



# NMNEC Concept: **Collaboration**

**Mega Concept:** Professional Nursing

**Category:** Care Competencies

**Concept Name:** Collaboration

**Concept Definition:**

A process by which nursing, inter-professional teams, and patients interact to foster open communication, mutual respect, and shared decision-making to achieve quality patient care.

**Scope and Categories:**

Collaboration may be formal or informal, with a focus on achieving the best possible patient outcomes.-Examples of formal include running a diabetes education program for patients and families, nurse preceptors working with students and other nurses, staff working together on scheduling, an interdisciplinary team focused on improving patient outcomes, or the Intravenous Nurses Society gathering data on catheter related infections. Informal collaboration happens within the context of patient, family, nurse and interdisciplinary interactions.

The categories in which the nurse practices collaboration include:

- Nurse – patient: Discharge planning
- Nurse – nurse (intraprofessional), includes informal and formal (mentoring, preceptorship): implementing a plan to improve statistics on patient falls.
- Nurse – interprofessional: Care Conference
- Nurse - interorganizational collaboration, in which “nurse” generally represents “nursing” or “nurses”: working on the State Nurse Practice Act to ensure nurses have the authority to practice at their level of training.

**Attributes/Criteria:**

- 1) Communication is the core of collaboration. The collaborators communicate an interest in working together, find a common language, listen actively and respectfully to each other and participate in conflict resolution, all toward a common goal.
- 2) Values/Ethics are demonstrated in respectful consideration of varying points of view, cultural diversity, individual differences, roles, responsibilities and expertise, a commitment to working together towards best possible outcomes that reflect the particular needs of the patient, family or community.
- 3) Roles/Responsibilities: Understanding one’s own role and responsibilities in the collaborative relationship, as well as the roles and responsibilities of others, is key in



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effective collaboration. The Institute of Medicine (IOM) recommendation that nurses practice to the full extent of their training and licensure, and the recognition of nurse sensitive indicators, is an encouragement for nurses to actively participate in all collaborative efforts. Clarification and communication of each team members' roles in implementation of any plans or interventions contributes to best possible outcomes.

#### **4) Teams and Teamwork:** Foster, et al. (2013) differentiates between types of teams in health care:

1. Work teams accomplish tasks on an ongoing basis in a specific organizational setting (e.g. primary care, surgical team, emergency department team).
2. Parallel teams address shared challenges, such as responding to a cardiac arrest or aiding the transition of patients from hospital to ambulatory care, and typically draw participants from several work teams.
3. Project teams focus on a one-time deliverable and have limited terms (e.g., an electronic health record implementation team).
4. Management teams oversee all the others. (Foster, et al., 2013, p 280)

The American Nurses Association Code of Ethics addresses the importance of collaboration. The code states that nurses have a unique contribution, scope of practice, and relationship with other health care professionals. Nurses are encouraged to work together to ensure all parties have a voice in informed decision making and patient care issues. The code also addresses the importance of intraprofessional collaboration.

The *Quality and Safety Education for Nurses* (QSEN) initiative anticipates that collaboration will have a huge impact on improving quality care and positive patient outcomes. QSEN “identifies self-awareness of one’s own strengths, limitations and values in functioning as a member of a team as the initial competency in developing the skill to function with a team. This self-awareness must be followed with a plan for self-development in inter-professional teamwork and collaboration and must begin with treating each team member with dignity and respect.” (Anunciado, et al., 2014)

The Joint Commission identifies intimidating and disruptive behaviors ( the opposite of teamwork and collaboration) as fostering medical errors, contributing to poor patient satisfaction and to preventable adverse outcomes, increasing the cost of care, and the cause of qualified clinicians, administrators and managers seeking new positions in more professional environments (Issue 40, 2016) Conflict resolution skills and fostering an environment of open communication promotes a culture of safety.

The Agency for Health care Research and Quality have released a model for health care organization team training called “TeamSTEPS”.

The Centers for Medicare and Medicaid Services has initiated a program called “Partnership for Patients”, a public-private partnership working to improve the quality, safety and affordability



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of health care for all Americans. It includes physicians, nurses, hospitals, employers, patients and their advocates, the federal and State governments. Their goals are making care safer and improving care transitions.

