

Team nursing: experiences of nurse managers in acute care settings

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KEY WORDS

team nursing, nurse managers, acute care, experiences, models of care, staffing

ABSTRACT

Objective

This study aimed to explore and describe nurse managers' experiences with a team-based approach to nursing care in hospital settings.

Design

A qualitative descriptive study using interviews to explore managers' experiences of team nursing.

Setting

Medical and surgical wards in an acute care setting

Participants

Five nurse managers (four female and one male) who volunteered to participate following calls for 'expressions of interest' in three acute care hospitals

Findings

The team nursing experiences of nurse managers are described using three main categories: adapting to team nursing, gains with team nursing and concerns with team nursing.

Conclusions

Nurse managers considered gains for staff and patients were made with the implementation of a team-based approach to nursing care. This team-based approach to care was regarded by managers to enable nursing staff of varying experience and skill to provide care more safely as direct supervision by more experienced staff was possible. However the role of team leader necessitated staff development and support to enhance clinical leadership skills involved in this new role.

INTRODUCTION

Clinical nurse managers are expected to oversee the delivery of patient care that is safe and meets quality standards within the available human, financial and material resources. Staffing, particularly the available skill mix, is often a challenge for nurse managers faced with this accountability in an environment where it is difficult to recruit and retain experienced nursing staff and to offer a supportive learning environment for inexperienced nurses. Evidence indicates that various forms of team nursing are being adopted in acute care settings to provide safe patient care using a more diverse skill mix (NSW Health 2007; Walker et al 2007; Walker 2002). Teamwork both within nursing teams and in collaboration with multidisciplinary teams is said to be crucial to producing better quality care and reducing risk to patients (Rathert and Fleming 2008). Despite the increasing diversity of the skill mix within the workplace and the importance of teamwork being advocated as an essential approach to practice, little is known about nurse managers' experiences with team nursing in acute care wards. This study explored with nurse managers their experience of a team-based approach to nursing care delivery in acute care settings.

LITERATURE REVIEW

Team nursing

Team nursing developed in the 1950s in response to changes in nursing skill mix. This approach requires strong leadership and excellent communication skills to bring together small groups of nurses, led by a team leader, to work collaboratively and cooperatively to deliver a better standard of care than possible with individual nurses working alone (Dobson and Tranter 2008; Shirley 2008; Tiedeman and Lookinland 2004; Sherman 1990). Recently Spitzer (2008, pp.6) drew attention to the importance of teams in "...maximising staff and providing environments for professionals..." to "...apply their education and skills while working with others who can provide caring services under the registered nurse's direction." According to Kalisch et al (2009), where teamwork is effective nurses

stay in nursing, they are more productive, errors are reduced, quality is improved and "patients are more satisfied" (pp.1).

Recently the implementation of team nursing approaches to address changing skill mix has been reported both internationally (Dobson et al 2007) and nationally (Walker et al 2007; O'Connell et al 2006). In Australia nursing care delivery is moving away from patient allocation towards team nursing models of care (Walker et al 2007; NSW Health 2006).

Experiences with team nursing

Experiences of nurses delivering care in teams have been explored from the perspective of nurses, team leaders and nurse managers. Nurses' perceptions of team nursing have identified benefits for patients as being continuity of care (Cioffi and Ferguson 2009; O'Connell et al 2006) and delivery of safer and better quality care (Cioffi and Ferguson 2009; Jupp 1994). For nurses the benefits have been identified as improved working relationships (Cioffi and Ferguson 2009; O'Connell et al 2006; Hyrkas and Appelqvist-Schmidlechner 2003); increased ability to share and work together (Cioffi and Ferguson 2009; O'Connell et al 2006; Jupp 1994) and availability of a shared network (Cioffi and Ferguson 2009). However, some issues identified with team nursing have been inadequate preparation for team nursing (Cioffi and Ferguson 2009; Jupp 1994); increased responsibility for registered nurses particularly when in the role of team leader (Cioffi and Ferguson 2009); unfair and uneven workloads leading to overburdening of staff (O'Connell et al 2006) and confusion around roles and responsibilities in the team (O'Connell et al 2006; Jupp 1994). Other challenges with communications and teamwork have been attributed to the varied skill mix; the lack of familiarity with ward routine and assigned patients; and busy, pressured work conditions (Cioffi and Ferguson 2009; O'Connell et al 2006). Team leaders reported that their job satisfaction improved particularly through enhanced relationships and seeing staff develop (Jupp 1994). These findings clearly indicate gains for both patients and staff can be made with team nursing.

