	Item	Factor			
		1	2	3	4
1	Feeling burned out	.805			
2	Having a limited time for consultations	.767			
3	Having a large case load of patients	.839			
10	Feeling tired or fatigued	.717			
13	Having too many patients to see in a limited time	.665			
4	Multiple interruptions during the consultations (e.g. pages, texts)		.606		
5	Physical environment is not conducive for a consultation (e.g. noise)		.613		
6	Culture of defensive medicine		.647		
11	Clinical situation is very complex		.581		
12	Current treatments are not working		.600		
14	Many distractions during your consultation		.6[illegible]		
15	Concern that patients may complain or sue		.551	.522	
21	Having too many non clinical duties (e.g. administration, teaching)		.519		
22	Too many people present during your consultations		.535		
23	Too much paperwork and documentation		.538		

Burnout (α=0.89)

External distraction (α=0.90)

	Item	Factor			
		1	2	3	4
7	Prior difficult interactions with the patient's family			.629	
9	Patient is difficult, rude, or obnoxious			.810	
16	Interference from family members			.604	
17	Patient is not happy with you			.783	
18	Patient does not follow your recommendations			.706	
24	Family of the patient is not happy with you			.776	
25	Patient has irrational beliefs about his/her condition and treatments			.595	
19	You are tired of practicing medicine				.504
20	You are not sure if the patient will get better				.620
26	Patient is unkempt and malodorous				.598
27	Your personal problems				.626
28	Feeling impatient				.647
29	Current treatments have caused unexpected adverse effects				.607
30	Patient comes from a different socio-cultural/ ethnic background				.569
31	You are rushing to see the next patient				.588
32	Patient is difficult to understand				.602
33	Patient is in denial regarding their condition				.583
34	What you are dealing with is beyond your comfort level				.539

Difficult patient/family(α=0.91)

Clinical complexity(α=0.92)

