

**Collaborative Nursing Practice in BC**

**Nurses\***

**Working Together for Quality Nursing Care**

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**\*Registered Nurses, Registered Psychiatric Nurses, Licensed Practical Nurses**



# Collaborative Nursing Practice Working Together for Quality Nursing Care

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# Collaborative Nursing Practice

## Preamble

Nursing practice in today's world is both full of opportunities and challenges. Nurse leaders recognized that collaborative nursing practice offers the opportunity to improve patient care by efficiently using nursing resources. We need to ensure that we are using our nursing human resources wisely and in ways that support quality patient care.

Patients deserve and expect comprehensive care. The philosophy of primary health care is currently being promoted in Canada. One of the pillars of primary health care is inter-professional practice. Nurses have the opportunity in practice collaboratively within their discipline to be better positioned for inter-professional practice.

Collaborative nursing practice faces many barriers. A lack of understanding of the roles of other nursing groups and inconsistencies within and across units in these roles prevent nurses from working together effectively. A lack of clarity of roles is further eroded by embedded and entrenched perspectives that do not reflect current realities. Nursing practice within each of the three categories has changed dramatically in terms of education and roles.

When understanding of roles is enhanced, respect for each nurse's contribution is also increased. All nurses share a commitment to quality care that is patient-centered. Collaborative nursing practice is a new way of practice for many nurses. This document is a resource to assist nurses to reflect upon their contribution to collaborative nursing practice.

Managers and educators will find this document of interest as they assist nurses to practice collaboratively. Nurse educators will find the information on collaborative nursing practice (definition, description, information from the three regulatory bodies, etc.) useful for their courses and curricula. Managers and educators who are supporting collaborative nursing practice will find the materials useful for orientation and in-service education.

## Purpose

This document was prepared to support nurses (Registered Nurses (RN), Registered Psychiatric Nurses (RPNs), and Licensed Practical Nurses (LPNs)) to provide quality care for clients based upon collaborative nursing practice. This document provides a way to view, discuss and describe collaborative nursing practice. It includes:

*A Definition and description of Collaborative Nursing Practice*  
*Guiding Principles of Collaborative Nursing Practice*  
*Characteristics of collaborative practice*  
*Elements of successful collaborative practice*  
*Facilitators for collaborative practice*

## **DEFINITION of Collaborative Nursing Practice**

Collaborative nursing practice is a cooperative venture of the three nursing groups in the discipline of nursing (RNs, RPNs, and LPNs) with the shared goal of providing quality nursing care. All nurses contribute to patient-centered care goals, drawing upon effective communication skills and shared decision-making, supported by a climate of mutual understanding and acceptance of each others' roles and respect for the shared and unique competencies of each member of the discipline of nursing.

(Adapted from Schober & MacKay, 2004; BCHA & RNABC, 1996; D'Amour and Oandasan, 2004)

## **DESCRIPTION of Collaborative Nursing Practice**

Henneman (1995), in her concept analysis of collaboration, identifies that collaboration is not the same as cooperation or compromise but rather it is a process wherein individuals view themselves as part of a team and contribute to a common goal. The relationship between individuals is non-hierarchical; power is shared and is based upon knowledge and expertise rather than title.

Collaborative practice in nursing is based on the values of respect and trust (Henneman, 1995). In her study of partnership, an integral component of collaboration, Wesorick (1997) notes that respecting and honouring the others' choices about how one contributes to the common mission is critical. A common mission, quality care for clients, provides the foundation for collaboration in nursing.

A report developed for the International Council of Nurses (ICN) by Schober and McKay (2004), identifies important aspects of collaborative practice. This ICN document has been an important source for this framework.

A successful collaborative approach respects the competencies and attributes that each provider brings to the team and creates new value for the healthcare partners. Collaboration is the ethical foundation of effective teamwork and professional partnerships. There is mutual recognition of discrete and shared competencies and respect for the interests, roles and responsibilities of all participants. Providers create complementary roles based on the needs at hand and the context of the situation.

This type of practice does not demand one professional discipline supervising another, nor does it promote the 'replacing one discipline for another'.

Collaborative practice is about mutual respect and working together in the best interest of the patient, the practice clientele and society at large. Each team member has the responsibility to do their very best and contribute to team efforts by being an excellent communicator and partner.

Schober and McKay, 2004

## **BC Nursing Regulatory Groups**

The three BC Nursing Regulatory bodies provide guidelines and direction for the practice of nursing within their respective organizations. The primary focus of the regulatory body is protecting the public by setting standards for nursing. Standards may include entry level competencies, standards for practice, practice expectations and position statements.

