RELATIONSHIP-BASED CARE & MEANINGFUL RECOGNITION:

CHARTING A ROADMAP FOR SUCCESS IN LONG TERM & SUB-ACUTE CARE

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By the year 2050, there will be 89 million senior citizens in this country. What does this mean for assisted living, nursing home and sub-acute facilities? There will be a huge demand for services in the very near future. And likewise a demand for higher quality care. We have learned a lot since we started measuring patient/resident experience. In the new millennium, we are evolving to understand that the health care experience needs to look and feel different than it has — for everyone involved. It is becoming clear that such a shift means an evolution toward developing stronger relationships with those involved in the care of patients and residents…to include the patient/resident, their families and the healthcare providers. The Relationship-Based Care model is a philosophy, a practice and an infrastructure for the evolution of positive relationships. It is based on the principle that compassionate care starts with a stronger relationship with one’s self, which then extends to patients/residents and their families, and colleagues. Meaningful recognition acknowledges those relationships in a way that is unique to the individuals involved and underscores the importance of compassion in care delivery. In this article we will examine the concepts of Relationship-Based Care and Meaningful Recognition to reveal how each contributes to an experiential roadmap for leaders. The combination of quality relationships and meaningful recognition have the power to enhance organizational culture and improve the care experience for patients/residents in sub-acute and long term care settings.

Overview of Relationship-Based Care

The Relationship-Based Care Model embraces the significance of shared, relational experiences in the provision of care. Press Ganey Associates, a patient experience data and analytics company, reports that medicine needs to shift from a focus on patient satisfaction as it has been typically understood to a more developed understanding of patient/resident experience which recognizes suffering and the necessity of compassion and connection to mitigate the suffering. Keeping this intention at the center crystalizes understanding regarding the ways in which proficiencies in care must deepen. The Relationship-Based Care Model provides the structure for developing those proficiencies and evolving relationships based on understanding the experience of the patient/resident and those involved in those relationships.

The evidence base tells us that intentional caring relationships and caring communication positively impact quality outcomes, financial success, patient safety, effective inter-professional collaboration, and employee engagement. Research tells us that individuals receiving such care have better adherence to treatment plans and enjoy improved health outcomes than those involved in relationships that are transactional in nature.

Press Ganey did a large study of providers and patients in order to understand true patient care needs and how to reduce suffering for those whom we care for. The study identified six themes which can effectively guide compassionate care: acknowledge suffering and demonstrate understanding of this; pay attention to body language and non-verbal behavior; recognize anxiety is suffering; effectively coordinate care; practice caregiving in a way which transcends diagnosis and treatment; and encourage autonomy which reduces suffering and maintains dignity. These actions and outcomes are integral in the delivery of Relationship-Based Care (RBC).

Relationship-Based Care (RBC) is a model in health care that transforms practice and organizations and which has been gaining momentum since the 1970s. It is a framework, or care delivery model, which organizes inter-professional care for the patient/resident and family, who are the central focus. RBC nurtures a culture of caring, compassion and healing throughout all roles and levels in an organization. RBC seeks to improve care by nurturing healthy relationships which guide operations within the dimensions of leadership, teamwork, professional practice, care delivery, resources, and outcomes (Figure 1).

Reflection: Consider your place of work. In what ways is it a healing environment for yourself, the residents and families, and your colleagues?

Relationship-Based Care redesigns care to focus on three key caring relationships. The first caring relationship with ourselves. The second caring relationship is with residents and families. The third caring relationship is with colleagues. Though the relationship with residents and their loved ones is at the core of RBC, it will be discussed last. As a core...
tenant of RBC is that in order to care for others we must first understand self-care.

**A Caring Relationship With Self**

The first caring relationship in RBC is the authentic relationship we nurture with ourselves. It is a relationship which honors all of who we are as individuals, mind/emotion/body and spirit, which we then bring into our practice. How can we give to others if we do not have insight into ourselves? Or understand our own needs?

**Figure 1:** Relationship-Based Care – Model for Transforming Practice

Caring for ourselves means intentionally finding a place of balance between work and having a satisfying personal life. It is a practice of deepening self-care and rejuvenation. The premise is that self-care is not selfish and that in order to care optimally for others we must fill our well first. Self-care creates the space necessary for personal growth which then is brought into our practice.

