

NOVEMBER 2006



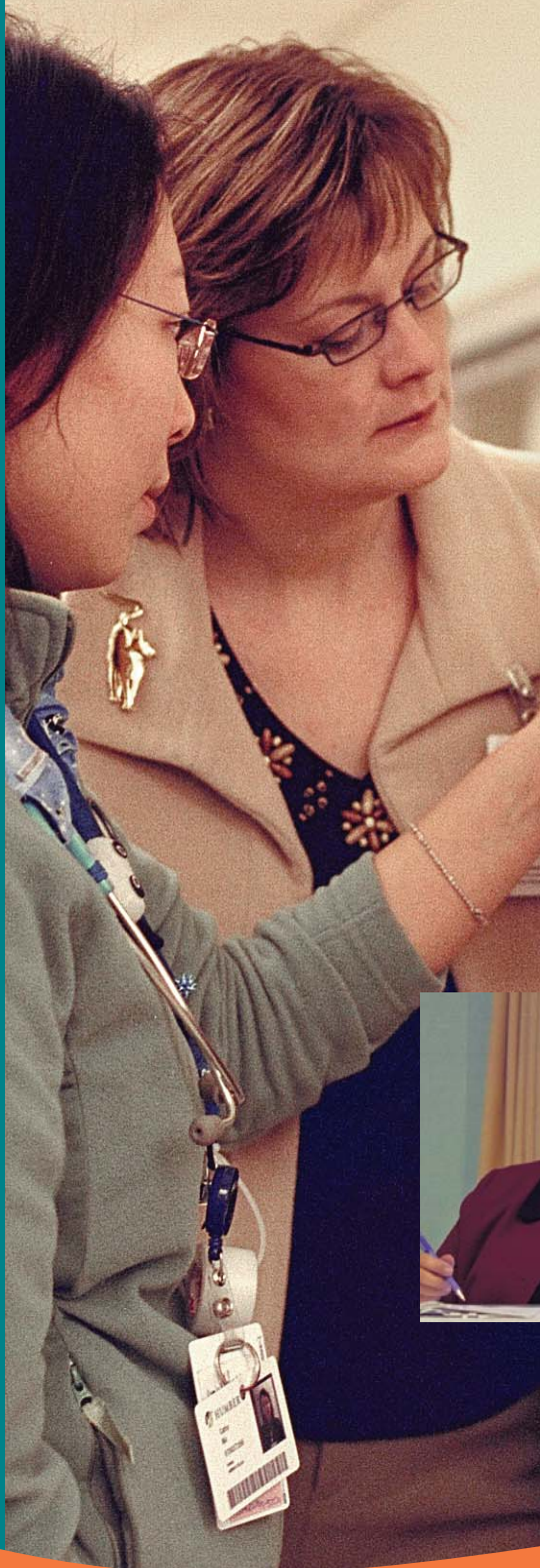
**RNAO**

Registered Nurses' Association of Ontario  
L'Association des infirmières et infirmiers  
autorisés de l'Ontario

NURSING BEST PRACTICE GUIDELINES PROGRAM

## Healthy Work Environments Best Practice Guidelines

# Collaborative Practice Among Nursing Teams



**Ontario**



## Greetings from Doris Grinspun, Executive Director Registered Nurses' Association of Ontario

**It is with great pleasure that the Registered Nurses' Association of Ontario** releases the "Collaborative Practice Among Nursing Teams" Guideline. This is one of a series of six Best Practice Guidelines (BPGs) on Healthy Work Environments (HWE), developed by the nursing community. The aim of these guidelines is to provide the best available evidence to support the creation of thriving work environments.

Evidence-based Healthy Work Environments BPGs, when applied, will serve to support the excellence in service that nurses are committed to delivering in their day-to-day practice. RNAO is delighted to be able to provide this key resource to you.

We offer our endless gratitude to the many individuals and organizations that are making our vision for HWE BPGs a reality. To the Government of Ontario and Health Canada for recognizing RNAO's ability to lead this program and providing generous funding. To Donna Tucker – Program Director from 2003 to 2005, and Irmajean Bajnok – Director, Centre for Professional Nursing Excellence and the program's lead since 2005, for providing wisdom and working intensely to advance the production of these HWE BPGs. To each and all HWE BPG leaders and in particular, for this BPG, Panel Co-Chairs Diane Doran and Leslie Vincent and Panel Coordinator Val Coubrough, for providing superb stewardship, commitment and above all exquisite expertise. Thanks also go to the amazing Panel Members who generously contributed their time and knowledge. We could not have delivered such a quality resource without you!

We thank in advance the entire nursing community, committed and passionate about excellence in nursing care and healthy work environments, who will now adopt these BPGs and implement them in their worksites. We ask that you evaluate their impact and tell us what works and what doesn't, so that we continuously learn from you and revise these guidelines informed by evidence and practice. Partnerships such as this one are destined to produce splendid results – learning communities – all eager to network and share expertise. The resulting synergy will be felt within the BPG movement, in the workplaces, and by people who receive nursing care.

Creating healthy work environments is both a collective and an individual responsibility. Successful uptake of these guidelines requires the concerted effort of nurse administrators, staff and advanced practice nurses, nurses in policy, education and research, and healthcare colleagues from other disciplines across the organization. It also requires full institutional support from CEO's and their Boards. We ask that you share this guideline with all. There is much we can learn from one another.

Together, we can ensure that health organizations including nurses and all other health care workers, build healthy work environments. This is central to ensuring quality patient care. Let's make health care providers, their organizations and the people they serve the real winners of this important effort!

Doris Grinspun, RN, MScN, PhD (c), O.Ont



Executive Director

Registered Nurses' Association of Ontario

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Registered Nurses' Association of Ontario (2006). *Collaborative Practice Among Nursing Teams*. Toronto, Canada: Registered Nurses' Association of Ontario.

## Development Panel Members

**Diane Irvine Doran, RN, PhD, FCAHS**

**Panel Co-chair**

Associate Dean of Research  
Faculty of Nursing  
University of Toronto  
Toronto, Ontario

**Leslie Vincent, RN, MScA, CON(C)**

**Panel Co-chair**

Senior Vice President, Nursing  
Mount Sinai Hospital  
Toronto, Ontario

**Diane Caughey, RN, BScN, GNC(C)**

Resident Care Coordinator  
Marianhill Inc.  
Pembroke, Ontario

**Cheryl Cott, BPT, MSc, PhD**

Associate Professor  
Department of Physical Therapy, Faculty of Medicine  
University of Toronto  
Toronto Ontario

**Eric Drouin, RN**

First Vice Coordinator  
Ontario Nurses' Association, Local 083  
The Ottawa Hospital  
Ottawa, Ontario

**Lee Anne Harper-Femson, RN, EdD**

Associate Professor  
Ryerson University  
School of Nursing  
Toronto, Ontario

**Barbara Jones, RN, BScN, MSW**

North York General Hospital  
Professional Practice Leader, Nursing  
Toronto, Ontario

**Linda Jones RN (EC)**

PHC Nurse Practitioner  
Consultant Collaborative Practice  
Ottawa, Ontario

**Bernadette Lamourie, RN**

Night Charge Nurse  
Extendicare – Laurier Manor  
Bup/LC Ontario Nurses' Association Local 074  
Ottawa, Ontario

**Sara Lankshear, RN, M.Ed, PhD (student)**

Past President, Professional Practice Network of Ontario  
President, Relevé Consulting Services  
Burlington, Ontario

**Sharon Lawlor, RN, BScN, MN**

Health Team Manager  
North End Community Health Center  
Halifax, Nova Scotia



**Lorelei Lingard, PhD**

Associate Professor  
Wilson Centre for Research in Education &  
Department of Paediatrics  
Faculty of Medicine, University of Toronto  
Toronto, Ontario

**Sandra MacDonald-Rencz, RN, MEd, CHE**

Executive Director, Office of Nursing Policy  
Health Policy Branch, Health Canada  
Ottawa, Ontario

**Sheri Oliver, RPN (Registered Practical Nurse)**

Director, Strategic Nursing Initiatives  
Registered Practical Nurses Association of Ontario  
Mississauga, Ontario

**Gail Pahwa, RN, BN, MEd(c)**

Team Building Group Lead  
George Brown College  
Toronto, Ontario

**Cheryl Reid-Haughian, RN, MHScN, CCHN(C)**

Director, Professional Practice  
ParaMed Home Health Care  
Ottawa, Ontario

**Donna Romano, RN, BScN, MSc, PhD(c)**

Nursing Unit Administrator  
Mount Sinai Hospital  
Toronto, Ontario

**Marcy Saxe-Braithwaite, RN, BScN,  
MScN, MBA, CHE**

Vice President Programs and Chief Nursing Officer  
Providence Continuing Care Centre  
Kingston, Ontario

**Dawn Sidenberg, BScN**

Director, Organization Renewal  
Bluewater Health  
Sarnia, Ontario

**Jane Van Alphen, RN, MSc, MBA**

Child Health Services Director, Cardiac Program  
The Hospital for Sick Children  
Toronto, Ontario

**Debbie White, RN, PhD**

Assistant Professor  
Faculty of Nursing, University of Calgary  
Research Consultant  
Calgary Health Region  
Calgary, Alberta

---

Declarations of interest and confidentiality were made by members of the guideline development panel. Further details are available from the Registered Nurses' Association of Ontario.

## Responsibility for Development

**The Registered Nurses' Association of Ontario (RNAO)**, with funding from the Ministry of Health and Long-Term Care and in partnership with Health Canada has embarked on a multi-year project of healthy work environments best practice guidelines development, pilot implementation, evaluation and dissemination that will result in the development of six guidelines developed by six expert panels. This guideline was developed by an expert panel convened by the RNAO, conducting its work independent of any bias or influence from funding agencies.

### Project Team

**Irmajean Bajnok, RN, MSN, PhD**

Director, RNAO Centre for Professional Nursing Excellence  
Project Director (2005)

**Donna Tucker, RN, MScN**

Project Director (2003-2005)

**Valerie Coubrough, RN, BScN, MS**

Panel Coordinator (as of August, 2005)

**Dianna Craig, RN, BA, MEd**

Panel Coordinator (2004 – 2005)

**Lisa Beganyi, BSc, BA**

Project Assistant (2004 – September 2005)

**Pauline Matthews, BA**

Project Assistant (as of September 2005)



### Contact Information

Registered Nurses' Association of Ontario  
Healthy Work Environments Best Practice Guidelines Project  
158 Pearl Street, Toronto, Ontario, M5H 1L3  
Website: <http://www.rnao.org/projects/hwe.asp>

## Stakeholder Acknowledgement

The Registered Nurses' Association of Ontario wishes to acknowledge the following for their contribution in reviewing this nursing best practice guideline and providing valuable feedback:

**Jacqueline A. Barrett, RN, BScN, MHSc**

Director Maternal & Child/Emergency Services  
Joseph Brant Memorial Hospital  
Burlington, Ontario

**Mary-Agnes Beduz, RN, BScN, MN**

Assistant Professor  
McMaster University  
Hamilton, Ontario

**Cheryl Beemer, RN**

Staff Nurse – Heart Investigation Unit  
Hamilton Health Sciences Centre  
Hamilton, Ontario

**Jodie Boltuc, BScN(c)**

Nursing Student/Ontario Regional Director  
Ryerson University/Canadian Nursing Students'  
Association  
Toronto/Ottawa, Ontario

**Michelle Bott, RN, BScN, MN**

Director, Professional Practice  
Guelph General Hospital  
Guelph, Ontario

**Patricia Boucher, RN, BHSc(N), COHN(C),  
CRSP, CDMP**

Director of Client and Consulting Services  
Ontario Safety Association for Community & Healthcare  
Toronto, Ontario

**Gwendolyn D. Bourdon, RN, BScN, MEd**

Education Manager  
Runnymede Healthcare Centre  
Toronto, Ontario

**Frances Carvalho, BSc, BScN(c)**

Nursing Student  
Faculty of Nursing, University of Toronto  
Toronto, Ontario

**Elizabeth Chu, RN, BAS, BScN, MN**

Director of Care, Wellness Coordinator Long Term Care  
Tall Pines Long Term Care Centre  
Brampton, Ontario

**Patrick Clifford, BA, BSW, BEd, MSW, RSW**

Manager, Professional Practice and Research Ethics  
Southlake Regional Health Centre  
Newmarket, Ontario

**Marnie Delaney, BSc, BScN(c)**

Nursing Student  
Faculty of Nursing, University of Toronto  
Toronto, Ontario

**Penny Demarest, RN(EC), BScN**

Primary Health Care Nurse Practitioner  
Hunter Street Medical Centre  
Woodstock, Ontario

**Cécile Diby, RN, BScN**

Nursing Education Specialist  
SCO Health Service  
Nursing Resource Team  
Ottawa, Ontario

**Kimberley English, BScN, MN**

Nursing Faculty  
Trent University/ Fleming College  
School of Nursing  
Peterborough, Ontario

**Kathryn Ewers, RN, BA, MEd**

Educator  
Jackson Health System  
Miami, Florida, USA

**Michelle Farah, RN, BA**

RN Staff Nurse Mental Health  
Halton Healthcare Services  
Oakville, Ontario

## Joyce Fenuta, RN, BScN, MHS

Clinical Leader / Manager  
St. Michael's Hospital  
Toronto, Ontario

## Barbara Foster, RN, BScN

Senior Policy Advisor  
Public Health Agency of Canada  
Ottawa, Ontario

## Rose Gass, RN, BA (Econ), ENC(C), MHS(c)

Director Emergency and Intensive Care  
Norfolk General Hospital  
Simcoe, Ontario

## Linda Gould, RPN (Registered Practical Nurse)

Stroke Data and Evaluation Specialist  
Hamilton Health Sciences  
Hamilton General Hospital  
Hamilton, Ontario