1. College of Registered Nurses of BC (CRNBC): [www.crnbc.ca](http://www.crnbc.ca)
2. College of Registered Psychiatric Nurses of BC (CRPNBC): [www.crpnb.bc.ca](http://www.crpnb.bc.ca)
3. College of Licensed Practical Nurses of BC (CLPNBC): [www.clpnbc.org](http://www.clpnbc.org)

Key resources from the regulatory bodies for collaborative nursing practice includes the guiding principles for working together and responsibilities of nurses and employers. Also appended are the Standards and Competencies for each nursing category and a chart outlining key features of each nursing group.

## **Guiding Principles for Working Together and Assigning**

18512.LPNs, RNs and RPNs have a duty to provide safe and appropriate nursing care to clients.

18513.Nurses act in a manner that is consistent with their standards of practice, codes of ethics, scopes of practice and other relevant legislation.

18514.Nurses practice within their own level of competence and seek direction and guidance from other health care professionals when aspects of the care required are beyond their individual competence.

18515.Nurses require access to supports and resources in order to provide safe and appropriate care. These include effective nursing leadership, appropriate and sufficient staff, adequate nurse-client ratios, organizational support for collaborative practice and sufficient time to discuss client care needs with colleagues.

18516.Where two or more categories of nurses work together, safe and appropriate care can best be achieved through collaboration and cooperation among nurses, respecting the contributions of each professional.

18517.When LPNs work with other categories of nurses, the nursing care delivery model must support collaborative practice to help ensure safe and appropriate client care.

18518.As clients' health needs increase, the breadth and depth of the competencies required to provide nursing care also increase. That is to say, clients require more of the competencies that fall within RN/RPN scope of practice and fewer of the competencies within LPN scope of practice.

18519.When client acuity and/or complexity and/or variability increase, LPNs need additional support from RNs/RPNs and do not work in isolation. This support may involve increased consultation with the RN/RPN, sharing part of the client assignment with the RN/RPN, the RN/RPN taking the lead role or the RN/RPN taking full responsibility for care of the client.

18520.Effective communication among nurses and within organizations is essential in order to achieve quality client outcomes.

18521.Responsibilities and accountabilities related to assignment of nursing care are made clear at every level within organizations and are understood by nurses.

### **CRNBC/CRPNBC/CLPNBC Framework Agreement**

## **Responsibilities**

Professional Regulatory Bodies - Regulatory bodies are responsible for establishing practice standards, guidelines and policies in order to clarify concepts such as appropriate scope of practice, collaborative practice and assignment.

Employer - Employers have an obligation to provide essential support systems to enable nurses to meet practice standards. These support systems provide the context in which assigning takes place. Support systems include written policies and procedures, role descriptions for nursing positions, care delivery structures and processes (e.g., staffing, client outcomes monitoring, and continuous quality improvement measures), communication systems and professional development systems (e.g., continuing education and skills development, and performance appraisal). Where different categories of nurses work together, it is vital that the nursing care delivery model supports collaboration between nurses.

RN/RPN - The assigning RN/RPN is responsible for overall assessment, determining client status, care planning, interventions and evaluation. In addition, the assigning RN/RPN is responsible for determining which group of nurses has the necessary competencies (based on the employing agency's role description) to provide the required care; assigning clients and/or functions; clarifying responsibilities related to the assignment; and providing support as required to the nurses providing the care. In order to provide support, the RN/RPN must be familiar with the client population, the practice setting and nursing practice within the setting. The assigning RN/RPN is also responsible for identifying agency policies and supports regarding assignment, following the agency process for evaluating assignment decisions and providing feedback to employers related to the assignment process (e.g., through quality assurance mechanisms).

LPN - The LPN is responsible for exercising judgment in accepting assignments within own level of competence; applying the nursing process to meet established outcomes in the overall plan of care; communicating changes in client health status; knowing own limitations and seeking direction or assistance from other health care professionals as required; and adhering to agency policies, procedures, protocols and job descriptions. The LPN collaborates and contributes to care planning by participating in team problem-solving and decision-making activities. The LPN is also responsible for contributing to quality improvement initiatives related to assignment.

Any LPN, RN or RPN has a professional obligation to intervene if he or she becomes aware of any situation of unsafe or unethical care.

## **Elements**

There are key elements in collaborative nursing practice that support successful team work. Schober and McKay note that there are key elements in any team model. While Schober and MacKay discuss inter-professional teams, their findings are readily transferable to the nursing team.

