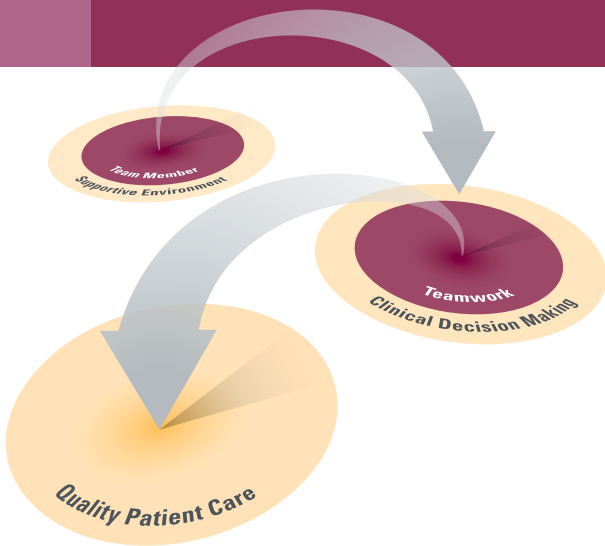


# High Functioning Nurse Teams: Collaborative Decisions for Quality Patient Care



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November 2014

Health Human Resources Series 40



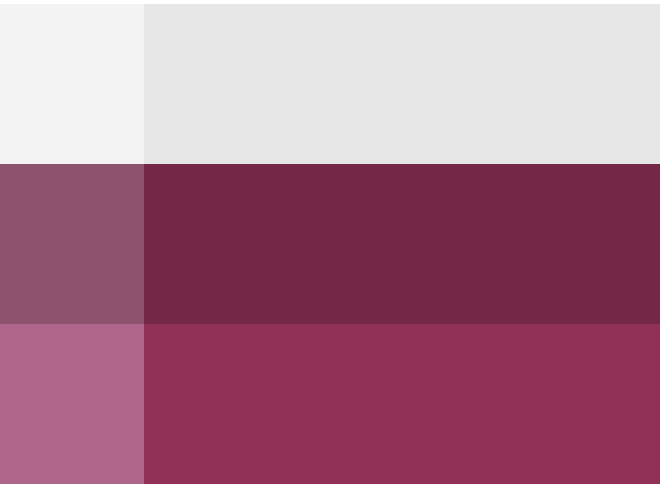
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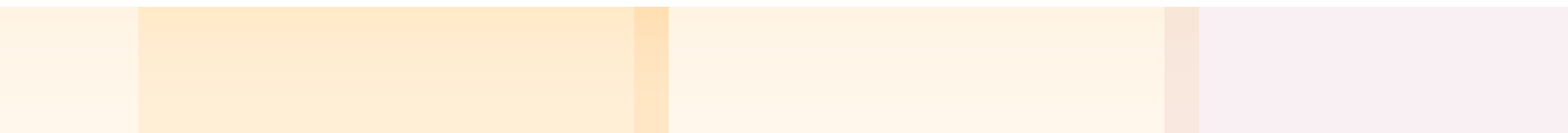
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# Executive Summary



# Executive Summary

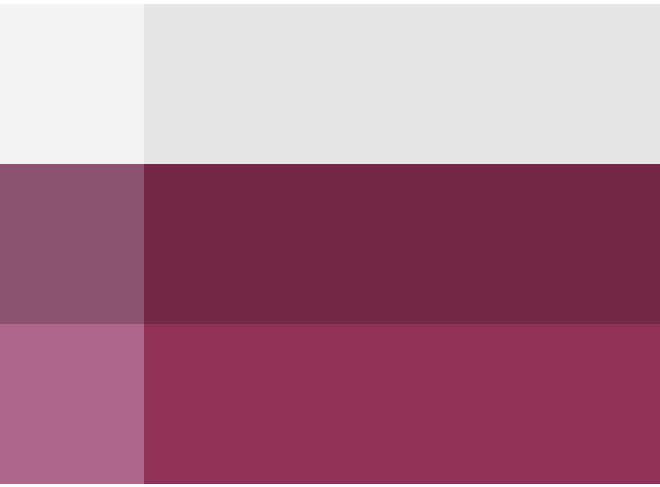
Healthcare organizations are facing challenges to provide quality care in an increasingly complex environment. The number of regulatory roles in the province of Ontario is proliferating. Consequently, it is important to understand the dynamics of care as provided by teams. Although many studies have examined the contribution of interdisciplinary teams, there is a dearth of studies on the outcomes of registered nurse (RN)/registered practical nurse (RPN) teams.

The purpose of this project was to describe and assess how RNs, RPNs and their clinical managers perceive high functioning nursing teams. Interviews were conducted in six cross-sector healthcare organizations in Ontario. The project investigated how RN/RPN teams communicate, assign work and make decisions. A striking finding was that managers were able to immediately identify high functioning teams at the sites, which ranged from large acute hospitals to smaller community organizations.

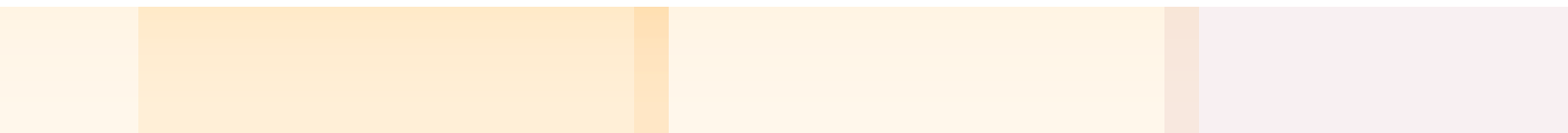
Results indicated there was a relationship between individual attributes of team members and team performance. Team members were flexible, cooperative, open-minded, compassionate, committed and knowledgeable. Successful high functioning teams were fluid, confident, non-hierarchical, patient-focused and included the right nurses in the right job.

Team members had autonomy over decisions within their scope of practice. They made decisions about complex patients through collaboration, negotiation and recognition of each member's expertise. The teams had an intuitive understanding of time and place and an awareness of how they fit within the larger organization and healthcare system. When dealing with complex patient populations, team members worked seamlessly to assess patients, analyze problems, negotiate an approach, divide roles and find a solution. Organizations had clear mission, enabled their employees, encouraged sharing of opinions and information and promoted a culture of fairness and harmony.

High functioning RN/RPN teams are an invisible asset within the healthcare system. Organizations should recognize effective team functioning and value the contribution of teams to the provision of safe, quality patient care. An understanding of high functioning RN/RPN teams should be included in recruitment strategies, orientation packages and annual performance evaluations. Additionally, the measurable indicators should be added to the concept of teamwork and expanded in accreditation standards and within the professional regulatory framework.



# Introduction



# Introduction

High functioning nursing teams aim to achieve the best possible outcomes in patient care.

Nursing care in Ontario is provided by two categories of nurses: registered practical nurses (RPNs) and registered nurses (RNs) (College of Nurses of Ontario [CNO], 2011a). The most common employment setting for RPNs and RNs is acute care hospitals, followed by community care organizations and long-term care (LTC) facilities (CNO, 2012). Although many studies have examined the contribution of interdisciplinary care and collaborative practice to safe, quality patient care (Butler et al., 2011), there is little information about how they translate into practice on a daily basis.

High functioning nursing teams aim to achieve the best possible outcomes in patient care. What are the factors that make these teams work together effectively? Why are they more productive than other teams? How do they work together to make clinical decisions to improve patient outcomes through care delivery?

The purpose of this pilot project was to describe and assess how RPNs, RNs and their clinical managers perceive high functioning nursing teams. The project investigated how these nurses—who were

identified by their organizations as providing exemplary care to patients and families—communicate, assign work and make decisions in the context of a regulatory framework that includes case complexity, unpredictability and degree of risk in clinical decision making (CNO, 2011b).

The project sought to answer these questions: How do high functioning nursing teams work together? What are their distinguishing characteristics? How do they contribute to effective clinical decision making and improved patient outcomes?

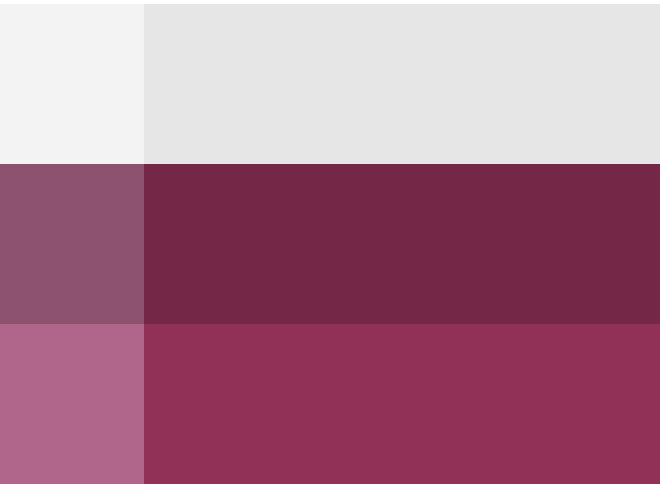
The objectives of the project were as follows:

1. Describe the contributions of RPNs and RNs working in nursing team across a variety of healthcare settings;
2. Identify characteristics of high functioning nursing teams across healthcare sectors; and
3. Examine clinical decision making within high functioning teams.

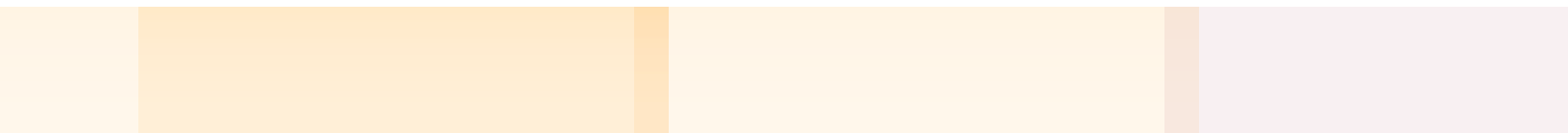
Interviews were held with nurses from high functioning teams who provided exemplars of how RPNs and RNs can collaborate to provide the best clinical care.







# Literature Review



# Literature Review

## What is a Team?

The word team is defined in various ways. The Oxford English dictionary provides a minimal definition, “two or more people working together.” Other definitions (e.g., Salas et al., 1992, p. 4) indicate that members

- Have common goals/objectives/missions
- Interact interdependently
- Have been assigned specific roles and functions to perform

While teams are potentially greater than the sum of their parts, effective teamwork is dependent on a clear perception of individual roles and responsibilities, established procedures, mutual trust and coordination. Flin et al. (2009, p. 20) note that teams are affected by structure, processes and leadership. Yet, opinions differ with regard to team structure. According to the Royal College of Nursing (2014, para. 3), “structure relates to size, roles and type of hierarchy as well as accepted ways of behaving.” However, the existence and perpetuation of hierarchies within teams can be problematic.

