

Skills for team working

NMC STANDARDS OF PROFICIENCY FOR NURSING ASSOCIATES

This chapter will address the following platforms and proficiencies:

Platform 3: Provide and monitor care

At the point of registration, the registered nursing associate will be able to:

- 3.7 demonstrate and apply an understanding of how and when to escalate to the appropriate professional for expert help and advice
- 3.4 demonstrate the knowledge, communication and relationship management skills required to provide people, families and carers with accurate information that meets their needs before, during and after a range of interventions

Platform 4: Working in teams

At the point of registration, the registered nursing associate will be able to:

- 4.1 demonstrate an awareness of the roles, responsibilities, and scope of practice of different members of the nursing and interdisciplinary team, and their role within it
- 4.2 demonstrate an ability to support and motivate other members of the care team and interact confidently with them
- 4.5 demonstrate an ability to prioritise and manage their own workload, and recognise where elements of care can safely be delegated to other colleagues, carers, and family members
- 4.6 demonstrate the ability to monitor and review the quality of care delivered, providing challenge and constructive feedback, when an aspect of care has been delegated to others

Platform 6: Contributing to integrated care

At the point of registration, the registered nursing associate will be able to:

- 6.1 understand the roles of the different providers of health and care. Demonstrate the ability to work collaboratively and in partnership with professionals from different agencies in interdisciplinary teams
- 6.6 demonstrate an understanding of their own role and contribution when involved in the care of a person who is undergoing discharge or a transition of care between professionals, settings, or services

Chapter aims

After reading this chapter, you should be able to:

- discuss the skills required for effective prioritisation and delegation;
- effectively communicate when providing feedback, mentoring and coaching;
- understand working as a team and sharing a vision;
- understand professional roles and boundaries, lines of responsibility and reporting mechanisms.

Introduction

Healthcare professionals are required to work as a team by the nature of the role and the environment in which they work. Caring for patients in a compassionate, person-centred way is a team activity. It relies on staff who work together in any department or ward area to work effectively together. It is essential to understand the importance of teamwork and the positive impact good team working has on the quality of care experienced by patients but also the experience and motivation of staff.

A team can be made of highly skilled individuals practising within their own sphere of competence with knowledge and skills, but for patients and service users to benefit fully, there needs to be good collaboration with one another. Prioritising and delegation of tasks, effective and clear communication, and holding a shared vision with a clear understanding of everyone's roles and responsibilities is paramount for good team working. An open and honest culture that includes constructive feedback and role-modelling behaviours, the ability to question and ask for help without being concerned it portrays a lack of ability is key to reducing stress and work overload and reducing the risks of errors and harm.

Team working has been discussed at length in Chapters 3 and 4, but what skills are required for effective team working? How can we as healthcare professionals develop these skills to implement in practice?

This chapter will encourage you to consider your knowledge and skills in relation to issues of accountability in a professionally regulated role. It will encourage you to critically reflect on situations in practice and areas for improvement and the impact on patient and staff experience. You will be encouraged to consider your own practice and identify areas of improvement and your role in the development of others through providing constructive feedback and role-modelling professional behaviours.

Prioritisation, time management and delegation

Prioritising workload

When faced with what feels like a never-ending task list it is easy to choose to prioritise tasks that can be accomplished quickly and with fewest resources. This reduces the overwhelming feeling of having lots of tasks to complete. Prioritisation, however, takes into account what tasks need to be completed as a priority rather than the easiest and quickest to achieve: it can be identified what can be managed at a later date and also what tasks can be delegated.

At its core, prioritisation is based on Maslow's Hierarchy of Needs theory (1943), and healthcare professionals view activities in terms of how urgent or important they are. These decisions are based on both critical thinking and their clinical decision-making skills (Aggar et al., 2017).

Maslow's Hierarchy of Needs theory is essentially five levels to prioritise an individual's needs from highest to lowest priority. The five levels are:

1. Basic physiological need

For example, gastrointestinal needs such as foods, fluid, nutrition as well as elimination. Respiratory status and effort or cardiovascular stability or health.

2. Safety and security

For example, preventing further injury or subsequent illness.

3. Love and belonging

For example, ensuring adequate support systems are in place and maintained. This can prevent feelings of loneliness and isolation.

4. Self-esteem

For example, building a positive outlook, establishing control, and promoting a sense of worthiness.

5. Self-actualisation

For example, the full development of an individual's abilities and appreciation for life. Self-actualised people have an acceptance of who they are despite their faults and limitations.

Activity 5.1 Prioritisation

Matthew is 46 years old and had open heart surgery less than 24 hours ago.

As the nursing associate caring for Matthew, think about the order in which the following concerns/tasks should be prioritised. What is your rationale and how do they fit in the hierarchy of needs?

- A. Matthew is very concerned about how his sternal incision scar will look once it is healed and is asking to talk about this and long-term options for scar management.
- B. Matthew's care plan states he needs physiotherapy to commence to mobilise him – the referral needs to be made.
- C. Matthew has mottled and cool upper and lower extremities. The capillary refill time is 4–5 seconds.
- D. You need to complete teaching with Matthew regarding sternal precautions to prevent complications.
- E. Matthew's wife has not visited since his surgery because Matthew has told her not to come as he doesn't want her to see him unwell as she will get upset.

An outline answer is provided at the end of the chapter.

Time management

Effective time management is an essential skill for all healthcare professionals. The benefits of good time management are that, essentially, we can get more done in the time we have. It can produce a higher quality of work and ensures that tasks are not missed. From an individual perspective it can also limit burn-out and improve both our professional and personal job satisfaction. But effective time management takes practice and experience. It needs to be developed. As healthcare professionals we need to find the right resources, tools and role models to help us in successful and effective time management.

