Faculty Scholarship

2007

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Recommended Citation

Debra Gerardi and Dorrie K. Fontaine, *True Collaboration: Envisioning New Ways of Working Together*, 18 *AACN Advanced Critical Care* 10 (2007).
Available at: https://repository.uchastings.edu/faculty_scholarship/1616

Creating a Healthy
Workplace

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True Collaboration: Envisioning New Ways of Working Together

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An Invitation

The American Association of Critical-Care Nurses released its *Standards for Establishing and Sustaining Healthy Work Environments* in 2005.[1] Through literature review and focus groups, 6 key components emerged as essential for the creation of a healthy work environment. True collaboration, one of the six, is the focus of our discussion. In the paragraphs that follow, we invite you to imagine what collaboration could look like in your organization and how you can implement strategies for enhancing collaboration. Through this vision, we can improve patient safety and create work environments that foster engagement and meaningful contribution. Together, we can bring into existence clinical environments in which we are all working together, not just side by side.

True Collaboration

Fragmentation consists of false division, making a division where there is a tight connection and seeing separateness where there is wholeness. Fragmentation is the hidden source of the social, political, and environmental crises facing the world.

—David Bohm[2]

True collaboration is both a way of being and a way of working. Collaboration occurs at the intersection between self-reflection and active engagement; it is simultaneously a conscious act by individuals and the product of group wisdom. It is the antidote to the epidemic of fragmentation that runs throughout our organizations and our system for providing health services. Collaboration takes time and attention, and in return for that investment we gain understanding, build trust, discover common purpose, and expand possibility. Achieving true collaboration is the next evolution in healthcare.

The Collaboration Continuum

Collaboration occurs across a continuum of engagement:
self-reflection → information sharing → negotiation → feedback → conflict engagement → conflict resolution → forgiveness and reconciliation.

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Collaboration requires that we trust each other enough to give honest feedback and to share information openly, engage in conflict and address issues before they escalate, and skillfully negotiate both our needs and the needs of patients, while protecting our relationships with our colleagues. Collaboration, as a conflict management style, requires both assertiveness and cooperativeness in our interactions with others. Too assertive, and we may lose the trust and respect of those we rely on. Too little, and we allow unsafe care and unprofessional conduct. It is a balancing act in which we listen openly, encourage multiple perspectives, and brainstorm solutions together.

The Challenge of Building Collaborative Cultures

Healthy work environments require teamwork and collaboration for optimal patient outcomes.[3] Over the last few decades, researchers have determined that collaboration and communication are central to positive patient outcomes in the intensive care unit.[4,5] In the ensuing 20 years, the critical care community has compiled further data that support changes in the collaborative climate of critical care, but there continue to be strong barriers to universal implementation of collaborative practices. These barriers likely lie within the foundational beliefs of our professional cultures.

Professional cultural beliefs are reflected in the fact that teamwork, collaboration, and conflict are not concepts that the professions of medicine and nursing have agreed upon. In light of the growing emphasis on collaboration and its impact on nursing retention and patient safety concerns, it is worth focusing on how these beliefs influence our ability to work together. Multiple studies reveal a significant discrepancy in perceptions of the presence of collaboration and teamwork among physicians and nurses.[6–8] These studies point to a systemic concern in solving collaboration and teamwork issues: the professions do not agree on the definition of collaboration or that there is even a problem to be addressed. In addition, there is evidence that physicians are less likely than nurses to report inappropriately resolved disagreements, while nurses indicated that they believe physicians poorly received their input and that it was difficult to assert themselves.[6] Exploring the contribution of professional culture to such beliefs is necessary for shifting attitudes and perceptions toward teamwork and collaboration.

Strategies for Expanding Collaboration

It is our team and positive collaboration with physicians that make each of us look forward to going to work, being a nurse and providing the best care possible to critically ill patients.

