Fostering Collaboration Among Hospital Nurses As a Means of Providing Continuing Education

by

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INTRODUCTION

The dramatic changes that have occurred in acute care settings in recent years have created challenges for staff development specialists as well as hospital administrators. With limited resources and increasing economic pressures, hospitals have organized themselves to resemble corporate structures with a bottom line measured as much in dollars received as in services rendered. Even though the specialized and highly technical care provided by nurses is the hospital's primary product, conflict often exists between the administration's desire to cut costs and nurses' desire to provide humanistic services. In this climate, balancing the need of the hospital to remain competitive with the need of nurses to stay professionally current can be difficult and challenging. In order to meet the continued mandate for information, education, support, collegiality, and mentoring that are vital to professional growth and development, nurses must have opportunities to collaborate with their co-workers on issues of relevance in their daily practice.

While hospitals provide some opportunities for nurses to participate in educational activities, the significance of these activities may be compromised. The mechanisms already in place to provide for staff development may be inadequate to meet the need. Further, all too often carefully planned inservice programs are interrupted by a sudden increase in patient census or change

in patient status. Even when participation is not disrupted, there can be other problems. A staff meeting may be well attended but fail to engender sufficient educational interaction because the usual impetus for these professional gatherings is to address the basic operation of the clinical unit. Only routine, short term issues can be managed in this setting. Occasional attendance at workshops or seminars outside the work setting cannot fully address the need for continuing education based in the real world of patient care. The educator's attempts to resolve these dilemmas may be unsuccessful, despite systematic assessments and evaluations. Meanwhile, administrators searching for cost saving measures may become skeptical of the intangible benefits of educational services beyond the basics required by orientation and specialty certification.

It might be argued that hospital nurses do talk to one another, do debrief and analyze their practice problems with co-workers; however, they do so sporadically, competing with a variety of interferences and shifting priorities. An organized and consistent method of sharing collective expertise is needed. Such an effort is crucial as a means to prevent professional isolation and as a treatment for the problems that disrupt nursing practice. Considering the complexity inherent in any large organization, it is easy for hospital nurses to become submerged

under the weight of daily individual tasks and lose a sense of personal accomplishment within the organization as a whole. At the same time, there is an even greater need for collective affiliation and continuing education to help combat the resulting effects of professional isolation.

Nurses are intimately involved with many issues in health care delivery in the hospital, including increased patient acuity, mandated cost containment, unprecedented technological advancements, and disturbing ethical dilemmas. Therefore, it seems prudent to focus continuing educational activities on the contributions that nurses could make toward ameliorating these areas of concern. Proficiency in identifying and solving problems, resolving conflicts, and making collective decisions require frequent opportunities for nurses to get together and discuss the issues that affect their practice. Since such conditions rarely occur spontaneously, it seems appropriate to facilitate them through the staff development role. Nurses need a forum that encourages them to identify professional goals and that helps them appreciate the collective influence they could exert in their practice. They must also value these goals enough to strive to achieve them by becoming invested in the educational process. Ideally, this investment would translate into relevant programs that promote job satisfaction as well as excellence in practice,

thereby assuring a beneficial outcome for both administration and nursing staff.

This article reports the results of a study undertaken during the fall of 1989 as a first step in developing a continuing education program using the collaborative process. The study was conducted in a 300 bed private community hospital in the Northwest, which serves as a regional referral facility for over 500,000 mostly rural residents. Specialized services that are unique in the catchment area are available, such as high-risk obstetrical care, a neonatal intensive care unit, and open heart surgery. This medical center faces the same critical issues and nursing problems as other similar acute care organizations nationwide and is representative of the interaction of complex forces at work on the local level.

FACTORS INFLUENCING COLLABORATION

To initiate the inquiry, the relevant forces that inhibit or enhance the collaborative process in continuing education were first analyzed through systematic scrutiny of our experience as staff development educators and an extensive review of the literature. Three interrelated factors were examined: the complexity of the acute care environment, the demands of clinical practice, and the sociological context of nursing practice.

The hospital structure limits and regulates the scope of nursing practice by its organizational culture. According to del Bueno and Vincent (1986), the hospital environment contributes normative expectations that reward the product at the expense of the process. This expectation is most keenly felt by bedside nurses who are held more accountable for task completion than for the quality of their patient contacts. Internal systems for documenting patient care and calculating staffing needs usually focus on the accomplishment of medically-oriented procedures. As a result, important nursing activities such as psychosocial support and patient teaching are relegated less time than is desirable. In addition to internal organizational requirements, external regulating forces also affect the practice of hospital nursing. Standards set by organizations such as the Joint Commission for Accreditation of Hospitals, and fiscal mandates of the prospective payment system infringe on the ability of nurses to make patient care decisions.

Communication among staff nurses is often restricted to the bare essentials implicit in direct patient care. Attendance at meetings or even casual conversations while on duty must always be superseded by total accountability for patients. Whenever extra time becomes available, it is likely that managers will exercise their fiscal authority by sending staff home or shifting them to

another unit. Part time, on-call status, and the policy of floating nurses to other units, also disrupt the continuity of nursing interaction because of the resulting unpredictable and irregular scheduling among colleagues. The change of shift report or staff meetings are adequate only for the exchange of information about current patient problems and do not engender communication at a deeper level. These meetings may help nurses to take care of immediate patient care concerns or basic maintenance of the unit, but they are not conducive to discussion of long-range, comprehensive patient care issues that provide a framework for continuing education. Compared to other nursing roles in the hospital setting, staff nurses are the most severely restricted in their use of time.

Despite common goals and shared concerns, bedside nurses lack opportunities to discuss work-related issues in a manner that other professional groups take for granted, even though a forum for collective deliberation and action might lead to improvements in working conditions or patient care. Moreover, inexperience with the basic techniques of collaborative practice leads to isolation, with nurses separated not by intention, but by circumstances beyond their control. As a result, nurses tend to consider their problems as personal and individual rather than as professional issues in need of collective attention, a perception

that becomes more firmly rooted when it is reinforced by managers, physicians, and even patients. Translated into practice, a nurse's struggle to accomplish a multitude of tasks within safe parameters may be perceived as an individual problem of time management, rather than as a collective problem with the hospital's acuity rating system.

Unfortunately, nurses may not recognize the significance and utility of more dynamic interactions when their importance is not validated by the institution. Staff development instructors, accepting institutional norms, may be reluctant to provide the time and space for process, as well as product-oriented activities. It may be easier to justify an inservice program that highlights the features of the latest IV infusion pump than one with no predetermined outcome other than professional discussion among staff nurses. In fact, such an unstructured format may be perceived as destabilizing to the organization because it encourages more autonomous behavior and less direct control. Through collective deliberation, policies and procedures might be questioned or the status quo challenged in ways that precipitate unexpected changes in patient care.

The sociological significance of nursing as an overwhelmingly female profession is often overlooked in spite of indications that gender imbalance has been detrimental to professional advancement

(Fagin & Maraldo, 1988). Outside of scheduled work hours, a multitude of personal time commitments compete with the nurse's ability to devote attention to professional issues. Despite the role changes that many women have made in recent years, the socialization process still tends to direct women toward interpersonal rather than career success (Vance, 1979). Those who try to integrate both may find themselves orchestrating a more complicated juggling act than their male counterparts for far less approbation. A lack of self-esteem (Meisenhelder, 1982), failure to support formal professional associations, patterns of disaffiliation (Vance, Talbott, McBride, & Mason, 1985), and a propensity to copy a male-dominated medical model (Hagell, 1989) compound the dilemmas. Moreover, a profession motivated by service and caring cannot compete with a cultural fascination for the success and power promised by the American corporate structure.

Relatively little research has been done to promote understanding of the nature and benefits of peer collaboration to the staff development process in acute care nursing practice. While guidelines for collaborative behavior are available, they are not formulated in terms that are explicit enough for implementation. Mentoring and networking, for example, which are traditional avenues of interaction among many professionals,

suggest collaboration through the promotion of contacts on an individual or group basis. The lack of opportunities for such contacts within the confines of the acute care setting is not addressed. The concept of "care for the caregiver" offers a model of collaboration that is more unique to nursing. The development of supportive relationships among colleagues implied by this largely informal process is important, but the overall concept cannot be depended upon to satisfy professional concerns consistently. The benefits inherent in these strategies need to be combined and integrated into practice. Collaborative relationships serve to advance staff development because they encourage nurses to get together to clarify their educational needs.

Inexperience with patterns of collaborative behavior impedes its acceptance among nurses and prevents its potential benefits from being evaluated. To insure participation in a research activity, it was necessary to provide a context for group interaction that could legitimately be promoted by the staff development educator and which staff nurses would perceive as relevant to practice. Since many aspects of nursing care relate to problem solving, this particular technique was incorporated into the study because of its inherent legitimacy and familiarity. Therefore, the dual purposes of this research project were to

examine the specific components of collaborative problem solving and to determine how collaboration among staff nurses could be fostered in the hospital.

STUDY METHODS

While the importance of collaboration has been documented in the literature, no specific research has shown that staff nurses share this perception nor has any investigation of inservice education as a means of fostering collaboration been reported. Therefore, this exploratory study was designed to address two major areas of interest: (1) staff nurses' current problem solving strategies and perceptions of the value of collaboration for solving practice problems, and (2) the feasibility of establishing continuing education activities to promote collective problem solving. Many factors interfere with nurses' ability to interact in ways that foster professional collaboration and meet continuing education needs. These factors are so entrenched and so pervasive within acute care nursing that they are either unrecognized as problematic or accepted as the status quo. An effort must be made to understand and respond to these conditions so that staff development can be reconceptualized to meet the health care delivery demands of these changing times. Data were collected from a sample of staff nurses to ascertain their views of the factors that enhance or inhibit peer

collaboration in the hospital.

Eight one-hour group meetings were planned at various times chosen to be convenient for nursing schedules. In order to arrange for adequate refreshments and an appropriate location for the meetings, a publicity brochure was distributed with the paychecks to all staff nurses in the hospital two weeks in advance. Staff nurses were invited to participate in a group activity with their peers after which completion of the survey questionnaire took place. The content and format of these data collection sessions were deliberately organized to provide a model for the type of collaborative activity being espoused by the researchers. Depending on the number of participants within a given group, members were asked to form pairs, or to discuss as a group for ten minutes, two specific questions. First, they were asked to name the most satisfying aspects of their jobs; and then, equal time was accorded to discussing the dissatisfiers they experienced. In addition to completing a survey questionnaire, staff nurses were provided with the experience of getting together to discuss practice issues in an informal setting away from the clinical area that would promote understanding of the potential usefulness of such collaborative activity.

