Dr Klaus von Pressentin wrote about relationship-centred patient care.1 Undoubtedly this good, trusting, safe relationship will lead to good collaborative outcomes for both the doctor (a satisfying encounter) and the patient, with good clinical outcomes especially when it involves chronic conditions.

I want to take the concept of relationship centredness further than just patient care and management to suggest that being relationship-centred leads to better leadership and learning outcomes. The term “Relationship-Centred Care” acknowledges the importance of these relationships and expands the sphere of relevant relationships beyond the practitioner-patient relationship to include those that occur among practitioners, other health care personnel, families and communities. Relationships hold a central position in medical education and are critical for achieving favourable learning outcomes. Canadian family physicians have reported better learning outcomes in their longitudinal clerkship training where preceptors develop engaging and trusting relationships with their students.

These relationships were in all activities of learning (and I deliberately want to steer away from placing the emphasis on teaching but rather on learning) with a focus on individual and personal focus.2 I have previously written about the learning environment being crucial to learning in medical school.4 This is a natural fact, that if you (the learner) feel safe with a teacher/trainer/facilitator, you are more likely to enjoy the subject and engage with the topic and teacher, which in turn leads to better learning and a deep approach to learning. It has also been shown that the approach to learning and teaching is anchored in this relationship, with a better understanding of the individual student and his/her learning needs and learning style. Thus relationship-centred learning enables better collaboration on the learning objectives and the student’s needs, while providing a platform for supporting the learner and the learning process.

Relationship-centred leadership is a recent focus for developing effective leaders in the health care system of our changing global village. Effective leadership is embodied in relationships that need to be developed with staff and patients. This encompasses the principles of appreciative relationship-centred leadership. Relationship-centred leadership is necessary in our global village where challenges force one to understand different cultures. There is a need now more than ever to move away from the old command and control leadership culture and to foster a leadership style that recognises that we are all part of a diverse living community that is complex, changing and unpredictable. There is a need for quality and compassion in our health professional leadership style. The capacity for genuine leadership that is embodied in relationship-centred care needs to be urgently created. This will allow staff in the health care industry to develop more open relationships and enhances their sense of value in the workplace.5 Relationship-centred leaders believe in the adage that if you lead with your heart, the rest will follow.6

In conclusion I want to reiterate that a trusting and honest relationship, whether in health professional learning, leadership or patient care, is essential for our health care industry to reach greater heights for the benefit of all stakeholders.

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References