## Katherine Grant-Brown, RN

Clinical Practice Leader  
Bayshore Home Health  
Mississauga, Ontario

## Julie Gregg, RN, BScN, MAdEd

Coordinator, Member Relations & Development  
College of Registered Nurses of  
Nova Scotia  
Halifax, Nova Scotia

## Lynne Hanna, RN, BScN, MEd

Manager, Child Health  
Halton Region  
Oakville, Ontario

## Cheryl Harris, RN

Project Manager, Policies and Procedures  
The Hospital for Sick Children  
Toronto, Ontario

## Mary Jane Herlihey, RN, BScN

Clinical Education Consultant  
ParaMed Home Health Care  
Ottawa, Ontario

## Mariëlle Heuvelmans, RN, HBScN, GNC(C)

Vice-President Clinical and Therapeutic  
Programs & Services  
Hôpital Général de Hawkesbury and  
District General Hospital  
Hawkesbury, Ontario

## Ena Howse, RN, PhD

Associate Professor  
Queen's University School of Nursing  
Kingston, Ontario

## Jennie Humbert, RN(EC), BScN, MHSc

Nurse Practitioner Regional Co-ordinator  
University of Ottawa  
Ottawa, Ontario

## Suman D. Iqbal, RN, CON(C)

Staff Nurse, Co-Chair Nursing Council  
Sunnybrook Health Sciences Centre  
Toronto, Ontario

## Rosanne Jabbour, RN, MHSc

Senior Policy Analyst  
Nursing Secretariat, Ministry of Health  
and Long-Term Care  
Toronto, Ontario

## Bonny Johnson, RN(EC)

Nurse Practitioner  
Whitewater Bromley CHC satellite  
Lanark Health And Community Services  
Beachburg, Ontario

## Carolyn Johnson, RN, BScN, MEd

Professional Practice Liaison Children's Health  
Clinical Policy & Documentation Systems Coordinator  
IWK Health Centre  
Halifax, Nova Scotia

## Rachel Johnson, BScN

Graduate Nurse  
St. Michaels Hospital  
Toronto, Ontario



**Joy Kellen, RN, BN, MSc**

Policy Coordinator  
Saskatchewan Registered Nurses' Association  
Regina, Saskatchewan

**Denise Konopaskie, RN, HBA, ACRPS**

Independent Practice –  
Psychotherapy, Complimentary Care Practitioner  
Keswick, Ontario

**Chantale LeClerc, RN, MSc, GNC(C)**

Chief Nursing Officer  
SCO Health Service  
Ottawa, Ontario

**Katherine Luke, RN, OHN, BScN, MHS**

Program Manager, ONTraC  
(Ontario Transfusion Coordinators)  
Provincial Blood Conservation Program  
St. Michael's Hospital  
Toronto, Ontario

**Cheryl Lyons, RN, BScN**

Professional Practice Educator  
Joseph Brant Memorial Hospital  
Burlington, Ontario

**Mariana Markovic, RN, CPN(C), BScN**

Labour Relations Officer,  
Professional Practice Specialist  
Ontario Nurses' Association  
Toronto, Ontario

**Mary-Lou Martin, RN, MScN, MEd**

Clinical Nurse Specialist /  
Associate Clinical Professor  
St. Joseph's Healthcare Hamilton / McMaster University  
Hamilton, Ontario

**Lynn McEwen, RN, BA, BScN, MN(c)**

Nurse Educator  
Bluewater Health  
Sarnia, Ontario

**Andrea McLellan, RN, BScN, MEd**

Coordinator, Quality Improvement, Risk Management,  
Education and Privacy  
North Bay General Hospital  
North Bay, Ontario

**Nancy Menagh, RN, BScN, MEd, MN(c)**

Education Coordinator  
Orillia Soldiers' Memorial Hospital  
Orillia, ON

**Toba Miller RN, MScN, MHA, GNC(C)**

Advanced Practice Nurse  
The Ottawa Hospital, Rehabilitation Centre  
Ottawa, Ontario

**Diane Milne, RN, BScN, CCN(C)**

Nurse Educator  
Providence Health Care  
St. Paul's Hospital  
Vancouver, British Columbia

**Mitzi Grace Mitchell, RN, PhD(c)**

Lecturer  
York University, School of Nursing  
Toronto, Ontario

**Jane Moore-Smithson, RN, MSc, PhD(c)**

Advanced Practice Nurse  
Hamilton Health Sciences  
Hamilton, Ontario

**Debbie Moyst, BN, OHS**

Program Division Manager ER / AMB  
Eastern Health, SCMH  
St. John's, Newfoundland

**Brenda Mundy, RN, PNC(C)**

Professional Practice Facilitator  
Southlake Regional Health Centre  
Newmarket, Ontario

**Sylvia Naughton, RN**

Research Coordinator  
Orillia Soldiers' Memorial Hospital  
Orillia, ON

## Norma Nicholson, RN, BA, MA(Ed)

Service Manager  
West Park Health Care Centre  
Toronto, Ontario

## Kim Pittaway, RN, BScN

Nursing Professional Practice Leader  
Cambridge Memorial Hospital  
Cambridge, Ontario

## Pam Pogue, RN, MSc, ACNP, CCN(C)

Chief Nurse and Professional Practice Executive  
Trillium Health Centre  
Mississauga, Ontario

## Sheri Price, RN, MN

Research Associate, Women's Health Program  
IWK Health Centre  
Halifax, Nova Scotia

## Anita Purdy, RN

Clinical Manager, Inpatient Surgery &  
Pre-Admit Clinic  
Chatham-Kent Health Alliance  
Chatham, Ontario

## Holly Quinn, RN, BScN

Director of Clinical Programs  
Bayshore Home Health  
Barrie, Ontario

## Sheila Rankin, RN, BN

Director of Human Resources  
Annapolis Valley District Health Authority  
Kentville, Nova Scotia

## Lesreen Romain, RN, BScN, MHS

Clinical Leader In-Patient Rehabilitation  
Lakeridge Health Corporation  
Ajax, Ontario

## Josette Roussel, RN, MSc, MEd, GNC(C)

Advanced Practice Nurse  
SCO Health Service  
Ottawa, Ontario

## Shalimar Santos-Comia, RN, BScN, MHSc

Director, Nursing Education and Informatics  
Sunnybrook Health Sciences Centre  
Toronto, Ontario

## Rhonda Seidman-Carlson, RN, BA, MN

Director, Nursing Placement,  
Development & Practice  
Baycrest  
Toronto, Ontario

## Wendy Seroski, RN, BScN(c)

Staff Nurse – Pediatric Thrombosis Nurse Coordinator/  
Hemophilia Nurse  
Hamilton Health Sciences,  
McMaster Children's Hospital  
Hamilton, Ontario

## Jo Anne Shannon, RN

Labour Relations Officer  
Ontario Nurses' Association  
Hamilton / Dundas, Ontario

## Judy Smith, RN, BScN, ENC(C)

Clinical Nurse Educator – Emergency Medicine Program  
York Central Hospital  
Richmond Hill, Ontario

## Mae Squires, RN, BA, BNSc, MSc, PhD (student)

Program Operational Director,  
Cardiac & Critical Care Programs  
Kingston General & Hotel Dieu Hospitals  
Kingston, Ontario

## Grace St. Jean, RN, BScN

Administrative Director Critical Care Program  
Hôpital régional de Sudbury Regional Hospital  
Sudbury, Ontario

## Judy Stanley, RN, BScN, MN

Public Health Nurse  
Peterborough County City Health Unit  
Peterborough, Ontario

**Peggy Swerhun, RN, COHN(C), CRSP, CIC**

Consultant  
Ontario Safety Association for Community and Healthcare  
Toronto, Ontario

**Hilda Swirsky, RN, BScN, MEd**

Clinical Nurse: High Risk Antepartum /  
Postpartum & Sessional Instructor  
Mount Sinai Hospital and  
George Brown College  
Toronto, Ontario

**Beatriz Valdes, RN, MBA, MSN**

Patient & Family Education Coordinator  
Jackson Health Systems  
Miami, Florida, USA

**Tazim Virani, RN, MScN, PhD(c)**

Program Director, Nursing Best Practice  
Guidelines Program  
Registered Nurses' Association of Ontario  
Toronto, Ontario

**Julia Watson-Blasioli, RN, BScN, PNC, MScN**

Clinical Manager, Birthing Unit  
Ottawa Hospital: General Campus  
Ottawa, Ontario

**Patricia Wejr, RN (non-practicing), BA, MSc**

Communications Officer/Policy Analyst  
British Columbia Nurses' Union  
Burnaby, British Columbia

**Joni Wilson, RN, BN(c)**

Manager of Complex Continuing Care  
Peterborough Regional Health Centre  
Peterborough, Ontario

**Margaret Wolecki, RPN  
(Registered Practical Nurse)**

Staff Nurse  
North York General Hospital  
Toronto, Ontario

**Bette Zeran, RN, MSHc**

Manager of Clinical Utilization  
Joseph Brant Memorial Hospital  
Burlington, Ontario





## Table of Contents

Background to the Healthy Work Environments Best Practice Guidelines Project .....	12
Organizing Framework for the Healthy Work Environments Best Practice Guidelines Project .....	14
Background Context of the Guideline on Collaborative Practice Among Nursing Teams .....	19
Purpose and Scope .....	21
How to Use this Document .....	23
Summary of Recommendations for Collaborative Practice Among Nursing Teams .....	25
Sources and Types of Evidence on Collaborative Practice Among Nursing Teams .....	28
Individual/Team Recommendations .....	29
Organization Recommendations .....	37
External/System Recommendations .....	43
Government Recommendations .....	43
Research Recommendations .....	45
Accreditation Recommendations .....	45
Education Recommendations .....	46
Nursing Professional/Regulatory Recommendations .....	48
Process for Reviewing and Updating the Healthy Work Environments Best Practice Guidelines .....	50
References .....	51
Numbered References .....	51
Alphabetized References .....	56



Appendix A: Glossary of Terms .....	61
Appendix B: Guideline Development Process .....	64
Appendix C: Process for Systematic Review of the Literature on Collaborative Practice Among Nursing Teams Completed by the Joanna Briggs Institute .....	65
Appendix D: Measures of Concepts Related to Collaborative Practice Among Nursing Teams Model .....	69

\* Throughout this document words marked with the symbol G can be found in the Glossary.



# Background to the Healthy Work Environments Best Practice Guidelines Project

**In July of 2003 the Registered Nurses' Association of Ontario (RNAO)**, with funding from the Ontario Ministry of Health and Long-Term Care, (MOHLTC) working in partnership with Health Canada, Office of Nursing Policy, commenced the development of evidence-based best practice guidelines in order to create healthy work environments<sup>6</sup> for nurses.<sup>6</sup> Just as in clinical decision-making, it is important that those focusing on creating healthy work environments make decisions based on the best evidence possible.

The Healthy Work Environments Best Practice Guidelines<sup>6</sup> Project is a response to priority needs identified by the Joint Provincial Nursing Committee (JPNC) and the Canadian Nursing Advisory Committee.<sup>1</sup> The idea of developing and widely distributing a healthy work environment guide was first proposed in *Ensuring the care will be there: Report on nursing recruitment and retention in Ontario*<sup>2</sup> submitted to MOHLTC in 2000 and approved by JPNC.

Health care systems are under mounting pressure to control costs and increase productivity while responding to increasing demands from growing and aging populations, advancing technology and more sophisticated consumerism. In Canada, health care reform is currently focused on the primary goals identified in the Federal/Provincial/Territorial First Ministers' Agreement 2000,<sup>3</sup> and the Health Accords of 2003<sup>4</sup> and 2004<sup>5</sup>:

- the provision of timely access to health services on the basis of need;
- high quality, effective, patient/client-centered and safe health services; and
- a sustainable and affordable health care system.

Nurses are a vital component in achieving these goals. A sufficient supply of nurses is central to sustain affordable access to safe, timely health care. Achievement of healthy work environments for nurses is critical to the safety, recruitment and retention of nurses.

Numerous reports and articles have documented the challenges in recruiting and retaining a healthy nursing workforce.<sup>2, 6-10</sup> Some have suggested that the basis for the current nursing shortage is the result of unhealthy work environments.<sup>11, 12, 13, 14</sup> Strategies that enhance the workplaces of nurses are required to repair the damage left from a decade of relentless restructuring and downsizing.

There is a growing understanding of the relationship between nurses' work environments, patient/client outcomes and organizational and system performance.<sup>15-17</sup> A number of studies have shown strong links between nurse staffing and adverse patient/client outcomes.<sup>18-28</sup> Evidence shows that healthy work environments yield financial benefits to organizations in terms of reductions in absenteeism, lost productivity, organizational health care costs,<sup>29</sup> and costs arising from adverse patient/client<sup>6</sup> outcomes.<sup>30</sup>

Achievement of healthy work environments for nurses requires *transformational change*, with “interventions that target underlying workplace and organizational factors”.<sup>31</sup> It is with this intention that we have developed these guidelines. We believe that full implementation will make a difference for nurses, their patients/clients and the organizations and communities in which they practice. It is anticipated that a focus on creating healthy work environments will benefit not only nurses but other members of the health care team. We also believe that best practice guidelines can be successfully implemented only where there are adequate planning processes, resources, organizational and administrative supports, and appropriate facilitation.

