RELATIONSHIP CENTERED ADMINISTRATION: PARTNERSHIP PROCESS FOR CLINICAL AND ORGANIZATIONAL WORK
AN ANNOTATED BIBLIOGRAPHY

Relationship Centered Care


The original presentation of the term “Relationship-centered care,” which was intended to convey “the importance of interaction among people as the foundation of any therapeutic or healing activity.” Available from the Pew Health Professions Commission at the Center for the Health Professions, University fo California, San Francisco, 1388 Sutter St, Suite 805, San Francisco, CA 94109.


Reviews the history and context of the Pew-Fetzer Task Force’s report that first introduced the term “relationship-centered care” and proposes four fundamental principles. Note: this paper is included in a special supplement to J Gen Intern Med devoted entirely to RCC.


A literature review on relationship-centered care describing how the concept has evolved since its introduction in 1994. The most salient developments these authors identify are a more engaged and capable role for patients and increased attention to interdisciplinary collaboration.


Includes an introductory section on theoretical perspectives partnership, followed by sections on partnership in patient-clinician relationships, healthcare teams, partnership between community organizations and educational partnerships.

Compares two value sets, one based on control and the other on relations, with regard to clinicians’ goals, the patterns of social relationships, approaches to gathering and using knowledge, and clinicians’ sources of existential security.


Recent literature review on interdisciplinary collaboration.


Describes innovative and exemplary work at the level of health-system community partnership, offering principles and three case studies.


A multimedia self-directed learning resource to help develop the communication and partnership skills needed for working with patients, family members and colleagues on the healthcare team.


The first book of this pair is an entirely evidence-based textbook on communication and relationship skills. It represents one of the most comprehensive reviews of the research literature in this domain. The second book is on educational methods related to communication and relationship skills.

Relationship Centered Administration


Beginning with a case study of outstanding clinical collaboration in a family medicine practice, the article explores key dimensions of collaboration and how the work environment can facilitate it.


Presents the theory of Relational Coordination; reviews extensive research using the relational coordination survey; and describes organizational structures and processes that support relational coordination.

The researchers studied a convenience sample of 45 administrative meetings in healthcare organizations to assess the frequency and types of relationship-centered behaviors. They found a number of parallels between the communication dynamics of administrative meetings and medical encounters.


Describes core principles and practices for establishing effective teamwork and relational work environments.


An excellent review of literature linking organizational culture to a variety of outcomes, including clinical outcomes, length-of-stay and employee morale. It also presents a five-component model of relationship-centered organizations.


Describes the core principles and theoretical foundations of Relationship-centered Administration and provides 8 illustrative case studies with commentaries, and 3 appendices on specific techniques.

Suchman AL. The influence of healthcare organizations on well-being. Western J Med 2001;174:43-47. Healthcare organizations influence the well-being of individuals who work with or within them by patterning their perceptions, thoughts, feelings, expectations and behaviors. Organizational tendencies toward depersonalization, control and pathology-oriented perception adversely effect well-being, but can be modified by careful attention to language and behavior on the part of everyone in the organization, particularly leaders.


This paper describes the key principles of relationship-centered care and their application in the administration of health care organizations.
Describes several methods that can be used at meetings to foster responsiveness and diversity and to promote a relationship-centered work environment.


Describes a relationship-centered approach to consulting and management in healthcare organizations. The values and methodology of this approach mirror those of relationship-centered care, thus creating an opportunity for the organization’s leaders and staff to learn about relationship-centered process directly through their own experience.

The effect of relationships on...

...Clinical outcomes


The most recent Cochrane review of Patient-Centered Care analyzing 43 randomized trials. “Interventions to promote patient-centred care within clinical consultations are effective across studies in transferring patient-centred skills to providers. However the effects on patient satisfaction, health behaviour and health status are mixed. There is some indication that complex interventions directed at providers and patients that include condition-specific educational materials have beneficial effects on health behaviour and health status…”


A review of this team’s classic studies showing the positive effect of active patient participation on measurable clinical outcomes including reductions in blood pressure, cholesterol and glycohemoglobin.


A detailed review of primary research demonstrating that patients are more likely to undertake and maintain health-promoting behaviors in a treatment climate that they perceive to be autonomy supportive (as compared to controlling) and caring.

