Professional Caregiver Risk and Despair: A Unitary Profile

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Why Risk and Despair?

During the last 30 years enormous changes have taken place in the healthcare arena. Some changes have severely limited access to and provision of high quality healthcare. Some changes have disrupted the sacred bonds between professional caregivers and their clients. Some changes have profoundly influenced the character, quality, and rapport of client-caregiver relationships.

Exploring these issues has been neglected for too long and nurses and other caring professionals need new tools to advocate for reform.
Professional Caregiver Insurance Risk

These transfers often result from financial contracts that do not adequately resource professional caregivers for insurance risks but also result from intra-organizational risk transfers that are the norm for budgeted units such as nursing.

Insurance risk transfers to professional caregivers contribute to financial, professional, spiritual, and affective disharmony.

Healing the deep, spiritual, wounds that have occurred is critical to the well-being of nurses, nursing, clients, and the healthcare system as whole.
How the Concept of Professional Caregiver Despair Developed

Experiences as a social worker
Experiences as a psychotherapist
Experiences as a nurse
Experiences as an insurance professional
Experiences as a social researcher, actuary, and biostatistician

Conversations with myriad fellow professionals in psychology, social work, nursing, and medicine.

Introspective reflections on professional roles, duties, and responsibilities
Professional Caregiver Despair

A way that caregivers shape the meaning of their experiences & represent the careers about which they despair

There are reasons for their despair; it is not just a response to biological inadequacy, or deficiency of medication

There are unmet expectations, unfulfilled hopes and dreams, opportunities lost, challenges too formidable to meet, futures that seem harsh and uninviting, and perhaps a past that seems impossible to replicate or resurrect

Professional caregivers experiencing despair can create anew the meaning of their experiences by blending art, science, perception, feeling, and intuition into an organic and meaningful whole that represents and reveals their unique constructions of the world
Correlates and Corollaries of Professional Caregiver Despair

- Burnout
- Unhappiness
- Angst
- Dissatisfaction
- Alienation
- Stress
- Ethical Conflict
- Depression
- Anomie
- Suffering
- Poor Attitude
- Moral Distress
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PESSIMISM
EVERY DARK CLOUD HAS A SILVER LINING, BUT LIGHTNING KILLS HUNDREDS OF PEOPLE EACH YEAR WHO ARE TRYING TO FIND IT.
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## Depression vs Despair

<table>
<thead>
<tr>
<th>Social Significance</th>
<th>Disease</th>
<th>Not Disease - State of Being</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contextual Meaning</td>
<td>Context Independent</td>
<td>Context Dependent - Story</td>
</tr>
<tr>
<td>Definition</td>
<td>Well-defined Medical Meaning - DSM IV</td>
<td>Ambiguously Defined Social Meaning</td>
</tr>
<tr>
<td>Time</td>
<td>Clear Time Demarkation in Diagnostic Criteria - Potentially Unchanging even after Treatment</td>
<td>Despair is either experienced or not in any given context and at any given time</td>
</tr>
</tbody>
</table>
## Depression vs Despair 2

<table>
<thead>
<tr>
<th></th>
<th>Symptoms</th>
<th>Phenomenological Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Well defined collection of symptoms that lead to diagnosis: sadness, sleep disturbance, eating changes, sexual changes, suicidal ideation, existent over time</td>
<td>Generally situationally dependent that provide a context, for the individual that explains the experience of despair in terms of life events or circumstances.</td>
</tr>
<tr>
<td></td>
<td>Social Valuation</td>
<td>Social Valuation</td>
</tr>
<tr>
<td></td>
<td>No value to depression - loss of status, denigration, worthlessness, incapacitation, stigma - reduced and exacerbated to some extent by diagnosis</td>
<td>A source of meaning in one's life, an organizing framework for experience, a cause celebre and a pattern of relatedness to the world.</td>
</tr>
<tr>
<td></td>
<td>Social Implications</td>
<td>Social Implications</td>
</tr>
<tr>
<td></td>
<td>Treatment is a natural consequence of diagnosis</td>
<td>No clear social implication - not a diagnostic phenomena</td>
</tr>
<tr>
<td></td>
<td>Social Relationships</td>
<td>Social Relationships</td>
</tr>
<tr>
<td></td>
<td>Failure to &quot;be&quot; in the world - withdrawal</td>
<td>Way of &quot;being&quot; in the world</td>
</tr>
<tr>
<td>experiential aspects</td>
<td>experience is to be avoided</td>
<td>experience is to be understood, processed, worked through, a possible growing experience.</td>
</tr>
<tr>
<td>---------------------</td>
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<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>reflectivity</td>
<td>self-reflection may be limited - there is little motivation to engage in reflection as opposed to becoming a patient and accepting treatment</td>
<td>deep reflection on the situational determinants of despair - there is always a story as the organizing framework for the interpretation of life events</td>
</tr>
<tr>
<td>self image</td>
<td>disease is an alien part - to be eradicated</td>
<td>experience of despair is meaningful and whole</td>
</tr>
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</table>
### Depression vs Despair

