

# Independent Nursing Actions in Cooperative Care

June Eilers, PhD, RN, BC, CS, Judith A. Heermann, PhD, RN,  
Margaret E. Wilson, PhD, CPNP, and Sue Knutson, MSN, RN

**Purpose/Objectives:** To identify and describe independent nursing actions in cooperative care.

**Design:** Qualitative, descriptive, inductive study.

**Setting:** The Nebraska Medical Center's Lied Transplant Center in Omaha, where lay care partners assume responsibility for acute care of transplant recipients in partnership with nurses.

**Sample:** 12 cooperative care nurses.

**Methods:** Two focus groups, 59 narrative logs, and three follow-up interviews were tape recorded, transcribed, and content analyzed.

**Main Research Variable:** Independent nursing actions in cooperative care.

**Findings:** Independent nursing actions included surveillance, teaching, coaching, fostering partnerships, providing psychosocial support, rescuing, and coordinating. Surveillance leads to problem identification that, in turn, triggers other actions. Because all nursing actions occur in the context of nurse, dyad, and healthcare team relationships, coordinating is the category of nursing action used to manage all aspects of care.

**Conclusions:** The nurses integrated specialized knowledge and expertise while dynamically using surveillance to identify problems that trigger nursing actions to manage signs and symptoms. Cooperative care is an example of apprenticeship or guided participation in which a community of experts (nurses) guides, supports, and challenges novices (lay individuals) to participate in skilled activities until the responsibility for the activities can be transferred to the novice.

**Implications for Nursing:** Independent nursing actions identified in this study are the first step in formulating an instrument to measure "doses" (frequency and intensity) of nursing actions in cooperative care. Such an instrument is needed to evaluate interventions designed to prepare and support lay care partners.

Cooperative care is an innovative acute care delivery model used in the care of blood and marrow stem cell transplant (BMSCT) recipients at The Nebraska Medical Center. This delivery model is based on a partnership between BMSCT recipient and care partner dyads and healthcare professionals. A lay care partner, typically a spouse or other family member, stays in a hotel-like suite with the transplant recipient and partners with nurses to provide acute care for the transplant recipient.

## Significance and Background

The cooperative care model is designed to provide cost-effective and efficient care for complex patients who otherwise would be in an acute inpatient setting (Grieco, McClure, Komiske, & Menard, 1994; Schmit-Pokorny, Franco, Frappier, & Vyhldal, 2003). Lay caregivers are responsible for care activities that traditionally are provided by professionals in the acute hospital setting. The preparation and education of

## Key Points . . .

- ▶ Preparation of lay individuals to assume acute care responsibility in cooperative care requires skilled independent nursing intervention.
- ▶ The partnership between the cooperative care nurse and recipient and care partner dyad involves blending the dyad's unique local knowledge of the situation with the knowledge and skills of the professional nurse to provide the care needed for optimal outcomes.
- ▶ Use of narrative logs dictated immediately following episodes of caregiving is an effective data collection method for articulating the work of nursing in cooperative care.

lay individuals to assume these responsibilities are key nursing functions (Franco et al., 1996; Schmit-Pokorny et al.) and are paramount to ensure outcome quality. During the process of cooperative care, nurses remain responsible for outcomes and frequently initiate independent actions to manage signs and symptoms and avoid negative consequences.

All care partners require and receive extensive education to prepare them for the caregiving role. The ultimate indicator of the effectiveness of this education is caregiver performance. Because no care partner can be allowed to "fail," care partners with lower competency require more independent nursing actions to prevent adverse events. No measurement exists to capture the nature and dose (i.e., frequency and intensity) of independent nursing actions used for the BMSCT dyad in cooperative care. This article describes the identification of these actions. Figure 1 illustrates the authors' conceptualization of the implementation of cooperative care where nurses partner

---

*June Eilers, PhD, RN, BC, CS, is an oncology/hematology clinical nurse specialist at The Nebraska Medical Center in Omaha; Judith A. Heermann, PhD, RN, is a clinical nurse researcher at The Nebraska Medical Center and an associate professor in the College of Nursing at the University of Nebraska Medical Center in Omaha; Margaret E. Wilson, PhD, CPNP, is an associate professor and associate dean for graduate programs in the College of Nursing at the University of Nebraska Medical Center; and Sue Knutson, MSN, RN, is a neonatal nurse practitioner at The Nebraska Medical Center. Funding was provided by an ONS Foundation research grant supported by Bristol-Myers Squibb Oncology. (Submitted September 2003. Accepted for publication September 21, 2004.)*

Digital Object Identifier: 10.1188/05.ONF.849-855