Both quantitative and qualitative data were collected during the two-day study period. Survey data were compiled from

questionnaires completed by each participant in the study. This survey questionnaire requested demographic information about the respondents along with descriptive information about how respondents usually dealt with practice problems and how collaborative problem solving could be enhanced in the work environment. In the initial section, respondents were asked to classify their most difficult practice problems as either clinical, interpersonal, or organizational in nature. Then they were requested to identify problem solving strategies using a checklist of potential strategies. Attitudinal impediments to collaboration were also explored through open-ended questions. Finally, respondents were asked about obstacles to and facilitators of collaborative activity in the hospital setting. Questions on the two-page survey were structured to promote ease of completion but still permit elaboration as desired.

At the completion of each group session, an anecdotal data record was filled out by the researchers. This record provided a consistent format for noting the nursing units represented, interactions among participants, their reactions to the activity, a description of incidents indicative of collaborative or non-collaborative activity, and any unanticipated events. Actual participant responses were recorded when necessary to amplify the descriptive notations. In addition, an anecdotal record of

significant events and obstacles to the research process was maintained during the course of the project.

THE FINDINGS

A description of the nurses who participated in the study contributes to the understanding of the utility of continuing education activities to promote peer collaboration. In total, fifty-three nurses returned a registration form indicating their intention to attend the group meetings. Despite this advanced notice, there were never more than eight participants at any one of the activity sessions although every nursing unit in the hospital was represented. Two of the planned sessions were not held due to a lack of interest in attending at the scheduled times as indicated on the preregistration forms. A total of thirty-three participants attended the six one-hour sessions that were held (refer to Table 1). This means that of the nurses who said they were planning to attend, about 40% of them failed to do so. The reasons for this discrepancy can only be speculated upon, but they may be linked to schedule conflicts, a re-evaluation of priorities, or some combination of the two.

The questionnaire was completed by twenty-seven of thirty-three nurses who attended the group activity sessions. The small number of participants reflects the inherent difficulties in

getting nurses together. Most participants attended on personal time before or after their shift of work. A few night shift workers said that they were too tired to stay and complete the questionnaire. To obtain additional data, surveys were made available to other staff nurses on all nursing units and thirty-six were returned. Thus, in total, sixty-three (16%) of the 386 registered nurses employed to provide direct patient care completed the questionnaire (refer to Table 1). Although there were no differences in responses noted between those who attended the group activity and those who did not, there were more missing data on questionnaires in the latter category.

The questionnaire offered a means to glean specific information of potential usefulness for planning staff development activities that are in keeping with the needs and desires of the target audience. From the demographic section, an "average profile" of respondents emerged. Almost all were female, most were full-time (68%), and over half (54%) worked a daytime shift, either eight or twelve hours in length. The majority (69%) were between thirty-five and forty-four years of age, had an associate degree (51%) and had worked in nursing for six to fifteen years (47%). Demographic data of this nature can be helpful for tailoring continuing education methods and content appropriate to address the types of needs identified by staff nurses.

Specific information about the factors that promote attendance at continuing education activities and the obstacles to participation are of practical concern to staff development educators. Therefore, questions relating to these aspects were of special interest to the researchers. As anticipated, the most frequently identified publicity tools for this research activity by participants were fliers, posters, and signs in the work area (72%). Most respondents (69%) described their reasons for attendance as interest in and curiosity about the topic. When combined with the number of other respondents (14%) who indicated that a need for support prompted them to attend, the overwhelming majority (83%) came to this activity as a result of internal motivation. A few respondents (14%) said that they came because they were asked to attend by a supervisor or co-worker and, despite the researchers' preconceived expectations, only one person mentioned the provision of refreshments as an incentive for attendance.

To increase collaboration among co-workers, most respondents indicated a need for more trust in their own and others' opinions (33%) and a desire for more harmony and teamwork in their work relationships (26%). Scheduled time for problem solving was also mentioned by many respondents (26%) as a way to enhance collaboration. The emotional dimension of work relationships was

found to be noteworthy for the respondents. The great majority maintained friendships with co-workers outside of work (78%) and could identify someone they admired who served as a role model in their nursing practice (73%). Among the qualities most appreciated, respondents described this person as having a positive attitude, a confident demeanor, and displaying supportive, caring behaviors.

Most respondents (73%) indicated that they would find it helpful to attend regularly scheduled meetings with co-workers to discuss practice problems and potential solutions. Although 17% were unsure of the personal benefits, only 10% responded that they would not find such meetings to be helpful. Table 2 summarizes the responses describing factors that inhibited and facilitated participation in group activities with co-workers. The most frequently cited obstacle to participation in meetings with co-workers was lack of organizational support (74%). A large number of respondents (40%) also cited work schedules and/or personal time constraints as an obstacle. Concomitantly, most respondents (65%) indicated that a convenient time and location along with advanced notice would make it easier to participate in group activities with peers. Recognition of the importance of collaboration by peers and managers along with an enhanced trust level were also mentioned as facilitators of participation (16%).

Another important area of interest illuminated by the findings concerns current use of problem solving strategies and willingness to engage in collaborative behavior. Interestingly, forty-eight respondents (76%) classified their most difficult practice problems as either organizational (44%), pertaining to the hospital, policies, standards, and decision making processes, or interpersonal (32%), pertaining to aspects of communication, conflict, and relationships. Only fifteen (24%) characterized the source of their problems primarily as clinical in nature, pertaining to patient care, procedures, treatments, and equipment. Given that the topics of continuing education programs are very often related to clinical issues, this finding has major implications for staff development educators. Moreover, respondents were unanimous in their agreement that other nurses also experienced the problems they identified as most difficult. Not surprisingly, a majority of respondents (94%) indicated that they had discussed their difficult problem with a co-worker and most (89%) noted a preference for problem solving by working with others rather than working alone.

Among the strategies identified as most likely to be utilized for problem solving, most respondents chose actions involving others over those involving no direct action, both in the checklist provided and in their open-ended responses (see Table 3).

Overall, respondents preferred to seek advice on how to handle a problem (55%), confront the involved party and attempt to resolve the situation (48%), or ask for assistance from a co-worker to resolve the problem (44%). The most preferred strategy involving no direct action was to refer the problem to a supervisor (33%), although a few respondents (10%) indicated that they endured the problem because they saw no way to resolve it. Only two people (3%) said they would do nothing and wait to see if the situation resolved itself. The most frequently cited interference to working together for problem solving was lack of time related to being too busy (79%). A surprising number of respondents (44%) revealed that they felt a lack of skills for effective interaction interfered with the ability of nurses to work together to solve problems. Moreover, some respondents (24%) indicated that they felt mistrustful about expressing concerns to co-workers. Indeed, lack of trust in peers and managers was a recurrent theme in the open-ended responses.

The major research function of the group activity was to provide staff nurses with the opportunity to experience collaboration first-hand and to address the research concerns which could not be ascertained via questionnaire. Due to the smaller than expected size of the groups, introductions were informally and quickly done, sometimes spontaneously, and

sometimes at the suggestion of the facilitators. As sources of job satisfaction, participants frequently mentioned the ability to perform technical skills and to interact with patients and their families. Most groups indicated that their role as caregiver for the sick and dying was a major source of satisfaction. These nurses also valued their relationships with colleagues. In fact, to the extent that such relationships were missing or inadequate, nurses felt a great deal of dissatisfaction with their work. Conflict with co-workers, disagreement with administrative policies, performance of menial tasks, and the inability to spend sufficient time with patients and families, provided the themes for the discussions (refer to Table 4).

Each group session was noteworthy for the enthusiastic participation of its members. There was much unprompted conversation and a high degree of self-disclosure. Facial expressions conveyed a sense of encouragement and agreement whenever a personal opinion was rendered. Moreover, in every session there was a reluctance to end the discussion. Several participants enthusiastically expressed a desire to attend similar group meetings on a regular basis in the future.

Some of the factors known to impede collaboration which have been described were experienced first-hand during the course of the research process. A reluctance to deviate from a familiar

path was an expected obstacle. In order to facilitate the introduction of a new concept for continuing education evoked by the collaborative model, the researchers sought approval and encouragement at the management level. Some managers had reservations and doubts about the feasibility of a new approach, or displayed indifference to it. Since nursing units with more supportive managers were better represented in the group meetings, the significance of management's endorsement of staff development activities cannot be underestimated.

The nursing staff was also not immune to the inevitable discomforts that accompany a different approach to continuing education. The brochure used to advertise the group sessions, became an inadvertent barrier to collaboration when one of the nursing units took offense at the cover design. The picture of a distraught and overworked nurse being invited to attend a problem solving seminar was interpreted by a few nurses as demeaning and derogatory. A discussion and explanation of intention was necessary to quell objections and buffer negative publicity that might have been generated.

The hospital's nursing director expressed some discomfort with a group-oriented problem solving activity. Her awareness of the high level of frustration among nurses with current staffing shortages, aggravated by the recent introduction of a new acuity

system, made her reluctant to stimulate further discussion of potentially emotion-laden topics. The design of the survey tool was modified as much as possible without compromising the research effort in order to reflect her concerns. Despite her initial reservations and whatever remarks she may have heard from mistrustful colleagues, the activity sessions proceeded without interferences. Her ultimate endorsement came in the form of the refreshments she provided to encourage nursing staff participation.

DISCUSSION

This study suggests that acute care facilities would be well advised to promote nursing interaction and to foster peer collaboration in the truest sense. The responses among group participants indicate that, given the opportunity, some staff nurses are willing to share beliefs, offer support, and solve practice problems together. The distinguishing characteristics of nurses who function at this level of professional behavior merits further exploration. The fact that nurses from different specialty areas and shifts were able to express common concerns when they were assembled in an informal environment suggests that a foundation on which to base a more collaborative model for practice already exists. Indeed, educational needs might be better met if they were initiated by nurses rather than imposed

externally by instructors. Moreover, the group process format offers a suitable educational strategy for adult learners.

