

Exposed and Examined!



Three Major Factors Threatening The Quality of Frontline Canadian Health Care

What Are They?

What Can You Do About Them?

Straight Up Views From The Frontline
by Attention Training Expert, Author,
and Nurse, Aaron McNaught RPN/CHT

A SPECIAL REPORT
from Aaron McNaught Education/Consultations

Exposed and Examined!



Three Major Factors Threatening The Quality of Frontline Canadian Health Care

**What Are They?
What Can You Do About Them?**

This report was created for Nurses, Physicians, LPN's, Nursing Attendants, PCA's, Volunteers, Educators, Care Provider and anyone else interested in making our world a better place by sharing your caring heart.

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Dedicated to the Residents and Staff at Rimbey Hospital and Care Centre in Rimbey Alberta, who allowed me to be a part of their lives, to care for them, and especially to care about them. I am grateful.

Introduction

Imagine, you are 63 years old and have survived a stroke that has left the right side of your body almost useless. Your mind is still fairly sharp, but you have difficulty getting the words out as fast as your thoughts come. Those who look after you get frustrated waiting for you to finish your sentences. They impatiently finish them for you. They just don't have the time.

They treat you as a job, a burden, a task to be performed. They barely speak to you, and when they do it's abruptly and mechanically. Some don't even know your name.

When you, dear reader, find yourself as the receiver of care, what is it you hope will happen? How will you wish to be cared about? Will it matter?

Every day, tens of thousands of our mothers and fathers, sons and daughters, wives and husbands are delivered into the hands of our Canadian Health Care System. But into what kind of 'care', are our loved ones being delivered?

The focus of this report is to examine some of the challenges and opportunities facing frontline care providers and their efforts to provide what we call, 'care', in the Canadian Health Care System.

Specifically, we will examine that point where the Health Care System, represented by the frontline care provider, comes into direct and personal contact with the client, resident, patient, consumer or from this point known as the care receiver.

It is my view that by addressing this frontline interaction, the information contained in this Special Report can make the biggest difference to the most people in the most cost effective manner in the shortest amount of time.

We will start this exploration by dissecting and defining the term, 'care', in an effort to determine exactly what it is we are attempting to provide as care providers.

Then we will examine three factors that I have identified as detrimental to the provision of care, as I will define it. These factors are not only individually detrimental, but also synergistically detrimental, which means that each, when combined with the others has an even greater adverse effect.

Finally, suggestions are offered, based on my seventeen years of research and inner exploration, combined with my fourteen years of nursing practice. These suggestions will remain mindful of the goal of making the biggest difference to the most people in the most cost effective manner in the shortest amount of time.

Lastly, although there are countless issues that affect frontline care providers, many are not within the power of individuals to change at this time, and are therefore beyond the scope of this particular paper.

The Ambiguity of the Term 'Care'

Health Care, Home Care, Intensive Care, Continuing Care, Foot Care, Bowel Care...

The term 'care' is one of those vague words that belong on the top of the heap of ambiguity, right next to words such as nice, love, and diet. While this doesn't make the term entirely useless, it does leave much to be questioned when trying to understand just what we actually mean by 'care'?

- ◆ When we speak of providing 'care' what is it we are really providing?
- ◆ What is it we actually receive from care providers?
- ◆ When our loved ones are in need of care, what is the care composed of?
- ◆ Is it reasonable to expect someone to care about me, even if it is their job?

Caring 'For' and Caring 'About'

Caring is described in nursing literature as both "caring for" and "caring about."

Caring for, can be seen as a visible action or behavior, often requiring some special training and skills, and generally produces observable and measurable results. To "care for" someone means there are specific actions you are taking to promote their wellbeing, growth, healing etc.

In this sense, "caring for" can include such activities as taking blood samples, dispensing medications, performing an MRI, taking a temperature, giving an enema, conducting an interview, or starting an I.V.

But performing these activities does not demand the care provider communicate any quality of human concern, interest, or compassion. In fact, the human dimension is not at all necessary in these care providing activities, and is often mistakenly assumed to be present, even though in theory a robot could perform them.

