

ORGANIZATIONAL CULTURE

Putting Healing Back at the Center of Health Care

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The primary mission of health care is to facilitate healing. People often associate healing only with “cure,” but it is much broader. A clinician heals when she reassures a patient that a symptom does not signal a feared health condition. A treatment heals when it mitigates pain and slows progression of disease. Healing even occurs when a very sick patient dies at home surrounded by family instead of in a hospital attached to machines. Each unique instance of healing represents a physical and emotional journey through difficulty, toward contentment and even peace. All patients need healing, and when clinicians and their institutions actively foster it, they renew themselves, too.

Our experiences – as a critical-care physician whose own critical illness led her to train physicians in relationship-centered communication (Rana Awdish) and as a health services researcher who has interviewed and observed hundreds of patients, doctors, and nurses (Leonard Berry) – affirm that health care is becoming less focused on the intrinsic goal of healing and more on external forces that impede it. Increasing regulatory oversight, metrics that favor margin over mission, and delivery models that are not in full partnership with communities all divert attention and energy away from driving real change. Clinicians and their institutions can reclaim healing as a core aim, however, by recognizing the threats to it and prioritizing four key intersecting principles: proximity, mutuality, resilience, and kindness.

Proximity: Get Personal

Decision making – by administrators, insurers, and others – that occurs far from the bedside (and life) of the patient is less likely to heal that patient. The high-cost oncology drug that isn't "on formulary" but may offer a mother another year with her child who has cancer seems entirely different in a spreadsheet than in a conversation between that mother and her child's doctors. Multiple brief clinical encounters with a patient may look good as part of a revenue stream but may sacrifice empathy by design. When a health care institution builds empathy into the fabric of its operations, it allows clinicians to take the time to discuss with a newly diagnosed patient how each treatment option will affect her family, emotions, work, and identity. Similarly, the health of a community that faces socioeconomic and racial disparities in care does not look the same on a line graph as it does when under- and uninsured people in that community tell their stories directly to leaders who are making choices about health care resources.

Mutuality: Share Power

In matters of health, no one has all the answers or owns all the facts. The success or failure of healing depends greatly on the pooling of knowledge and information. Clinicians and patients must operate in a climate of trust, respect, transparency, and humility, and require organizational support to do so. Mutuality requires that patients be viewed as the rightful owners of their medical records, and of their patient stories. Only then will they be empowered to become full participants in their own health care.

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Mutuality allows us to partner with another person, without judging or needing to be in control of his or her journey. True healing can only occur if patients are given agency, choice, and their individualism. Healing does not occur if patients are shamed for

lacking health literacy or seeking alternate therapies, or if they're overwhelmed with data they cannot possibly absorb. To heal, patients must feel safe in being honest, making mistakes, asking questions – and in being guided, gently, by clinicians who care.

When clinicians share power with patients, the challenging work of healing can become more joyful and rewarding. In this way, it can offer one antidote to work-related burnout.

Resilience: Allow Space

Viktor Frankl, the Austrian neurologist and psychologist, described suffering as “an ineradicable part of life. ... Without suffering and death human life cannot be complete.” In health care it is impossible to avoid suffering. For clinicians to heal, they must make emotional and spiritual space for all of the patients who suffer around them. Offering patients emotional and spiritual space can allow hope to evolve when cure is not possible – from “focused” hope that centers on cure or remission to “intrinsic” hope that values broader meaning and self-identity, quality of life as the end of life nears, and making peace with the lived experience of illness.

It is more difficult for clinicians to support their patients' resilience if they don't feel the organization supports their own resilience. Leaders of health care organizations must recognize that clinicians need space, too; that wellness cannot be prescribed to clinical staff, just as clinicians cannot prescribe it to patients. Health systems must actively build resilience by involving staff in identifying concrete steps to reduce administrative and other burdens. The goal: giving the people who care for patients the time and energy to study, reflect, breathe, and feel joy in their work – so that they, in turn, can offer patients and their families the space they need to find resilience in the face of illness.

Kindness: Foster a Culture of Trust

Clinicians who work to understand the complex emotions that diagnosis and treatment evoke – and then show kindness to patients as they face those challenges – can mitigate some of the suffering that illness confers. Kindness helps to heal not just the recipient, but also the giver. Kindness can be learned, and that starts by embedding it in organizational culture, just as protocols for the safe administration of medications are embedded.

We have written about the therapeutic power of six forms of kindness in oncology care: deep listening, empathy, generous acts, timely care, gentle honesty, and support for family caregivers. Kindness earns the patient's trust, essential for the patient-clinician partnership that healing requires. The absence of

kindness – and trust – can lead to patients feeling like hostages to their care and the clinicians who deliver it; “hostage bargaining syndrome,” as we have called it, actively thwarts healing.

Patients are experts about their own lives and experience. Kindness from clinicians enables patients to trust their own intuition and wisdom – and to share it. By knowing the values and goals of their patients, clinicians can offer meaningful choices that align with those values and goals, thereby enabling patients to more competently weigh the benefits and risks of various tests, procedures, and treatments.

A Way Forward

Health care plays a unique and sacred role in society – to provide healing – and it is up to its leaders to reclaim the primacy of this role before it is too late. Healing requires more than medication and technology directed toward physiological improvement. Emotional and spiritual rehabilitation matter, too.

For health care organizations to facilitate healing, administrative and clinical leaders must lead the way, strengthening an organizational culture that encourages and enables patient-clinician partnership. By being proximate to see what cannot be seen at a distance, embracing mutuality, cultivating resilient teams, and fostering kindness, we can reclaim health care’s true purpose. By modeling these tenets, leaders will make it easier for clinicians and their teams to heal at the point of care.



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