

# *What do people do in the spaces between?*

*The value of redeeming relationship-centred  
practices throughout healthcare systems*

Dr Sarah Yardley

## Forgotten truth? #1

People are integral, not separate to systems, creating and replicating how systems function.

## Forgotten truth? #2

Part system efficiency isn't effective

# Workarounds and broken feedback loops

We worked  
it out  
together

“What a  
great idea”

“Of course, I  
followed the  
highway  
code”

“How do I  
drive around  
this?”

*"strong communities with good relational networks are healthier and safer and more economically effective. People, organisations and societies that are better at relationships are better at everything."*

<https://relationshipsproject.org/what-is-relationship-centred-practice/>



**life expectancy**

148 studies examining mortality rates across all age groups, genders and ethnicities show that strong connection increases the likelihood of surviving in any given year by more than 50% ([Holt-Lunstad et al, 2010](#))

**reoffending rates**

Studies have consistently found that prisoners who maintain close contact with their family members while incarcerated have better post-release outcomes and lower recidivism rates ([Friedmann, 2014](#))

**disaster survival**

The death rate following the 2011 Japan tsunami was up to ten times lower where social connection was strongest, and this was more significant than the height of the sea wall and the height of the wave ([Aldrich, 2023](#))

**hospital admissions**

In Frome, work on building social networks has led to a 14% reduction in hospital admissions, compared to a national increase of 28%, resulting in a 21% reduction in costs ([Abel et al, 2018](#))

**cancer recovery**

A longitudinal study of 2,835 women with breast cancer found that those with a network of good relationships were four times more likely to survive than those without ([Kroenke et al, 2006](#))

**waiting times**

Great Yarmouth Council has reduced waiting lists by 95% by moving away from a standardised model to one in which the council hold individual conversations ([The Guardian, 10th April 2018](#))

**medical compliance**

A review of 1,000 abstracts and 280 manuscripts found that when healthcare providers demonstrate compassion, medication adherence increases by 80% and healthcare spending reduces by 51% ([Trzeciak and Mazzarelli, 2019](#))

**burnout rates**

8/10 studies included in a systematic review found a negative association between burnout and empathy, indicating that empathy helps reduce burnout rates amongst healthcare professionals ([Wilkinson et al, 2017](#))

### What Does A “Good Death” Look Like in the Context of Inequities?

dying at the preferred place

relief from pain and psychological distress

emotional support from loved ones

autonomous treatment decision making

avoidance of futile life-prolonging interventions and of being a burden to others

right to assisted suicide or euthanasia

effective communication with professionals

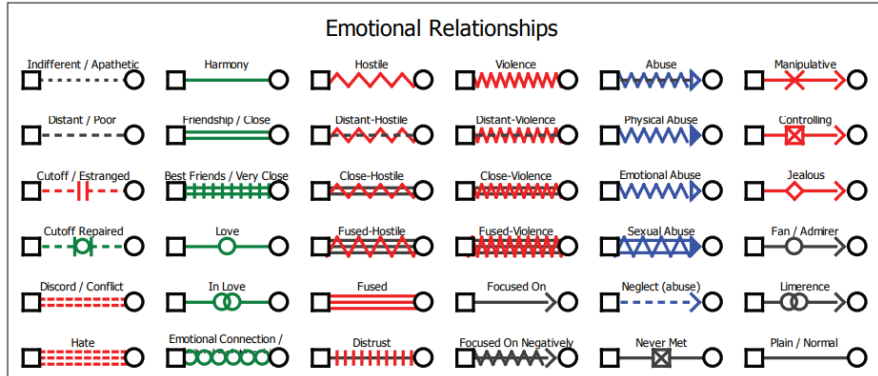
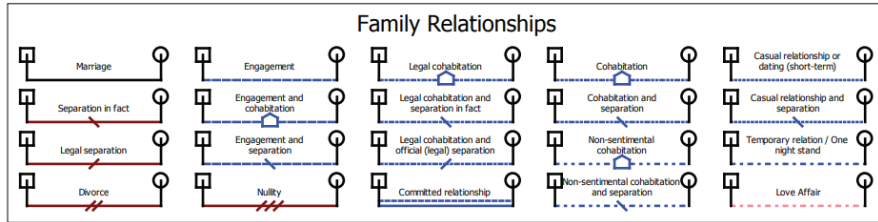
performance of rituals



