Why collaboration should count as a core value of nursing

Current best practice in nursing is rooted in person-centred care, shared decision making and multidisciplinary teamwork. When applying these principles to practice, nurses engage in intensive collaboration with colleagues, patients and relatives. Collaboration is crucial in everyday practice and should be considered a core value of nursing.

At the core of person-centred care lies a good patient-professional relationship built on trust, respect and recognition. The professional’s focus should be on the whole person and on providing multidimensional, comprehensive care.

The principles of person-centred care feature in the standards set in the NMC Code. The first standard of the code stresses the importance of treating patients as individuals and ensuring their dignity, and this person-centred approach to care is reiterated throughout (NMC, 2015). Person-centred care is an internationally used approach. In the UK, a framework has been developed that includes: working with patients’ beliefs/values; engagement; shared decision making; sympathetic presence; and provision for physical needs.

The aim is for patients to be satisfied with and involved in their care, to enhance wellbeing and to establish a therapeutic culture (McCormack et al, 2010; McCormack and McCance, 2006).

Barriers to person-centred care

Despite the incorporation of person-centred care in best practice guidelines, it remains challenging to fully integrate into
practice (Ekman et al, 2011; McCormack et al, 2010). Limited time, staff and resources in the NHS can result in a disease-centred approach being used and the medical aspects of care being prioritised. Another barrier to person-centred care is professionals’ misunderstanding of the concept and its implications for their practice (Ekman et al, 2011; McCance et al, 2011).

**Shared decision making**

Shared decision making is a process involving both professionals and patients (Ekman et al, 2011; McCormack et al, 2010). It “aims to have the health care professional and the patient jointly arrive at a health care choice that is based on the best available research evidence, clinical expertise, and the values of the informed patient” (Friesen-Storms et al, 2015).

This definition highlights the involvement of patients in decision making and their equal status to health professionals in that process. Although the term is not used in the standards for nursing practice, the NMC code does require nurses to encourage and empower patients in the process of making decisions about their care and treatment (NMC, 2015).

**Barriers to shared decision making**

The concept of shared decision making and its place in practice is of ongoing debate (Edwards and Elwyn, 2009). Not every patient or professional wants to, or is able to, either participate in or facilitate a shared process of making decisions about care. Patients express different preferences for their level of involvement in decision making (Wiltjer, 2017); older age and lower education level have been linked to a preference for a more passive role. This means shared decision making is a context-dependent process influenced by the people involved and the nature of the decisions being made (Friesen-Storms et al, 2015).

In practice, shared decision making requires well-developed communication skills and enough time to discuss treatment and care options in a way that meets patients’ individual needs, level of cognition and preferences for involvement (Friesen-Storms et al, 2015). Health professionals may struggle with this due to limited time and resources (Dunn et al, 2016).

**Multidisciplinary teamwork**

Multidisciplinary teamwork is important in all fields of nursing. The NMC (2015) notes the importance of nurses working together with colleagues from similar and different disciplines. Teamwork in the NHS has changed throughout the years due to historical factors such as the military hierarchical approach, and more recent factors such as the introduction of person-centred care, an ageing population with long-term conditions, professional specialisation and developments in IT (Reeves et al, 2010). This has changed the way people work together, for example, the emergence of new specialities has resulted in an expansion of multidisciplinary teams, while advances in IT have increased the amount of information professionals need to process.

**Barriers to multidisciplinary teamwork**

Barriers to multidisciplinary teamwork in practice include heavy workloads, rapid staff turnover, lack of training, organisational barriers, conflicting aims and objectives, and lack of leadership (Lewin and Reeves, 2011). Despite these barriers, nurses need to be able to collaborate with all members of the multidisciplinary team; this is crucial given the nature of their role, which often includes organising care processes, and their position, which is at the centre of the multidisciplinary team (Wiltjer, 2017; Allen, 2014).

**A core nursing value**

The 6Cs are used in the NHS to represent the key values of the nursing profession (Stephenson, 2014) (Box 1). Collaboration with colleagues and patients is not explicitly mentioned in the 6Cs model; while the definition of communication includes the notion of teamwork, collaboration and communication are not necessarily synonymous. Collaboration is a broader concept including team functioning, respect, support for others, role clarification, leadership and conflict resolution (Mulvale et al, 2016). This is confirmed by the NMC code, in which communication and cooperation within the team feature as two separate, albeit closely linked, aspects of effective nursing practice (NMC, 2015).

Considering the principles of patient-centred care, shared decision making and multidisciplinary teamwork, there can be no doubt that collaboration – which covers both collaboration between nurses and between nurses and patients and relatives – is a crucial aspect of nursing care. Nurses are required to collaborate with their colleagues and with their patients, at all times aiming to respect their autonomy and individual voice.

High-quality care is only possible when all nurses adopt a collaborative approach. Due to its central position in everyday practice, collaboration should be considered a core nursing value in its own right and become the seventh‘C’ of nursing. NT

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**References**


Stephenson J (2014) NHS England to roll out ‘6Cs’ nursing values to all health service staff. Nursing Times; 23 April. Bit.ly/NT6Cs