Partnership in nursing care: a concept analysis

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Highlights
This article critically identified four attributes of partnership in nursing care, namely, capacity, collaboration, trust and confidence in accountability, and empathy. Model and contrary cases were addressed to help readers comprehend what counts or doesn’t count as the defining attributes for partnership. By understanding the concept of partnership in nursing care, nurses can innovate their relationship with their clients and care for people in a more person centered way.

Editor’s summary
As the discipline of nursing continues to evolve, the concept of partnership has been brought into nursing care. In order to promote innovative relationships with clients, nurses should first acknowledge the concept of partnership in nursing care. The purpose of this concept analysis is to inform nurses of the theoretical framework underpinning being a partner in care, and to help them measure the effectiveness of their partnership with their clients.

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ABSTRACT

**Objectives:** This concept analysis aims to provide a better understanding of the term “partnership” in nursing care. A critical review of empirical studies regarding this area, can lay the groundwork for improving partnership between nurses and clients, as well as person-centered nursing care. **Methods:** A comprehensive literature search used various “partnership”, “nurse” and “clients” search terms to identify relevant studies published from 2007 to 2017. The selected studies had to focus on partnership and nursing care. Walker and Avant’ (2004) framework was used when synthesizing the evidence from empirical studies in the concept analysis. It helps to distinguish confusing or unclear concepts, and to promote critical thinking through analyzing its attributes, operational definitions, antecedents, consequences, and reference. **Results:** In nursing care, partnership is the relationship based on collaboration among individuals, who place trust and confidence in accountability, and who have capability and empathy. The antecedents are health problems or requirements, willingness to sign up as partners and ongoing commitment; while the consequences were presented as improvement in quality of service, treatment outcomes, clients’ safety and satisfaction, financial benefit as well as time constraints and professionals’ emotional burden. The Patient Partnership in Care questionnaire can help assess partnership in nursing care. **Conclusion:** This concept analysis informs the concept of partnership in nursing care by using Walker and Avant’ (2004) framework. By synthesizing the evidence from empirical studies, it provides theoretical and clinical frameworks for nurses to innovate nurse-client relationships - nurses are seen as partners in care instead of experts, which can encourage clients’ self-management and improve person-centered nursing care.

**Key words:** Partnership, Nursing care, Relationship, Concept analysis

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1. INTRODUCTION

The Oxford Dictionary (2011) firstly defines partner as ‘a person who takes part in an undertaking with another or others, especially in a business or firm with shared risks and profits’, and then defines partnership as ‘the state of being a partner’ [1]. Merriam-Webster’s Dictionary Online (2017) explains partnership as ‘a legal relationship’ between two or more individuals who have joint rights and responsibilities, which usually involves time and energy to cooperate and maintain [2]. The use of partnership varies in scopes and context [3]. In family, for example, partnership refers to the relationship between husbands and wives [4]; while in healthcare system, partnership can be used to describe the ‘alliance-like working arrangement’ between health and social care [5]. It is believed that this kind of partnership can reduce organizational stress, duplicate work and cost, improving greater responsiveness to the multi-needs of service users [5].

Like other disciplines, nurses are also exploring partnership in the context of nursing development. In the past 30 years, nursing has begun to pay more attention to the importance of care [6, 7]. Most nurses embracing a philosophy or model of care believe that nursing serves to sustain humanity: they acknowledge clients as individuals who have equal human right to self-determination [6, 7]. As the discipline of nursing continues to evolve, the concept of partnership has been brought into nursing care in order to promote the building of therapeutic relationships with clients [8, 9, 10]. Therefore, the role of nurses shifts from healthcare experts to healthcare partners in terms of clients’ perspective, which is endorsed by the Code of Nursing and Midwifery Council in the National Health Service in United Kingdom [10].

In order to promote innovative relationships with clients, nurses should first acknowledge the concept of partnership in nursing care. Thus, the purpose of this concept analysis is to inform nurses of the theoretical framework underpinning being a partner in care, and to help them measure the effectiveness of their partnership with their clients.

2. METHODS

2.1 Search strategy

A multi-way search was conducted based on the electronic databases, including CINAHL, Academic search complete, Science direct, MEDLINE and JSTOR journal. Keywords used Boolean/Phrase search expanders were (partnership. ti) AND (nurs*. tx) AND (“clients” or “patients” or “service users” or “individuals” or “consumers”. tx). The limiters included the date of publication (2007 -2017), English language, peer-reviewed and full-texts which were accessible. A snowball strategy was used based on the reference lists of identified publications, and policy documents were searched in Google Scholar. A total of 1090 articles were obtained through search, including three hand search articles.

The titles and abstracts of these publications were screened. The inclusion criteria were as follows: (i) related to healthcare; (ii) related to nursing care; (iii) discussing partnership between nurses or healthcare professionals and clients; (iv) exploring the partnership concept. The exclusion criterions included: (i) not related to healthcare; (ii) not focusing on the relationship be-
tween professionals and clients. The remaining 21 articles were included (the selection procedures see Figure 1).

