The Culture of Collaboration

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COLLABORATION, SIMPLY STATED, DESCRIBES the action of working together, in a team approach, to get something accomplished. Generally, the team explores and shares ideas and issues to work together toward one or more shared goals. It may require planning, meetings, agendas, and official documented minutes, but may also occur in small spurts and have powerful outcomes. For example, perianesthesia nurses are frequently asked for information about surgical procedures and different surgeons, their specialties, and their expertise. We serve as resources for this knowledge and support the decisions family members, friends, and colleagues need to make related to planned surgical interventions. If we do not have the answers, we reach out to other colleagues and additional resources to find the information; we often assist with specific details of surgical scheduling, time frames, and the nuances of navigating the labyrinth of "day of surgery" questions. The experiential knowledge is valued, and it showcases a collaborative mind-set and willingness to share and assist others, which is paramount to building rapport and establishing relationship. The nurse's set of beliefs and values (culture) nurtures collaboration. Someone brings a problem to the nurse, one or more colleagues may assist with problem resolution, and a method is presented to the recipient.

Building and supporting a culture of collaboration for individual nurses, and for a nursing unit, entails much more than simply answering queries and satisfying one individual need. It actually involves tapping into resources which may already be present within your institution, with experts ready and willing to help—if only they were asked to do so. Nurses often fret about what direction to follow or how to start a project or initiative, without asking for help or direction. Although it involves moving out of a comfort zone, at the very least, acknowledging you have a need and the ability to ask for assistance allows you to build relationships and to share your valuable insights and expertise to different professionals and departments who have limited knowledge and no expertise in your work. It is very rewarding to build a network for yourself and your unit within your institution, with benefits far beyond data points and measurable outcomes.

To begin, it is imperative to learn the names of new colleagues and contacts and to remember them. Know which departments they belong to and how to contact them when needed. Challenge yourself to *think outside the box*, question different perspectives, and be inquisitive. Ask for help and advice. Get to meetings on time, and make every effort to show respect for others words, time, and opinions. Share your knowledge and your resources. Connect nurses in your own unit to other nurses and extended colleagues to clear paths toward success for them. Smooth the way for new nurses, those on orientation, students in your sphere to help them navigate more easily and make meaningful pleasant connections. Seek resources toward collaboration; look for reliable resources in expected places (educators, intensive care experts, risk management, infection prevention, purchasing, and equipment divisions) and in unique and unexpected places (information technology, medical library, central sterile, linen room, physical plant). There are too many tasks and problems to solve to remain secluded in your nursing unit; stretching and growing are enhanced when you realize that the health care environment is not unit centric, and that realistically, ours is just a cog in a very big wheel.

The efforts put forth to seek different ways to work together is worthwhile, even when the outcomes are less than expected, or not desirable. The end point may change over time, and with learning, and give and take on both sides. You still build

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relationship and establish contacts for the next opportunity, need, or challenge. Your name and the valuable resource you provide are shared with others; it is networking at the grassroots level. You reinforce the knowledge that health care is undergoing fast paced, unsettling change, and the resolution to problems may need to evolve and go through multiple iterations before being finalized.

Place value on the differences of others and on skills you do not possess. Appreciate what others bring to the table; the potential help is mutually beneficial. New opportunities are created that would have otherwise been missed if everyone was the same, or thought the same way. Resources become available that might have remained hidden. Understand that conflicting priorities and perspectives, particularly between departments, are inevitable. This is heightened when those perspectives are not shared and not investigated and if unit management does not prioritize crucial conversations. It is always a learning process to respectfully discuss complaints and disagreements, whether it has occurred between perianesthesia nurses and staff nurses on clinical units or with physicians or administrators. Information and details about *what really happened* and *what was really said* in the exchange help gain insight and can lead to resolution of the problem, including potential counseling and disciplinary action. It has often led to changes in practice or a new course direction, particularly when issues recur and tensions cause the staff to be frazzled and less than professional. These exchanges are not necessarily negative, as conflict may be an expression of stress and frustration; a stronger team may result with greater potential to deal with conflicts in the future. Conflict is often necessary to promote change.

How does this apply to perianesthesia nursing and to frontline nursing practice? Obvious practitioners come to mind related to problem-solving to promote optimal care delivery at the bedside in perianesthesia units. The collaboration needed between nurses and anesthesia providers, surgeons, and special practice providers—whether they are physicians or clinical affiliates—is essential to ensure safety and follow-through for immediate patient needs during a very vulnerable time frame. The teamwork and collaboration with operating room and presurgical clinical nursing units are essential every day, for every patient, to meet the demands and expectations of seamless patient care and resolution of outstanding issues. But there are numerous colleagues who offer support, both real and potential, for the bedside nurse in a perianesthesia nursing unit.

The departments of pharmacy, respiratory therapy, medical imaging, and nuclear medicine are on the short list of collaborative professionals who can work as team members to make the day, and the way, easier for nurses and patients. Simply knowing the names of personnel, addressing them respectfully, and thanking them for their help, their time, their expertise builds team and promotes goodwill. But other examples will provide a glimpse of possibilities, of numerous resources available for the asking.

The communications department may assist with organizing and streamlining contact lists for providers; they have experts who write well and may edit or assist in the creation of brochures or memoranda you want to develop and distribute. These professionals are frequently looking for a "good story," something that would showcase nursing in your facility for in house reading, or they may have a media request for a nursing exemplar for a wider audience. What an opportunity to reward and recognize and to celebrate unique specialty nursing care and caring; it should not be overlooked, as perianesthesia nursing units could share positive nurse and/or patient scenarios routinely, and they would be good stories and good press. Assistance given to family members and ensuing interactions also provide rich human interest stories, connecting lives and ensuring holistic, inclusive care. A recent patient story highlights this opportunity. One of the patients in the postanesthesia care unit, 95 years old, was to remain intubated through the night. In addition, it was one of those nights without intensive care unit beds; so, the patient stayed in the postanesthesia care unit. In fact, the patient stayed for several days and nights. Family-centered care became a priority, as her husband of 70 years old was determined to stay at her bedside. For the most part, he did. He held her hand, and he spoke with her. Once in a while, on very unsteady feet, he stepped