## **Elements of Successful Collaborative Practice**

### **Organization/Programme Mandate**

- \* Care is client-focused
- \* Team members demonstrate Trust/respect
- \* The community is supportive

### **Team Structure**

- \* Roles are clear
- \* Team goals are agreed
- \* Physicians participate as equal players

### **Team Processes**

- \* Team-building processes are evident
- \* Information-sharing is the norm
- \* Communication among members is good
- \* Services/providers are well coordinated

### **Team Outcomes**

- \* Client satisfaction is high
  - \* Provider satisfaction is high
- \* Team goal attainment is high

### **Environmental Conditions**

- \* Resources are adequate
- \* Team members are competent
- \* Expertise is recognized
- \* Professional regulation is adhered to
- \* Education is valued and ongoing

Schober and MacKay, 2004

In addition to all roles being clearly described, it is also important that there is a tacit understanding of each others' roles. Team members both understand and can promote and advocate for each other's role. In an effective collaborative team, members feel not only supported but also empowered.

### **Characteristics**

Key characteristics of collaborative practice that are viewed as essential to success include:

- Shared competence among multiple providers
- Shared responsibility and accountability
- Mutual respect and trust
- Communication
- Assertiveness
- Cooperation and mutual support
- Autonomy
- Coordination

*Schober and McKay, p. 10, 2004*

A summary of important points about each characteristic follows in Table 1.

**Table 1 – Summary of Key Points of Characteristics of Collaborative Practice**

**Shared responsibility and accountability:** It is well accepted that health practitioners assume individual responsibility for their own judgments and actions. In collaborative practice, a high level of trust must exist among providers as accountability for team goals and outcomes are shared among team members. There is a shared responsibility for providers to be involved in the clinical decisions and to support the collective direction.

**Mutual respect and trust:** There must be tacit acceptance among team members from the beginning, on acceptance that should evolve into mutual trust based on shared and positive experiences.

**Communication:** As healthcare providers develop specific competence in communication, professional problem solving, role negotiation and relationships are facilitated. With shared experience and strong communication skills, individual team members can better understand the expectations of others and strengthen mutual trust.

**Assertiveness:** Individuals must have the ability and confidence to present professional views and negotiate solutions with colleagues. Each colleague must understand that the assertiveness of the others is essential to arrive at a commonly endorsed solution. There must be a desire to openly explore all options and a commitment to analysis and debate that leads to decisions by consensus. All professional perspectives should be valued equally.

**Cooperation and Mutual Support:** Team members listen to each other, reflect on the options, and establish shared goals for client management. During their clinical activities, members support each other and can depend on that support.

**Autonomy:** Autonomous practice carries the authority to make judgments and decisions and to act as mandated by the scopes of practice of self-regulated practitioners. It is important that collaborating partners understand and respect each other's right to practice autonomously, while at the same time being prepared to assume shared accountability arising out of their collaborative activities.

**Coordination:** Collaborative practice strives to reduce duplication and coordinate interventions.

Schober and MacKay, 2004

## Facilitators

Factors that contribute to creating a collaborative approach within the team include: communication, participation, consensus and shared leadership.

<b>Communication</b>	Interactive and clear communication among team members.
<b>Participation</b>	Inclusive not exclusive participation of team members and mutual recognition of competence.
<b>Consensus</b>	Taking a comprehensive look at situations and reaching mutually acceptable solution(s).
<b>Shared leadership</b>	Mutual support and trust among team members for shared responsibilities in the coordination of care.

(Schober and MacKay, 2004, p.9)

Organizations can facilitate collaboration by ensuring that there are adequate supports in place including, administrative commitment, adequate resources and funding and evaluation.

<b>Administrative commitment and support</b>	Senior administration and key leaders in nursing are committed to collaborative nursing practice.
<b>Adequate resources and funding</b>	Adequate staffing levels, orientation and ongoing education, coordination and supervision.
<b>Evaluation of team work</b>	Opportunities to reflect and evaluate the effectiveness of the team.

## **Summary**

Collaborative nursing practice rests on the shared vision and goal of providing quality nursing care to clients. The professional regulatory bodies provide important guidelines and direction to their members (Standards, Competencies, guidelines, and position statements, etc.) to support them in their practice. Collaborative nursing practice is defined and described. Key elements, characteristics and facilitators of collaborative practice are outlined.

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## Appendix A

## **Standards, Competencies and Categories of Nurses of BC Nursing Regulatory Bodies**

### **Standards related to Collaborative Practice**

#### **CRNBC Standard**

The nurse communicates, collaborates and consults with other members of the healthcare team about the client's care.

#### **CRPNBC Standard**

The Registered Psychiatric Nurse functions effectively with other members of the healthcare team.

#### **CLPNBC Standard**

A Licensed Practical Nurse collaborates with clients and other members of the healthcare team in provision of healthcare services to the public.

## **Competencies related to Collaborative Practice**

### **CRNBC Competencies**

The nurse:

- Negotiates with the client to determine when consultation is required with other health team members or other health related sectors.
- Collaborates as a member of an interdisciplinary health team.
- Develops partnerships with nursing and health team members based upon respect for the unique competencies of each team member.
- Promotes team problem-solving, decision-making and interdisciplinary collaboration.
- Uses conflict resolution skills to facilitate interdisciplinary health team interactions.
- Collaborates with other health-related community sectors to achieve client health outcomes.