Growing our relationship with ourselves requires deepening our own mindfulness and awareness of self and others. Mindful-awareness practices teach us how to be present, intentional, focused, and hold space for self and others. It has also been shown to effectively decrease stress reactivity and buffer against burnout. It connects us with attitudes of open-heartedness, non-judgment, loving kindness and acceptance - key components in the healing process.8,9 The neuroscience of mindfulness-awareness sheds light on the mechanisms in the brain engaged in positively affecting safe clinical practices within complex care situations, and the strengthening of empathy.10,11

**Caring Relationships With Our Inter-Professional Team Members**

Relationship-Based Care values intentional caring communication among colleagues in all roles and at all levels within an organization. There is a mutual understanding that nurturing genuine and caring relationships with co-workers is “morally valuable,”12 grows trust, healthy communication, and improves employee engagement and therefore job satisfaction. Additionally, there is a growing body of literature which is validating the critical role of well-functioning teams in patient safety as well as overall quality of care.

A further challenge is organizational silos. In long term care strict divisions of labor, and power differentials often hamper cultivation of trusting collegial relationships. The aspiration of RBC is to learn the skillful means to engage genuinely with coworkers, acknowledging and honoring vulnerability and intentionally nurturing an inter-professionally caring environment which supports interpersonal safety.

**Caring Relationships With Residents & Their Loved Ones**

The Relationship-Based Care model asserts that therapeutic relationships with residents and their loved ones are at the core of care. The experience of being a patient/resident dependent on a caregiver provides unique dynamics. This experience requires compassionate care which aims to reduce suffering for all involved and is far more multi-faceted than customer service etiquette. Because the patient/resident and family experience is complex, the quality of interactions need to be knowledgeable, intentional and geared towards patient/resident empowerment and safety by using the process of the therapeutic relationship. The See Me as a Person framework13, is used in the RBC program. In order to see each individual as a person there are four therapeutic practices to hone: presence and attuning, wondering, following, and holding.

**Figure 2:** Balancing Relational and Instrumental Care

The See Me as a Person paradigm portrays the core elements of the therapeutic relationship. Having an understanding of relational skills allows caregivers to begin to work more effectively with unique situations, illnesses and individuals. It is important to note: skillful caring can, indeed, be learned and deepened, even if someone feels they...
weren’t born with that gene. Lack of relational proficiency is not acceptable in the business of health care!

The purpose of the therapeutic relationship is to support the healing of an individual and family by promoting and guiding the care via compassionate, knowledgeable and genuine communication. The therapeutic connection helps an individual feel that s/he is seen, listened to, and that s/he really matters. This is important because when someone is ill or dependent on others for care, it can engender powerlessness, loss of control, grief, fear, pain, and difficulty coping. Often caregivers can feel overwhelmed by patient/resident needs. Yet, evidence is showing that with training and practice, professional caregivers can improve their ability to pause and step out of auto-pilot and better respond even in highly demanding environments. See Me as a Person concepts guide interpersonal communications which supports authentic compassionate interactions and is the link between improved outcomes, a meaningful patient experience, clinical safety and quality care.

The See Me as a Person Model

We often hear about being a healing presence, but what does that mean? The four core practices in the therapeutic relationship embody this notion of being a healing presence. The practices are presence through attunement, wondering, following and holding (Figure 3). These practices are non-linear and organic, however, presence through attunement is essential for the other three practices to occur.

Figure 3: The Four Therapeutic Practices

Presence through Attunement

For us to be able to tune in to another, we first need to be genuinely present, which means stepping out of automatic pilot “doing” mode. This is the foundation for all interactions and is not another thing to do but a way to be. It is paying attention, on purpose, in the moment and without judgment. We make a choice to notice where our focus is – and intentionally recognize distraction or mind wandering universal within the human experience. By practicing stepping out of auto-pilot and being present we are able to connect more meaningfully. Can you remember a recent interaction you had? You may have noticed the person looking distractedly at their smart phone or glimpsing at their watch. These non-verbal cues change how we engage and our willingness to engage. Presence through attunement is the container which holds each interaction and can be anchored by intentional practices such as diaphragmatic breathing. The breath becomes a critical bridge to presence within ourselves and for others. This supports mindfulness-awareness.

Attuning is characterized by bringing the whole self to the interaction so as to engage authentically, mind and heart. It supports empathic connection. It is interesting to note that humans are hard-wired for such connection. It is like tuning in to a radio station – looking for a clear signal. Here, static and distractions are put aside, as best as possible, in order to seek to understand what is really going on with another person.

Wondering

With presence through attunement, a person is in a position to become curious and have a real interest in wondering about the experience of who they are with. It is an active way to engage with another and holds the principle that the person can lead by providing critical verbal and non-verbal information. By wondering, and bringing real curiosity to the patient/resident experience, there is mutual learning which emerges. Neuroscience is showing us that unless we train our minds to be curious about another person’s experience, it won’t. It often prefers to take short-cuts by creating stories or “filling in the blanks” based upon previous
unrelated events. Often these mental stories are inaccurate and cloud what is really true.20

Wondering questions would be open-ended and include “what” questions:

• What is on the front of your mind right now?
• What do you think caused…..?
• How do you feel about…..?
• That’s really interesting, tell me more….