Caring about, on the other hand, implies an inner quality of connection and feeling about a person or circumstance. To care about someone suggests that they matter to you and that you are emotionally invested in the well being and condition of that someone. Caring about, and the term compassion, can be seen as interchangeable.

One of the true gifts and pleasures of the caring professions is that, as care providers it is possible to simultaneously **care for AND care about**. This rare combination makes us true **Health Care Professionals**.

It is this inner realm of feeling, compassion, concern, or as we have defined it, 'caring about' that is a key focus of the rest of this paper. Let's look closer at the idea of 'caring about', as we've defined it above.

Can't Buy Me Love, Can't Make Me Care

In the same way that money can buy me sex, but money can't buy me love (so sang the Beatles), you can pay me to perform actions, duties and tasks, but you can't pay me to care about another human being.

If that attempt at humor didn't at least make you smile, it does introduce the point I'm about to make, which is this: To care about a client, patient or resident, is not something you or I can do on command. Caring about, is not something that can be paid for or demanded. However, circumstances can be created where it is **much easier and more likely to happen**.

The possibility for 'caring about' to occur cannot be forced, but can be nurtured and allowed to unfold, especially if the care provider has been trained in a variety of skills that will facilitate 'caring about' to happen.

Conversely, circumstances can also be created where it is much harder to care about, even to the point where it becomes highly unlikely to happen. Sometimes conditions are such that nurses find they have nothing left to give.

Where The Worn Rubber Meets Broken Road The Front Line In Health Care

Due to the intensely intimate nature of front line care provision, combined with the vulnerability of our loved ones being cared for, one would think it safe to assume that frontline care providers would be trained in such mandatory skills as the management of stress, thoughts and emotions.

The fact that such skills exist, are research proven, simple to learn, immediately beneficial, and even cost effective, makes it puzzling why such essential skills are not made abundantly available to all care providers.

Put simply, we are not caring for or about those we depend upon to care for and about us.

Let's look at how the Health Care System has unwittingly created an environment that would make it difficult even for the most mature and compassionate of us, to provide much more than impersonal and mechanical care.

What follows is a brief description of what I have identified as three major factors threatening the quality of frontline Canadian Health Care. These three factors are especially important because they are inter-related aspects of care provision that every care provider faces to some degree.

Threatening Factor #1: Care Providers Are Not Trained To Manage Stress

There is considerable evidence that the stress inherent in health care negatively impacts health care professionals. Stress can lead to **increased depression** (Tyssen, Vaglum, Gronvold, & Ekeberg, 2001), **decreased job satisfaction** (Blegen, 1993; Flanagan & Flanagan, 2002), **disrupted personal relationships** (Gallegos, Bettinardi-Angres, & Talbott, 1990), **psychological distress** (V. Jain, Lall, McLaughlin, & Johnson, 1996); **and even suicide** (Richings, Khara, & McDowell, 1986).

Stress also may harm professional effectiveness: It **decreases attention** (Smith, 1990), **reduces concentration** (Askenasy & Lewin, 1996), **impinges on decision-making skills** (Klein, 1996; Lehner, Seyed-Solorforough, O'Connor, Sak, & Mullin, 1997), and **reduces providers' abilities to establish strong relationships with patients** (Pastore, Gambert, Plutchik, & Plutchik, 1995). i

Research consistently targets the stressful conditions of nurses' work environments as the key factor in:

- ◆ influencing nurses' decisions to stay in the profession or not
- ◆ mental health problems becoming the fastest-growing category of disability claims
- ◆ nurses having the highest number of lost workdays and absenteeism
- ◆ nurses having the highest percentage of lost work time attributable to illness

No doubt that is why the final recommendations of the Canadian Nursing Advisory Committee gave priority to improving the quality of nurses' working life. ii

Threatening Factor #2: Care Providers Are Not Trained To Manage Their Emotions

It's unexplainable how we as a society are never taught how to contain and manage our emotional reactions that so often lead us to destructive words and behaviors.

Because each and every care provider is first and foremost a human being, they are vulnerable to a long list of difficult to manage emotional states such as frustration, apathy, and resentment. This can be problematic when they are trying to provide care, concern and support, because emotional states such as these are completely non-conducive to care provision.

