PERSON-CENTRED CARE

Working in partnership with patients and carers

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Abstract

Health policy and healthcare professional guidelines promote patient and carer involvement, which includes working in partnership with service users in all aspects of healthcare provision, research and education. This article explores the expectations for nurses to work in partnership with patients and carers, examines the definitions and theories of working in partnership and related concepts, as well as considering examples of partnership working in nursing practice.

Keywords Florence Nightingale Foundation, nurse education, partnership working, patient involvement, patient participation, person-centred care, shared decision-making

THE CONCEPT OF working in partnership is well-established in health policy and healthcare guidelines. The NHS Constitution pledged to patients that NHS staff will ‘work in partnership with you, your family, carers and representatives’ (Department of Health 2015). It specified that patients will be involved in discussions in planning their care, provided with information that they can understand, and offered appropriate support to enable them to participate fully in decision-making about healthcare.

The ‘Five Year Forward View’ in England (NHS England 2014) emphasised partnership working, drawing attention to care planning with service users and families, and providing examples of service developments created in partnership with service users and communities. Evidence-based guidelines also refer to working in partnership with service users, families and carers, for example in mental health care (National Institute for Health and Care Excellence (NICE) 2011).

The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (Nursing and Midwifery Council 2015) requires registered nurses to ‘prioritise people’. It specifies that nurses must ‘listen to people and respond to their preferences and concerns’, and that nurses must ‘work in partnership with people to make sure you deliver care effectively’ to achieve this. Partnership working is a clear expectation for nurses. However, the meaning of working in partnership is not clearly defined in the context of nursing practice.

Working in partnership: definitions, related concepts and theories

The term ‘partnership’ is commonly used in healthcare, often in relation to interprofessional working or collaborations between different organisations. Definitions of working in partnership with individuals, such as service users, patients or families, are difficult to find. However, a concept analysis resulted in the following definition of partnership with clients (Bidmead and Cowley 2005): ‘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) emphasised the relationship in which partnership working takes place, identifying the requirement for healthcare professionals...
to have a high level of interpersonal qualities and communication skills. In their analysis of partnership working in nurse-client relationships, Gallant et al (2002) asserted that partnership should lead to client empowerment, defined 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 emphasised the importance of clarifying the roles and responsibilities of the partners involved.

Levels of participation underpin partnership working. Arnstein’s (1969) model of participation presents a continuum of participation, from non-participation to complete control by the service user. This remains a useful framework that can identify when partnership working is tokenistic rather than genuine (McKinnon 2013). Partnership working is closely aligned with promoting choice and shared decision-making, whereby healthcare professionals and patients work together to choose investigations, treatment, management and care, based on the available evidence and the patients’ informed preferences (The Health Foundation 2013a).

NICE (2011, 2012) advocates shared decision-making in the quality statements for healthcare experience in mental health and adult NHS services. However, a review of the literature published between January 2011 and December 2013 indicated that shared decision-making models are often overlooked; there is a focus on compliance, where patients are expected to be passive and follow advice, rather than on 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 in England that aims for individuals, families and communities to be involved in all decisions about health and social care, from individual treatment decisions to major service design and research prioritisation and design.

People require evidence-based information about options, outcomes and uncertainties, along with support and documentation of their preferences, to participate in shared decision-making (The Health Foundation 2013b). It is important that information is communicated in ways that are accessible to people of different literacy levels and those with communication difficulties. Upton et al (2011) suggested that to enable service users to become more involved in decision-making, nurses require training to: elicit service users’ preferences and concerns; develop an effective understanding of shared decision-making and empowerment; and become willing and confident to share decision-making equally with them.

Undertake the reflective activity in Box 1 and consider shared decision-making in your area of practice.

Partnership working and shared decision-making are broadly related to approaches to person-centred care. There is no agreed definition of person-centred care; however, The Health Foundation (2014) proposed a framework for person-centred care that can be applied to any care situation. This has four principles: the person is treated with dignity, compassion and respect; care is coordinated; care is personalised; and care enables them to live an independent and fulfilling life. For care to be enabling, there should be a partnership between healthcare professionals and patients; they should work together to understand what is important to the person, make decisions about their care and treatment, and identify and achieve their goals (The Health Foundation 2014). The useful resources section provides links to information that will help with further learning about partnership working in the context of person-centred care.