### The project will result in six Healthy Work Environments Best Practice Guidelines

- Collaborative Practice Among Nursing Teams
- Developing and Sustaining Effective Staffing and Workload Practices
- Developing and Sustaining Nursing Leadership
- Embracing Cultural Diversity in Health Care: Developing Cultural Competence
- Professionalism in Nursing
- Workplace Health, Safety and Well-being of the Nurse

“ *A healthy work environment is...  
...a practice setting that maximizes the health  
and well-being of nurses, quality patient/client  
outcomes, organizational performance and  
societal outcomes.* ”

# Organizing Framework for the Healthy Work Environments Best Practice Guidelines Project

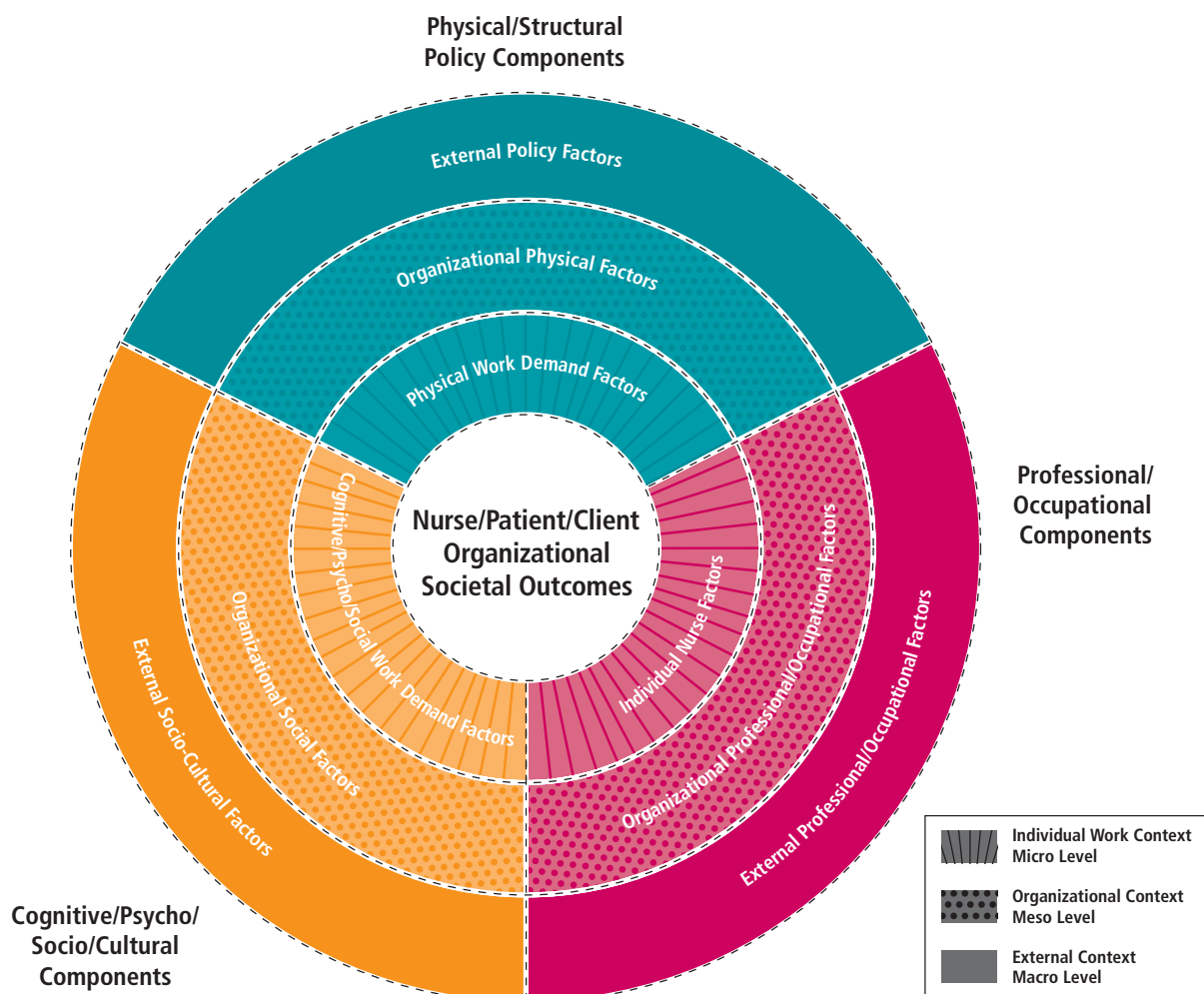


Figure 1. Conceptual Model for Healthy Work Environments for Nurses – Components, Factors & Outcomes<sup>i-iii</sup>

A healthy work environment for nurses is complex and multidimensional, comprised of numerous components and relationships among the components. A comprehensive model is needed to guide the development, implementation and evaluation of a systematic approach to enhancing the work environment of nurses. Healthy work environments for nurses are defined as practice settings that maximize the health and well-being of the nurse, quality patient/client outcomes, organizational performance and societal outcomes.



The Comprehensive Conceptual Model for Healthy Work Environments for Nurses presents the healthy workplace as a product of the interdependence among individual (micro level), organizational (meso level) and external (macro level) system determinants as shown above in the three outer circles. At the core of the circles are the expected beneficiaries of healthy work environments for nurses – nurses, patients/clients, organizations and systems, and society as a whole, including healthier communities.<sup>iv</sup> The lines within the model are dotted to indicate the synergistic interactions among all levels and components of the model.

The model suggests that the individual's functioning is mediated and influenced by interactions between the individual and her/his environment. Thus, interventions to promote healthy work environments must be aimed at multiple levels and components of the system. Similarly, interventions must influence not only the factors within the system and the interactions among these factors but also influence the system itself.<sup>v,vi</sup>

The assumptions underlying the model are as follows:

- healthy healthy work environments are essential for quality, safe patient/client care;
- the model is applicable to all practice settings and all domains of nursing;
- individual, organizational and external system level factors are the determinants of healthy work environments for nurses;
- factors at all three levels impact the health and well-being of nurses, quality patient/client outcomes, organizational and system performance, and societal outcomes either individually or through synergistic interactions;
- at each level, there are physical/structural policy components, cognitive/psycho/social/cultural components and professional/occupational components; and
- the professional/occupational factors are unique to each profession, while the remaining factors are generic for all professions/occupations.

- 
- i Adapted from DeJoy, D.M. & Southern, D.J. (1993). An Integrative perspective on work-site health promotion. *Journal of Medicine*, 35(12): December, 1221-1230; modified by Laschinger, MacDonald & Shamian (2001); and further modified by Griffin, El-Jardali, Tucker, Grinspun, Bajnok, & Shamian (2003)
- ii Baumann, A., O'Brien-Pallas, L., Armstrong-Stassen, M., Blythe, J., Bourbonnais, R., Cameron, S., Irvine Doran D., et al. (2001, June). *Commitment and care: The benefits of a healthy workplace for nurses, their patients, and the system*. Ottawa, Canada: Canadian Health Services Research Foundation and The Change Foundation.
- iii O'Brien-Pallas, L., & Baumann, A. (1992). Quality of nursing worklife issues: A unifying framework. *Canadian Journal of Nursing Administration*, 5(2):12-16.
- iv Hancock, T. (2000). The Healthy Communities vs. "Health". *Canadian Health Care Management*, 100(2):21-23.
- v Green, L.W., Richard, L. and Potvin, L. (1996). Ecological foundation of health promotion. *American Journal of Health Promotion*, 10(4): March/April, 270-281
- vi Grinspun, D. (2000). *Taking care of the bottom line: shifting paradigms in hospital management*. In Diana L. Gustafson (ed.), *Care and Consequence: Health Care Reform and Its Impact on Canadian Women*. Halifax, Nova Scotia, Canada. Fernwood Publishing.

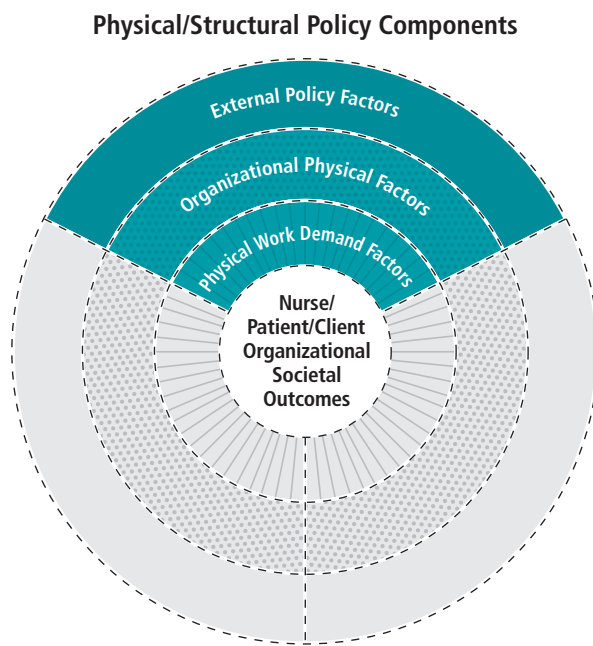


Figure 1A

### Physical/Structural Policy Components

- At the individual level, the Physical Work Demand Factors include the requirements of the work which necessitate physical capabilities and effort on the part of the individual.<sup>vii</sup> Included among these factors are workload, changing schedules and shifts, heavy lifting, exposure to hazardous and infectious substances, and threats to personal safety.
- At the organizational level, the Organizational Physical Factors include the physical characteristics and the physical environment of the organization and also the organizational structures and processes created to respond to the physical demands of the work. Included among these factors are staffing practices, flexible, and self-scheduling, access to functioning lifting equipment, occupational health and safety policies, and security personnel.
- At the system or external level, the External Policy Factors include health care delivery models, funding, and legislative, trade, economic and political frameworks (e.g., migration policies, health system reform) external to the organization.

vii Grinspun, D. (2002). *The Social Construction of Nursing Caring*. Unpublished Doctoral Dissertation Proposal. York University, North York, Ontario.

### Cognitive/Psycho/Socio/Cultural Components

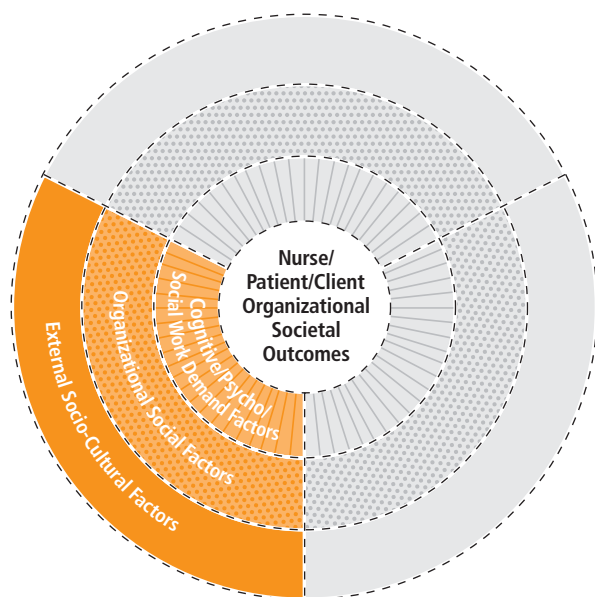


Figure 1B

### Cognitive/Psycho/Socio/Cultural Components

- At the individual level, the Cognitive and Psycho-social Work Demand Factors include the requirements of the work which necessitate cognitive, psychological and social capabilities and effort (e.g., clinical knowledge, effective coping skills, communication skills) on the part of the individual.<sup>vii</sup> Included among these factors are clinical complexity, job security, team relationships, emotional demands, role clarity, and role strain.
- At the organizational level, the Organizational Social Factors are related to organizational climate, culture, and values. Included among these factors are organizational stability, communication practices and structures, labour/management relations, and a culture of continuous learning and support.
- At the system level, the External Socio-cultural Factors include consumer trends, changing care preferences, changing roles of the family, diversity of the population and providers, and changing demographics – all of which influence how organizations and individuals operate.

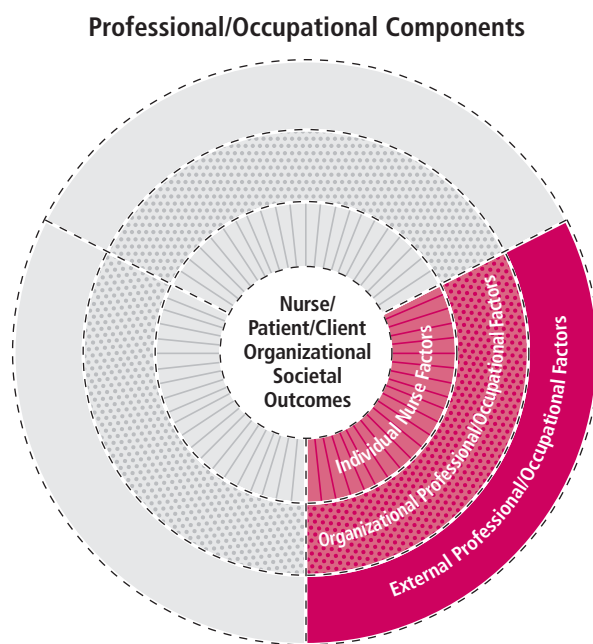


Figure 1C

### Professional/Occupational Components

- At the individual level, the Individual Nurse Factors include the personal attributes and/or acquired skills and knowledge of the nurse which determine how she/he responds to the physical, cognitive and psycho-social demands of work.<sup>vii</sup> Included among these factors are commitment to patient/client care, the organization and the profession; personal values and ethics; reflective practice; resilience, adaptability and self confidence; and familywork/life balance.
- At the organizational level, the Organizational Professional/Occupational Factors are characteristic of the nature and role of the profession/occupation. Included among these factors are the scope of practice, level of autonomy and control over practice, and intradisciplinary relationships.
- At the system or external level, the External Professional/Occupational Factors include policies and regulations at the provincial/territorial, national and international level which influence health and social policy and role socializations within and across disciplines and domains.



# Background Context of the Guideline on Collaborative Practice Among Nursing Teams

**The concept of teamwork<sup>G</sup>** is not new to nursing. From the inception of modern nursing, nurses have partnered with other nurses and health professionals<sup>G</sup> to provide care to clients, families and communities. However, the environment in which we now provide care has changed and continues to change at a rapid pace. The composition, context and structure of teams<sup>G</sup> is also changing to include virtual teams, that provide care using video and telecommunications technology without ever meeting in person, and task teams that come together for a brief time to accomplish a specific goal. Teams are increasingly crossing health care sectors, include care providers from acute care; long-term care, community and home care and are more interprofessional than ever before.

