

CULTIVATING HEALING RELATIONSHIPS

| Sita Ananth, MHA |

When CEO Laurie Eberst, RN, was charged with opening the new Mercy Gilbert Medical Center in Arizona in 2006, she decided it was important to build an organization—before the doors opened—that would support the philosophy of providing “radical, loving care”¹ that focuses on caring for the caregivers, who in turn provide high-quality, compassionate care to their patients. To create this healing culture and build these healing relationships, she began to hire nurses and staff who believed in this philosophy. But this would not be an easy task. The hospital would be sharing 80% of its physicians with its sister facility, Chandler Regional Medical Center. The challenge she faced was to bring them on board with this philosophy that she was creating in this organization.

She accomplished this through a process of physician engagement that included ongoing satisfaction surveys, conducting monthly physician roundtables and a “physician of the month” award, training nurses and ancillary staff in “managing up,” and keeping open lines of communication between all. When physicians feel part of the team, she says, they are less likely to engage in disruptive behaviors. Today, Mercy Gilbert’s physician, nurse, and employee satisfaction rates are at their highest—they were named one of the “Best Places to Work in the Valley” as compiled by the *Phoenix Business Journal*, and more recently Baptist Healing Trust of Tennessee rated Mercy Gilbert Hospital the No. 1 Healing Hospital™ in the nation, and Eberst was named Healing Hospital™ CEO of the Year. As more patients request Mercy Gilbert as their hospital of choice, physicians, Eberst says, are recognizing the value of the healing culture they have created for patients and staff.

When we, at the Samuelli Institute, define healing relationships, we mean an environment that supports social integration and the therapeutic alliance to assist the healing process. Empathy, compassion, social support, and communication form

the basis of this healing relationship. In the context of hospital-based patient care, let us consider three primary types of relationships—provider-patient relationships, interprofessional relationships, and family involvement.

Take, for example, a recent American Association of Retired Persons study that showed that 77% of those surveyed did not tell their physicians about their use of complementary and alternative medicine. Of those, 12% of patients did not do so for fear that their physician would be dismissive. Both of these troubling figures demonstrate that lack of trust and lack of an open line of communication between physician and patient could have potentially dangerous consequences.²

On the other hand, it is well recognized that physicians’ relationships with their patients can, in fact, have healing effects, but the skills in this area of medical practice are generally understudied and are consigned to the unscientific and mystified “art of medicine.” In a study designed to identify a core set of healing skills in both allopathic and complementary medicine practitioners, eight skills emerged as pivotal³:

- do the little things
- take time
- be open and listen
- find something to like, to love
- remove barriers
- let the patient explain
- share authority
- be committed

Mastery of these skills, the authors found, would provide enduring improvements in patient care and reaffirm medicine’s calling as a healing profession.

So, what purpose do healing relationships serve in the world of modern medicine? First, data from the above study suggests that healing relationships with clinicians improve the quality of patients’ lives by instilling hope and trust. Second, evidence shows that the clinician-patient

relationships can be correlated with decreased morbidity, decreased mortality, increased treatment adherence, improved health status, and better clinical outcomes, such as for diabetes. Third, healing relationships seem to work in both directions. Clinicians who had been in practice, some in very difficult environments, for many years still greatly enjoyed their work. Their experience stands in sharp contrast to the low morale and high burn-out among primary care physicians documented in recent literature.³

At Kaiser Permanente in California, one of the largest healthcare organizations in the nation, Terry Stein, MD, has been training physicians in the “Four Habits Model” developed almost 20 years ago—invest in the beginning, elicit the patient’s perspective, demonstrate empathy, and invest in the end.⁴ Kaiser is committed to personalized care, Stein says, and the organization’s leadership has recognized that a positive physician-patient relationship is crucial to both their members’ and physicians’ satisfaction. In fact, since the training program began, member satisfaction scores have been steadily going up, while clinicians appreciate having the opportunity to build their communication skills as they deal with the complexity and constant changes they face in their practice. Additionally, she says, this program has helped reduce Kaiser’s medical legal risk by improving physician-patient communication, the breakdown of which, experts say, is the root cause of almost 75% of all malpractice lawsuits.⁵

In the past, clinicians have often been advised by hospital lawyers not to admit responsibility or apologize to their patients. More recently, however, several hospitals including the Lexington (Kentucky) Veterans Administration, John’s Hopkins, and Children’s Hospital and Clinics in Minneapolis, instituted programs of disclosure and apology that have resulted in dramatic reductions in their legal expenses. At the Lexington VA, for example, the average claim paid out was

\$16,000 compared to the \$98,000 VA national average.⁵

The relationships amongst professionals on the caregiving team are also crucial, not only to the care and safety of the patient but to the professionals' performance and job satisfaction. In 2002, VHA Inc (a national network of community-owned hospitals and health systems) conducted a nurse-physician relationship survey of 1,200 nurses, physicians, and executives to elicit their views on nurse-physician relationships. The survey asked about disruptive physician behavior, the institutional response, and how this behavior affected nurse satisfaction, morale, and retention. Both physicians and nurses agreed that disruptive physician behavior influences nurses' and other staff members' attitudes toward patient care; it also inhibits teamwork, affecting the efficiency, accuracy, safety, and outcomes of care.⁶ In fact, a study of 14 "magnet-designated" hospitals revealed that healthy relationships between nurses and physicians (collegiality and collaboration) produced an improvement in the quality of patient care outcomes.⁷

The role of family involvement can be a valuable resource for caregivers and patients. In fact, The Institute for Family Centered Care is dedicated to assisting hospitals in building more patient and family-centered approaches to care. The

core concepts they promulgate are dignity and respect for patient and family perspectives, values, and cultural background; sharing complete, unbiased, timely, and accurate information with patients and families in ways that are affirming and useful; participation in decision making at the level they choose, and collaboration with patients and families in policy and program development, implementation, healthcare facility design; and delivery of care.

Cincinnati Children's Hospital Medical Center is one such hospital that is leading the way in excellence in family-centered care. Uma Kotagal, MD, director of Health Policy and Clinical Effectiveness, says that the easiest way to make transformational change happen is to have families part of the process, because having families included in this process gives energy and urgency for improvement; having patients and families on teams helps focus on the key priorities; and having families involved means that you don't spend time on things that are unimportant.

Clearly, fostering productive multidisciplinary relationships in healthcare can be complex and fraught with challenges, but it is abundantly evident that investing time, energy, and training in improving them can result in improved outcomes for patients and a happier, healthier workforce.

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