

CLEARING THE WAY FOR INTER-RESPONSIVE CONNECTION **BETWEEN NURSES AND PHYSICIANS**

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For decades we've counted on nurses to look through a lens of *compassionate caring*, we've counted on physicians to look through a lens of *diagnosing and prescribing*, and we've counted on hospital administrators to look through a lens of *maximizing return on investment*. We each have our primary focus, and most of the time we tend to look through our most familiar lens, to the exclusion of the others.

So now, given our widely disparate viewpoints, how do we all come together to create a vision that truly reflects who we are as human beings?

We're all aware that health care is in chaos. Throughout the health care system the pain is pervasive. From insurance companies to HMOs, from health care practitioners to patients and their families, from policy makers to health care administrators, everyone is affected and often deeply frustrated. From nurse or physician to hospital CEO or member of the board of trustees, each person can relate to this discomfort and pain. It's an overworked, overburdened system.

But even in organizations in which there is widespread agreement that change is needed—and even in organizations where a new care model has already been chosen—there's always additional work to be done in order to get everyone in the organization to really be part of the new vision.

In the transformational work I do with groups and individuals, my focus is always on doing what I call the "Who Am I?" work. I've seen overwhelming evidence over the years that the best, most satisfying action an individual can take is the action which he or she discovers is most in alignment with who he or she is as a human being. In short, an individual's passionate purpose can only be an outgrowth of who that person really is.

Surely this same principle applies to groups, but how do you do the "Who Am I?" work with groups? After all, a group is not a "self."

Or is it?

In the work I do with physicians and nurses in building a sense of shared vision, I focus on individuals coming together to create what I call a "group-self." There is a way for individuals who tend to look through widely disparate lenses to become a truly unified caring collective, sharing purpose, sharing passion, and working toward developing a stunningly efficient caring and healing environment for patients and their families.

Creative Health Care Management has been bringing Relationship-Based Care (RBC) to organizations for more than 30 years, always with a strong focus on creating a new standard of relationship-building as the new caring model is rolled out. An effort has always been made to include physicians, but RBC is historically a nursing model, so if anyone fell through the cracks, it was often the physician staff. Besides, physicians, who so often feel as though they are largely alone in their work, are usually the most resistant people in health care to putting time and energy into becoming part of a collective of any kind. This means that physicians are the most resistant to carving out the time and energy to build relationships.

With some effort, this situation is changing now. In my recent work with physicians and nurses in organizations adopting RBC as their new caring model, I've seen physicians and nurses make tremendous strides in coming together to form caring collectives that make possible the highest level of team functioning—what I call **inter-responsive connection**.

There are two basic steps that must be taken in order to create the possibility of inter-responsive connection within a team or group:

- 1) Participants must commit to seeing themselves and each other as human beings rather than as objectified representations of position or title.
- 2) Participants must demonstrate their commitment to each other by taking the time and energy to meet regularly in a structured setting with others who do not share their position or title, in order to build human-to-human relationships with them.

Moving Toward Inter-Responsive Connection

Inter-responsive connection within groups is not so much built as it is discovered; it is a natural outgrowth of mature groups and teams that have done the work of building safety and trust over time. Groups that consist of both physicians and nurses—ideally groups of about 12 participants each, comprising equal numbers of doctors and nurses—should meet every two to three weeks for a period of six months or more in

order to create some relationship-building momentum. A movement toward inter-responsive connection between physicians and nurses—and really among all medical professionals—appears to be a logical culmination of the evolution of highly effective group functioning and true collaboration.

But in order for this new connection to flourish, we each need to let go of the notion that our point of view is the only valid one. Physicians in particular must take responsibility for realizing that their point of view is not the prevailing one for the entire group, as well as for acknowledging equal power in other caregivers within the group. In turn, nurses and other caregivers owe it to the group to find the courage to bring their full selves to this journey toward inter-responsive connection. Without their courageous contribution to the group, inter-responsive connection is not possible.