Although being part of a team is a commonly held experience, we all experience teams and teamwork in a different manner. Each member of the team comes with differing expectations and assumptions about teamwork that is based on previous learning, experiences and professional expectations.<sup>32</sup>

Nursing is about relationships and the quality of those relationships is vital to everyday interactions and positive outcomes for patient/client care and role satisfaction.<sup>32, 33, 34</sup> Nurses function as social beings whether we are in virtual or face-to face teams. With the mounting evidence of the importance of effective teamwork for the quality of health care, there is a need to examine the concepts relevant to teamwork and their role in creating quality working environments for nurses/quality patient/client care experience and outcomes.<sup>34, 35, 36</sup> There is a pressing need for nurses to be skilled teammates and team leaders. Being skilled means understanding the principles of teamwork and collaboration<sup>G</sup> so well that you can apply them with ease to the ever changing context of practice.

As nurses, each of us adds to “breaking down” or “building up” the environment where we practice. As we arrive at work each day we are faced with many choices and it is important that we select the alternatives that will lead to our contributions being meaningful and constructive.

Nurses\* practice in and contribute to the context of an interprofessional work environment involving many professionals. Although we recognize the interprofessional nature of our work, the focus of this BPG is to help you on the journey to excellence in teamwork within nursing, embedded in the larger context of the interprofessional environment.

The “Collaborative Practice<sup>G</sup> Among Nursing Teams” Best Practice Guideline (BPG) panel used the Organizing Framework for Healthy Work Environments to organize their recommendations for collaborative practice among nursing teams. As such you will find the recommendations address physical/structural and policy components; cognitive/psychosocial and cultural components; and professional and occupational components. The types of factors relevant at the individual/team, organizational, and external/system level are summarized in each section.

This BPG related to collaborative practice is about you, and for you. It is about how you can impact on the workplace environment by utilizing your communication, leadership skills and knowledge of teamwork to build a better tomorrow for our patients and colleagues. Tomorrow's patient/client care will be nested in the excellence of teamwork.



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\* When referring to nurses in the context of this document we are referring to the whole community of nursing which includes: Registered Nurses, Registered Practical Nurses (Licensed Practical Nurses), Registered Psychiatric Nurses, and Nurses in advanced practice roles such as Nurse Practitioners and Clinical Nurse Specialists.

## Purpose and Scope

### Purpose:

This Best Practice Guideline (BPG) focuses on nursing teams<sup>G</sup> and processes that foster healthy work environments. The focus for the development of this guideline was collaborative practice among nursing teams with the view that this may be a first stage in a multi-staged process that could eventually result in interprofessional guidelines. A healthy work environment for nurses is a practice setting that maximizes the health and well being of nurses, quality patient outcomes and organizational performance. Effective nursing teamwork is essential to the work in health care organizations.

The following research questions were developed by the panel to assist with the review of the evidence related to collaboration among nursing teams:

1. What are the processes and characteristics of a nursing team that support a healthy work environment?
2. What effect does team process and composition have on producing effective teamwork?
3. Does communication, coordination and collaboration within the nursing team and the creation of healthy work environments lead to desirable outcomes for patients/clients, nurses and the organization/system?

### Scope:

The development of this BPG was based on the best available evidence and where evidence was limited, the best practice recommendations were based on the consensus<sup>G</sup> of expert opinion.

The BPG was developed to assist nurses, nursing leaders, other health professionals and senior management teams to enhance positive outcomes for patients/clients, nurses, and the organization.

This BPG identifies:

- best practices that effectively address collaborative practice/teamwork; and
- the organizational culture, values, relationships and the structures and processes required for developing and sustaining effective nursing teamwork.

### Issues and Recommendations Covered:

The issues covered by this BPG include:

- patient/client<sup>G</sup>, nurse, organizational and system characteristics that impact teamwork; and
- system and organizational structures and processes that impact teamwork.

The recommendations in this guideline address:

- educational requirements and strategies
- policy change
- implementation strategies and tools
- evaluation criteria and tools
- future research opportunities

### Target Group:

This BPG was developed to assist nurses, nursing leaders, other health professionals and senior management teams to enhance positive outcomes for patients/clients, nurses, and the organization.

The guideline is intended for:

### System level:

- policy makers and governments
- professional organizations and labour groups
- educators<sup>G</sup>
- researchers
- public

### Organization level:

- all nurses in all roles including student nurses

## “ Teamwork

*...that work which is done by a group of people who possess individual expertise, who are responsible for making individual decisions, who hold a common purpose and who meet together to communicate, share and consolidated knowledge from which plans are made, future decisions are influenced, and actions determined.* ”

*Brill<sup>37</sup>*



## How to use this document

**This Healthy Work Environments Best Practice Guideline** is an evidence-based document that describes collaborative practice among nursing teams.

The guideline contains much valuable information but is not intended to be read and applied at one time. We recommend that you review and reflect on the document and implement the guidelines as appropriate for your organization at a particular time. The following approach may be helpful.

- 1. Study the Healthy Work Environments Organizing Framework:** The *Collaborative Practice Among Nursing Teams* Best Practice Guideline is built upon a Healthy Work Environments organizing framework that was created to allow users to understand the relationships between and among the key factors involved in collaborative practice among nursing teams. Understanding the framework is critical to using the guideline effectively. We suggest that you spend time reading and reflecting upon the framework as a first step.
- 2. Identify an area of focus:** Once you have studied the framework, we suggest that you identify an area of focus for yourself, your situation, or your organization. Select an area that you believe needs attention to strengthen the effectiveness of collaborative practice among nursing teams.
- 3. Read the recommendations and the summary of research for your area of focus:** For each major element of the model, a number of evidence-based recommendations are offered. The recommendations are statements of what nurses do, or how they behave in effective nursing collaborative practice situations. The literature supporting those recommendations is briefly summarized, and we believe that you will find it helpful to read this summary to understand the “why” of the recommendations.
- 4. Focus on the recommendations or desired behaviours that seem most apt for you and your current situation:** The recommendations contained in this document are not meant to be applied as rules, but rather as tools to assist individuals or organizations to make decisions that improve their collaborative practice among nursing teams, recognizing everyone’s unique culture, climate and situational challenges. In some cases there is a lot of information to consider. You will want to further explore and identify those behaviours that need to be analyzed and/or strengthened in your situation.
- 5. Make a tentative plan:** Having selected a small number of recommendations and behaviours for attention, consider strategies to successfully implement them. Make a tentative plan for what you might actually do to begin to address your area of focus. If you need more information, you might wish to refer to some of the references cited, or to look at some of the evaluation instruments identified in Appendix D.

6. **Discuss the plan with others:** Take time to get input into your plan from people whom it might affect or whose engagement will be critical to success, and from trusted advisors, who will give you honest and helpful feedback on the appropriateness of your ideas. This is as important a phase for the development of individual collaborative practice skills as it is for the development of an organizational collaborative practice initiative.
7. **Revise your plan and get started:** It is important that you make adjustments as you proceed with implementation of this guideline. The development of collaborative practice among nursing teams is a life-long quest; **enjoy the journey!**



# Summary of the Recommendations for Collaborative Practice Among Nursing Teams

The following recommendations were organized using the key concepts of the Healthy Work Environments Framework and therefore identify:

- Individual/Team recommendations;
- Organizational recommendations; and
- External/Systems recommendations.

RECOMMENDATION	
Individual/Team Recommendations	1.0 Nursing Collaborative Practice Individual / Team Recommendations
	1.1 Nurses develop knowledge about the values and behaviours that support teamwork and the impact of teamwork on patient/client safety and patient/client outcomes. As such nurses: <ul style="list-style-type: none"> <li>■ Inform themselves about the attributes of supportive teams</li> <li>■ Articulate their belief in the value of teamwork</li> <li>■ Demonstrate their willingness to work effectively with others</li> </ul>
	1.2 Nurses contribute to a culture that supports effective teamwork by: <ul style="list-style-type: none"> <li>■ Demonstrating accountability for actions, enthusiasm, motivation and commitment to the team</li> <li>■ Actively and constructively participating in the nursing team</li> <li>■ Understanding their own roles, scope of practice and responsibilities as well as seeking information and developing an understanding about other roles and scopes of practice</li> <li>■ Being accountable for and respectful in the manner in which they communicate</li> <li>■ Being proactive in seeking out information they require about their work and workplace</li> <li>■ Seeking opportunities and assuming the responsibility to share a nursing perspective in interprofessional forums<sup>6</sup>, including informal and formal settings</li> </ul>
	1.3 Nurses initiate and maintain collaborative processes within the team, especially in situations of increasing patient/client complexity, to improve patient/client outcomes.
	1.4 Nursing teams establish clear processes and structures that promote collaboration and teamwork that leads to quality work environments and quality outcomes for patients/clients by: <ul style="list-style-type: none"> <li>■ Establishing processes for conflict resolution and problem solving</li> <li>■ Establishing processes to develop, achieve and evaluate team performance, common goals and outcomes</li> <li>■ Developing systems and processes to recognize and reward successes</li> <li>■ Building capacity for systematic problem solving and improving quality of care</li> <li>■ Participating in the development and implementation of guidelines to support enhanced collaboration at the functional and organizational level</li> <li>■ Incorporating non-hierarchical, democratic working practices to validate all contributions from team members</li> <li>■ Incorporating processes that support continuity of care<sup>6</sup> with patients/clients to enhance staff satisfaction, staff self-worth and patient/client satisfaction</li> <li>■ Developing and implementing processes that clarify their understanding of the unique and shared aspects of roles within the team</li> <li>■ Ensuring that the composition of the team is adequate to achieve their goals and meet their responsibilities to the needs of the patient/client population</li> <li>■ Establishing processes for decision-making for a variety of circumstances such as:               <ul style="list-style-type: none"> <li>• emergencies;</li> <li>• day-to-day functioning;</li> <li>• long-term planning;</li> <li>• policy development; and</li> <li>• care planning.</li> </ul> </li> </ul>

RECOMMENDATION	
Individual/Team Recommendations	<p>1.5 Nursing teams recognize how their goals contribute to, impact and/or complement the goals of other teams and the organization in achieving quality patient/client care.</p>
	<p>1.6 Nursing teams establish processes which promote open, honest and transparent channels of communication by:</p> <ul style="list-style-type: none"> <li>■ Establishing processes to ensure that full-time, part-time and casual staff seek out and receive effective communication on all shifts</li> <li>■ Establishing verbal, written and/or electronic processes in order to effectively document the communication</li> <li>■ Developing skills in active listening</li> </ul>
Organization Recommendations	<p><b>2.0 Nursing Collaborative Practice Organization Recommendations</b></p>
	<p>2.1 Organizations implement specific strategies that encourage and enable effective teamwork. These may include the provision of:</p> <ul style="list-style-type: none"> <li>■ Physical space or technology that enables people to come together</li> <li>■ Administrative support</li> <li>■ Orientation and continuing education funding</li> <li>■ Compensation opportunities to promote participation</li> <li>■ Recognition and rewards</li> <li>■ Participative decision-making opportunities related to development and implementation of policy</li> <li>■ Evaluation processes focused on the impact of nursing teams on patients/clients, nurses, and the organization and the development of specific outcome measures</li> </ul>
	<p>2.2 Organizations ensure a culture that supports effective teamwork and conveys administrative support by:</p> <ul style="list-style-type: none"> <li>■ Ensuring that team members are included in the development and implementation of unit policies</li> <li>■ Supporting a culture in which participative decision-making is promoted</li> <li>■ Developing clear and consistent policies concerning role responsibilities</li> <li>■ Developing values, structures and processes to foster effective intra and interprofessional collaborative relationships<sup>6</sup></li> <li>■ Ensuring that resources are allocated for teams to balance delivery of care and professional practice development and evaluation</li> <li>■ Endorsing a professional practice model that supports practice accountability, autonomy and decision authority related to the work environment and care</li> <li>■ Incorporating behavioural objectives into the performance development and management processes related to effective teamwork</li> </ul>
	<p>2.3 Organizations support systems and processes that promote team functioning and continuity of patient/client care.</p>
	<p>2.4 Organizations develop and utilize specific outcomes to evaluate the effectiveness of teams while ensuring that high quality nursing care is being delivered by:</p> <ul style="list-style-type: none"> <li>■ Evaluating the impact of nursing teams on patients/clients, nurses and the organization</li> <li>■ Systematically evaluating nursing teams</li> <li>■ Identifying obstacles to completing evaluation processes</li> </ul>
	<p>2.5 Organizations provide support to leaders who use evidenced-based transformational leadership<sup>6</sup> practices to create healthy work environments.</p>

