

The Relationship-Based Care Model Applied to Building Relationships in Clinical Care and Health Policy

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PURPOSE

The purpose of this research is to examine the correlation between the relationships that nurses build in clinical care and demonstrate that nurses can also use similar relationship-building skills and communication skills in the health policy arena.

ABSTRACT

Nurses are experts in communication and relationship-building. They approach situations with logic and use evidence to find innovative solutions to problems. Nurses are experts in building relationships with stakeholders including patients, other members of the health care team, community members and regulators. The foundation of involvement in the important work of health policy are strong relationship-building skills and strong communication skills. Sometimes nurses are apprehensive about engaging in the work of health policy. Reasons for not engaging in policy work are varied including feeling that they do not have the skills needed to engage in policy discussions, draft potential policy statements, and take the lead in policy changes. One of the main barriers to engaging in the work of health policy is that nurses sometimes feel they do not know how to initially engage in the work. This research seeks to demonstrate that the skills that nurses are taught and gain through practice experience form the basis for engaging in the work of health policy and are transferrable to the health policy arena.

THEORETICAL MODEL

The Relationship-Based Care Model



<http://www1.ucirvinehealth.org/magnetnursing/clienthtml/69/supplemental/EP33/EP33-uci.htm>

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.

CRUCIAL RELATIONSHIPS IN TO CULTIVATE IN CLINICAL CARE AND HEALTH POLICY

According to the Relationship-Based Care Mode, the three types of Crucial relationships include:

- the care providers' relationship with patients and families,
- the care providers' relationships with self, and
- the care providers' relationship with colleagues (Koloroutis, 2004).

According to Cairney and Kwiatkowski (2017), relationships in the policy arena include:

- Stakeholders' identifying key policymakers
- Stakeholders' recognizing that communication will occur with individuals and groups
- Stakeholders' being able to form relationships and communicate in a landscape that is not rational.

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 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, team functioning, 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.

RELATIONSHIP-BUILDING AND COMMUNICATION FOUNDATIONS IN POLICY WORK

- It is important to understand your audience, and craft appropriate responses appropriately.
- Identifying "windows of opportunity" for communication is a point to consider when establishing communication.
- Engage with "real world" policymaking rather than waiting for "rational" and orderly process to appear.
- Understand that policymaking is "not populated by a small number of elite, 'rational' actors making policy in a series of linear stages" (Cairney & Kwiatkowski, 2017, pp. 4-6).

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 members
- For health care delivery 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 use 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.
- Nursing education has an opportunity to help each nurse find his or her policy voice by demonstrating how the relationship-building skills used with their patients can also be used in health policy work to advocate safe and effective patient care.

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 (Martin, Hum, & Whitehead, 2013). 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.

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