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# Partnership-Based Health Care: Suggestions for Effective Application

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# PARTNERSHIP-BASED HEALTH CARE: SUGGESTIONS FOR EFFECTIVE APPLICATION

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## Abstract

Societal transformation often starts with one visionary and a compelling idea. However, if there are no followers, the idea quickly becomes marginalized. It "takes a village" to build a movement, and the more system layers that can be addressed, the more likely the transformation will take hold. This article describes the framework for creating the necessary changes for partnership-based health care. It also makes suggestions for ensuring successful application of partnership-based systems change. This article is for all readers seeking to apply partnership principles in their own fields of influence.

*Keywords*: Cultural Transformation Theory; health care; interprofessional; paradigm; partnership

## Introduction

I closed the book, shook my head, and smiled to myself. "This could be a powerful tool to help nurses challenge the rampant hierarchies of domination in health care." The year was 1988 and I had just finished reading Riane Eisler's pioneering work, *The Chalice and the Blade: Our History, Our Future* (1987). It took nearly a quarter of a century for all the right pieces to fall into place, but eventually those first tiny seeds of cultural transformation germinated and are now bearing fruit through partnership-based health care.

Even though this paper describes key elements of partnership-based health care, it is intended for all readers, not just health care providers. The intent is to discuss application of Eisler's Cultural Transformation Theory (CTT), to share some lessons I have learned from application of partnership-based health care, and to inspire others

to apply CTT in their own disciplines and areas of interest. CTT is a theory that works for everyone.

## The Power of Partnership

The history and details of Cultural Transformation Theory are explained in depth in Eisler's excellent article, "Human Possibilities: The Interaction of Biology and Culture" in the inaugural issue of the *Interdisciplinary Journal of Partnership Studies*. My focus is on application of the theory to shift global society from the domination end of the spectrum to a more partnership-based orientation.

Where the *Chalice and the Blade* (Eisler, 1987) outlines cultural transformation theory, *The Power of Partnership: Seven Relationships that Will Change your Life* (Eisler, 2002) offers a very effective framework for applying CTT. Significant cultural transformation does not occur overnight; it occurs most effectively when there is a deep commitment to changing attitudes and behaviors in our day-to-day relations. As Eisler notes, this transformation begins with our most significant and intimate relationships: within our own selves and with our families and the people we see every day. Once we begin to shift from domination to partnership in our closest relationships, we are prepared to transform complex relationships at community, national, international, and even global levels.

Systems thinking, quantum physics, and complexity theory all support the idea that all life is part of an integrated complex adaptive system. If we shift one part of the whole, other parts of the system are impacted. Based on this understanding, if we want society to move toward partnership, we can start by encouraging this transformation within our own disciplines and spheres of influence. My discipline or sphere of influence is health care, so that is where my part of the story begins.

## Partnership-Based Health Care

I attended nursing school in the late 1970s on the heels of the civil rights movement, the Vietnam War, and many other social upheavals. Like many of my classmates, I

wanted to serve others, especially those in their greatest hour of need. Armed with an excellent education and a drive to champion caring, we entered the health care system. Where we expected to find full utilization of our skills and abilities, we instead encountered rigid hierarchies that limited our full potential and had a negative impact on our patients.

One particular example sticks in my mind. In the early 1980s I worked as a staff nurse on an oncology unit. One evening I was assigned to care for a man who had just learned that his last treatment option had failed; he was told, "Go home and get your affairs in order." I sat on the chair next to his bed, held his hand, and listened as he poured out his anger, his fear, and his profound grief. Deep in the midst of this caring moment I heard someone enter the room, clear her throat, and say, "Excuse me. When the captain of the ship arrives, the crew stands." This experience, and multiple other experiences I and other nurses have had, demonstrates a domination pattern in the relationships among health care professionals.

One may be tempted to think that this hierarchy was a symptom from a bygone era, but the following story demonstrates that hierarchies of domination are alive and well. In 2012, I was on my way to speak at an international nursing conference in Australia. It was late at night, and we were high over the Pacific Ocean. I heard the airplane's public address system come on and a voice say, "If there is a health care professional on board please notify the flight attendant." I made my presence known and was ushered back to the kitchen area where a group of attendants were caring for a man with a severe laceration. I asked for the e-kit, donned gloves, grabbed dressings and began to assess the patient. I asked if he needed to sit down, if he was in pain, how the wound had occurred, and perhaps most importantly, I asked his name. All this information helped guide my selection of appropriate nursing interventions.

