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Care prioritises relationships and connecting ‘as people’

PEOPLE FEEL KNOWN AND UNDERSTOOD AS INDIVIDUALS. THEY FEEL THEY KNOW THEIR HEALTHCARE PROFESSIONALS, AND FEEL A SENSE OF SAFETY AND TRUST WITH THEM.

Care prioritises relationships and connecting as people

> “The rehab assistant was different than everybody else... She treated everybody like people, she got to know people. She was charismatic and she had a great sense of humour, she knew everybody’s names. She wasn’t just there to do her job. She really went above and beyond. She just had the X factor, and she really cared.”
> *Family member, Pākehā*

Relationships with healthcare professionals can significantly impact a person’s experience of care.

When this aspect of care is working well healthcare professionals are empathetic and engaged, taking time to understand people and whānau by asking about their lives, interests, and what matters to them. Healthcare professionals use various communication methods including touch, tone, body language, and humour to convey empathy and connection. Conversations with healthcare professionals cover a wide range of topics, allowing them to gain a deeper understanding of the person and their whānau beyond the impacts of the stroke. Healthcare professionals also share of themselves, creating a personal connection rather than just a clinical one. Healthcare professionals create an environment where people feel comfortable reaching out anytime (including after discharge), by indicating they have time to answer questions, and providing people with a contact as they leave services. Positive interactions with healthcare professionals have a cumulative, uplifting effect on people with stroke, helping to build their self-belief.

Prioritising relationships

An example of a positive approach to prioritising relationships and connecting as people

Ellen struggled after returning home following her stroke. She faced various family and work-related pressures. In addition, she was struggling to come to terms with the impacts of the stroke.

"I lost a lot of weight when I came home because I didn't want to eat…I think I went into a depressed state… [I think it was] fear…Fear of not being able to cope, of being rejected by your friends and your family. And because I've always been a very independent person then I hated having to ask."

Ellen's occupational therapist, Maria, was very influential throughout this time.

"We had quite a bit in common. She was a twin too. We'd talk about our siblings, and it was good like that because she was very positive, and she never put me down. So, I would say [Maria] had a big impact in my recovery of that."

Not only was Maria a positive, supportive presence during Ellen's first year at home, but she was also very attuned to Ellen's needs and the family dynamics around her.

"I just liked [Maria] when she came because she came with a smile and, you know, just a smile's a big… and then I had my half sister and her daughter just arrived and started living here. And I found that very difficult and one day [Maria] was here and she asked me who they were. And so, I told her, and she said, 'you're not coping with this'. And I said, 'well no, I'm not'. So, she went and talked to them because they arrived down to the lounge when I was having my rehab and turned the TV on. And so she spoke to them and she just nicely told that, you know, for someone to recover they need 100 percent concentration. So yeah, I really liked her."

Ellen had a stressful job and felt pressured to return to work. Maria engaged with Ellen's employer and advocated strongly for her well-being. She instigated several strategies to help Ellen enjoy a supportive transition back to work.

"Before I went back to work…[Maria] had to assess me in my workstation and everything before she signed off that I was deemed fit to return to work…Because it was huge pressure on me to get back to work. I said I can't come until I've been assessed. [Maria] took me into work, and she assessed me for about two hours and then she did a report telling them how long I could work. And I only was allowed an hour a day…And then every two weeks she'd increase it half an hour. Yeah, it was slow progress but – well she was very good because otherwise work, because work is quite a highly pressured job and they don't really, I don't think they think about well-being. They might say they do… [She helped] in a big way because she pushed back on them."

Recommended actions

- Healthcare professionals get to know people by asking about their lives, interests and what matters to them.
- Healthcare professionals feel able to prioritise time building and sustaining relationships.
- Healthcare professionals share of themselves to help build a therapeutic connection.
- Healthcare professions are engaged and interested in the person, their life and their recovery.
- Conversations with healthcare professionals cover a range of topics, allowing them to gain a deeper understanding of the person and their whānau beyond the impacts of the stroke.
- Healthcare professionals provide flexible care in response to the person's particular strengths and needs.
- People feel comfortable reaching out to healthcare professionals anytime, and are given a point of contact to make this easier.