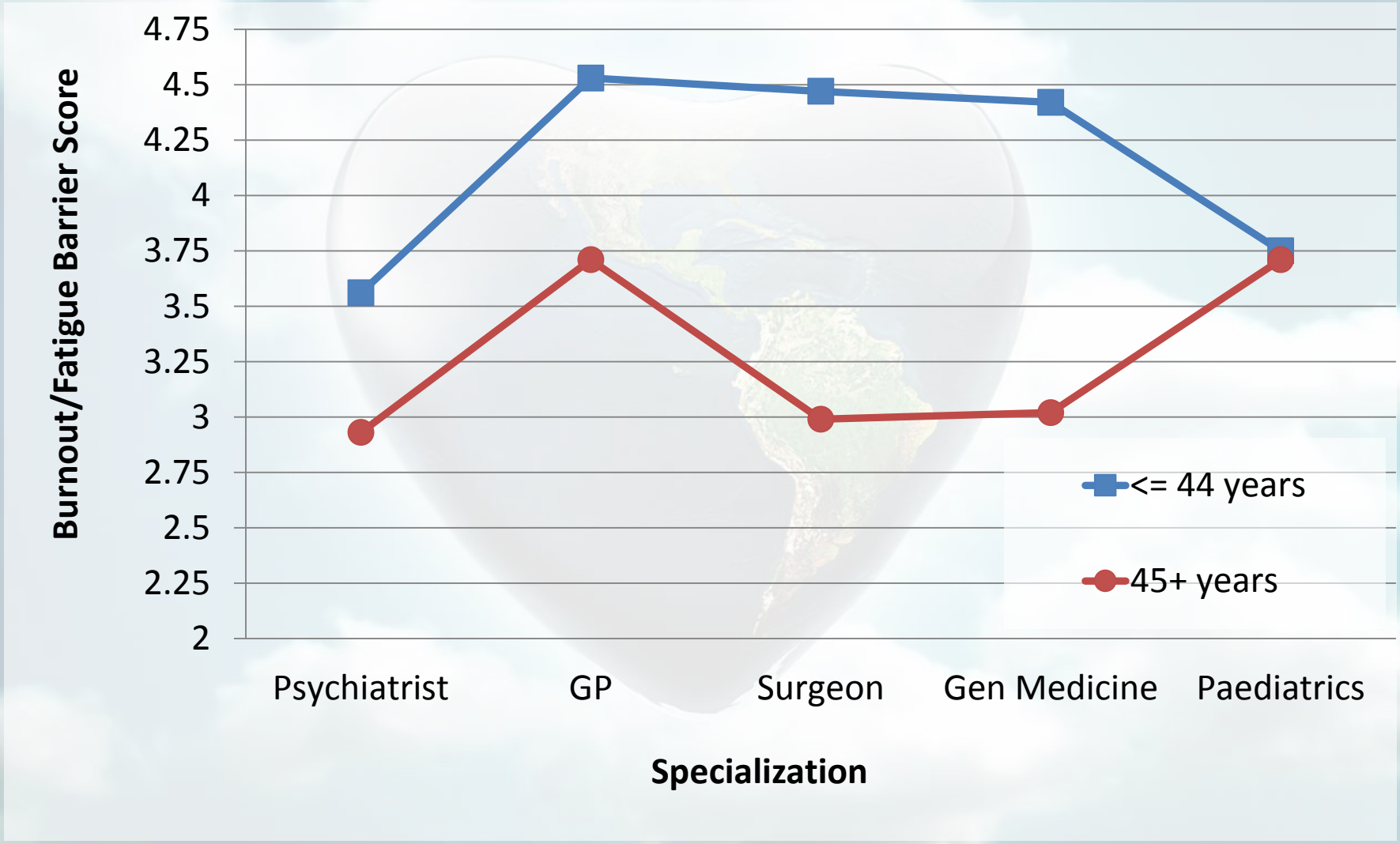
Interim observations

- It is not just compassion fatigue or burnout that interferes with physician compassion
- Recall in the TMPC, interference may stem from the physician, the environment, the patient, and/or the clinical situation
- Specializations each have their own particular physician and patient types, clinical situations, and practice demands
- Similarly, physicians likely learn to manage barriers to compassionate care
- Ergo, barriers likely vary across specializations and more versus less experienced physicians

