

## Editorial

### Are We Preparing DNPs for Collaborative Roles?

For most of my career I have enjoyed the opportunity to practice jointly between academia and clinical practice. In many ways, the contrasts in these cultures have functioned as my crucible for generating and testing ideas about nursing. Recently, however, an unusual clinical occurrence raised questions that were both disturbing and compelling for my role as an educator.

As a pain management specialist, I work with an interdisciplinary team and with colleagues across many other hospital departments. To my puzzlement and dismay, our usually collegial relationship with one of these departments was marred in recent months by professionals who seemed to be argumentative and uncompromising. As I sought to understand the change in departmental relationships, a colleague commented that members of the discipline in question are now earning clinical doctorates and therefore consider themselves autonomous, with little regard for the authority or expertise of others. I was astonished by the comment; I had never considered such a possibility. In truth, this comment may not have been a fair or accurate portrayal of the individuals or behaviors involved. It is just as likely that communication issues stemmed from some lack of diplomacy on my part. The importance of the conversation, though, is that whenever unprofessional behaviors are attributed to educational level, there is a ripple effect that touches us all. That comment might as easily have been made about a nurse with a DNP. This example begs the disturbing question of whether we are adequately preparing graduates of clinical doctorates in nursing for collaborative, interdisciplinary roles.

Do other disciplines consider our DNP graduates to be consummate professionals? Do we just assume (or hope) that role development will accompany a graduate degree, or should role attainment be an explicit outcome of nursing education? Certainly, one benefit of graduate education is the increased self-esteem that comes from earning an advanced degree in a rigorous field of study. For many, another benefit is an advanced role and new relationships with added authority, perhaps even with additional power. The assumption of power in a professional role deserves deliberate consideration. As Polifroni (2010, p. 8) asked, "Does everyone have power, or is it such that in order for me to have power, I need to take some from you, leaving you with less power or none at all?" Power struggles focus on egos and emotions, not on improving patient outcomes. What a disservice we do our graduates if we leave them to

discover these truths through trial and error. What a disservice we do the discipline if we fail to adequately prepare our ambassadors.

Susskind's (2010) portrayal of complexity science and collaborative decision-making provides a compelling framework for teaching role development. Health care is undeniably complex regardless of whether one works in academia, practice, or private industry. Drawing upon the work of Mitchell (2009), Susskind noted that complex systems involve interactions among large numbers of individuals working together toward mutually agreeable outcomes. The numbers of encounters alone render traditional, linear decision-making ineffective in complex organizations, and new decision-making processes are required. Innes and Booher (2010) proposed a new process that they termed collaborative rationality, wherein members of a community work through change and conflict toward a negotiated consensus. They used the acronym DIAD to describe the elements of this process: diversity, interdependence, and authentic dialogue.

Taking only a little liberty with Innes and Booher's (2010) constructs, it is easy to envision how the DIAD process could be used to teach role development within graduate nursing programs. Diversity can be thought of as diverse disciplinary knowledge and experience as well as the need to include individuals with varying degrees of power in the discussion. DNP-prepared nurses would be expected to bring to the table increased depth and breadth of disciplinary knowledge and to contribute substantively to the collaborative effort.

Complexity and diversity imply interdependence. Interdependence is a critical reminder that complex problems require complex solutions, solutions that are best achieved by considering diverse approaches. "Negotiation theory tells us that interdependence among interests is the key to moving beyond zero-sum games to mutual gains agreements" (Susskind, 2010, p. 368).

The last two letters of the DIAD acronym stand for authentic dialogue. Authentic dialogue involves active listening and respectful interactions. Respect is foundational to the assumption that everyone involved has a right to have their opinion taken seriously. Parse (2010, p. 193) called upon nurse leaders to "deliberately cocreate opportunities for open dialogue and reflection about ways of being with others that foster recognition of human dignity." Authentic dialogue requires an environment wherein individuals feel safe to speak up. "As people perceive that others don't respect them,

## Editorial

the conversation immediately becomes unsafe and dialogue comes to a screeching halt (Patterson, Grenny, McMillan, & Switzler, 2002, p. 71).

DIAD theory offers one approach to teaching collaboration strategies. Diverse, interdependent individuals engaging in authentic dialogue is an intriguing formula for negotiating outcomes in a complex system. Augmented with specific curricular content and mentorship activities, the DIAD framework may be a viable way to teach these foundational skills. Collaborative skills empower nurses to best effect health and healthcare outcomes, outcomes that are the *raison d'être* of advanced education in nursing.

**Roxie Foster, PhD, RN, FAAN**  
Roxie.foster@UCDenver.edu

## References

- Innes, J., & Booher, D. (2010). *Planning with complexity: An introduction to collaborative rationality for public policy*. New York: Routledge.
- Mitchell, M. (2009). *Complexity: A guided tour*. New York: Oxford University Press.
- Parse, R. R. (2010). Respect! *Nursing Science Quarterly*, 23(3), 193. doi: 10.1177/0894318410371850
- Patterson, K., Grenny, J., McMillan, R., & Switzler, A. (2002). *Crucial conversations. Tools for talking when stakes are high*. New York: McGraw-Hill.
- Polifroni, E. C. (2010). Power, right, and truth: Foucault's triangle as a model for clinical power. *Nursing Science Quarterly*, 23(1), 8–12. doi: 10.1177/0894318409353811
- Susskind, L. (2010). Complexity science and collaborative decision making. *Negotiation Journal*, 26(3), 367–370. doi: 10.1111/j.1571-9979.2010.00278.x