Equity is not created through structural standardisation... we should aim for equality of access to relational working and care, so everyone has the same opportunities to get what they need

Kelli Stajduhar

# What are (our assumptions about) relationship?



**Normal**

# What is relationship?

- shared understanding among two or more people about how to spend meaningful time together
- when two or more entities
  - change one another
  - exchange information

“relationality is the capacity of a given environment of information exchange to create relationship”

# What are relationship-centred practices?

“Our systems are ...hard to navigate for people who are very good at navigating things ...people who are very resourceful find them hard. It’s genuinely confusing.”

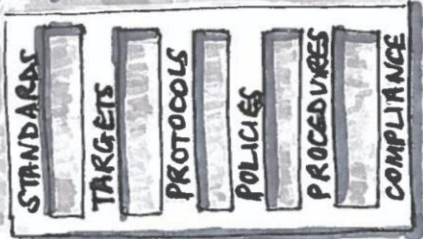
“The safety is in the coherent relationship ...coherent, mutual understanding”



# Ask one more question (why?)

You and I have to work within the parameters of our roles, but we can do it in a way that recognises each other as people and that this system is far from perfect.

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# RESPONSIBLE PRACTICE

# ACCOUNTABILITY



Maintain transparency to enable shared discovery

## DOING WHAT'S EXPECTED

## DOING WHAT MATTERS



Healthcare systems should provide not just what is 'safe' but also what is 'good'.

# Why stories matter

“No philosophy, no analysis, no aphorism, be it ever so profound, can compare in intensity and richness of meaning with a properly narrated story”

Hannah Arendt, Men in Dark times, 1968



‘Stories work with people, for people, and always stories work on people, affecting what people are able to see as real, as possible, and as worth doing or best avoided...

Stories have the capacity to deal with human troubles, but also the capacity to make trouble for humans...

Stories inform people’s sense of what counts as good and bad, of how to act and how not to act’

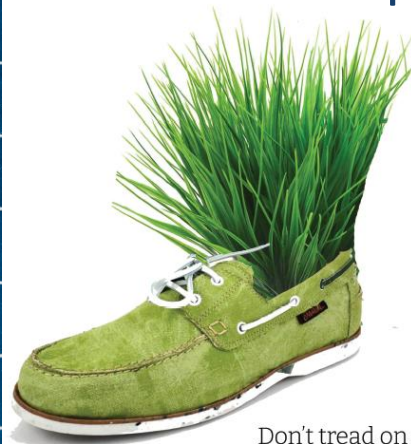
# Data Stories

(from a 'good' system)

What do you notice?

Not about creating a wilderness but discovery demands taking positive risks to regain what has been unhelpfully lost through imposition and endless pursuit of control

# Rewilding healthCare



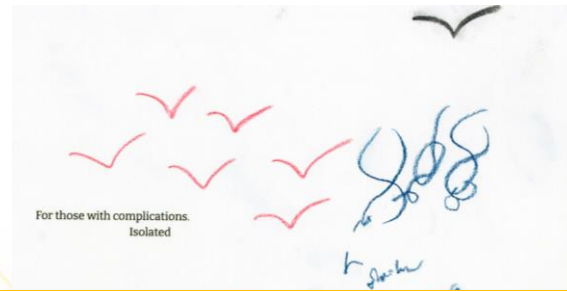
Don't tread on me I'm trying to grow



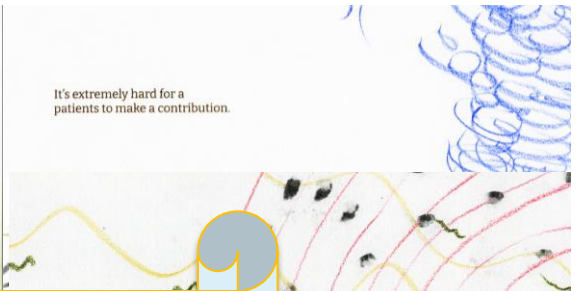


Support?