Suddenly a man appeared in the door, hands on hips. He said, "I am a surgeon." I explained that I was a nurse; I introduced the patient by name and explained the

situation, my findings, and my plan to apply a pressure dressing. The surgeon pushed me aside and said, "Here, you can open the gauze packages and hand them to me." In three decades not much has changed. I hear similar stories repeated by nurses all over the globe.

Two major health care organizations have recently called for transformation of our relationships. In 2010, the Institute of Medicine (IOM) published "the most widely read report in IOM history" (American Nurses Association, 2013). In *The Future of Nursing: Leading Change, Advancing Health* (IOM, 2010*), one of the core recommendations of the interprofessional panel was that nurses must become full partners in redesigning the health care system in the United States.  Similarly, the Institute for Health Care Improvement (IHI) published their *Triple Aim* for health care (n. d.). The goals of the Triple Aim are improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care.

How can these critical partnership goals be accomplished within a system rife with domination attitudes and behaviors? The answer is that we need a framework for shifting the entire health care system towards partnership. Riane Eisler and I addressed this need in our book, *Transforming Interprofessional Partnerships: A New Framework for Nursing and Partnership-Based Health Care* (Eisler & Potter, 2014).

Part I of the book urges nurses to explore the unique medicine of nursing as described in the BASE of Nursing model (Potter, 2013). This model explains the unique autonomous role that all nurses must play if health and wholeness are to be improved. The BASE of all nursing involves Being Present (B), Active Caring (A), Story or Narrative-Based Evidence (S), and Evidence from Science (E). Once nurses understand their unique contribution to the health care team, they can practice as full partners in interprofesssional collaborative practice.

Part II of the book reviews Eisler's cultural transformation theory, and identifies themes of domination and partnership that have played out through nursing's history.

This chapter is based on research for my dissertation, *Reconstructing a New Story of Nursing: Critical Analysis of Nursing Textbooks Using Riane Eisler's Partnership Paradigm* (Potter, 2010), and ends with an alternative partnership-based narrative for nursing.

Part III of *Transforming Interprofessional Partnerships* takes the *Power of Partnership* framework (Eisler, 2002) and modifies it to fit the unique players, processes, and settings in the health care system. Relationships include professional education, professional identity, patients and families, *intra*professional relationships (nurse to nurse), *inter*professional relationships (nurse to other providers), the wider human community, and our relationship with nature and the environment.

*Transforming Interprofessional Partnerships* then applies Eisler's theory of Caring Economics, first described in *The Real Wealth of Nations: Creating a Caring Economics* (Eisler, 2007). This theory equips nurses and other health professionals to redesign the health care system based on the economics of caring rather than the current system based on the gross domestic product (GDP).

*Transforming Interprofessional Partnerships* provides a simple and effective framework for health care professionals and health care recipients to actively participate in shifting the health care system towards partnership. This framework can also be used as a template by allies in other fields who want to move their systems closer to partnership – for example, social services, education, business, agriculture, natural resource conservation, and financial and business sectors.

**Suggestions for Application**

As I have applied the partnership framework in practice and have spoken about it publicly, there are some suggestions I would like to pass along so that others can apply the framework in their own systems more effectively.

### Target Early Adopters

When shifting paradigms, it is important to acknowledge Everett Roger's important theory of diffusion of innovations (2003). According to Rodgers, most social systems follow a pattern of innovative change. Within a system, 2.5% of the people are innovators, 13.5% are early adopters, 34% are the early majority, 34% are the late majority, and 16% are laggards. The early adopters can become "champions for change," whereas laggards will resist change until it is absolutely inevitable.

It is strategic to identify among the early adopters those whom I call "appointed" and "anointed" leaders. Appointed leaders are those in official or formal positions of power and influence. They may be executives or mid-level managers in a social system or organization, or they may be elected officials.

Anointed leaders, on the other hand, can be found throughout an organization, and their influence is less formal but may be just as powerful. Anointed leaders hold the respect of others at their level of an organization and are generally the people everyone turns to for advice or to lead change.

