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Factors contributing to nursing team work in an acute care tertiary hospital



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KEYWORDS

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Summary

Background: Effective nursing teamwork is an essential component of quality health care and patient safety. Understanding which factors foster team work ensures teamwork qualities are cultivated and sustained.

Objective: This study aims to investigate which factors are associated with team work in an Australian acute care tertiary hospital across all inpatient and outpatient settings.

Methods: All nurses and midwives rostered to inpatient and outpatient wards in an acute care 600 bed hospital in Sydney Australia were invited to participate in a cross sectional survey between September to October 2013. Data were collected, collated, checked and analysed using Statistical Package for the Social Sciences (SPSS) Version 21. Factors reporting a significant correlation with where $p < 0.05$ were analysed in a multiple regression model.

Results: A total of 501 surveys were returned. Nursing teamwork scores ranged between 3.32 and 4.08. Teamwork subscale Shared Mental Model consistently rated the highest. Mean scores

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for overall communication between nurses and team leadership were 3.6 (S.D. 0.57) and 3.8 (SD 0.6) respectively. Leadership and communication between nurses were significant predictors of team work $p < 0.001$.

Conclusion: Our findings describe factors predictive of teamwork in an acute care tertiary based hospital setting across inpatient and outpatient specialty units. Our findings are of particular relevance in identifying areas of nurse education and workforce planning to improve nursing team work.

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1. Background

The International Council of Nursing (ICN) recognises that health systems reforms are underway in all parts of the world (International Council of Nursing, 2010). The delivery of effective, high quality and safe nursing care has attracted much attention internationally (Valentine, Nembhard, & Edmondson, 2011) and more locally in Australia (O'Connell, Duke, Bennett, Crawford, & Korfiatis, 2006). In contemporary clinical practice, team nursing has become the widely accepted model for the delivery of patient care. Whilst there is a broad consensus of what team work entails, several nursing teamwork definitions and conceptual frameworks are reported in the literature.

Team work is considered to be a dynamic process encompassing an interplay of several factors (Xyrichis & Ream, 2008) inherently complex and too difficult to be defined by a single definition (Mickan & Rodger, 2000; O'Connell et al., 2006). Salas et al. uses a conceptual model to frame five core elements of teamwork including team leadership, back-up behaviour, adaptability, team orientation, and mutual performance monitoring supported by a circle of mutual trust, closed loop communication and shared mental models (Salas, Sims, & Shawn Burke, 2005). Kalisch et al. adapted Salas's conceptual framework and identified significant factors associated with nursing teamwork that formed the basis of a validated nursing teamwork survey (NTS) (Kalisch, Lee, & Rochman, 2010). The key factors identified to positively influence teamwork by Kalisch et al. include trust, team orientation, back up, shared mental model and team leadership (Kalisch, Weaver, & Salas, 2009; Kalisch & Lee, 2009). Although the various factors influencing team work are well established organisational structure, individual contribution and team processes play a fundamental role in team work (Mickan & Rodger, 2000).

The benefits of effective teamwork for both patients and nurses are well documented. For patients team work has been demonstrated to improve patient safety, reduced errors (Institute of Medicine, 1999; Leonard, Graham, & Bonacum, 2004; Nadzam, 2009) and reduce mortality (Wheelan, Burchill, & Tilin, 2003). For nurses, teamwork increases job satisfaction, staff retention (Kalisch et al., 2010; O'Connell et al., 2006) and enables a range of nursing skills and expertise to effectively and efficiently deliver high quality patient care (O'Connell et al., 2006; Wheelan et al., 2003). In addition team work provides adequate supervision and/or mentoring of less experienced nurses (Fairbrother, Jones, & Rivas, 2010; Ferguson & Cioffi, 2011; Nelsey &

Brownie, 2012). In contrast, dysfunctional teams increase conflict, increase absenteeism, reduce performance and job satisfaction (Carver & Candela, 2008; Duffield, Roche, O'Brien-Pallas, Catling-Paull, & King, 2009).

In the last decade Australia has experienced an increase in patient acuity, a shortage in nurses, a diverse skill mix, a poor retention rate of new graduate registered nurses (Nelsey & Brownie, 2012) and have an ageing nursing workforce. The observed changes to the health care sector and to the nursing workforce prompted a review of the way nursing care was being delivered (O'Connell et al., 2006) in the public health care sector. Models of nursing care shifted from a model of patient allocation to a team nursing model of care where a small team of ward based nurses collaborate to provide all care to a patient group (Ferguson & Cioffi, 2011; Garling, 2007; Chiarella & Lau, 2006; Walker, Donoghue, & Mitten-Lewis, 2002, 2007). Since the implementation of team models of care limited studies have investigated which factors contribute to teamwork nursing teamwork in an acute care hospital across all specialty units (Kalisch & Lee, 2013) or in an Australian setting (Fairbrother et al., 2010). Most teamwork studies have investigated specialty units such as intensive care, operating theatres and emergency departments. Understanding which factors foster team work in a large hospital across inpatient and outpatient settings enables health care managers to consolidate teamwork strengths and develop strategies to improve areas of weakness.

2. Aims

This study aims to investigate which factors are associated with nursing team work in a large Australian acute care hospital setting

3. Methods

3.1. Design

All nurses and midwives rostered to inpatient and outpatient wards in a acute care 600 bed hospital in Sydney Australia were invited to participate in a cross sectional survey between September to October 2013. Nurses and midwives who were on leave and those who worked on a casual basis during the study period were excluded from the study. Ethical approval was obtained from the South Eastern Sydney Local Health District Human Research Ethics

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