This model is a way of understanding how effective relationships and effective communication form the foundation of a caring and healthy environment. The model focuses on empowering nurses to provide the highest level of care by keeping the patient and the family as the central focus of all activities and interventions.

**THEORETICAL MODEL**

The Relationship-Based Care Model

**METHODS**

- This research is a descriptive study.
- Concepts of relationship-building are examined through the lens of The Relationship-Based Care Model.
- Relationships developed as a part of clinical care and health policy work are described, and these relationships are compared.

**RELATIONSHIP-BUILDING AND COMMUNICATION FOUNDATIONS IN CLINICAL HEALTH CARE**

- The first step as a leader is to "begin where you are" (Koloroutis, 2004, p. 63).
- The professional behaviors of nurses are determined by critical thinking and innovation (Koloroutis, 2004).
- Philosophies required to create healthy, interdependent, and collegial relationships between members of the care team include interdependence, collegial relationships, respect for nursing, patient's plan leading change, partnering, and direct communication (Koloroutis 2004).
- Nurses learn skills in written, verbal, and nonverbal communication including effective communication techniques as a part of their nursing education.

**RESULTS**

- The analysis shows that relationship-building skills that nurses are taught for clinical care are transferable to the health policy arena.
- Communication techniques that are called therapeutic communication techniques such as active listening, using silence, and restating what is understand can be used in face-to-face and telephone interactions with officials.
- In written communication, nurses have excellent documentation skills that can be used in policy analysis as well as when writing emails and letters to officials.
- Nurses also have had education about nonverbal cues in communication which are needed when building strong relationships with stakeholders and officials.
- Nurses are accustomed to being leaders in a team as well as being effective team members; therefore, they are positioned well to be coalition leaders or leaders. For health care advocacy to improve, policy makers need the insight of nurses who are often the first to see clearly when and how the health care system is not effectively meeting patient needs (Abowd, 2007).

**CONCLUSIONS**

- Nurses are experts in building relationships.
- The Relationship-Based Care Model can be used as the lens to examine how the skills that nurses are taught and used every day in the clinical area can be transferred to work in health policy.
- Nurses are taught many of the relationship-building and communication skills that are necessary for effective interactions in the health policy arena.
- The skills that nurses have developed through being a part of a healthcare team make them well-positioned to be effective coalition leaders.
- Nurses have the potential to use skills they have developed for their patients can also be used in health policy work to advocate safe and effective patient care.

**REFERENCES**


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FUTURE RESEARCH CONSIDERATIONS

Evaluating the effectiveness of education about communication strategies needs further evaluation.

Evaluating the effectiveness of health policy courses in health care training programs needs further consideration.

Consideration of how to have students engage in real-world policy discussions and how to have students give input into writing policy drafts that will be used by coalitions or policymakers is paramount in moving nurses into the health policy arena.