Questionnaire results indicate that staff nurses assigned greater significance to interpersonal and organizational issues than to clinical ones, although a clinical focus is generally emphasized in most staff development programs. The exact nature of these issues is unclear, and the specifics could not be determined due to restrictions that were placed on the questionnaire format. The implication is that clinical issues are well addressed at the present time, at least among the experienced, full time nurses who formed a majority of the surveyed population. What can be inferred by an examination of other survey questions is that mistrust of administration, problems with time management, communication difficulties, and personal commitments outside of work all contribute to the assignment of a higher priority to organizational and interpersonal concerns than to those with a strictly clinical basis.

An environment conducive to peer collaboration must be created for staff nurses because it is unlikely to be created by them. With few exceptions, acute care nurses are so busy, tired, protective of their personal time, or preoccupied by other obligations that they are reluctant to participate in additional

work-related activities, no matter how attractively packaged or professionally satisfying such activities might be. The number of nurses who indicated their intention to participate in the study without actually doing so illustrates this. For these reasons, a wise approach would be to integrate a model of collaboration into routine practice, rather than to create additional expectations for an already overburdened nursing staff. The staff development instructor is in an ideal position to advocate and facilitate this approach to the educational process.

Implementation of this approach can be achieved by utilizing the aspects of collaboration that are imbedded in other models of professional interaction such as mentoring, networking, and social support. The staff development role can be expanded to incorporate the mentoring qualities that nurses listed as valuable to them, including a positive attitude, confident demeanor, and supportive, caring behaviors. Whatever costs might be incurred by utilizing a small portion of nursing time for indirect rather than direct patient care could be offset by utilizing a mentoring approach to cultivate expertise from within rather than hiring experts and consultants for workshops and seminars. In this context, increased proficiency among novice nurses might also be attained. Networking skills could be explicitly developed, or included within educational activities. Typically, networking

activities are limited to a professional agenda, but the expression of personal concerns need not be detrimental. On the contrary, attention to social support can pay long term dividends in the form of increased job satisfaction and productivity.

Group activities that can be used to promote and maintain continuing education should be investigated. Much of what might happen in these groups cannot be anticipated beforehand. The group process itself will evoke issues and concerns not previously discussed and understood. For instance, when nurses in the study described the satisfying and dissatisfying aspects of their work, many statements were directed toward a newly implemented acuity system. Until public expression of this sentiment occurred, these nurses may not have been aware of a common source for much of their frustration. The repetition of certain issues such as this one can alert the staff development educator to current priorities for continuing education.

As a case in point, one outcome of this study has been the establishment of a nursing lecture series. This is a monthly event facilitated and coordinated by the staff development department but presented by and for staff nurses. The best features of mentoring, networking, and social support are present with a nurse speaker, audience participation, and the socializing that accompanies each presentation. In this learning environment,

topics for future lectures were suggested, a nurse from the group was nominated for a special award, and a staff development instructor has been invited to facilitate conflict resolution in a staff meeting.

The perceptual and motivational aspects of staff development present a challenge in nursing research because measurable outcomes are not readily discernible and differences in practice related to these factors are difficult to evaluate. The characteristics of nurses that are related to successful continuing educational activities require thoughtful inquiry and careful observation. Desired information may be hard to extract from a quick survey or needs assessment and may be compounded by the severe time constraints felt by researchers and participants alike. The obstacles encountered, however, do not negate the significance of efforts in this direction when improving job satisfaction and performance are so crucial to acute care practice.

Further research emphasis could be directed toward grounded theory methodology to allow some of the essential features of collaborative behavior to emerge in an experiential context. At present it is not possible to predict the direction of the group process but as the process evolves, the content could be useful in the design of continuing education programs. In light of the

findings of this study, a collaborative approach to staff development for acute care nurses could prove beneficial on many levels. Programs should be designed to incorporate special features, including the presence of group facilitators who demonstrate the leadership qualities that nurses value. Attention should also be paid to trust-building as a core educational activity among nurses and managers because managerial and organizational approval serves to validate the importance of collaborative behavior. Given the personal and professional time constraints that impede staff nurse participation, managers, supported by staff development instructors, need to take an active role in fostering the climate that will allow collaborative activity to occur.

The findings of this study illustrate the subtle but pervasive obstacles to peer collaboration that exist at all levels of the nursing hierarchy, compromising the trust needed to implement creative methods of problem solving. They demonstrate the importance of careful planning with special attention to open communication, marketing, clarity of goals, a sense of timing, and awareness of political issues, especially when innovative attempts to meet educational needs are being devised.

TABLE 1

COMPARISON OF SURVEY COMPLETION RATES AND PARTICIPATION IN GROUP MEETINGS.

DATE	GROUP#	TIME	#RSVP	#PARTICIPANTS	#COMPLETING SURVEY
DAY 1/THURS.					
	1	0730	7	8	3
	2	1330	12	7	7
	3	1530	9	5	6[a]
DAY 2/MON.					
	4	0730	6	5	5
	5	1330	13	5	3
	6	1730	5	3	3
NOT HELD					
		1930	1	0	NA
NOT HELD					
		2130	0	0	NA
SUB TOTAL =			53	33	27
NO ATTENDANCE AT MEETING					
	0	NA	NA	NA	36[b]
TOTAL =			53	33	63

[a] One person completed survey only and did not stay for group activity.

[b] Number may include some who attended but did not complete survey at time of meeting.

TABLE 2

NUMBER OF RESPONDENTS IDENTIFYING SPECIFIC OBSTACLES AND FACILITATORS TO PARTICIPATION IN GROUP MEETINGS (N = 63).

DESCRIPTION	RESPONSES N	(%)*
OBSTACLES:		
Lack of organizational support	32	74%
Work schedule and/or personal time constraints	17	40%
Resentment of using personal time for professional activities	6	14%
Lack of recognition for need to collaborate by staff and/or management	3	7%
Lack of trust	2	5%
FACILITATORS:		
Convenient time and location/advanced notice	28	65%
Organizational support	6	14%
Recognition of importance of collaboration by self and/or others	4	9%
Location with refreshments away from clinical setting	4	9%
Enhanced trust among co-workers	3	7%
Unsure	1	2%

* Respondents could describe more than one, therefore percentages do not sum to 100.

TABLE 3

TYPES OF STRATEGIES FOR PROBLEM SOLVING REPORTED BY RESPONDENTS AS MOST LIKELY TO BE USED AND CONSIDERED EFFECTIVE (N = 63).

STRATEGIES *	MOST LIKELY TO SELECT	CONSIDERED MOST EFFECTIVE
ACTION INVOLVING OTHERS:		
Seek advice on how to handle the problem	55%	42%
Confront the involved party and attempt to resolve the problem	48%	51%
Ask for assistance from a co-worker to resolve	44%	41%
Other description: - Pursue communication channels - Discuss with administration - Hold a meeting with staff - Provide role modeling and discuss with co-workers	20%	12%
NO DIRECT ACTION:		
Refer the problem to a supervisor	33%	24%
Endure the problem because there is no way to resolve it	10%	7%
Do nothing (wait to see if it resolves itself)	3%	0%
Other description: - Leave the job - Refer to ONA representative during contract meetings - Complain and accept the inevitable - Don't know	20%	12%

* Respondents could chose more than one strategy, therefore percentages do not sum to 100.

TABLE 4

FACTORS IDENTIFIED IN GROUP DISCUSSION WITH PARTICIPANTS

JOB SATISFIERS

Clinical:

* Ability to perform complex procedures expertly
* Caring for the sick and dying
  Getting to know patients and families over an extended period of time
  Ability to intuitively sense what is happening with a patient

Interpersonal:

* Relationships/Camaraderie with co-workers
  Collaborating with physicians in the management of patient care
  Gratitude from patients

Organizational:

Flexibility of on-call status
Collecting a paycheck

JOB DISSATISFIERS

Organizational:

* New acuity system
* Adversarial relationships between nursing staff and administration
* Inability to make real or lasting changes
* Being overwhelmed with tasks and insufficient time to accomplish them

Salary compression
Expectation to work extra hours or when sick

Interpersonal:

* Lack of assistance or support from other nurses, even when asked for

Intershift/Co-worker conflict
Lack of respect by physicians and administration
Expectation to be eternally cheerful
Public disregard/misunderstanding for the complexities of nursing

Clinical:

* Doing menial tasks

* NOTE: Responses from more than one group

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ABSTRACT

TITLE: Fostering Collaboration Among Hospital Nurses As a Means of Providing Continuing Education

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Nurses have few opportunities to utilize the benefits of professional collaboration within the acute care setting. In this descriptive study, the nature of the collaborative process, its significance for nursing practice, and the factors which enhance or impede its utilization were explored.

A self selected sample of hospital staff nurses was given an opportunity to discuss practice issues in an informal setting away from the clinical area. A series of six, one hour activity sessions designed to promote collaborative behavior was implemented over a two day period. Following each session, participants completed a questionnaire which requested demographic and other information related to perceptions of actual and potential problem solving techniques. In addition to quantitative survey data, anecdotal records of the interactions and reactions of participants and of significant events occurring during the research process were maintained.

Research findings indicated that nurses who understood and valued collaborative behavior might be deterred from a long range commitment to its implementation by distrust of the nursing hierarchy, time constraints, scheduling conflicts, fatigue, or personal considerations. Despite enthusiastic participation within the groups, many felt that they lacked the necessary communication skills for effective interaction with colleagues.

It appears that a model of collaboration that is integrated into routine practice by supportive nursing management has a greater chance of success than one which merely adds to performance expectations on an already overburdened staff. An environment which is conducive to collaborative practice is unlikely to be created by staff nurses themselves without incentives and reinforcement. The benefits of a collaborative model for staff development and for improved nursing practice should be investigated further since it shows promise as a cost effective means of improving staff morale, performance, and job satisfaction.

APPENDIX A

RESEARCH PROPOSAL

Appendix A

Analysis of Factors that Influence Peer Collaboration in the Acute Care Setting

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Rotating Master's Program

Master's Research Project Proposal

Running head: RESEARCH PROJECT PROPOSAL ON PEER COLLABORATION

Today's hospitals are arenas where challenges to the health care delivery system are being dramatically played out. The routines of the past and the predictions for the future have collided in an attempt to survive in the present moment. Economic pressures created by dwindling resources and burgeoning costs are forcing changes that can no longer be ignored. Faced with a deluge of fiscal and regulatory concerns, hospitals have organized themselves to resemble the corporate structure complete with a bottom line that is measured not as much in services rendered as in dollars received. In this climate, the specialized and highly technical care provided by nurses is regarded as the hospital's primary product.