From the perspective of nurse managers, findings show relationships for patients, relatives and staff improved, staff morale and motivation increased and communications improved (Jupp 1994). However managers who implemented team nursing identified retrospectively that more information and educational support was essential (Jupp 1994). As little is currently known about nurse managers' experiences with team nursing this study explored and described managers' experiences of team nursing in acute care settings.

METHOD

Design

A qualitative study to identify and describe nurse managers' experiences of team nursing in acute care wards was undertaken. A descriptive approach within the framework of naturalistic inquiry was selected as little is known about managers' experiences with team nursing in acute care wards (Erlandson et al. 1993; Lincoln and Guba 1985).

Setting

The study setting was three acute care hospitals, two metropolitan tertiary referral and one general teaching hospital in an area health service in NSW, Australia.

Sample

From 'calls for expressions of interest' sent to three hospitals, only five nurse managers volunteered to participate in the study. The inclusion criteria were: a nurse manager in an acute care adult ward with a team-based approach to nursing care delivery. The size of the purposive sample is small but appropriate for a qualitative study as Kuzel (1999) suggests a range between five to twenty persons. Ethics protocols were approved by the area health service and university Human Research Ethics Committees. The participants were registered nurses with a mean of four and half years' experience as a nurse manager in an acute care ward and a median of ten years' experience with team nursing. There were four female and one male participants; two held a masters degree, one a bachelor degree and two held postgraduate certificates.

Data collection procedures

Data were collected by the researchers using interviews with nurse managers to explore their experience with team nursing. The interviews were scheduled in each hospital to facilitate access; they were audiotaped and lasted about one hour. A topic guide was available and used only to raise areas if participants did not include them in their overall descriptions of their experiences. Participants completed consent and demographic forms prior to the interviews.

Data analysis procedures

The audiotapes were transcribed verbatim, checked and textual data coded and categorised using Liamputtong and Ezzy's (2005) inductive interpretative approach to qualitative analysis. Personal information about participants was summarised using descriptive statistics.

FINDINGS

Nurse managers' experiences of team nursing can be described using three main categories: adapting to team nursing, gains with team nursing and concerns with team nursing.

Adapting to team nursing

Managers described the change to team nursing as being influenced by skill mix, inadequate supervision of less experienced staff by senior staff, the altered role of the enrolled nurse and attrition of experienced staff. However skill mix was identified as the main factor for changing to team nursing as nursing staff were less experienced and less skilled, requiring an increased level of direct supervision. A typical comment was:

"... first year graduates, trainee enrolled nurses, enrolled nurses (EN), undergraduates ... need to team nurse with that group of skill mix ... they have to be led and guided by a registered nurse..."

From the managers' descriptions team nursing was commenced with minimal preparation on a trial and error basis, for example:

"... took it to a ward meeting for discussion ... we started with three weeks ... it was a bit of trial and error..."

On reflection managers identified areas they could have planned differently including the need for staff to be involved and have ownership of the change, to develop a shared understanding of team nursing and the critical nature of communication in teams, and the need to set a timeframe for the change, for example:

“... important to talk about what you think team nursing is and how you think it will run and really keep it open for feedback at the start ... I would say definitely some education on communication. I think that is a major issue.”

“...You’ve got to involve them, give them time to adjust, but then you have to put a timeframe on that...”

