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1. HEALTH PRACTICE RELATIONSHIPS

This book, and this chapter, explore health practice relationships. This chapter sets the scene for the book and privileges the humanity and diversity of social and practice relationships that this title evokes. In Chapter 2 we turn to the topic of professional practice, placing this book predominantly in the context of Western orthodox medicine today, and we place the clients, support people and healthcare providers at the centre of our discussion. Here, however, it is valuable to acknowledge the broader interpretation of health as the pursuit of wellbeing, of healthcare as ranging from self-managed healthy living to alternative medicine, traditional healing, and Eastern medical practices, as well as contemporary Western orthodox medicine. Across these frames of reference and practices of healthcare, relationships between people – receivers and agents, clients and providers, health seekers and health practitioners, patients and carers, individuals and service agencies, colleagues, practitioners and clients, with translators, advocates, volunteers, support personnel, religious staff – play a fundamental role in the experience and outcomes of healthcare for those involved and for those concerned about enacting and embodying person-centred care.

PRACTICE

Practice encompasses the doing, knowing, being and becoming of professional practitioners' roles and activities (Higgs, 1999; Higgs & Titchen, 2001); these activities occur within the social relationships of the practice context, the discourse of the practice and the practice system, and the setting (local and wider) that comprise the practice world. Relationships in health practice occur throughout each of these embodied activities. These relationships translate our worldview and our being, or practice ontology, into the way we frame our models or frameworks for practice. They enable the doing or realisation (making real) of the pursuit of wellbeing by practitioners, clients and agencies. They bring self as interactive agent into who we are and what we do as participants in healthcare collaborations. They challenge what we know, what we are learning, how we derive knowledge from practice and what knowledge growth we want to pursue. These things comprise our practice epistemology. They shape how we reflect upon ourselves and grow in practice, communication and engagement; both how we want to practise (our practice model aspirations) and who we want to become, which includes developing a practice model and identity. Doing, knowing, being and becoming in practice are, simply, not solo and self-focused pursuits. Titchen and Higgs (2001, p. 269) emphasised

J. Higgs et al. (Eds.), Health Practice Relationships, 3–8.

> the inseparability of self and professional role and indeed, the desirability of their integration, both for the enhancement of the service that professionals provide and for the enrichment of their own journeys. … We recognise the importance of understanding and acknowledging self as part of employing a critical social framework for professional practice. Self-knowledge is a precursor to achieving the goal of transforming self and helping others to empower themselves.

CONTEXTUALISING HEALTH PRACTICE RELATIONSHIPS

The context of healthcare and relationships in health practice is shaped by historical, social and cultural influences (see Chapter 2). The particular contexts that were selected for this book and which have emerged through the collaborations with co-authors and clients include the following.

In section one the authors examine the following health practice relationship contexts: professional practice, healthcare systems and spaces, changing directions in healthcare, and the important place and practice of patient-centred care. We see in these chapters that healthcare practice is a complex and dynamic space that requires understanding and making choices about the stances we want to take and the way we want to relate to others. Section two deals with understanding professional relationships. In this section readers are asked to consider the changing face of professionalism and what this means to healthcare practice and relationships and the challenges associated with working in teams and negotiating healthcare relationships. Alongside these challenges, questions are raised about how healthcare participants collaborate and demonstrate caring for others. All these endeavours are overlaid by our own aspirations and the expectations of healthcare consumers and systems in relation to access, agency and quality of care.

A range of narratives is provided in section three, bringing the reader inside the experiences of health practice relationships. Voices in this section include mothers of children with disability, people with chronic illnesses receiving healthcare in their homes, students and educators in clinical education, family members, people with mental health concerns, Indigenous practitioners and communities, patients, educators, practitioners and students. Various settings and relationship modes are explored, including person-centred, care, interprofessional collaboration, rural contexts, situations where people need to make decisions for others, training wards, and long-term patient-student relationships. In the final section the themes of the book are tied together in interpretations around the themes of relationships, systems and professional education. Readers will also have their own realisations and issues to ponder.

