Effect of Practitioner Self-Care and Anxiety on Relationships within the Context of Organizational Change

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ABSTRACT
This paper reviews the literature and suggests a causal model of the relationships between practitioner anxiety and effective caring practitioner – patient and practitioner – practitioner relationships within the context of organizational change through introduction of an electronic healthcare record. In the authors’ model, self-care is introduced as a mediating variable using a conceptual framework of Relationship-centered Care. Engaging in frequent and regular self-care interventions has been shown to be related to practitioner – patient caring ability and caring efficacy. According to a published model of Relationship-centered Care, it is anticipated that self-care will mediate the effect of practitioner anxiety on the ability to engage in effective therapeutic relationships with patients and other practitioners. Through this lens and within the context of organizational changes such as implementation of the electronic health record, a conceptual model for research is proposed, research hypotheses are stated, and methodology for a future stream of research is discussed.

Keywords: Anxiety, Electronic Health Record, Health Information Technology, Healthcare System Implementation, Organizational Change, Organizational Culture, Patient Relationships, Practitioner Relationships, Relationship-Centered Care

INTRODUCTION
Healthcare in the United States (U.S.) is in the midst of an information explosion. New technologies are introduced to the healthcare system almost daily that bring more information to clinicians and patients. Technologies in healthcare are primarily aimed at improving quality as well as streamlining and sharing of health information. One of the technologies, the electronic healthcare record (EHR) is aimed at sharing information through interconnected health information technology (HIT) systems. It is well known that while new technology may improve healthcare practice, it is often a cause for increased anxiety (Kossman & Scheidenhelm, 2008; Zuzelo, Gettis, Hansell, & Thomas, 2008). What is not known and, in fact, is vitally important in healthcare is what...
effect increased anxiety has on the ability of practitioners to engage in effective therapeutic relationships with both patients and other practitioners and whether specific interventions mediate partially or fully the effect of anxiety on those relationships.

Relationships between individuals and their healthcare practitioners are of vital importance. They provide the means for exchange of communication, sharing of feelings, emotions, and concerns, and are at the core of human needs (Manning-Walsh, Wagenfeld-Heintz, Asmus, et al., 2004). It is within the connectedness of relationships that meaning and purpose in life are derived. Healthcare practitioners often find satisfaction and gratification from relationships that they establish with patients (Lampe & Snyder, 2008). Effective relationships among practitioners in healthcare are essential to attend fully to the multiple factors that affect healthcare delivery and quality outcomes such as exchanging information, allocating resources, arriving at a correct diagnosis, choosing treatments and interventions, and evaluating outcomes of care (Beach & Inui, 2006).

Over the past five decades, there exists an expansive body of literature that defines caring as an ontological perspective of being (Watson & Smith, 2002). Caring is a manifestation of being in the world and interacting with others rather than a set of tasks and skills that require knowledge, ongoing exploration, and learning (Watson, 2008). There has long been a focus on the primacy of relationships within caring nursing practice. Caring is more than a behavioral, technical or mechanistic approach to delivering healthcare. Rather, caring focuses attention on a holistic approach which includes the mind, body, and spirit of the self and the other in a relationship (Manning-Walsh et al., 2004). While caring is an essential human attribute and a way of being for practitioners, it remains an elusive construct to measure. Relationship-centered Care (RCC) moves caring one step beyond the mere human attribute and emphasizes the importance of relating and interacting among individuals as essential to, and for, therapeutic healing activities regardless of healthcare setting or discipline. Healing is defined as the seeking of wholeness and balance along physical, mental, social and spiritual domains (Dossey & Keegan, 2009). Clinical practitioners build relationships amongst patients and themselves, using their knowledge and methods to invoke healing. Healing is strengthened when caring relationships between practitioners and patients are encouraged, developed, and nurtured.

The focus on caring versus illness and cure has a long history. Nursing has chronicled caring in relationships with patients, families, and with other healthcare practitioners asserting that caring has a positive and productive role in healing (Johnson, 2012). However, it has only been in the recent decade and a half that caring has become a core concept in other healthcare disciplines. For more than a century a different model, the biomedical model, was the predominant paradigm that defined healthcare delivery and education (Tresolini & Shugars, 1994). This model has narrowly focused on illness and curing. During the 1980s, there was a shift in the U.S. political structure that resulted in an even greater de-emphasis of caring and relationship building because of an increased emphasis on economic and business aspects of healthcare. Changes in healthcare financing at the national level placed undue attention on the “bottom line” at the expense of caring and relationship building in healthcare delivery. However this shift, even in the current environment, is resisted by practicing clinicians because relationships are deemed central to care and necessary for promoting health.

Recognizing a need to address the interdependence of psychological, social, and biological factors that contribute to both health and illness, and to identify issues vital to education of healthcare practitioners from multiple disciplines, a taskforce was formed by the Fetzer Institute and the Pew Health Professions Commission. The taskforce of distinguished groups of researchers, educators and practitioners explored new possibilities and concepts necessary to shift healthcare practice to a new paradigm (Tresolini & The Pew-Fetzer Task Force, 1994). The goal of this collabora-
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