



## Oncology nurses' experience of collaboration: A case study



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### A B S T R A C T

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Case study design  
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**Purpose:** Changes in the health system have created new models of healthcare delivery such as nurse-led teams. This has resulted in the increased opportunity for enhanced collaboration among nurses. Oncology nurses have a long history of working together, yet little is known about their perceptions about collaboration in the practice setting. This paper aimed to explore and describe the experiences of collaboration among oncology nurses, and to understand the factors that influenced collaboration.

**Method:** Qualitative, case study design was used to study fourteen oncology nurses from one cancer center in Canada. Participants were registered nurses or nurse practitioners, employed full-time or permanent part-time in an oncology nurse role, and working on an in-patient or out-patient unit. Data were collected in 2013 using individual telephone interviews and document reviews.

**Results:** Thematic analysis revealed two themes: Art of dancing together, and the stumbling point. The first theme related to the facilitators of collaboration including having: regular face-to-face interaction, an existing and/or previous relationship, oncology nursing experience, and good interpersonal skills. The second theme related to the barriers to collaboration such as: role ambiguity, organizational leadership, and multi-generational differences.

**Conclusions:** Collaboration is a complex process that does not occur spontaneously. To improve collaboration nursing leadership needs to support and promote opportunities for nurses to build the relationships required to effectively collaborate. It is equally important that individual nurses be willing to collaborate and possess the interpersonal skills required to build and maintain the collaborative relationship despite differences in age, generation, and clinical experience.

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### Introduction

The changing landscape of healthcare and the development of new health delivery models have provided the opportunity for enhanced collaboration among nurses (Canadian Nurses Association [CNA], 2008; Duffield et al., 2009). The current environment requires nurses to be innovative, and willing to work collaboratively in order to deliver high quality and cost-effective care. Collaboration among nurses is an expected standard of nursing practice mandated by various nursing associations (American Nurses Association (ANA), 2003; CNA, 2007) and a professional responsibility and competency that applies to all nurses (ANA, 2003; Apker et al., 2006; CNA, 2007; Meretoja et al.,

2002). In oncology settings collaboration is particularly important due to the inherent challenges of the work environment (Medland et al., 2004; Quattrin et al., 2006). Given that collaboration is an expectation of all nurses, and that oncology nurses spend much of their time partnering with other nurses to provide patient care, research is needed to understand how collaboration is constructed in the practice setting.

Collaboration is considered the cornerstone of clinical practice and has been identified as the appropriate interaction mode within and between disciplines (Bedwell et al., 2012). The majority of literature pertaining to collaboration in the context of healthcare has related to interprofessional interactions. The evidence has focused on the general concept of collaboration (Petri, 2010), the factors that encouraged and discouraged collaboration (El-Jardali, 2003; Resnick and Bonner, 2003), the outcomes of collaboration and collaborative relationships (Estabrooks et al., 2005), and the measurement of collaboration (Hojat et al., 2001; Sasahara et al., 2003; Ushiro, 2009).

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In the last two decades, there has been considerable study on interprofessional collaboration; however, there has been limited research on collaboration among nurses. Stefaniak (1998) examined the perceptions of collaboration among nurses. She identified three occasions that influenced nurse–nurse collaboration: knowledge/skills deficits, change and transitions, and communication gaps. Ritter-Teitel (2001) found that nurse–nurse collaboration and problem solving was a predictor for urinary tract infections. Sasahara et al. (2003) investigated nurses' experiences caring for terminally ill cancer patients in Japan. The study showed that under the survey domain of 'Collaboration Among Nurses', nurses felt there were few opportunities for discussion among nurses, there was poor communication with other nurses, they were unable to share their feelings with other nurses, and they were unable to provide consistent care due to different views of the nursing staff. Estabrooks et al. (2007) examined factors that predicted the use of research by staff nurses, and found that nurse–nurse collaboration was predictive of staff nurse research utilization. Lastly, Moore and Prentice (2013) examined the collaborative process between nurse practitioners and registered nurses in oncology. The study found that social interaction among the nurses was a key contributor to the development and maintenance of the collaborative relationship, and a major barrier to nurse–nurse collaboration was the lack of formal nursing education relating to the enactment of collaboration in practice (Moore and Prentice, 2013).