PRACTICE RELATIONSHIPS

We typically think of relationships as personal connections, sometimes chosen, sometimes inherited, sometimes successful, sometimes problematic, but they are

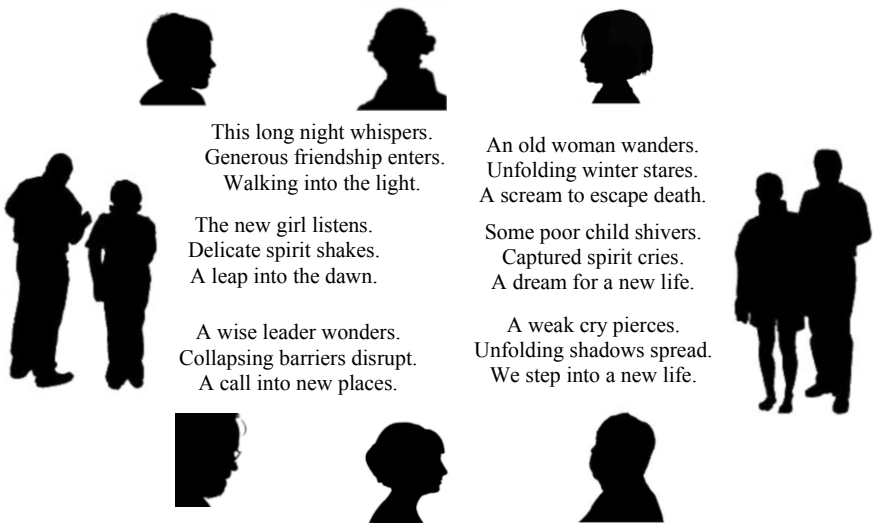
where we belong or where we are. What happens when practitioners and clients enter a practice relationship?

Traditionally, practice relationships were "clinical" – objective, dispassionate, regulated. They gained value through service, professionalism and ethical conduct. For our patients healthcare was provided; the patient's role was to comply with the highly educated, professional advice provided.

And what of today? Is the power gap still there – in knowledge, in decision making, in action and agency? What "distance" should practitioners keep? What are their roles in the new era? How do they cope with changing client interests? What choice does the client want? Who else is part of the scene? Are clients – universally – more educated, more informed, more capable of shared decision making, of managing their own healthcare? Can they all speak on their own behalf? Can they take agency in their own care? So, what are today's health practice relationships like? They are multi-hued and multi-faceted; with as many variations and complexities as the people who participate in these professional practice relationships.

PARTICIPANT VOICES AND CHALLENGES

Consider the range of people who participate in healthcare practice. What are their roles, needs, interests and capabilities as agents of participation? What are their voices saying – what do we need to hear? The graphic below includes Haiku poems. This form of a short poem, originally developed by Japanese poets, uses sensory language to capture an image or feeling. Haiku are often inspired by a poignant experience, an element of nature or a moment of beauty. These reflections capture critical aspects of relationships: entry points, human needs, uncertainties, hopes and fears.



Across these many voices, lives and situations, different people over a wide range are engaged in the spaces and relationships of healthcare. Each person entering into these spaces is caught up in "person-meets-system", "choices-versus-expectations", and "my needs and theirs", mixed up with all the complexities of the pursuit of health and dealing with illnesses and human frailties.

For practitioners, relationships with colleagues and clients are part of their professional responsibilities and thus need to occur broadly in a socially responsible and accountable manner as well as specifically within the code of conduct of their profession (professional ethics) and the expectations of the workplace or organisation (e.g. an organisational charter).

> For over 2,000 years, it was not thought necessary to actively teach professionalism. The ideals and values of the (medical) profession were transmitted by mentors and role models and were important components of the tacit knowledge base of physicians. … (However) the professionalism of yesteryear has difficulty in coping with contemporary funding and regulatory mechanisms and with a society that has also changed profoundly. (Cruess, Cruess, & Steinert, 2008, p. 2)

A key challenge for today's practitioners is learning about the reality of professionalism on the job. They need to learn about issues and practicalities of ethics, codes of conduct, professionalism, risk management, self-preservation, bringing self into practice, litigation, self- and external regulation, institutional cultures and regulations, and working in healthcare teams within and outside the institution. And this learning is complicated by the changing worlds of practice, systems management, community profiles and cultural mixes and clients' expectations. Learning in academic settings is not sufficient to engender these understandings and capabilities. Instead, real-world experiences (or workplace learning) with real-world and real-life consequences are needed to bridge the reality gap for students and best prepare them for practice. Ideally, workplace learning is embedded into the curriculum and blended with other pedagogies including simulated learning, pre- and post-workplace learning preparation and debriefing, and online learning.

