Partnership Philosophies and Relationships in Health and Social Care Services

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1. Partnership Philosophy and Attributes

A partnership is an arrangement where two or more people or groups come together to work in a collaborative form to achieve specific common goals among themselves (HDip2014). In healthcare, individual medical organizations cannot fight health issues by themselves; hence, they need to partner with other enterprises so that they can get assistance (Cameron et al. 2014, pp. 225-233). In the past, different medical organizations have come together in partnerships so that they can provide the best quality healthcare services to their citizens (MacDonald 2015, p. s5). An example of collaboration between the healthcare firms is the partnership between Wise Men Network, Tower Hamlet GP, and Alliance of Religious People to form an institution called the Aldgate Health Clinic for Men (AHCM). The association was established to remind men to take their health seriously and see doctors for checkups frequently. According to Yong-hu (2012, p. 017), it is essential for people in institutions to work in collaboration so that they can achieve a lot regarding their goals and objectives.

Scholars and experts in the medical field have come up with some philosophies to simplify partnerships between the institutions in the social care services and the healthcare sector. They include power-sharing, autonomy and respect, empowerment, independence, and making decisions that are relevant and informed (MacDonald 2015, p. s5). Firstly, the partner enterprises must empower each other through performing activities in a collaborative and coordinative way. They should also cooperate among themselves. Secondly, independence is essential to partnering organizations because it helps in making critical decisions. However, the enterprise may share economic and social support (Barlow, Roehrich & Wright 2013, pp. 146-154). Thirdly, each organization must be able to survive without the other, and they should also respect each other in the partnership. Fourthly, the associations should have ethical guidelines that stipulate how they share power among themselves. Power sharing is a sensitive matter. Therefore, organizations should be able to draw their boundaries. Lastly, the institutions in partnerships should be able to make decisions that are relevant and informed. The decisions made should be to the advantage of the organizations (MAYong-hu 2012, p. 017).

2. Evaluation of Partnerships Relationships within Healthcare and Social Care Sectors

The relationships regarding partnerships between health and social care services have not been that exciting. For example, the elderly and persons with disability have been primarily discriminated against from accessing the services offered by social care and health providers (MacDonald 2015, p. s5). Similarly, persons with mental problems and learning issues have been denied access to some services; for example, they have been denied the opportunity to make decisions even if they are correct. Asylum seekers and refugees have also suffered a setback as far as partnership is concerned (Barlow, Roehrich & Wright 2013, pp. 146-154). Glasby and Dickinson (2014) did a study and found out that most refugees and asylum persons are frequently denied access to public health and social care services. Most doctors and medical facility owners do not like it when the refugees and asylum get medical care. The homeless have also been sidelined, according to Cameron et al. (2014, pp. 225-233), in that most social services do not provide homes to the homeless children on the streets. Some of the children with disabilities also suffer the same fate as the elderly and refugees (Barlow, Roehrich & Wright 2013, pp. 146-154). In some cases, parents are ashamed of their children and detain them indoors instead of taking them for medical checkups. Those children are denied the freedom to be free and to access medical services.

Barlow, Roehrich, and Wright (2013, pp. 146-154) identified that there is a good relationship and improved partnerships between social care and healthcare services providers and other fields and professions. An instance of the link is a situation where biochemists and medical doctors come together and work to find drugs that can cure some epidemic disease in society (Cameron et al. 2014, pp. 225-233). The healthcare and social care service providers have been partnering with the government departments for financial assistance and working together on research projects (Goodwin 2013). The government has also been giving medical health service providers the independence they require to make informed decisions. On the other hand, some organizations work hard to make profits rather than improve the quality of health services of the citizens (MacDonald 2015, p. s5). Therefore, they forget the negative consequences of their actions on the interests of the service users. In that case, organizations that have ventured into the health industry should strive to make the lives of the citizens easy by providing quality health and social services. They should also try hard to create good relations with the service users by building better partnerships with the users (Goodwin 2013).

Fact sheet

Outcomes of Partnership Working with Users of Services, Professionals, and Organisations in

Health and Social Care Services

What are the possible consequences of partnerships working with users of services, professionals, and organizations?