RECOMMENDATION	
External/System Recommendations	<b>3.0 Government</b>
	<p><b>3.1</b> All levels of government ensure sustainable financial resources to support collaborative nursing teamwork by allocating funding for:</p> <ul style="list-style-type: none"> <li>■ Team development and evaluation initiatives</li> <li>■ Professional nursing development initiatives</li> <li>■ Direct and indirect patient/client care activities</li> <li>■ Developing strategies for professional practice</li> <li>■ Collaborative patient/client centred practice</li> <li>■ Interprofessional education initiatives</li> <li>■ Practice evaluation</li> <li>■ Technologies to support team interaction</li> <li>■ Research</li> </ul>
	<b>4.0 Research</b>
	<p><b>4.1</b> Researchers work with governments, educational and health service organizations to conduct research on the impact of teamwork on nurses, teams and patient/client outcomes and on competencies for collaborative practice.</p>
	<b>5.0 Accreditation</b>
	<p><b>5.1</b> Accreditation bodies of health service organizations include evidence-based standards and criteria on effective teamwork as part of their standards.</p>
	<b>6.0 Education</b>
	<p><b>6.1</b> Educators/educational institutions value, promote and role model a culture of professionalism and effective team functioning by:</p> <ul style="list-style-type: none"> <li>■ Identifying and implementing a leadership/champion role accountable for the implementation of the infrastructures required to support team focused curriculum</li> <li>■ Utilizing a variety of teaching and learning strategies that provide opportunities to learn about effective teams and teamwork. Opportunities may include but are not limited to: <ul style="list-style-type: none"> <li>• case studies depicting realistic team issues and scenarios that become increasingly complex throughout the educational program;</li> <li>• course electives which focus on teams and team functioning;</li> <li>• course electives which focus on conflict resolution; and</li> <li>• learning objectives that focus on social/relational domains.</li> </ul> </li> </ul>
	<p><b>6.2</b> Nurse Educators select clinical placements that promote and demonstrate team effectiveness by:</p> <ul style="list-style-type: none"> <li>■ Assuring that students obtain accurate knowledge about the roles and responsibilities of nurses and other providers in the health system</li> <li>■ Developing innovative practicums that support communities of practice amongst both nursing teams and interprofessional teams<sup>6</sup></li> </ul>
	<b>7.0 Nursing Professional/Regulatory</b>
	<p><b>7.1</b> Provincial and national nursing professional/regulatory bodies work together to help their respective members to become more informed about their own and their colleagues' roles in the health system by:</p> <ul style="list-style-type: none"> <li>■ Discussing roles and responsibilities associated with their education, skills and knowledge</li> <li>■ Mutual sharing and consultation in the development of regulatory documents</li> </ul>
	<p><b>7.2</b> The scopes of practice of various regulated nursing professionals are reviewed regularly and in response to health professional regulatory changes.</p>
	<p><b>7.3</b> Professional associations and regulatory bodies work with educators, practitioners, unions and policy makers to clarify nursing roles within interprofessional teams by:</p> <ul style="list-style-type: none"> <li>■ Examining similarities and differences in the educational content of various professional nursing programs</li> <li>■ Discussing with other allied health professionals similarities and differences in the roles and educational preparation of other professionals</li> <li>■ Working to develop a common language across disciplines</li> </ul>



# Sources and Types of the Evidence on Collaborative Practice Among Nursing Teams

## Sources of Evidence

The search for evidence revealed experimental, quasi-experimental, descriptive and qualitative studies. Sources included:

- A systematic review of the literature on teamwork conducted by the Joanna Briggs Institute of Australia (see Appendix C)
- Supplemental literature searched by Panel Members

## Rating of Evidence

Current practice in creating best practice guidelines involves identifying the strength of the supporting evidence.<sup>38</sup> The prevailing systems of grading evidence identify systematic reviews of randomized controlled trials (RCT) as the “gold standard” for evidence with other methods ranked lower.<sup>39</sup> However, not all questions of interest are amenable to the methods of RCT particularly where the subjects cannot be randomized or the variables of interest are pre-existing or difficult to isolate. This is particularly true of behavioural and organizational research in which controlled studies are difficult to design due to continuously changing organizational structures and processes. Moreover, since health professionals are concerned with more than cause and effect relationships and recognize a wide range of approaches to generate knowledge for practice, we have adapted the traditional levels of evidence used by the Cochrane Collaboration<sup>40</sup> and the Scottish Intercollegiate Guidelines Network to identify the type of evidence contained in this guideline.<sup>41</sup>

## Evidence Rating System

Type of Evidence	Description
<b>A</b>	Evidence obtained from controlled studies, meta-analyses <sup>6</sup>
<b>A1</b>	Systematic Review <sup>6</sup>
<b>B</b>	Evidence obtained from descriptive correlational studies <sup>6</sup>
<b>C</b>	Evidence obtained from qualitative research <sup>6</sup>
<b>D</b>	Evidence obtained from expert opinion <sup>6</sup>
<b>D1</b>	Integrative Reviews <sup>6</sup>
<b>D2</b>	Critical Reviews <sup>6</sup>

## Individual/Team Recommendations

**The following recommendations are** organized using the Healthy Work Environments framework and reflect physical/structural; cognitive, psychological, social, cultural; and professional and occupational components of teamwork that must be addressed at the individual and team level to ensure best practice. The individual/team factors that are identified in the various components include:

### Physical/Structural components

- Work demands – physical effort and requirements of the work such as changing schedules and shifts
- Work design – task interdependence, role clarity, unit-level policies that influence scope of practice and role autonomy
- Work characteristics – workload and characteristics of the patient/client population that necessitate teamwork by the nursing team (the complexity of patient/client needs and acuity of their health condition could influence the number of different nursing providers involved in care and the frequency of team interactions)
- Team composition – collective work experience, educational preparation

### The Cognitive/Psychological/Social/Cultural components

- The requirements of the work that necessitate cognitive, psychological, and social capabilities and effort
- Team relationships – team communication patterns, decision-making, conflict resolution, and team member mentoring
- Role clarity
- Role strain
- Emotional demands
- Job security
- Clinical complexity
- Clinical knowledge, coping skills, communication skills

### Professional/Occupational Components

- Experience, skills and knowledge
- Personal attributes
- Teamwork skills
- Motivational factors

## 1.0 Nursing Collaborative Practice Individual/Team Recommendations:

- 1.1** Nurses develop knowledge about the values and behaviours that support teamwork and the impact of teamwork on patient/client outcomes. As such nurses:

- Inform themselves about the attributes of supportive teams
- Articulate their belief in the value of teamwork
- Demonstrate their willingness to work effectively with others

### Discussion of Evidence<sup>a</sup>

Before individuals can function effectively as team members they must be secure in their professional roles.<sup>42</sup> Nurses need to better understand what teamwork is, how they fit into the team and their scope of practice before they can fully participate in collaborative practice.<sup>43</sup>

Studies show that one of the primary determinants of enhanced collaboration is the willingness of individual team members to work together.<sup>42</sup>

### Teamwork Attributes

- Mutual Respect
- Shared Planning
- Open Communication
- Cooperation
- Shared Expertise
- Shared Decision-making
- Common Goals
- Coordination

- 1.2** Nurses contribute to a culture that supports effective teamwork by:

- Demonstrating accountability for actions, enthusiasm, motivation and commitment to the team
- Actively and constructively participating in the nursing team
- Understanding their own roles and responsibilities as well as seeking information and developing an understanding about other roles and scopes of practice
- Being accountable for and respectful in the manner in which they communicate
- Being proactive in seeking out information they require about their work and workplace
- Seeking opportunities and assuming the responsibility to share a nursing perspective in interprofessional forums, including informal and formal settings

### Discussion of Evidence<sup>b</sup>

The systematic review of the literature completed by the Joanna Briggs Institute,<sup>45</sup> concludes that individual enthusiasm and a supportive culture encourage teamwork. Accepting accountability, being motivated to work as a team member, commitment and enthusiasm are also essential to the development of an effective and cohesive team and enhanced collaborative practice.<sup>46, 47, 48</sup>

a Type of Evidence

There is A type of evidence to support this recommendation.

b Type of Evidence

There is A1, C, D and D1 type of evidence to support this recommendation.

Communication is a key determinant of collaboration in health care teams. Each team member needs to understand and articulate how her or his work contributes to outcomes and team objectives. Through the development of a greater understanding of the roles of other professional partners, other determinants of collaboration such as mutual respect, sharing and trust are enhanced.<sup>42</sup>

### Team Communication

- Active Listening
- Timeliness
- Openness
- Sharing
- Respect
- Trust

The literature also identifies that social support from team members increases job satisfaction and lowers job stress.<sup>49, 50, 51</sup> The Association of Colleges of Nursing<sup>9</sup> supports the attributes of collaboration identified by Arcangelo, et al.,<sup>52</sup> which include trust, knowledge, mutual respect, good communication, cooperation, coordination, shared responsibility, and optimism. As a basic requirement of team development, that supports the development of mutual respect and effective collaborative practice, team members must become familiar with not only their roles, but the roles of other team members.<sup>43</sup>

To promote interprofessionalism, which requires that professionals continuously interact and share knowledge in order to solve care issues, educational institutions must also ensure knowledge about other professional roles is shared.<sup>53</sup> Oandasan and Reeves,<sup>54</sup> report that individuals who participate in interprofessional education need to reflect on their own understanding of “interprofessionalism, teamwork and collaboration” (p. 23).

Nurses have a unique body of knowledge and world view. As such, the nursing perspective needs to be represented at all levels of the organization. The team plays an important role in identifying opportunities for input and lobbying to ensure nursing’s perspective is considered.<sup>1</sup>

### 1.3

Nurses initiate collaborative processes within the team, especially in situations of increasing patient/client complexity, to improve patient/client outcomes.

## Discussion of Evidence<sup>c</sup>

Patient/client care is becoming increasingly complex. To improve outcomes the contribution of each team member needs to be optimized.<sup>55, 56</sup> Professionals need to focus on working together in a complementary manner rather than competing with other team members.

Understanding decision-making roles and accountability is especially important in complex, acute situations. Team members need to have a clear understanding of their roles and the roles of others within the practice environment.<sup>56</sup>

<sup>c</sup> Type of Evidence

There is A1, C and D type information to support this recommendation.

#### Attributes of Collaboration<sup>58</sup>

- Cooperative endeavor
- Willing participation
- Shared planning and decision-making
- Recognizing and sharing expertise
- Nonhierarchical mutually respectful relationships

#### Key Features of Collaboration<sup>59</sup>

- Active and assertive contribution of each party
- Receptivity and respect of the other party's contributions.
- Negotiating process that builds upon the contribution of both parties to form a new way of conceptualizing the problem.

“*Collaboration is the process of working together to build consensus on common goals, approaches and outcomes. It requires an understanding of own and others' roles, mutual respect among participants, commitment to common goals, shared decision making, effective communication relationships and accountability for both the goals and team members.*”

Graham, J. G. & Barter, K.<sup>57</sup>



**1.4** Nursing teams establish clear processes and structures that promote collaboration and teamwork that leads to quality work environments and quality outcomes for patients/clients by:

- Establishing processes for conflict resolution and problem solving
- Establishing processes to develop, achieve and evaluate team performance, common goals and outcomes
- Developing systems and processes to recognize and reward successes
- Building capacity for systematic problem solving and improving quality of care
- Participating in the development and implementation of guidelines to support enhanced collaboration at the functional and organizational level
- Incorporating non-hierarchical, democratic working practices to validate all contributions from team members
- Incorporating processes that support continuity of care with patients/clients to enhance staff satisfaction, staff self-worth and patient/client satisfaction
- Developing and implementing processes that clarify their understanding of the unique and shared aspects of roles within the team
- Ensuring that the composition of the team is adequate to achieve their goals and meet their responsibilities to the needs of the patient/client population
- Establishing processes for decision-making for a variety of circumstances such as:
  - emergencies;
  - day-to-day functioning;
  - long-term planning;
  - policy development; and
  - care planning.

### Discussion of Evidence<sup>d</sup>

The establishment of processes that involve staff in policy development make it easier for staff to work as a team at a functional level.<sup>60</sup> Conclusions in the literature suggest that team interaction, collaboration, communication and coordination have an important effect on the quality of nurse's worklife and affect the quality of care and outcomes for patients/clients.<sup>34</sup> Kalisch and Begeny report that there are anecdotal articles that identify the importance of rewarding teamwork, having a clear direction, goal attainment, team bonding, team communication and coaching staff in the establishment of effective teams.<sup>44</sup>

Conflict on teams can have a negative impact on effective collaboration and teamwork.<sup>45</sup> Cox also identifies that interpersonal conflict has a direct negative impact on intragroup conflict and work satisfaction.<sup>61, 62</sup> Nursing teams need to acquire knowledge related to dealing with conflict and ensure that processes are established to deal with conflict.

<sup>d</sup> Type of Evidence

There is A1, B, C and D types of evidence to support this recommendation.

Decision-making processes need to be developed that address various situations.<sup>60</sup> For instance, while soliciting team input and consensus building may be the most appropriate avenue for long-term planning, it is not necessarily the best method for making decisions in emergency situations when immediate action must be taken. The Joanna Briggs Institute systematic review also identified that there was the need for specific decision-making processes in varied situations.<sup>45</sup>

One of the major characteristics of an effective team is an integrated set of goals.<sup>63</sup> A process of goal development and review needs to be established to promote collaboration and ensure that team members have the opportunity to participate fully in a democratic non-hierarchical process related to goal setting.<sup>45</sup> When nursing teams work together to formulate policies there is a greater feeling of ownership for the process.<sup>45</sup> The process of policy development, which involves working towards a common goal, promotes collaboration and teamwork.<sup>60</sup>

The literature identifies a need to establish specific outcomes to evaluate the impact of nursing teams on the quality of care provided to patients/clients.<sup>45</sup> Patient/client satisfaction, staff satisfaction and waiting list outcome measures are frequently used.<sup>47, 64, 65, 66</sup> To promote a healthy work environment the effect of teamwork on quality of work life needs to be evaluated systematically to allow for comparisons within and across programs and organizations.<sup>45</sup>

Oandasan and Reeves report that issues of power and hierarchy need to be identified when developing team processes.<sup>54</sup> Working practices that promote input from all team members in establishing unit goals and priorities need to be established. Hierarchical rather than collaborative team structures impede teamwork.<sup>46, 60</sup> The need for non-hierarchical, democratic working practices was also identified by Joanna Briggs Institute in the systematic review of the evidence related to teamwork.<sup>45</sup>

Differentiated practice models that identify level of education, expected clinical skills or competencies, and job descriptions promote improved job satisfaction, decreased staffing costs, nurse retention, and patient/client safety.<sup>55</sup> However, organizational structures which shift decision-making from more traditional hierarchical structures toward more horizontal ones facilitate and enhance collaboration.<sup>42</sup>

Consistent, appropriate, knowledge and skills transfer is important to ensure continuity of care. This includes the transfer of knowledge that is appropriate to the patient/client, the care required and the setting.<sup>67</sup> Communication, staffing and care plan development are examples of processes that support continuity of care and promote collaborative practice.<sup>34, 67</sup> Continuity of care has a positive impact on staff satisfaction and improved quality of work life.<sup>68</sup> The Joanna Briggs Institute concluded that nursing teams that encourage continuity of care with patients/clients have higher levels of staff satisfaction and find their job more rewarding.<sup>45</sup>

Team members need to recognize and respect the roles and expertise of other team members and need to integrate the input into care plans.<sup>54</sup> Clearly defined roles for team members enhance collaboration while minimizing and facilitating delegation.<sup>42</sup> It has also been reported that some overlapping of roles, achieved through a degree of role blurring, may facilitate coordination of work.<sup>69</sup> Preuss found that overlapping roles in nursing units were associated with improved information quality and reduced frequency of medication errors.<sup>70</sup> While this may seem like contradictory evidence, teams can evaluate the value of both role clarity and role overlap within the context of the work of a team.