These emotional states can often create the volatile inner conditions that lead to unwise actions, hurtful words and impulsive decisions. Acting out our emotions is hardly a recipe for any kind of mature, adult interaction, much less interaction that has as its goal the provision of compassionate care.

Emotional maturity, or the capacity to contain our difficult emotions, is a sure sign of wisdom and compassion, as Daniel Goleman describes so wonderfully in this telling excerpt from his groundbreaking book, *Emotional Intelligence*:

“... impulse is the medium of emotion; the seed of all impulse is a feeling bursting to express itself in action. **The ability to control impulse is the base of will and character.** By the same token, the root of altruism lies in empathy, the ability to read emotions in others; lacking a sense of another’s need or despair, there is no caring. And if there are any two moral stances that our times call for, they are precisely these, self-restraint and compassion.” iii

In his excellent book, *Growing Yourself Back Up*, John Lee identifies several causes of uncontrolled impulse, emotional reactivity or what he calls, regression. iv Most of these causes also present strong challenges to our ability to remain open and present in the midst of our experience as care providers. Regrettably, in the Health Care System they are also precursors to patient neglect and abuse.

Threatening Factor #3: Care Providers Are Not Trained To ‘Care About’ Others

I remember my first clinical rotation and my first assignment (i.e. patient). As I stood outside the hospital room (her home), trying to muster the courage to enter, I felt what an amazing privilege it was, (and is), to have another human being’s welfare entrusted into my care. Now, 16 years later, it’s still very easy to feel that same amazement.

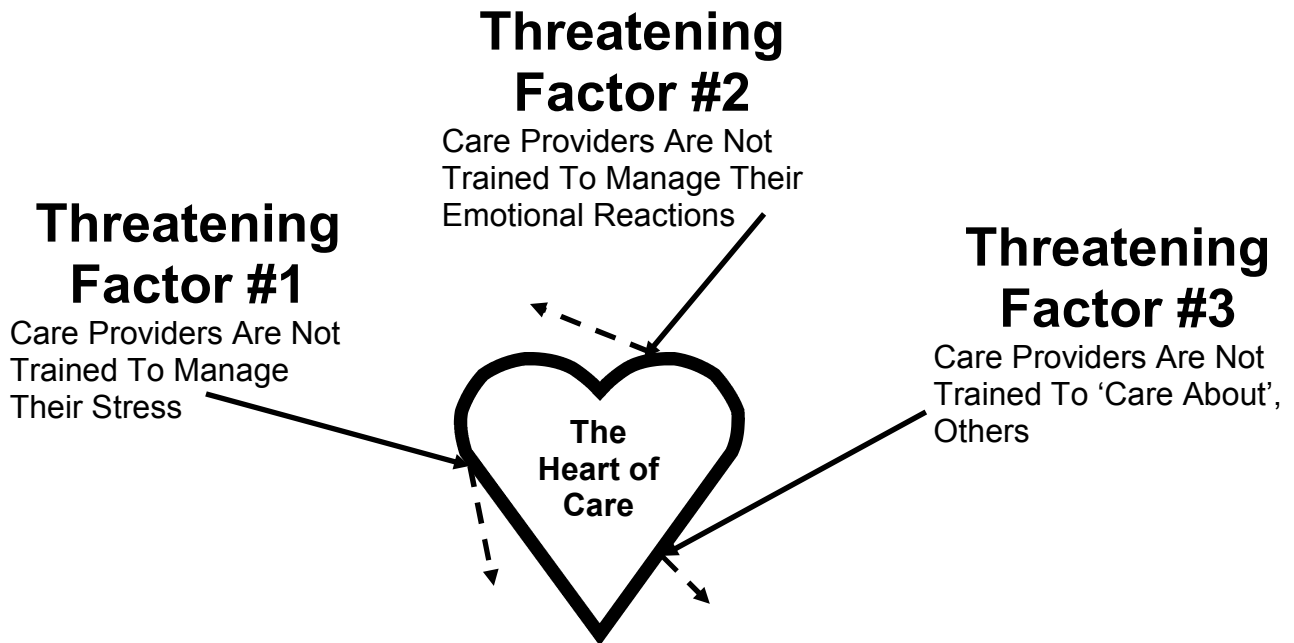
At the same time, I can see how easy it can be to lose sight of the fact that our care receivers are living, breathing, vulnerable human beings. It’s easy to understand how by ‘dehumanizing’ our care receivers we may feel we can avoid having to deal with what often can become messy, uncomfortable human interaction.