Meetings are a lever for people pulling their hair out



For those with complications. Isolated



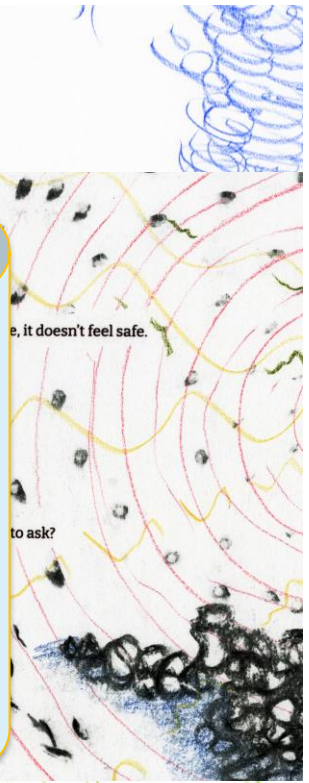
It's extremely hard for a patients to make a contribution.



We just have to try

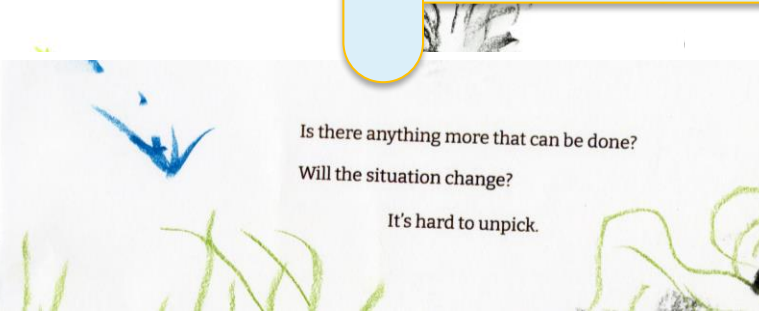
though we don't trust it will work.

*“If you want to build a ship, don't herd people together to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea.”* Antoine de Saint-Exupery



e, it doesn't feel safe.

to ask?



Is there anything more that can be done?

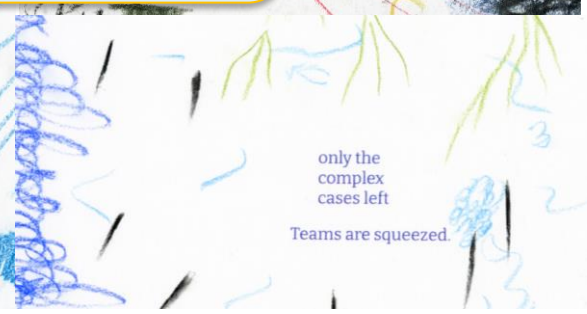
Will the situation change?

It's hard to unpick.



I'm good at not letting on

Keep the story straight. Awkward



only the complex cases left

Teams are squeezed.



## Seven stormy 'C's

- Construction of care
- Coherence (consistency, continuity, containing)
- Cohabiting (closeness, connections, confidence)
- Collective (wisdom, judgements, learning, work, responsibilities)
  - Clarity
  - Competence
  - Compassion



Relational  
glue =  
support  
constructed  
between  
people

Relational  
reach =  
bridging work  
to link across  
the system



### Complex CMO configurations:

To follow this mid-range theory of human factors issues in out-of-hours palliative care

1. Read contextual constraints to understand the context of out-of-hours palliative care.
2. Read from 'help needed' around the mechanism cycle. Exacerbating and mitigating underlying mechanisms are represented in the centre.
3. Read the desired positive (+) and negative (x) alternative outcomes which result.