People with chronic health problems that involve significant physical, mental health or cognitive disabilities; people in the terminal phase of their illness; very old people; people with complex medical regimes and people whose caregiver (family support) is under a lot of stress are particularly in need of continuity of care.<sup>67</sup> To provide the complexity of care required to patients/clients, teams must reflect on their composition and ensure that they have the knowledge and skill to provide the quality of care required. If they discover that they require other expertise they must either develop the knowledge/skill within the current team or actively solicit the input of others who have the skill and knowledge.

- |            |  |
|------------|--|
| <b>1.5</b> | <b>Nursing teams recognize how their goals contribute to, impact and/or complement the goals of other teams and the organization in achieving quality patient/client care.</b> |
|------------|--|

### Discussion of Evidence<sup>e</sup>

A collaborative structure for care delivery improves service to patients/clients.<sup>45</sup> In order to work collaboratively across teams, nursing teams must be aware of how their goals and processes affect other teams and individuals. Collaboration during the goal development stage may prevent duplication of effort and confusion for patients/clients, interprofessional team members and other stakeholders.

Teams need to determine their own direction.<sup>45</sup> Through the development of their own goals and objectives, care planning, and decision-making, collaboration is enhanced. However, teams must acknowledge the impact of their decisions on other professional groups and work collaboratively with them to ensure positive outcomes.<sup>46</sup>

- |            |   |
|------------|---|
| <b>1.6</b> | <b>Nursing teams establish processes which promote open, honest and transparent channels of communication by:</b> |
|------------|---|

- |  |
|--|
| <ul style="list-style-type: none"> <li>■ Establishing processes to ensure that full-time, part-time and casual staff seek out and receive effective communication on all shifts</li> <li>■ Establishing verbal, written and/or electronic processes in order to effectively document the communication</li> <li>■ Developing skills in active listening</li> </ul> |
|--|

<sup>e</sup> Type of Evidence

There is A1 and C type of evidence to support this recommendation.

## Discussion of Evidence<sup>f</sup>

Communication is an important aspect of teamwork. The evidence identifies the need for teams to have processes in place that support communication at all times in order to improve patient/client outcomes.<sup>46, 48, 60, 71</sup> The Joanna Briggs Institute synthesis concludes that communication is an essential component of effective teamwork, and that teamwork could be improved by the establishment of clear processes for communication.<sup>45</sup> The evidence identifies that enhanced communication promotes enhanced collaboration and teamwork.<sup>45, 54, 55</sup>

Nurses work varied shifts. As such, the communication issues related to nursing are more complex than for most other professionals and pose particular challenges.<sup>60</sup> The Joanna Briggs Institute systematic review of the literature reports that communication is essential when working part-time and that specific processes (verbal, written, and electronic) must be in place to facilitate communication throughout the continuum of care, thus facilitating team work.<sup>45</sup> Examples of these processes are message books, e-mail and effective and appropriate clinical documentation processes which enhance communication and therefore teamwork.<sup>60</sup> A high degree of dependence on verbal communication should be avoided to minimize misinterpretation of the message.<sup>60</sup>

Open channels of communication including regular team meetings promote teamwork.<sup>45</sup> Without appropriate, timely communication collaborative practice cannot exist. Clear and open communication among team members is crucial to ensure quality health care.<sup>60</sup> Active listening is a major component of nursing education and clinical practice. The need to listen to input and recognize the roles and expertise of others, including patients/clients enhances communication.

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<sup>f</sup> Type of Evidence

There is A1 and C type of evidence to support this recommendation.

# Organization Recommendations

**The following recommendations are** organized using the Healthy Work Environments framework and reflect physical/structural, cognitive, psychological, social, cultural, professional and occupational components of teamwork that must be addressed at the organizational level to ensure best practice. The organizational factors that are identified in the various components include:

## Physical/Structural components:

- Physical characteristics and environment of the organization including functioning equipment
- Organizational structures and processes created to respond the physical demands of the work (e.g., span of control of managers, decision-making processes)
- Leadership support
- Staffing practices, flexible and self-scheduling
- Occupational health safety policies
- Rewards and incentives that encourage and promote collaborative practice

## Cognitive/Psychological/Social/Cultural components:

- Organizational climate, culture and values
- Cultural norms, especially those that foster trust and respect
- Organizational hierarchy, and how it influences power dynamics
- Organizational stability
- Communication practices
- Labour/management relations
- Culture of continuous learning and support

## Professional/Occupational components

- Characteristics of the nature and role of the nursing within the organization, including organizational policies that influence scope of practice, level of autonomy and control over practice
- Intraprofessional and interprofessional relationships within the organization

## 2.0 Nursing Collaborative Practice Organization Recommendations:

### 2.1

Organizations implement specific strategies that encourage and enable effective teamwork. These may include the provision of:

- Physical space or technology that enables people to come together
- Administrative support
- Orientation and continuing education funding
- Compensation opportunities to promote participation
- Recognition and rewards
- Participative decision-making opportunities related to development and implementation of policy
- Evaluation processes focused on the impact of nursing teams on patients/clients, nurses and the organization and the development of specific outcome measures



## Discussion of Evidence<sup>g</sup>

Teamwork needs to be supported by organizational structures that make it possible for nurses to participate fully and that acknowledge and recognize the value that the organization places upon collaborative practice and teamwork. Recognition of team functioning in performance development processes, ensuring that there is the opportunity for teams to meet in a suitable, accessible space, paid time to meet and continuing education funds supportive of educational programs related to team functioning are crucial to effective teamwork at the functional level.<sup>1, 42, 58</sup>

In D'Amour and Oandason's model of interprofessional practice, institutional factors which influence the development of interprofessionalism are described.<sup>43</sup> These factors include the development of a vision of interprofessionalism, the provision of resources and champions, the development of supportive administrative processes and financial incentives. San Martin-Rodriguez et al. report that determinants such as organizational structure, philosophy, administrative support, team resources and communication and coordination mechanisms significantly impact the creation of an organizational setting that is favourable to professional collaboration.<sup>42</sup>

Individual competencies in collaborative practice are insufficient to improving outcomes. An alignment of micro, meso and macro system supports are also essential. These include but are not limited to competency enhancement, development of effective work environments, and the provision of interprofessional educational opportunities.<sup>43</sup> The use of incentives and rewards, in the professional development process related to teamwork, is more likely to promote teamwork at the individual level if the desired outcome is increased patient/client and staff satisfaction.<sup>44</sup>

The organization needs to ensure that valid, consistent outcome measures are developed and utilized to evaluate the team impact on patient/client care and quality of work life.<sup>45</sup> Patient/client satisfaction, staff satisfaction and waiting list outcome measures are frequently used.<sup>47, 64, 65, 66</sup> To promote a healthy work environment the effect of teamwork on quality of worklife needs to be evaluated.

### 2.2

Organizations ensure a culture that supports effective teamwork and conveys administrative support by:

- Ensuring that team members are included in the development and implementation of unit policies
- Supporting a culture in which participative decision-making is promoted
- Developing clear and consistent policies concerning role responsibilities
- Developing values, structures and processes to foster effective intra- and interprofessional collaborative relationships
- Ensuring that resources are allocated for teams to balance delivery of care and professional practice development and evaluation
- Endorsing a professional practice model that supports practice accountability, autonomy and decision authority related to the work environment and care delivery
- Incorporating behavioural objectives into the performance development and management processes related to effective teamwork

<sup>g</sup> Type of Evidence

There is A1, C and D types of evidence to support this recommendation.

## Discussion of Evidence<sup>h</sup>

The Canadian Nursing Advisory Committee supports and recognizes the need for nurses to be actively encouraged to participate in the decision-making process.<sup>1</sup> Involvement of nursing team members in the development of unit policies is an important hallmark of a professional practice environment.<sup>55</sup> Nurses have a clear understanding of this work at the functional level and need to have input into the development and participate fully in the implementation. Involvement in these processes supports enhanced accountability and commitment to the team and unit.<sup>45</sup>

Ambiguity often occurs within nursing roles. Roles and responsibilities sometimes appear to change dependent on the setting, shift or patient/client population. Clear and consistent policies will assist with role clarification for the individual nurse as well as for members of the interdisciplinary team.<sup>42, 45</sup> However, policies must reflect the importance of work role flexibility and the positive impact it has on collaboration among team members.<sup>69</sup>

Interaction among professionals and managers promotes the development of an environment that supports interprofessionality.<sup>43</sup> Support for this environment includes the development and identification of values, structures and processes that support, reward and promote teamwork.<sup>45</sup>

The findings of the Joanna Briggs Institute<sup>45</sup> systematic review include a need to establish a balance between practice development and the delivery of high quality care.<sup>46</sup> The demands of care delivery can sometimes be overwhelming. However, time must be spent to develop new skills based on evidence to ensure that the quality of care continues to improve.

Professional practice models need to be developed and supported by the organization. A clear practice model promotes enhanced communication by utilizing a common language and establishing relevant, achievable standards of practice. The model can then be used to measure performance, promote consistency in care across professions and improve communication about patient/client care within the team.<sup>57</sup>

<sup>h</sup> Type of Evidence

There is A1, C and D types of evidence to support this recommendation.

Table 2.2 – Teamwork Competency and Defining Behaviours

**This chart provides a sample of how,** at the organizational level, the performance development process incorporates behavioural objectives related to teamwork competencies.

COMPETENCIES	FULLY PERFORMING	EXCELLENT	OUTSTANDING
<b>TEAM WORK</b> Works collaboratively together with others to achieve group goals and objectives <ul style="list-style-type: none"> <li>■ Collaboration</li> <li>■ Relationships/ Partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• Open and willingly to share appropriate information with patients/clients, families and others</li> <li>• Assists in resolving team problems and deals with conflict in a positive manner</li> <li>• Takes responsibility for achieving individual goals while understanding the impact on patients/clients, families and others</li> <li>• Understands the importance of achieving team goals and contributes/ initiates solutions</li> <li>• Demonstrates a cooperative spirit and contributes to a positive and supportive working environment</li> <li>• Supportive of team decisions and is trusted by others</li> <li>• Takes action to address patient safety concerns within own or team members work</li> <li>• Takes initiative and offers assistance to colleagues/ fellow team members</li> </ul>	<ul style="list-style-type: none"> <li>• Assumes leadership roles within the group and helps to facilitate team goal setting</li> <li>• Builds rapport, always communicates respectfully when giving feedback</li> <li>• Encourages and initiates teamwork</li> <li>• Involves the patient, family or others as a participant in the design and delivery of service or care</li> <li>• Works well with all people inside and outside the team</li> <li>• Mentors others and serves as a role model within team</li> <li>• Holds others accountable for team performance</li> <li>• Respects diversity, values the opinions of others</li> </ul>	<ul style="list-style-type: none"> <li>• Continually strives to improve team effectiveness<sup>6</sup></li> <li>• Creates synergy within team, department and alliances across the organization</li> <li>• Motivates others and brings team members together to achieve collaborative results</li> <li>• Persuades others to act in the best interests of patients/clients, families and teams within the organization</li> <li>• Resolves complex team issues by achieving common understanding on diverging interests</li> <li>• Facilitates and fosters cooperative approach within unit and beyond</li> <li>• Measures and monitors team outcomes and facilitates continuous quality improvement</li> </ul>

Source: Teamwork competency and defining behaviours, Mount Sinai Hospital, Performance Appraisal System, Core Competency on Teamwork, 2006.<sup>72</sup>

## 2.3

Organizations support systems and processes that promote team functioning and continuity of patient/client care.

### Discussion of Evidence<sup>i</sup>

The evidence identifies continuity of care as having a positive impact on staff satisfaction and patient/client satisfaction.<sup>47</sup> As such, organizations must ensure that they have mechanisms in place that support the delivery of patient/client care in a consistent seamless manner. The Joanna Briggs Institute identifies a positive impact between job satisfaction and continuity of care. In order to promote healthy work environments organizations need to have supportive processes in place.<sup>45</sup>

i Type of Evidence

There is A1, B, C and D2 types of evidence to support this recommendation.