At a time when the demands for nursing services have never been greater, the supply is dwindling and hospitals are faced with an unprecedented shortage (Fagin and Maraldo, 1988). Not only are nursing school enrollments plummeting as women choose more lucrative careers, but rising patient acuity requires more skill and stamina from the nurses who are currently available. Given these factors, burnout and job dissatisfaction are common and expected responses while the opportunity for nurses to utilize the shortage for their own advantage by taking an active role in the decision-making process is neglected. A potential danger exists if solutions best devised by nurses are conceived and implemented by others. Already an ominous trend in that direction is suggested by the physician-generated proposal for

Registered Care Technicians who would be dubiously trained to fill the gaps in the delivery of patient care. Even if this concept fades into a much-deserved oblivion, it indicates a mind-set that does not acknowledge the pivotal contribution that nursing can make to resolve current health care issues through use of the decision-making process.

Those who are in the best position to advocate a proactive stance for nurses, who understand the links that must be forged between technological and humanistic concerns, are nurses themselves. The ability to band together and act in concert to protect mutual self-interest is essential for the survival and viability of the profession. Unfortunately, nurses often practice in a milieu of professional isolation, such that despite common goals and shared difficulties, they fail to benefit from the power and strength inherent in collaborative behavior. While major issues such as the nursing shortage and the future of health care underscore the urgency for professional unity, the more mundane problems that beset the profession would also benefit from a greater demonstration of collegiality. The literature strongly reinforces such relationships, but to date, there has been no research to assess, diagnose, intervene, or evaluate the dimensions of collegiality and its relationship to the development of professional unity.

Efforts to introduce systematic research in this direction has been difficult for several reasons. The limitations of traditional methodology for exploring the diffuse and multilayered variables are cause enough to hesitate in favor of a subject more easily studied and

measured. Thus,it may not be accidental that no previous studies exist to provide the necessary groundwork. Persistence in this research endeavor, despite the obstacles, is largely due to the relevance of the problem in daily practice, and to the encouragement and validation from nursing associates. To create a manageable framework for studying the problem under scrutiny, three intertwining factors will be examined: the complexity of the acute care environment, the demands of clinical practice, and the sociological context of nursing.

Description of the Problem

Before proceding further, the meaning of collaboration in the context of its use in this study must be clarified. Defining collaboration within the hospital setting is difficult because of its conceptual ambiguity and the multiplicity of meanings attached to the term. According to the American Nurses' Association Social Policy Statement, "collaboration means true partnership, in which the power on both sides is valued by both, with recognition and acceptance of separate and combined spheres of activity and responsibility, mutual safeguarding of the legitimate interests of each party, and a commonality of goals that is recognized by both parties" (1980, p.7). Using this definition, the American Nurses' Association describes collaborative working relationships as essential to the practice of nursing and to the ultimate success of the profession in "its health-oriented mission" (p.6). Moreover, collaboration is viewed as one of the most important factors impacting on the professional

environment of nurses (p.7). Thus, the value of collaboration cannot be underestimated when, as Hinshaw, Smelzer, and Atwood maintain, "an environment within which nurses can grow and thrive professionally will positively impact the quality of patient care as well as how nurses perceive themselves and are perceived by others" (1987, p.9).

There is little doubt that the collaborative process is widely appreciated at least at the theoretical level. In a nationwide study sponsored by the American Academy of Nursing (1982), "magnet" hospitals were described as institutions that place a premium on the attraction and retention of nurses who subscribe to the value of excellence in patient care. The results of this study indicated that one of the ways in which excellence is fostered, is through the encouragement of relationships that are the foundation of the professional collaborative process. In a subsequent comparative analysis of magnet hospitals, Kramer and Schmalenberg (1988) found that problem solving ability among nurses was enhanced by collaborative relationships maintained through informal lines of communication. Within any organization, problem solving ability is an indication of its strength and unity. Kramer and Schmalenberg's study credits collaboration not only with a positive impact on patient care, but also with an increased sense of job satisfaction experienced by hospital nurses. Despite such examples of the professional imperative to collaborate, there is little indication as to how this process can be integrated in acute care nursing practice.

The variety of expressions used to describe collaboration also confuses the issue. The literature in this area dates back to the

1970's when terms such as networking, mentoring, and peer support came into vogue along with an enthusiasm for "consciousness raising" which has since become outdated in its terminology, if not in its intention (Randolph and Ross-Valliere, 1979). Mullins and Barstow (1979) described the nature of supportive working relationships among nurses as "care for the caregivers" and deemed that it was essential to the goal of providing appropriate care to patients (p.1425). While these authors attempted to articulate some behavioral strategies for peer support, they were little more explicit than to suggest that nurses cultivate the qualities of awareness and empathy (p.1426). Platitudes to "be a good listener" and "remember to say thank you" fall far below the sophisticated level of interaction that nurses today need to maintain an authentic professional connection.

In the current literature, nurses are urged to offer "social support" to one another in the work setting since it is assumed that no one else can truly appreciate the inherent stresses of the hospital environment. According to Jennings (1987), this type of support should consist of "reciprocal interpersonal exchanges that enhance security, mutual respect and positive feelings" (p.64). Two dimensions of social support, one affective and the other behavioral, are described by Jennings as equally important to fostering "a climate of caring" for nurses (p.64). Emotional support occurs when the feelings and viewpoints of one's colleagues are acknowledged. Tangible support is demonstrated by offering assistance in performing tasks or in sharing the workload. The author maintains that these types of supportive

behaviors have the potential to reduce occupational stress experienced by nurses, thereby increasing their ability to cope with the effects of stress (Jennings, 1987, p.64).

The concept of "peer consultation," which is the basis for a text written by graduate student nurses (Shields, et al., 1985), contributes a more sophisticated model for collegial relationships. In fact, its expectations for high self-esteem, leadership skills, assertive communication, and problem solving ability may be prerequisites that are too advanced to be useful to staff nurses. A similar limitation exists in the "nurse to nurse relationship" espoused by Curtin and Flaherty (1982). They regard the professional relationship as an ethical commitment to interpret and expand "the body of the profession's knowledge," to practice "criticism and self-regulation," and to develop "character traits" of personal and professional excellence (p.125). Laudable sentiments such as these are worthy of pursuit, but may be difficult to embrace in the day to day reality of the acute care setting. Other authors attempt to encourage collegiality for a specific purpose, such as promoting clinical research (O'Connor, 1988) and implementing change (Metzger, 1985). Considering the multidimensional problems facing hospital nurses today, effective methods for enhancing the collaborative aspects of problem solving will be essential (Boyle, 1984, p.165). As described by Shibutani, "the most common way of meeting problematic situations is through collective deliberation" (1986, p.272).

A delightfully innovative expression to denote interpersonal support among professional women is "feminist friendship" (Poslusny, 1989). In an article stating that "nurses were the first group of professional women to organize and form professional associations, to publish a professional journal and to establish a federation of health care professionals at the international level" (p.64), readers are reminded that there is an historical precedent for the professional unity being espoused today which should be rekindled. However, a clarification of the personal and professional aspects of such friendships needs to occur so that they can be utilized for some specific advantage for the nursing community.

Perhaps the most frequently and generally used term meant to describe the collaborative process, is networking. Consistent in the literature are frequent exhortations to form networks although an accompanying description of the mechanism for implementating the networking process is lacking (Meisenhelder, 1982; Ryan-Merritt, 1987; Bishop, 1989). In male dominated professions, the "old boy" network is implicitly understood as a reliable means to cut across organizational lines and assist one another with work problems (Johnson, 1987). This process entails interpersonal communication among colleagues for the purpose of enhancing the ability to achieve job-related goals (Kelly, 1978). In a female-dominated profession such as nursing which is lacking in the guidance that a networking history can offer, it may be necessary to make the components of networking behavior more explicit.

Interpreting networking in another way, many regional hospitals have developed professional alliances in the form of mentoring relationships to increase the clinical competence and confidence of newly graduated nurses. Formal programs of preceptorships or internships often exist to bridge the gap between the academic and practice worlds of nursing. In this way, the guidance and support offered by experienced nurses serving as mentors are deemed important to the successful development of knowledge and skills as well as to effective socialization in the novice nurse. As is the case with the concept of networking, numerous authors describe the need for and benefits of mentoring for hospital nurses (Vance, 1982; Pyles and Stern, 1983; Darling, 1984; Larson, 1986; Lough, 1986). However, except for preceptorship programs, there are few, if any, conclusions supported by research regarding tangible methods to implement these opportunities for nurses beyond the novice level. Concerns about cost containment and the nursing shortage place further restrictions on creative mentoring opportunities. The possibility that these very concerns could be ameliorated by encouraging such supportive behaviors that might lead to nursing retention, satisfaction, and increased productivity has not been adequately investigated.

Experienced nurses practice in an environment of virtual isolation which is not ameliorated by the occasional attendance at workshops or seminars. Even regular participation in staff meetings does not meet the need for collaborative interaction because the usual impetus for these professional gatherings is to address managerial concerns and to

assure intershift communication within the clinical unit. Furthermore, nurses' low level of membership and participation in professional organizations (and the possible failure of these organizations to interpret the needs of their constituents), contributes to the sense of collective disengagement which compromises existing opportunities to collaborate (Meisenhelder, 1982). In order to satisfy the sustained need for information, education, support, collegiality, and mentoring which are vital aspects of professional growth and development, nurses need "tools for transformation" that extend beyond the basic exchange of information prevalent in networking and other formal events (Trani-Shirley, 1987, p.52). It might be argued that hospital nurses do talk to one another, do debrief and analyze their practice problems with co-workers; however, they do so sporadically, competing with assorted interruptions and shifting priorities.

An organized and substantive activity which offers a more encompassing approach to collaborative behavior is needed. Such an effort is crucial, not simply as a cosmetic device to enhance the attractiveness of nursing, but as a preventative agent and a treatment for the problems that disrupt nursing practice. Networking, with its focus on career advancement, fosters a wide variety of professional contacts within and outside the work setting (Persons and Wieck, 1985). However, by their very nature, these relationships are superficial, sporadic, and lacking in the commitment required for exploring deep-seated professional issues. In contrast, the intense involvement of the mentoring connection provides for the transmission of expertise

from an influential nurse to a relatively inexperienced colleague on a one-to-one basis (Vance, 1982). Although the benefits of this type of relationship are well-documented, its potentially parental aspects and its limited availability restrict its usefulness in the acute care setting (Campbell-Heider, 1986). While social support may attenuate the disadvantages of these somewhat formal strategies, it is nonetheless insufficient to satisfy professional concerns consistently. Despite the reciprocity inherent in social relationships, their personal, emotional, and internal characteristics may serve to discourage an external mechanism for solving practice problems (Jennings, 1987). An additional step is necessary to advance problems from their identification to their resolution in order to avoid the all too familiar treadmill of circular complaints.