Anderson and Brown (2010, p. 9) note, “Laboratory studies of small groups and teams as well as field studies of organizational structure and compensation systems showed that sometimes steeper hierarchies help groups perform better and sometimes they do not.” Plaza et al. (2011, p. 62) found that hierarchical structures in healthcare teams can “result in communication deficiencies among members which impede their learning behaviours and team effectiveness.”

For nursing teams, the reconciliation of equality and hierarchy is paramount for nurse satisfaction and good patient care. Each nurse can contribute to the team based on role and individual expertise, but different scopes of practice among nurses influence both decision-making procedures and who does what.

## Scope of Practice for RPNs and RNs

The scope of practice for RPNs and RNs is dictated by the Regulated Health Professions Act, 1991 and the Nursing Act, 1991 (CNO, 2011a). These documents outline the controlled acts that can be performed by RPNs and RNs, advise on exemptions to the regulations and specify regulations for the independent initiation of controlled acts. The controlled acts that can be performed by RPNs and RNs are the same for both professions. However, the authority to specify regulations for the independent initiation of controlled acts differs. These differences are based primarily on the educational requirements for each health profession (CNO, 2011b).

The CNO outlines three factors that must be considered when deciding whether an RPN or an RN should care for a patient: client complexity, predictability of outcomes and the risk of negative outcomes. Nurses providing care are responsible for determining whether they are the appropriate provider to administer care; whether they have the authority to undertake the care required; and if they are competent to perform the required procedure and deal with any potential outcomes related to the care provided (CNO, 2014).

Effective teamwork is dependent on a clear perception of individual roles and responsibilities, established procedures, mutual trust and coordination.

For nursing teams, the reconciliation of equality and hierarchy is paramount for nurse satisfaction and good patient care.

## Skill Mix

Because RPN and RN practice differs, decisions about skill mix, including employment of RNs and RPNs in the nursing team, must be made after careful deliberation. As defined by Buchan et al. (2000, p. 3) skill mix is the “combination of skills available at a specific time.”

The CNO offers a guideline to providing safe and effective care based on a “Three-Factor Framework” (CNO, 2011b). The guideline suggests that by considering the client, nurse and environmental factors, nurses and key stakeholders can determine which category of nursing is appropriate for specific roles in client care. The framework was intended to help decision makers determine which roles and activities were not appropriate for autonomous RPN practice (CNO, 2011b). A summary of decision criteria is presented in Table 1.

Similar guidelines focusing on collaboration among nurses have been published by other Canadian regulatory bodies. The College of Registered Nurses and the College of Licensed Practical

Nurses of Nova Scotia published their guidelines in 2012<sup>1</sup>. In British Columbia, guidelines pertaining to the College of Registered Nurses, the College of Registered Psychiatric Nurses and the College of Licensed Practical Nurses were published in 2006.<sup>2</sup>

Although frameworks provided by regulators are useful, they do not address which practice models are most appropriate under which circumstances. Indeed, limited research has been conducted in this area. In their systematic reviews, Butler et al. (2011), Hodgkinson et al. (2011) and Spilsbury et al. (2011) explored the effect of nurse staffing models on patient- and staff-related outcomes. However, none of the studies

- 1 *Guidelines: Effective Utilization of RNs and LPNs in a Collaborative Practice Environment* (<http://www.crnns.ca/documents/EffectiveUtilization.pdf>).
- 2 *Collaborative Nursing Practice in BC: Nurses\* Working Together for Quality Nursing Care* ([http://www.crpnbcc.ca/wp-content/uploads/2011/02/CNP-in-BC-Edition-1\\_Formatted\\_TAB-1-March-29.pdf](http://www.crpnbcc.ca/wp-content/uploads/2011/02/CNP-in-BC-Edition-1_Formatted_TAB-1-March-29.pdf))

Decisions about skill mix must be made after careful deliberation.

Practice models vary depending on the circumstances.

Nurses practice within a regulatory framework.

**Table 1. Criteria for Staff Mix Decisions**

Factor	Autonomous RPN or RN Practice	RPN Should Consult/ Collaborate with RN	RN Practice
Client continuum	Less complex, more predictable, low risk for negative outcome(s)	Borderline	Highly complex, unpredictable, high risk for negative outcome(s)
*Nurse: leadership, decision making and critical thinking skills, application of knowledge	Foundational knowledge of RN or RPN required for decision making	Borderline	Foundational knowledge of RN required for decision making
Practice environment supports consultation, resources, stable/predictable environment	All present	Borderline	Absent or at a low level

\*The CNO guidelines state that nurses can become experts in an area of practice within their nursing category. However, enhanced competence through continuing education and experience does not mean that an RPN will acquire the same foundational competencies as an RN. This will only occur through the formal education and credentialing process.

The lack of evidence highlights the need to investigate skill mix further.

produced definitive evidence for the superiority of any specific staff mix model.

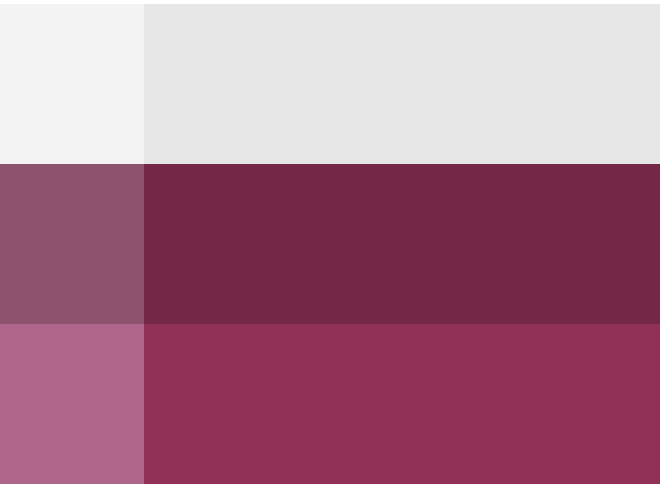
Butler et al. (2011) suggested that patient and staff outcomes might be improved by the addition of specialist nursing and specialist support roles and the introduction of primary nursing and self-scheduling. Yet, Hodgkinson et al. (2011) found no conclusive support that any specific skill mix model would improve patient or staff well-being in a residential aged care facility. Spilsbury et al. (2011) highlighted important lessons for future international studies but likewise found no specific nurse-staffing factors that affected quality of care in nursing homes.

The lack of evidence in the literature highlights the need to investigate skill mix further. Given that roles and client complexity change over time, the substitution of RPNs for RNs is an attractive strategy for decision makers dealing with economic constraints. The scope of practice for RPNs has been expanded, and there is considerable support for ensuring that all nurses work to their full scope. For example, Besner et al. (2005) and Oelke et al. (2008)

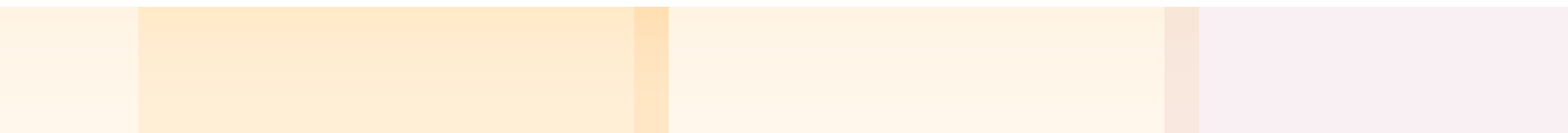
examined facilitators and barriers to scope of practice. Kyle et al. (2012) focussed on how the RPN role was optimized in a specific Emergency Department Ambulatory Care Tract. The World Health Organization (2008) and Truc et al. (2011) emphasize that further research is required to understand the perspectives of RPNs, licensed practical nurses (LPNs) and RNs regarding collaborative practice.

In discussing nursing scopes of practice Besner et al. (2005, p. ii) note the importance of differentiating between “nursing roles (i.e. pre-defined expectations of nurses’ contribution based on professional education and role) and role enactment (i.e. actual practice as delimited by legislation, employer policies, experience, context of practice, etc.)” When nurses interact in a team, they do so in the context of regulation, which assumes collaboration but does not focus on it. We investigated how high functioning nursing teams and their members perform, including acting within their scope of practice, collaborating in a dynamic environment and dealing with contingencies.





# Methods



# Methods

Nursing teams can vary in size, composition and member roles.

The work settings varied and were across all sectors of care.

Nurses described circumstances, type of care, how RPNs and RNs make decisions together and how those decisions contribute to better patient care.

## Research Design

It was assumed that high functioning nursing teams would share common attributes. However, since nursing teams can vary in size, composition and member roles, organizations in a various healthcare sectors were included in the project sample to ensure diverse representation. The sample was limited to RN/RPNs, as this is a common combination found at the point of care.

In-depth semistructured interviews using an appreciative inquiry approach were conducted to identify characteristics of high functioning nursing teams across healthcare sectors. Bushe (2013, p. 1) explains, “Appreciative inquiry (AI) is a method for studying and changing social systems (groups, organizations, communities) that advocates collective inquiry into the best of what is in order to imagine what could be.”

## Sample

A purposive sample of six healthcare organizations, including hospitals, LTC facilities and community care, were chosen based on the following criteria:

- employed RPNs and RNs who worked together
- had a patient population with varying complexity
- possessed a supportive work environment that challenged staff to achieve excellence
- had a model of care that supported teamwork/collaborative care

In each organization, the senior nurse leader (e.g., the Chief Nursing Officer or

Director of Care) was asked to identify a representative RPN/RN group that was part of a high functioning nursing team based on the following criteria:

- worked together with some regularity
- recognized by peers as a high functioning team
- included experienced staff
- routinely shared care for more than one patient
- some patients were considered “complex”

Once the team had been selected, the nurse manager asked the representative RPN and RN to participate in both separate and joint interviews. The clinical manager for each of the selected teams was interviewed separately. Twenty-four interviews were conducted. See Appendix A for the interview guides and Appendix B for the demographic data collection form.

The project proposal and the interview schedule received approval from the McMaster Research Ethics Board. The purpose of the project was explained to all participants before the interviews began. The research team guaranteed the participants’ anonymity and obtained their consent to publish findings from the interviews. See Appendix C for the participant information sheet and Appendix D for the consent statement.