Effective teamwork improves quality of nursing work life and improves patient/client care.<sup>45</sup> However, individual nurses and nursing teams can not sustain teamwork on their own. The organization has a responsibility to ensure that professional practice models are supportive of collaborative practice to ensure that the development of barriers between or among teams is avoided.<sup>45</sup> The literature also indicates that the success or failure of an organization is dependent on how effective its people are at collaboration.<sup>42</sup>

Organizations must recognize that nursing teams function in complex, high pressure environments. As such, organizational resources must be adequate to ensure that staffing levels and mix support and promote teamwork, high quality delivery of care, professional development and evaluation. Without resources specifically identified for replacement of staff to participate in team activities, professional development and evaluation, it is unlikely that such activities will occur within the allocated funding.<sup>1, 73</sup>

### 2.4 Organizations develop and utilize specific outcomes to evaluate the effectiveness of teams while ensuring that high quality nursing care is being delivered by:

- Evaluating the impact of nursing teams on patients/clients, nurses and the organization
- Systematically evaluating nursing teams
- Identifying obstacles to completing evaluation processes

## Discussion of Evidence<sup>j</sup>

Evaluation needs to occur in a systematic, organizationally supported manner in order to identify best practices. A non-systematic approach results in data that would be difficult to analyze and therefore utilize. The approach should also take into account specific issues related to each unit.<sup>44, 45</sup>

There is a lack of formal evaluation related to the impact of nursing teams.<sup>46</sup> However, the impact of teamwork on the quality of nurse's work environment, nurse outcomes, quality of care and patient/client outcomes have been investigated.<sup>34</sup> A consistent approach to evaluation of nursing teams will further assist with the identification of best practice.

Organizations have focused mainly on patient/client satisfaction or waiting list outcome measures when evaluating team effectiveness<sup>G, 46</sup>. There is a need to identify, consider and develop other clinical outcomes that would measure effectiveness of teams. Multiple factors determine the effectiveness of teams including work design, environmental, internal and external processes and group psychosocial characteristics.<sup>32</sup> Structural, cultural and competency-based variables such as collaboration, egalitarianism, substantive participatory decision-making, cohesiveness, team diversity, team composition and size, leadership behaviours and role sets with the team and communication systems have an impact on team effectiveness<sup>32, 33, 34</sup> and therefore need to be evaluated.

<sup>j</sup> Type of Evidence

There is A1, B, C and D2 types of evidence to support this recommendation.

**2.5** Organizations provide support to leaders who use evidenced-based transformational leadership practices to create healthy work environments.

**Discussion of Evidence<sup>k</sup>**

The *Developing and Sustaining Leadership* best practice guideline identified the importance of leadership related to staff developing a greater sense of affiliation.<sup>74</sup> Staff who feel part of the team exhibit enhanced collaborative practice.

Promotion of nursing leadership opportunities at all levels of the organization is a hallmark of a professional nursing practice environment.<sup>55</sup> Bartram, Joiner and Stanton, reported that social support from nurse leaders lowered job stress and increased job satisfaction.<sup>49</sup>

Successful leaders acknowledge the importance of effective leadership to enhancing nursing teamwork, job satisfaction and patient/client satisfaction.<sup>74</sup> As such, the implementation of this recommendation is crucial to advancing collaboration among nursing teams and in creating healthy work environments for nurses.

**Transformational Leadership Practices That Improve Collaboration<sup>74</sup>**

- Building relationships and trust
- Creating an empowering work environment
- Creating a culture that supports knowledge development and integration
- Leading and sustaining change
- Balancing competing values and priorities

<sup>k</sup> Type of Evidence

There is A and D type of evidence to support this recommendation.



## External/System Recommendations

**The following recommendations are** organized using the Healthy Work Environments framework and reflect physical/structural, cognitive, psychological, social, cultural, professional and occupational components of teamwork that must be addressed at the external/systems level to ensure best practice. The external/systems factors that are identified in the various components include:

### Physical/Structural components:

- Health care delivery models
- Funding
- Legislation (e.g., health system reform)

### Cognitive/Psychological/Social/Cultural components:

- Consumer expectations (e.g., changing care preferences)
- Changing roles of family
- Diversity of population and providers
- Changing professional roles

### Professional/Occupational components

- Policies and regulations at the provincial/territorial, national and international levels which influence how organizations and individuals behave in regard to collaborative practice and team interaction
- Competencies and standards of practice that influence the role of team members
- Role socialization within and across disciplines

### 3.0 Government Recommendations:

#### 3.1

All levels of government ensure sustainable financial resources to support collaborative nursing teamwork by allocating funding for:

- Team development and evaluation initiatives
- Professional nursing development initiatives
- Direct and indirect patient/client care activities
- Developing strategies for professional practice
- Collaborative patient/client centred practice
- Interprofessional education initiatives
- Practice evaluation
- Technologies to support team interaction
- Research

## Discussion of Evidence<sup>I</sup>

Governments are becoming increasingly aware that nursing teams function in complex, high-pressure environments. Funding needs to be available to ensure that staffing levels support high quality delivery of care, professional development and evaluation of service delivery outcomes including patient/client care and quality of nursing work life. Without resources specifically allocated for professional practice development and evaluation it is unlikely that it will occur within the allocated funding.<sup>1, 73</sup> Leaders in government need to support interprofessional education which may enhance collaborative patient/client centered practice.<sup>43</sup>

The literature identifies the positive impact that effective teamwork has on patient/client outcomes, organizational effectiveness, overall health care delivery and the quality of nursing worklife.<sup>44,45</sup> Governments need to openly acknowledge and support nursing participation in team processes and collaboration through the development of structures and processes that promote and reward collaborative nursing practice.

Involvement of nursing team members in the development of health care policy is an important hallmark of a professional practice environment.<sup>55</sup> The establishment, support and utilization of national, and provincial/territorial nursing advisory committees (NACs) must occur and/or continue.<sup>1</sup>

The Canadian Nursing Advisory Committee recommends that provincial/territorial NACs (or equivalent body) identify and support the implementation of retention strategies for their respective workforces that focus on improving the quality of the work lives of nurses.<sup>1</sup> Nurses need to be meaningfully involved at all levels of decision-making related to nursing practice, management and policy that benefit the employer and patient/client care.<sup>1</sup>

Governments need to ensure that funding is in place that supports nursing participation in team processes. These supports include but are not limited to appropriate staff levels and staff mix for the client/patient population served, appropriate systems for communication, a healthy physical work environment, adequate resources for equipment and supplies, and replacement costs for nurses who participate in team activities.<sup>1, 45</sup>

Purden states that continuing education needs to be considered within an interprofessional context to support the advancement of collaboration.<sup>75</sup> Resources need to be provided to develop, implement and evaluate collaborative educational opportunities.<sup>54, 55</sup>

The Romanow report supports this recommendation. Romanow also recommended that governments need to make processes related to resource allocation decision-making more transparent to ensure that those directly involved in utilization of these resources understand, and have an opportunity to provide input into these decisions.<sup>73</sup>

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I Type of Evidence

There is A, B, C and D types of evidence to support this recommendation.

#### 4.0 Research Recommendations:

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|-----|--|
| 4.1 | Researchers work with governments, educational and health service organizations to conduct research on the impact of teamwork on nurses, teams and patient/client outcomes and on competencies for collaborative practice. |
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#### Discussion of Evidence<sup>m</sup>

San Martin-Rodriguez et al. identify that there is a paucity of research related to the influence of the individual/team, organizational and systemic determinants of successful interprofessional collaboration.<sup>42</sup> This may be partially due to the fact that faculty research is often influenced by large dollar, topic specific studies suitable for publication in prestigious scholarly journals.<sup>76</sup> As such, San Martin-Rodriguez et al., suggest that research regarding the influence of the aforementioned factors and multiple determinants on effective teamwork needs to be undertaken.<sup>42</sup> Further to this recommendation, it is important that leaders within the organization understand the key characteristics that promote and support collaboration.<sup>42</sup>

D'amour and Oandasan suggest that research is needed to acquire a clearer understanding of competencies/learner outcomes related to collaboration.<sup>43</sup> The information gathered can then be used to develop formalized teaching innovations to address the identified competencies.

#### 5.0 Accreditation Recommendations:

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|-----|--|
| 5.1 | Accreditation bodies of health service organizations include evidence-based standards and criteria on effective teamwork as part of their standards. |
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#### Discussion of Evidence<sup>n</sup>

The Canadian Council on Health Care Accreditation recognizes the importance of collaboration of professionals to ensure an integrated and coordinated health care delivery system.<sup>77</sup> As such, the accreditation process can promote change and support the advancement of interprofessional, collaborative practice.<sup>43</sup> Collaboration and a team approach to care have a positive impact on the delivery of care to patients/clients.<sup>78</sup> The accreditation process examines processes for coordinated/collaborative approaches to care such as an integrated patient/client record, integrated services across departments and agencies and development of a care plan that outlines the roles and responsibilities of all care providers.<sup>77</sup>

Further to the need for accreditation for health care organizations and programs, accreditation standards for interprofessional education for academic programs need to be established. Without such standards educational programs may not identify the need for including it within their curriculum.<sup>76</sup>

<sup>m</sup> Type of Evidence

There is A and C types of evidence to support this recommendation.

<sup>n</sup> Type of Evidence

There is A, B, C and D types of evidence to support this recommendation.

## 6.0 Education Recommendations:

### 6.1 Educators/educational institutions value, promote and role model a culture of professionalism and effective team functioning by:

- Identifying and implementing a leadership/champion role accountable for the implementation of the infrastructures required to support team-focused curriculum
- Utilizing a variety of teaching and learning strategies that provide opportunities to learn about effective teams and teamwork. Opportunities may include but are not limited to:
  - case studies depicting realistic team issues and scenarios that become increasingly complex throughout the educational program;
  - course electives which focus on teams and team functioning;
  - course electives which focus on conflict resolution; and
  - learning objectives that focus on social/relational domains.

### Discussion of Evidence<sup>o</sup>

Interprofessional education/interaction is an important factor in preventing the creation of barriers that may impact negatively on professional collaboration and teamwork.<sup>79</sup> Forsyth<sup>80</sup> as cited in D'eon,<sup>81</sup> reported that social identity theory suggests that the more people identify with their own group, the less accommodating they will be to other groups. Professional education that is limited to one group may result in stereotyping that poses a major barrier to effective, respectful collaborative practice.<sup>76</sup>

Champions/leaders are required in all areas of nursing including the promotion of collaborative practice.<sup>74</sup> However, the individual nurse or nursing team, can not sustain programs without the support of organizations and educational institutions.<sup>79, 82</sup> Knowledge related to the role of leaders and champions that promote collaboration and teamwork needs to be provided and opportunities to practice the skill need to be available.

D'eon discusses the cognitive (thinking), psychomotor (doing), affective (feeling) and social/relational (relating in groups) domains in which learning can take place.<sup>81</sup> The social/relational domain provides individual nurses with the opportunity to learn the skills and attitudes necessary to participate in effective teamwork. Nurses and nursing students should have the opportunity to participate in interprofessional educational/learning sessions that focus on improving the delivery of care to patients/clients.<sup>83</sup>

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<sup>o</sup> Type of Evidence  
There is A and B types of evidence to support this recommendation.

## 6.2

Nurse Educators select clinical placements that promote and demonstrate team effectiveness by:

- Ensuring that students obtain accurate knowledge about the roles and responsibilities of nurses and other providers in the health system
- Developing innovative practicums that support communities of practice amongst both nursing teams as well as interprofessional teams

### Discussion of Evidence<sup>p</sup>

Nurses need to have the opportunity to participate in a healthy nursing team. However, this may not always be possible. Nurse educators where ever possible should assess the clinical placement setting to ascertain the level of effective, healthy teamwork and at the very least, ensure that students are not exposed to toxic situations.<sup>53</sup>

There exists a lack of clarity among nurses and other health professionals related to individual professional scopes of practice and roles.<sup>84</sup> This lack of clarity may cause misunderstanding about the potential contribution of other team members resulting in underutilization of the nursing team and other team members.<sup>84</sup>

The educational system needs to not only help students recognize the values and responsibilities of their respective profession, but also provide information related to professional plurality.<sup>42</sup>

<sup>p</sup> Type of Evidence

There is A and B types of evidence to support this recommendation.



## 7.0 Nursing Professional/Regulatory Recommendations:

**7.1** Provincial and national nursing professional/regulatory bodies work together to help their respective members to become more informed about their own and their colleagues' roles in the health system by:

- Discussing roles and responsibilities associated with their education, skills and knowledge
- Mutually sharing and consulting in the development of regulatory documents

### Discussion of Evidence<sup>q</sup>

Teamwork and collaboration are enhanced when team members understand their own roles and those of other team members and are able to articulate the similarities and differences.<sup>45, 54</sup> A lack of clarity was identified by Besner et al.<sup>84</sup> Although there is a significant difference in education, knowledge, and skill base, Besner et al. reported that RNs and RPNs (LPNs) were unable to clearly articulate the differences between their roles and those of other professionals. Professional and regulatory bodies have a responsibility to ensure that these similarities and differences are unambiguous and clearly communicated intraprofessionally, interprofessionally and to the public in general.

**7.2** The scopes of practice of various regulated nursing professionals are reviewed regularly and in response to health professional regulatory changes.

### Discussion of Evidence<sup>r</sup>

The scope of practice of regulated health professionals needs to be evaluated on a regular basis to ensure that the content is accurate and reflective of current practice, skill and knowledge of the various roles.<sup>85</sup> Health care and the knowledge associated with care delivery continue to evolve. As such, a plan for ongoing review of the scope of practice needs to be initiated to ensure that high quality care of patients/clients is delivered by the right person, at the right time and in the right place.<sup>84</sup>

q Type of Evidence

There is A and B types of evidence to support this recommendation.

r Type of Evidence

There is B and D types of evidence to support this recommendation.

### 7.3 Professional associations and regulatory bodies work with educators, practitioners, unions and policy makers to clarify nursing roles within interprofessional teams by:

- Examining similarities and differences in the educational content of various professional nursing programs
- Discussing with other allied health professionals similarities and differences in the roles and educational preparation of other professionals
- Working to develop a common language across disciplines

#### Discussion of Evidence<sup>s</sup>

There continues to be a lack of clarity related to differentiating the education, skills and roles of nurses and other health care professionals.<sup>84</sup> Communication and consultation among regulatory bodies related to competency frameworks, practice standards and educational preparation would provide a model for collaborative practice and clarity related to the differences, similarities and the ability of health care professionals to meet their particular role expectations.<sup>84</sup>

Individual professional regulatory organizations are responsible for establishing the criteria for practice within their particular profession. For this reason there may be a low level of support for interprofessional experiences. Therefore regulatory associations, by virtue of focusing on the specific roles within the profession, may not only serve as a barrier to the development of good pedagogic practice in interprofessional educational programs but also may mitigate against acknowledging the roles and skills of other health care workers.<sup>76</sup>

Development of a common language and a clearer understanding of the roles of other professionals may enhance teamwork and foster respect related to the contributions of all individuals.<sup>54</sup>

<sup>s</sup> Type of Evidence

There is B type of evidence to support this recommendation.

