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## Making connections: Good for PAs, and for patients

In some ways the importance of connectedness in our lives is quite simple; upon further scrutiny, however, understanding the influence of our connections on the quality of our lives can be quite profound. If you believe that connections are key to what counts in life, then you can look at your own experiences, both as a person and as a health care provider, and see the profound difference that connections can make, not only to your own health and well-being but also to the quality of your patients' lives and the care you give them. Connecting needs to be a top priority because both health and happiness depend on it.

Consider, for a moment, the connections that you have and how they add meaning to your experiences. If you take the time to jot them down, you will probably be surprised at how many connections you list: your family (spouse or significant other, children, siblings, other more distant relatives), your friends (near and far), colleagues at work, your church and other civic organizations, groups related to your hobbies and special interests, the arts, your pet(s), and people in your community (mailman, pharmacist, car mechanic). Your connections may include your local political party and elected officials; you may even feel connected in a special way to President Barack Obama!

Edward Hallowell, MD, psychiatrist and lecturer at Harvard Medical School, Boston, Massachusetts, makes this point clear in his book *Connect: Connectedness is what sustains us—emotionally, psychologically, and physically.*<sup>1</sup> It reinforces the feeling that we are part of something that matters, something larger than ourselves that gives life its meaning, direction, and purpose.<sup>1</sup> He describes the importance of the *human moment* as the basis for the bridges we build to one another. Two or more people together paying attention to one another create the human moment.

**What does research tell us** about the relationship between connectedness and health? Australian researchers at the Centre for Ageing Studies followed approximately 1,500 older people for 10 years. The researchers found that those who had a large network of friends outlived those with only a few friends by 22%!<sup>2</sup> Other research has shown that strong social ties can promote brain health as we age<sup>3</sup> and has also been linked to a prognostic marker for ovarian cancer<sup>4</sup> and longevity in women with breast cancer.<sup>5</sup> A study funded by the National Cancer Institute found that the type and degree of connection between patients and their health care providers actually determined whether or not they received guideline-recommended care.<sup>6</sup>

**When it comes to communicating**, we live in a technologically robust—some might say chaotic—society that requires an astonishing reliance on devices like BlackBerrys, texting, and social networking sites like Facebook. Communicating in this way distances us from each other more often than it brings us closer, resulting in innumerable lost opportunities in which we could receive emotional nourishment and increase our sense of belonging. Hallowell observes that what is missing in the lives of most people is not electronic communication ... but human connection, the feeling that we are an important part of something that makes a difference.<sup>1</sup>

Exploring our own connectedness is more than idle navel-gazing. It is a process that we can use to evaluate the quantity and, more important, the quality of our connections, perhaps learning that we do not have enough or the type of connections to meet our physical and emotional needs. We can then use our own discoveries and insights to talk to patients about the benefits of connections and help them identify their own. Of course, how frequently and to what degree we explore this aspect of our patients' lives depends on the practice setting. Fortunately, the kind of positive connections we really need is available in all of our lives and, therefore, relatively easy to enumerate and examine.

You may see this editorial as a “soft” topic and not really important for you to read. After all, it doesn't provide Category I CME credit. Hopefully, we have not become that jaded and are open to an honest appraisal of our own lives and committed to providing a method to help patients to do the same. I encourage you to review some of the categories mentioned earlier and start your own list of connections. You will be one step closer to integrating your experience into a benefit to your care for patients, which I hope you agree is what it's all about. **JAAPA**

### REFERENCES

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