

Free essay on collaborative group process

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The capability of professionals in the same or other disciplines to work collaboratively to deliver effective care to patients is regarded as a crucial component of professional practice involving a definite set of proficiencies. Proficiencies are defined as expansive, general capabilities that extend beyond knowledge achievement and consist of utilization of technical, clinical, problem solving and communication skills. Recent studies reveal that there are a variety of proficiencies required to work successfully within an interprofessional environment in healthcare. Ability to tolerate dissimilarity, appreciating roles of other health professionals, conflict resolution, comprehending group norms and communication are some of the most emphasized competencies (Interprofessional Education Consortium [IPEC] 2002). Creation of a proficiency framework can assist to define ways of achieving abilities and assisting practitioners define their learning requirements. This can be in a sense whereby they are expressive of values of practice more solid pathways that can express current and prospective professional development requirements.

Reflective Practice

Reflective practice in nursing is a significant aspect which is steered by models of reflection. It is also a structural outline or study model that provides the function of an occupation and is well applicable to nursing (Fejes 2008). Reflection as an experience can by no means be objectified as a practice in its own right to enhance a nurse's knowledge. Reflection and learning are notions which within this essay are contextualized in the nursing practice. Any group of practice involves a reflection model that assists in finding out what was negative or positive in a particular setting. Through the

use of theoretical approaches and practical experiences, the importance of these experiences can be highlighted through reflective practice. To summarize principal theoretical suppositions on reflective practice; it is connected to personal interests and relationships. In addition, feelings and emotions have a fundamental role in rational reflective learning (Epstein 2011).

Collaborative Group Process

Collaboration can be defined as a process of facilitating groups to work effectively and cooperatively. It is a significant constituent of usability activities. Furthermore, it is also important in situations where people of different interests, capabilities and backgrounds work together. For collaboration to be successful, several prerequisites must be put into place. There must be shared goals or objectives in collaboration. Communication is a key factor in collaborative working and it must be used in a respectful, purposeful and honest to the other colleagues. Collaborative nursing care practice makes possible better patient results. Nursing teams function as a group employing individual talents and skills to achieve the greatest of patient care values (Boomer & McCormack 2010). In this case, the group was composed of nurses from different wards and different care groups which define an intraprofessional approach to care.

In collaborative groups, even if the nurses are not from the same departments, they ought to be willing to move towards a common goal. In theory, this approach sounds very simple but in practicality, since the collaboration is from dissimilar skill levels, there are shared problems which result from the differences in the normal work setting for individual nurses

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(Selle et al. 2008). It is significant that all the parties understand and concur with the rationale of session. The rationale should be written clearly and simply. Preferably the information must be seen always to act as a reminder to the participants if necessary. Nurses collaborate to facilitate efficient care of patients involving admissions, discharges, relocation, diagnostic testing, creating vascular access, instigating and sustaining infusion therapy, care of wounds, patient education as well as handling patient's rapidly shifting conditions (Andrist 2006). This applies to all the departments including, community nursing, general nursing practice, child attendance and other forms of nursing. The difference in collaborating is that it gives access to widespread knowledge that can be used by groups to carry out some activities that may enhance and make the nursing practice easier and better for the nurses and patients.

Roles Adopted Within the Group

The collaborative group was composed of four nurses working in the same hospital but in different backgrounds. We had to meet once in a week to prepare the given topic for the research. It is important to understand that in the groups, all the participants have to participate in the process in order to reflect on the process individually after it has been completed. In this case, I am a mental health nurse while Nurse A, B, C were community nurse, medical nurse and child health nurse respectively. I was responsible for putting the final work together in an organized manner, from the content page to the final conclusion. This meant that the information that was collected or discussed was then passed to me for final compiling in order to submit to the management. Nurse A was responsible for organizing the

conference while nurse B provided most of the research into the topic since the issues that were being researched on, involved a nurse with more general work description. Nurse C was responsible for editing the different sections of the research work which needed to be edited.

We all had different shifts in our areas of occupations meaning that our shifts collided a bit. The only time we were able to meet was once during the week where we distributed the chores for the week and compiled the collected information during the meeting. Discussion on some issues that either qualified as concurrent issues in the research or cutting out those that did not fit the research was done. We also highlighted some of the issues in the hospital that needed to be attended to by the management as a step to promote better patient care. I was able to contribute the issues which affected my line of work as a mental health nurse and it was a good experience because this led to more discussions about the state of other work backgrounds. By background, I mean the community health nursing, child care and medical nursing departments.

All the nurses involved in the collaborative group contributed equally because the concurrent sessions involve all our nursing backgrounds. As a group, we talked about infection control in nursing practice; sharing best practices; cultural proficiency in nursing; challenges faced in the workplace; and information services which should be introduced in the different nursing backgrounds. After proposing these issues, I was responsible for compiling all the information in readiness to present it to the management. The group also came up with suggestions for the management to incorporate into the nursing practice for better results.

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Strengths and Weakness of Working in a Group

The complication of human wellbeing which nursing professionals come across advocates the necessity for a restoration of how they create and conceptualize knowledge. Additionally, such information can be deepened by means of dialectical course of action of people acting and reflecting with other people in the same profession, with an aim to change and comprehend it (Willis, Freitas & Valenti 2010). In this logic, intraprofessional or collaborative framework may permit nursing professionals to conduct research between them in a procedure that would enhance the research quality outcome. It has been disputed that the strength of intraprofessional collaborative research groups in nursing is found in the structure where involvement from a broad range of professional viewpoints are integrated into the process. Taking into consideration our case, when analyzed it is evident that one person cannot be able to unveil problems that need attention on (Gottlieb, Feeley & Dalton 2005). Due to the fact that the collaborative group involved different nursing backgrounds we were able to organize ourselves in such a way that, the propositions which were put forward were derived from our different backgrounds.