Due to the inadequacies that exist when these various models are examined separately, the concept of collaboration being espoused here is an amalgamation of the positive qualities that are integral to networking, mentoring, and social support within a milieu of collective professional interest. When the best features of these and other models of collaboration are distilled for their essence, and when the boundaries that separate them are allowed to blur, what emerges is the significance of the relationships that are created and supported within these models. These relationships may be the reciprocal ones that serve to maintain day to day operations in the workplace, or they may be continuing relationships sustained over a period of time. Both kinds may be formal or informal, blending personal and professional interests

or keeping them distinct. What is important to realize is that collaborative models can and should be used intentionally to define these relationships, to measure the degree to which they already exist, and to foster their development in practice.

Findings from a learning needs assessment conducted by the researchers during the spring of 1988, indicated that hospital nursing staff are searching for the type of collaborative experience being suggested by this study. Nurses within this facility reported that clinical skills and competencies which educational programs are expected to address, were already in place. It was in the area of professional growth and development, however, that a learning gap was described. Specifically, there was an expressed interest in learning more about interpersonal skills, critical thinking, team building, and other process-oriented topics. The needs assessment indicated that these nurses have the cognitive ability needed for task accomplishment, but lack skills in the affective domain for placing these tasks in larger perspective within the acute care setting. Subsequent educational presentations on topics such as empowerment and conflict resolution have been well-received, giving further credence to this perceived need.

Despite the different terminologies cited to describe the range of nursing interactions being examined in this study, there is a similarity of meaning which underlies all of them. This commonality lends some direction for exploring the complex behaviors which, for the sake of convenience and uniformity, will be called "peer collaboration." As described in the literature, the collaborative process is manifested by

certain characteristics that receive different but consistent emphasis: (1) a focus on the needs of the nurse for support, guidance, information, and feedback from colleagues; (2) a recognition of the bond of shared knowledge, purpose, and responsibility among hospital nurses; (3) a reliance on scheduled meetings rather than unplanned interactions; (4) an acceptance of the interplay of personal and professional concerns; and (5) a desire for regular and meaningful communication in a climate of trust and respect (Meisenhelder, 1982; Boyle, 1984; Ryan-Merritt, 1987; and Johnson, 1987). These five qualities encompass the most important elements to foster in relation to peer collaboration.

Mention has already been made of the lack of opportunities that exist for nurses to consult with one another on problems of mutual concern, especially in a complex organization such as a hospital. The hospital environment with hierarchical decision-making not only regulates and limits the scope of practice, but imposes other obstacles which preclude the circumstances that facilitate communication beyond the bare essentials implicit in direct patient care. Attendance at meetings or less formal events while on duty must always be superceded by total accountability for patients. The availability of "free time" at work is seldom utilized to enhance professional growth. More likely, it is interpreted by managers as an indication of decreasing census, with the implication that staff members may be sent home or shifted to another unit. The prevalence of part-time and on call employment also disrupts the establishment of collaborative relationships because it necessitates unpredictable and irregular schedules. The same may be

said for the practice of "floating" nurses to different units or working a pattern of rotating shifts.

Considering the complexity inherent in any large organization, it is easy for nurses to become submerged under the weight of daily individual tasks and lose a sense of personal accomplishment within the organization as a whole. At the same time, there is an even greater need for collective affiliation and collegiality to combat the negative effects resulting from professional isolation. A "gross absence of professional unity" continues to plague nursing and coexists in a climate that generally gives nurses more responsibility than authority (Meisenhelder, 1982). Since nurses are intimately involved with many aspects of health care delivery including increased acuity, mandated cost containment, unprecedented technological advancements, and disturbing ethical dilemmas, it seems inappropriate to ignore the potential contribution that nurses could make toward the resolution of these problems.

The degree to which nurses recognize the significance and usefulness of the collaborative process with peers is debatable especially when the importance of that process is not validated within the institution. In del Bueno and Vincent's description (1986) of organizational culture which stresses the influence of norms and values manifested in the work setting, it is evident that the hospital environment frequently contributes both implicit and explicit expectations that reward the product at the expense of the process. A focus on productivity and task accomplishment encourages independence

over interdependence and in so doing, the reinforcement of one behavior tends to extinguish its opposite. With no incentive to work collaboratively, it becomes devalued within the hospital's organizational culture.

Outside the hospital setting, diverse societal concerns affect the practice of nursing as well as the individual nurse. Sociocultural demands on nurses and on the profession contribute to poor morale and low self-esteem. Indeed Meisenhelder (1982) asserts that "a widespread lack of professional self-esteem is nursing's largest obstacle...(p.79). Vance concurs with her by claiming that "in our society, women have learned, for various reasons, to disaffiliate from each other..." (1979, p.40). Again, the ability to collaborate, especially within a group context, represents a setting which could be inherently conducive to self-esteem and also serve as an environment for learning self-esteem skills. Nurses with a strong sense of self-worth are in the best positions to serve as mentors for other nurses, to devise creative strategies for promoting retention and recruitment, to promote pro-nurse policies and to develop theories that respect the unique attributes of nursing rather than copy a male-dominated medical model.

The significance of nursing as an overwhelmingly female profession is often overlooked, even though there are indications that gender imbalance has been detrimental to professional advancement (Fagin and Maraldo, 1988). The recent appearance of texts such as <u>In a Different Voice</u> (Gilligan, 1982) and <u>Women's Ways of Knowing</u> (Belenky, 1986), demonstrate that when women are able to speak for themselves, on their

own terms, they proclaim insights and attitudes that "have been neglected and denigrated by the dominant intellectual ethos of our time" (Belenky, 1986, Preface page). For example, the empathic qualities of nurses, are often devalued while their completion of specific tasks (based on physician "orders") is emphasized. Despite the advances that many women have made in recent years, the socialization process still tends to direct women toward interpersonal rather than career success (Vance, 1979). Those who try to integrate both may find themselves orchestrating a more complicated juggling act than their male counterparts, and for far less approbation. Moreover, a profession motivated by service and caring cannot compete with a cultural fascination for the success and power promised by the American corporate structure. Until nurses as women come to recognize and appreciate the unrestricted sound of their own voices, it is impossible to know the full intent of the contribution they could make to the world of healing and caring which has been their special province throughout history (Reverby, 1987).

The successful implementation of collaborative techniques may be hampered by subtle but significant forces that operate within our society. When women attempt to analyze the contradictions inherent in their role, they are more likely to regard their dilemma as an individual issue with a personal solution, rather than as a social issue in need of collective attention (Ryan-Merritt, 1987). In a study of oppressed group behavior, Hedin observed that her sample of nurses coped "by the use of individual action in the resolution of problems--even to

the point of leaving the profession when the dissatisfaction was high--rather than by collective action to make changes in unsatisfactory conditions" (1986, p. 54). Behaving in accordance with oppressed group theory, women in general and nurses in particular, would sooner blame themselves for all manner of injustice before considering an outside cause (Vance, et al., 1985, p.284). As an example, if an overworked night shift leaves some of its tasks unfinished, the focus of complaint from the next shift is usually against those nurses and not on an acuity system which may consistently underrate staffing needs.

In addition to these internalized characteristics of the nurse, there are numerous external societal forces which contribute to the current professional climate. Legal, ethical, consumer, and reimbursement pressures loom large in an era of increasing scrutiny upon the practice of nursing in the acute care organization. As outlined by Grim, American healthcare institutions are currently in the midst of undergoing many wide-ranging changes as a result of several interrelated problems: an aging population, burgeoning technology, broadening consumer expectations, more diverse health care personnel, greater governmental regulation, and increasing concern for cost containment (1986, p.36). The ramifications of these problematic factors within the hospital have been far-reaching and, according to Averill and Kallson, will continue to escalate in the decade to come (1986, p.50).

It is evident that hospital staff nurses do not have a recognized method for securing the professional interactions that collaborative relationships are known to provide. At the same time, broad-based

recognition of potential benefits in creating such a system are not understood. In other words, nurses do not collaborate effectively or often; and more significantly, they fail to recognize how such an endeavor could be useful to them. It is apparent that hospital nursing practice is adversely affected by this resistance to collaboration. New ideas, old frustrations, and pressing work-related issues, have limited opportunities in which to be addressed, understood, or resolved. Furthermore, nurses who are not comfortable with the collaborative process among themselves can hardly be expected to utilize its techniques effectively with physicians, administrators, and other key persons in the hospital setting.

Relatively little research has been done to promote understanding of the nature and benefits of peer collaboration in acute care nursing practice. Because of its potential importance to enhanced professional interaction in patient care situations, the dual purpose of this study is to examine the specific components of collaborative problem solving and to determine how collaboration can be fostered within the clinical environment. Moreover, this study will explore situations in which collaborative strategies could potentially promote staff nurse interaction and benefit patient care. Attention will be given to the types of problems encountered in acute care as a means of understanding the present level of collaborative behavior among hospital nurses. The actual problems are not the focal point of this investigation; they are relevant insofar as they clarify the factors that enhance or inhibit the collaborative process. The significance of collaboration is not limited

to its potential for solving problems, but extends to the less tangible yet substantial benefits to be derived from a more positive and supportive work atmosphere. The crucial issue is whether or not nurses can act in concert to solve their mutual problems.

Identification of the factors that influence peer collaboration in the acute care setting is a preliminary step in the development of interventions for a model program that may be useful in other health care environments. While problems may be specific to an individual facility, the collaborative aspects of the problem-solving process explored in this study may be more broadly applicable. The results of this study should provide direction for the creation of strategies that promote the collaborative process with all the advantages discussed previously.

Method

Design

While substantial evidence to validate the importance of collaboration has been documented in the literature, no specific research shows that staff nurses share this perception. Therefore, in order to explore how nurses perceive the value and feasibility of promoting peer collaboration in the acute care setting, a sample of hospital staff nurses will be surveyed during separate scheduled events using a questionnaire developed by the researchers. Data will be collected to determine the participants' opinions regarding current opportunities for collective problem solving with co-workers. The

ultimate goal of this endeavor will be to further define the conception of peer collaboration and to devise potential strategies for future implementation in the acute care setting. Specifically, the study will attempt to answer these questions:

1. What are the perceptions of staff nurses regarding the significance of peer collaboration in the acute care setting?

2. What strategies do nurses currently use to solve problems?

3. To what extent do staff nurses indicate that a formal means of peer collaboration would be helpful to them in solving practice problems?