Managers indicated that senior staff were not as keen as the junior or less skilled staff about the team nursing approach to care. Being responsible for a greater number of patients and for supervising team members underlay this lack of enthusiasm as shown in extracts below:

“The senior staff took a little longer to come around to it ... they battled with the extra responsibility...”

“Instead of thinking about only... four patients,... has got to think for the other 10 or 15 or 18.”

The managers talked about the need for nurses to be well prepared for different roles within the team specifically the need for the team leader to accept accountability for team performance. Managers described using reassurance and positive reinforcement with teams; including the staff in decision making, building independence and providing the means for nurses to empower themselves to make practice decisions within the teams. Strategies they used were mentoring, learning packages, up-skilling of staff, setting and managing expectations and dealing with resistance to change. Typical comments were:

“...developed a team leader package and ... a mentorship program. So we focus on the work.... the people as a leader, but they need to be trained, so we give them feedback as well and say this is your weakness.”

“it’s happening more these days where your juniors are your seniors ... got to skill them up pretty quick and get them confident enough... when you do have a few of your seniors on, then you put your most junior person as team leader and then the other people are there as a resource”

“...team leader... accountable for patient care... in such a way the supervision is more effective and the patient care is more guaranteed... there are times when you have to be firmthere are times when you really need to discuss things and empower them and get their feedback.... important to keep them in the loop...”

“...positive reinforcement, praise where praise is due and dealing with the nitty gritty stuff ... be approachable ... have it clearly documented this is what is expected ...follow-up on the disciplinary process if you need to...”

The consequence of staff not being adequately supported was noted by managers. As one manager said:

“...if we don’t support them, then we lose them, and then we are working under even under more pressure, because you have got less skilled staff on the ward”

Gains with team nursing

Managers outlined the gains made with team nursing through a comparison with the patient allocation model that had been the predominant model of care delivery prior to the introduction of team nursing. This comparison identified team nursing as enabling nurses to have a more complete ‘picture’ of all the patients, facilitating better coverage over breaks, encouraging more independence in staff and positioning seniors in the team to accept greater responsibility for supervising junior and less skilled staff. For the patients it was considered to result in more contact with nurses, better quality care and a safer environment. Some typical comments were:

“...so if one is off on a break ... another person there who knows what is going on with that group of patients ...continue with care.”

“... this way everyone gets a senior and a junior (*staff looking after them*). The patients ... know there is always a senior around looking after them”

“... in a team ... a lot better quality of care ... a safer environment if you have RNs, ENs, first year grads working together...”

Further gains managers highlighted were the networks engendered by the team leader and nurses supporting each other and the increased learning opportunities that arose with more experienced nurses working with less experienced nurses. Typical comments were:

“... gain so much more as part of a team ... that support network ... it's everything because you are not on your own, you are not getting overwhelmed...”

“... work with a senior person maybe once or twice a week ... feel more comfortable around them ... learn with that rapport ... there are more learning opportunities”

Managers identified that team nursing had impacted on nurses' relationship with other health professionals engendering increased liaison, increased opportunity for education, greater potential to coordinate care and improved patient outcome orientation, for example:

“We have social worker, occupational therapist, physiotherapist, dietician meeting once a week... they are more ready to communicate with us. In the past, they tended to work alone... now they see us as a team ... always come looking for us and see how we improve the patients ... meet together to try to improve the patient flow.”

Concerns with team nursing

A key concern for effective team functioning identified by managers was the team's ability to communicate effectively. Managers were acutely aware poor communication within the team placed both team members and patients at risk. They described active management of this concern addressing communication at ward meetings, performance appraisals and with the use of shift communication sheets, handover sheets, and walk-around reports.

Typical comments were:

“If you don't communicate ... ultimately it's the patient who's comprised ... after the verbal handover then the teams ... go around ... visualise the patients ... Becoming standard practice ... talk about it at ward meetings and just on one on one performance appraisals...”

