

Nursing Teamwork in Health System Hospitals: A Multisite Longitudinal Study

Karen J. Vander Laan PhD, MSN, RN; Judith B. Westers MSN, BS, RN; Sarah Geoghan BSN, RN; Katelynn M. Wohlfert BSN, RN; Nella Ostrander, Matthew A. Culver BSN student



Teamwork

- Teamwork among nursing staff members—licensed and unlicensed—is essential to create a strong and dependable workplace.
- Team members can be defined as two or more interdependent individuals who share skills and resources, working together to make decisions that achieve a common goal.

Relationship-Based Care

- Relationship-Based Care (RBC), a care delivery model rooted in Jean Watson’s Model of Human Caring, was begun in 2006 at Spectrum Health.
- RBC focuses on the relationships of caregivers with themselves, patients and family members, team members, and the community.
- It is hypothesized that as relationships between team members grow, teamwork increases.



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Study aim and participants

- The aim of this repeated measures study is to understand overall nursing teamwork and its facets over time, as perceived by nursing staff members from acute inpatient, continuing or rehabilitation care units in hospitals of diverse sizes and locations within the Spectrum Health system.
- The purpose of this poster is to share baseline results that describe the current workplace environment, discuss variations in perceived teamwork, and identify potential improvement strategies.

Background

- Over the past decade, teamwork has been described, measured, and studied by Kalisch and colleagues in surveys of nurses from multiple units in a variety of hospitals.
- Teamwork has been found to lead to productivity, job satisfaction, promotion of optimal quality of care, and patient satisfaction.¹⁻²
- Variations in teamwork have been related to perceptions of adequate staffing;³ hospital, unit, and staff characteristics;⁴ and unit size.⁵
- A recent reflective article discussed the importance of nursing teamwork within any care delivery model.⁶
- We conducted a pilot study with nursing staff from two acute care units and 10 nurses who worked in the medical center’s resource pool in October 2014 to test data collection, analysis, and reporting methods.

Methods

- Study design:** Descriptive, comparative, longitudinal study using an electronic survey deployed every 6 months for 3 years.
- Setting:** A large Midwestern health system including nursing staff from 74 units/areas or Resource Center cost centers in 11 hospitals (3 Magnet®-designated) and 2 continuing care entities.
- Participants:** All nursing employees from acute inpatient, continuing or rehabilitation care units were invited (approximately 4200 persons).
- Recruitment:** An email invitation and reminder with the survey link were sent to a management leader, who forwarded them to eligible employees. The survey was promoted at daily unit/area checkpoint meetings and a countdown calendar was provided for the 28 day data collection period.
- Data analysis:** The Research Team created descriptive reports for each participating unit/area, hospital, and the health system. Comparison statistics of survey responses by service line and hospital were shared.
- Human subjects considerations:** This study was IRB-approved as Exempt Category 2. The potential risk of survey participants being identified is mitigated by not reporting demographic data in unit reports. Identifying opportunities to foster improved teamwork is an anticipated benefit.

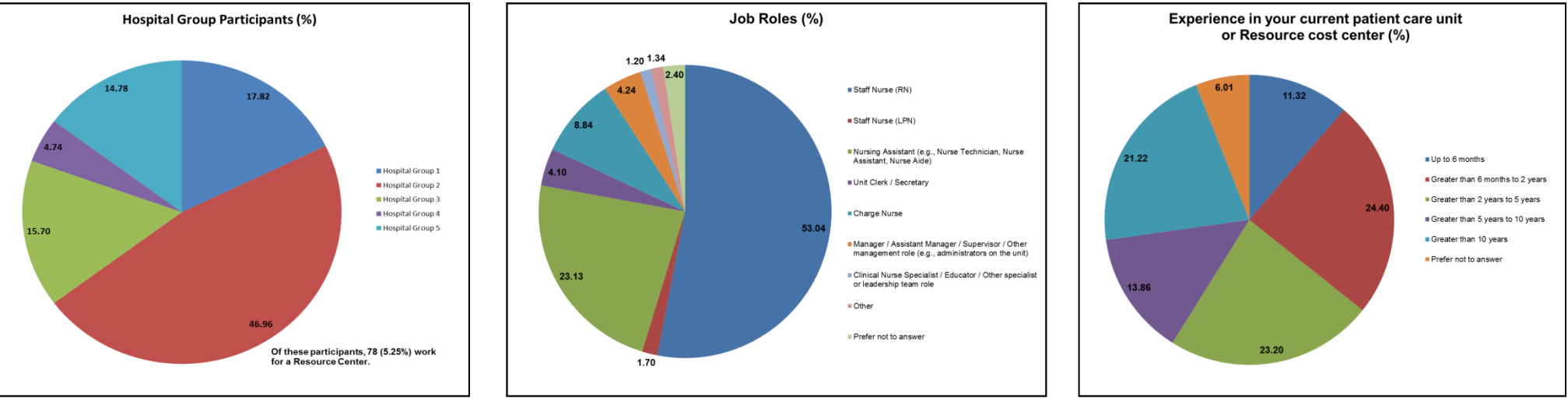
The Nursing Teamwork Survey (NTS)

- Beginning with a qualitative study of nursing teamwork,⁷ Kalisch and colleagues developed and tested a Nursing Teamwork Survey instrument.⁸ We used the NTS in this study with Dr. Kalisch’s permission.
- It contains 22 items that explore demographics, hours worked, nurse to patient ratio and churn in a recent shift, and satisfaction with teamwork, staffing, current role, and current unit/area.
- Another 33 items, scored as the percentage of time each occurs, comprise the total teamwork measure and its five subscales.