## Interviews

Semistructured interviews were conducted with RPNs, RNs and their clinical managers through a combination of face-to-face meetings and teleconferences. The nurses were initially interviewed individually. They

were asked to describe the circumstances under which they collaborate with team members, the kind of care they provide, how RPNs and RNs make decisions together and how those decisions contribute to better patient care. They were also asked about available resources to support team decision making. Additional information was collected about the work setting and other relevant contexts.

## Analysis

An analysis was conducted to identify characteristics of successful teams across the six sites. Interviews were recorded and transcribed verbatim and then coded into

QSR NVivo 10.0 (QSR International Pty Ltd, Doncaster, Victoria, Australia). Texts were interpreted through thematic analysis (Boyatzis, 1998). Preliminary coding was completed by three members of the research team who coded several texts independently for comparison. Team members then collaborated to develop a refined scheme to code the transcripts. Major themes were highlighted and key findings categorized under each thematic heading.

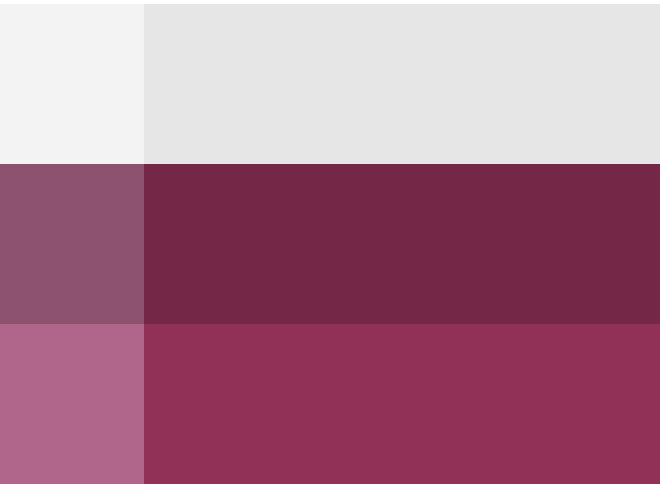
Preliminary analysis revealed high level of agreement between managers and nurses about the characteristics of high functioning nursing teams. Therefore, all transcripts were combined in the final analysis.

Preliminary analysis revealed a high level of agreement among interviewees between managers and nurses about the characteristics of high functioning teams.

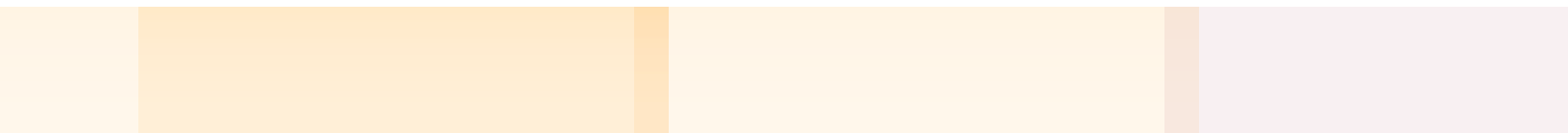








# Results



# Results

## Contributions of RPNs and RNs to the Nursing Team: Sample Description

The six sites included two (2) LTC facilities (urban), three (3) acute care hospitals (one regional, one rural, one urban) and a community care agency (rural). The project sites, the structure of the care delivery teams and the models of care are shown in Table 2.

supervised and PSWs performed routine care. In the complex continuing care site, RPN/PSW dyads provided patient care with the RN as the clinical support.

Sites 4 and 5 had exclusively RPN/RN nursing teams. In the one hospital, RNs and RPNs worked as partners but had individual patient assignments based on acuity. There were no specific

**Table 2. Nursing Teams Delivering Care Across Project Sites**

ID	Type	Location	Unit Visited	Care Delivery	Model of Care
1	LTC: single site	urban	32 residents	Clinical leader=RN Floor nurse=RPN Personal support workers (PSWs)	team nursing
2	LTC: large multisite facility	urban	32 residents	Charge nurse=RN RPN PSWs	team nursing
3	multisite acute care regional hospital	regional	complex continuing care: 46 beds	RPN/PSW dyads provide patient care with the RN as the clinical support	team nursing
4	small acute care hospital	rural	16 beds	4 nurses (RN/RPN) on day shift and 2 nurses (RN/RPN) on nights	primary nursing
5	large regional hospital (approx. 400 beds)	urban	24 beds	POD system - RPN and RN each have an assignment of 6 patients and work as a pair; 4 nurses on the day shift	primary nursing
6	community care agency	rural	homecare	Individual assignments	primary nursing

In sites 1, 2 and 3, nurses used a team model to deliver care to patients whose condition was usually stable. The two LTC teams consisted of an RPN, an RN and several PSWs. The RN managed the team and provided clinical oversight. The RPN contributed clinical expertise and

pairings of RPNs and RNs in site 4, but the small number of staff meant RNs and RPNs shared shifts on a regular basis. In sites 4 and 5, a primary nursing model had been adopted. However, an interviewee in one of the sites described

care delivery as “primary nursing in theory, team nursing in practice.”

In site 6, either an RPN or RN was usually identified as the primary nurse for each client, based on complexity. The nurses saw their assigned patients in a clinic or at the patients’ homes.

## Characteristics of High Functioning Nursing Teams

The appreciative inquiry approach to data collection enabled the researchers to obtain a considerable amount of information from participants. Despite the differences among the project sites and the varying composition of the teams, interviewees identified three common elements that contributed to the emergence of high functioning teams:

1. Team members
2. Teamwork
3. Team environment

### 1. Team Members: Being a Good Team Player

Interviewees suggested that members of the nursing team should be knowledgeable, experienced and competent. They indicated that they understand and operate within their scope of practice as RPNs or RNs. Interviewees were aware that nursing skills and competence alone do not make a successful team member. They emphasized that relationships with team members and patients were facilitated by the social attributes of responsibility, compassion, self-awareness and commitment. Interviewees also noted that dedicated team members accepted the constraints of working with others. One interviewee observed, “It takes a person who is willing to work as a member of

a team. Not everybody’s willing to work as a team member.” Another said team members demonstrated “professional respect, each recognizing the other as an equal and vital member of the team.”

Interviewees acknowledged that some members were less skilled or experienced than others or had skills in different areas. They stressed the need for team members to accept their own weaknesses and those of others and use this knowledge as a basis for requesting or offering assistance. Interviewees indicated they considered the abilities and skills of their partners when planning tasks.

There was consensus that members of high functioning teams were good communicators and that this characteristic contributed to and resulted in professional respect and personal trust among members. Being good team members also meant having the flexibility to incorporate change into their practice. An RN/RPN noted that members of high functioning teams are,

*Open to suggestions and to new education. . . . I’ve worked places where you have another initiative coming out and everybody does, “Ugh!” They’re not like that here. Everybody wants to learn and everybody wants to grasp the new initiatives.*

Being receptive to the opinions of others allowed team members to negotiate and agree upon a course of action. Willingness to listen was associated with personal and professional respect and being able to accept another member’s suggestions. Several managers reported that team members were receptive. One said of a particular RN/RPN partnership, “I think they’re both very open to each other and I think part of their calm personality is that they listen to each other.”

Interviewees identified three common elements that contributed to the emergence of high functioning teams.

Being good team members meant having the flexibility to incorporate change into practice suggestions.

Nursing skills and competence alone do not make a successful team member.

“There is a real sense of community, a real sense of belonging.”

Social interaction inside the workplace strengthens professional relationships.

Individuals contribute their knowledge, competencies and skills.

One RN/RPN highlighted the positive results of participating: “You can be as miserable as dirt working by yourself, but if you work together as a team, you function as a team. You know that somebody’s going to support you.” Another related how team players improved their nursing experience and how that led to better patient care: “There is a real sense of community, a real sense of belonging and . . . through that sense of belonging there is a higher commitment, and with that higher commitment comes a higher level of care.

The characteristics of high functioning team members are summarized in Box 1.

### Box 1. High Functioning Nursing Team Member Characteristics

#### Professional skills and attitudes

- clinical knowledge and skills
- experience
- compassionate
- responsible

#### Team player

- efficient and organized
- open minded
- listen to others
- receptive to innovation and change
- flexible
- willing and able to negotiate
- aware of RN/RPN scope of practice and strengths and weaknesses of all team members (including themselves)

## 2. Teamwork: Working Together to Build the Team

The interviewees indicated that getting to know teammates is a prerequisite for the trust and respect essential in a nursing team. Social interaction inside the workplace strengthens professional relationships. Nurses in rural areas indicated they often know each other outside work. Workers in larger organizations, particularly in urban areas, must rely more heavily on casual interaction in the workplace.

High functioning teams are usually stable with low staff turnover. It takes time for new teams to function well. One nurse noted, “We worked three years together. First year we (were) frustrated, the second year a little bit (less so) but not smooth, but now we work smoothly.” Furthermore, established teams must readjust every time a member leaves or is recruited. Consequently, as one RN/RPN observed, maintaining high functioning teams requires constant effort:

*We’ve had a big changeover in staff recently....We used to all sort of be the same age, and suddenly I find myself as a senior person. When . . . we [were] all at the same stage in our lives . . . we all communicated well. Because everyone was new, it took a while to re-establish (our team).*

To integrate new members, teammates must learn their strengths, weaknesses and preferences. An RN/RPN indicated that teammates needed to understand,

*Their style of care, what they can do, what their strengths are, what their weaknesses are, and how you could step in and help them. And how to work together, what they like to do, what you like to do, and how to intertwine that.*

Since team membership is sometimes in flux and members differ in their skills, the team must protect its integrity by ensuring that individual weaknesses do not compromise performance. One nurse commented, “We have one team member that’s super organized and super on top of things that keeps us all in line. We have one that’s the total opposite and then we all kind of fill in.”

Over time, team members complement one another. Each individual contributes knowledge, competencies and skills that should be replaced if the member leaves. One RN/RPN remarked,

*Our super organized person who keeps us all in line is retiring. So we’re looking for a super organized person to keep us all in line. Yes or our exemplary team might not be so exemplary. We all bring different things to the table, different skills and different personalities and I think that’s what (makes) us really work.*

Teams in the sample pursued strategies that supported collaboration and limited dysfunction (e.g., focussing on a common goal). The interviewees noted that their teams were united in their emphasis on patient-centred care. They highlighted the significance of professional respect and trust among team members and the necessity for clear and effective communication. In addition to the formal communication structure mandated by their organizations, team members developed informal strategies for information sharing such as communicating at breaks or while providing mutual assistance.

