

# Team Nursing Revisited

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The use of team nursing as a model of nursing care is being reconsidered by many nurse executives as a strategy to meet patient needs while efficiently using nursing resources. The author examines the historical development and original concepts of team nursing, discusses problems that led to the criticism of team nursing, and suggests ways in which team nursing can be enhanced for future use.

The topic of team nursing elicits strong emotions from many nurses. Some nurses consider team nursing the worst scenario of how nursing care can be delivered. Others are concerned about the fragmentation of patient care and the lack of professional accountability, which they perceive to be problems with team nursing. Yet, as nurse administrators cope with the challenge of meeting patient care needs while holding down nursing care costs, the use of team nursing as a nursing care delivery system is quietly re-emerging.

A 1984 American Hospital Association Survey of member hospitals found that 33% of hospitals reported that they used team nursing.<sup>1</sup> The Hay Consulting Group surveyed 857 nurse executives in the fall of 1988 and found that 60% reported using team nursing on at least some of their units.<sup>2</sup> The number of hospitals using a team approach to nursing care delivery is likely to increase due to the current and projected nursing care shortage coupled with spiraling healthcare costs. The final report of the Health and Human Services Secretary's Commission on Nursing (1988) recommended that hospitals carefully consider nursing care delivery systems that allow for the incorporation of different levels of nursing personnel.<sup>3</sup>

Pressure to employ licensed practical nurses, nursing assistants, and other auxiliary workers in

the delivery of nursing care has also intensified as a result of significant salary increases recently received by registered nurses in some major metropolitan areas. Registered nurses are no longer being viewed as a cheap labor supply in hospitals. In a recent New York Times article, Edward Salsburg, director of New York State's Bureau of Health Resources Development, was quoted as saying, "If you are paying \$50,000 to \$60,000 a year for an experienced nurse, you are really going to want to be sure that you are utilizing her in the most vital way possible."<sup>4</sup>

Nurse executives are under increasing pressure to incorporate less expensive nursing personnel into their nursing care delivery systems. Some of today's newer concepts of nursing care delivery, such as case management and practice partnerships are receiving wide attention in the nursing literature. Team nursing is definitely not a current nursing buzzword. As originally developed, however, the philosophy of team provides a strategy to meet the comprehensive needs of the patient while efficiently using nursing resources. The concepts and ideas of team nursing merit revisiting and reconsideration.

## *Origin of Team Nursing*

Team nursing is no stranger to nursing shortages. The original philosophy of team nursing emerged as a result of the nursing shortage and explosive medical technologic developments that followed World War II. The shortage of registered nurses and increasing numbers of licensed practical nurses and other auxiliary personnel were decisive factors in the recommendation by the Committee on the Functions of Nursing (1948) that nursing be organized using a team approach to patient care.<sup>5</sup> Teachers College, Columbia University, with funding from the Kellogg Foundation, initiated a research study to assess whether the quality of nursing care could be enhanced by a team approach to patient care. The study showed

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team nursing to be an efficient and cost-effective way to administer nursing care.<sup>5</sup>

Dr. Eleanor Lambertsen, director of the research study, described team nursing as a patient-centered philosophy of nursing care.<sup>5</sup> Team nursing is based upon the belief that, when the activities and efforts of diversified nursing personnel are coordinated by a professional nurse, the group's total effort for the patient will surpass what can be done individually. These early proponents of team nursing believed a nurse who assumes the team leader role should be well prepared both educationally and clinically; a baccalaureate degree was recommended. This was a bold expectation at the time.<sup>6</sup> Unfortunately, it also was not a feasible one in the 1950s because of the scarcity of baccalaureate prepared nurses.

The lack of nurses equipped to manage groups of patients and staff created frustrations and questions about team nursing almost from the very beginning.<sup>7</sup> There were also problems with different conceptualizations of team nursing. Despite its introduction as a philosophy of nursing care, there was more focus on the method than on outcome. Many institutions implemented team nursing without making any real changes from the functional nursing system. Inexperienced registered nurses were placed in leadership roles with inadequate support and poorly trained staff.

When the original concepts and philosophy of team nursing are reviewed, one can argue that nursing was not ready for team nursing, nor would it have been ready for case management or practice partnerships had they been introduced at a similar point in the history of the profession. Reflecting on the evolution of team nursing, Dr. Lambertsen suggested there was not a clear understanding by many nurses that the professional practitioner had to maintain control over patient care (Personal communication, November 13, 1989). That intent was and still is present in the concepts of team nursing.

### ***Concepts of Team Nursing***

The core of team nursing is a patient-centered philosophy of nursing care. There is also a basic belief that team members of varying skill levels can contribute to this patient-centered nursing care if their activities are coordinated by a professional nurse. Other key concepts<sup>8-10</sup> in team nursing include the following:

- The goal of team nursing is to meet the individual healthcare needs of the patient and family.
- Whenever possible, the patient will be included by the team in planning care and goals.
- The team leader is accountable for nursing care given by team members.
- The team leader is expected to use a participative style of leadership in interactions with team members.
- The team is responsible for the total care given to an assigned group of patients and also for the documentation of that care.
- The team leader assesses patient care needs and plans nursing care assignments based on patient needs and priorities.
- The talents, skills, and abilities of all team members are fully used in the delivery of nursing care.
- The team members must accept the leadership and supervision of the team leader.
- Effective communication is essential to insure the continuity of nursing care.

