Partnership in care is a topic that has been widely researched from a variety of perspectives in England and globally, but it continues to be a topic that exercises the minds of children’s nurses. This is not surprising as this concept remains problematic in practice. Lee’s (2007) research is a contribution to the current knowledge on nurses’ attitudes towards parents’ participation. The focus of this paper is to explore with 10 children’s nurses their understanding of partnership in care and to determine to what degree partnership is evident in their practice. The second part of this aim appears to require observational data, which unfortunately was not undertaken. Facilitating parent participation in the hospitalised child’s care is commendable although clearly problematic. However, this paper assumes that children’s nurses deliver care in partnership with parents. This view has been challenged by many other researchers, who assert that it is not and never could be a partnership. Others suggest that partnership has evolved to become family-centered care and as such this is the philosophy that should be researched. The concept of partnership is not clearly defined in the introduction and there is over-reliance on Evans’ (1994) paper, which was misquoted: Evans did not criticise the partnership philosophy rather she reported a very positive view of mothers’ participation in delivering i.v. antibiotics.

Leaving those criticisms aside, this research does reveal some interesting points and attempts to describe the antecedents and consequences of partnership. The antecedents were attitudes, respect for family, communication and parent understanding. The consequences were effective partnerships; all parties satisfied and improved well-being. Lee concluded that a negative approach to one of the four antecedents leads to ineffective partnership in care. It is understandable that a positive attitude, respect for family and effective communication would influence the implementation of parent participation. But, how these categories would influence the partnership philosophy was not easily discernible.

The concept of parent understanding appeared to be linked to parents giving inappropriate care once discharged, communication difficulties within the multidisciplinary team and parents’ ethnicity. The issue of communication difficulties within the multidisciplinary team focused on doctors’ communicative practices rather than nurses. Does this mean that the partnership philosophy involves a partnership between parents and the multidisciplinary team? If so, then how a partnership can occur between many members of staff and a parent needed to be explicated. It also implies that partnership hinges completely on the issue of communication when there is considerable research demonstrating that many other variables are involved.

The statement about different ethnic groups feeling forced to stay because they lacked understanding of nurses’ motives appeared to miss the point. Different ethnic groups may not expect to stay constantly with their child in hospital because of their different beliefs rather than a lack of understanding. Being expected to stay and contribute to care may be difficult for families who are dual earners, or who have dependent children at home. Some mention was made that partnership may fail because parents give inappropriate care to a child. I would have liked to see this point explored further in relation to difficulties, which emerge with partnership. It was also mentioned that parental involvement could be decreased or increased during a child’s stay. This raises the question as to who will increase or decrease the parents’ involvement. Was the nurse in question suggesting that this was nurses’ role?

I read the statement with dread that nurses suggested that partnership should be more quantifiable and less ad hoc. How do they propose that such an amorphous concept
should be suitable for quantifying? Would this lead to a scenario where every parent would be expected to perform to checklist of activities? Research over 40 years has attempted to quantify parents’ activities without much success as parents’ actions are influenced by a multitude of situational factors (McCarthy et al. 1962, Merrow & Johnson 1968, Beck 1973, Webb et al. 1985, Jones 1994). These studies, which are quite dated, concluded with the assumption that most parents wanted to be more responsible and be more involved in doing all their child’s care. These studies failed to explore or document the roles that parents want and actually assume in the hospital setting. Furthermore, grouping parents’ actions into roles with ‘labels’ or ‘levels’ suggests a neat differentiation of parents behaviours, which is debatable and the insight and understanding these stages afford is questionable (Coyne 1996).

Lee reported that some of the nurses spoke about experiencing difficulties with the partnership philosophy such as: nurses not wanting to get involved with families; nurses sometimes appear abrasive, abrupt or busy; challenging families sometimes avoided; nurses very busy and may forget family there; single parent staying policy might convey lack of respect for families and different cultures may feel forced to stay (because of misunderstanding nurses’ intentions). Several of these issues have been reported in previous studies on this topic (Brown & Ritchie 1990, Henderson 2003) but, in the discussion section, the opportunity to analyse these issues critically was not realised which was disappointing. The discussion seems to dwell on the more positive findings rather than explore how these issue influence the partnership philosophy and build upon previous studies.

It was stated that the nurses’ experience did not have any influence on their attitudes. It was unclear how this was determined from the data supplied. One would imagine that experience and education would have some influence on attitudes, along with individual characteristics. There was another point made that some nurses may hold less positive attitudes towards children with complex needs. What else was said on this issue and was any reason given for this negative attitude? Was it due to parents and children being more knowledgeable about the condition and treatment and thus more challenging to care for? These issues could have been explored further with the nurses in question. However, the duration of the interviews is not mentioned; therefore, there may have been a lack of time to explore issues in more depth.

The conclusion suggests that partnership in care may mean that parents are fully informed about their sick child, but perform little family care or no extra care. This is encouraging news, as parents should not be expected to participate actively in the delivery of care. At the same time, it is unclear how the notion of partnership has evolved to a communication issue from the categories discussed. It could be argued that communication is a key issue in the development of any type of relationship. But to term this a ‘partnership’ creates confusion rather than clarity of vision.

Lee does make a valuable point that families may enter hospital with different expectations because of lack of information or preparation prior to admission. This is an area that nurses could focus on with regard to preparing children and families for hospitalisation and ward routines, etc. It is stated at one point that the ways partnership contributes (or otherwise) to improved outcomes, or improved experience of care remains poorly understood. This would be another issue worth researching as it is assumed that parent participation leads to improved outcomes for all parties concerned. One could assume that parents’ constant caring presence would greatly enhance the emotional welfare of the child. But, does it have significant benefits for all parents, nurses and allied health professionals? These issues remain unclear.

References