Following

By following what a resident or family member is saying, we are palpating a situation. Following is a practice of listening – with all of our senses – to what is said and what is not said. It is a process of assessment and following their lead to determine what caring action we do next. It is not fixing, educating when they are not ready; telling our own stories which interrupt the therapeutic focus; shutting down; correcting; or excessively responding. It is, instead, using empathic sounds, knowing when to touch appropriately, and reflecting what you are seeing and hearing. In turn, the person feels seen and heard.21

Following language would be non-verbal and verbal, such as:

• When you….., I noticed…..
• When you said….I wondered…..
• Let’s see if I have this right: you…….
• What is most important to you about…..?

Holding

Holding is about creating a safe haven or space for the other person. When we are present and attuned, wondering and following – we are holding. People feel heard, understood, respected and with their dignity intact. Holding implies a principle of devotion, where the caregiver can be trusted to guard the healing process and accept responsibility for care. Holding involves a process where each therapeutic interaction has a beginning (establishing trust and stating the purpose), middle (collaborating and intervening) and a transition (mutual agreement of the next steps and preparing for the next phase of care). Within this process, always, there is presence and listening.22

Holding is a way of nurturing common understanding. When we hold another, we are acknowledging and witnessing their fear and vulnerability…and staying with them even if we are uncomfortable. We understand that for a person to be in your care, their whole lives and roles may have been turned upside down, that what may be routine for us is not so for them. We understand that what we think needs to happen may not gel with where they are. We understand that sometimes silence is the most healing action you can offer.

Holding language is:

• This must be terribly difficult….
• I’m sorry you had to wait; that’s not okay.
• I will help you; let’s…..
• Here’s what I know about…..

The models of Relationship-Based Care and See Me as a Person are complementary philosophies, practices and structures which support and create caring and healing environments in our work.

The framework of See Me as a Person promotes recognizing, acknowledging, and validating the needs and struggles of each individual with whom we come in contact. This is true within the deep interconnections between self, patients/residents, families and colleagues. It is vital to acknowledge colleagues as human beings and clinicians who contribute to the care of patients/residents and families in unique and extraordinary ways. In addition, patients/residents and families also appreciate providers as caring individuals and seek to recognize the extraordinary care which has been provided.

Effective recognition reflects important organizational values. Meaningful recognition such as that experienced through The DAISY Award, offers a powerful process for recognizing extraordinary and compassionate care models, as well as the personal recognition before a group of one’s peers. Shining the spotlight of attention on caregivers who embody the values and mission of the organization is an extremely potent way to demonstrate commitment to excellence and amplify the significance of caring behaviors.

Overview of The DAISY Award

The DAISY Award was created to say “Thank You” to nurses. It is the hallmark of The DAISY Foundation and is used by over 2100 organizations worldwide to recognize extraordinary and compassionate nursing care. The DAISY Foundation was established by the Barnes family in memory of their son, Patrick. Patrick was 33 years old when he passed away unexpectedly after eight weeks of hospitalization, due to complications from his diagnosis. He and his wife had just become parents, and were looking forward to the future and their life together with their new baby girl.

When Patrick passed away, in the midst of his family’s grief, a program to recognize nurses for their extraordinary...
and compassionate care evolved, as his family felt a profound need to say thank you for Patrick’s nursing care. Patients/residents and their families expect clinical expertise when they seek care in a healthcare organization. But what makes the experience and feeds the patient nurse relationship is how that care is provided. In the case of the Barnes family, it was the level of compassion that made a difference for them. The nurses in this setting were not only “Patrick’s nurses”, but the family saw them as “their” nurses.

In the sub-acute and long term care settings, relationships between the nurse and the patient/resident often evolve into deep and meaningful relationships with the patient/resident’s family, as well. Patients/residents and their families, may experience the same profound desire, as the Barnes’ family did, to express their thanks to the nurses who were an integral part of their lives and provided outstanding care. That thank you, as part of their closure, is sometimes manifested by a box of chocolates or flowers at the nurse’s station. But these actions don’t capture the heart of the story behind this gratitude.

The stories of care are important to share, for they become models of nursing care that communicate the value that the nurse and the organization hold for the compassionate delivery of that care. This kind of care needs to be celebrated in an ongoing way to reinforce the importance and to remind all of what extraordinary clinical competence and compassion look like.

