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are tough to set up and maintain. Also, they can have much in common with the way that individual therapy functions as a sticking-plaster for wider social issues. We must consider the ecology of the whole health-care system.

To care is an interpersonal matter that involves empathy, warmth and genuineness. These vital human qualities are the easiest things to experience subjectively, but in a health-care system that values objective outcomes the spiritual essence of care can become lost or diluted. Care can only be as good as the mental state of the carer, and the mental state of the carer depends in turn on the support and nourishment of the working environment.

Carers need nurturing relationships with other people so that their own energy can be constantly replenished. For this to happen, the needs of caregivers have to be recognised and the working environment has to be designed to meet them, in line with fundamental psychological needs.

What we call a 'psychologically safe' health-care environment is one in which everyone feels a sense of involvement; an environment where conversations routinely happen whose purpose is to talk through difficult feelings so that people feel refreshed and re-energised to carry on; an environment where not only the patients feel remembered and held in mind, but also the staff. One of the most practical steps, therefore, in ensuring good-quality care is to care for the care staff as human beings too. Simple behaviours that create psychological safety include conversational turn-taking, empathy and a freedom to "say what I

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think without fear". We must be able to talk about what is messy or sad with openness, to embrace hard conversations with colleagues (for example in team meetings) with whom we are having difficulty. We acknowledge that these behaviours require some time, and that health care is fast-paced and highly

pressured. We lose so much when our focus is on efficiency and protocols.

Care can only be as effective as the state of mind of those providing it. This means limiting the factors that expend emotional energy, and bolstering those who supply it. This task cannot be left to self-care or individual 'resilience': it requires the whole organisation to provide a system of sustaining supportive relationships.

If patients feel heard, cared for, engaged with on a human level, they are more likely to feel that they had a positive experience of health care and perhaps will feel more supported to self-manage and be more in control of their health. This becomes more possible, we believe, if carers are maintained in a state of mind where there is the energy, focus and time to really engage with patients. This means that we cannot care for patients unless we also care for their carers. In human health, the most powerful factor is caring relationships. By honouring those relationships, we will optimise health outcomes, enable more compassionate work environments, and genuinely improve efficiency. R

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