A notable characteristic of high functioning teams is a focus on team improvement. This can be achieved through mentoring fellow team members. An RN/RPN acknowledged,

*If some nurse said, “You know what, I haven’t done a vac dressing in a while, do you mind picking up that client?” . . . I’ll be like, “Ok, I can take that client, but do you want to come for an education visit with me?” That way no one is left behind, we . . . all want to move forward together.*

Another strategy employed by the team was to take advantage of the skills of new recruits. One RN/RPN said,

*When somebody new comes in, it’s not, “Here’s a brand new person, teach them everything.” When J started it was, “Here’s J. Her specialty is pediatrics and OB.” And we’re all like, “Oh, finally! Great!” And the expertise was there and we all wanted it. Share it with us, you know, we’re hungry for that. So it’s being very respectful of other people’s experiences and, you know, the whole idea is to learn as much as we can.*

High functioning nursing team attributes are summarized in Box 2.

### Box 2. High Functioning Nursing Team Attributes

- Common goal/philosophy of patient care
- Patient focussed
- Mutual trust and respect
- Maturity and stability
- Constantly striving to maintain/build the team through
  - communication
  - recognizing individual strengths and weaknesses
  - valuing each team member’s skills and knowledge
  - mentoring

Interviewees noted that their teams were united in their emphasis on patient-centred care.

Clarity of the organization's vision and mission were cited as important.

Educational sessions on leadership, role of charge nurse and interprofessional teams were important.

The success of nursing teams is influenced by the quality of management and leadership in the organization.

Managers recognized the need to ensure nurses' practice was current and all were working to their full scope.

### 3. The Team Environment: Ensuring Support

Despite the differences in the study sites, interviewees identified a number of ways that the environment plays a part in the creation of a high functioning nursing team. Most interviewees did not explicitly mention the vision of their respective organizations, but they did indicate that their organizations were committed to excellent patient care. One interviewee suggested that the clarity of the organization's mission and vision provided a philosophy of patient care and common ethical standards to which team members could aspire. The mission of her organization included words such as acknowledgement, team and harmony, which provided direction to the nurses.

There are no clear-cut differences between the scope of practice for RPNs and RNs, and professional roles are enacted differently across organizations. In addition to the general guidelines published by regulators, nurses felt guidance was needed regarding local interpretation. One RN wished her organization "had a corporate set of standards or expectations (regarding roles) for each of the rural sites. . . . [because] the RPNs here do a lot more than they do in (other sites)." One manager noted that RPNs and RNs "know their role clearly as it is listed in our policy." However, ensuring the parameters of practice are explicit in all healthcare organizations minimizes the likelihood of conflict or misunderstanding within nursing teams.

The interviewees mentioned that the success of nursing teams is influenced by the quality of management and leadership in the organization. For example, one RN/RPN reported the manager "has only been in her position for a little while and,

for me, since (she) has taken over it's been so much easier. The floor is just calmer. It's more productive it seems."

Managers acknowledged their role in building nursing teams as social and professional units. One said,

*I have a Christmas party at my house where everybody goes. And so, we do encourage that [socialization], like everybody together. You know, we do cancer walks together. We do stuff together so that you actually get to know each other. I worked with these great big staffs in a city hospital and we didn't get to know each other, and I think it's the familiarity that really makes a difference.*

Although no specific educational courses on team building were mentioned, the interviewees indicated that sessions on leadership, role of charge nurse and interprofessional teams were important. One organization had invested in a coaching model in which an external consultant worked with RNs, including managers, to train them as coaches. An interviewee commented that organizations could support nursing teams by providing education to enhance members' skills. One organization was working on activities to increase team function:

*We have tried to get a unit council . . . running . . . we're currently recruiting a chairperson, and I'm trying to get a group of different RNs and RPNs . . . involved in unit council to see how we can make improvements on the unit and how the teams can work better together.*

Managers recognized the need to ensure nurses' practice was current and all were working to their full scope. One manager remarked, "The RPNs want to do more with the IV. I think we could certainly use them to have those skills. It would

be very beneficial, especially when there are just two staff on nights.” The nurses appreciated supportive managers but understood that funding for desired education was not always available.

Interviewees from one site believed that they lacked educational opportunities available to nurses in larger organizations. They highlighted the value of formal and informal communication and noted that communication could be enhanced by appropriate technology. Informal communication is influenced by many factors such as facility design, staff scheduling and available communication media.

For teams to function well, they need to communicate well. Team members are provided with scheduled opportunities to exchange information during change of shift report and at unit meetings. However, decision makers supported nursing teams by making appropriate technology available and strategizing about how to use it. A manager recounted,

*I had them [the nurses] over to my house for dinner a couple of weeks ago and I said, “Ok, let’s just chat, you know, and how do you think you will manage this? Is it going to be email, is it going to be a book, is it going to be a log? What do you want to do?” Allowing them to choose the method . . . because you need some sort of method.*

Community nurses reported that the BlackBerry® had transformed their practice by enabling them to communicate with colleagues for advice or backup. One nurse commented, “At any given time you can talk to anyone, and that’s right across the organization. So if you need a practice consultant . . . or whatever the case may be, they’re at your fingertips at all times.” Another acknowledged, “It’s

huge to be able to have those resources and either speak, [send] a quick email . . . a photo or advisement. It’s right there and, truthfully, it’s needed.”

Nurses reported their managers and the organization supported them very well. Occasionally, however, nurses who worked alone or in small teams in rural or isolated sites felt they needed increased backup. One RN/RPN reported:

*The (nurses) are very competent clinical skills wise, but that leadership piece is maybe not where their strength is. And after I’ve gone home for the day, there is no one here except for them . . . it’s a long period of time (with) no medical support.*

High functioning nursing team environment attributes are summarized in Box 3.

### Box 3. High Functioning Nursing Team Environment Attributes

- Mission and vision
- Local Interpretation of scope of practice
- Type of practice model (e.g., team nursing, primary nursing)
- Management/leadership styles and competencies
- Adequate team supports
  - staff empowerment
  - support for teams to develop working relationships
  - educational opportunities
  - appropriate technology
  - formal communication channels

For teams to function well, they need to communicate well.

Nurses in high functioning teams adhered to the roles expected of them, adapted their decision-making style to the practice context and ensured that decisions involved the input and resources of the team.

## The Decision-Making Process: RPNs and RNs

How RPNs and RNs make decisions within the nursing team is influenced by their scopes of practice as stipulated by the regulations and guidelines provided by the regulator and the organization. Their decisions are also influenced by the three factors identified in the CNO framework (2011b): the patient, the nurse and the environment. The interviewees revealed that nurses in high functioning teams adhered to the roles expected of them. However, in enacting their roles, they adapted their decision-making style to the practice context and ensured that their decisions involved the input and resources of the team.

### Role Expectations

Registered nurses and RPNs in high functioning teams described their understanding of their roles. Registered practical nurses know under which circumstances they should make the decision to ask for assistance. One RPN stated, “I don’t do venous puncture, I don’t start IVs . . . I would pass that on to the RN and then once that IV’s started, I can continue going on with my visit.” Another remarked, “I am very conscious of what I can do and what I can’t do. So I will be very quick to say. ‘No, I’ll get somebody.’”

When both RPNs and RNs have patient assignments, RNs take the more complex patients and RPNs are usually assigned patients whose care is within their scope of practice. If a patient’s condition deteriorates, the RN becomes involved. In some circumstances, the two nurses may swap patients. Alternatively, as emphasized in the following quote, the RN will involve other professions:

“I am very conscious of what I can and cannot do.”

There was consensus that how expectations were translated into practice on a daily basis depended on the patient, the nurse and the practice context.

*The RPN usually does their assessment and comes to you . . . . And then I go in and have a look at them and I will say to the RPN, “I absolutely agree with your assessment.” You start looking through the chart. You end up phoning the doctor and then the doctor tells you that they want them sent . . . to another hospital or he will call down to urgent care.*

When RPNs and RNs collaborate, they decide how they can best assist in their respective capacity. Communication between the nurses continues throughout the shift. An RN/RPN commented, “If my patient becomes somebody I can’t handle anymore, I will say, ‘You take him over.’ I say, ‘I don’t mind doing the hands on care, but you are going to be responsible for this patient.’” Another RN/RPN remarked,

*She’ll tell me what’s going on throughout the day, and I will make the decision when we do certain things (outside her scope). Like, for example, if she has a medication she has to give through a PICC line I would tell her when I can do it.*

### Role Enactment

Interviewees placed emphasis on how RPN and RN roles were enacted within the nursing team. There was consensus that how expectations were translated into practice on a daily basis depended on the patient, the nurse and the practice context.

### Influences on Decision Making: The Patient

Who was involved in decision making depended on the patient population. Patient acuity varied across the organizations, influencing the type of nursing team deployed. In settings where acuity was low, RPNs were able to make most decisions autonomously. The RPNs



might supervise or collaborate with unregulated staff, giving hands-on care while an RN provided support as needed.

In contrast, in acute care settings, RPNs and RNs both had patient assignments and collaborated closely. There were varying degrees of partnership between RPNs and RNs. Some teams consisted of RNs and RPNs in a longstanding partnership. In other teams, a less regular partner might be involved or PSWs might be included in the delivery of care.

### Influences on Decision Making: The Nurse

Beyond regulatory role expectations, decision making is influenced by the personalities, perceptions and preferences of nurses in a team. Interviewees reported that while most RPNs had embraced their extended scope of practice, some were reluctant to change. An RN in a partnership with a conservative RPN noted,

*I've worked with her my whole 25 years that I've been here, but she's from the old way of doing things . . . she actually has good decision making skills . . . because she decides she can't do something, but she makes sure it gets done.*

Registered practical nurses also had to adapt to various RN styles of practice. One RPN remarked,

*Some are more old school and then some are more by the textbook because they might have just graduated, so they're more by the textbook . . . more management orientated than the old school ones where it's more about the floor. And then some of them are more about the paperwork and making sure everything's done that way. So it's knowing each other's styles.*

There appeared to be little friction between RPNs and RNs in the teams, but there could be generational issues. An RN/RPN commented, "You get a little frustrated sometimes. Like I said, [it's] because I've been nursing for 30 years, and you're working with someone that's old enough to be my daughter."

### Influences on Decision Making: The Practice Context

In larger teams or when RPN and RN partners varied, attention must be paid to decision making and clear communication. Some interviewees suggested that certain practice environments fostered good partnerships: "It's respect for each other. And I think because we're such (a small organization) . . . when you're on nights, you're each other's resource so (you) rely on each other." In describing her RN/RPN partnership, another interviewee said, "We're work wives. This is our work marriage."