The DAISY Award provides the means to recognize such care. Recognition of this caliber of care should not happen only once a year, but on a regular basis, with colleagues and leaders sharing in the celebration! In celebrating and recognizing the story of care, the culture of the healthcare organization is shared. The mission and values of the organization are given life, rather than hanging on a wall, waiting for someone to read, understand them and apply them to patient/resident care. Meaningful recognition puts words into action. The DAISY Award has become the mechanism for patients/residents and families to say “thank you” and to put ‘meaning’ in Meaningful Recognition for the nurses who provide extraordinary and compassionate care!

Reflection:
How do your patients/residents and their families demonstrate their need to say ‘thank you’?

Meaningful Recognition

What is Meaningful Recognition and how does it impact patients/residents and their families; nurses and healthcare organizations? Research indicates that, “A powerful form of positive feedback, meaningful recognition acknowledges how a person’s actions affect the life of another, is relevant to the recipient, and is equivalent to his or her contribution.”

The American Association of Critical-Care Nurses identified Meaningful Recognition as one of the six key elements of a Healthy Work Environment, along with skilled communication, true collaboration, effective decision making, appropriate staffing, and authentic leadership. These six essential standards, if not in place, contribute to creating unsafe conditions and obstruct the ability of individuals and organizations to achieve excellence. The AACN further states that, “The creation of healthy work environments is imperative to ensure patient safety, enhance staff recruitment and retention, and maintain an organization’s financial viability.”

Meaningful Recognition, as one of the vital standards of a healthy work environment, is realized through The DAISY Award. Literature supports that The DAISY Award is a catalyst to release positivity into an organization. This positive focus enhances the individual’s perception of self, gives pride to the organization and gives the patient and their families confidence in the care that they can expect to receive.

Meaningful recognition is a strategy to reinforce what extraordinary care looks like, and has implications for long term and sub-acute care organizations regarding retention and recruitment of nurses. The demand for nursing care continues to increase as Baby Boomers reach retirement age. Every day 10,000 people celebrate a 65th birthday! The U.S. Census Bureau categorizes Baby Boomers as individuals born between 1946 and 1964. By 2029, the last round of boomers will reach retirement age. By 2050, the number of Americans 65 or older will almost double the 2012 projection of 43.1 million, according to estimates by the U.S. Census Bureau.

The American Hospital Association reports that over the next 20 years, the Baby Boom generation will make up a greater proportion of hospitalizations as they live longer but with multiple complex conditions. At the same time, the number of registered nurses will not keep pace with demand, as much of today’s nursing workforce is made up of Baby Boomers, who will soon retire. According to a 2013 survey conducted by the National Council of State Boards of Nursing and The Forum of State Nursing Workforce Centers, 55% of the RN workforce is age 50 or older. With these statistics, it is imperative that tactics to retain clinically competent and compassionate nurses in long term and post-acute care

A DAISY Nomination Story

Two days after my 18-year-old daughter was admitted to Rehab with an acquired traumatic brain injury, extensive shearing in the left temporal region, she was extremely agitated and combative. Susan was amazing! She was able to calm my daughter without medications! Susan sat with her, talking softly and giving her peanut butter cups! When my daughter was asleep, Susan spent time with me calming me (she had an extra patient that night)! Every shift Susan worked, she made a special effort to make sure that my daughter and I were okay. Susan even remembered my daughter’s favorite candy and brought her a bag after her weekend off!

Susan has dedicated 31 years to working night shifts in Rehab with very difficult patients and fragile families. She is always caring, compassionate, and cheerful, but mostly supportive in a way that makes you know in your heart everything will be okay. Susan has a passion for what she does and sets a stellar example for all of us to strive for.”

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settings be used. Meaningful Recognition can impact a nurse’s desire to stay within their organization and in a larger sense, within the nursing profession.

**Compassion Satisfaction**
Nurses who feel valued are more likely to have an increased sense of loyalty and enthusiasm for their workplace and for the work that they do. In a recent study, 491 nurses were surveyed to measure their professional quality of life. The measures addressed Compassion Fatigue, a composite of burnout and secondary traumatic stress and Compassion Satisfaction, which encompasses the pleasure and gratitude that develops from caregiving for patients. The study results indicated that Compassion Satisfaction is a contributor to retention and that Compassion Fatigue may influence a nurse to leave their organization or even the nursing profession. The study, using The DAISY Award as proxy for meaningful recognition, also found that nurses who received not only The DAISY Award, but were nominated for the award, experienced higher levels of Compassion Satisfaction and had lower levels of Compassion Fatigue. Nurses with high levels of Compassion Satisfaction and low levels of Compassion Fatigue, lead to greater nurse retention. High retention rates of engaged and satisfied nurses also act to attract and recruit additional nursing staff to an organization.