4. What factors do nurses identify as obstacles to practicing collaboratively in the acute care setting?

Setting

The study will be conducted in a 280-bed private community hospital in the Northwest, offering a full-range of medical specialties for in-patients as well as out-patients. Rogue Valley Medical Center serves as a regional referral facility for over 500,000 mostly rural residents living in nine counties of Southern Oregon and Northern California. It offers specialized services that are unique in the cachement area, such as high-risk obstetrical care, a neonatal intensive care unit, and open heart surgery. This medical center faces the same critical issues and nursing problems as other similar acute care organizations nationwide and it offers a first hand opportunity to examine the interaction of complex forces at work on the local level.

A large room in the hospital basement, adjacent to the cafeteria and accessible to all nursing staff on all shifts, will be used as the site for administering the data collection tool. Furniture will be arranged to promote a comfortable environment for completing the survey and for performing the activity which is described below. Refreshments will be provided in order to promote a less formal atmosphere.

Sample

Registered nurses from throughout the hospital will constitute a convenience sample for the study. Any staff RN will be eligible to participate and inclusion in the study will be determined by self-selection. From a total population of 411 RNs providing patient care at this hospital, a sample of at least sixty staff members is expected during the data collection period encompassing two days.

Data Collection

Eight one-hour sessions have been designed to accomodate the collection of quantitative and qualitative data within this setting. These sessions will be offered at various times convenient to nursing staff schedules. Three types of data will be collected: (1) survey data compiled from questionnaires completed by each participant; (2) anecdotal data recorded by the investigators after each session; and (3) anecdotal data recorded by the investigators during the process of the project on events of relevance to collaboration in this setting.

To develop an appropriate tool for measuring the dimensions of the present reality, the major considerations for this task have been fourfold: 1) to describe the present level of awareness of collaboration as a problem solving strategy and a method for enhancing professional relationships among acute care nurses; 2) to determine the degree to which collaborative skills already exist among the participants; 3) to identify factors that may enhance or inhibit collaboration in the target population; and 4) to account for potential political situations inherent in complex organizations that could compromise the utility of the research instrument. The content of the resulting questionnaire was organized for ease of completion while combining both open-ended and structured responses to the research questions of interest (refer to Appendix A).

The respondent information section of the questionnaire is designed to provide demographic data to establish how collaboration may be associated with certain characteristics of the sample group, including the shift of work, work status, gender, length of professional experience, age, and basic nursing education. This section will elicit whatever distinctions may exist between novice and experienced nurses, males and females, full and part-timers, etc., that may be related to collaborative behavior. Two additional questions are asked to evaluate the effectiveness of program publicity methods and the types of incentives that promote attendance at scheduled meetings. This section of respondent information is followed by a series of questions

pertaining to collaborative activity, some of which are open-ended, and others that are more structured but still permit elaboration as desired.

After the initial section for demographic data collection, respondents are asked to classify the most difficult practice problem recently encountered in their work setting. The rationale for this data collection process may best be understood in the context of the various roles and responsibilities that are characteristic of the acute care environment. In order to learn about perceptions of collaboration among staff nurses, there is a need to recognize the circumstances in which collaboration can theoretically exist. For convenience, three broad categories are outlined which, when taken together, describe the essential elements of acute care practice as it is known to most nurses. The first component is clinical in nature, referring to direct patient care and its accompanying procedures, treatments, and equipment. This area of practice encompasses anything from application of a simple bandage to the monitoring of complex instruments regardless of the nursing unit where it may occur. The second component is termed "organizational" because it relates to the hospital's bureaucratic systems, its policies and decision-making processes. Issues of promotion, staffing, salaries, and the like are addressed by this designation. Finally, there is an interpersonal component which includes the aspects of communication, conflict, and relationships that are inherent in the work environment. Taken together, these clinical, organizational, and interpersonal categories form the basis from which

to elicit information on the questionnaire about the manner in which collaboration is perceived by staff nurses.

The survey questions that follow are designed to determine how respondents usually deal with practice problems, whether individually or collaboratively, and how collaborative problem solving could be enhanced in the work environment. Questions two and three elicit information about current perceptions of collaboration; and questions four, five, and six explore strategies that nurses currently use or recognize as potentially useful for solving problems. Question seven attempts to identify obstacles to collaboration by focusing on attitudinal impediments. The open-ended question eight is not only a different attempt to determine the existing obstacles, but is also another method for learning about current perceptions of collaborative relationships.

Question nine is included to ascertain the prevalence of role models for staff nurses in the work setting as another indication of demonstrated collaborative activity. The absence of role models may be interpreted as an obstacle to collaboration in the sense that it may be difficult for nurses to practice what they have never seen. The purpose of question ten is to determine whether or not the reciprocal and continuous relationships that have been cited as components of collaboration in terms of social support exist among the participants. It is hoped that the anecdotal record will also contribute to this determination. If the activity and the questionnaire demonstrate a lack of collaboration in the workplace, question ten provides information about whether or not the foundations for collaboration exist outside the

work setting. The survey concludes with questions to assess the desirability of scheduled meetings for promoting collaborative interaction and to determine factors that would inhibit and encourage attendance at future meetings for the purpose of collaborating on practice problems. Thus, the format of the questionnaire is designed to facilitate efficient and complete data gathering, while at the same time encouraging respondents to elaborate in more detail on any of their responses.

Administration of the questionnaire will occur in a group setting which offers the opportunity to supplement data collection through observation of the sample group by the investigators. Using an anecdotal record form (refer to Appendix B), the researchers will separately record their impressions and observations of the participants' interactions and involvement in the activity. They will then reunite to share information which can be added to the qualitative component of the data analysis. An additional source of qualitative data will be collected by the investigators in an unstructured anecdotal format throughout the research process.

Procedure

As a pilot test, a copy of the prototypic questionnaire will be given to ten members of the Education Department who are registered nurses. These educators are in daily contact with staff nurses throughout the hospital and it is anticipated that their comments and

ideas will facilitate whatever refinements in the instrument seem necessary to insure clarity and uniformity of interpretation.

Access to the target population illustrates the dilemma which is a focal point in this study. The impediments to collaboration which have been articulated can serve to confound our very efforts to explore the problem. If nurses underestimate and misperceive the significance of collaboration and if their work setting frustrates their attempts to act collaboratively, then they are unlikely to receive an impersonal questionnaire with much enthusiasm. Mindful of these constraints, a good deal of attention has been directed toward the manner in which the survey will be presented. Experience in staff development has indicated that certain actions can be taken to enhance a reasonable rate of response to the questionnaire.

A planned activity will accompany administration of the questionnaire to study participants. The questionnaire will be presented at a "social hour" offered on a given day at different times convenient to all shifts. This event will be announced well in advance as an opportunity for nurses hospitalwide to meet and enjoy refreshments with their colleagues. A colorful publicizing brochure will be included with staff nurses' paychecks two weeks in advance of the scheduled events. While the hospital newsletter and weekly education calendar are time honored sources of publicity, an added technique proven to be effective is to garner the support of nursing managers. Experience has shown that their approval serves to legitimize hospital activities and encourage attendance. In this respect managers act as mentors for the

staff, helping to stimulate interest and desire for participation. Therefore, nursing administration will be formally invited to endorse this activity, financially and otherwise, as a means to enhance its own image with the nursing staff and to provide credibility for the significance of the event.

The researchers will also perform a mentoring role by modelling behaviors which foster collaboration. These include a mutual introduction and a description of an aspect of nursing which provides personal satisfaction or is an area of expertise. For example, "I would like to introduce _____, who works on the _____ unit. She is knowledgable about community resources for the elderly and would be glad to share her expertise." Participants will then be asked to form pairs and elicit the information from each other necessary to conduct an introduction in the large group similar to the one that was demonstrated by the researchers. The purpose of the group "introductions" is to involve participants in a networking activity that will potentially assist them to identify co-workers as resources for problem solving in the practice setting.

After completing this activity, the questionnaire will be presented. Its purpose will be explained with attention to the voluntary, anonymous, and strictly confidential nature of the participants' responses. Completion and return of the questionnaire will indicate informed consent. Any queries from participants regarding proper completion of the form will be entertained by the researchers during the time of questionnaire administration.

The anecdotal data record will be utilized to document participant response during the activity which preceeds presentation of the questionnaire. In this record, interactions and reactions, whether positive or negative, will be assessed including levels of conversation, degree of involvement, and other verbal and nonverbal cues (refer to Appendix B). Incidents that demonstrate collaborative behavior or its absence will be described along with any concerns that are voiced about the questionnaire. Additionally, any unanticipated events or changes that occur during the sessions will be noted.

Throughout the course of this study, data will be collected that encompass the process of attempting to implement procedures relevant to the research within the workplace. This information is significant because it indicates whether or not the impediments to collaboration that have been identified from the literature exist within the research setting. A log will be maintained to record the meetings arranged, the problems encountered, and the numerous discussions with managers and staff. Data collected in this manner reflect the conception of collaboration that has evolved during the study.

Analysis of Data

The most straightforward way to anticipate the appropriate methods for analysis of data is by returning to the research questions of interest. Descriptive statistics can be utilized to classify and summarize the nominal data supplied by the demographics and the responses to the questionnaire. To determine the perceptions of staff

nurses regarding the significance of collaboration, the frequency distribution of various responses, as well as characteristics of the respondents, such as their shift of work or years of experience, can be described. The same measures can be used to describe the questionnaire item related to the benefit of a formal activity for peer collaboration. They may also be useful in the qualitative portion of the analysis if specific categories can be identified. The complex picture that might emerge from an explanation of setting and sample characteristics which influence the importance of and obstacles to collaboration may also warrant statistical description. As a hypothetical example, questionnaire results might show that a large number of day shift workers found collaboration important when the various problem solving strategies were examined, while only an insignificant number of night shift workers shared the same response.

Another useful statistical test for nonparametric data is chi square which can be used to establish statistically significant associations in the categorical data. Again, in a hypothetical situation, a 2 X 2 contingency table might be formulated to decide whether full and part-time status is linked to the likelihood of working alone or together to solve problems. Since it is possible to compute the statistical significance for a large number of variables, it will be left for the researchers to decide on the most meaningful variables and the most functional consolidation of data following an initial perusal of the findings.