In high functioning nursing teams, members do not rely on overt communication. An RN/RPN emphasized the smooth and easy manner in which patient care occurs:

*We just seem to understand each other. We just click, which is really hard . . . we have the same common goal. We come here to get a job done, we get the job done. We work together as a team to accomplish it . . . some things just go unspoken.*

Experienced nurses working together regularly make decisions based on knowledge of the situation and their partner. One RN/RPN said, "We communicate verbally and non-verbally, anticipating what the other's aware of. We're aware of each other's assignments

**Nurses were clear about their scope of practice.**

**Nursing team member do not rely on overt communication.**

on a consistent basis, so we understand the needs of both sides of the units.”

### Decision-Making Strategies: Involving the Team

Decision making depends on regulation, recognizing the differences between RPN and RN roles and acknowledging the expertise of team members who have complementary roles and unique knowledge. All team members make decisions as they perform their duties. They involve others because they need information or a second opinion or lack the necessary knowledge or skills.

Team members may also seek assistance because the decision to be made is outside their scope of practice. Registered nurses are expected to make decisions or perform procedures that are outside the regulated practice of RPNs. Similarly, in RPN/PSW teams, the professional nurse is the decision maker. Apart from these requirements, team members collaborate as equals. An RN/RPN stated,

*We both will have our own six patients, but we work together. . . . So we'll be together if we have any questions. When she goes for break. . . . I have her six patients . . . three times a day. So that's my relationship to her patients. I know what is going on with them because we work as a team.*

Some decisions about who will do what are based on skill or preference rather than RPN or RN status. An RN/RPN observed,

*A lot of the RNs that are coming in are so much younger than me. . . . the other day we had two people trying to put a catheter in and neither one could do it. So they said, "Can you come and help us?" and I thought, "It's because I've*

*done a million and they haven't." So it's not RN/RPN [role], it's experience.*

The nurses help one another with “least favourite” skills or trade activities within the team. The nurses emphasized the advantage of these egalitarian relationships was mutual security and backup as needed. One RN/RPN said, “[I know] that if my assignment becomes overwhelming, somebody will step in.” The nurses also stressed the need to involve all team members in decision making. An RN/RPN commented,

*If they come to the nursing station and there's a question, that question can be put out just openly to anybody that's at the nursing station and anybody is open to respond. There never seems to be a hesitation about asking a question in an open forum and bringing forward suggestions and ideas.*

Registered nurses, RPNs and PSWs working in a team have unique relationships with the patients they jointly care for. Thus, the input of all these health professionals is important. The RN makes the ultimate decision, but negotiation is often part of the decision-making process. An RN remarked, “The decision is just not merely done by me. It's all consultation with everybody else.”

One manager cited a particular RN who was always willing to adopt a strategy suggested by a team member if it appeared superior to her own. An RN/RPN remarked, “You bounce things off of one another . . . I might disagree with something with him and [he] might disagree with something with me, but you kind of come to an agreement.” Another said, “The RN may lead the decision making but the RPN has some input, she wouldn't be afraid to

Team members involve one another in the decision-making process.

The nurses provided backup for each other.

“The decision is just not merely done by me. It's all consultation with everybody else.”

say anything like, 'Why don't we do this?' or 'We haven't done this.'"

In a high functioning nursing team with good internal relationships, constructive feedback regarding previous decisions is welcomed. Interviewees were open to comments and suggestions and respected each other's expertise. One community nurse indicated that feedback might take the form of a written message:

*I think that we're a very open minded team, we never (not that I know of), we never take offence. So if someone sends (a message), "I saw your charting yesterday, you missed a few things or you didn't touch on this," and we do a lot of feedback with each other, which is good because then we know if we're in the right direction. It's a learning experience and we don't take offence to it.*

Decision making in the nursing team is a continuum and is inherent in provincial nursing regulation. However, how the regulations are enacted leads to differences in decision-making patterns. The acuity of the patient population, the specific nurses involved and the environment in which decisions are made also play a part.

Decision making in high functioning nursing teams is summarized in Box 4.

### Mutual Decision Making

Nurses identified some of the complex cases and situations they worked on together. Examples included Addison's disease, diabetic coma, head injury and clinical challenges such as medication refusal. They described

#### Box 4. Decision Making in High Functioning Nursing Teams

##### Decisions - role expectations

##### Decisions - role enactment

- patient population
- nurse role perception
- practice context

##### Decision-making strategies

- involve the team
- collaborative
- inclusive
- negotiated
- provide feedback

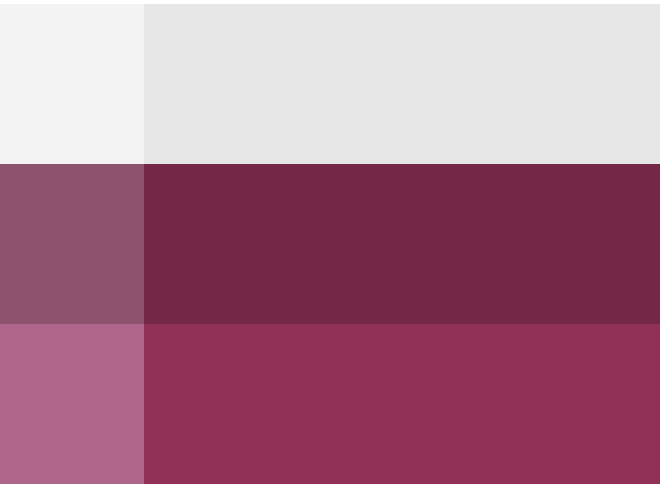
In a high functioning nursing team with good internal relationships, constructive feedback is welcomed.

how they worked seamlessly to identify problems, negotiate the approach and divide roles where appropriate.

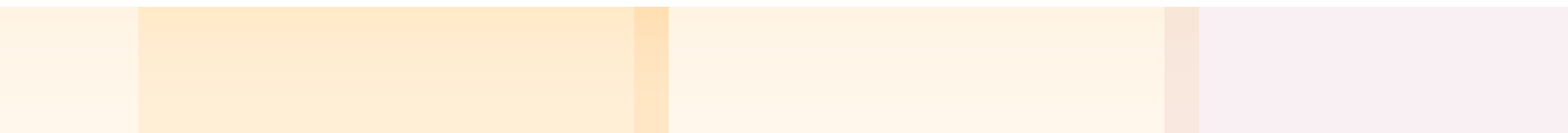
*You bounce ideas off one and another, and I might disagree or vice a versa, but you come to an agreement. You don't really have to say anything or have to ask the other person. He would just automatically go and grab something and start an IV and have that part done, and I would be phoning the doctor and getting paper work done.*

The nurses also commented on how long it takes to learn to work together, to make decisions together and anticipate what other team members need. One RN/RPN noted it takes time to blend different styles. However, once this was accomplished, everything ran smoothly and at an "equal pace."





# Discussion



# Discussion

The objectives of this pilot project were to describe the contributions of RPNs and RNs working in nursing teams across a variety of healthcare settings; identify characteristics of high functioning nursing teams across healthcare sectors; and examine clinical decision making within high functioning teams. It was evident that studying two people (dyad) was a valid concept within the definition of a team. Managers from the study sites were immediately able to identify exemplar RN/RPN dyads.

## Contributions of RPNs and RNs

Examination of the six teams revealed different team structures, which resulted in a range of contributions by RPNs and RNs. The influence of nursing regulation, especially awareness of scope of practice, was evident. The teams adhered to the CNO (2011b) guidelines for the assignment of nursing personnel. The more acute the patient population was, the higher the proportion of professional nurses on the team, particularly RNs. When acuity was low, teams included members such as PSWs as well as RN/RPN dyads.

## Attributes of High Functioning Teams

Project participants agreed on a common set of characteristics and organizational antecedents that provided the structure and support for team functioning. They believed that team members should be skilled professionals and team players. They identified high functioning teams as cohesive units with a strong patient focus and characterized by mutual trust and respect. Members collaborated, communicated and complemented one another by sharing their

skills. Team members were frequently able to anticipate one another's intentions and requirements without overt communication.

The literature on high functioning nursing teams is limited. A short article on nursing teams in the United Kingdom by Richardson (2011) identified similar attributes as were found in our project. However, Richardson uses different terms: team mind, team emotion, team process and team leadership. We found no equivalent to his term team psychological edge. However, the interviewees used words such as "fluid" and "seamless," indicating an inherent, unconscious approach coupled with mutual understanding. Richardson further suggests that high functioning teams have the resilience and mental toughness to recover after setbacks. This area of team performance could be further explored.

The high functioning nursing teams in our project were influenced by the context in which they practiced. Teams benefited from managerial support, leadership and a supportive vision. Organizations supported team development by offering a philosophy of care to their employees, giving clear guidance on the interpretation of professional roles and responsibilities and providing education, communication resources and opportunities. Figure 1 shows the elements supporting quality patient care that are evident in high functioning teams.

## Decision Making

Although decision making was led by the RNs, team members had autonomy over decisions within their scope of practice (see Table 3). Team members were encouraged to participate in decision making and negotiate outcomes. Individual