Some of the potential results when the organizations in the healthcare sector are involved in the partnership include the ability of institutions to provide the highest quality healthcare services to the service users (Nancarrow et al. 2013, p. 19). Collaborative working can help healthcare organizations in conjunction with other partners to provide quality treatment, prevention, and diagnosis of chronic diseases (Barlow, Roehrich & Wright 2013, pp. 146-154). The partnership working can also improve the research for drugs for illnesses that are chronic. Collaborative working can also increase employment and training opportunities for healthcare professionals. For example, the government, in collaboration with public health sectors, can plan training activities for doctors and other medical professionals so that they can better their experience and knowledge in the field (Patel, Pettitt & Wilson 2012, pp. 1-26). Developed healthcare providers can absorb more employees to improve healthcare after they have partnered with small facilities. If the healthcare sector partners with the technological industries, they will benefit from new technological developments that the scientific organizations will provide them (Deakin & Morris 2012).

Collaborative working can improve the healthcare sector where new ideas will be generated when many people put their heads together to work on a problem (Deakin & Morris 2012). The partnership will enable the healthcare sector to receive funds from other organizations that are well-wishers and also want to improve the health services for the citizens. The knowledge of healthcare services will broaden for the medical facilities that are underdeveloped and have limited medical equipment. The partnerships can be beneficial to the service user in that if they do not have excellent medical facilities in their locations, they can get the services from other facilities that are working together with their facility (Patel, Pettitt & Wilson 2012, pp. 1-26). The healthcare provider can improve the situations in their laboratories if they work together with a well-equipped medical facility. The professionals can learn new ideas and skills from each other and provide the ability to healthcare users who also benefit (Nancarrow et al. 2013, p. 19).

What are the Potential Barriers to Partnership Working in Health and Social Care Services?

Even though partnerships in the healthcare field aim to improve the working conditions of the employees and improve the quality of medical services to the service users, the institutions that are working collaboratively usually face some challenges (Nancarrow et al. 2013, p. 19). The barriers have affected the functioning of the facilities.

- First, the enterprises in partnerships have been faced with misunderstandings among themselves. Some organizations misunderstand each other, and the dispute leads to biases and misconceptions among the partners. For instance, the government and healthcare service may misunderstand each other because of the payment of the employees (Barlow, Roehrich & Wright 2013, pp. 146-154).
- Secondly, there are also conflicts between the organizations. According to Huxham and Vangen (2013), disputes in collaborative working may be because the partners have not put in place clear directives on how to perform duties and responsibilities. The decision-making guidelines are also not stipulated.
- The third challenge is trust among the partners. If the partnering organizations do not trust each other, they will then not work in harmony. Therefore, their roles in society will be affected (Nancarrow et al. 2013, p. 19).
- The fourth challenge is poor coordination, where the partners are reluctant to share their internal data openly (Nancarrow et al. 2013, p. 19).
- The last challenge is keeping the signed agreement. Some enterprises fail to keep their contracts, which leads to conflicts (Huxham & Vangen 2013).

What are the strategies to improve outcomes for partnerships working in health and social care services?

It is vital for the partnering organizations to sit and draft strategies that can help them maintain the signed agreements so that they can serve the service users appropriately. The models that should be considered include the following according to Barlow, Roehrich and Wright (2013, pp. 146-154):

1. Carrying out joint training of the staff of both parties, thus improving the trust between them,

2. Both organizations should devote their resources to ensuring that the set goals and objectives are met,

3. Setting clear regulations that define the roles of both parties clearly,

4. Selecting one board of managers that has members from both parties to improve coordination in the partnerships,

5. The firms should develop respect among their members,

6. The organizations should follow the stipulated laws and regulations when coming up with the connections to help keep discipline among them.

Conclusion

A partnership is where organizations come together in collaboration to work and achieve common goals (HDip2014). Collaborative working can only be performed when the respective parties have drafted strategies that will help them in their activities. When there are no rules in partnership, conflicts can occur and hence can hinder the functions of the enterprises. Legislation in the healthcare field is there to ensure that there is law and order in the day-to-day activities of the medical services (Deakin & Morris 2012). Partnership and legal ethics make sure that the citizens get the best healthcare services equally.

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