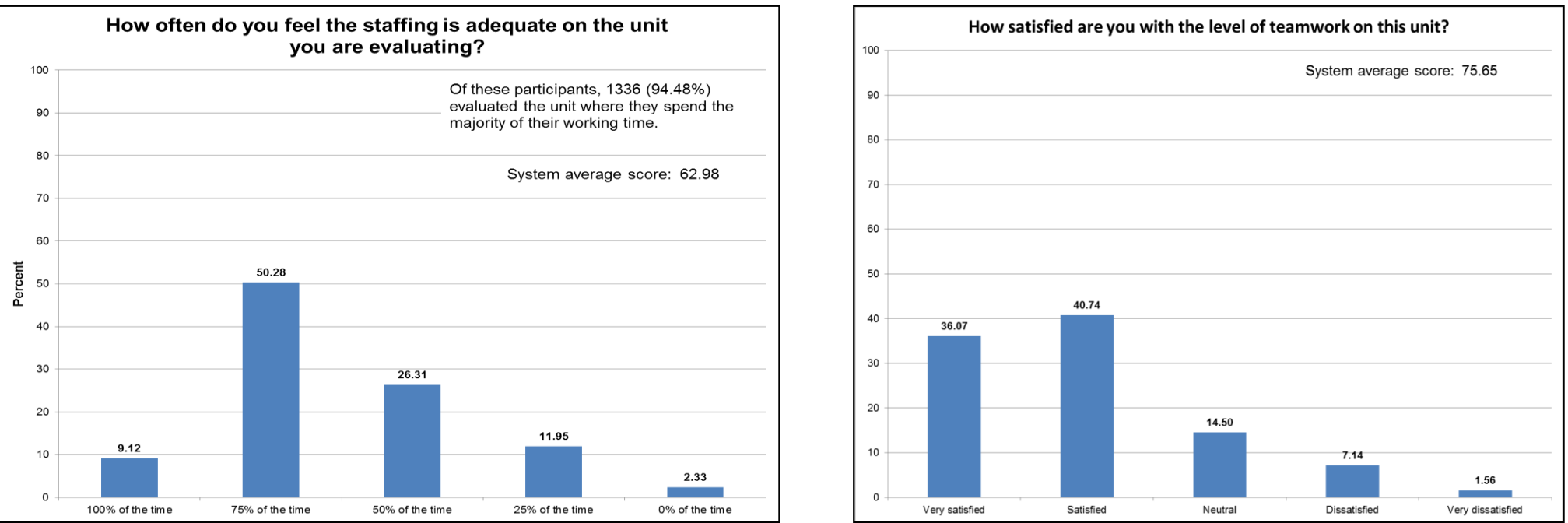
Shared mental model	Team leadership	Backup	Trust	Team orientation
All team members understand their role and responsibilities and thus respectively work together to achieve a quality work outcome.	The nurses who serve as charge nurses or managers adequately monitor, distribute, balance, and willingly assist the workload of the nurses.	Team members willingly aid and help one [an]other when they recognize someone is busy or overloaded with work.	Team members trust each other enough to communicate ideas and information and to value, to seek, and to give each other constructive feedback.	The team works together in improving each other’s weaknesses efficiently and effectively.

Results

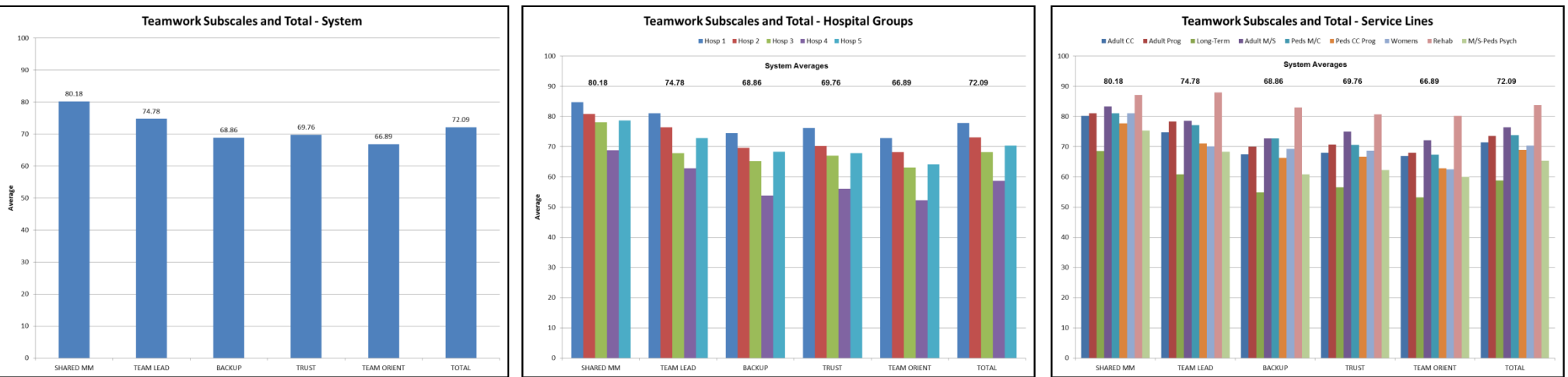
- Participants:** The 2015 June survey was completed by 1414 people out of 4284 people invited, for a 33.01% participation rate systemwide.