## BOX 1. Reflective activity

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

- What are the facilitators for shared decision-making?
- What are the barriers?
- What do you feel is necessary to promote shared decision-making in your area of nursing practice?
Partnership working in nursing practice

For some nurses, partnership working will be an ongoing process in day-to-day care delivery with individuals and their families. Partnership working with service users, families and carers occurs in an interprofessional and multi-agency context in many situations, 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 macro level in co-designing new services. One example of partnership in practice using a person-centred care approach might involve a nurse planning with a patient and their family how best to improve fluid intake in an acute hospital ward, taking into consideration the person’s preferences for what they like to drink and agreeing the frequency and timing of drinks, the type of fluid, any assistance they will require and who will provide help.

Working in partnership is well recognised as best practice in end of life care, where exploring the wishes of the individuals is an important factor in establishing an effective partnership (National Voices 2015). Partnership working is also 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) proposed a partnership framework for working with patients with COPD. The central principle was an open, caring, mutually-responsive and non-directive dialogue between nurses, patients with COPD and their families. The dialogue focused on assistance with living with the symptoms, facilitating access to healthcare, and family involvement. Including carers in partnership working is important; 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 may be problematic where there is a lack of effective communication, shared expectations or mutually agreed goals and actions among all involved. For example, in discharge planning, there could be an expectation that family carers will be able to continue or increase the support they provide to a person at home, even though the person’s care needs have increased because of their deteriorating health status. Therefore, early and ongoing communication with families is essential. Nursing teams are most likely to meet families who are visiting the patient, because they provide continual care, 7 days a week.

Morgan and Moffatt (2008) identified some of the complexities of partnership working when they studied community nurses’ experiences of caring for patients with non-healing leg ulcers. They found that the community nurses’ goals were not shared by patients; nurses viewed ulcer healing as the priority, while patients prioritised comfort. When patients tried to exert some control over their care, some nurses viewed them as being ‘difficult’, ‘uncooperative’ and ‘non-compliant’. Establishing a successful non-judgemental partnership was challenging, especially when ulcers failed to heal, which resulted in stress, distress, and anxiety for community nurses. The study emphasised the importance of having a shared understanding and agreeing realistic, person-centred goals.

The balance of power in the relationship between patients and healthcare professionals is an 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. This resulted in an increased imbalance of power between them and healthcare professionals. People living with a disability or chronic disease often feel powerless, and may relinquish control to professionals who appear more knowledgeable than themselves (Kurz et al 2008). For people with mental health conditions, an effective partnership is based on equalising power differences, which requires mutual respect; attributing ‘normality’ to service users can reduce the power imbalance in professional-service user relationships (Winness et al 2010).

Wish (1976) provided a conceptual framework for reviewing relationships, which has four dimensions, each of which is a continuum:
» Power symmetry or asymmetry: the power dynamic or equality of the relationship.
» 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.

Undertake the reflective activity in Box 2. Consider your relationship with a patient and/or carer and how the relationship affected partnership working.

**Conclusion**

Partnership and shared decision-making is a central theme of health policy and healthcare professional guidelines. It is important to define partnership working in nursing practice, and to emphasise the professional and health policy expectations that nurses will work in partnership with people who are accessing healthcare services, as well as with their families and communities. For partnership working in healthcare to be effective, nurses require appropriate values and attitudes and effective skills for working with patients, families and carers, so that they can establish trusting relationships that empower others and are based on mutual respect. Personal reflection on partnership working experiences in practice, listening to patient and carer experiences, and feedback from colleagues can support professional development in partnership working.

**References**

Power symmetry or asymmetry: the power dynamic among multidimensional structures of interpersonal relations. Multivariate Behavioral Research. 11, 3, 297-324.

**USEFUL RESOURCES**

» The Health Foundation (2016) Person Centred Care. nationalvoices.org.uk/our-work/person-centred-care


» King’s Fund (2016) Person and Family-Centred Care Toolkit. kingsfund.org.uk/projects/pfcc