—Coronary Care Unit, Washington Hospital Center, Washington, DC[9]

Transforming the Work Environment for Nurses, a 2003 Institute of Medicine report, presents an impressive synthesis of interdisciplinary collaboration, team functioning, and patient safety.[3] The authors note that while the desire to have effective teams for patient safety has been acknowledged in the literature for years, the "how to's" for getting there are much less clear, with further study warranted, especially in the area of interpersonal interactions, which ultimately lead to the delivery of safe patient care. Despite the need for further study, many organizations are diving in to improve collaboration. We offer some strategies here to inspire action in your own organization.

Strategy 1: Develop a Reflective Practice

Taking time to assess one's skills, values, and motivations helps build a foundation for improving interactions with others. Increasingly, academic programs are encouraging reflective practice through dialogue and journaling. This strategy is particularly important in complex environments, as supported by a soon-to-be-published paper from the ACCP Critical Care Institute and the Northwestern University Complexity Institute, which points to several key success factors, including setting aside time for reflection and learning together (J. Egmon, personal communication, August 2006).

Strategy 2: Create Opportunities for Interprofessional Education

It is essential that collaboration be fostered and normalized during academic training and be reinforced during practice through development of interprofessional training programs. Isolated training leads to unfamiliarity

with and distortion of the roles of other professionals, development of language barriers that impede clinical information sharing, and the creation of subcultures that perpetuate inappropriate hierarchies, affecting patient safety. Example: For the past 2 years, Creighton University has offered a team-taught interprofessional course on patient safety that provides an overview of the field of patient safety to students from nursing, medicine, dentistry, social work, pharmacy, law, business, physical therapy, occupational therapy, dispute resolution, and health administration. Instructors are drawn from each of the professions, and there is heavy emphasis on case discussion and dialogue among the students. Through word of mouth, membership to this voluntary course has nearly tripled in size, with close to 90 students attending during 2006.

Strategy 3: Assess the Culture and Current Attitudes Toward Teamwork and Collaboration

Research indicates that attitudes toward teamwork impact the presence of collaborative practice.[10] Many organizations have made use of the multiple tools available for assessing attitudes toward teamwork and safety, many of which address perceptions of leadership, policies, staffing, communication, and reporting practices.[11,12] Example: Mercy Hospital, Miami, Florida, chose the Safety Attitudes Questionnaire[13] as a tool to measure baseline safety culture before beginning major initiatives to influence patient outcomes. The Safety Attitudes Questionnaire was chosen because of its reliability and validity as well as the ability to track individual unit cultures and to benchmark with many other organizations' results. Working together with the Quality and Safety Research group at Johns Hopkins University, the results of the survey will be used to tailor interventions and to measure improvement in safety climate as the initiatives are implemented (C. Barden, personal communication, August 2, 2006).

Strategy 4: Make Use of Stories and Narratives to Engage People

Narrative is a natural means for sharing information and identifying themes and values that motivate behavior. Example: Through programs such as the University of California at San Francisco's (UCSF's) "Stories from the Bedside," people are given a chance to come together to identify patterns, impacts, and success strategies for improving communication and collaborative practice through sharing of patient safety scenarios. The Patient Safety Fellows Program is the brainchild of nurses at UCSF Medical Center who received a grant in 2002 to train nurse fellows in a situation awareness project that is an institutional success model (A. Williamson and M. Fox, personal communication, May 2006).

Strategy 5: Intentionally Create Opportunities for Interprofessional Partnerships

These include joint patient care rounds, management dyads, RN-MD monthly operations meetings, interprofessional quality committees, interprofessional patient safety rounds, interprofessional case reviews, and team-based reward systems. Example: Researchers at the University of Minnesota and Fairview Medical Center are working on applying the concept of "productive pairs" where nurse-physician dyads (medical directors and nurse manager pairs) are engaged in a qualitative pilot study to identify factors that facilitate and impede the creation of strong partnerships (J. Disch, personal communication, March 25, 2006). Physician and nurse leaders in critical care are natural sources for "productive pairs," where 2 individuals invest in a partnership around ensuring patient safety and quality care in a designated critical care unit. In addition, creating solid partnerships at the leadership level creates an excellent model for physicians and nurses working at the bedside.