**Reflection:**
What strategies are you using to increase Compassion Satisfaction for your staff?

**Teamwork**
The DAISY Award has proven to be an effective leadership tool that can drive and enhance an organization’s culture. By nourishing teamwork, DAISY promotes an environment in which the nurse knows that the team can be counted on to “have their back” in the context of patient care, enhancing a sense of trust within the group, the unit and potentially the organization as a whole. In the long term, sub-acute care setting, the healthcare team is an integral part of the patient’s care. Having a cohesive team that is engaged with its members and includes the patient and their family as a part of that team, is important to quality care and outcomes.

Research involving the analysis of more than 2,000 patient, family, and colleague DAISY Award nominations, interviews with chief nurse leaders, and DAISY Award recipients from 20 hospitals across the country demonstrated that providing meaningful recognition can elevate the value of nursing, reconnect people with why they became nurses, nurture team spirit, increase one’s self-awareness of the impact they had on the lives of others, instill individual pride, and motivate extraordinary nursing. Meaningful recognition through the DAISY Award program is a powerful mechanism for nurses and the care teams that they work with.

**Patient/Resident Satisfaction**
In today’s healthcare setting, patient/resident satisfaction and the patient/resident and family experience is a key measurement that impacts not only the morale of the staff but also the bottom line of the organization. Embedded in nursing is the desire to “do no harm” and to provide the patient/resident and their family with a therapeutic experience that enhances their health and provides positive outcomes. Patient satisfaction is a composite of the patient experience and the perception of patient care, according to HCAHPS. The HCAHPS survey (Hospital Consumer Assessment of Healthcare Providers and Systems) is the first national, standardized, publicly reported survey of patients’ perspectives of hospital care. HCAHPS scores affect a hospital’s Medicare compensation, so strategies are being put in place to elevate HCAHPS scores and patients’ perceptions of their care.

A recent study saw the impact of Meaningful Recognition - The DAISY Award - to HCAHPS scores, concluding that “when a hospital explicitly rewards compassionate acts by its staff and supports its staff during tough times, it is associated with patients more highly rating the care experience and being more likely to recommend the hospital.” The study further states that, “Compassion practices represent a clear set of managerial actions to enhance patient perceptions of care quality”. The DAISY Award is dedicated to honoring extraordinary acts of compassion. This can positively influence the patient’s perception of what their patient experience is. Seeing evidence of the celebration of extraordinary nursing care tells the patient that they can expect extraordinary care for themselves, their families, their friends and their community! Good news that people are happy to share.

**The DAISY Award is Meaningful Recognition**
A Healthy Work Environment, Nurse Engagement and Patient Satisfaction are concepts that support the each other, and each is impacted by Meaningful Recognition through The DAISY Award (Figure 4).

**Figure 4:** Impact of the DAISY Award: Building the Case

To summarize, the literature supports that a Healthy Work Environment, with Meaningful Recognition such as The DAISY Award embedded in its culture, contributes to an engaged nursing workforce and higher measures of patient satisfaction. The DAISY Award, a structured program of ongoing nurse recognition, has proven to be the premiere mechanism for Meaningful Recognition in all 50 United States and in 14 other countries. Patients/residents, their families, colleagues and leadership all have the opportunity to acknowledge and thank a nurse for their compassion and extraordinary care, through The DAISY Award.

At the heart of a strong organization is the “pulse” of Meaningful Recognition, bringing life to the organization,
which impacts the nurses and the patients/residents within those walls of care. The nomination stories generated by the DAISY Award are what research tells us puts the “Meaningful” IN Meaningful Recognition. The DAISY Award is Meaningful Recognition, and evidence of its impact continues to grow as more and more healthcare organizations tactically use The DAISY Award to make good organizations great!

The DAISY Award continues to provide a means for patients/residents and families to say thank you. Over 700,000 DAISY nominations have been submitted to date in an effort to recognize and thank nurses for the care provided. Clearly, the Barnes family, DAISY’s founders, were not the only people who needed to say thank you to nurses.

In conclusion, Relationship-Based Care and See Me as a Person are complementary models which support The DAISY Award as a model for meaningful recognition. Strong relationships within the care team and with patients/residents and their families support extraordinary and compassionate care in every-day work life. Using The DAISY Award as a means to formally recognize this care supports a healthy work environment where relationships continue to be valued and have the opportunity to thrive. In addition, it provides everyone with a means to say “thank you” in a meaningful way and rejuvenates the soul of the organization.

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The Director 31