

See Me as a Person: *Integrating Therapeutic Practices to Achieve Excellence in Care*

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In 2012, Pennsylvania Hospital (PAH) was a long way from Magnet® designation. Despite a high caliber of nurses throughout the organization, RN satisfaction was achieving national benchmarks in only 4

of 11 domains. Patient satisfaction related to RN communication was below the 10th percentile. Four years later, this same hospital celebrated receiving Magnet designation with 3 exemplars. How did they do it?

Just after PAH had committed to its journey to Magnet designation, it became clear to chief nursing officer Mary Del Guidice that although many of PAH's structures and processes were in place, there was something essential missing. The nurses at Pennsylvania Hospital were as proficient and committed as any nurses she'd ever seen, but their outcomes were not reflecting their abilities. Mary also realized early in her tenure that although Relationship-Based Care (RBC) was named in PAH's Magnet Professional Practice Model, RBC was not being consistently actualized in the culture. Mary and her leadership team determined that the nurses needed a way to operationalize more loving, connected relationships with themselves, with their colleagues, and with the patients and families in their care. Their objective was to advance a relationship-based culture by bringing compassion forward for all members of the team—as well as having a more relational approach to patient care.

Mary Del Guidice knew that every important health care outcome is experienced through people working together. It is *people* who ensure safety, provide quality clinical services, create a great patient experience, provide caring and healing environments, and manage financial value. Even the technical aspects of health care occur in the context of human relationships, which means that all the technical tasks of modern health care work better when relationships are healthy. Too often the goal of improving safety, quality, and the patient experience rests solely on changing structures and processes, but it is through the alignment of structures, processes, and relationships that all health care outcomes are improved.

At the ANCC National Magnet Conference® later that same year, Mary Del Guidice met Mary Koloroutis of Creative Health Care Management, and the coauthor with Michael Trout of *See Me as a Person: Creating Therapeutic Relationships With Patients and Families*.¹ Mary Del Guidice was drawn by the title of the book, and she and Mary Koloroutis connected over their shared belief that everyone in health care truly wants to do what is best for patients and families and for each other. They hadn't talked long before Mary realized that Koloroutis and Trout had written a "how to" for creating and nurturing of therapeutic relationships. She wondered whether an initiative designed to improve relational competence might support the team's ability to render care in the way they desire to and in the way patients deserve.

After numerous follow-up conversations, it was decided that Mary Koloroutis would visit Pennsylvania Hospital.

Before we continue with the story of how the See Me as a Person work helped strengthen and improve practice at PAH, here is a description of the 4 therapeutic practices.

THE 4 THERAPEUTIC PRACTICES: ATTUNING, WONDERING, FOLLOWING, AND HOLDING

The purpose of the therapeutic relationship is to facilitate the capacity for patients and their loved ones to cope with their circumstances and to take ownership for their own health and healing. None of this is possible without establishing a therapeutic connection with the patient. There are 4 mindful practices that bring therapeutic connection to life.

Attuning

Attuning is the foundational practice; without it, the other practices are not possible. As you can see from Figure 1, presence and attunement create the container within which the other practices occur.

Attuning is the practice of intentionally connecting with people exactly where they are. When we are attuned, we look with interest, and we notice things about the person's state of being.

Wondering

Wondering is a practice of discovery grounded in curiosity and genuine interest in the other. Wondering is essential because learning about the person is fundamental to the provision of safe, quality care.

Following

Following is the practice of listening to, validating, respecting, and acting on what we learn from patients and their families. Following requires noting what is being said and noticing, and perhaps inquiring about, what is unsaid.

Holding

Holding means creating a safe haven for healing in which people feel accepted and held with dignity and respect. We hold when we provide safe, high quality clinical care. We hold when we remember the things people tell us and act on them. We hold when we remain a nonjudging presence in the face of strong emotion or when we listen with compassion and without defense or retort.

Deconstructing these interactions and giving definition to the individual practices that form them take the mystery out of how human connection is created and nurtured. Through the study of these 4 practices, authentic connection can be learned, reflected upon, practiced, and mastered.¹

The rest of this article describes how comprehensive integration of the therapeutic practices provides a path to relational excellence that directly improves therapeutic relationships with patients and their loved ones, and indirectly optimizes all other initiatives by improving the relational competence of all members in the organization.

INTEGRATING THE 4 THERAPEUTIC PRACTICES

Mary Del Guidice was optimistic about the power of the See Me as a Person work to provide the missing piece in her organization. However, she knew that no single educational offering would have a sustainable impact unless it became embedded into the culture of the organization. Because every important health care outcome is experienced through people working together, every health care outcome can be improved if the people involved have a higher level of relational competence. If she could embed the 4 therapeutic practices into the culture, it was possible that every measure could be improved.

In order to embed the practices of attuning, wondering, following, and holding into the culture at Pennsylvania Hospital, the team set about weaving the practices into the

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