### **Theoretical Links:**

Tuckman and Jensen's Stages of Group Process (Anunciado, et al., 2014). Groups go through a natural progression which moves members into the collaborative role in which optimal results can be achieved. These stages are

1. **Forming:** Relationship development: team orientation, identification of role expectations, beginning team interactions, explorations, and boundary setting.
2. **Storming:** Interpersonal interaction and reaction: dealing with tension and conflict or confrontation may occur.
3. **Norming:** Effective cooperation and collaboration: personal opinions are expressed and resolution of conflict with formation of solidified goals and increased group cohesiveness occurs.
4. **Performing:** Group maturity and stable relationships: team roles become more functional and flexible. Structural issues are resolved leading to supportive task performance through group-directed collaboration and resources sharing.
5. **Adjourning:** Termination and consolidation: team goals and activities are met leading to closure, evaluation, and outcomes review. This may also lead to reforming when the need for improvement or further goal development is identified.

Senge (2006) is a systems theorist that focuses on how institutions learn.

1. Personal mastery is a discipline of continually clarifying and deepening our personal vision, of focusing our energies, of developing patience, and of seeing reality objectively.
2. Mental models are deeply ingrained assumptions, generalizations, or even pictures of images that influence how we understand the world and how we take action.
3. Building shared vision - a practice of unearthing shared pictures of the future that foster genuine commitment and enrollment rather than compliance.
4. Team learning starts with dialogue, the capacity of members of a team to suspend assumptions and enter into genuine thinking together.
5. Systems thinking - The fifth discipline that integrates the other four.

### **Context to Nursing/Healthcare:**

Teams involve collaboration, shared accountability, shared problem solving, and shared decision making. QSEN describes ~~for~~ following Knowledge, Skills and Attitudes that are essential for teamwork and collaboration:



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### **Knowledge:**

1. Describe own strengths, limitations, and values in functioning as a member of a team.
2. Describe scopes of practice and roles of health care team members.
3. Describe strategies for identifying and managing overlaps in team member roles and accountabilities.
4. Recognize contributions of other individuals and groups in helping patient/family achieve health goals.
5. Analyze differences in communication style preferences among patients and families, nurses and other members of the health team.
6. Describe impact of own communication style on others.
7. Discuss effective strategies for communicating and resolving conflict.
8. Describe examples of the impact of team functioning on safety and quality of care.
9. Explain how authority gradients influence teamwork and patient safety.
10. Identify system barriers and facilitators of effective team functioning.
11. Examine strategies for improving systems to support team functioning.

### **Skills:**

1. Demonstrate awareness of own strengths and limitations as a team member.
2. Initiate plan for self-development as a team member.
3. Act with integrity, consistency and respect for differing views.
4. Function competently within own scope of practice as a member of the health care team.
5. Assume role of team member or leader based on the situation.
6. Initiate requests for help when appropriate to situation.
7. Clarify roles and accountabilities under conditions of potential overlap in team member functions.
8. Integrate the contributions of others who play a role in helping patient/family achieve health goals.
9. Communicate with team members, adapting own style of communicating to the needs of the team and situation.
10. Demonstrate commitment to team goals.
11. Solicit input from other team members to improve individual, as well as team, performance.
12. Initiate actions to resolve conflict.
13. Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care.
14. Assert own position/perspective in discussions about patient care.
15. Choose communication styles that diminish the risks associated with authority gradients among team members.



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16. Participate in designing systems that support effective teamwork.

### **Attitudes:**

1. Acknowledge own potential to contribute to effective team functioning.
2. Appreciate importance of intra- and inter-professional collaboration.
3. Value the perspectives and expertise of all health team members.
4. Respect the centrality of the patient/family as core members of any health care team.
5. Respect the unique attributes that members bring to a team, including variations in professional orientations and accountabilities.
6. Value teamwork and the relationships upon which it is based.
7. Value different styles of communication used by patients, families and health care providers.
8. Contribute to resolution of conflict and disagreement.
9. Appreciate the risks associated with handoffs among providers and across transitions in care.
10. Value the influence of system solutions in achieving effective team functions.

### **Interrelated Concepts:**

**Professional Identity:** The profession of nursing is founded on collaboration with patients and other healthcare providers.

#### **Advocacy**

**Communication:** Successful collaboration requires respectful, effective communication.

**Health Promotion:** Effective health promotion activities involve collaboration with individuals, families and community.

**Patient Education:** Patient education is a collaborative effort.

**Health care Quality:** To improve health care quality will require collaborative efforts by all stakeholders.

**Safety:** A failure of collaboration threatens patient safety.

### **New Mexico Nursing Education Consortium (NMNEC) Required Exemplars:**

- Nurse-Patient: Discharge Planning
- Nurse-Nurse: Implementing a Plan to Improve Statistics on Patient Falls
- Nurse-Interprofessional: Care Conference
- Nurse – Interorganizational: Working on the State Nurse Practice Act to Ensure Nurses Have the Authority to Practice at Their Level of Training



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### **Resources:**

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