Sometimes it just seems easier and faster to simply perform our duties, carry out our tasks, and do the ‘job’ of caring for, while caring about can wait until the moment is right and we have the time, energy, and heart to do so. After all, no one and no thing can make us care about. As long as we are doing a good enough job of caring for, no one can possibly suggest we’re not performing our duties.

If we step back for a moment and listen to what we are really asking of our Care Providers, here’s what it sounds like:

“We want you to not only ‘**care for**’ several strangers simultaneously, under pressure, while in a cold and stressful environment, and while burdened with your own outside life situation, we also want you to ‘**care about**’ these strangers, be unconditionally compassionate and kind, even though they may be very difficult and uncooperative, maybe triggering you own emotional patterns, **even though you’ve never been taught the inner skills that would assist you to ‘care about’ others**”.

How it is now



Three threatening factors that create care provider **deficits, detrimental** to the quality of care provision, and that work synergistically, each compounding the **negative** effects of the others.

SCENARIO #1

You step onto the care unit you've worked on for 17 years. You could do your job with your eyes closed, and you may as well for all the good they do you.

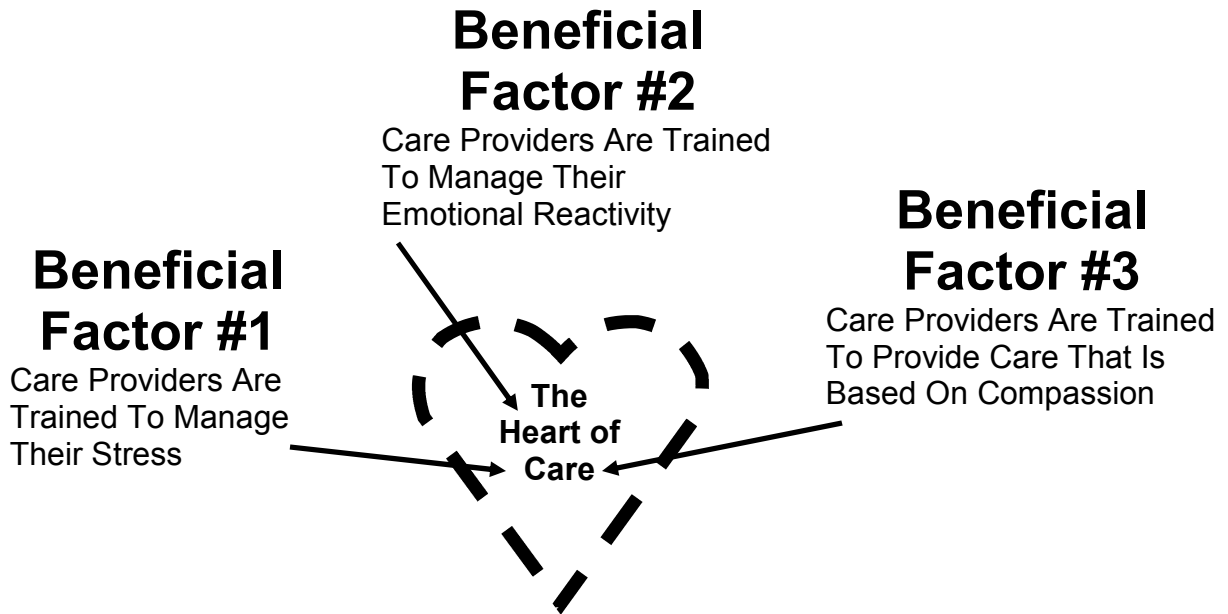
You don't really see anyone or anything. You are going through the motions, reactive to various stimuli, mechanical. Your heart is not in the job, and you're not really caring about anyone. As you walk toward the nursing station, you're a million miles away.

