

Collaborative working within the area of adult nursing



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For the focus of this essay I will be discussing the concept of collaborative working within the professional area of adult nursing. This essay will examine the definition and rationale of collaborative working, a small introduction to nursing and how collaboration is applied in this area of care. It will conclude by examining the influencing factors and outcomes of collaborative working in nursing practice.

McCray,(2007) defined collaboration as a respect for other professionals, service users and their skills and from this starting point, an agreed sharing of authority, responsibility and resources for specific outcomes or actions gained through cooperation and consensus (Hornby, & Atkins, 2000).

Collaboration may similarly be seen as a procedure by which associates of different disciplines distribute their skills and expertise to provide a better quality service to patients, clients and the service user. (Hughes, Hemingway & Smith, 2005).

As stated in the Nursing and Midwifery Council nurses must allow the “ people in your care must be able to trust you with their health and wellbeing” NMC (2008). The role of a nurse is ever evolving, extensive and highly complex. To implement the position of a nurse in a hospital environment you must also retain a dynamic contact between your working environments and accompanying healthcare professionals. A nurse is not merely an “ onlooker” but an activist who believes their active participation is required to generate an improved delivery of healthcare to each patient, whilst functioning as part of a team (Baillie et al, 1989).

The Nurse-patient relationship has been referred to as the centre of all healthcare, as well a critical link between patients and other healthcare professionals (Berger & Brinkman-Williams, 1999) A nurse plays an significant part in patient care, and is often the primary care giver and accountable for the admission, care planning and assessment of the patient. Their role is vital, and their communication is often a fundamental link amongst other members of the multidisciplinary team.

Working collaboratively in nursing involves interaction of various group or organisations to achieve a common goal, which normally in the health care setting is the well being of the patient. As a consequence of problem solving, open, flexible approach to the roles and tasks of individual team members provide a more patient focused healthcare. Mutual respect and trust is crucial in relationship building (Kenny, 2002).

In nursing it is essential to remember that the delivery of holistic care often involves the collaboration of other health care professionals, therefore this concept should be encouraged in order to facilitate the delivery of positive patient care. The Government recognises this and In 2001 The Department of Health (GB DOH) published a strategic framework for lifelong learning for the NHS, 'Working together, Learning Together' Learning and development are key to delivering the Government's vision of patient centred care in the NHS. The plan of Lifelong learning is ensuring that the workforce, and organisations they relay to, and work in, can attain more knowledge and skills, equally to appreciate their potential and to assist changing things for the better. Lifelong learning is ultimately related to supporting the NHS

workforce for the future and collaboration could play a major part in making this framework successful. DOH (2001)

Collaborative working in health care is often referred to as interprofessional working (IPW). Rationale identified for collaborative working is the ability to cope with the problems that often exceed the capacity of any one profession (Hughes, Hemingway & Smith, 2005). Barr (2000) suggests the success of interprofessional working rests upon each professional developing their individual identity and skills, then auctioning them. Positive collaborative practice, sharing valuable experience and expertise could improve levels of job satisfaction (Kenny 2002)

It is not probable for each person to be successful at everything, however if professionals can distribute their knowledge, experience and expertise in the subject that they are most excellent in, this will in turn convey a multiple of skills combined together whilst assisting in confidence building and problem solving. Ultimately the consequence should allow the patient to contribute in producing a comprehensive and extensive care plan that will meet their every need. Laidler (1991) addressed this issue by recognising a professional will need to feel confident in their own specific role in order to share their knowledge and expertise amongst a multiprofessional team.

Standards have been set by the NMC to safeguard the welfare of both the patient and the nurse. These standards recognise that the nurse must work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community (NMC 2008).

It has been said that to fully explore the place of the nurse in the multi professional team you must first understand the role of the nurse (McCray 2009). As the health care system expands and changes rapidly, the role of the nurse also changes, however the well being of the patient must at all times remain the main focus. A dedicated nurse will strive to develop good relationships with other professionals, especially when the care of a patient is the core focus. Collaborating effectively is often vital in the achieving a holistic healing process, this involves nurturing the patients biological psychological and social needs.

Patient centred care (PCC) is a widely used model in the modern health care system; it places the patient at the centre of all care. PCC improves continuity of care and integration of health care professionals collaborating on behalf of their patient. (Pence, 1997)

“ To be able to give a patient the best possible care it is imperative to work alongside other health care professionals, always respect skills, expertise and contributes of your colleagues”. (NMC 2008) To employ this it is believed that nurses should have a mutual respect for all team members and that their significance is deemed equal, when contributing in team practice.

