BRIEF COMMUNICATION

Does feeling part of the team affect other characteristics of nursing teamwork?

by Louis M. Watson

With the increasing focus on interdisciplinary communication, higher acuity of nursing care, intensified workloads and responsibilities, and decreasing rates of retention, research is focusing on nursing teamwork, especially in the area of patient safety. Contemporary literature links effective nursing teamwork with high-quality patient care and highlights the interrelationship of workload and staff retention (Berry & Curry, 2012) and its impact on the level of nursing care.

Kalisch, Lee, and Rochman (2010) studied the cross-influence between unit characteristics, staff characteristics, and teamwork on job satisfaction with current position and occupation. Their study illustrated a direct correlation between teamwork and adequate staffing levels with that of staff members’ job satisfaction with their current position. Kalisch, Weaver, and Salas (2009), in a qualitative study on nurses from five patient care units, used focus groups to describe team processes in their daily work. They highlighted that leadership of the nurse manager was the critical deciding factor to attract and retain team members.

Open communication such as deep listening encourages creative and critical discussions and constructive conflict resolution (Mehrabani & Mohamad, 2014). Effective teams share information to negotiate patient-centred effective procedures and work boundaries without sacrificing team cohesion or disrespecting individual opinions (Taplin, Foster, & Shortell, 2013). A team with a common purpose and clear identification of roles and responsibilities creates a cohesive working unit that has an impact not only on the delivery of quality service to the patients, but also on the psychological well-being of the team members (Huber, 2013).

Some studies have investigated how numbers of nurses on a unit can affect team dynamics, suggesting that smaller teams are more effective, whereas some studies suggest large teams containing 75+ nurses are better (Kalisch, Russell, & Lee, 2013). Despite this theory of group dynamics, few studies have investigated whether or not a nurse feels part of the team, and the effect of this emotional/psychological bond on teamwork characteristics (Bradbury-Jones, Sambrook, & Irvine, 2011).

In Ontario, The Ottawa Hospital (TOH) has a history from the 1800s. Currently, the hospital houses approximately 1,100 beds and includes three campuses (Civic, General and Riverside) and various special-purpose satellite units. As part of a larger study at TOH investigating nursing teamwork, we conducted a pilot study to examine the extent that a sense of team membership might affect other characteristics of nursing teamwork. The objective of our study was to identify factors related to nursing teamwork and whether independent variables of age, gender, employment, line, hospital campus, unit size, position, and individual perception of quality of care as delivered by the team had an impact on an individual’s sense of feeling a valued part of the team.

Using a survey based on the Nursing Teamwork Survey, we sent out surveys via an online survey portal through work email to 1,000 registered nurses (RNs), registered practical nurses (RPNs), and personal care aides (PCAs) at the three hospital campuses and satellites sites. The survey was open for four weeks and resulted in a response of 304 completed surveys (30.4% return rate). The sample consisted of 83% RNs, 8% PCAs, 10% RPNs with 64% who were employed full time. We did not combine PCAs and RPNs since we thought position may be a factor in an individual’s self-perceived sense of value as a team member. To strengthen the quality of data from the Nursing Teamwork Survey, we had added the question, “Do you feel valued by your team members?”, as well as two qualitative questions: “What would make you feel more valued/included on the team?” and “In your own words, please identify three issues that are preventing an effective team on your unit?” Participants were entered into the analysis if they answered yes to the question, “Do you feel valued by your team members?” We used SAS statistical software for analysis and the level of statistical significance was p < 0.05.

We emphasized questions about the respondent’s sense of being a part of the team, as we believed it influenced, and can influence other characteristics of teamwork. We performed contingency table analyses to characterize these differences, and logistic regression to evaluate these differences, while accounting for possible confounding roles of other factors. Nurses were defined as registered nurses (RN), registered practical nurses (RPN) and personal care aides (PCA). The average age among respondents was 30–39 years old, and 95% of the respondents were female. Being a participant who was 60 years and older [Odds Ratio (OR) 1.8; Confidence Interval (CI) 0.19–15.82, p <0.05] was a significant predictor for feeling part of the team, when 20–29 years was used as a reference category. This was expected, since it

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seems logical that a nurse near retirement would be more experienced, and feel more comfortable and calmer than a younger nurse embarking on their career. We found that being an RN was another strong predictor of feeling valued (OR 3.0; CI 1.09-8.26, p <0.05). In fact, an RN was three times more likely to feel a valued member of the team than an RPN. This was an important statistic for us, as there has been a growing divide between RNs and RPNs at TOH, and confirms that further professional development is required to resolve this conflict. We were surprised to find that PCAs were almost twice as likely as RPNs to feel valued (OR 1.80; CI 4.8-25, p <0.05), as previous staff satisfaction surveys found the opposite. Additionally, nurses working in an outpatient department were four times more likely to feel valued (OR 4.1; CI 1.79-9.32, p<0.05), than nurses from inpatient departments. This could be due to recent voluntary early retirements, staff cut backs, and an influx of new graduate nurses, which happened mainly in the inpatient departments.

We expected age to be a more significant predictor of feeling valued than it was due to the reasons discussed earlier, but when we adjusted for it, there was little effect. We also asked the participant to identify, from a list provided on the survey, three items that prevented them from defining their team as well-functioning. The top choice was; “workload”, which 60% selected, followed by “ineffective communication” (46.4%) and “stress” (41.1%). When we asked, “In your own words, please identify three issues that are preventing an effective team on your unit?”, the top three key words were; lack of leadership, bullies, and workload. We followed this question with, “What factors below would help your team to function more effectively?” The top three responses were, “improved communication skills” (45.9%), “development of trust and mutual respect for each other” (43.3%), and “more accountability” (37.1%).

Further research will be based on the qualitative responses of this pilot study and we found that we definitely require a larger sample size in order to avoid the large confidence intervals found in our logistic regression. We also hope that more ancillary staff will respond to our surveys in future in order to gauge the whole nursing team dynamics and team characteristics.

**CONFLICT OF INTEREST**
None to declare.

**REFERENCES**