You are listening to an unkind voice in your head that sounds like: "I wish I wasn't here today, I'm so tired of this place, my life is a mess, I need a vacation, or a new job, ...".

You are on auto pilot, your attention is weak and lost in negative thought patterns. You are for all intents and purposes, **asleep** with your eyes open.

You answer a call bell for 93 year old Mr. Jones and, lacking the skills to manage your stress, emotions, and thoughts, you do what you have to do for him and move on. Mr. Jones hopes someone else comes next time he has to ring for help. For care. Someone who will see him, who will speak to him. Someone who is actually there.

How it could be



Three beneficial factors that create care provider **strengths, beneficial** to the quality of care provision, and that work synergistically, each compounding the **positive** effects of the others.

SCENARIO #2

You step onto the care unit you've worked on for 17 years. You could do your job with your eyes closed, but you'd much rather use them to look into the eyes of those you care for.

Before you even step onto the unit, you remember you have committed to the intention of using your workplace as your practice space. Your plan is to practice skills that not only improve the quality of your work, but also your ability to care about others, your work experience, the quality of your interactions, and can also make the whole of your life more meaningful, relaxed and enjoyable.

As you move through the unit, your mind is still and your attention is open and stable. Your body is relaxed and at ease, your breath is deep and full. You are utterly **awake**, alert, attentive and responsive to the needs of your residents as they arise.

You answer a call bell for 93 year old Mr. Jones and, because you are so composed and relaxed it is easy to connect with him, see him, touch him, speak his name and let him know quite simply that he is safe and not only cared for, but also cared about.

As A Care Provider, Are You Asleep Or Awake?

The care provider in Scenario #2 on the previous page was trained in the one, simple, time proven skill I am about to outline for you. This skill goes by several names; Present Moment Awareness, Mindfulness, Meditation, and Wakefulness are some of the more popular ones. **I prefer to use the term Attention Training.**

Attention Training is the practice of gently yet relentlessly returning your attention to your present experience with curiosity, clarity, and energy.

The greatest minds of past and present knew that the key to wisdom, inner peace, maturity, and compassion is found by developing the capacity for a strong, stable and energetic attention.

The World's great wisdom traditions put such emphasis on **Attention Training**, that it is found at the very center of their teachings.

Why else would they spend more than 4000 years using every waking moment of their lives developing their ability to stay connected to their moment to moment experience with an attention that is strong, stable and energetic? (Talk about best practices!)

For instance, the Father of Western Psychology, William James, had this to say about Attention Training, "The faculty of voluntarily bringing back a wandering **attention** over and over again, is the very root of judgment, character, and will. An education which should improve this faculty would be the education par excellence."

Before we proceed, I should mention a few important facts about Attention Training.

Attention Training, while sounding cold and clinical is actually the key to living a life that is rich, passionate, and intensely meaningful. In the words of Henry Miller, "The moment one gives close **attention** to any thing, even a blade of grass, it becomes a mysterious, awesome, indescribably magnificent world in itself."

Also, while the term Attention Training may sound like something that would be like work, it is actually simple, effortless, immediately effective, and instantly life enhancing.

Attention Training provides an immediate relief for stress and tension, and it allows you to function with grace, precision, and flow. Mihaly Csikszentihalyi, author of the best-selling book, *Flow*, says that "To control attention means to control experience, and therefore the quality of life". v

In an earlier Special Report, ***Waking Up To The 21st Century Attention Trained Mind***, I summarize the countless benefits of Attention Training in one simple sentence:

The quality of your life is directly related to the quality of your attention.