A high degree of “relational coordination” (frequent, timely communication; problem solving; shared goals; shared knowledge and mutual respect among healthcare providers) was associated with improved patient experience of care and reduced length of stay in hip and knee replacement surgery.


Patients’ functional status 6 months after surgery was positively associated with a collaborative team culture. Care was more efficient, as well.


This monograph reviews the rationale for and current practices regarding the teaching of behavioral and social sciences in medical schools. It includes a literature review on the effect of communication and relationship skills on clinical outcomes.


Patients’ commitment to the relationship with their physician was positively associated with adherence and healthy eating behaviors. Also describes the development of a scale measure relationship commitment.


Programs using in-person communication achieved a significant reduction in readmissions and readmission days when compared with routine care patients and programs using telephonic communication. Also, programs using single heart failure experts were less effective in reducing hospital readmissions compared with multidisciplinary teams.


Hospitals in high-performing and low-performing groups differed substantially in the domains of organizational values and goals, senior management involvement, broad staff presence and expertise in AMI care, communication and coordination among groups, and problem solving and learning.

This landmark study of 5000 patients cared for in 13 intensive care units found that the quality of the working relationship between physicians and nurses was the most important determinant of patient mortality rates.


Risk adjusted mortality was lower at hospitals with collaborative work environments as compared with matched controls.


This landmark report from the Institute of Medicine identifies poor systems of coordination, communication and decision support as the major source of errors in healthcare.


This survey of 2095 hospital-based healthcare professionals showed that intimidation is a common experience and impedes communication to a point that jeopardizes patient safety. This was not just a matter of “a few bad apples,” not limited to physicians and not primarily a gender issue.


An interdisciplinary care team model that included a structure communication protocol reduced mortality on a cardiovascular surgery unit by 56%. Staff satisfaction was also higher.


A relational work climate mitigates the negative effect of high workload on quality of care as reported by patients.

...Patient satisfaction and retention

Higher quality of interprofessional communication and relationships in nursing homes were associated with higher levels of resident satisfaction with the quality of their living environment and higher job satisfaction for the staff.


Measures of relationship quality predicted voluntary disenrollment from primary care practices.

Schramm W. Unpublished marketing data from the Henry Ford Health System.

Demonstrates a strong relationship between patients' ratings of physician relationship behavior and their decisions to re-enroll in the HMO.

...Cost


The active participation of nurses in administrative decision-making contributed to a reduction in costs an improvement in clinical outcomes.


This survey-based study shows that participation in hospital decision-making by clinicians and mid-level managers is associated with improved financial performance.

...Workforce health and satisfaction


Describes the conceptualization and measurement of civility in the workplace and a successful initiative to improve civility at diverse clinical sites. Also describes internal VHA studies demonstrating a relationship between workplace civility and employee absenteeism and turnover, as well as patient satisfaction.

Employees’ perceptions of organizational respect were found to negatively influence burnout 16 months later. The effect of organizational respect on burnout was moderated by employees’ level of work autonomy.


An obscure but classic study from 1962, just reprinted recently, showing correlations between rates of illness and absence in student nurses and the quality of the interpersonal environment of the hospitals through which they were rotating.


This excellent review article addresses many contributing and ameliorating factors, with the latter including workplace relationships, mentoring and support groups.


Relationship with patients was the strongest predictor of physician satisfaction with office visits. This relationship has been consistent across many studies of satisfaction with specific visits, career satisfaction and life satisfaction.


Management approach and the work environment are powerful predictors of CNA satisfaction, loyalty, and commitment. The work environment also correlates with how families and state surveyors evaluate quality in a nursing facility.


The resilience of interprofessional orthopedic teams was positively associated with work practices that foster relationship and with the quality of communication and relationships among team members.

...Staff recruitment and retention


Several findings in this survey of how 3500 randomly sampled nurses experienced their work environments address issues of relationship. Overall job satisfaction was associated with the
quality of relationships with patients and with the opportunity to influence decisions about the workplace and patient care. The quality of relationship with supervisors and senior administrators was associated with work satisfaction and retention.


Two articles describing a large survey of nurses, physicians and executives that found a high prevalence of disruptive physician behavior and a strong link between that behavior and nurse satisfaction and retention. Various perspectives emerged from the study about responsibility, barriers and solutions.


An article about an impressive, inexpensive and very successful program to enhance nurse retention by creating a mentoring program for new nurses. It shows how simple and effective culture change can be.

