Editorial: Challenges for health professionals in working with Consumers in partnership

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Consumer, as participant and as partner in care, has become an increasingly dominant feature of contemporary healthcare discourse, and is reinforced by government policy, accreditation systems and funding models that require evidence of consumer involvement in care. This creates a range of challenges for health professionals as they work with people with chronic illnesses. Before looking at some potential strategies to meet these challenges, I want to put the idea of consumer in healthcare into a broader context.

The past thirty years has seen a radical reorientation of how those who use and need health services are viewed: from patient to consumer; from recipient of care to partner in care. This reorientation is associated with a broader change within western societies where ideologies of privatisation and market predominate (Allen 2007). Healthcare is not immune to these societal changes and people with chronic illnesses now approach their healthcare encounters more explicitly as a consumer exchange, in which they receive what they want in return for the price they pay (either directly or indirectly of part of the taxation system). In addition to the rise of consumerism, and perhaps contributing to its rise, has been the explosion of the information age where consumers have unprecedented access to information. Increased access to information has led to consumers being well informed and knowledgeable about their rights, including the right to be treated fairly in transactions and the right to purchase and consume what they desire. Consumers of healthcare services have also become better informed about medical knowledge and treatment options (Woolf et al. 2005).

Patient-centred care has been argued as a cornerstone of health care practice, and identified as a shared value among health professionals where practice is guided by principles of what is ‘good’ for patients and their families (McGrath, Henderson & Holewa 2006). Patient-centred care infers that care focuses on the person as a whole, not only their disease and symptoms, and therefore requires partnerships between health care professionals, patients and their family and caregivers. Partnerships arguably lead to improved health outcomes and increased levels of
satisfaction for all stakeholders. However, there is increasing recognition that involving people in partnership for care is highly desired, but difficult to deliver (Penney & Wellard 2007, Wellard et al. 2003). Barriers to engaging in partnerships for care with consumers are diverse and reflect the often experienced gap between espoused ideals and practical realities of health service delivery in a constantly evolving system where innovation frequently outstrips the resources to support it. While recognising the shift towards consumerism, the structures of health care services continue to position users of services as patients who rely on professional expertise, frequently reconstructing paternalism as a silent foundation for professional practice.

There has been notable growth in the active involvement of consumers at the macro-level of health care services, including consumer roles on boards of management, ethics committees, and consumer reference groups. These activities are important and have had some impact on shifting the focus of healthcare organisations to consumer needs rather than professional and institutional needs, and these initiatives must continue. Wider, micro level partnerships in care are less evident. Recent doctoral work of Penney (2005) identified both nurses and older consumers struggle to understand how partnerships in care can occur in the current organisation of healthcare services where staff experience constraints in both time and space. The structures of healthcare services position consumers with the identity of patient and consequently subject to a range of mechanisms associated with legal and risk management regulations.

Therefore, the challenge for health professionals is to radically reorient their approaches to practice, particularly in working with people with chronic illnesses who have substantial expertise in their own bodily experience and response to illness. Chronic illnesses are complex and frequently involve several body systems and require support from a range of health specialties. Inclusive practices, where consumers are engaged in the design, decisions and implementation of care is understood as an ideal but foreign to the practice of many practitioners, and complicated when there is a need for multiple practitioners as well as working within the structural constraints referred to above.

Most health professionals would acknowledge there are difficulties in working across disciplines; we are hampered by territorialism arising from fears of losing our professional turf with a consequent tendency to think and work in professional silos.
There have been attempts to breakdown these silo walls through constructing models of care that put team work as the foundation for delivery of service; these include multidisciplinary teams and interdisciplinary collaborations. Choi and Pak (2006) recently differentiated between multidisciplinary and interdisciplinary activity, arguing that multidisciplinary work draws on knowledge across disciplines but the activities remain within the usual disciplinary boundaries. In contrast interdisciplinary approaches build links between disciplines, aiming for more holistic approaches. A third, emerging and, I argue a more useful, approach to support consumer partnerships in care is transdisciplinary work. Transdisciplinary activity draws on knowledge from disciplines, but rather than links across and between disciplines, transcends disciplinary boundaries and includes the consumer as part of the team. There is emerging evidence of the effectiveness of transdisciplinary approaches in the literature related to working with the underserved and disadvantaged populations.

Consumer partnerships in healthcare for people with chronic disease are difficult to enact. Arguably reconstructing our practices to include consumers may be achieved through experimentation with transdisciplinary approaches. Crossing boundaries and building new patterns of communication requires trust, willingness to work collegially and most of all to risk the safety of our usual silo of knowledge. The demand to work with consumers as partners in care will not change, we can be confident that consumerism in healthcare will become more visible and consumers more savvy about what they need and when they need it.
References