Given the limited research on nurse–nurse collaboration, this study was undertaken to contribute to the building of evidence on this topic. The purpose of this qualitative case study was to explore and describe the experiences of collaboration among oncology nurses working in all types of nursing roles at one cancer center in Canada in order to understand how the nurses collaborated, and to identify factors that influenced collaboration. The study was guided by a modified version of Corser's Model of Collaborative Nurse–Physician Interaction (1998), and adapted based on the findings from a study by Moore and Prentice (2013) which illustrated that several factors influenced nurse practitioner and registered nurse collaboration: personal/interpersonal, social/professional, educational and organizational.

## Methods

The study was guided by qualitative *case study* design and methods defined by Yin (2009). An embedded, single case design was selected to capture the circumstances, dynamics, and complexities of an everyday situation (nurse–nurse collaboration) while considering the influence of organizational, professional, personal and interpersonal factors. The single site design was chosen to enable the researchers to collect more compelling evidence and increase the robustness of the overall study (Yin, 2009). The exploratory, descriptive case study was used to provide a description of collaboration among oncology nurses within the context of the practice setting. Two research questions were posed: 1) how do nurses collaborate in practice? and 2) what factors influenced collaboration among oncology nurses? Yin (2009) says that "how" or "why" questions are often used in case study design, however, "what" questions are appropriate to use when conducting an exploratory case study as the data may assist with developing propositions for further inquiry.

The case or the main unit of analysis for this study was the oncology nurses, and the embedded units were the nursing roles. Purposive, maximum variation sampling was used to document the diverse variations of oncology nurse collaboration and identify important common patterns (Miles and Huberman, 1994). Maximum variation sampling captured a range of perspectives that

related to oncology nurse collaboration: nurse roles, clinical practice units, and employment status. To obtain as much information as possible from practicing, professional nurses, cases were selected based on the following criteria:

- The nurses were either registered nurses (RN) or nurse practitioners (RN-EC – extended class) in the province in which the study was conducted;
- The nurses were employed full-time or permanent part-time in one of the following oncology nursing roles: specialized oncology nurse or advanced oncology nurse (Canadian Association of Nursing in Oncology, 2001);
- The nurses were working on an in-patient or out-patient adult unit for a minimum of one year (*time*), and;
- The nurses were employed by the cancer center (*place*).

## Data collection

All nurses (approximately 500) at the cancer center were approached via email communication for recruitment into the study. A total of fourteen nurses volunteered and completed the study. Data for this study were collected over ten months in 2013 through a combination of qualitative methods including open-ended, semi-structured telephone interviews and document reviews.

## Interviews

Individual telephone interviews lasted 45–60 min and took place during unpaid work time. The nurses were asked to share their experiences, thoughts, and concerns about how they collaborated in the practice setting, and the influence of the personal/interpersonal, organizational, social, professional, and collegial factors on the collaborative process (Table 1). After the 14th interview no new information emerged and data saturation was achieved.

## Documents

Documents were reviewed to corroborate and augment evidence from the telephone interviews. The documents assisted with obtaining an understanding of the nurses' competencies, qualifications, and professional, regulatory, organizational, and educational factors that may have influenced collaboration. The documents included: a) the job descriptions of each participant at the hospital, b) the Canadian Nurses Association Framework for the Practice of Registered Nurses in Canada (2007), c) the College of

**Table 1**  
Interview guide.

1.	How do you collaborate with other nurses on your unit?
2.	What factors influence collaboration among nurses on your unit (organizational, professional, educational, social, personal/interpersonal, time)?
3.	What factors facilitate collaboration among nurses on your unit?
4.	What are the barriers to collaboration among nurses on your unit?
5.	Tell me about the types of collaborative interaction among nurses on your unit?
6.	Have you received any formal education about how to collaborate with other nurses?
7.	How has your formal education helped/hindered you to successfully collaborate with nurses in the practice setting?
8.	Has your employer helped/hindered you to successfully collaborate with nurses in the practice setting?

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