“... a handover sheet... checks happen... every shift”

Another concern was that related to communications between the nursing teams and medical staff, although there was acknowledgement that this had improved. For example:

“... probably our worst communicators at times are the medical staff ... they don't write it ... compared to ... just a couple of years ago, it's improved...”

A further concern for nurse managers was the perceived relationship of the nursing team to the multidisciplinary team. Though managers described a greater awareness by nursing teams of the whole team involvement in patient care they specifically identified a need for junior nursing staff to attend and participate in multidisciplinary team meetings.

“... morbidity and mortality meeting... look at any incidents or how we can do things better and junior staff should be attending those as well”

DISCUSSION

Main findings show nurse managers' experiences of team nursing focused on the adaptation to team nursing with its associated gains and concerns. Managers identified that similar factors had precipitated the change to team nursing within their ward areas and it was acknowledged the implementation process needed to be better planned to include collaboration with staff, clear protocols and roles for teams. Main gains achieved with team nursing for patients were more contact with nurses, better quality care in a safer environment and for less skilled and less experienced nurses, better support and direct supervision. This supports previous findings that team-based models can improve patient

safety, quality of care and the work environment (Cioffi and Ferguson 2009; Jupp 1994). However concerns were identified including the need to support and develop team leaders for their increased level of responsibility and to ensure effective communications within both the nursing and multidisciplinary teams.

Findings from this study support earlier findings (Dobson et al 2007; Walker et al 2007; NSW Health 2006; O'Connell et al 2006) that show team nursing can accommodate a workforce of varied skill mix with enrolled nurses, first year graduates and student nurses as they can be supported and supervised on shifts. Managers identified that inexperienced staff found the supportive environment of team nursing resulted in them feeling more comfortable, enabling supervised learning and reducing feelings of being overwhelmed and isolated. The more experienced nurses who had to assume the team leader role and take responsibility for team performance found team nursing more stressful and required support and development for the leadership role. As identified in previous studies (Cioffi and Ferguson 2009; O'Connell et al 2006; Jupp 1994) the nurse managers in this study considered benefits for patients were achieved with a team nursing approach to care including more direct contact with nurses and care that was delivered more safely with quality monitoring occurring. Overall managers were positive about team nursing recognising its 'goodness of fit' to the available staff mix.

In the early days of implementing team nursing managers described the change as predominantly one of 'trial and error', a finding also identified by Cioffi and Ferguson (2009) and Jupp (1994). The change process described suggests that a more structured and planned approach to the transition to team nursing was required with staff involvement in planning, more emphasis on the development of a common understanding of team nursing and of the roles and responsibilities of team members, specifically the role of team leader with its greater responsibilities. Further to this, managers were aware that communication was a critical component of

effective teamwork and recommended its inclusion in the preparation for team nursing with ongoing support during and after implementation.

LIMITATIONS

The main limitation of this study is the small number of nurse managers who volunteered to participate despite repeated attempts to recruit managers from three sites. Difficulty with recruiting may reflect their heavy managerial workloads with many competing demands and the underdeveloped research culture of the clinical settings. Findings therefore only reflect the experiences of a few managers. This small study can provide a guide to the development of further studies that are needed to more extensively describe team nursing experiences from a managerial perspective.

CONCLUSIONS

The findings of this study highlights managers' agreement that team nursing is a key strategy to be employed when the nursing skill mix consists predominantly of less experienced registered and enrolled nurses who require constant supervision and support. The positive effect of team nursing on working environments particularly for junior staff can contribute to improved quality and safety of patient care. However, senior staff require support to enhance their clinical leadership skills to enable them to manage the additional responsibilities of leading teams in acute care settings.

The findings also emphasise the importance of good planning, consultation with staff, clear definition of the team nursing model and the expected roles and responsibilities of all team members prior to the implementation of the team nursing model of care. There is evidence to suggest that relationships between the nursing and the multidisciplinary team were improved with team nursing, however opportunities remain for this relationship to be strengthened with further attention paid to communication between members of the various teams.