As previously mentioned, the researchers will attempt to categorize the qualitative portion of the questionnaire to the extent that such categories become apparent. Other analytic procedures common to qualitative research, such as searching for recurrent themes and patterns, can be utilized as needed, depending on the type and amount of data received. Additionally, inferences based on observations and experiences will be described from the anecdotal data.

Potential Utilization of Findings

Considering the acknowledged importance of collaborative relationships among nursing peers, findings from this study would contribute to available exploratory data related to networking and professional collegiality. Quantitative information compiled from the questionnaire would augment the minimal amount of research-based data that currently exists in this area. Additionally, it is anticipated that the results of this study would be useful in suggesting strategies for planning and implementing activities that might generate increased collaborative activity among peers in the hospital setting.

Despite the actual research findings, however, the scheduled "social hours" and the use of the questionnaire will serve to heighten the awareness level of nurses in this hospital regarding the potential value of peer collaboration. An opportunity will be provided for enhanced collective affiliation and increased information about resources available through co-workers. Moreover, there is the potential that a positive response from those in attendance would prompt

the scheduling of future on-going meetings of a similar nature with support from nursing management. Thus, relationships between management and staff would be enhanced which in turn would promote staff morale. From the perspective of the educators, findings from this study would provide valuable information about the obstacles and incentives for staff nurse attendance at planned educational programs.

The results of this study are likely to provide impetus for further research on collaborative relationships as well as the related topics of networking, mentoring, and social support. Through a longitudinal panel study of this sample, research could be done to explore the impact of collaborative activity on subsequent turnover, career advancement, and level of job satisfaction. For in-depth exploration of interrelated concepts, it would be useful to conduct this study on collaboration in conjuction with research on self-esteem and social support. The triangulation approach would offer a broader perspective and analysis of professional role development within nursing.

Given the qualitative nature of this study and the use of this sample, replication in other settings, and therefore, generalizability would be limited. Nevertheless, research in this area provides a unique opportunity to implement theoretical concepts with reasonable assurance of its potential for achieving useful results in the practice setting. A study which promotes understanding of collaborative relationships among nurses offers a means to enhance the professional growth of individuals as well as the practice of nursing in general. Despite its limitations, qualitative research is needed to contribute to the growth

of knowledge on collaboration and to assess the ability of nurses to take an active part in their professional role development.

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Appendix A

RESEARCH STUDY
FOR OREGON HEALTH SCIENCES UNIVERSITY
OUTREACH MASTER'S PROGRAM

You are invited to participate in a research study to explore professional interactions among nurses.

Discussion within the group and completion of the attached questionnaire are entirely voluntary and will indicate your consent for participation. Following this meeting, data will be compiled from the verbal comments arising out of the group discussion, as well as from the written results of the questionnaire. Individual data will be kept strictly confidential. Neither your name nor your identity will be used for publication or publicity purposes.

Thank you for your cooperation in this endeavor.

Elayne Puzan, RN and Mary Stebbins, RN
RVMC Education Department 770-4148

MASTER'S RESEARCH PROJECT

Group# _____

NURSING INTERACTION QUESTIONNAIRE

Respondent Information (Please check)

SHIFT OF WORK:
_____ (1) 0700 - 1500
_____ (2) 1500 - 2300
_____ (3) 2300 - 0700
_____ (4) A.M. 12 hour shift
_____ (5) P.M. 12 hour shift
_____ (6) Variable

WORK STATUS: _____ (1) Full-time _____ (2) Part-time _____ (3) On Call

GENDER:_____ (1) Female _____ (2) Male NUMBER OF YEARS IN NURSING: _____

BASIC NURSING EDUCATION: AGE: _____

_____ (1) ADN _____ (2) Diploma _____ (3) Baccalaureate

How did you hear about this meeting? _____
_____.

What prompted you to attend today's meeting? _____
_____.

The questions below are designed to elicit information about methods for developing solutions to practice problems experienced by acute care nurses. Please feel free to add any comments that clarify your responses.

Consider the most difficult problem that you have encountered recently in your work setting.

1. **Would you classify this problem predominantly as: (please check one only)**

   _____ (1) **clinical**, pertaining to patient care, procedures, treatments, and equipment
   _____ (2) **organizational**, pertaining to the hospital, policies, standards, and decision making processes
   _____ (3) **interpersonal**, pertaining to aspects of communication, conflict and relationships

2. **Do you think that this problem is one which other nurses also experience?**

   _____ (1) yes _____ (2) no _____ (3) unsure

3. **Have you discussed this problem with a co-worker?**

   _____ (1) yes _____ (2) no

4. **Of the strategies listed below, please place a check next to the one(s) that you would most likely select to deal with the problem you have in mind.**

   ___ (1) Do nothing (wait to see if the situation resolves itself).
   ___ (2) Confront the involved party and attempt to resolve the situation yourself.
   ___ (3) Seek advice on how to handle the problem.
   ___ (4) Refer the problem to a supervisor.
   ___ (5) Ask for assistance from a co-worker to resolve the problem.
   ___ (6) Endure the problem because there is no way to resolve it.
   ___ (7) Other (please describe). _____
   _____.

5. **Which strategy(ies) do you think would be the most effective?**

___ (1) Do nothing (wait to see if the situation resolves itself).
___ (2) Confront the involved party and attempt to resolve the situation yourself.
___ (3) Seek advice on how to handle the problem.
___ (4) Refer the problem to a supervisor.
___ (5) Ask for assistance from a co-worker to resolve the problem.
___ (6) Endure the problem because there is no way to resolve it.
___ (7) Other (please describe). _____
_____.

6. **When you are confronted with a practice problem such as the one you have recently encountered, are you more likely to attempt to solve it by: (please check)**

_____ (1) working with others **or** _____ (2) working alone?

7. **In your opinion, which item(s) below interferes with the ability of nurses to work together to solve practice problems (e.g. clinical, organizational, or interpersonal)?**

_____ (1) Don't see the need
_____ (2) Too busy - not enough time
_____ (3) More comfortable working alone
_____ (4) Lack skills for effective interaction
_____ (5) Feel mistrustful about expressing concerns to co-workers
_____ (6) No opportunity because (please describe)_____
_____ (7) Other (please describe)_____
_____

8. **Please complete this sentence:**
My relationships with co-workers would be more collaborative if _____
_____.

9. **Is there an "influential nurse" in your life, that is, someone you admire or who serves as a role model for you in your practice?**

_____ (1) yes _____ (2) no

If yes, please describe the qualities you appreciate in this person _____

_____

_____

10. **Do you maintain friendships with any of your co-workers outside of work?**

_____ (1) yes _____ (2) no

11. **Would you find it helpful to attend regularly scheduled meetings with co-workers to discuss practice problems and potential solutions?**

_____ (1) yes _____ (2) no _____ (3) unsure

What, if anything, might interfere with your participation in such meetings?
_____

What would make it easier for you to participate?
_____

A P P E N D I X B

MASTER'S RESEARCH PROJECT

ANECDOTAL DATA RECORD

Date: _____ Time: _____ Number of Participants: _____

1. **Description of interaction between participants:**

   _____ seated alone _____ seated in pairs _____ seated in small groups

   Conversation: _____ very little _____ moderate amount _____ lively

   Other description:

   Negative:

   Positive:

2. **Overall impression of participants' reactions to activity:**

   _____ enthusiastic _____ lukewarm _____ reluctant

   Nonverbal indicators (e.g., eye contact, posture, body language):

   Verbal indicators (e.g., tone of voice, positive/negative comments):

   Other description:

   Negative:

   Positive:

3. **Overall impression of participation during the introductory activity:**

_____ enthusiastic _____ half-hearted _____ reluctant

Nonverbal indicators (e.g., eye contact, posture, body language):

Verbal indicators (e.g., tone of voice, positive/negative comments):

Other description:

Negative:

Positive:

4. **Questions from participants about content of the questionnaire?**

_____ Yes _____ No

Description:

5. **Description of unanticipated events:**

6. **Description of incident that best depicts collaboration:**

7. **Description of incident that exemplifies lack of collaboration:**

8. **Description of any changes that occurred during the session:**

APPENDIX B

RESEARCH ACTIVITY DESCRIPTION

Appendix B

MASTER'S RESEARCH PROJECT ACTIVITY

I. Introductions and Refreshments

II. Welcome and Activity Description

We would like to welcome you to what we hope will be the beginning of an on-going support system for nurses at RVMC. We are conducting research as part of our master's degree project for Oregon Health Sciences University and have made some observations about acute care nursing which we think are important, and you might find interesting. Nurses employed in the hospital setting make up the largest percentage of the 2 million nurses practicing in the U.S. today. Yet, given the highly specialized nature of each area of the hospital, the advanced technology, the increasing acuity level of patients, and the great number of tasks to be performed when providing patient care, hospital nurses practice in isolation to a great extent. In addition, shift work, short staffing, and total accountability for patient care interfere with the ability to process work experiences with one another and get the support that comes from professional interaction with colleagues who are in the best position to understand our concerns. Even though we may work in very different areas of the hospital, we

share the same types of problems and deal with similar issues on a day to day basis. But in our usual routine, we don't get together and discuss these issues in a way that might help to bring about resolution or change for the better using the power of the group process.

In an effort to find out more about the factors that impact on our ability to get together, we have developed a questionnaire that we would like you to fill out. Its purpose is to expand the concept of working together beyond just getting the job done, which nurses generally do exceptionally well. Working together can also be a way to provide mutual support, to share knowledge and expertise, and to solve problems. In our questionnaire, we call this process of working together "collaboration" and the data from this survey will help to answer our research questions. When the findings are compiled, they will be sent to the PCC's for posting on your units. Individual responses will not be recognizable, so please respond to the questions with as much detail and honesty as possible. Of course, your participation is entirely voluntary, and we appreciate your willingness to be a part of our study.

III. Discussion in Pairs

Before the questionnaire, we would like you to get a sense of the value there is in being able to get together and share mutual concerns and ideas. You have each been given a

number. Please use the code system on the board to match yourself with a partner. We'd like each of you to discuss with your partner the following question. After about ten minutes, we'll ask you another question to be discussed in pairs. Then, we'll ask you to share comments with the large group. (You can use the note cards to jot down some notes for large group sharing if you like.)

Question 1: What are the most satisfying aspects of your job? For example, do others look to you to deal with a certain type of patient or equipment or procedure?