...Malpractice


Depositions in most of the malpractice cases reviewed in this study revealed evidence of patients being seriously dissatisfied with the quality of their interactions with their physicians.


Communication patterns differed between primary care physicians who had versus had not been sued. No similar differences were found for surgeons.

...Capacity for change and innovation


State of the art approaches to changing the culture of healthcare organizations. Trust and partnership must be established before process redesign efforts can begin.

This study of interdisciplinary cardiac surgery teams learning new microinvasive techniques found that teams in which everyone’s voice was valued and respected were able to adopt the new technology faster and with fewer errors than less collaborative teams.


Self-determination theory describes three main factors that predicts internally motivated behavior change: a personal sense of competence, respect for the individual’s autonomy, and a context of supportive relationships. This theory has been validated by research in workplace, educational and medical settings.

Interpersonal and emotional neurobiology


Reviews the neural basis of emotion with particularly emphasis on activities of the amygdala and prefrontal cortex. Also describes the effect of experience on neural circuitry and affective style. Discusses potential favorable health implications of enhanced emotional modulation.


Synthesizes diverse scientific evidence to describe the influence of social factors on brain development. Describes “the essential experiential ingredients that may facilitate the development of the mind, emotional well-being and psychological resilience…”


Describes the dynamic tension between attachment and stimulation (as reflected in opioid and norepinephrine activity in the brain). Also presents striking results from agent-based computer modeling that demonstrates how this dynamic tension within individuals can account for the self-organization of common social patterns.


Presents experimental data supporting the concept of “mirror neurons” which discharge similarly when an action is undertaken and when it is observed. Mirror neurons are proposed to be a biological basis for intersubjectivity.
Organizational Change and Complexity

A fascinating (but dense) description of an important way of understanding organizations. It has a particularly excellent description of the dynamics of attention and expectations.

Plexus Institute: http://www.plexusinstitute.com/  
Many resources available from this organization which is interested in applications of complexity science to healthcare. Nearly all their work is based on older complexity models (eg: complex adaptive systems) which were developed in the natural sciences and then applied by way of analogy or metaphor to human interactions.

Stacey begins with an extensive review and critique of traditional management theory (which is based on linearity and control) and then introduces the theory of Complex Responsive Process, the first complexity theory developed specifically for describing human interactions. Destined to be a classic.

Presents further elaboration of the theory of Complex Responsive Process with a particular focus on “knowing.”

Another excellent introduction to Complex Responsive Process, told from the practical perspective of an organizational manager and leaders who is “in charge but not in control,” the paradox referred to in the title.

An article summarizing the theory of Complex Responsive Process, exploring its relevance to relationship-centered care and its new perspectives on mind, self, communication and organizations. It highlights the theory’s emphasis on moment-to-moment relational process, the value of difference and diversity, and the importance of authentic and responsive participation.

Describes the application of the theory of complex responsive processes and appreciative inquiry in a large scale organizational change initiative.

Suchman AL. Organizations as machines, organizations as conversations: Two core metaphors and their consequences. Medical Care 2011;49:S43-8.

Offers a critique of the traditional and widely-held view of organizations as machines, with its problematic emphasis on control. Proposes an alternative perspective that is grounded in the real-world dynamics of self-organizing human interaction and emphasizes mindfulness of relational process.

Organizational Change and Positive Psychology

http://appreciativeinquiry.cwru.edu
   A good place to start learning about Appreciative Inquiry. Provides some basic articles and lists many readings and resources.


“...two qualities of appreciative inquiry, a focus on changing how people think instead of what people do, and a focus on supporting self-organizing change processes that flow from new ideas rather than leading implementation of centrally or consensually agreed upon changes...” appear to be most associated with transformational change in organizations. [Quote taken from the authors’ abstract.]


   An article providing an overview of the history, philosophy and structure of appreciative inquiry.


   An approach to fostering change that identifies individuals with better outcomes than their peers (positive deviance) and enables communities to adopt the behaviors that give rise to the improved outcomes.


   Presents a practical and empirically-verified model of intrinsically-motivated behavior change that highlights 3 determinants: competence, autonomy support and a relational environment.

A detailed case study in the use of Appreciative Inquiry in strategic planning.


Describes use of AI in changing the informal curriculum (the organizational culture) of a large medical school.


Another recent and readable introduction to this methodology. Includes many case studies.

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