

Therapeutic Relationships

Treating the Family

Nancy Dole, RN, MSN

Goal

Describe how therapeutic relationships enhance care and improved health outcomes for our patients

Objectives:

- Describe methods for creating a caring therapeutic relationship with the infant and their family.



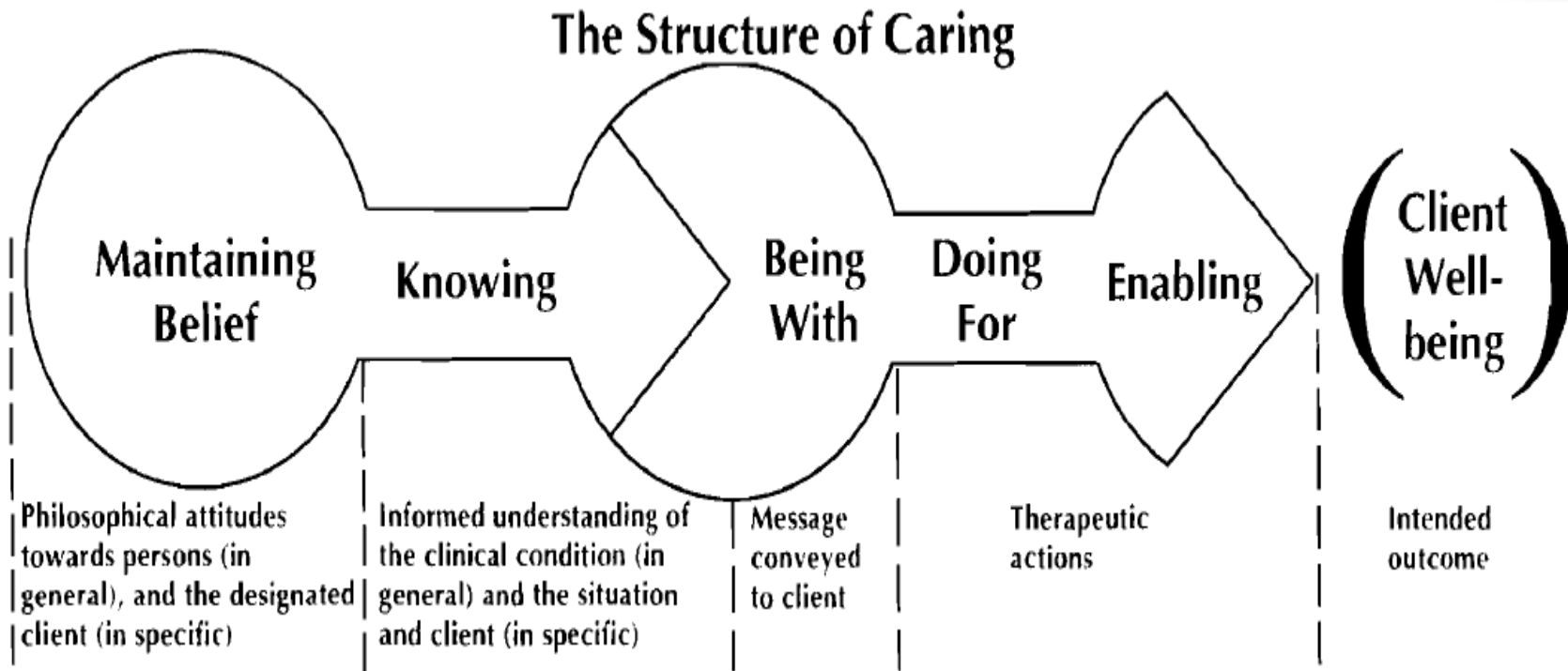
- Capacity
 - Do you have what it takes?
- Commitment
 - Are we committed to relate in a caring manner?
- Conditions
 - Does our environment support our ability to care?
- Actions
 - Are our actions based upon caring principles of knowing, being with, doing for, enabling and maintaining belief in patients?
- Consequences
 - Are we receiving the expected outcomes we aspire to?



Swanson's Caring Processes

Midrange Nursing Theory

- Actions:



Swanson's Caring Processes

Nature of the Therapeutic Relationship



*You see me
You listen to me
You give me your undivided attention*

- ❖ Connecting with another person- no matter who they are- to facilitate healing
- ❖ Expecting nothing in return
- ❖ Is like no other relationship
- ❖ Being proficient in building relationships with people is just as important to healing as being technically proficient
- ❖ Remember that every family has a 'back story' that we may not be aware of

Nature of the Therapeutic Relationship

- ❖ **Patient & family satisfaction**
- ❖ **Feeling genuinely cared for**

- ❖ Patient outcomes supported by research
 - ❖ Enhanced patient & family satisfaction
 - ❖ Informed, shared decision-making
 - ❖ Increased adherence to treatment plan
 - ❖ Improved health outcomes
 - ❖ Reduced malpractice claims



Nature of the Therapeutic Relationship

- Presence through Attunement- when a connection is made because each person experiences the other as 'being present'
- Wondering- curiosity, openness, acceptance and suspending you own agenda
- Following- paying attention to cues and going where the other person takes you
- Holding-affirming what the other has taught us with an intense focus on them

Presence Through Attunement

- A connection is made because the person (patient or family member) experiences the other as 'being present'
 - Are you giving that person your undivided attention?