<table>
<thead>
<tr>
<th>Intervention Strategies</th>
<th>Biomedical treatment, drugs, psychotherapy, ECT, diminished capacity,</th>
<th>Self-expression, capturing wholeness, growing, evolving, expressing, connecting, sharing, rewriting (intentionally) the narratives of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Objectives</td>
<td>Symptom abatement or eradication, restoration to health, resumption of customary activities</td>
<td>'Treatment' is an option not a necessity</td>
</tr>
</tbody>
</table>
Unitary Appreciative Inquiry I

UAI is a rigorous method, a theory generating, and practice-enhancing tool resembling qualitative research methods and approaches.

UAI is concerned with the study of phenomena, the appearance of things, and the experiences of human beings.

The researcher asks co-researchers to share their experiences, perceptions, and expressions, from their unique vantage point and without the need to justify themselves, their thoughts, beliefs, actions, or decisions.

The goal of the inquiry is the full and collaborative appreciation of the co-researchers' experiences, their perceptions, and expressions about the phenomenon of concern.

The task of the researcher is the healing appreciation of the co-researcher, not just capturing their experience and the meaning it has for them.
Unitary Appreciative Inquiry II

Where qualitative researchers try to "bracket" their preconceptions to see phenomena as they are without imposing hypotheses or personal experiences into their studies, UAI approaches this differently, developing a stance to the mutual process that accepts and validates the co-researcher in an empathic and appreciative manner, empathizing with, seeing through the eyes of, and gaining a deeper understanding of the co-researcher’s wholeness, and with the healing intention of assisting the co-researcher toward greater integration.

The UAI researcher dwells in preconceptions and assumptions favorable to the co-researcher, which foster rapport and promote a sense of mutuality.

Ontologically, UAI assumes the co-researcher is whole, but also assumes that the co-researcher may appear to him/herself as ‘not-whole’. As practice, UAI assists co-researchers in the healing appreciation of their wholeness, facilitating growth and transformation.
Some Guiding Principles of a Unitary View of Professional Caregiver Despair

PCD is a rhythm, a flowing into and out of experiences of despair, hope, joy, and pessimism.
PCD is not likely to be observable, a dance occurring for the caregiver but not necessarily comprehended from without, we must engage with the experiencer.

Natural setting for dialogue is not the worksite.
PCD may never be ‘resolved’, emerging, shifting, changing, reforming coherence from time to time as different patterns form with an ever-changing environment.
Professional Caregiver Despair – A Unitary Inquiry

A proposed inquiry into the personal experiences, intuitions, reflections of professional caregivers experiencing professional caregiver despair.

A collaborative, theorogenic, research, and healing journey for researcher and co-researchers

An opportunity to reveal yet another facet of the consequences of the healthcare financing experiments of the last 30 years, adding substance, humanity, faces and feeling to the soulless explications that dominate the landscape.
Why is a Unitary Profile Important

Wholeness and healing take place only when sufficient time and energy are devoted to free expression and exploration.

Contemporary assessments of professional caregivers’ experiences are too frequently subjected to diagnosis and premature and poorly designed intervention, or staffing problems to ‘fix’.

The profile of nurses in despair may be appropriate to other disciplines and other settings, addressing fundamental features of modern life and the mismatch between expectations and capacities.
During and After Inquiry

Allowed the opportunity to freely consider and express the essence of their experiences, professional caregivers may develop new ideas and attitudes about themselves and their experiences. The researcher may gain important insights into the manner in which professional caregivers respond to environmental impediments to caring practice. New theories of and strategies for preparing and assisting professional caregivers in their roles may emerge. New strategies for healing individuals, groups and systems may emerge.
Some Guiding Principles of Healing

Synoptic Narrative Construction

Based on allegory – extended metaphors encompassing the past, present, and future

Collaborations, incorporating multiple methods of cognitive, affective, and aesthetic interpretation, representation, and futurizing

They represent a reaching forward, grounded in the past, present, and alternative possible futures

Researchers are guides, reference points, healers, and inquirers, walking along with co-researchers

Contradiction, dissimilarity, and incoherence are embraced as birthing the future
A Hypothetical Unitary Appreciative Profile