RECOMMENDATIONS

As team nursing is implemented in different forms in different settings nurses need to identify the critical factors within team nursing that result in effective performance and optimal patient and staff outcomes. Managers would then be in a position to implement effective, evidence-based approaches to team nursing that are well suited to a diverse nursing skill mix.

REFERENCES

- Adams, A. and Bond, S. 2000. Hospital nurses' job satisfaction, individual and organizational characteristics. *Journal of Advanced Nursing*, 32(3):536-543.
- Cioffi, J. and Ferguson, L. 2009. Team nursing in acute care settings: Nurse experiences. *Contemporary Nurse*, 33(1):2-12
- Dobson, C., Adamson, N. and Drexler, D. 2007. Medical-surgical unit team nursing: Description challenges and measurement in a complex system. *Nurse Leader*, 5(3):55-60.
- Dobson, S. and Tranter, S. 2008. Organising the work: choosing the most effective way to deliver nursing care in a hospital haemodialysis unit. *Renal Society of Australasia Journal*, 4(2):59-63
- Erlandson, D.A., Harris, E.L., Skipper, B.L. and Allen, S.D. 1993. *Doing naturalistic inquiry: A guide to methods*. Sage: Newbury Park.
- Hyrkas, K. and Appelqvist-Schmidlechner, K. 2003. Team supervision in multidisciplinary teams: Team members' descriptions of effects as highlighted by group interviews. *Journal of Clinical Nursing*, 12(2):188-197.
- Jupp, M. R. 1994. Management review of nursing systems. *Journal of Nursing Management*, 2(2):57-64.
- Kalisch, B.J., Weaver, S.J. and Salas, E. 2009. What does nursing teamwork look like? A qualitative study. *Journal of Nursing Care Quality*, 24(4):298-307
- Kalisch, B.J., Curley, M. and Stefanov, S. 2007. An intervention to enhance nursing staff teamwork and engagement. *The Journal of Nursing Administration*, 37(2):77-84.
- Kuzel, A. J. 2002. *Sampling in qualitative inquiry*, in B.F. Crabtree and W. L. Miller (eds). *Doing qualitative research* (2nd edn). Sage: Thousand Oaks.
- Liamputtong, P. and Ezzy, D. 2005. *Qualitative Research Methods* (2nd edn). University Press: Oxford.
- Lincoln, Y. and Guba, E. 1985. *Naturalistic inquiry*. Sage : Beverley Hills.
- O'Connell, B., Duke, M., Bennett, P., Crawford, S. and Korfiatis, V. 2006. The trials and tribulations of team-nursing. *Collegian*, 13(3):11-17.
- NSW Health, Nursing and Midwifery Office. 2006. *First report on models of care February to April 2005*. NSW Health: North Sydney.
- NSW Health, Nursing and Midwifery Office. 2007. *Second report on models of care project February to December 2006*. NSW Health: North Sydney.
- Rathert, C. and Fleming, D.A. 2008. Hospital ethical climate and teamwork in acute care: the moderating role of leaders. *Health Care Management Review*, 33(4):323-331.
- Sherman, R.O. 1990. Team nursing revisited. *Journal of Nurse Administration*, 20(11):43-46.
- Shirley, M.R. 2008. Nursing practice models for acute and critical care: Overview of care delivery models. *Critical Care Nursing Clinics of North America*, 20(4):365-73.
- Spitzer, R. 2008. Teamwork, teams and reality. *Nurse Leader*, 6(6):6,49.
- Tiedeman, M.E. and Lookinland, S. 2004. Traditional models of care delivery: What have we learned? *Journal of Nursing Administration*, 34(6):291-297.
- Walker, K. 2002. Project possibility: A model of care and the politics of change. *Contemporary Nurse*, 14 (1):86-94.
- Walker, K., Donoghue, J. and Mitten-Lewis, S. 2007. Measuring the impact of a team model of nursing practice using work sampling. *Australian Health Review*, 31(1):98-107.