



Partnership—Imaging a New Model in Health Care



■ Teddie M. Potter, PhD, MS, RN

ABSTRACT: Clear professional roles and responsibilities are essential for safe and quality health care. This is especially true when new specialties emerge within existing structures. For example, radiology and imaging nurses bring new patient care expertise; however, they must also be able to navigate pre-existing relationships between radiologists and radiology and imaging technologists.

The partnership-based health care model offers radiology and imaging nurses a template to evaluate their organization for old patterns. By challenging hierarchies of domination, nurses can create cultures where effective interprofessional collaborative practice and patient-centered care can thrive. (J Radiol Nurs 2015;34:57-62.)

KEYWORDS: Partnership; Interprofessional; Cultural transformation theory.

INTRODUCTION

Up until the early 1900s, it was quite possible for physicians and other health professionals to know everything about health and healing. However, today our explosion of knowledge makes it difficult to keep pace with newly released studies, let alone best practices in even one field. It is no longer possible for one profession to hold all the knowledge that is necessary for safe and quality care. Health care organizations must therefore create a culture that values and promotes effective interprofessional practice.

Educators in nursing, dentistry, pharmacy, osteopathic medicine, public health, and medicine agree that interprofessional collaborative practice is key to safe, high-quality, and effective health care (Interprofessional Education Collaborative Expert Panel, 2011). However, collaboration is more than health care workers from different professions sharing the same patients. “Collaboration occurs when two or more individuals from different backgrounds with complementary skills interact to create a shared understanding that none had previously possessed or could have come to on their own” (World Health

Organization, 2010, p. 36). According to Eisler and Potter (2014), this “shared understanding” only occurs when hierarchies of domination are replaced with partnership.

Radiology and imaging nursing is an emerging and rapidly growing field with specialized knowledge and skills. Partnership-based health care creates a culture where radiology and imaging nurses can reach their full potential. This article describes cultural transformation theory and the significant differences between the domination and partnership paradigms. It offers radiology and imaging nurses a tool to analyze the culture of their own organization and tips for shifting organizations toward partnership.

CULTURAL TRANSFORMATION THEORY

In 1987, Riane Eisler, attorney, systems theorist, and macrohistorian, published the *Chalice and the Blade: Our History, Our Future* (Eisler, 1987). This book uncovers patterns in the way human societies, from families to nations, organize themselves. By studying all cultures throughout history, Eisler noted that cultures organize along a continuum from what she calls domination to partnership.

Domination cultures tend to be organized in rigidly ranked hierarchies that are maintained with fear, shame, and blame. Communication only flows top down, and generally males have more power than females. These cultures are based on the belief that resources are scarce, and if you do not dominate, you will be dominated. Power is used to maintain the status quo and prevent movement among the ranks.

Partnership cultures on the other hand are built on mutual respect and a valuing of everyone’s contributions.

Teddie M. Potter, PhD, MS, RN, Clinical Associate Professor, Coordinator of the Doctor of Nursing Practice in Health Innovation and Leadership, Director of Inclusivity and Diversity, School of Nursing, University of Minnesota, Minneapolis, Minnesota

Corresponding author: Teddie M. Potter, School of Nursing, University of Minnesota, 6-181 Weaver Densford Hall, 308 Harvard Street SE, Minneapolis, MN 55455. E-mail: tmpotter@umn.edu

1546-0843/\$36.00

Copyright © 2015 by the Association for Radiologic & Imaging Nursing.

<http://dx.doi.org/10.1016/j.jradnu.2015.04.002>

Communication flows freely among all members, and both genders have equal value. There is a general sense of abundance and trust in the strengths and abilities of the entire community. There are hierarchies within partnership cultures, but these are known as *hierarchies of actualization* (Eisler, 2002). People in power use their influence to empower everyone in the system and support them to reach their highest potential. Partnership cultures use “power with” rather than “power over.”

Cultural transformation theory reveals the differences between these two paradigms and in doing so gives social groups the freedom to choose which paradigm guides their beliefs, values, and actions. That means people in social systems, such as health care, can transform their cultures to improve quality, safety, and outcomes.

PARTNERSHIP-BASED HEALTH CARE

In 2014, Eisler and Potter coauthored *Transforming Interprofessional Partnerships: A New Framework for Nursing and Partnership-Based Health Care*. This book analyzes nursing and the health care delivery system through the lens of cultural transformation theory. It highlights patterns of domination throughout the history of nursing and discusses patterns of domination that still limit professional nursing today.

Transforming Interprofessional Partnerships claims that a partnership orientation is essential for safety and quality outcomes. Communication must flow both ways if errors are to be reported, and problems are to be adequately addressed.

Employees need to be respected for their ideas and contributions if they are to remain engaged and more importantly support the full participation of patients and families. Partnership between health care professionals is also necessary for effective teams, increased patient satisfaction, and improved outcomes.

Partnership-based relationships occur at many levels, for example, nurse to nurse or physician to physician (intraprofessional), one profession to another profession (interprofessional), professional to patient and family, and professionals to unlicensed health care employees. Every person within a health care system has a role to play in either supporting a system of domination or building a system founded on principles of partnership. Every phone conversation, patient encounter, and action can be approached as a partner or a dominator. The choice is ours.

To shift an entire system requires careful scrutiny of traditional patterns of interaction from policies and procedures to hiring practices, from annual reviews to the roll out of new initiatives. Patterns of domination that are allowed to exist in some units or within some levels of the organization will eventually be toxic to the entire system.

For example, “It’s the way we’ve always done it” is a classic domination approach. Whereas, “Let’s look at possibilities and have a conversation where everyone has an opportunity to contribute their ideas” is a partnership approach. Domination shuts down communication, limits innovation, and decreases employee engagement. Partnership on the other hand inspires creativity, encourages communication, and supports the full participation of all employees.

To shift an organizational culture, it is important to be able to recognize patterns of both domination and partnership (Figure 1, Potter, 2013).

RESULTS

Add up all your numbers and divide the total by the number of items you rated (13 possible). This will give you an average number that reflects your organization’s current paradigm. The lower your overall number, the closer your organization functions according to a domination model. The higher the number, the more your organization functions according to a partnership model.

Organizations that align more closely with domination may have more employee sick calls, serious problems related to safety, and they may even see decreased patient satisfaction scores. Organizations that promote partnerships may see increased employee and patient satisfaction, enhanced ability to qualify for magnet status, and improved quality and safety indicators. For additional qualities of partnership-based relationships, refer Tables 1 and 2.

At any given moment, we have a choice; we can either support the status quo and systems of domination or decide we want to be part of creating partnership-based health care. We need to consider our words, our actions, and all our relationships. We will never be perfect, but we can learn from each encounter how to be a better partner next time. As we become better and better partners in our own individual lives, we will begin to see shifts in the entire system.

Unique Challenges of Radiology and Imaging Nursing

It is important to note that every unit and every specialty may face unique challenges along the partnership journey. Challenges that face radiology and imaging nurses include the relatively new emergence of their specialty, potential isolation from the larger pool of staff nurses, and patient encounters that may be brief or one-time events.

The Emergence of a New Field. Any time a new specialty emerges, it can represent a direct challenge to the status quo. Employees who previously worked in the field may perceive the radiology and imaging nurse as an interloper or threat. Technologists and other

Download English Version:

<https://daneshyari.com/en/article/2670892>

Download Persian Version:

<https://daneshyari.com/article/2670892>

[Daneshyari.com](https://daneshyari.com)