Whether pre-entry, continuing, informal or self-directed, education plays an important part in helping practitioners face these challenges. While it is not possible for formal professional education to anticipate every learning need for every person, it is important for education to address the difficult as well as the more straightforward challenges of preparation for professional practice. Courses need to help prospective practitioners to understand professionalism, to develop capabilities to face – or at least to learn how to develop capabilities to face – the demands of practice and practice relationships, and to forge a professional identity that is both a starting point to carve out a career of professional service and accountability and the realisation that this identity will inevitably change across their careers.

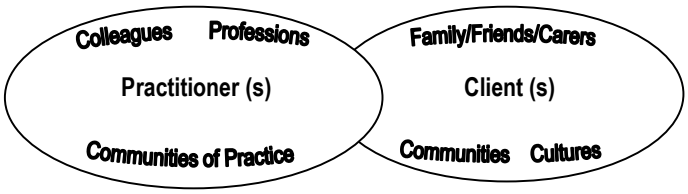
Kemmis (2010) wrote about the complexity of professional practice and recognised the importance of patients in professional practice. He contended that

patients were "not merely 'objects' operated on or influenced by practitioners, but persons-in-themselves who are, to a greater or lesser degree, knowing subjects who are co-participants in practice" (p. 145).

What challenges face patients or clients in practice relationships? In part, this depends upon the state of their health. Ill health in acute and in long-term situations can diminish agency and place people at the mercy of empowered systems and practitioners. Sometime the pursuit of better health and the courage to take responsibility and initiatives can bring about self-empowerment. However, this is often a double battle, both for inner strength and for resilience to stand up against system controls that may serve to diminish that strength.

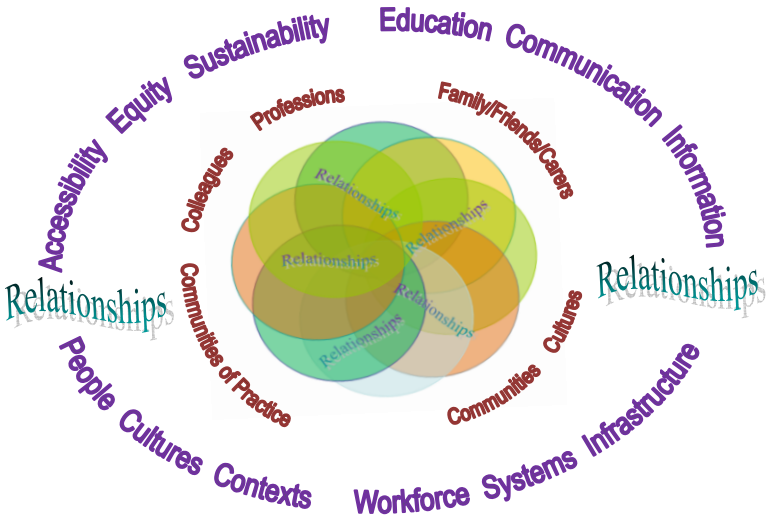
A MODEL FOR HEALTH PRACTICE RELATIONSHIPS

A model for health practice relationships starts with the key players, operating within their individual frames of reference, cultures and communities of practice and forming relationships that bring these frames of reference into dialogue.



Next, consider how these relationships overlap and each person becomes part of multiple relationships. People take their perspectives and personal relationships into these health practice relationships.

Next, we need to recognise the multiple contextual factors (the outer ring below) that influence our many health practice relationships.



CONCLUSION

All around the participants in healthcare, the world of practice is changing at an unprecedented rate. Within practice, relationships form the core. This is not in question. Rather, in this book we question how these relationships can and should develop, and we consider links between "healthy" practice relationships and sustainable practice futures for healthcare practitioners.

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