### Items in CAPITALS REPRESENT CROSS MAPPING TO SEIPS MODEL

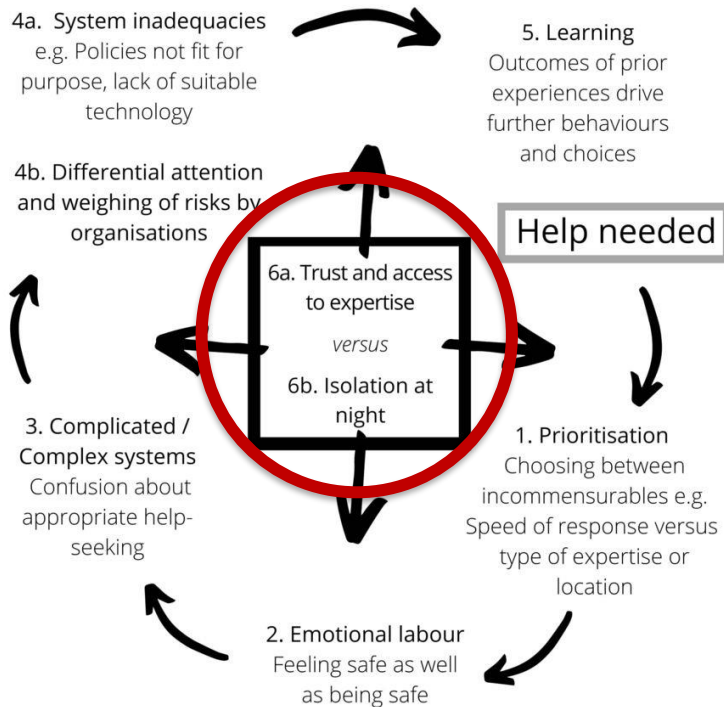
#### Contextual constraints

- Services not co-located / remotely connected
- Professional cultures regarding certain risks with uncertain outcomes
- Understanding of legal issues including mental capacity

#### EXTERNAL INFLUENCES

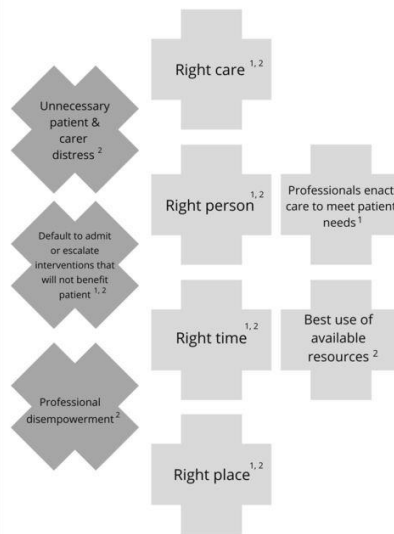
- Social norms and expectations
- Understanding of ethical issues
- Local variations in provision
- Different resources out of hours

## Mechanisms



SYSTEM OF INFORMAL / FORMAL WORK PROCESSES

## Alternative outcomes



### Where are the tensions?

- Gaps at admission/discharge: long chains of activity, need for overarching quality checks
- Interaction between crises and long-term orientated work

ings' e.g. paperwork, technology, medication

Meeting people where they are: not rigid script

How do the processes work?  
How do the processes fail?

Need to know who and who does what tools?

Good is attention to all aspects of situation and flexible use of team (by role, expertise, personal qualities)

## Where are the tensions?

### What does the system push people to do?

- 'good practice' V what is right in particular situations
- compromises to avoid things 'going wrong'
- 'knowing what can we do'

# **Collective Social Safety = being safe with each other**

(in sickness, suffering, sadness)

- Not being risk, or even harm, free
- Common purpose – more than physical/psychological safety of the individual
- Founded on trust and negotiation of dialogue using shared language and meanings that leads to shared understanding for shared practices
- Permits flexibility and nuance in face of changing circumstances/needs

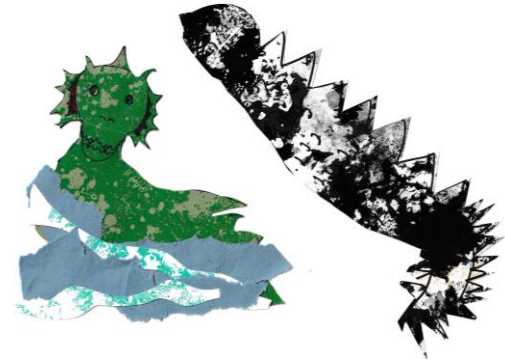
What would happen if we didn't refer to choices as risks?

When did you last take something away to make space for change?

Is real-time dialogue possible across settings?

Is time invested to get things right first time?

What is being done to address realistic whole system resource?



**“How much better would it be to get the most effective behaviours wrong every now and then rather than get the least effective behaviours right most of the time?”**

(David Robinson)