Team nursing is not possible without strong leadership and clear communication. Although the expected leadership style in most team nursing situations is participatory, the responsibility for and the control of patient care remains in the hands of the registered nurse assigned as team leader. This role cannot be assumed by a licensed practical nurse, as has been done in some settings. Licensed practical nurses cannot function either legally or effectively as team leaders because they are not qualified to assess patient needs independently, to plan nursing care, to give supervision, or to evaluate nursing care.<sup>10</sup>

The coordination of team activities and continuity of nursing care activities demands excellent communication among team members. Planned, written assignments, well-developed nursing care plans, and frequent team conferences are fundamental in team nursing. With a diversity of team members participating in the delivery of patient care, the sharing of information about patient progress is critical for achieving patient-centered goals. Mechanisms such as team conferences, which allow for team building and resolution of interpersonal conflicts, are also essential for cohesive team functioning.

Team nursing is a form of decentralization.<sup>9</sup> In team nursing, the decision-making authority and responsibility for patient care is brought down to the operational level, which is closest to the patient. Consequently, much of the success of team nursing is contingent on the ability of the nurse manager to delegate leadership and management responsibilities wisely. The ability to be an effective team leader is developed by professional nurses when their nurse managers provide them with the opportunity and support to build management skills.

### ***Misconceptions About Team Nursing***

Much of the criticism surrounding team nursing is a consequence of the fact that it is organized so poorly in many settings. Prior to enactment and following implementation, every nursing care delivery system requires careful planning and frequent evaluation. The span of control of the professional nurse in the clinical situation needs to be considered carefully. Team nursing was designed to allow the incorporation of different levels of nursing personnel, but it was never intended that the responsibilities of the professional nurse should be so tremendous that the delivery of quality nursing care is impossible. Team nursing does not necessarily mean just one professional nurse on each team or two teams on each unit. It was not designed as a process; unfortunately, it has often been interpreted as such.

Probably the biggest single misconception about team nursing is the widespread belief that professional nurses do not deliver direct patient care in team nursing. It was the intent in the original philosophy of team nursing that registered nurses provide complex direct patient care. The role of the professional nurse was never envisioned as strictly management or restricted to the administration of medications and intravenous therapy. It was also recognized that stability was needed in the composition of the nursing team. Lambertsen noted that the lack of continuing accountability for patient care in team nursing is resolvable if creative scheduling is used (Personal communication, November 13, 1989).

Not every registered nurse is immediately able and willing to function as a team leader. Just as it is recognized in case management that the case manager should be clinically and educationally well prepared, so too should be nursing

team leaders. It has been a continuing misconception about team nursing that every practicing registered nurse is prepared for, interested in, and capable of assuming the clinical and leadership demands of being a team leader.

### ***The Future of Team Nursing***

The future success of team nursing largely depends on modifying past mistakes. Team nursing will be frustrating and fragmented if team leaders are not well educated and clinically competent. Nurse administrators cannot assume that professional nurses have all the necessary leadership skills. An excellent orientation to leadership responsibilities plus a role modeling experience will enhance the likelihood of team leadership success. Strong continuing clinical support and guidance from nurse managers is also needed. The position power of the team leader needs to be reinforced through input into team member selection, performance evaluations, and the delegation of the authority to accomplish team goals. There must be a firm focus on patient outcomes accompanied by an expectation of staff accountability and a recognition of team member skills.

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Although there should be recognition that team leading offers an excellent job enrichment experience for the professional nurse, there also must be support for professional nurses whose expertise and interest is in direct patient care rather than team leadership responsibilities. Lessons also should be learned from Kramer's research on new graduates.<sup>11</sup> Most new graduates do not have the clinical expertise, the professional maturity, or credibility to assume leadership of a nursing team. The initial clinical experience is best learned in direct patient care. To be successful, a nursing team must have a balance of talents. With high patient acuity levels in hospitals today, team nursing cannot work without a reasonable mix of professional nurses on the nursing team.

One frequently overlooked advantage of team nursing is that it provides an excellent recruitment mechanism into the profession of nursing. Many of today's professional nurses began their careers in nursing by participating as licensed practical nurses or nursing assistants on a nursing team. Institutions can develop their own future supply of registered nurses by encouraging and supporting the best and brightest members of their nursing teams to continue their education.

Team nursing is a group endeavor. Cooperation is vital to team effectiveness. A cohesive and effective team will not develop without specific team building strategies. Organizational development concepts involving team communication, goal achievement, and accountability offer a theoretical framework for the practice of team nursing. As is probably true with most nursing models, team nursing will work best when there is staffing stability and the team functions at its highest level of maturity. This is achieved only as team members grow together and continue to gain more knowledge and understanding.

### **Conclusion**

Today's nursing executives are faced with the challenge of implementing models of nursing care delivery that maintain optimum patient care outcomes and retain nursing professionals while maintaining the financial viability of the organization.<sup>12</sup> In such an environment, all nursing care delivery systems need to be evaluated carefully. Team nursing, like most nursing models, is not right for every unit or every institution. It does provide a strategy for meeting patient care needs while efficiently using nursing resources.

If thoughtfully implemented, the concepts of

team nursing offer exciting possibilities. Through the contribution of varying skills and talents, team members can collectively make a significant contribution to the care of patients. Lambertsen noted, "caring, warmth and concern for patients is not confined to professionals."<sup>5</sup>

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