Professional relationships can be classified as “ special” created on trust and interdependency (Atwal, 1999) However, this may at times prove difficult as research has suggested that one of the barriers in collaborative working is differences in status, hierarchy a common term used. Surgeons and doctors have been described in certain circumstances as being “ unapproachable” which frequently inhibits other professions expressing their opinions (Atwal, 1999).

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An example of effective collaborative working may be a patient who is to be discharged following an admission to hospital having suffered a severe stroke. The stroke affected his right side, leaving him with severe expressive and perceptive dysphasia. The Nurse in charge of the care and wellbeing of the patient would collaborate with other health care professionals, such as doctors, occupational therapists, physiotherapists and speech therapists. In order to fully assess the level of care he may require on discharge, and provide a gradual return home. This would prove beneficial, since the patient has mobility and communication problems, so prior to discharge the patient will require physiotherapy, speech therapy and possible adaptations to the family home. Maintaining good professional relationships is imperative amongst not only other health care professionals, but also the patient and family members. (Molyneux 2001)

In this example effective collaborating ultimately had a positive impact on the successful outcome, offering a good service to the patient involved.

However, the 'ideal' concept of effective collaboration is not always recognised. There is a vast array of literature which suggests that collaboration may not always have positive effects, and often interpersonal conflict can sometimes occur, for a number of various reasons, some being old team members replaced by new team members, power issues, time management, funding and poor communication skills. Effective communication is a crucial ingredient in working collaboratively, and evidence suggests that poor patient care is often the result of lack of communication, and often results in the failure of high-quality services offered to patients (Stickley & freshwater, 2006). To be able to demonstrate <https://assignbuster.com/collaborative-working-within-the-area-of-adult-nursing/>

collaborative working, it is at times essential to be open minded and co-operate with changes in policies. So often the process of change is viewed as something which is negative and fearful. In practice, some changes are very welcomed, some are unavoidable, some must be endured and still others are used to propel the individual towards something better. (Newson 2007)

A difference of opinion might occur for example: in the case of lung cancer patient, doctors may perhaps wish to treat a lung cancer patient, regardless of the treatment being a success, and the course of action producing debilitating side effects whilst, nurses on the other hand may perhaps, consider the results of treatment to be so unbearable they far outweigh any benefit; this may perhaps result in situations becoming complicated. West and Slater (1996) expressed that a difference in priorities, between healthcare professionals could occasionally cause barriers in effective collaboration. It is believed that a nurse adopts a holistic approach to patient care, whereas a doctor's approach towards a patient may be predominately medically (West and Slater, 1996).

Over the year many strategies devised to overcome the problems presented in collaborative working have been suggested, yet they still have not obtained a solution to the continuing difficulties identified by the members experiencing them (Molyneux, 2001). In some cases the simple lack of clarifying responsibility, role expectations, accountability and poor communication can have a detrimental effect on patient care (Taylor, 1996).

In order to construct a successful collaborative relationship it will require excellent communications skills. This allows the development of trust which

in turn may benefit the patient in the holistic care they receive. As previously discussed there will always be factors which influence the outcome of working collaboratively in nursing, whether they are positive or adverse as long as the patient's health remains the focus then in nursing we will progress. If however, communication is blurred then collaborative working may not be performed and this may reflect on the care the patient may receive. (Goodman & Clemow, 2008).

In conclusion despite the increased focus and determination of professional organisations and Governments the persistent difficulties in collaborative working is still extremely apparent and continuing DOH (2003). It is suggested that power inequalities, ideological differences and the recognition of the value of each team member are identified obstacles; the qualities required are apparent and widely discussed yet over the year's collaboration still remains extremely problematic throughout the healthcare sector (Kenny 2005).

The claim that collaboration is crucial to success is one that is echoed in the proverb that 'two heads are better than one' conversely it is also said that three is a crowd, however, in the instance of collaborative working, many professionals working collectively can generate new abilities, extensive knowledge and understanding. (Hughes, Hemmingway & Smith, 2005).

While collaboration is a popular method, and is being increasingly used in professional education, it seemingly uncontroversial concept it often is difficult to implement. How does one successfully collaborate with individuals in other departments within the same organisation? Why it may

be examined after all these years are the professionals not getting it right, it has been recognised by Department of Health that collaboration plays a critical part for individuals working within an organisation and government policies are increasingly aiming at improving current practices to the advantage of the patient (DOH, 2003).

“ Alone we can do so little; together we can do so much.”

(Helen Keller in Jason Harvey 2010)