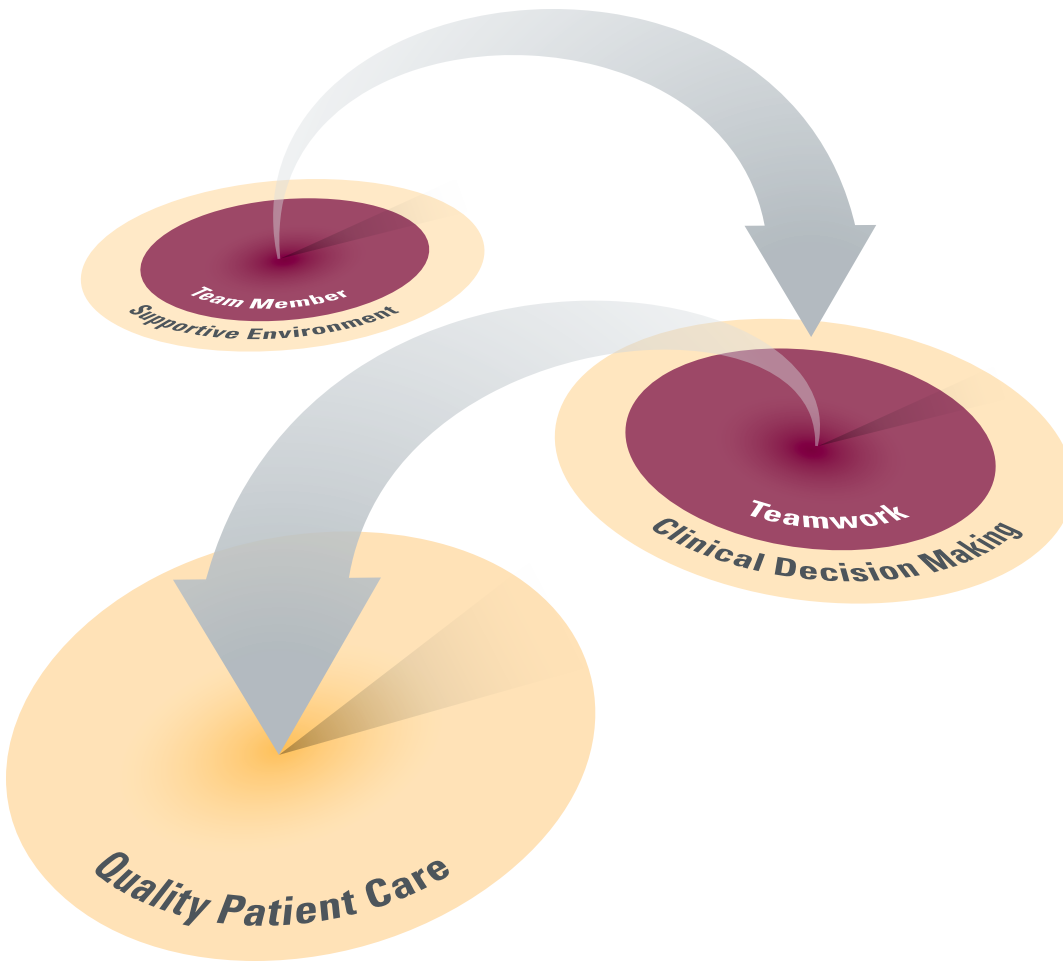
The influence of nursing regulation, especially awareness of scope of practice, was evident.

The high functioning nursing teams were influenced by the context in which they practiced.

High functioning teams are cohesive units with a strong patient focus and are characterized by mutual trust and respect.

Team members had autonomy over decisions within their scope of practice.

Figure 1. Elements of Quality Patient Care Evident in High Functioning Teams



and team attributes such as mutual trust, respect, willingness to listen, being open-minded and having a common patient-centred goal contributed to the decision-making process and achieving consensus.

Interviewees described approaching complex situations without having to

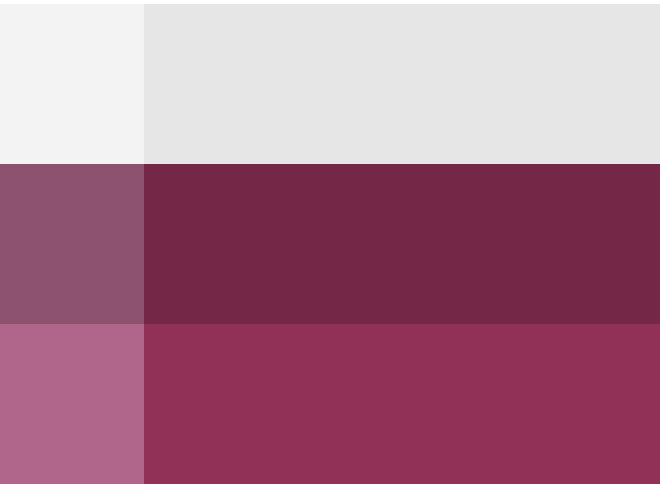
clarify. Instead, they moved forward quickly to make a decision and provide interventions. They used words such as “fluidity” and “invisible” to describe a high level of functioning and indicated that a clear understanding of roles plays an important part when dealing with complex situations.

Table 3. Inclusive Decision Making in High Functioning Nursing Teams

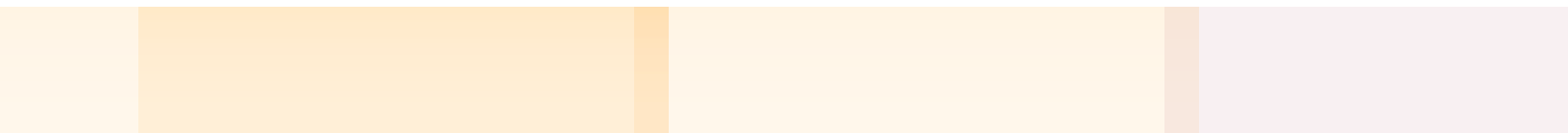
Decision Maker	Decision Within RN Scope of Practice	Decision Within RPN Scope Of Practice
RN	Responsibility	Input/consultation
RPN	Input	Responsibility







# Conclusions



# Conclusions

The data support that high functioning teams enhance the quality of clinical care and decision making.

Organizations readily identify high functioning teams.

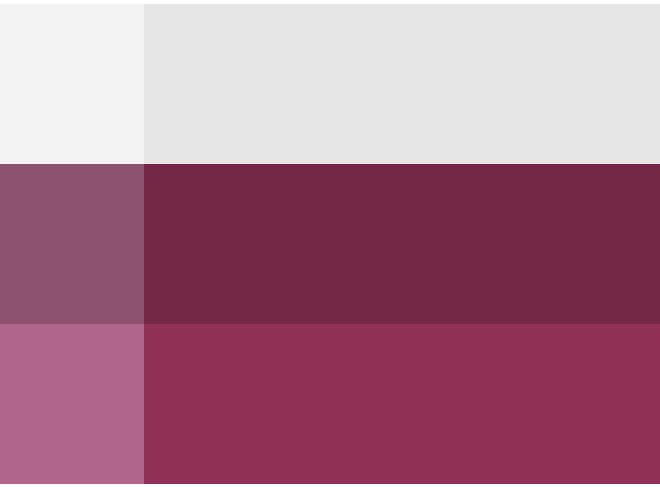
## Future Directions

The focus of this project was on the work of RNs and RPNs in high functioning teams. Even though only a small number of nursing teams were sampled, similarities across diverse healthcare organizations suggest that high functioning nurse teams possess common characteristics. For example, professional skills, being a team player, tolerance for ambiguity, effective teamwork and a positive team environment. Prerequisites of good clinical decision making include understanding each team member's scope of practice, effective decision-making strategies and role enactment. All of which enabled the teams to work collaboratively, make appropriate decisions and provide excellent clinical care.

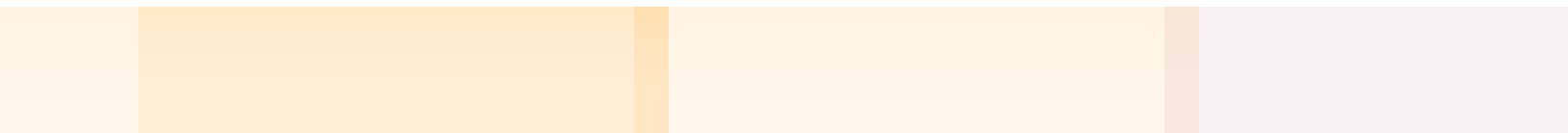
Intuitively, the data suggest that the characteristics cited must be present for nursing teams to reach a high functioning level. The data also support that high functioning teams enhance the quality of clinical care and decision making. Further exploration of these issues through a larger and more comprehensive sample is warranted to verify and quantify the impact.

Further work should be carried out to obtain greater understanding about the characteristics and/or composition of teams and the impact on quality care, as there is a dearth of information linking the two. This study did confirm that organizations readily identify high functioning teams. This in itself is worth noting because it confirms that the phenomenon exists.





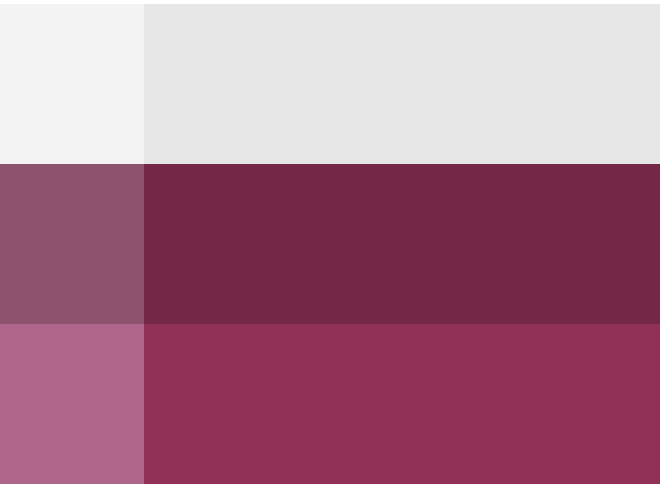
# Recommendations



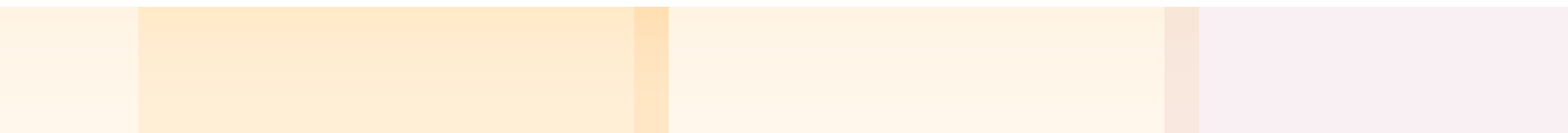
# Recommendations

1. Explore the impact of each of the following on high functioning teams:
  - models of care
  - team composition - including whether the inclusion of more recently educated RPNs has affected the level of functioning
  - team stability - including the relationship between high functioning teams and retention
2. Examine how the inclusion of other personnel such as PSWs or nurse practitioners influences nursing team functioning, specifically RPN/RN relationships, clinical decision making and quality patient care.
3. Investigate the facilitators that an organization should make available to support and enable high functioning teams.
4. Enhance the RN/RPN education curricula to include instruction on teamwork, teambuilding and leadership so that practitioners can develop the skills needed to become part of a high functioning team earlier in their careers.
5. Create programs for nursing leaders and managers about how to establish, sustain and reward successful teams.
6. Include a teamwork module within organizational orientation.
7. Educate RNs and RPNs together to raise awareness of RPN scope of practice and the value RPNs add to healthcare teams.
8. Enhance the approach to comprehensive care by creating and using high functioning teams.
9. Promote understanding of high functioning teams in recruitment strategies, orientation packages and annual performance evaluations.
10. Enhance accreditation standards to include the provision that organizations show visible evidence of valuing effective team functioning.
11. Create a strategy that encourages healthcare organizations to hold forums that allow team members to disseminate best practices in creating and providing exemplary care.





