

Relationship-Based Nursing

Marie Manthey

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Nursing historically has focused on therapeutic relationships with patients and their families as a core value, but that aspect of care is increasingly difficult to maintain in the modern-day hospital system.

Instead, the technical aspects of patient care often seem to be pushed as the dominant concern in an industry concerned with the projected and real nursing shortage. Nurses are pressured to be more task oriented as technological advances continue to make once formidable medical conditions treatable and the acuity level of patients in hospitals continues to increase.

As a result of those pressures, a core benefit to patient care has become endangered, says Marie Manthey, MS (h) Ph.D., founder and president emeritus of Creative Health Care Management, www.chcm.com, a consulting firm that helps hospitals develop nurses as clinical leaders. A former nurse, she also is a presenter at the VHA Leadership Conference. Her topic, “Strengthening our Core: Relationship Based Nursing Practice.”

“Nursing isn’t about doing tasks. ... Nurses go into nursing, not to become technicians, but to have a meaningful career interacting with other human beings in a way that is helpful. In the absence of a nurse-patient relationship, tasks are just tasks. They aren’t nursing,” Manthey says.

According to Manthey, nurses must know three things in order to develop and maintain a relationship-based practice:

- Knowledge of themselves and the ability to manage their life in a healthy way.
- Good communication skills, which are key to managing relationships with others.
- The ability to function constructively within a high stress, high-pressure health care team, while also providing competent care to patients in a highly technical arena.

Since no educational programs have the ability to turn out nurses adept in all of those skills, hospitals have to function as learning organizations in the ongoing preparation of their staff. To do otherwise would result in increased medical errors, rising costs, and loss of market share due to a tarnished patient-care reputation.

In recognition of that, hospitals across the nation are making relationship-based nursing an educational initiative as a way of helping staff nurses reconnect their practices with their true values.

Many have implemented the concept on a hospital-wide basis to reduce inter-departmental tensions and interdisciplinary stresses while also encouraging stronger collaboration among clinicians.

“We are seeing a great increase in collaboration between physicians and nurses, as a result of the emphasis on relationships. This has been a very positive change in hospital dynamics in recent years. Reliance on each other and the knowledge within various specialties within the health care team has become much more pragmatically necessary,” Manthey says.

Two key market forces are driving hospital interest in relationship-based care, says Lillee Smith Gelinis RN, MSN, Vice President and Chief Nursing Officer, VHA Inc.

The nursing shortage and multi-tasking, a concept introduced to nursing in the 1990s, created what Gelinis describes as the task-oriented, or FRED, model of care – Frantically Running Every Day. Overlooked were the proven benefits of coordinated, consistent therapeutic relationships with patients and families:

- More satisfied patients, employees, and physicians.
- Support for core measures.
- Improved patient safety.
- Decreased length of stay.
- Decreased nursing turnover.

“We have seen great results in our organizations from this concept,” Gelinis says.

Carol Romano, Assistant Surgeon General, Chief Nurse Officer, U.S. Public Health Service, says the concept of relationship-based nursing is as old as nursing itself.

“Nursing has always been a discipline that focuses on forming therapeutic relationships with patients and clients. A valued aspect is the focus on interpersonal relationships, not only with patients and clients, but also with other health care disciplines and families and communities and other stakeholders. Nursing is never practiced in a vacuum.”