Collaboration is strength in itself, highlighted in this context. This is because through it, there is recognition of health issues by means of contribution of relevant experience and knowledge from different nurses from different backgrounds, in a research process where there are open control of communication and deficiency of professional hierarchies (Clark 2009). In our case, it is very possible that there would not have been so much involvement and information put across, in the presence of professional

hierarchies in the practice. This means that generally, the comfortable the nurses or participants are, the more information they are likely to contribute. Another strength that can be seen is willingness of the nurses to work together towards one common goal which makes the process so much easier than if each nurse would be working towards their individual goals. The understanding that it is not possible for individual disciplines to attend to all patients' requirements helps to drive the desire to collaborate. This can be termed as focus which can help to create new methods of understanding and forming innovative answers to tackle problems which would seem more complex than others (Harvey & Holmes 2012). It also permits diverse interpretations of research outcomes and propagates them more extensively across nursing professional backgrounds.

One of the weakness is that some nurses may frequently act with different assumptions through utilizations of perspective, terminology and paradigms which demonstrate different conceptualization of problems. Following this logic, build up of fresh knowledge takes some time for the reason that each nurse may have different opinions about the significance of the health issue, areas of literature, standards of ethics and methodologies for research (Selle et al. 2008). Some of the professional nursing hierarchies may have this kind of effect on collaborative groups. In our group, we did not encounter this kind of weakness because there were no professional hierarchies concerned. However some of the things that may qualify to be sources of weaknesses in the group were that there were different opinions which made the process of coming to an agreement a bit long.

As a group, there are some more problems that we encountered. Since all of us have family commitments and different backgrounds in the nursing profession, I feel that the time it took for us to finish our project could have been shorter if we were not so engaged in differing shifts. We only managed to meet once, and even with this meeting, there was a difficulty in covering all agendas. Sometimes, we also encountered communication problems where there would be delay of information from one individual leading to disruption in the continuity and consistency of the process. Working collaboratively needs constant communication since no development can take place without communication (Price 2012). On the other hand since some of these challenges which crop up during the process evolve from a dynamic relationship and collaborative group, then the strategies to overcome them can only be created in the same setting as they affect each individual.

Strategies to Deal with Challenges in the Group

Time and building trust: when mutual respect and share are primary to produce extensive knowledge among nurses in the collaborative group, more time is needed for communication and understanding each other according to nursing professional background which would also achieve trust building (Williamson, Proctor-Childs & Jenkinson2008). It is necessary to have dialogues early in the research process to make possible understanding among the involved nurses and meetings for unambiguous discussions of expectations and roles. The concerns of work associations can be decreased with equivalent effort across the nurses involved in the process of research (Wilkie2011). As a group, this is one of the reasons which prompted us to put

forward our complaints every time we met so as to find out how to deal with these problems. We decided that by tabling our complaints and issues that did not please us about the process, we would come up with a model by which our group would function.

Feedback and understandings: it is the power of collaboration among the nurses that new variety of knowledge can be built up in the research process (Willis, Freitas &Valenti2010). In an effort to make sure that mutual perception research concerns and then promote debate about personal understanding it is proposed that the group should set a prospect for dialogue and understanding towards research aims and situations (Mallik, Hall,& Howard 2009). One of the measures we took in the group was to check and respond to the information to find out if there were misunderstandings. If there were any questions, they were asked in a professional manner in order to ensure that expression of ideas was carried out in an effective and clear manner.

Learning Outcomes

After working closely in a collaborative group with an aim of coming up with different information and solutions to some issues in health care, I feel that it is a very crucial process in the profession of each nurse. The process was of much help not only in learning about the issues that affect other nurses, but also learning how to associate with other colleagues in an attempt to work together towards a common goal. It was a challenging experience for the most of us in the group but we learnt some important strategies to overcome the challenges. It is evident that a nursing intraprofessional team cannot be able to deliver care to those that need it in individual basis. Rather, the <https://assignbuster.com/free-essay-on-collaborative-group-process/>

importance of collaborative work is that there is trust and respect that is able to be created among the team. This promotes efficiency as well as the ability for such teams to raise issues that affect the health care, and how they can be solved. I would suggest that more of these groups should be used to promote unity and achievement of knowledge in the nursing practice. Each one of us has a lot to learn from the other, and the groups can work as a basis for the acquisition of such knowledge and making the quality of patient care better.

Conclusion

The essay provides a reflection on collaborative working in the nursing practice. It also explores the significance of working collaboratively towards a common goal. In this case, collaboration was seen through the research work among nurses in trying to raise the concurrent issues in the practice. The nurses involved are from different backgrounds which makes it easier to attain information that involves different hospital backgrounds. In the process of working collaboratively, there are some strengths and weaknesses that were experienced, but some strategies were put in place deal with them. The process is challenging since all individuals are bound to point out their individual opinions but it is a very important experience in each nurse's profession and if incorporated more in the hospitals, it can help to deliver better care to the patients through issues of concern that are raised. These issues help the groups to come to a common understanding on how they should be tackled.

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