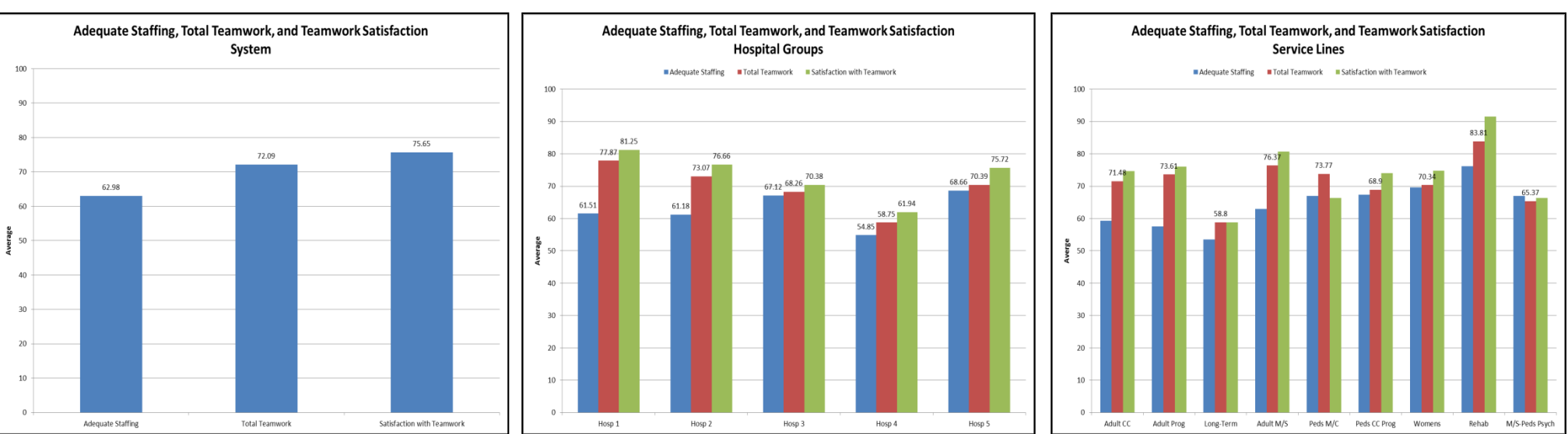
Perceptions of adequate staffing and teamwork satisfaction



Teamwork subscales and total teamwork



Adequate staffing, total teamwork, and teamwork satisfaction



Discussion

- The 2015 June survey results provide a baseline measurement of teamwork and satisfaction for 74 units/areas, 5 hospital groups, and 9 service lines in the Spectrum Health system.
- Total teamwork varies significantly by hospital group ($p < 0.001$) and by service line ($p < 0.001$).
- Across hospital groups and service lines, the shared mental model subscale has the highest average and the team orientation subscale the lowest. Study participants appear to understand their roles and responsibilities and can work effectively together to meet patient and family needs. However, offering constructive criticism or holding others accountable are areas that could benefit from improvement.
- A significant correlation exists between adequate staffing and total teamwork ($r = 0.379$, $p < 0.001$). A significant correlation exists between total teamwork and satisfaction with role ($r = 0.194$, $p < 0.001$) and satisfaction with current unit/area ($r = 0.448$, $p < 0.001$). All three are similar to Kalisch’s findings.³
- Units, hospital groups, and service lines may wish to consider engaging in evidence-based strategies to increase teamwork subscales. For example, to improve
 - Shared mental model → focus on role clarification and clear communication.
 - Team leadership → implement purposeful rounding.
 - Backup → consider a visual or audible cue when someone needs help.
 - Trust → engage in teambuilding trust exercises.
 - Team orientation → positively recognize constructive feedback and changes.

Lessons learned

- Conducting the pilot study was helpful to test recruitment methods, clarify survey directions, and receive feedback about report data.
- Offering conference calls to hospital leaders was valuable to promote and answer questions before the study and survey were launched.
- Assigning one research team member to facilitate and track all emails sent and received during data collection helped keep all organized.
- Building Excel templates for unit, hospital, service line, and system reports requires attention to detail.