2.2 The theoretical framework

The study utilized Walker and Avant’s framework (2004) when conducting the concept analysis [11, 12]. This framework contains following steps: (i) select a concept of interest; (ii) determine the aim of the analysis; (iii) re-view the literature to define the attributes of the concept; (vi) combine the practice with theory to construct model and contrary cases in nursing; (v) identify the antecedents and consequences of the concept from the literature, and (vi) define empirical referents [11].

3. DEFINING ATTRIBUTES

In nursing care, partnership pays more attention to enhancing the relationship between nurses and their clients. Four attributes of partnership in nursing care are identified from the literature as follows:

3.1 Capability

The first defining attribute is capability. It is the first step of becoming partners of clients that nurses should embrace more specialist knowledge and skills [13]. Practitioners’ qualities, self-efficacy as well as the capacity to inspire and motivate influence the partnership process [14, 15]. Moreover, being capable of caring for diverse individuals and population is vital to the quality of health care [13, 16]. On the other hand, clients’ capacity is also considered in partnership-based caring [17 - 19]. Clients may be more knowledgeable than nurses in some cases [14]; their expertise could facilitate mutual information exchange and promote partnership with nurses [15, 17].

3.2 Collaboration

Another indispensable attribute of partnership is collaboration. Three vital parts are the most discussed when emphasizing the role of collaboration in partnership. First, the empowerment of clients is central to working collaboratively in partnership [13, 20]. Nurses need to recognize and accept the autonomy of clients [15, 21]. In fact, clients are more willing to control the activities related to their health according to their own thoughts and interests [22]. Second, effective communication between nurses and clients is crucial to establish partnership [15, 23 - 25]. It is a powerful tool that might either isolate clients, or let them feel safe and comfortable [16]. Opening questions, affirmation and active listening could evoke clients’ experiences, ideas and knowledge; this is demonstrated to facilitate their involvement in healthcare [15]. Third, mounting evidence shows that shared goals and decision-making in the collaborative process are important to partnership [19, 21, 23, 25, 26]. In order to improve clients’ well-being, a part of nurses’ duty is to make sure useful and understandable information is delivered to clients, and no decision should be made without clients’ consent [21, 23]. However, there are mixed attitudes toward young clients’ participation. Some professionals argue that it is not necessary for children to influence the decision-making process [19].

3.3 Trust and confidence in accountability

Trust and confidence in accountability are the third attribute in
partnership. Healthcare providers are frequently reminded of being accountable practitioners. Accountable nurses are more likely to reflect on their practice and provide efficient and effective evidence-based care [27]. One fundamental aspect of partnership is building trust based on this accountability [22, 23, 26]. For example, the sense of confidence and trust could be maintained by the provision of documented care plans and decisions [26]. With the trust and confidence, clients are more willing to open up and accept the nurses’ explanation [22]; they trust nurses’ competency to provide support, and perceive nurses as supportive and reliable professionals [17]. Meanwhile, nurses trust and have confidence in their clients, knowing that their clients have self-management in their health, which can also promote a positive and cohesive atmosphere of partnership [22].

3.4 Empathy
Empathy is an essential attribute of partnership between nurses and clients in the context of the therapeutic relationship. In empathic partnership, nurses appreciate the diverse circumstances of patients and understand them individually [28, 25]; they acknowledge their own lens and identify multiple cultures and backgrounds in clients through reflection [16, 18]. Also, they are more likely to be reliable friends to their client, focusing on learning others’ experience without judgement [15, 22]. Empathic understanding forms the basis of collaboration and stimulates a trusting relationship: clients are more willing to engage in negotiating goal setting, interaction and decision-making with their nurses [14, 26].

4. OPERATIONAL DEFINITION
In nursing care, partnership is the relationship based on collaboration among individuals who both have the capability and empathy. Meanwhile, they place trust and confidence in each other’s accountability.

5. RELATED CONCEPT
Looking through the literature, “partnership” and “collaboration” seem to be linked together. However, two concepts have both similarities and differences. According to the Merriam-Webster Dictionary (2017), collaboration means people work jointly towards a common goal, “especially in an intellectual endeavor” [29]. Unlike partnership, they may make decisions or implement plans together in an informal relationship, and may not have the same legal responsibilities or risks as in partnerships [3].

6. MODEL CASE
A 46-year-old woman, who cannot bear a child without assisted reproduction treatments is in a difficult relationship with her husband. Now she is 42 weeks pregnant (postterm pregnancy) and insists to give birth to her baby naturally. A midwife, who has been working for 30 years in the labor room (she is very capable with extensive clinical experience), comes to do the assessment. After chatting with the woman in an empathetic manner, she understands the woman’s sufferings and acknowledges why she insists on having a natural childbirth (empathy): she recognizes natural childbirth has many benefits compared to cesarean section, so she determines to give the best choice to the child (the woman’s capability). With the respect of the woman, the midwife explains the benefits and the risks of both natural birth and cesarean section. They exchange ideas actively and finally, reach a collaborative goal of safety for mother and baby (collaboration). The woman then becomes positive about preparing cesarean section, and trusts the medical team can take care of her and her baby (trust and confidence in accountability). She says the midwife is more like a friend to her.