- Mindful Practice
 - Patients/families may be attuning to us whether we are attuning to them or not
 - Misattunement (ie. Trying to multi-task or moving on to the next task) may create a feeling of

abandonment or fear

Ways to practice Attunement

Address the patient/family by name

Make eye contact

Sit at their eye level

Ask the patient/family "Is there anything I can do for you?"

Keep the patient or family informed about what is going on

Consider using touch

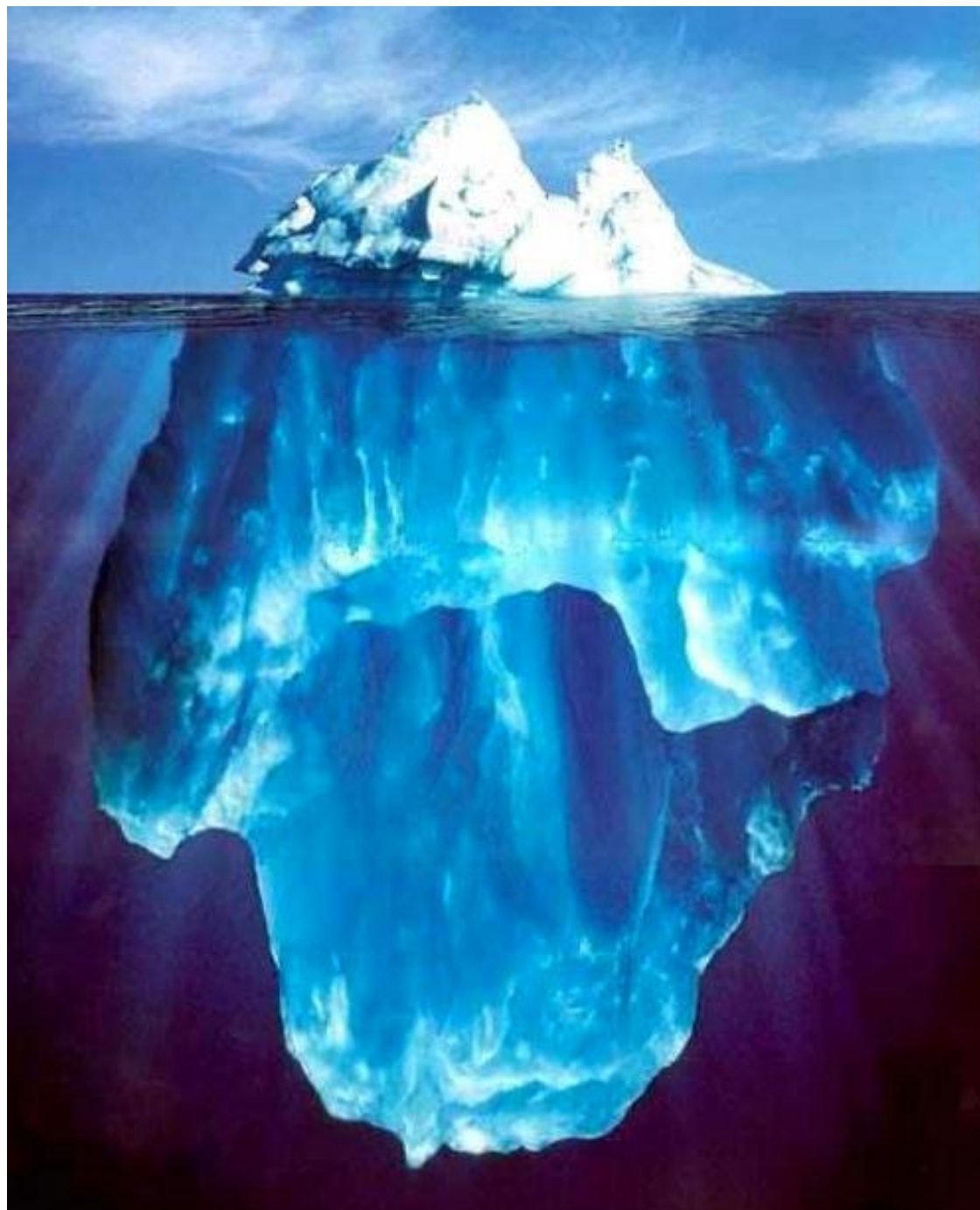
Do not appear hurried or disinterested

Wondering



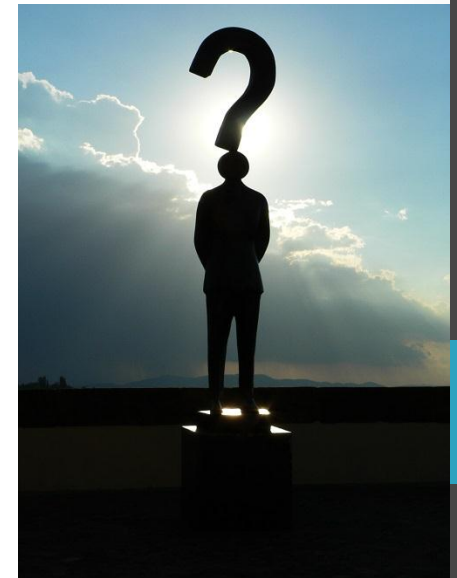
- Wonder about the patient, not just the illness or injury that has brought the patient to the hospital – remember it is often unexpected
- What else is going on in their life? What is the ‘back story’?
- Attune to the patient’s family or support system
- Wondering allows us to discover what we don’t know

*Always wonder, never
assume*



Language for Wondering

- Open-ended questions:
 - What is on the front of your mind today?
 - I noticed ____; does this seem accurate to you?
 - Would you explain this to me?
 - What happened when...?
 - How do you feel about...?
 - Etc



Following



Intentional acts devoted to being led and taught by the patient and their family

- Showing respect and acknowledgement for each statement made by the patient or family member
- Paying careful attention to *our* body language, voice tone, and behaviors
- *Guided by the other person's perspective and not our own*
- Using empathetic sound, open-ended questions, touch or silence

Following

- Obstacles: (be careful of these)
 - Fixing
 - Advising
 - Educating
 - Excessive responding
 - Storytelling
 - Distancing/shutting down
 - Explaining/correcting

Holding



- Conscious decision to:
 - Remember what you've learned about the patient
 - Transfer important information about what is going on to the rest of the team
 - Being steady and nonjudgmental in emotional times

- When we forget to hold:
 - Labeling
 - Being dropped

Language for Holding

- Fosters holding:
 - I'm sorry you had to wait, that's not okay
 - I'm here and I will....
 - Tell me more about...
 - We will help you, let's....
 - Together we will work with you .
- Diminishes holding:
 - I'm sorry **but** (insert any excuse)
 - I am very **busy**, we are **short-staffed**

Moving Beyond Obstacles

- Anger
 - Recognize anger as fear, pain , powerlessness or distress