### **CRPNBC Competencies**

The Psychiatric Nurse functions as a member of the health team:

- Understands the roles and functions of other members of the health team.
- Communicates the role of the psychiatric nurse to other members of the health team.
- Participates in planning, implementing and evaluating the program.
- Participates in care conferences.
- Participates in care conferences with the client included.
- Collaborates with other members of the health team.
- Participates in the development and implementation of the philosophy and objectives of the unit.
- Participates in planning the resolution of ethical dilemmas.

### **CLPNBC Competencies**

The Licensed Practical Nurse:

- Acknowledges the roles of other interdisciplinary healthcare providers.
- Collaborates with clients, families and other healthcare providers in performing assessments.
- Collaborates and contributes to the development of mutually agreed-upon plan of care with clients and other healthcare providers.
- Provides nursing interventions in a collaborative manner with the client and other healthcare providers.
- Verifies evaluation findings with client and other healthcare providers.
- Reviews and revises the plan of care in collaboration with other healthcare providers.
- Initiates and maintains a professional relationship with clients, colleagues and the public.
- Identifies when collaboration is required and seeks assistance from other members of the healthcare team when appropriate.
- Facilitates and participates in interdisciplinary collaborative problem solving and decision-making processes.
- Respects unique and shared competencies of members of the interdisciplinary healthcare team.
- Supports other team members to practice to their full range of competencies.
- Integrates evidence-based research findings into practical nursing practice in collaboration with other members of the interdisciplinary health care team.

## Categories of Nurses

	<b>LICENSED PRACTICAL NURSES</b>	<b>REGISTERED NURSES</b>	<b>REGISTERED PSYCHIATRIC NURSES</b>
<b>Governing Body</b>	College of Licensed Practical Nurses of British Columbia.	College of Registered Nurses of British Columbia.	College of Registered Psychiatric Nurses of British Columbia.
<b>Basic Education Required for Entry to Practice</b>	A 12-month accredited certification program and successful completion of the Canadian Practical Nurse Registration Examination.	An equivalent to a four academic year educational program leading to a baccalaureate degree in nursing.	An approved diploma or degree program in psychiatric nursing. Current education programs range from a 24-month diploma program to a four-year bachelor of science in psychiatric nursing.
<b>Practice Requirements</b>	Adhere to <i>Standards of Practice and Competencies</i> .	Adheres to the standards, limits and conditions set out by CRNBC, including the <i>Professional Standards for Registered Nurses and Nurse Practitioners</i> .	Adhere to the practice standards and the code of ethics outlined in the document <i>Standards of Psychiatric Nurses in British Columbia and the Code of Ethics</i> .
<b>Description of Practice<sup>1</sup></b>	A Licensed Practical Nurse may provide such nursing services related to the care of patients as are consistent with his or her training and ability, except in an emergency, will nursing services provided by a registrant must be carried out under the direction of a medical practitioner, who is attending the patient or under the supervision of a Registered Nurse who is providing services to the patient. Licensed Practical Nurses are responsible and accountable for their own decisions and actions. Licensed Practical Nurses will have the authority to perform only reserved actions as defined by legislation and when appropriate. (Practice Guideline: Appropriate Utilization of LPNs, CLPNBC, 2005)	Registered nurses carry out activities that they are educated and authorized to perform, that are established through the legislated definition of registered nursing practice, complemented by standards, limits and conditions set by CRNBC. Registered Nursing is defined in the <i>Nurses (Registered) and Nurse Practitioner Regulation</i> as “health care for the promotion, maintenance and restoration of health; prevention, treatment and palliation of illness and injury, primarily by assessment of health status, planning and interventions, and coordination of health services”. (CRNBC, 2005)	The practice of psychiatric nursing is the application of psychiatric nursing knowledge and skills to work with individuals of all ages. This includes families, groups and communities and encompasses health promotion and preventative health care. This includes assessment of physical and mental health, development of a nursing diagnosis, planning, implementation and evaluation of nursing care.  The four major domains of psychiatric nursing are: psychiatric nursing practice, education, administration and research.  (Current View of CRNPBC 2006)
<b>Context of Practice</b>	Care for individuals, families and groups in a variety of settings, including acute care, continuing care, community care and home care.	Provide care to individuals, families, groups, populations and communities in various settings, including tertiary care, acute care, continuing care and public health.	Provide nursing care to individuals, families and groups in settings such as psychiatric and acute care hospitals, community health agencies and residential care facilities.

<sup>1</sup> Legislated scope of practice statements are under review. For information about current scope of practice, contact the appropriate regulatory body.