Targeting both the appointed and anointed leaders among your early adopters will help partnership behaviors and attitudes spread more quickly to the early majority. Have compassion for laggards but do not waste energy trying to convince them to lead the change. It is not part of their personality profile. Eventually they will join the process once others have committed to it.

### Be Prepared to Use Different Approaches to Describe Partnership's Merits

Every leader needs to prepare four rationales to support his or her proposed change: the moral/ethical rationale, the analytical/logical rationale, the financial rationale, and the leadership rationale (McGoff, 2011). All four are based on evidence, but the approach to each is very different.

**The moral/ethical rationale.** This argument is most suitable in organizations that have a strong ethical commitment to justice and community service. The moral/ethical rationale states that systems of domination harm the most marginalized and vulnerable people in our society, whereas partnership systems consider the needs of all, especially the under-represented. This rationale can be supported with evidence from the Center for Partnership Studies (CPS). For example:

> When GDP (Gross Domestic Product) keeps rising at the same time that joblessness is dangerously high and childcare and education are slashed, it's clear that we urgently need new measurements that give policymakers and the public a more accurate picture of true economic health. In partnership with the Urban Institute, CPS is developing new Social Wealth Economic indicators. These more accurate and inclusive measurements provide the missing empirical evidence essential so policies no longer marginalize the majority: women, children and members of racial and other minorities. (Center for Partnership studies, n. d. a.)

The Social Wealth Economic Indicators will be an important source of evidence to shift organizations toward more equitable services for everyone in our society.

**The analytical/logical rationale.** This argument works well in organizations committed to systems thinking. The analytical/logical rationale proposes that the organization or institution will fare better under a partnership model than a domination model. Again, the CPS provides wonderful resources. Especially valuable are the Organizational Benefits of Partnership Systems:

- Employees feel valued and empowered to contribute and participate.
- Conflict can be used creatively to explore alternatives and challenge the status quo.
- Creativity is nurtured through safety for risk-taking, less fear of making mistakes, and permission to be inquisitive and explore.

- Communication is free to flow in all directions.
- The workplace is family-friendly, creating a synergistic sense of community.
- Synergistic belonging extends to the planet, creating the social and environmental consciousness needed for long-range planning, sustainability, and success. (Center for Partnership studies, n. d. b.)

**The financial rationale.** This argument is most effective in organizations with a primary focus on the bottom line (for example, for-profit health care systems). The Great Recession that started in 2008 made it painfully clear that our current economic system is flawed and not suitable for the critical global challenges of today. *The Real Wealth of Nations: Creating a Caring Economics* (Eisler, 2007) includes excellent examples of the return on investment for organizations and institutions that begin to employ a caring economics model.

**The leadership rationale.** If your organization claims or seeks to be an industry leader, you can use the leadership argument, which urges the organization to lead the change rather than simply respond to the change. Eisler writes:

> We are at the end of the industrial/consumer economy and moving into the knowledge/service/caring economy. It's time to be proactive, expand the rules for this new economy and create the solutions we need for the 21st century. (Center for Partnership studies, n. d. c.)

Will your organization lead the change or let others establish the economic model for you?

### *Illustrate the Difference between Partnership and Domination with Stories*

I have presented cultural transformation theory and partnership-based health care both nationally and internationally, and each time, evaluations indicate that stories effectively help attendees understand the new paradigm. During my talks I role-play student-faculty conversations, patient-nurse conversations, and manager-employee

conversations, first using domination attitude, language, and behaviors. Then I role-play the same conversations using partnership attitude, language, and behaviors. The domination experiences are all too familiar, and the differences between domination and partnership approaches are startling. *Transforming Interprofessional Partnerships (*Eisler & Potter, 2014) has numerous examples of interpersonal communication using a domination approach and then the same conversation using a partnership approach.

**Where Does Your Organization Fall on the Partnership/Domination Continuum?**
Eisler's cultural transformation theory describes two very different paradigms or models of social organization, lying on a continuum. One of the interesting characteristics of paradigms is that we often are unable to see our own paradigm until we encounter an alternative. When stories and qualitative data fail to provide sufficient evidence to shift behaviors, quantitative metrics can be effective. The tool, "Analyzing your organization for partnership-domination tendencies", uses a Likert scale to measure the experience of students and/or employees and thus give a clearer view of where an organization or school lies on the continuum. See Figure 1. This survey tool can be freely used (with citation) to measure the climate in your own organization.