Strategy 6: Expand Skills in Delivering Feedback, Negotiation, and Conflict Resolution

Everyone can improve their ability to engage in productive conversations through training and practice. Incorporating training into orientation, annual skills days, and other professional development forums can build capacity for managing difficult interactions. Example: Seattle's Virginia Mason Medical Center has required feedback training for all of its employees and, increasingly, hospitals, clinics, and physician practice groups are incorporating conflict management and negotiation training into continuing education, grand rounds, and leadership development programs.

Strategy 7: Expand Understanding and Application of Complexity Theory

Traditional approaches to workplace behavior have been driven by a mechanistic approach to organizational management. Improving the application of complexity principles such as emergence, sense making, and self-organization to daily operations enhances collaboration by expanding capacity for adapting to change in the presence of ambiguity and paradox. Example: The American Association of Critical-Care Nurses, as a founding partner of the ACCP Critical Care Institute with the American College of Chest Physicians, helped form a new Critical Care Collaborative with colleagues at Northwestern University Complexity Institute to better understand how complexity science can inform a potential new view of collaboration and teamwork. Initial research indicates that the concepts of networks, information sharing, and complexity theory hold promise for a clearer understanding of the complicated notions of collaboration.

Strategy 8: Use Dialogue to Build Trust Across Disciplines

Dialogue provides a means for surfacing unconscious assumptions that we carry about our roles and the roles of other professionals. Through dialogue we are able to test whether our old assumptions are still valid and whether we still want to work within the confines of established hierarchies and narrowly crafted job descriptions. Example: Noting that attempts to improve collaboration are more than feel-good activities, Disch recommends creating a dialogue around team members' vision and expectations as a crucial first step in team building.[14] The authors have facilitated multiple dialogues within the clinical setting focused on surfacing assumptions and values related to initiation of difficult conversations with colleagues.

Strategy 9: Develop Routine Processes for Managing Conflict

Direct conversation between individuals, with or without a facilitator, is essential for building trust and respect and may keep situations from escalating. Designing processes that allow for confidential conversations in a safe environment in which retaliation is not permitted is a key to development of an accountable culture.

Example: Akron General Medical Center's AGREE Program makes use of an ombudsperson to facilitate disputes and provide training among employees. This unique program was designed by a joint committee of union and management representatives working with dispute resolution consultants.[15]

Strategy 10: Invite Participation

Often people want to be a part of discussions and decisions but are afraid to speak up or feel they do not have the authority to participate. Making an invitation to individuals—including patients and families—provides an opportunity for engagement and creates a sense of fairness among those affected by the decisions.

Strategy 11: Develop Accountability by Addressing Behaviors That Lead to Unsafe Care and That Damage the Work Environment

These behaviors include inappropriate outbursts, attacks, berating and belittling, retaliation (subtle and explicit), and marginalizing of others. Example: Many organizations are revising policies and bylaws outlining expectations for professional conduct and some are including clear processes for how such conduct will be addressed when reported.[16] Establishment of clear expectations is a first step in developing an accountable culture.

Strategy 12: Develop Opportunities for Informal Relationship Building

Create spaces and time for conversation. Provide ways for people to get to know one another beyond their job title. This includes physical space for breaks, case conferences, consultations, and meals together. Encouragement of off-duty gatherings, retreats, and "play dates" are critical for building trust and respect.

Strategy 13: Encourage Play and a Spirit of Fun!

Play is incredibly important in complex environments as it supports adaptive behaviors and encourages risk taking to solve difficult problems. Play and a spirit of fun energize and engage us. They provide a break from the difficulties of providing care to critically ill patients; they create bonds that help us overcome differences; they expand creativity and they reignite us with hope.

Strategy 14: Stop Making Excuses

Creating collaborative cultures is an intentional act that requires energy, courage, and commitment. There is enough evidence to support such a culture and plenty of strategies to create them. Get started now!

Conclusion

True collaboration requires that we explicitly turn our attention toward the building of relationships. Collaboration requires engagement across a continuum of interactions. Shifting our focus toward relationship and our interactions with others, how we communicate, how we negotiate, and how we resolve differences helps us to reengage, to revitalize our spirit, and to return to those things that matter most to us—respect, trust, hope, camaraderie, and the joy of doing good work.

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