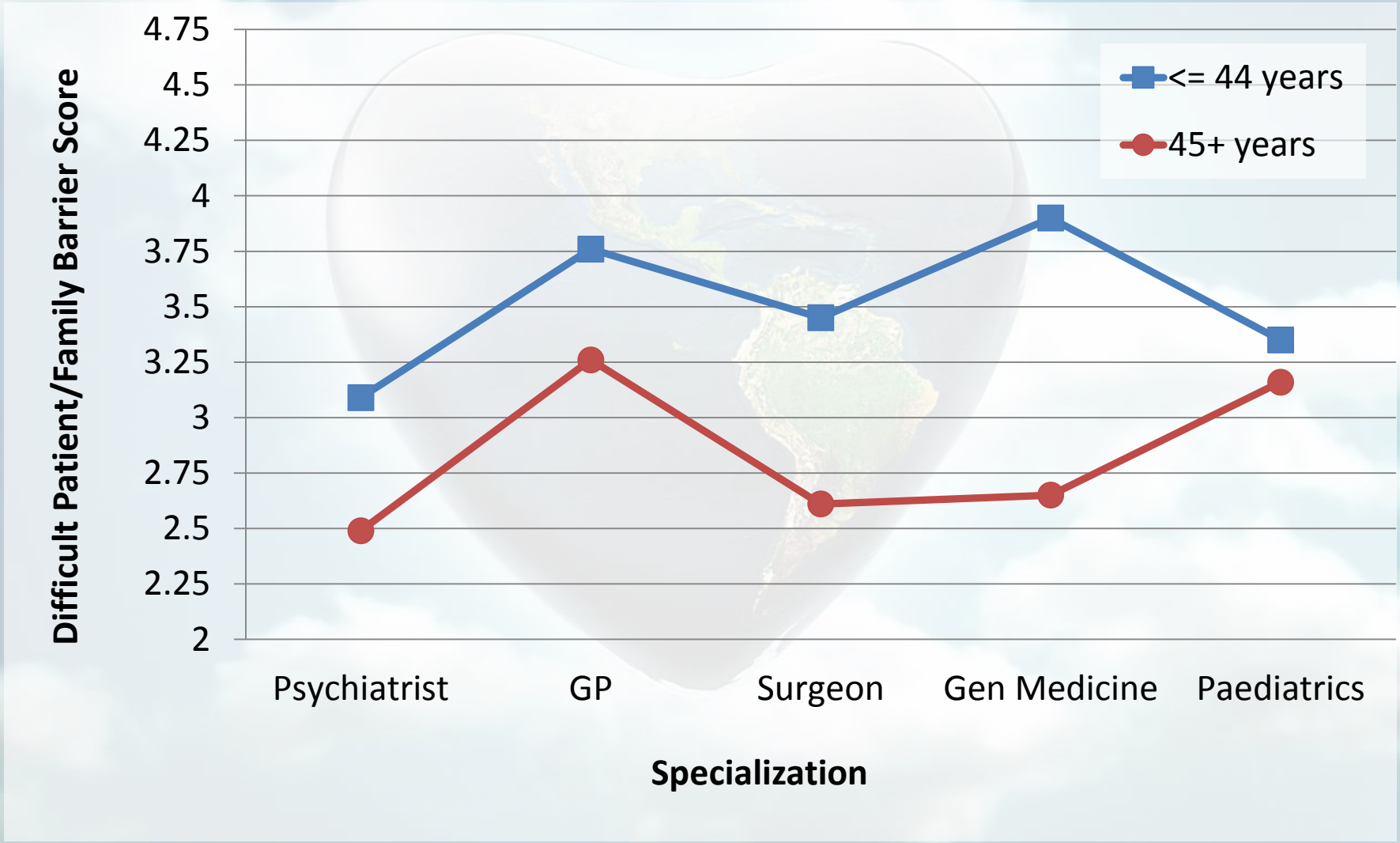
Study 2

- ***Participants***: 580 NZ physicians
- ***Design***: Cross-sectional, survey-based. Concentrated on contrasting scores among psychiatrists, GPs, gen medicine, surgeons and pediatricians
- ***Measures***
  - ***Demographics and medical education****:* Assessed age, sex, year of graduation and country of training.
  - ***Clinical practice*****:** recorded specialization, practice duration, patient load, consult duration, income sources
  - ***Barriers to Physician Compassion Scale (BPC):*** Piloting and theory provided a list of 57 items reduced to 34 on the basis of redundancy, clarity, and content validity