In all the work of this kind that I've done, it's always striking to me how completely separate nurses and physicians see themselves as being. It's not uncommon for them to hold so tightly to their archetypal notions of each other that they never venture into seeing each other as human beings at all. From this perspective, nurses often feel disrespected by physicians, and physicians often feel as though they must do everything for themselves. However, the more time they spend together actually getting to know each other as human beings in groups, the less they fall victim to this completely unhelpful and time-consuming perception of separation and justification of their resistance to each other.

The old way of life, in which a physician's opinion automatically trumps a nurse's, is no longer serving us and is contributing to the chaos. If we are unwilling or unable to let go of our old territorial ways of being, the joy and passion of our work is greatly diminished. A new group culture in which every voice is valued equally invites the people who are a part of the hierarchical structure of a hospital or system to subordinate the "I" for the good of the "we" by seeing every member of the group as a human being without the preconceived expectations of position or title. This culture change will also require those among us who may see themselves as powerless to step into the full power of their humanity for the good of the "we."

In my work with cancer patients, I invite them, through the "Who Am I?" work, to shed their masks and armour and find out more about who they are. The more they understand themselves, the less they will need those protections and the more responsive they will become. The same concept applies to us as health care providers. We can shed our masks and reveal our true human natures. We have the ability to understand each other and, as a result, to understand ourselves more fully. We ask our patients to do this with us every time they come into our offices or our hospitals. Why is it so hard for us to do the same?

Building relationships with each other creates the very foundation of effective group work within health care environments, making possible its primary aim: to create a caring and healing environment not only for our patients but also for ourselves. To create a culture of inter-responsive connection in a caring and healing environment, we must develop an infrastructure of safety and trust within ourselves as individuals as well as within the groups in which we function. This takes time and energy and an unwavering commitment to building relationships that dissolve the barriers we've built around our antiquated ideas about positions, titles, and hierarchies within our organizations.

You will know you have arrived at a level of inter-responsive connection when you experience a group meeting that seems to flow with energy and ideas that contribute to a synergistic process of managing dilemmas seamlessly while creating new strategies for growth and development. In these moments, individuals are bringing their fully human selves to the group and fostering a deeper authenticity within the "group-self" at the same time. Everyone comes to the encounter viewing each other as human beings, each with a heart at peace, wasting no energy on petty competitions, justifications, or resistant ways of being that only serve to drain the energy from all of us.

No change happens in isolation; relationships are always affected. If you do the work of building relationships, even the most troubled staff can move from the chaos of resistance to the calmness of responsiveness. Only from this calmness can caregivers bring their most fully human selves to the delivery of caring and compassionate health care.

With the development of this new inter-responsive culture, we can also bring a more responsive, less resistant "group-self" to the experience of the different programs available through Creative Health Care Management. We as an inter-responsively connected group-self can then experience Leading an Empowered Organization, Re-Igniting the Spirit of Caring, and Leadership at the Point of Care together. The outcome of this time together in human-to-human relationship within these programs is a synergistic group process that allows us to develop a new delivery system for health care for the team, unit, and department as well as the organization itself, ensuring that the entire whole of the group is involved in this process.

Through these same processes, we work with physicians to transform their often resistant behavior into a new level of responsiveness, changing dysfunctional behavior to effective collaboration. After all, our aim in building relationship is to transition from a resistant way of being to a responsive way of being. Through this journey to group-self maturity, a commitment to Relationship-Based Care, and open-hearted participation

in programs that allow us to transform experientially, we can develop the truly caring and healing environment that we all need and want for ourselves, our colleagues, and our patients and their families.

Gary L. Saltus, DO, FACOS - Gary brings more than 20 years of experience as a cardiac surgeon and now specializes in working with groups to experience transformational transitioning of change. He has worked with operating room teams, physicians, cardiac patients, cancer patients, and organizations to transition change. He has also done both radio and television shows dealing with transitioning change. Dr. Saltus is currently working with Creative Health Care Management to do Physician/Nurse, Nurse/Physician Collaboration using Relationship-Based Care. Visit Creative Health Care Management at www.chcm.com.