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APPENDIX A:

# Interview Guides

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# APPENDIX A: Interview Guides

## Interview Guide for RN or RPN (who work in a dyad)

### 1. System of patient assignments used within organization/on your unit

- 1.1 Please describe the type of patient assignments used in your organization. In the unit where you work. Team nursing. Primary nursing. Other.

*Probes: On average how many patients are you assigned to when working in a dyad?*

- 1.2 Explain how decisions are made with respect to making assignments?

*Probes: Are you involved in these decisions? Is this a managerial role with input from you?*

- 1.3 How does the type of patient care assignment maximize the best use of your nursing care skills? Of those of your colleague? (dyad)

### 2. Decision making between RN and RPN (dyad)

- 2.1 How are patient care responsibilities divided between you and your colleague (dyad)? How are these decisions made?

- 2.2 Do you feel you have the opportunity to function at a level of decision making that is appropriate for your skill level? Describe how the dyad relationship contributes to your decision-making ability.

- 2.3 Do you feel your decision-making skills are used effectively? Do you ever feel you are left to make too many decisions on your own?

- 2.4 Do you have the appropriate level of support to make the kind of decisions that are needed for safe patient care?

- 2.5 Do you have any other comments about important aspects of decision making in this RN/RPN dyad?

### 3. Working together as a dyad to optimize quality of care

- 3.1 Are there certain personal characteristics (of you and/or your colleague) that you think contribute to your ability to work together as a dyad? What are they?

- 3.2 Describe how the communication between you and your colleague (dyad) contributes to quality patient care.

*Probe: Is it timely, clearly stated and understood by both parties?*

- 3.3 What are the key factors in your relationship (dyad colleague) that contribute to being able to work together effectively and efficiently?

*Probes: How does your relationship contribute to functioning as a team (dyad)?*

- 3.4 Describe how you work together respecting each other's scope of practice.

*Probe: Do you understand each other's roles? (patient complexity, predictability of outcomes, risk of negative outcomes, according to standards of practice)*

## 4. Team functioning

- 4.1 What factors make an exemplary RN/RPN team?
- 4.2 Describe how the team functions with respect to understanding each other's needs and vision.

*Probes: Is there a shared vision with common purpose? Do you understand each other's needs and actions without overt communication?*

- 4.3 Can you use a case example of increased patient complexity to describe how you worked together as a team (dyad) to
  - Deal with increased/changing patient complexity.
  - Make decisions that contribute to an optimum level of functioning between you and your colleague (dyad).
- 4.4 In what aspect(s) of this process do you feel you and your colleague function exceptionally well? Can you identify some of the strengths of how your team functions when status of a patient changes?

## 5. Organizational support and team functioning

- 5.1 What kind of organizational supports/resources contribute to your team's ability to function effectively and efficiently in providing care?

## 6. Are there any other areas of your practice (working together) that contribute to high functioning teamwork or quality of care?

## Interview Guide: RN and RPN Together (who work in a dyad)

### 1. System of patient assignments used within organization/on your unit

- 1.1 How do you work together to manage your workload?

### 2. Decision making between RN and RPN (dyad)

- 2.1 Can you describe the important aspects of how you make decisions together that contribute to your ability to function as a team?

### 3. Working together as a dyad to optimize quality of care

- 3.1 What contributes to your ability to work together to provide quality care?
- 3.2 How do you share information throughout a shift

#### 3.3 Team functioning

- 4.1 What are the key aspects of how you work together successfully when patients' clinical conditions worsen?

### 4. Organizational support and team functioning

- 5.1 How supported do you feel by the organization to function as an RN/RPN team?

## 5. Are there any other areas of your practice (working together) that contribute to your work with respect to quality of patient care and team functioning?

## Interview Guide: Manager Interview Guide

### 1. System of patient assignments used within organization/on your unit

- 1.1 Please describe the type of patient assignments used in your organization? In your unit? Team nursing? Primary Nursing? Other?

*Probes: On average, how many patients are assigned to an RN/RPN dyad?*

- 1.2 Explain how decisions are made with respect to making assignments?

*Probes: What is your role in these decisions?*

- 1.3 How does the type of patient care assignment maximize the best use of each dyad member's nursing care skill from your perspective?

### 2. Decision-making between RN and RPN (dyad)

- 2.1 Do you feel each member of the dyad (RN and RPN) has the opportunity to function at a level of decision making that is appropriate for their skill level?
- 2.2 Do you feel each dyad member's decision-making skills are used effectively? Do you think either one is ever left to make too many decisions on their own?
- 2.3 Do you feel they have the appropriate level of support to make the kind of decisions that are needed for safe patient care?
- 2.4 Do you have any other comments about important aspects of decision-making for the RN/RPN dyad?

### 3. Working together as a dyad to optimize quality of care

- 3.1 Are there certain personal characteristics of either the RN or RPN that you think contribute to their ability to work together as a dyad? What are they?
- 3.2 Describe how communication contributes to the ability of an RN and RPN to work together as a dyad.

*Probe: Is it timely, clearly stated and understood by both parties?*

- 3.3 What are the key factors in their relationship (RN/RPN dyad) that contribute to being able to work together effectively and efficiently?

- 3.4 Describe how an RN/RPN dyad works together respecting each other's scope of practice.

*Probe: Do they understand each other's roles? (patient complexity, predictability of outcomes, risk of negative outcomes, according to standards of practice)*

### 4. Team Functioning

- 4.1 What factors make an exemplary RN/RPN team?
- 4.2 Please describe how the RN/RPN team functions with respect to understanding each other's needs and vision. (Focus on the particular team interviewed by the research team.)

*Probes: Is there a shared vision with common purpose? Do they understand each other's needs and actions without overt communication?*

- 4.3 Can you use a case example of increased patient complexity to describe how an RN/RPN dyad works together

- To deal with increased/ changing patient complexity.
- In decision making to keep optimum level of functioning between the two professionals?

4.4 In what aspect(s) of this process do you feel this team functions exceptionally well? Can you identify some of the strengths of how this team functions when status of a patient changes?

## 5. Organizational support and team functioning

5.1 What kind of organizational supports/resources contribute to a team's ability on your unit to function effectively and efficiently in providing care?

5.2 What advantage do you see to having high functioning dyads compared to other dyads you have had?

6. Are there any other areas of your practice (working together) that contribute to high functioning team work or quality of care?







APPENDIX B:

Demographic  
Data  
Collection  
Form



## APPENDIX B:

# Demographic Data Collection Form

### Demographic data:

- RN
- RPN
- Manager

### Years of practice:

### Education background:

- BScN
- College Diploma
- Other:

### Years of practice at this hospital:

### Areas of clinical experience:

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Floor   | <input type="checkbox"/> Surgery Floor  |
| <input type="checkbox"/> ICU             | <input type="checkbox"/> Operating Room |
| <input type="checkbox"/> ER              | <input type="checkbox"/> Mental Health  |
| <input type="checkbox"/> Oncology        | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Dialysis        | <input type="checkbox"/> Public Health  |
| <input type="checkbox"/> Outpatient Care | <input type="checkbox"/> Other:         |
| <input type="checkbox"/> Rehabilitation  |   |

### For care teams:

### Number of years you have worked with the colleague in your RN/RPN team:

### Experience working in other RN/RPN care teams:

- Yes
- No





APPENDIX C:

Participant  
Information  
Sheet



## APPENDIX C:

# Participant Information Sheet

### Title of Study: **High Functioning Nursing Teams: Better Decisions for Better Patient Care**

You are being invited to participate in a research study because you have been identified as a member of a high functioning RPN-RN nursing care team. The study will help the research team learn more about high functioning RPN-RN collaborative care teams within a variety of healthcare settings.

In order to decide whether you want to be a part of this research study, you should understand what is involved and the potential risks and benefits. This form gives detailed information about the research study, which will be discussed with you. Once you understand the study, you will be asked to sign this form if you wish to participate. Please take your time to make your decision. Feel free to discuss it with your friends and family, or your colleagues.

This study is being completed without industry support. The investigators of this study have no conflicts of interest to declare.

### Why is this research being done?

In Ontario, nursing care is provided by two categories of nurses: Registered Nurses (RNs) and Registered Practical Nurses (RPNs) (College of Nurses of Ontario, 2011). The most common employment setting for RNs and RPNs is acute care hospitals, followed by long-term care facilities and community care organizations. Although there have been a large number of studies examining interdisciplinary care and collaborative practice as the means

toward safe, quality patient care, there is a gap in understanding how it translates in daily practice by these teams when dealing with complex patient populations.

### What is the purpose of this study?

The purpose of this project is to identify and study RN/RPN teams identified by their organizations as providing exemplary care to patients and families. This will include an examination of a variety of factors such as how they make decisions, how they assign work and methods of communication.

### What will my responsibilities be if I take part in the study?

if you volunteer to participate in this study, we will ask you to do the following things:

- Participate in a one-time individual interview that will be recorded and transcribed for research purposes
- The interview will ask questions regarding the functioning of your care team
- The interview should take approximately 20-30 minutes for nurses and 30-45 minutes for managers
- The interview will take place at your work site in a private meeting room
- There will be no follow-up interviews required

### What are the possible risks and discomforts?

- There are no foreseeable risks involved with participating in this study

- This study will take approximately 30 minutes of your time

### **How many people will be in this study?**

A total of 6 care teams and their managers from across Ontario will be interviewed. We aim to interview care teams from a variety of healthcare settings in acute, long-term care and community settings.

### **What are the possible benefits for me and/or for society?**

We cannot promise any personal benefits to you from your participation in this study. However, possible benefits include contributing to research knowledge regarding the role of RPNs in providing high quality patient care. Your participation may help other hospitals structure excellent care teams in the future. There are no medical benefits to you from your taking part in this study.

### **If I do not want to take part in the study, are there other choices?**

Choosing not to participate in this study will in no way affect you. There are no other ways to participate in this research at the present time.

### **What information will be kept private?**

Your data will not be shared with anyone except with your consent or as required by law. All personal information such as your name, address and phone number will be removed from the data and will be replaced with a number. A list linking the number with your name will be kept in a secure place, separate from your file. The data, with identifying information removed, will be securely stored in a locked office.

For the purposes of ensuring the proper monitoring of the research study, it is possible that a member of the research team may consult your research data. However, no records which identify you by name or initials will be allowed to leave the facility. By signing this consent form, you or your legally acceptable representative authorizes such access.

If the results of the study are published, your name will not be used and no information that discloses your identity will be released or published without your specific consent to the disclosure.