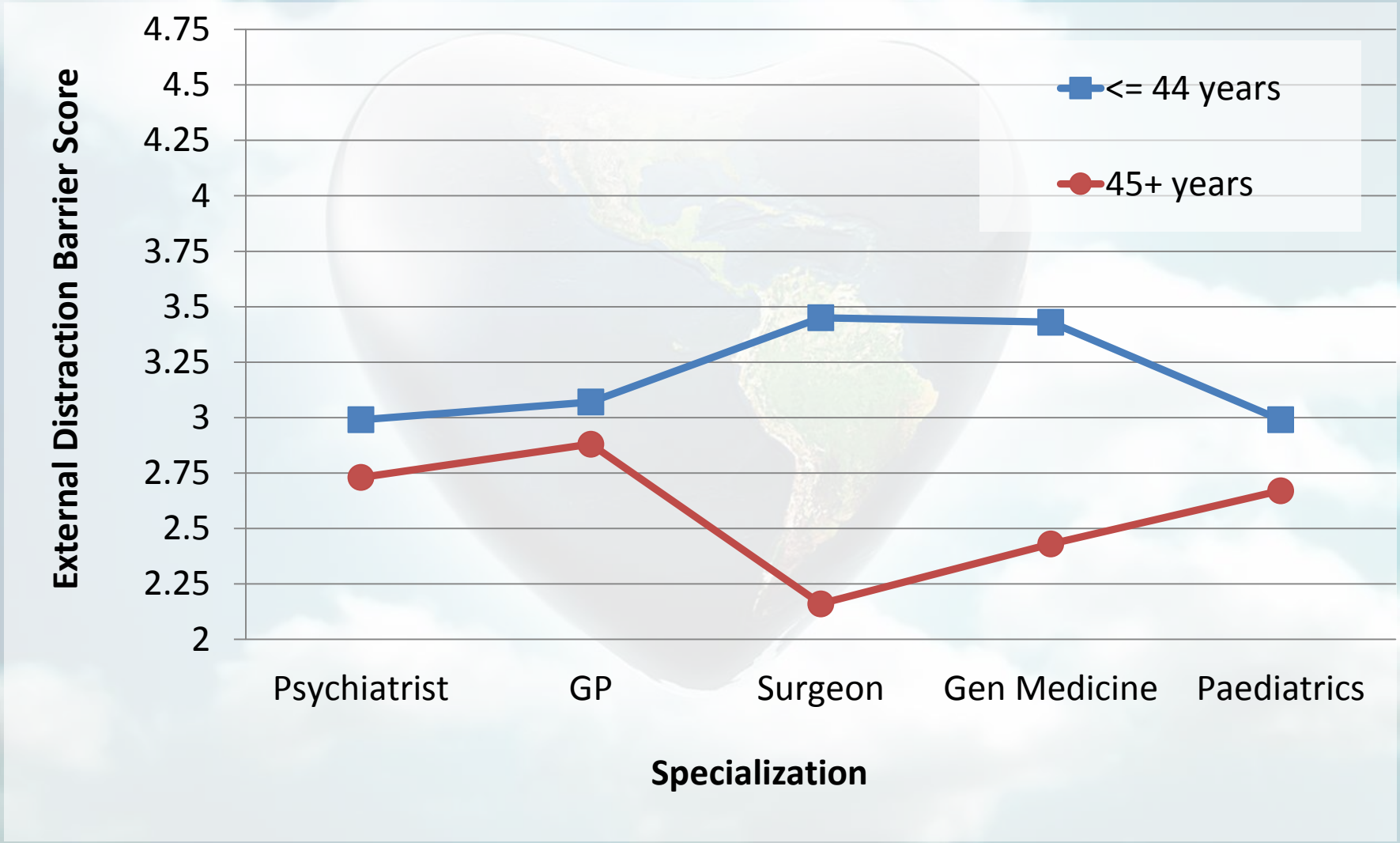
Burnout as barrier



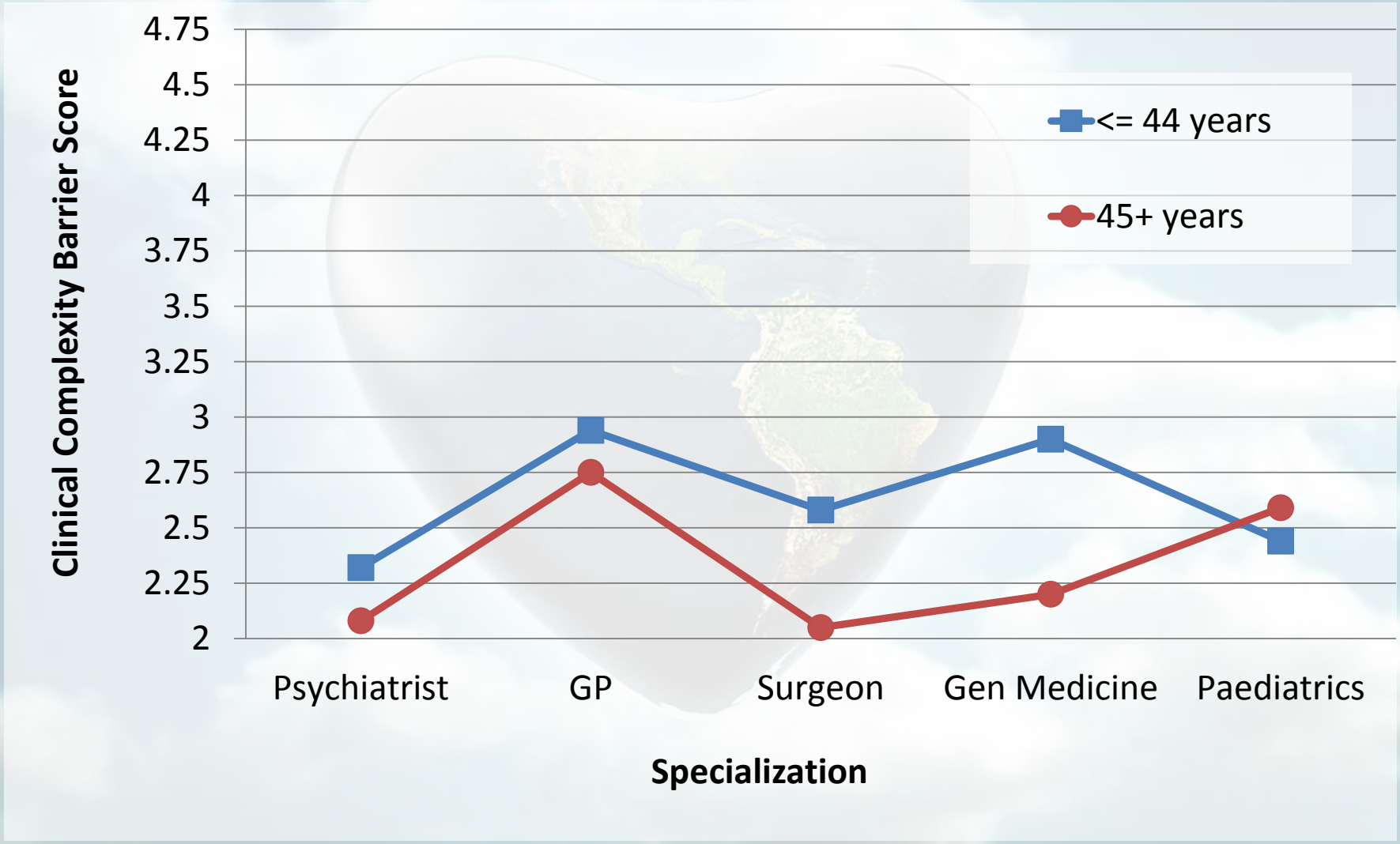
Difficult patient/family as barrier



External distractions as barrier



Clinical complexity as barrier



The take home . . .

- Sustainir rrent GP practice
- Nonethe at interferes with com
- Particula ce characte
- Different
  - Interve ctices
  - Resear
  - Medica

Compassion for GPs

- Remember: compassion is more than the 'soft' side of practice but is a professional responsibility that benefits patients and GPs
- So how? Things to look for and do:
  - Manage caseloads and recharge batteries
  - Treat compassion as a professional skill that requires management (work at it, train for it)
  - Structure work environment to minimise interruptions
  - Remember that compassion fades in complex cases and for patients that are less easily liked – remember that patients are "just like me"
  - Look (inside) for irritability, impatience, judgment, and dislike