

Nursing Standard

Working in partnership with patients and carers

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Abstract:	Traditionally there was little active involvement from patients and carers in healthcare but health policy and professional guidelines now promote not only involvement but partnership working with service users in all aspects of healthcare provision, research and education. This article will first explore expectations of nurses and definitions and theories of partnership working and related concepts and theories, prior to considering examples of partnership working in nursing practice.
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Author Comments:	Thank you for your review and suggestions. I have revised the article in the light of these. I have added in a paragraph on the Health Foundation's framework for person-centred care as a related concept to partnership working. I have made reference to the reflective activity boxes in the text, making it clearer that these are to prompt personal reflection on practice as the basis for learning. I have added to the conclusion pointers for further learning and a resource section with websites on person-centred care.

Working in partnership with patients and carers

Introduction

Traditionally there was little active involvement from patients and carers in healthcare but health policy and professional guidelines now promote not only involvement but partnership working with service users in all aspects of healthcare provision, research and education. This article will first explore expectations of nurses and definitions and theories of partnership working and related concepts, prior to considering examples of partnership working in nursing practice.

Expectations for partnership working

Partnership working is well embedded in health policy and guidelines. The NHS Constitution promises patients that NHS staff will: '*work in partnership with you, your family, carers and representatives*', specifying that patients will be involved in their care planning, and given information that they can understand in order to participate in choices and decision making about healthcare (Department of Health [DH] 2015). The 'Five year forward view' in England (NHS England 2014) emphasises partnership working throughout, highlighting care planning with service users and families but also examples of service developments created in partnership with service users and communities. Evidence-based guidelines also refer to partnership working with service users, families and carers, for example, in mental healthcare (National Institute for Health and Care Excellence [NICE] 2011). From a professional perspective, the Code requires registered nurses to '*prioritise people*' setting out that nurses must '*listen to people and respond to their preferences and concerns*' and to achieve this you must: '*work in partnership with people to make sure you deliver care effectively*' (Nursing and Midwifery Council [NMC] 2015, 2.1). Overall, partnership working is a clear expectation for nurses but the meaning of partnership in the context of nursing practice is less explored.

Working in partnership: definitions and related concepts and theories

The term 'partnership' is commonly used in healthcare, often in relation to interprofessional working or collaborations between different organisations. It is difficult to find definitions for working in partnership with individuals (service users, patients, families) but a concept analysis led to the following view of partnership:

'a respectful, negotiated way of working together that enables choice, participation and equity, within an honest, trusting relationship that is based in empathy, support and reciprocity' (Bidmead and Cowley 2005, p.203).

Bidmead and Cowley (2005) put strong emphasis on the relationship in which partnership working takes place and identified the need for a high level of interpersonal qualities and communication skills. In an earlier analysis of partnership working in nurse-client relationships, Gallant *et al.* (2002) asserted that partnership should lead to client empowerment, explained as an improved ability for the service user to act on their own behalf. They suggested that the process of partnership involves power sharing and negotiation and they highlighted the need to clarify the roles and responsibilities of the partners. Levels of participation underpin partnership working and Arnstein's (1969) model of participation, presenting a continuum from non-participation to complete control by the service user, remains a

useful framework that can expose where partnership working is tokenistic rather than genuine (McKinnon 2013).

Partnership working is closely aligned with promoting choice and shared decision-making, which is where healthcare professionals and patients work together to choose investigations, treatment, management and care, based on available evidence and patients' informed preferences (Health Foundation 2013a). NICE advocates shared decision making within the quality standards for health care experience in both mental health and adult NHS services (NICE 2011, NICE 2012). However, a review of the literature indicated shared decision-making models are being ignored, with a focus remaining on compliance (where patients are expected to be passive and follow advice) rather than concordance, which involves a 'partnership of equals' with recognition of the patient's expertise in their own life (McKinnon 2013). National Voices is a coalition of health and social care charities, which aims for individuals, families and communities to be involved in all decisions about health and care – from individual treatment decisions to major service design, and including research. For shared decision-making, people need evidence-based information about options, outcomes and uncertainties, along with support and documentation of their preferences (Health Foundation 2013b). This highlights the importance of information being communicated in ways that are accessible to people of different literacy levels and those with communication difficulties. Furthermore, Upton *et al.* (2011) suggested that for service users to become more involved in decision making, nurses need training to elicit their preferences and concerns, develop a better understanding of what shared decision making and empowerment mean and become willing and confident to share decision making more equally.

Now carry out the reflection activity in Box 1 and consider shared decision making in your own practice area.

Box 1 Reflection activity

Reflect on your own experiences of shared decision making with the people you care for in nursing practice.

- What are the facilitators and barriers to shared decision-making?
- What do you feel is necessary to better promote shared decision making in closely your area of practice?