### **Can participation in the study end early?**

If you volunteer to be in this study, you may withdraw at any time and this will in no way affect you. You have the option of removing your data from the study. You may also refuse to answer any questions you do not want to answer and remain in the study. The investigator may withdraw you from this research if circumstances arise that warrant doing so.

### **Will I be paid to participate in this study?**

If you agree to take part, there will be no reimbursement for participation.

### **Will there be any costs?**

Your participation in this research project involves no additional costs to you.





APPENDIX D:

# Consent Statement



## APPENDIX D: Consent Statement

### Participant:

I have read the preceding information thoroughly. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction. I agree to participate in this study. I understand that I will receive a signed copy of this form.

---

Name

Signature

Date

### Person obtaining consent:

I have discussed this study in detail with the participant. I believe the participant understands what is involved in this study.

---

Name, Role in Study

Signature

Date

This study has been reviewed by the Hamilton Integrated Research Ethics Board (HIREB). The HIREB is responsible for ensuring that participants are informed of the risks associated with the research and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, Hamilton Integrated Research Ethics Board at 905.521.2100 x 42013.

A decorative graphic on the left side of the page, consisting of a 2x2 grid of squares. The top-left square is light gray, the top-right square is a medium gray, the bottom-left square is a dark maroon, and the bottom-right square is a lighter maroon.

APPENDIX E:

# Powerpoint Presentation

A decorative horizontal bar at the bottom of the page, composed of several colored segments: a light orange segment, a medium orange segment, a darker orange segment, and a light purple segment.



# HIGH FUNCTIONING NURSING TEAMS

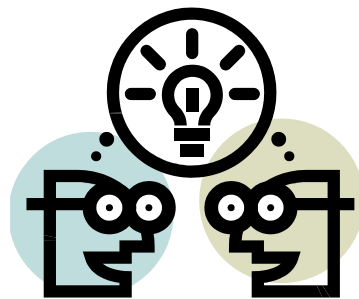
## BETTER DECISIONS FOR BETTER PATIENT CARE

Andrea Baumann  
Pat Norman  
Jennifer Blythe

Presented to the Registered Practical Nurses Association of Ontario (RPNAO) Annual General Meeting  
September 26, 2014



# TWO HEADS ARE BETTER THAN ONE



2





## OUTLINE/

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- Purpose of the study
- Definition of team
- Scope of practice
- Research methods
- Literature findings
- Study findings
- Model of decision making
- Summary and conclusions
- Next steps

3



## STUDY/ PURPOSE

---

How do RPNs, RNs and their clinical managers perceive high functioning nursing teams?

**Research questions:**

1. How do members work together?
2. What are the distinguishing characteristics?
3. How do these characteristics contribute to effective clinical decision making and improved patient outcomes?

4



## DEFINITION/ TEAM

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“A distinguishable set of **two or more** people who interact, dynamically, interdependently, and adaptively toward a **common and valued** goal/objective/mission who have each been assigned **specific roles** or functions to perform” (Salas et al 1992, p. 4).

5



## DEFINITION/ NURSING TEAMS

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**Nursing Team:** A group of nurses working towards a common goal.

**High Functioning Nursing Teams:** A group of nurses that fulfil their function (i.e., patient care) to achieve the best possible outcomes.

Sources: College of Nurses of Ontario (CNO), 2014 ;  
RNAO (2014) <http://pda.mao.ca/content/glossary-terms-2>.

6

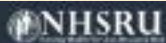


## SCOPE OF PRACTICE/ CLIENT FACTORS

Factors	Autonomous RPN or RN practice	RPN should consult/ collaborate with RN	RN Practice
Client Continuum	Less complex, more predictable, low risk for negative outcome(s)	Borderline	Highly complex, unpredictable, high risk for negative outcome(s)
Nurse (leadership, decision making, critical thinking skills, application of knowledge).	Foundational knowledge of RN or RPN required for decision making	Borderline	Foundational knowledge of RN required for decision making
Practice Environment (supports, consultation, resources, stable/ predictable environment).	All present	Borderline	Absent or at a low level

Source: College of Nurses of Ontario (2014).

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## RESEARCH/ METHODS

- In-depth semistructured interviews
- Appreciative Inquiry (AI) approach
- Purposive sample of six healthcare organizations:
  - Hospitals
  - Long-term care
  - Community care

8



# SAMPLE/ ORGANIZATIONS

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## Inclusion criteria:

- Employ RPNs and RNs who work together
- Patient population with varying complexity
- Work environment that promotes staff excellence
- Model of care that supports teamwork

9



# PROCEDURE/

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## Teams were chosen because they:

- Worked together with some regularity
- Were recognized by peers as a “high functioning team”
- Routinely shared care for more than one patient
- Cared for patients considered “complex”
- Were experienced staff

## The NHSRU team:

- Conducted 24 interviews
- Interviewed team members individually and together
- Interviewed the Clinical Manager separately

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## LITERATURE/ FINDINGS

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- Mutual trust and respect
- Adaptability and accountability
- Effective communication
- Valuing team members' roles
- Common goals

Sources: Clark & Greenwald, 2013; Kalisch & Schoville, 2012; Kalisch, Weaver, & Salas, 2009; Ajeigbe et al., 2013; Al Sayah et al., 2014; Ezziane et al., 2012

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## COMMON FACTORS/ “WORKING IN THE SAME DIRECTION”

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Interviewees identified common factors of high functioning teams:

### Antecedents of team work:

- Characteristics of the individual
- Characteristics of the organization

### Decision making related to:

- Complexity of patients
- Changes in patient status

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## ANTECEDENTS OF TEAMWORK/ THE INDIVIDUAL

---

Members of high functioning nursing teams are:

- **Professionals** who
  - have a clear understanding of their role
  - are adaptable to changing situations
  - emphasize the whole not the individual  
*"More than us"*

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## ANTECEDENTS OF TEAMWORK/ THE INDIVIDUAL

---

**Team players who are:**

- Flexible
- Cooperative
- Open-minded
- Acceptance of change
- Knowledgeable
- Willing to negotiate

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# ANTECEDENTS OF TEAMWORK/ THE ORGANIZATION

---

High functioning nursing teams work within a supportive environment.

- One clear mission
- Enables employees
- Shares opinions and information
- Open communication
- Culture of fairness
- Harmony

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# SUCCESSFUL TEAMS/ CHARACTERISTICS

---

Successful, high functioning nursing teams were:

- Fluid
- Confident
- Patient-focused
- Non-hierarchical
- Efficient and effective
- On top of their jobs
- **The right nurses in the right jobs**

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# DECISION MAKING

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High functioning nursing teams make decisions about complex patients through:

- Collaboration
- Negotiation
- Informed by feedback
- Inclusive of each members expertise

Decisions are influenced by:

- Regulatory role
- Practice context
- Role interpretation

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# DECISION MAKING/ TYPES OF CASES

---

Change in patient status as a result of:

- Addison crisis
- Diabetic coma
- Injury after fall
- Medication refusal

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## DECISION MAKING/ WHEN TEAMWORK COUNTS

---

Team members work together **seamlessly** to:

- Assess patient status
- Analyze the problem
- Negotiate approach
- Decide next steps
- Divide roles
- Find a solution

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## DECISION MAKING/ WHAT NURSES SAY

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*“You bounce things off of one another and I might disagree with something with him and he might disagree with something with me, but you kind of come to an agreement.”*

*“The RN may lead the decision making but the RPN has some input, she wouldn’t be afraid to say anything like, ‘Why don’t we do this?’ or ‘We haven’t done this.’”*

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## DECISION-MAKING/ WHAT NURSES SAY

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*“When one’s doing something...you don’t even really have to ask the other person. He would just automatically go and grab something and start an IV and he’d have that part done and I’d be phoning the doctor, getting paper work Together. **It just flows.**”*

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## HOW LONG DOES IT TAKE TO MAKE A TEAM/

---

First year:

- very frustrating
- too fast/ too slow

Second year

- better but not smooth
- beginning to work together

Third year

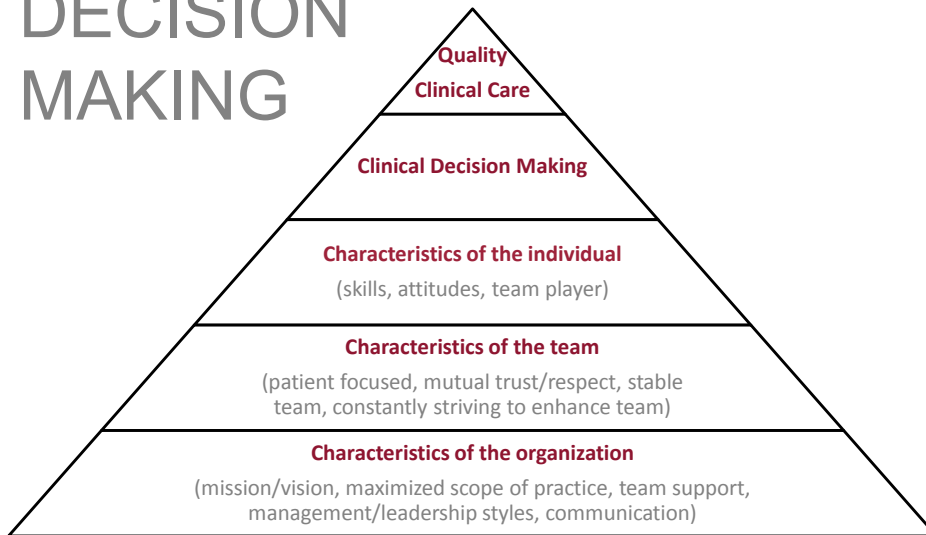
- we work smoothly
- equal pace

Source: Unpublished nurse interview data, NHSRU, 2014.

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# MODEL OF DECISION MAKING



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# TEAMWORK IS/ WHAT NURSES SAY

*“Sometimes troubling, sometimes frustrating, always interesting”*

*“Anticipating what the other’s aware of. . .”*

*“A real focus on the patient and the patient’s need. . .”*

24



## SUMMARY/

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- **Scope of practice** guides team interaction and decision making
- **Decision making** draws on the expertise of all members
- **Effective collaboration** results in quality patient care

25



## CONCLUSIONS/

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- Effective teams are an **invisible asset** to an organization
- Organizations should **celebrate** these teams
- The RPN is a **valuable** and **valued** member of the high functioning team

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# NEXT STEPS/

Explore the impact of the following  
on how the team functions:

- Models of care
- Team composition
- Team stability
- Team leadership

27



# THANK YOU/ QUESTIONS?

28



# CONTACT/

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