# Process for Reviewing and Updating the Healthy Work Environments Best Practice Guidelines

**The Registered Nurses' Association of Ontario (RNAO)** proposes to update the Healthy Work Environments Best Practice Guidelines as follows:

1. Each healthy work environments best practice guideline will be reviewed by a team of specialists (Review Team) in the topic area to be completed every five years following the last set of revisions.
2. During the period between development and revision, RNAO Healthy Work Environments project staff will regularly monitor for new systematic reviews and studies in the field.
3. Based on the results of the monitor, project staff may recommend an earlier revision plan. Appropriate consultation with a team of members comprising original panel members and other specialists in the field will help inform the decision to review and revise the guideline earlier than the five-year milestone.
4. Six months prior to the five-year review milestone, the project staff will commence the planning of the review process by:
  - a) Inviting specialists in the field to participate in the Review Team. The Review Team will be comprised of members from the original panel as well as other recommended specialists.
  - b) Compiling feedback received, questions encountered during the dissemination phase as well as other comments and experiences of implementation sites.
  - c) Compiling relevant literature.
  - d) Developing detailed work plan with target dates and deliverables.
5. The revised guideline will undergo dissemination based on established structures and processes.

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## Appendix A: Glossary of Terms

**Collaboration:** Collaboration is the process of working together to build consensus on common goals, approaches and outcomes. It requires an understanding of own and others' roles, mutual respect among participants, commitment to common goals, shared decision-making, effective communication relationships and accountability for both the goals and team members.<sup>57</sup>

**Collaborative Relationship/Practice:** is defined as a joint venture or cooperative endeavour that ensures a willingness to participate. This relationship involves shared planning and decision-making, based on knowledge and expertise rather than on role and title.<sup>58</sup>

**Consensus:** A collective opinion arrived at by a group of individuals working together under conditions that permit open and supportive communication, such that everyone in the group believes she or he had a fair chance to influence the decision and can support it to others.

**Continuity of Care:** A seamless, continuous implementation of a plan of care that is reviewed and revised to meet the changing needs of the client. The care may be provided by various care providers, at various times and in various settings.

**Critical Reviews (CRs):** Essays based on scholarship (i.e., on finding and reading the literature on a topic, and adding your own considered arguments and judgments about it). CRs thus involve both reviewing an area, and exercising critical thought and judgment. Retrieved August 2, 2006 from <http://www.psy.gla.ac.uk/~steve/resources/crs.html#What>

**Descriptive Co-relational studies:** Examine and describe how variables are related to one another and are used to make predictions from present circumstances to future ones. Retrieved August 2, 2006 from: <http://www.chiron.valdosta.edu/whuitt/edpsyppt/Intro/researchg.ppt>  
<http://www.ualberta.ca/~carmen/212a1/Chapter6final.ppt>

**Educator:** A person distinguished for her/his educational work; a person who, or a thing which, educates; a teacher. Retrieved Oct 11, 2003 from "<http://en.wiktionary.org/wiki/educator>"

**Expert Opinion:** The opinion of a group of experts based on knowledge and experience and arrived at through consensus.

**Healthy Work Environments:** A healthy work environment for nurses is a practice setting that maximizes the health and well being of nurses, quality patient/client outcomes and organizational performance.

**Healthy Work Environment Best Practice Guidelines:** Systematically developed statements based on best available evidence to assist in making decisions about appropriate structures and processes to achieve a healthy work environment.<sup>86</sup>

**Integrative Review:** The integrative review process includes (1) problem formulation, (2) data collection or literature search, (3) evaluation of data, (4) data analysis, and (5) interpretation and presentation of results. Retrieved August 2, 2006 from [http://www.findarticles.com/p/articles/mi\\_qa4117/is\\_200503/ai\\_n13476203](http://www.findarticles.com/p/articles/mi_qa4117/is_200503/ai_n13476203)

**Interprofessional Forums:** Gatherings such as conferences and symposia, and/or meetings and committees, where members of multiple health disciplines converge to share knowledge, expertise and discussion in order to strengthen interdisciplinary practice.

**Interprofessional Team:** Multiple health disciplines with diverse knowledge and skills who share an integrated set of goals and who utilize interdependent collaboration that involves communication, sharing of knowledge and coordination of services to provide services to patients/clients and their care-giving systems.<sup>63</sup>

**Meta-analysis:** The use of statistical methods to summarize the results of several independent studies, therefore providing more precise estimates of the effects of an intervention or phenomena of health care than those derived from the individual studies included in a review.<sup>87</sup>

**Nurses:** Refers to Registered Nurses, Licensed Practical Nurses (referred to as Registered Practical Nurses in Ontario), Registered Psychiatric Nurses, nurses in advanced practice roles such as Nurse Practitioners and Clinical Nurse Specialists.

**Nursing Team:** The nursing team is a group of nurses working towards a common goal.

**Patient/Client:** Recipient(s) of nursing services. This includes individuals, (family member, guardian, substitute caregiver) families, groups, populations or entire communities. In education, the client may be a student; in administration, the client may be staff; and in research, the client is a study participant.<sup>88, 89</sup>

**Professional:** The different types of workers who provide the patient/client with preventative, curative and rehabilitative care.<sup>43</sup>

**Qualitative Research:** Methods of data collection and analysis that are non-quantitative. Qualitative research uses a number of methodologies to obtain observation data or interview participants in order to understand their perspectives, world view or experiences.

**Systematic Review:** Application of a rigorous scientific approach to the preparation of a review article.<sup>90</sup> Systematic review establish where the effects of health care are consistent, and where research results can be applied across population, setting, and differences in treatment and where effects may vary significantly. The use of explicit, systematic methods in reviews limits bias (systematic errors) and reduces chance effects, thus providing more reliable results upon which to draw conclusion and make decisions.<sup>87</sup>

**Team:** A number of persons associated together in work or activity. (Merriam-Webster on line dictionary: Retrieved August 2, 2006 from <http://www.m-w.com/cgi-bin/dictionary>)

**Team Effectiveness:** The outcome of teamwork related to the teams success in meeting the common goals identified by its membership.

**Teamwork:** That work which is done by a group of people who possess individual expertise, who are responsible for making individual decisions, who hold a common purpose and who meet together to communicate, share and consolidate knowledge from which plans are made, further decisions are influenced and actions determined.<sup>37</sup>

**Transformational Leadership:** A leadership approach in which individuals and their leaders engage in an exchange process that broadens and motivates both parties to achieve greater levels of achievement, thereby transforming the work environment. Transformational Leadership occurs where the leader takes a visionary position and inspires people to follow. Retrieved August 2, 2006 from <http://changingminds.org/disciplines/leadership/styles/tranformationalleadership.htm>

## Appendix B: Guideline Development Process

**In May 2004**, RNAO convened a panel of nurses with expertise in practice, research, policy, education and administration representing a wide of range of nursing specialties, roles and practice settings.

The panel undertook the following steps in developing the best practice guideline:

- The scope of the guideline was identified and defined through a process of discussion and consensus
- Focused research questions were developed to guide the literature review process. These included:
  - What are the processes and characteristics of a nursing team that support a healthy work environment?
  - What effect does team process and composition have on producing effective teamwork?
  - What are the impacts of communication, coordination and collaboration within the nursing team and the creation of healthy work environments that leads to desirable outcomes for patients/clients, nurses, and the organization or the system?
- An evidence-based conceptual model was developed to organize the concepts and content within the guideline
- Search terms relevant to developing and sustaining collaborative practice among nursing teams were sent to the Joanna Briggs Institute to conduct a broad review of the literature
- A protocol including several focused objectives was developed to guide the Joanna Briggs Institute in conducting a systematic review of the literature. The objectives of the review were to identify the relationships between:
  - The processes of nursing team and the creation of a healthy work environment
  - The characteristics (specifically, but not limited to, communication, coordination and collaboration) of a nursing team and the creation of a healthy work environment
  - The structure and the composition of a nursing team and the creation of a healthy work environment.
- Additional literature was sourced by panel members



## Appendix C: Process for Systematic Review of the Literature on Collaborative Practice Among Nursing Teams Completed by the Joanna Briggs Institute

### 1. Broad review of the literature using keywords associated with the broad topic of leadership entered into:

- CINAHL
- Embase
- Medline;
- PsychInfo

### 2. Development of a protocol to direct a review to identify:

- The processes of a nursing team and the creation of a healthy work environment
- The characteristics (specifically, but not limited to, communication, coordination and collaboration) of a nursing team and the creation of a healthy work environment
- The structure and composition of a nursing team and the creation of a healthy work environment

### 3. Search terms identified included:

- Attitudes
- Collaborative nursing care
- Collaborative practice
- Conflict in nursing teams
- Critical care pathways and team development
- Decision making
- Diversity within context of team
- Dynamics between and among nurses
- Group processes
- Interprofessional teams
- Interprofessional-nursing roles and team mix
- Inter-sectoral
- Inter-team
- Intradisciplinary relations

- Intraprofessional relations
- Intraprofessional teams
- Multidisciplinary care team
- Nurse
- Nurse-physician relations
- Nursing education and team
- Nursing team dynamics
- Nursing teams and critical pathways
- Organization outcomes
- Outcome assessment
- Outcome research
- Patient outcomes
- Perceptions
- Primary nursing versus team nursing
- Professional designation
- Quality of care
- Quality of work life
- Recruitment
- Retention
- Roles differentiation and nursing and team functions
- Skill mix and teamwork
- Status and Teamwork
- Team development
- Team functions
- Team models
- Team processes
- Team nursing
- Team structure
- Team training and education
- Teamwork
- Transition of student nurse to novice to expert
- Work environment

4. The search strategy sought to find published and unpublished studies and papers, limited to the English language. An initial limited search of MEDLINE and CINAHL was undertaken followed by an analysis of the text words contained in the title and abstract and of the index terms used to describe the article. A second-stage search using all identified keywords and index terms was then undertaken using the search terms listed above.

Databases searched in the second stage included:

- ABI Inform (to January 2005)
- CINAHL (1982 to January 2005)
- Cochrane Library (to January 2005)
- Current Contents (to January 2005)
- Econ lit (to January 2005)
- Embase (1980 to January 2005)
- ERIC (to January 2005)
- MEDLINE (1966 to January 2005)
- OVID Medline (in Process and Other Non-Indexed Citations)
- PubMed (to January 2005)
- PsychINFO (1985 to January 2005)
- Sociological Abstracts (to January 2005)

The search for unpublished studies included:

- Dissertation Abstracts International (to January 2005)

5. Studies identified during the database search were assessed for relevance to the review based on the information in the title and abstract. All papers that appeared to meet the inclusion criteria were retrieved and again assessed for relevance to the review objective.
6. Identified studies that met inclusion criteria were grouped into type of study (e.g., experimental, descriptive, etc.).
7. Papers were assessed by two independent reviewers for methodological quality prior to inclusion in the review using an appropriate critical appraisal instrument from the SUMARI package (System for the Unified Management, Assessment and Review of Information) which is software specifically designed to manage, appraise, analyze and synthesize data.

Disagreements between the reviewers were resolved through discussion and, if necessary, with the involvement of a third reviewer.

## Results of Review

A total of 24 papers were included in the review. The review included nine experimental/quasi-experimental studies, 11 descriptive studies and four qualitative studies. The review examined the impact of team structures, processes and characteristics on patient/client, nurse and organizational outcomes. A variety of team structures were investigated including interprofessional, primary nursing, team nursing, multi-disciplinary models and a partners in care model.

The review resulted in the following recommendations related to practice:

- team functioning can be improved by involving staff in the development and implementation of policies;
- a coordinated approach to health care delivery results in improved patient/client, staff and organizational outcomes;
- specific outcome measures to evaluate teamwork need to be established; and
- team characteristics, which promote positive outcomes, include accountability, commitment, enthusiasm, motivation, social support, conflict reduction and effective communication.

The review provided the following recommendations related to future research initiatives:

- the impact of team structure, processes and characteristics to outcomes other than satisfaction requires further investigation; and
- the financial impact of team processes and structure require further investigation.

# Appendix D: Measures of Concepts Related to Collaborative Practice Among Nursing Teams Model

MULTIDIMENSIONAL MEASUREMENT INSTRUMENTS	SPECIFIC TEAM CONCEPT MEASUREMENT INSTRUMENTS
<ul style="list-style-type: none"><li>Caregiver Interaction Questionnaire<sup>91</sup></li><li>Group Interaction Scale<sup>92, 93</sup></li><li>Team Climate Inventory<sup>94</sup></li><li>Operating Room Management Attitudes Questionnaire<sup>95</sup></li></ul>	<ul style="list-style-type: none"><li>Relational Coordination<sup>51, 69</sup></li><li>Coordination Approach Scale<sup>96</sup></li><li>Collaborative Practice Scales<sup>59</sup></li><li>Decision about Transfer Scale<sup>97</sup></li></ul>

## Notes:

[illegible]



## Notes:

[illegible]

## Notes:

[illegible]

NOVEMBER 2006



**RNAO**

Registered Nurses' Association of Ontario  
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NURSING BEST PRACTICE GUIDELINES PROGRAM

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*Made possible by funding from the  
Ontario Ministry of Health and Long Term Care*

*Developed in partnership with Health Canada,  
Office of Nursing Policy*



ISBN

0-920166-77-6



**Ontario**