Prioritising relationships

"The therapist and I had quite a bit in common. She was a twin too. We'd talk about our sisters, and it was good like that because she was very positive, and she never put me down. Yeah so, I would say she had a big impact in my recovery of that depression."
Person with stroke, Pākehā

"The physio's strength became my strength."
Person with stroke, Pākehā

"There was just something about their relationship that I think helped him a lot. Like the specialist would acknowledge his capabilities and how it's a bit harder now, talked about his studies, yeah...she talked to him often quite personably, like personal conversation."
Family member, Māori

Prioritising relationships

What people described when they perceived a lack of attention to relationships and connecting 'as people'

- People feel 'invisible' when healthcare professionals are disengaged or focus on the stroke, rather than the whole person.
- The time pressures of the service mean healthcare professionals don't feel they have time to get to know people.
- Healthcare professionals don't try to find a point of connection with people and whānau, increasing the feeling of vulnerability and power imbalance for those with stroke.
- Healthcare professionals don't ask about nor create time for people to talk about what is important for them.
- The relationship with staff is focused on technical aspects of care, not wider relational needs or well-being.
- Rigid processes mean people feel unheard, having to 'fit in' with the system.
- People and whānau don't know who to talk to or how to get in contact with questions or issues.

> ""I notice they're just so quick to pump them full of drugs and get them out the door, but you know, they are not talking to them... you don't trust people and I've seen it...you don't trust people in the way they might treat you."
> *Family member, Māori*

> "I think the support's gotta be around the whānau and understanding what stroke is or understanding what brain surgery is and the effects afterwards, what could happen to the person. I never had any of that. I just got, you know, you get a leaflet and a pamphlet and a booklet and a what not to read and you can ask questions of the neurosurgeon but they're procedural sort of medical questions, they're not around the wairua, or the, how will a person be?"
> *Person with stroke, Māori*

Prioritising relationships

An example of where there were missed opportunities to attend to prioritise relationships and build connections

Thomas spent time in hospital after his stroke, and then accessed community rehabilitation. He recalls feeling nurtured and cared for by some staff, and somewhat ignored by others.

"I think some of the staff are good nurses…they seemed to care about you, they would have a joke or a laugh or a chat. Some of them are very good technicians. There's a difference… Some of the people…I got the feeling that they cared more about you than the monitoring equipment, which was great. Some of them would come in, do what they had to do, go… Some of the nurses were wonderful and some of them were good technicians. It wasn't that the care wasn't good, but it was a different sort of care. And you notice the difference when you're sitting in the bed."

Some staff were disengaged, which could create a sense of hopelessness. Thomas had good social support and felt that he coped well as his hospital stay progressed. However, he worried for others who might be feeling more vulnerable.

"There were a couple of staff that were barely just there for the pay check and didn't engage. And staff that don't engage when you have had something like this happen, that's just annoying. Even if they are not actually interested, if they say, 'how are you today? How was your physio?' then it is interaction, it just lifts you a bit. I was ok [but] I can see how a lot of people wouldn't be…I could see how, like I say, if someone got the slap on the head and was lying in bed, no income, no certainty about their future, not knowing whether they were going to have another one, I could see how service like that would really drag you down."

Thomas's wife Rosie spent a lot of time with him on the ward. As Thomas's discharge approached, Rosie became increasingly concerned about managing at home. She was offered a session with the psychologist. However, the interaction felt very scripted. Rosie felt the psychologist was asking her a standard list of questions rather than engaging in a genuine conversation. This made it difficult for Rosie to talk about the depth of her worries.

"When I met with the psychologist it was fine and she was very pleasant, but I feel like it was quite rudimentary. We had a chat, and I said all the right things and she made all the right responses and I got a tick and that was it."

Both Thomas and Rosie did not feel that hospital staff were willing to talk about different care options to support their family. Rather, hospital processes felt very inflexible, even when they were not meeting the couple's needs. Their experience in the community was different.

