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# Partnership in Care: The Implementation of a Model of Nursing Documentation

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Care, child, documentation, evaluation, family, nursing model, partnership

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## Summary of project

This project reviewed existing documentation in children's nursing within Blackburn District General Hospital, using a partnership in care model which reflects the role of the parent as an integrated member of the caring team. As a result of this review, a care management plan has been developed which integrates medical and nursing history and actively involves the child and family. The innovation highlighted just how outdated and ineffective the care planning documentation had become within local practice, and made all those involved question whether it had ever been appropriate. The review of the documentation led to a real journey of change. These changes have challenged nursing care delivery and shifted the balance of power away from the children's nurse towards the child/parent/carer. Parents have reported improved communication, clearer definitions of roles and a reduction in the feeling of redundancy when their child was admitted to hospital. However, for a variety of reasons, parents are reluctant to write on the documentation. Ongoing development and evaluation in response to feedback from parents and nursing staff

is reflected in the fact that the documentation is now in its third revision, and will ensure that the process continues to be responsive to current needs.

## Background

When working as a Sister on the Children's Unit, it became apparent that the current documentation did not encourage the nurses to involve parents and children in the care process. An evaluation of parental complaints confirmed the suspicion that there was a big difference between nurses' and parents' perceptions of how parental contribution to care worked. Three key issues seemed to lie at the heart of the problem:

- Poor communication
- Poor negotiating skills
- A lack of clarity about the concept in children's nursing of what true partnership in care really meant

Partnership in care is the ability to develop a relationship that co-exists to form a collaborative approach to care. Although it is a concept that is accepted in children's nursing as essential in maintaining family links and reducing the damaging psychological effects of hospitalisation on the child and family (Bowlby, 1953; Rutter, 1981; Robertson, 1989; Benner and Wrubel, 1989; Cleary, 1992; Nethercott, 1993; Darbyshire, 1994; Coyne, 1996), nurses sometimes espouse partnership in care as an approach, but may still view parents as simply 'visitors on the wards'. Whilst the research is able to identify what is needed in clinical practice, it does not provide any answers to the complex practicalities of how to make partnership a reality. In order to achieve this, we undertook a project that ultimately led to many changes.

## Identifying the problems with partnership

During July-September 1999, a questionnaire was compiled and completed by the qualified nursing staff on the children's unit to identify how the care planning documentation could be changed to help them to

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develop the concept of partnership in care in practice. Of the 47 staff members who responded:

- 71% could not plan care in partnership with the child/family/carers using the current nursing assessment
- 81% could not identify from the documentation if a negotiated partnership had been discussed
- 98% identified that parents were asked the same questions by doctors and by nurses when their child was admitted to hospital.

It became evident that the current documentation was a key hindrance in the effective implementation of partnership in care. We were therefore faced with the challenge of developing documentation that would enable partnership to become a reality.

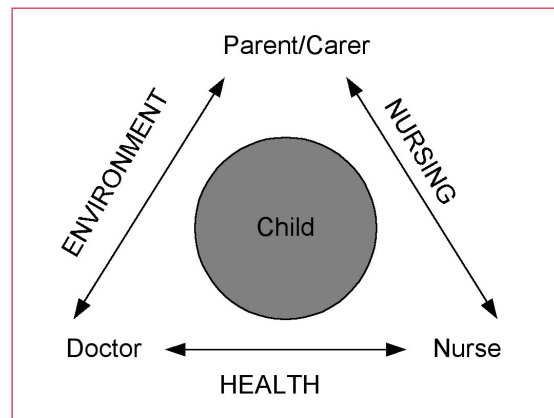
## Identifying a model for partnership in care

In order to develop a new way of documenting care, we first needed to explore our perceptions and understanding of partnership in care to ensure that the documentation that was created would be able to reflect this. We recognised that this approach to nursing care could only succeed if it were underpinned by constructive and effective communication. Several nursing models and philosophies of care were considered to inform this process (see Box 1), and as a result the Blackburn Partnership in Care Model was developed. (See Figure 1.)

### Box 1. Nursing models that informed the development of Blackburn Partnership in Care Model of Nursing

Fawcett (1995)	Identifies 4 major concepts of nursing: person, health, environment and nursing
Neuman (1989)  (cited in Fawcett, 1995)	The nurse views the client with a central core of 5 variables: physiological, psychological, sociocultural, developmental and spiritual
Leininger (1991)  (cited in Fawcett, 1995)	The central focus of nursing is: 'human care, environmental contexts, and well-being (or health).'