 - Don't withdraw from anger – *Wonder*
 - Triggers:
 - High expectations
 - lack of attention
 - failure to recognize the uniqueness of the individual
 - being dropped!
 - Times of high vulnerability:
 - admission
 - discharge
 - new diagnosis
 - procedure
 - surgery
 - pain



Managing Anger

- Remember that the sources of anger are fear, vulnerability, and suffering
- Wondering: helps you focus on the person and see anger as a symptom, rather than becoming defensive
- Follow by listening, acknowledging and gaining understanding

Why are these practices important?

- As we **wonder**, new information comes forward that would have been missed by making assumptions or following stereotypes.
- When we all **follow**, **individualized** care develops, which increases patient/family satisfaction.
- When we **hold**, both the patient and family members will feel safe, accountability is shared among team members, and there is overall satisfaction with the healthcare experience.

- Multilevel rounding
 - Leadership
 - Team rounds
- Words and ways that work
 - Meet & greet
 - Individualizing conversation
- Relationship/service components
 - Moments of caring
 - Meeting emotional needs
 - 5 minutes at the bedside
 - Touch



Care Delivery as Actions of Caring

- No passing zone
 - We are all in this together – call lights, needs of others' patients

- Partnering with support services
 - Words and ways for others to connect to the patient
 - Connecting on a personal level

- Blameless apologies
 - Seek understanding
 - Correction without 'throwing someone else under the bus'



Care Delivery as Actions of Caring

One Final Thought

- “People ask me sometimes whether I’d rather have a super-competent caregiver or a kind and caring one. In truth, I always choose competence, but I’m also always irritated by the question. It makes no sense to me that this is a choice that a patient should ever be forced to make. Technical competence isn’t optional; neither is kindness or genuine caring.”
- Marcus Engel, patient and author:
- “The Other End of the Stethoscope” and “I’m Here”

Teamwork

Support one another

Commitment to the common purpose

Praise the ability of all members of the healthcare team

Open, honest communication built on trust and mutual respect



It takes the efforts of EVERYONE working together to provide the best experience for our patients and their families!



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