"The community social worker was really good at pointing you in the right direction and if you got a shut door, 'ring me back and I'll see if we can get an open door somewhere else'. And then she'd ring back, 'Oh hey, I was talking to such and such and they suggested blah, blah'. When we were in hospital with a shut door, you'd talk to them about trying to go round it – 'oh no, it's a shut door, forget about it'."

Thomas would love all staff to engage with patients as people.

"Remember you're dealing with a whole person, not just a stroke."

Reflecting on practice

These questions offer a focus for healthcare professionals and stroke teams to reflect on and discuss to clarify and strengthen practices that prioritising relationships and connecting as people

- What are the stated vision and values of your service? Do they recognise the importance of relationship-building and connecting as people?
- Are therapeutic relationships seen as a fundamental aspect of care in your service? Why or why not?
- What gets in the way of building reciprocal connections with people with stroke?
- How does the notion of 'professional boundaries' impact on how you view and enact therapeutic relationships? How might this concept limit the development of relationships that provide support and psychological safety for people?
- Are there differences between healthcare professionals in your service in how they understand the concept of therapeutic relationships and the role of therapeutic relationships in patient care and well-being? How might this impact on their interactions, and on the experiences of people with stroke and whānau?
- How are healthcare professionals supported to prioritise relationship building and whanaungatanga?
- Are professional development opportunities or mentoring available to build the relational skills of healthcare professionals? What support is needed?
- How do healthcare professionals capture the relational work they do in clinical documentation?
- Do you think people need a strong therapeutic relationship with every healthcare professional?
- Do any concerns come to mind when you see that this framework suggests people should prioritise therapeutic relationships?

Actions to enhance care

These are examples of actions suggested by people with lived experience of stroke and healthcare professionals in the research.

Systems level actions

- Integrate relationship-based care approaches throughout healthcare professional education at a tertiary level and as on-going professional development.
- Include relational competencies as core professional competencies.

Service level actions

- Ensure service performance indicators are flexible, allowing healthcare professionals to prioritise relationship building and responding to the needs of people with stroke and whānau.
- Explore how your service could recognise and encourage 'caring conversations' that healthcare professionals have with people and whānau - for example through caseload allocation, factoring psychosocial needs into staffing models, messaging and role modelling by senior staff.
- Consider 'easy' ways to help build connections. This might be staff photos and names on the wall of the ward, an information sheet about the staff which includes their name, a photo and 1-2 sentences about the person.
- Consider how the relational work of healthcare professionals is captured in documentation. Are there opportunities to encourage this?
- Support staff to develop their relational skills through professional development opportunities, mentoring and supervision.
- Provide staff with training opportunities in supported communication to ensure positive engagement with people with communication impairment.
- Provide people with a contact as they leave the service should they have any questions in the future.

Actions to enhance care

Healthcare professional actions
• Prioritise time for whanaungatanga with people with stroke and their whanau and friends. • Share something of yourself to create reciprocal relationships with people and whānau impacted by stroke. • Reflect on how you interact with people. How do you show that you are interested in the person and invested in their recovery? • Use a range of communication techniques when engaging with people to help them feel comfortable. These may include empathetic touch, tone, body language and humour. • Recognise that relationship-building is helped by small actions like saying hello and making eye contact, sitting down when you're talking to someone, threading a little bit of 'small talk' through interactions, and acknowledgeing common interests or other points of commonality. • Maintain an 'open-door policy' where possible to signal that people and whānau are welcome to reach out to you. • Seek out training or mentoring in supported communication techniques to help you feel confident engaging with people with communication impairment.

This quality framework has been developed from a four year study of well-being after stroke led by Associate Professor Felicity Bright. Research was completed by Felicity Bright, Claire Ibell-Roberts, and Bobbie-Jo Wilson.

This booklet summarises one of eight domains of high quality care to support well-being and is designed to help stroke services and healthcare professionals reflect on current practice and identify areas for future development.

Full details and further supporting material, can be found at cpcr.aut.ac.nz.

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Contact

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