In the model case, all the defining attributes for partnership are present. The midwife builds an empathetic relationship with the woman. Both the midwife and the woman have their own expertise on how to deliver the child. They work collaboratively to reach the shared goal, and place trust and confidence in each other’s accountability.

7. CONTRARY CASE
An 18-year-old teenager is 37 weeks pregnant. She has been hospitalized for two days and is waiting for the delivery. A midwife with little experience on the delivery suite comes to do the assessment. She is reluctant to talk with the teenager and just ticks the assessment sheet. She thinks the teenager is too naive to have the discussion and make the decision for her delivery. The teenager feels uncomfortable about this and asks the ward manager to change another midwife for her.

In this contrary case, there is no evidence of partnership. Neither of them has enough capability, collaborative interaction, empathy as well as trust and confidence in each other’s accountability.

8. ANTECEDENTS
Antecedents are those preceding events or incidents that must happen before the occurrence of partnership [11]. The antecedents of partnership in nursing care are synthesized like this:

8.1 Health problems or requirements
People who come to seek help from healthcare professionals may experience problems or have some issues related to health and well-being [13, 17, 19, 23]. These requirements offer the possibility of connection between nurses and clients.

8.2 Willingness to sign up as partners
Willingness to sign up as partners is necessary before creating nurse-client-partnership [14, 15, 22, 24, 26]. If clients are reluctant to work as partners on the healthcare journey, it will not happen even if nurses want to maintain the partnership with them.

8.3 Ongoing commitment
An optimal partnership could only be established after continuous commitments [14, 15, 25]. For instance, nurses work hard to facilitate clients’ engagement: they need to be able to occupy and balance various helping roles [14, 15]. Clients, on the other
hand, are encouraged to make commitment towards interactive activities and self-management [25].

9. CONSEQUENCES

Consequences, as a result of the occurrence of partnership, could be both positive and negative [11]. A number of studies have shown that partnership can improve the quality of service, treatment outcomes, clients’ safety and satisfaction [30, 31, 22, 13, 25, 24, 32, 26]. Additionally, financial benefit among individuals and health services is also addressed by other professionals [13, 33].

However, establishing a therapeutic relationship takes time whereas nurses face constraints in both time and space [34, 35]. Meanwhile, nurses may experience emotional burden when caring for their clients as partners [9].

This article analyzed the concept of partnership in nursing care. Four attributes of partnership in nursing care were identified, namely capacity, collaboration, trust and confidence in accountability, and empathy. The antecedents were health problems or requirements, willingness to sign up as partners and ongoing commitment; while the consequences were divided into positive and negative aspects, namely improving healthcare quality and increasing professionals’ burden. The difference between related concept “collaboration” and concept “partnership” was also explored with reference to the literature. In addition, model and contrary cases based on a pregnant woman were built, which helped to understand what counts or doesn’t count as the defining attributes for partnership. Empirical referents based on the literature review were also clarified. It is believed that this concept analysis could help nurses deepen the understanding of partnership, shift their roles from being clients’ experts to clients’ partners, and improve the person-centeredness in their nursing care.

Authors’ contributions
Conception or design of the work: SYY; Data collection: SYY; Data analysis and interpretation: SYY; Drafting the article: SYY; Critical revision of the article: SYY and JM; Final approval of the version to be published: SYY and JM.

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10. EMPIRICAL REFERENTS

There are several instruments that measure the effectiveness of partnership, such as the Partnership Self-Assessment Tool [36] and the Team Climate Inventory [37]. Both of them focus on the partnership in the interprofessional team instead of client care. Pediatric Nurse Parent Partnership Scale [38], however, aims to measure the partnership among nurses, children and their parents in pediatric wards. An emerging instrument called The Patient Partnership in Care questionnaire seems to be an appropriate instrument for measuring the partnership in nursing care [39]. This questionnaire (supplement 1), which consists of 16-item generic questions and comment space, is designed to assess the partnership professionals maintained with clients who have chronic illness. It combines the confidence of clients managing for their clients as partners [9].

The Patient Partnership in Care questionnaire can help evaluate their own health and partnership with healthcare professionals together. Utilizing Patient Partnership in Care questionnaire can help facilitate a positive and effective partnership in the current person-centered nursing care.

11. CONCLUSION

This article analyzed the concept of partnership in nursing care. Four attributes of partnership in nursing care were identified, namely capacity, collaboration, trust and confidence in accountability, and empathy. The antecedents were health problems or requirements, willingness to sign up as partners and ongoing commitment; while the consequences were divided into positive and negative aspects, namely improving healthcare quality and increasing professionals’ burden. The difference between related concept “collaboration” and concept “partnership” was also explored with reference to the literature. In addition, model and contrary cases based on a pregnant woman were built, which helped to understand what counts or doesn’t count as the defining attributes for partnership. Empirical referents based on the literature review were also clarified. It is believed that this concept analysis could help nurses deepen the understanding of partnership, shift their roles from being clients’ experts to clients’ partners, and improve the person-centeredness in their nursing care.

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