# Partnership is alive and underpinning healthcare delivery

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The financial pressures on the NHS are ever-increasing and have been paralleled by an even greater need for professional partnerships. This need has contributed to the introduction of employee relations from a union focus, to include wider aspects of the employment relationship, including: non-unionised workplaces; personal contracts; and socio-emotional (rather than contractual) arrangements.

It is incumbent on health organisations to develop constructive relationships with employees that translate into strategies drawing on the full potential of their people— through performance improvement and organisational change. However, economic pressures dictate that the rate of change will be more frequent as technology improves and the demand for customised services shifts.

Employee relations need to focus on knowledge management and people at an individual level as a competitive advantage. This emerging employee relations narrative argues that organisations will succeed in a competitive environment by raising skills as a mechanism to create a sustainable advantage and, therefore, establish a secure future for all stakeholders (Johnstone et al, 2009). This can potentially translate into effective and enhanced performance and create a knowledge and understanding of employee aspirations with attention to the employee's voice.

The employee voice can be expressed in a number of ways and through a variety of two way channels, both cascading down and feeding back up through the most direct routes. Attitude surveys provide another commonly used channel, which is inherently flexible, but not interactive. Broad forms of employee voice include direct involvement in the way work is organised and indirect influence on decisions affecting the broader organisation through works councils or joint consultation committees (Bacon and Samuel, 2009).

The employer's organisational culture and management style impact directly on productivity and performance, and research has shown that employee relations similarly impact on performance. Herein lies the challenge, as key elements of good practice include job design, skills development, and a climate of regular, consistent consultation and involvement; and it is these areas which are highly contested. Theoretically, these areas are associated with good management practice that provides a positive psychological contract based on trust and fairness tied into an organisational culture that delivers positive outcomes linked to performance.

In reality, a 'blame culture' is still prevalent in many areas of the NHS. When this partnership works, the effect at an employee level is commitment, job satisfaction, and a willingness to produce, but when it fails (for whatever reason) a perverse psychological contract develops, which is inevitably destructive. From an employee's perspective, either version of this contract is subjective.

Assessments of wellbeing at work are affected by a variety of factors including the nature of the work task, social integration in the workplace, participation in decision-making and job security, which link into the total experience of work. Although the contract is individual in nature, there will be work group-, departmental- and organisational-wide aspects, which imply that while structures and relationships adjust, the historical legacy may take time to change (McIntosh and Voyer, 2012).

Within the NHS the promotion of partnership between employer, employee and trade unions has emerged as an inclusive mechanism, whereby union relevance is supportive of long-term interests of the organisation and its employees. The partnership mechanism is based on recognition of a common interest to secure the competitiveness, viability, and prosperity of the organisation. This involves a continuing commitment by employees to improvements in quality and efficiency (Johnstone, 2009). It requires the acceptance by employers of employees as stakeholders, with rights and interests to be considered in the context of major decisions affecting their employment relationship. The positive role of co- operative unions in such a partnership is the provision of employee 'voice', supplying employers with feedback on managerial policies and genuine consultation opportunities—essential for delivering employee commitment and motivation (Kaufman, 2008).

It is clear that the nature of employee relations has undergone dramatic changes in concept and process, as the role of trade unions has evolved to that of a social participation with elements of both pluralistic and unitarist models. The reinvention of union participation as partners to the health sector, together with the broadening of the historically narrow definition of partnership to encompass a more inclusive approach accommodating economic realities, has meant that partnership in the health sector remains an underpinning principle in employee relations. If these partnerships are to become even greater, there

will need to be further collaboration and co-operation with organisations at national and local level, to improve outcomes, meet the requirements of the NHS mandate and ensure that the NHS operates within its financial resources. It can be successful only if it is fully committed to working in partnership with all its external and external actors and agents.

The NHS is a complex organisation. It needs to help external stakeholders to understand and navigate the organisation. The NHS must ensure consistency and coherence in the way it manages its relationships with partners. It is this that has been its traditional weakness; if it can remedy this, it can go forward in an uncertain world with a degree of resolution and a degree of internal certainty.

**References**


Bacon N, Samuel P (2009) Partnership agreement adoption and survival in the British private and public sectors. Work Employment and Society 23(2): 231–48

Johnstone S (2009) Labour and Management Co-operation: Workplace Partnership in UK Financial Services. Gower, Basingstoke

Johnstone S, Ackers P, Wilkinson A (2009) The British partnership phenomenon: a ten year review. Human Resource Management Journal 19(3): 260–79

Kaufman B (2008) Paradigms in industrial relations: original, modern and versions in between. British Journal of Industrial Relations 46(2): 314–39

McIntosh B, Voyer B (2012) A Perverse psychological contract. BJHCM 18(6): 290–91