Let me make a bold and provocative statement right here: If your attention is strong, stable and energetic, (the result of Attention Training) you are **Awake**. If your attention is weak, distractible and prone to becoming lost in experience, you are **Asleep**.

| ASLEEP Care Provider | AWAKE Care Provider |
|--|--|
| <p>You are distractible and unaware. Your attention is weak and unstable. You are zoned out and oblivious.</p> | <p>You are alert and aware. Your attention is strong, stable. You are focused and clear.</p> |
| <p>You are often emotionally reactive and immature.</p> | <p>You are emotionally responsive and mature.</p> |
| <p>You are prone to misinterpretation, miscommunication and misunderstanding.</p> | <p>You are able to maintain perspective, detachment and wise discernment.</p> |
| <p>You are ineffective and inefficient.</p> | <p>You are highly effective and efficient.</p> |
| <p>You live in a dream-world of your mind, disconnected from your heart of care.</p> | <p>You are connected to your direct experience, AND your kind heart.</p> |
| <p>You are asleep, eyes wide open</p> | <p>You are alert, attentive and aware.</p> |



Using The Workplace To Practice Waking Up

Developing the skills necessary to manage our stress and emotions, combined with the skills needed to provide a kind and compassionate care is absolutely mandatory for today's challenged frontline care provider. Every care provider knows that the key to acquiring some new skill is always through understanding and persistent practice.

The idea of practice is deeply rooted and proven in all dimensions and aspects of our lives. The conscious repetition of a skill is how we learn to walk, talk, write, and almost any other skill that we may have mastered long ago and now perform with ease and precision. Practicing a sport, an art form, or a profession such as a nursing practice is how we gain competency, confidence and with continued dedication, eventual mastery.

The fact that many care providers spend 40 hours per week or 1/4 of their lives in the workplace (the only place we spend more time is in bed), makes it obvious that the ability to leverage that time maximally would be cost effective, efficient, and just makes plain common sense.

"A fundamental way to better healthcare is through healthier healthcare workplaces. We believe it is unacceptable to work in, receive care in, govern, manage, and fund unhealthy workplaces." ~ Quality Worklife-Quality Healthcare Collaborative 2007 vi

It is with these understandings that I make the following suggestions: The frontline care provider is in an optimal setting and situation to use the challenges they face in the workplace, as an opportunity to practice Attention Training.

Attention Training is the supreme answer to the three major threats to frontline Canadian Health Care, that I have identified in this Special Report.

1. Attention Training is the key to stress management, relaxation, and negative self talk.
2. Attention Training is the key to emotional management, quickly diminishing frustration, anxiety, tension, anger, and a long list of difficult emotions.
3. Attention Training, combined with the practice of compassion, is the key to providing care that is rooted in connection, concern and the ability to 'care about', and not merely 'care for' others.



If you want **others** to be happy,
practice compassion.
If **you** want to be happy,
practice compassion.
~ The Dali Lama

Caring for without caring about is mechanical action, dehumanizing and devoid of compassion and connection.

Caring about without caring for, is useless sentiment and laziness, lacking the action which is a natural expression of compassion.

REFERENCES

- i Mindfulness Paper
- ii Maslove, L and Fooks, C. Canadian Policy Research Networks. 2004. *Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses. A Progress Report on Implementing the Final Report of the Canadian Nursing Advisory Committee.*
- iii Emotional Intelligence, Goleman, Daniel, pg xii)
- iv *Growing Yourself Back Up*, John Lee
- v Flow, Mihaly Csikszentihalyi
- vi Quality Worklife-Quality Healthcare Collaborative 2007
- x Canadian Health Services Research Foundation. 2001. *Commitment and Care: The benefits of a healthy workplace for nurses, their patients, and the system.*
- xii Nursing Sector Study Corporation. 2005. *Building the Future: an integrated strategy for nursing human resources in Canada.*
- xiii Canadian Health Services Research Foundation. 2001. *Commitment and Care: The benefits of a healthy workplace for nurses, their patients, and the system.*

**To find out how the skills and perspectives offered in this Special Report might relate to your own unique challenges, frustrations and opportunities, contact Aaron McNaught at 403.302.2523 or toll free at 1.866. 593.3040
aaron@wakinguptolife.com**

**For more tools, articles and reports that may be useful go to:
www.wakinguptolife.com**

**Pssst...
You Awake?**

Waking Up to the *Heart of Care*

A Care Provider's Practice For Maintaining Compassion In Difficult Times

A Straight Up Talk With Author, Attention Training Expert,
and Nurse, Aaron McNaught RPN/CHT

As A Care Provider, I know the challenges we face in the delivery of our services. I live them.

