

Hope as a Practical Instrument of Change: Exploring this
Unexpected Outcome of the Relationship-Based Care Symposium

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There were at least 400 different expectations leading up to this year's Symposium on Relationship-Based Care (RBC): a unique wish each of us brought to an event that was centered around "building communities to transform care." While many of us probably shared similar expectations of what we wanted to take away from our three-and-a-half-day experience, I'm not sure that we would have predicted that hope would be one of those gifts. Yet, hope was most certainly a very real outcome of this summer's gathering in upstate New York.

Hope is the marrying of the present with the future. It is our vision and desire to transform our current situation into a new state that will fulfill our view of what is right, optimal, and essential in order for something to function effectively. Hope fuels change. It is the energy and passion behind our efforts to transform our lives in general and, in the case of RBC, our workplace. And, hope is intensely practical.

If we see that physician-nurse relationships need to be more synergistic in order to improve patient care (and our quality of life at work), then we add our vision and hope to the tools and processes necessary to achieve this goal. If we believe that allied health professionals and those executives occupying the "C Suite" need to get on board and participate in RBC in order to transform the culture of caring at our hospitals, it is the added ingredient of hope that

fuels our actions and sustains our vision as we tackle and overcome the many challenges and obstacles that accompany our journey.

As we go about our daily work, it is hope that energizes and directs our actions. How does the quality of our interactions with our colleagues, our team, and our patients and their families change when we are hope-filled instead of burdened by despair? When we have hope, there's a spring in our step, a determination to go the extra mile and to communicate more clearly and with more heart. When we carry a hopeful attitude into our daily lives, we give the benefit of the doubt to a colleague or situation rather than assume the worst of motives. Coming away from the RBC Symposium with a sense of hope has pragmatic, real-world ROI implications for us and for our organizations.

What were the building blocks of hope at the Symposium? As I look back on the structure of the program – the keynote speakers, the intensives, and the best-practices poster extravaganza as well as the sinews of music, art, conversation, and forums for information exchange that held the event together, the hope-building process is evident. Here's what I found:

Peter Block's engaging exploration of *Community: The Structure of Belonging* exposed us to the idea that relatedness is a fundamental element of our society – a basic requirement for safety in our communities, and a significantly influential force in health care outcomes and in the quality of education. Relatedness is at the heart of raising our children and building friendships, and is at the core of a strong economy and a successful business.

Peter asked us to form triads to experience first-hand the power of idea-sharing. He challenged us to consider the simple act of conversation as a powerful agent for change and encouraged us to return to our workplaces and create the time and structure for conversations that matter – conversations of possibilities for this hospital, this floor, and the care of this patient. The connections we built by simply asking, listening and trusting planted seeds of hope and created a firm foundation for the events to follow.

Real-world success stories from Faxton–St. Luke’s Healthcare, New York–Presbyterian Hospital, Tripler Army Medical Center and Geneva/Finger Lakes Long–Term Care showed us that RBC was not simply a nice thing to do, but that it generated solid, pragmatic and life-altering results. We were inspired as we learned how an organization is transformed when RBC is fueled from the executive suite—and how care at the bedside and a culture of caring can be influenced by one person, one department, one floor at a time, no matter what title the change-maker holds, as long as he or she can sustain the vision, persistence, and passion to make it happen.

These presenters challenged us to hold on to the positive and focus on our strengths. They asked us to look beyond the silos—our department, our managers—and yes, focus on the patients and their families. We saw the power of an organization asking itself: “What are we passionate about as an organization?” We understood the transformative energy we can generate when we ask ourselves, “What can I be the best at today?”

Sharing their experiences, these organizations fed us with ideas and hope that we, too, could make this happen where we work – that our vision for creating such a healing environment was not only possible but made complete sense. For those of us who held a vision that RBC was the method we preferred for creating caring cultures, these stories filled us with a sense of belonging – a sense that we weren't alone – and recharged our commitment to succeed in pushing forward this evidence-based approach in our workplaces. For those of us who were new to RBC and considering the possibilities, our eyes were opened. The quote that has stayed with me came from Keith Fenstermacher of Faxton-St. Lukes, "The soul is back in our hospital. The investment is immeasurable."

Mae Jemison's presentation on Measuring what Matters reassured us that the intuitive and the analytical, the art and the science of health care do not have to be at odds with each other. Her assertion that, "Just because you can or cannot measure something doesn't necessarily mean it's worthwhile, valuable, pertinent or important" resonated with us. Many were attracted to RBC because we intuitively knew that starting our interactions with patients by sitting at the bedside, introducing ourselves, and listening was the healing thing to do, even if we weren't being measured and rewarded for that behavior. Merely being in the company of and in agreement with someone as accomplished as Mae Jemison, boosted our confidence that we were on the right path.

Intensives on topics such as Nurse-Physician Partnerships, The Strength of Engaged Nurse Managers, Achieving a Culture of Accountability, The Cost of Chaos, Cultures of Excellence, Service Support, and others by panels of professionals who have lived through the challenges

of implementing RBC and came to tell their stories were impressive in their scope and impact. No matter which intensives we attended, individually and collectively they sent the message that each of us can be agents for change in our organizations. If we had any doubt about the impact one person can have or about the value of persistence and creativity, that uncertainty dissipated as we heard our peers' success stories.