**Figure 1. The Blackburn Partnership in Care Nursing Model.**



## Developing and introducing the documentation

The documentation was created by the paediatric clinical development team which meets monthly. Membership of the team is open to all staff within the unit, the senior link lecturer from the University of Central Lancashire and most importantly two parent representatives. The team used the Blackburn Partnership in Care Nursing Model and Neuman's (1989) (cited in Fawcett, 1985) core variables to underpin the development of the documentation. The result is documentation that consists of four components:

### 1. A joint medical and nursing history

This has been developed in collaboration with the medical and nursing staff to address the issue of parents and children being asked the same question by different members of staff on admission to the ward. This history is taken prior to the assessment of the child's condition.

### 2. Assessment of the child's condition

The assessment aims to identify presenting symptoms and assess the child's condition so that the nurse, child and family/carers can produce a plan of care together. There are three headings:

- Physical assessment
- Neurological assessment
- Pyschosocial/transcultural

with prompt lists under each that trigger and inform the assessment and help to identify the main problems or needs of the child and family/carers.

### 3. The management plan

Once the main problems or needs have been identified and prioritised in partnership with the child/family/carers, a plan of action can be developed to address these from the perspective of how the child's illness is viewed in the context of the hospital environment. An intended outcome is identified and agreed with the family, and care is evaluated and revised where necessary to ensure this outcome is reached.

### 4. The daily record diary

A daily record diary was developed to capture the negotiation involved in the production of a partnership in care management plan and to include any comments from the child/family/carer.

Following teaching sessions for all nursing staff, the new documentation was introduced to the children's unit between February and April 2000. From the outset, weekly review of the documentation was undertaken for several reasons:

- Nursing documentation is a legal requirement and it is essential that the nursing care that a child has received, and the nursing outcomes, can be identified.
- To respond to the individual learning needs of the nursing staff. Some children's nurses experienced a shift in the balance of power away from themselves as the professional towards the child/family/carer as a result of negotiating the management of care. This has been uncomfortable for some, who felt more at ease with the status quo.
- To identify practical issues relating to the completion of the documentation that may need to be addressed. For example, a difficulty with documenting babies' feeding patterns was identified.

In addition to the weekly review by the project leader, the parent representatives regularly visited the unit to talk to parents and carers about the documentation and the negotiation involved in the development of the partnership in care plan. Comments and suggestions from these discussions were fed back to the team and acted upon.

### Audit of documentation

In January 2001, an audit of the new documentation was undertaken to establish the level of involvement that families/carers had in the management of their child's care in relation to the partnership in care model of nursing. With the support of the clinical audit department, a questionnaire was developed and issued by the parent representatives to parents/carers on the children's unit. In total, nineteen questionnaires were returned and audited.

The audit identified some positive outcomes in relation to the advancement of partnership in care. Most respondents stated that partnership in care had been explained to them on admission; all respondents had been actively involved in the planning of care, and most were aware of the parent/carer representative on the ward. However, none of the respondents had completed the partnership in care section of the daily record card. The majority of respondents said that they preferred to communicate verbally with the nursing and medical staff, rather than writing their comments.

Whilst it seems that the documentation has helped to open up dialogue between nurses, children and their families/carers in relation to the management of care, the audit identified a need to explore the issue of verbal communication and negotiation with children/parents/carers to ensure that this is captured on the documentation in some way. Continuing work to explore this issue will be developed, involving the parent representatives.

### Conclusion

Partnership in care is no longer seen as an add-on aspect of nursing but as being at the heart of the care given to children and their families in Blackburn. The changes in documentation outlined in this report have been a key factor in the outcome of this project. These changes have challenged nursing care delivery and shifted the balance of power away from the children's nurse to the children/ families and carers.

The partnership model in Blackburn truly reflects the role of the parent as an integrated member of the caring team. The ultimate test of the Blackburn model is not the nurse's view, but the view of the children and families being cared for in Blackburn. So far, parents have reported improved communication, clearer definitions of roles when caring for their child, and a reduction in the feeling of redundancy often expressed

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by parents/carers when their children are admitted to hospital. There has also been a reduction in the number of complaints.

Nursing children is now viewed from the perspective that truly to 'care' as nurses, a partnership model of nursing must be adopted.

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## Further Reading

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