Partnership working and shared decision making are related more broadly to person-centred care approaches. There is no single agreed definition of person-centred care and the Health Foundation (2014) instead proposes a framework for person-centred care, that can be applied to any care situation, with four main principles being that care is enabling, coordinated and personalised, and the person is treated with dignity, compassion and respect. The Health Foundation (2014) highlights that for care to be enabling, there must be a partnership between healthcare professionals and patients who work together to understand what is important to the person, make decisions about their care and treatment and identify and achieve their goals.

Partnership working in nursing practice

In practice, for some nurses, partnership working will be an ongoing process in day-to-day care delivery with individuals and their families. In many situations, partnership working with service users, families and carers is within an interprofessional and multi-agency context, for example in planning complex care transitions. Nurses may also work in partnership with service users during local initiatives to improve care quality and at a more macro level in co-designing new services. As an example of partnership in practice within a person-centred care approach, a nurse could plan with a patient and their family how best to improve oral fluid intake in an acute hospital ward, including the person's preferences for what they like to drink and mutually agreeing frequency and timing, type of fluid, any assistance needed and who will help. In end-of-life care, working in partnership is well recognised as best practice, with exploring the wishes of individuals being a key factor in establishing the partnership (Wee 2015). Partnership working is central to supporting people who are self-managing long-term conditions, such as diabetes, chronic obstructive pulmonary disease (COPD) or multiple sclerosis. Ingadottir and Jonsdottir (2010) reported on a partnership framework for working with people with COPD. The core principle is an open, caring, mutually responsive and non-directive dialogue between nurses, people with COPD and their families. There was a focus on assistance with living with symptoms, facilitating access to healthcare and family involvement. Including carers in partnership working is of central importance; there are an estimated 6.5 million carers in the UK who provide care for family, friends or neighbours (Carers UK 2014).

In practice, partnership working could be problematic where there is a lack of clear communication, shared expectations, and mutually agreed goals and actions between all involved. As an example, in discharge planning, there could be an expectation that family carers will be able to continue or indeed increase the support they provide to a person at home, even though their care needs have increased due to worsening health status. Therefore, early and continuing communication with families is essential and nursing teams are most likely to meet families who are visiting, as they cover the 24 hours of care, 7 days per week. Morgan and Moffatt (2008) revealed complexities of partnership working when they studied community nurses' experiences of caring for people with non-healing leg ulcers and found that goals were not always shared: nurses viewed ulcer healing as the priority while the patients prioritised comfort. When patients tried to exert some control over their own care, nurses viewed them as being 'difficult', 'uncooperative' and 'non-compliant'. A non-judgemental partnership was challenging, especially when ulcers failed to heal, which the nurses found emotionally difficult to deal with. The study highlighted the importance of a shared understanding and agreement of realistic person-focused goals.

The balance of power in the relationship between service users and healthcare professionals is another important factor in partnership working. In a study of urgent care experiences, Bridges and Nugus (2010) found that older patients experienced a diminished sense of their individual significance, and a key factor was the imbalance of power between themselves and the healthcare professionals, which affects the principles underpinning partnership working. People living with a disability or chronic disease often feel powerless, and may relinquish control to professionals who appear more knowledgeable (Kurz *et al.* 2008). For people with mental health

problems, partnership is based on equalising power differences, which requires mutual respect; attributing 'normality' to service users can start the move away from the power imbalance in professional-user relationships (Winness *et al.* 2010). Wish (1976) provided a conceptual framework for reviewing relationships, with four dimensions, each being a spectrum:

- *Power symmetry/asymmetry*: the power dynamic of the relationship, or the equality;
- *Valence*: a continuum ranging from cooperative and friendly to competitive and hostile;
- *Intensity*: the frequency of interactions and depth of relationship and commitment of both parties;
- *Formality*: the extent to which the relationship is social versus professional in nature.

Now turn to Box 2 and carry out the reflective activity, in which you consider your relationship with a service user and/or carer and how the relationship affected partnership working.

Box 2 Reflective activity 2

Reflect on a recent practice experience and your relationship with the service user and/or carer in care planning and delivery:

- Consider Wish's (1976) framework and where you feel the relationship was along the spectrum for each of the dimensions
- Consider how your relationship affected your partnership working in practice.

Conclusions

There is now a central theme of partnership and shared decision-making in healthcare policy and professional guidelines. This article explored the meaning of partnership working in nursing practice and established the professional and health policy expectation that nurses will work in partnership with people who are accessing healthcare, their families and communities. For partnership working in healthcare to become a reality, nurses need appropriate values and attitudes and effective skills for working with service users, families and carers, so that they can build trusting and empowering relationships, which are based on mutual respect. Personal reflection on partnership working experiences in practice, listening to service user and carer experiences and gaining feedback from colleagues will support professional development in partnership working. The resources section and references will be useful for further learning about partnership working in the context of person-centred care.

Resources

Health Foundation Person-centred Care resource centre:

<http://personcentredcare.health.org.uk/>

National Voices – Person-centred care: <http://www.nationalvoices.org.uk/our-work/person-centred-care>

King's Fund – Person and Family Centred Care toolkit:
<http://www.kingsfund.org.uk/projects/pfcc>

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