

Title:

Nurse-Nurse Collaboration: A Reliable Scale to Describe Collaboration Among Clinical Nurses

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Session Title:

Conflict Management

Slot:

E 14: Sunday, 29 October 2017: 4:15 PM-5:00 PM

Scheduled Time:

4:35 PM

Keywords:

Conflict Management, Nurse-Nurse Collaboration and Reliable Instrument Development

References:

Dougherty, M. B. & Larson, E. J. (2010). The Nurse-nurse collaboration scale. *Journal of Nursing Administration*, 40, 17-25.

Hoonakker, L. T., Pecanac, K. E., Brown, R. L., Carayon, P. (2017). Virtual collaboration, satisfaction, and trust between nurses in the tele-ICU and ICUs: Results of a multilevel analysis. *Journal of Critical Care*, 37, 224-229.

S Ma, C., Shang, J., & Bott, M. J. (2015). Linking Unit Collaboration and Nursing Leadership to Nurse Outcomes and Quality of Care. *Journal of Nursing Administration*, 45, 435-442.

Masters, K. (2015). *Role Development in Professional Nursing Practice*. Burlington, MA: Jones and Bartlett Learning.

McKibben, L. (2017). Conflict management: importance and implications. *British Journal of Nursing*, 26(2), 100-103.

Moore, J., Prentice, D., & Taplay, K. (2015). Collaboration: what does it really mean to nurses?. *Journal of clinical nursing*, 24(13-14), 2052-2054.

S Moore, J., & Nahigian, E. (2013). Nursing student perceptions of nurse-to-nurse collaboration in dedicated education units and in traditional clinical instruction units. *Journal of Nursing Education*, 52(6), 346-350.

Abstract Summary:

This project demonstrates use of a reliable instrument to describe nurse-nurse collaboration. Conflict management between clinical nurses was identified to have a low level of correlation with all subscales of collaboration. An intervention addressing conflict management may support collaboration, therefore decreasing errors, improving patient outcomes, and increasing clinical nursing satisfaction.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
1) The learner will be able to understand and analyze theoretical and conceptual underpinnings of the development of the Nurse-Nurse Collaboration Scale and adaptation of the scale for hospital wide use among clinical nurses.	1) exposure to NNC 2) exposure to NNC-HW 3) discussion of significance of collaboration in clinical arena and impact on errors, patient care outcomes, and nurse job satisfaction.
1) The learner will be able to develop a process for application of the Nurse-Nurse Collaboration Scale or Nurse-Nurse Collaboration Scale-Hospital Wide in their practice environment.	1) discussion of process for adapting instrument 2) discussion of data collection process 3) discussion of application of evidence generated from project to improve collaboration hospital wide

Abstract Text:

Purpose: To describe the level of collaboration among clinical nurses in a semi-rural, MidAtlantic, hospital.

Background and significance:

Collaboration among nurses has been recommended to reduce errors, improve patient care outcomes, and increase job satisfaction. Previously nurse to nurse collaboration had been measured as a component of organizational structure. The *Nurse-Nurse Collaboration Scale (NNC)* (Dougherty, Larson, 2010) is a valid and reliable instrument developed to measure the level of collaboration among intensive care nurses. *NNC* measures the 5 domains of collaboration: *conflict management, communication, shared process, coordination, and professionalism*. This project adapted, piloted, and utilized the *Nurse-Nurse Collaboration Scale-Hospital Wide (NNC-HW)* to describe the level of collaboration among clinical nurses hospital-wide.

Design: This descriptive-correlational study implemented the electronic survey method to implement the *NNC-HW*. Data was collected from 136 clinical nurses working in acute care settings at a semi-rural, MidAtlantic region hospital.

Methods: First, the *NNC-HW* was piloted using Cronbach's alpha for reliability testing. Then, *NNC-HW* was implemented hospital wide. Again, Cronbach's alpha was used for reliability testing. ANOVA was calculated to test differences among means of 5 subscales. Pearson Correlations coefficients were used to test for existence of relationships between the 5 subscales.

Findings: Reliability was identified as excellent for subscales *communication, shared process, coordination, and professionalism* ($\alpha=.94-.98$). reliability was identified as good for subscale *conflict management* ($\alpha=.88$). Nurses described the highest levels of collaboration existed between the subscales *shared process* and *communication* ($r=.80$), and *coordination* and *professionalism* ($r=.81$). However, nurses described the lowest levels of collaboration among all subscale correlation with *conflict management* ($r=.41-.47$).

Conclusions:

The *NNC-HW* was established as a reliable instrument for describing clinical nurse to nurse collaboration in the hospital setting. *Conflict management* was revealed as a subscale of collaboration that warrants further investigation and is an opportunity for intervention.

Clinical relevance:

An intervention addressing conflict management may support collaboration, therefore decreasing errors, improving patient outcomes, and increasing clinical nursing satisfaction.