Our challenges are well documented: Too many hours, over burdened and understaffed, overwhelmed and under appreciated.

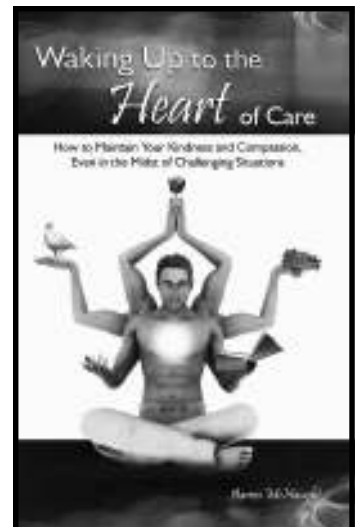
Increasing demands on our time, energy, skills, patience, and attention can often create an insurmountable challenge to the **Care Provider** who's own busy mind is untrained and unfocused.

Weak, unfocused, and untrained attention is the dis-ease of our modern times, and nearly everyone has it. This situation is detrimental to the **Care Provider** who has the desire to offer quality of care that is consistent, genuine, and authentic.

Attention Training is a 5000 year old discipline that forms the core of the world's wisdom traditions. Far from dry or abstract, **Attention Training** is immediately and immensely practical, coloring the **Care Provider's** experience with wisdom, humor, and compassion.

Listen to a sample CD as I:

- Compare and contrast the sleeping **Care Provider** with an awakened one, and why **being asleep is the antithesis of care...**
- Outline the countless benefits of **Attention Training**, as well as why this one, simple and immediately effective skill is at the root of ALL the **World's Wisdom Traditions** (no religion here)...
- Demonstrate why **detachment** is the **Care Provider's** best friend, as well as a solution to many Front Line Health Care issues...
- Teach you how to function with **flow, wisdom, and compassion...**
- Explain why a **Care Provider's** workplace is the ideal arena for PD, as well as why employers are actually **happy to pay you to grow!**
- Redefine the idea of personal boundaries and responsibilities, as it pertains to care provision... **and much more...**



www.wakinguptolife.com

ABOUT THE AUTHOR

Aaron McNaught is the owner and operator of Aaron McNaught Education/ Consultations, a Central Alberta based Educational business offering Workshops, Seminars and Life Coaching services.

Aaron teaches practical yet highly advanced skill sets to individuals and organizations who are struggling to stay focused and on task because of all the things competing for our attention and energy these days.

Aaron's services address those who suffer from habits of inattention, mechanical lifestyles, automatic behaviors and the failure to live life fully.

Attention Deficit is THE disease of the 21st Century.

He is a Transformational Speaker Attention Management and Training Expert, Certified Hypno-Therapist, Life Coach, and the author of three books .

He has been a practicing Registered Psychiatric Nurse since 1995, and he lives in Red Deer, Alberta.

A SAMPLE OF WHAT THEY'RE SAYING...

As a nurse I can see that **Attention Training is a skill that is beyond equal**, and should be made part of training for nurses and all care providers."

~ Derrick Whyte - RPN - Sun Country Health Region

Aaron shares his **insight, honesty, and compassion straight from the heart**. Anyone exposed to his work will come away feeling his passion for what he is teaching.

~ Shannon Duncan, Author of Present Moment Awareness

An encounter with Aaron is life changing. My highest recommendations."

~ Marlin Marynick - R.P.N. - Regina Qu'Appelle Health Region.

Aaron is a **very captivating speaker and teacher** of something that is truly NEW to many. He is a rare individual that I hope to see on Oprah and say, "I know him!" !

~ Anne Stone, Founder of Women In A Home Office

Aaron's words have **affected my Life** in ways I couldn't have imagined.

~ Dawn Hallworth - R.P.N. - David Thompson Health Region

If you are looking for something **new and powerful**, this is it. Aaron's message helps me to look at reality in a different way. This unique marriage of Eastern philosophy & Western teachings **delivers a profound message**.

~ Cathy Fenwick - Author of Healing With Humour