Question 2: What are the most dissatisfying aspects of your job? In other words, in what ways does your job not measure up to what you had hoped it would be?

IV. Large Group Discussion

V. Questionnaire Distribution and Thanks for Completion

APPENDIX C

COMPILATION OF SURVEY DATA

Appendix C

NURSING INTERACTION QUESTIONNAIRE

COMPILATION OF DATA

N = total # respondents
M = missing response

Respondent Information:

1. **SHIFT OF WORK:** N = 63

22 = 35%	(1) 0700 - 1500	12 = 19%	(4) A.M. 12 hour shift
9 = 14%	(2) 1500 - 2300	10 = 16%	(5) P.M. 12 hour shift
4 = 6%	(3) 2300 - 0700	6 = 10%	(6) Variable

Day Shift - (8 hr. + 12 hr.) = 22 + 12 = 34 = 54%
Night Shift - (8 hr. eve & noc + 12 hr.) = 9 + 4 + 10 = 23 = 36%
Variable Shift - (on-call) = 10%

2. **WORK STATUS:** N = 62, M = 1

42 = 68%	(1) Full-time	4 = 6%	(3) On Call
16 = 26%	(2) Part-time		

3. ***GENDER:** N = 63

52 = 83%	(1) Female	11 = 17%	(2) Male

* Responses are suspect because of the confusing placement of lines on the questionnaire.

4. **NUMBER OF YEARS IN NURSING:** N = 47, M = 16

1 to 5 yrs. = 12 = 26%		16 to 20 yrs. = 5 = 11%	}
6 to 10 yrs. = 8 = 17%		21 to 25 yrs. = 3 = 6%	} 27%
11 to 15 yrs. = 14 = 30%		26 to 30 yrs. = 3 = 6%	}
		31 to 38 yrs. = 2 = 4%	}

5. **AGE:** N = 29, M = 34

25 to 34 yrs. old	35 to 44 yrs. old	45 to 56 yrs. old
5 = 17%	20 = 69%	4 = 14%

6. **BASIC NURSING EDUCATION:** N = 61, M = 2

31 = 51%	(1) ADN	16 = 26%	(3) Baccalaureate
14 = 23%	(2) Diploma		

7. **HOW DID YOU HEAR ABOUT THIS MEETING?**
N = 40
M = 23

29 = 72%	(1)	Flyers, posters, & signs
11 = 28%	(2)	Personal invitation by investigators or co-workers

8. **WHAT PROMPTED YOU TO ATTEND TODAY'S MEETING?**
N = 35
M = 28

24 = 69%	(1)	Interest in and curiosity about the topic and/or interest in relationships with co-workers
5 = 14%	(2)	Need for support due to stress, frustration, interpersonal relationships and/or job dissatisfaction
5 = 14%	(3)	Asked to attend by supervisor, investigator, or co-worker
1 = 3%	(4)	Provision of refreshments

The questions below are designed to elicit information about methods for developing solutions to practice problems experienced by acute care nurses. Please feel free to add any comments that clarify your responses.

Consider the most difficult problem that you have encountered recently in your work setting.

9. **WOULD YOU CLASSIFY THIS PROBLEM PREDOMINANTLY AS: (Please check one only)**
N = 63

15 = 24%	(1)	Clinical, pertaining to patient care, procedures, treatments, and equipment
28 = 44%	(2)	Organizational, pertaining to the hospital, policies, standards and decision making processes
20 = 32%	(3)	Interpersonal, pertaining to aspects of communication, conflict and relationships

10. **DO YOU THINK THAT THIS PROBLEM IS ONE WHICH OTHER NURSES ALSO EXPERIENCE?**
N = 63

100% (1) Yes 0% (2) No 0% (3) Unsure

11. **HAVE YOU DISCUSSED THIS PROBLEM WITH A CO-WORKER?**
N = 63

59 = 94% (1) Yes 4 = 6% (2) No

12. **OF THE STRATEGIES LISTED BELOW, PLEASE PLACE A CHECK NEXT TO THE ONE(S) THAT YOU WOULD MOST LIKELY SELECT TO DEAL WITH THE PROBLEM YOU HAVE IN MIND.**
N = 63

2 = 3%	(1)	Do nothing (wait to see if the situation resolves itself)
30 = 48%	(2)	Confront the involved party and attempt to resolve the situation yourself
35 = 55%	(3)	Seek advice on how to handle the problem
21 = 33%	(4)	Refer the problem to a supervisor
28 = 44%	(5)	Ask for assistance from a co-worker to resolve the problem
6 = 10%	(6)	Endure the problem because there is no way to resolve it
12 = 20%	(7)	Other (please describe)

- Find positive aspects of work
- Pursue communication channels
- Leave
- Provide a role model for a different style and discuss with co-worker
- Confront ONA Representative
- Involve administration (x 2)
- Hold a meeting among staff
- Complain only (no action)
- Self-analysis regarding the problem
- Write a plan of action
- Get more information/experience

Combined Data:

	Response #		
Strategies: Involving others	(2) 30	(3) 35	(5) 28
Strategies: Involving no direct action	(1) 2	(4) 21	(6) 6

13. **WHICH STRATEGY(IES) DO YOU THINK WOULD BE THE MOST EFFECTIVE?**
N = 59
M = 4

0 = 0%	(1)	Do nothing (wait to see if the situation resolves itself)
30 = 51%	(2)	Confront the involved party and attempt to resolve the situation yourself
25 = 42%	(3)	Seek advice on how to handle the problem
14 = 24%	(4)	Refer the problem to a supervisor
24 = 41%	(5)	Ask for assistance from a co-worker to resolve the problem
4 = 7%	(6)	Endure the problem because there is no way to resolve it
7 = 12%	(7)	Other (please describe)

- Wait till ONA contract meetings begin (x 2)
- Confront administration as a committee
- Accept the inevitable
- Meetings among staff
- Discussing and role modeling over time
- Don't know

Combined Data:

	Response #		
Strategies: Involving Others	(2) 30	(3) 25	(5) 24
Strategies: Involving no direct action	(1) 0	(4) 14	(6) 4

14. **WHEN YOU ARE CONFRONTED WITH A PRACTICE PROBLEM SUCH AS THE ONE YOU HAVE RECENTLY ENCOUNTERED, ARE YOU MOST LIKELY TO ATTEMPT TO SOLVE IT BY: (Please check)**
N = 62
M = 1

55 = 89%	(1)	Working with others or
7 = 11%	(2)	Working alone?

15. **IN YOUR OPINION, WHICH ITEM(S) BELOW INTERFERES WITH THE ABILITY OF NURSES TO WORK TOGETHER TO SOLVE PRACTICE PROBLEMS (E.G. CLINICAL, ORGANIZATIONAL, OR INTERPERSONAL)?**

11 = 18%	(1)	Don't see the need
49 = 79%	(2)	Too busy - not enough time
5 = 8%	(3)	More comfortable working alone
27 = 44%	(4)	Lack skills for effective interaction
15 = 24%	(5)	Feel mistrustful about expressing concerns to co-workers
8 = 13%	(6)	No opportunity because (please describe)
		- No time during work (x 3)
		- No organizational support
		- Overwhelmed
		- No time available after work
11 = 18%	(7)	Other (please describe)
		- Too tired, don't want to do more
		- Lack of power to influence change (x 3)
		- Feel helpless because DNS is unsupportive
		- Don't trust charge nurse
		- Lack of self-esteem
		- Too burned out
		- Want leaders to take a more active role

16. **PLEASE COMPLETE THIS SENTENCE: MY RELATIONSHIPS WITH CO-WORKERS WOULD BE MORE COLLABORATIVE IF.....:**
N = 46
M = 17

12 = 26%	(1)	Scheduled time available for problem solving/meeting
15 = 33%	(2)	More trust in self and/or opinions of others
12 = 26%	(3)	More harmony and teamwork among co-workers on same and/or different shifts
8 = 17%	(4)	Improved communication skills for self and/or others
7 = 15%	(5)	No perceived problem with collaboration

17. **IS THERE AN "INFLUENTIAL NURSE" IN YOUR LIFE, THAT IS, SOMEONE YOU ADMIRE OR WHO SERVES AS A ROLE MODEL FOR YOU IN YOUR PRACTICE?**
N = 62
M = 1

45 = 73%	(1)	Yes	17 = 27% (2)	No

18. **IF YES, PLEASE DESCRIBE THE QUALITIES YOU APPRECIATE IN THIS PERSON:**
N = 44
M = 19

5 = 11%	(1)	Honest, trustworthy, confidential
17 = 38%	(2)	Organized, clear thinking, calm
24 = 55%	(3)	Supportive, caring, encouraging
12 = 27%	(4)	Speaks and listens effectively; gives and receives criticism well
22 = 50%	(5)	Professionally expert; displays leadership skills
27 = 61%	(6)	Positive attitude, confident demeanor, approachable, flexible

19. **DO YOU MAINTAIN FRIENDSHIPS WITH ANY OF YOUR CO-WORKERS OUTSIDE OF WORK?**
N = 63

49 = 78% (1) Yes 14 = 22% (2) No

20. **WOULD YOU FIND IT HELPFUL TO ATTEND REGULARLY SCHEDULED MEETINGS WITH CO-WORKERS TO DISCUSS PRACTICE PROBLEMS AND POTENTIAL SOLUTIONS?**
N = 62
M = 1

45 = 73% (1) Yes 6 = 10% (2) No 11 = 17% (3) Unsure

21. **WHAT, IF ANYTHING, MIGHT INTERFERE WITH YOUR PARTICIPATION IN SUCH MEETINGS?**
N = 43
M = 20

32 = 74%	(1)	Lack of organizational support
17 = 40%	(2)	Work schedule and/or personal time constraints
6 = 14%	(3)	Resentment of performing professional duties on personal time
3 = 7%	(4)	Lack of recognition for need to collaborate by staff and/or management
2 = 5%	(5)	Lack of trust

22. **WHAT WOULD MAKE IT EASIER FOR YOU TO PARTICIPATE?**
N = 43
M = 20

6 = 14%	(1)	Organizational support
28 = 65%	(2)	Convenient time and location/advanced notice
4 = 9%	(3)	Recognition of importance of collaboration opportunities by self and/or others
3 = 7%	(4)	Enhanced trust among co-workers
4 = 9%	(5)	Social gathering with refreshments outside of work setting
1 = 2%	(6)	Unsure