Steven Covey introduced us to *The Speed of Trust* in which he demonstrated first-hand, amplified through story-telling, that when trust is present in a relationship—any relationship—interactions are easy and transactions are conducted more smoothly, more quickly, and more cost-effectively. Like Mae Jemison, Steven Covey asserted and demonstrated many times over that a seemingly “squishy” quality like trust can have a qualitative and quantitative impact. He wove together trust and RBC, confirming what many of us knew: that trust is the currency of RBC and has very real consequences for the healing process and for the way we conduct our work. It was uniquely affirming and reassuring to hear these concepts from someone so accomplished in the field of business. One could easily draw the conclusion that RBC, like trust, can be learned, implemented and valued as a process that produces both quantitative and qualitative results.

Hope sprang from the idea that trust is a legitimate, credible business tool that is a learnable skill and that can be quickly built in a relationship if one knows the right techniques to use. Covey's stories of Warren Buffet's reliance on trust in his business dealings were striking. If someone like Warren Buffet can use his fundamental belief in the power of trust to

consummate multi-million-dollar deals, why not use it in health care, where human connection is at the heart of all we do?

Moses Cone Medical Center and McKee Medical Center teamed up to tell us how they set goals for improving employee engagement and patient satisfaction, among other objectives, and how they attacked their fundamental challenges: how to start, where to begin, and how to sustain the RBC process to avoid a "flavor of the month" reaction from staff and leadership. We were enthralled as we learned about Moses Cone's "Rediscovering the Spirit of Leadership" program for upper management, the Bone Squad's innovations of passing out carnations and thank you cards to patients, greeting young patients and their families with "towel animals," and holding celebrations that reinforced "Caring is Contagious...Pass It On!"

McKee shared their story of building a culture of caring that has resulted in stellar patient and physician satisfaction scores and high marks in patient safety. They outlined their innovative ideas for a nursing sanctuary, returning staff to the "soul of nursing," and their huge efforts to include everyone in these programs: leaders, staff nurses, allied health care workers, long-term and new employees alike. All of these programs and initiatives are deeply rooted in a belief backed by action (and ROI-tracked) that once objectives are set, the programs established to meet those objectives must be sustained, in good economic times and bad. Many of us were filled with hope (and maybe a little envy) as we saw the distinct boost to implementing and sustaining RBC that happens when an organization enjoys the long-term, consistent support of key leadership.

Anne Rhoades, a consultant, coach, and inspirational speaker extraordinaire with years of experience working in human resources for a variety of customer-driven, service-based companies, regaled us with stories about the good, the bad and the real of being in a people and caring business. Heads were nodding as she talked about the importance of hiring "A" players and letting the "C" players go. We could relate to the fundamental advice, "If caring is one of your values, show your employees you care," and "Values aren't just letters on the wall. The organization must live these values." How refreshing and hope-filled we left that session, laughing as we considered the adage, "When you think you're hot, you're not!" Anyone remember the story about Anne leaving the stage after making a presentation to a huge audience not realizing she still had pink foam curlers in her hair? What a relief that we don't have to be perfect!

Rachel Naomi Remen and Kristen Swanson swept us off our feet with a sublime blend of awe-inspiring stories and an explanation of the scientific evidence showing the real impact on healing when an organization is mindful, when leadership approaches its duties with the humility of being of service, and when caregivers believe in a patient's capacity to come through the experience he or she is facing. We were left breathless and buoyant as we contemplated the question, "What if I'm exactly what is needed at this time?"

Marcus Engel, the voice of the patient, who, as a teenage passenger in a car was almost killed by a drunk driver, showed us how humor and humanity survive the worst of tragedies. We heard from this remarkable man how the work we do saves and changes lives forever. We were reminded of the importance of complimenting our colleagues in front of patients as a

way of instilling confidence and aiding the healing process; that as caregivers, sometimes our patients have no place to put their anger except on us; and that everybody has a back story and deserves a little piece of grace. All of us were graced by Marcus, whose own story filled up whatever space remained in us, with even more hope in the remarkable resilience of human beings and the sacred role we play in supporting and nurturing the resilient spirit in us all.

As if that weren't enough, the intervals before, during and after these formal events were punctuated by the inspirational voice and songs of Barbara McAfee. From the easily identifiable voices in our heads brought to awareness in her song "Brain Rats" ("I need more money than that," "I'll never learn it all," "My mother says she loves me but I know she lies!") to a full-out chanting of "YES!", Barbara had us on our feet singing, forming community with music, and filled with a sense of belonging and joy.

The Poster Extravaganza, where more than 60 posters showing real-life examples of implementing RBC, transforming care and realizing goals were the connective tissue that held us together when no formal programming was in process. Where else to learn than from one another? Stories told in informal gatherings at breakfast, lunch and dinners. Friendships made. Connections reaffirmed. We cared for ourselves at the end of long days with yoga, music, and meditation led by Kim Richards of NurseFit.

In this era of faceless electronic communications, we sometimes forget that something extraordinarily magical happens when there is a gathering of like minds. Hope builds when a

vision is shared and we realize we are not alone. We take back to our workplace the first-hand experiences of others, and the knowing that there are other courageous souls committed to changing our profession, improving healing, inspiring others, connecting, relating, and sharing their experience, strength and hope with all of us. The Symposium was just a beginning . . . Let the work continue in us all.

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