Figure 1: Analyzing your organization for partnership-domination tendencies

| Statement | 1=never, 2=almost never, 3=sometimes, 4=almost always, 5=always |
|---|---|
| I am encouraged to give feedback to my manager/supervisor or faculty about new initiatives or new policies. | 1   2   3   4   5   N/A |
| I am treated with respect as a full partner on interprofessional teams. | 1   2   3   4   5   N/A |
| I look forward to going to work or school each day. | 1   2   3   4   5   N/A |
| I have a great deal of energy for my work or schoolwork and know that I am valued. | 1   2   3   4   5   N/A |
| My supervisor/manager or faculty regularly encourages me to participate in initiatives | 1   2   3   4   5   N/A |

| that foster my personal and professional development. | | | | | | |
|---|---|---|---|---|---|---|
| My teacher/faculty or supervisor encourages me to ask questions and treats me with respect when I have a viewpoint that differs from theirs. | 1 | 2 | 3 | 4 | 5 | N/A |
| My nursing school curriculum or my employer places emphasis, and dedicates *equal* time to, learning/applying interpersonal skills and evidence-based practice. | 1 | 2 | 3 | 4 | 5 | N/A |
| My nursing school prepares me or my organization supports my development for collaborative practice as a full member of an interprofessional team. | 1 | 2 | 3 | 4 | 5 | N/A |
| I feel empowered to co-create an effective health care system that meets The Triple Aim: improved patient quality and satisfaction, improved population health, and decreased cost of care. | 1 | 2 | 3 | 4 | 5 | N/A |
| My school or organization emphasizes self-care. | 1 | 2 | 3 | 4 | 5 | N/A |
| Patients are included in all discussions about their health care: "No decision about me, without me." | 1 | 2 | 3 | 4 | 5 | N/A |
| I have respectful relationships with all of my co-workers or fellow students and conflicts are handled in a healthy way. | 1 | 2 | 3 | 4 | 5 | N/A |
| I believe financial decisions in my organization are made based on what's best for the patients or students. | 1 | 2 | 3 | 4 | 5 | N/A |

(Potter, 2013)

RESULTS: Add up the numbers and divide the total by the number of items you rated (13 possible). This will give an average number that reflects your organization's current paradigm. The lower your overall number, the more your organization or

school tends toward a domination model. The higher the number, the more your school or organization functions according to a partnership model.

**There are No Bad Guys**

Sociopaths and psychopaths do exist, and do harm and control others through domination, but most dominators do not fall into this category. Most have grown up in family and institutional systems where domination was the operating model. Most have benefited in some way from hierarchies of domination, and therefore work to maintain the status quo. In addition, in my experience, most dominators are unaware of the harm their attitudes and behaviors bring to others.

Blaming and shaming known dominators accomplishes nothing more than to shift the players in the hierarchy of domination. It is far more effective to invite dominators into dialog by presenting evidence of the harm of the domination approach. If you can get the person in a dominating role to acknowledge your data, you can offer them examples of alternative words and behaviors that align more closely with partnership. In my experience, the majority of people who dominate want to work collaboratively with others, but they do not know how. They fear that if they fail to dominate they will be dominated. A possible and plausible alternative needs to be offered, along with compassionate mentoring and coaching.

**An Invitation to Bring Partnership to Every Institution, Organization, Discipline, and Community**

I invite everyone to consider how he or she can personally become part of the partnership movement. If cultural transformation theory and caring economics is new for you, welcome! Please use the resources mentioned in this article to begin to apply partnership principles in your own life and spheres of influence.

If you were an early adopter and have been working to transform organizations and institutions with partnership, thank you! Please consider writing about your work in

the *Interdisciplinary Journal of Partnership Studies* so the movement can continue to build.

The *vision* of the *Interdisciplinary Journal of Partnership Studies* is to share scholarship and create connections for cultural transformation to build a world in which all relationships, institutions, policies, and organizations are based on principles of partnership.

Our mission is to be the essential anthology for scholarly writing about cultural transformation and partnership. We encourage interdisciplinary contributions from both scholars and practitioners worldwide to explore and promote the partnership paradigm of mutual respect, social and economic justice, leadership, and gender and environmental balance, through research, innovation, and community-based applications.

If we work together, we can move humanity's social organization model towards partnership.

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