Activity 5.2 Reflection

How effective are you at time management?

Take some time to reflect on your time management skills. Think about your personal life as well as your professional role.

- What strategies or tools do you use in your time management? Think about the other team members you work with.
- Can you identify a healthcare professional you work with who has good time management skills? Try to identify things they do that you think would help you in future practice.
- Think about an experience in practice when you feel you could have managed your time more effectively. What could you have done differently?

As this activity is based on your own reflection, no outline answer is provided at the end of this chapter.

A key principle of time management is planning and organisation: thinking logically about what activities need to be completed and how long realistically is needed to complete the activity or task. Breaking tasks down into smaller, more manageable tasks can help. It is important to always remember that things will not always go to plan. Unexpected situations or events can alter priorities and we need to be flexible and adaptable to meet the changing needs of our patients/clients and clinical areas. It is also important to be able to ask for help. Identifying that you have over-committed or don't have the capacity to safely undertake a task at that time and asking for support from more experienced healthcare professionals is vital. It should not be viewed as a weakness. Multitasking can lead to increased stress and increases the chances that errors may be made, or things missed.

Appropriate delegation of tasks is a key component in time management and an integral part of team working.

Delegation

Delegation within nursing can be described as a *dynamic process that involves responsibility, accountability and authority* (Sullivan and Decker, 2005, page 144). The art of delegation is an essential skill for any registered professional.

A task may be delegated from:

- one registered professional to another;
- a registered professional to an unregulated member of staff;
- a registered or unregistered person to a carer or family member.

Delegating a task to an unregistered healthcare professional such as a healthcare assistant, clinical support worker, nursery nurse, etc., involves you remaining accountable for the task, and the individual you delegate to assumes responsibility.

The responsibilities of nursing associates where delegation is concerned don't change in circumstances if the person delegating and the person accepting a delegated task are both registered professionals. As a registered professional, whether you are someone delegating a task, or receiving a delegated task, you are accountable for your conduct and practice.

For someone to be accountable they must:

- have the ability (knowledge and skills) to perform the activity or intervention;
- accept the responsibility for doing the activity;
- have the authority to perform the activity within their role, through delegation and the policies and protocols of the organisation.

The NMC *Code* sets out expectations of people on the register when they delegate to others. These requirements apply, regardless of who the activity is being delegated to. This may be another registered professional, a non-registered colleague, or a patient or carer. The Nursing and Midwifery Council (NMC) *Code* (2018b) states in the section entitled 'Practise effectively' that registrants must:

- only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand the instructions;
- make sure that everyone they delegate tasks to are adequately supervised and supported so they can provide safe and compassionate care;
- confirm that the outcome of any task delegated to someone else meets the required standard.

Understanding who you are accountable to is key when delegating. As healthcare professionals we are accountable to ourselves, our peers, patients, colleagues, and our employers as well as professional bodies.

Read the case study below and consider the different levels of accountability for the individuals involved.

Case study: Suzanna

Suzanna is a nursing associate working on a busy paediatric surgical unit. She has four patients she is caring for in a bay. It is approaching ward round and Suzanna is prioritising the tasks she needs to complete.

Patient A has a post-operative surgical wound that the doctors have requested to review on ward round. Analgesia has been given in preparation for the dressing change, so she needs to undertake that task in a timely manner.

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Patient B required hourly blood glucose levels monitoring. Mum is very anxious that these are undertaken on time and is asking when Suzanna intends on completing the task.

Patient C requires vital signs recorded and has been having pyrexias that may require further investigation. The last temperature was recorded as 38.2 but it was too early to give antipyretics. The temperature needs to be checked and if necessary, medication administered and appropriate escalation.

Patient D is due a routine set of observations.

Karl is the healthcare assistant on the ward. He offers to help. Karl usually works on an adult outpatients' unit but has been on the ward a number of times before. Suzanna assesses the situation and the tasks that she needs to complete. She asks Karl what experience he has and what tasks he is comfortable and competent to undertake. He explains that he has undertaken vital signs on children numerous times and has had teaching from the trust specific to paediatrics. He has seen blood glucose monitoring being undertaken and has done the procedure himself before under supervision. This was in an adult area and the equipment appears different, but he is happy to do this. He doesn't have much experience in wound care but feels he can take the dressing down for review.

Suzanna makes the decision that her priority is to check the blood glucose level. She will undertake this as she feels Karl is not competent in the skill and familiar with the equipment, and Mum's anxiety means she may need to spend some time with the family. She checks when the analgesia was given for the dressing change on Patient A and ascertains that she has some flexibility, and requests with the nurse in charge that the patient be seen last on ward round to allow her time to undertake the dressing in preparation. Suzanna asks Karl to undertake vital signs monitoring on the remaining patients. She gives him specific instructions as to what vital signs must be undertaken and recorded, and that she needs to be made aware of any recordings outside of the normal range or changes in the patient trend. She specifically asks him to inform her of what temperature he records for Patient C as soon as he has completed and documented it.

She finishes the conversation by checking with Karl that he is clear on what she has asked him to undertake, and he knows what information she needs from him when the tasks are completed.

Suzanna records Patient B's blood glucose level and reassures Mum. She then begins to undertake the dressing change on Patient A when Karl arrives to let her know that the vital signs have all been recorded and documented: paediatric early warning score is 0 and Patient C's temperature is 36.8. He has already informed the doctors of this as they arrived to review the patient while he was undertaking the observations. Suzanna thanks him and completes the dressing removal in preparation for review.

Activity 5.3 Critical Thinking

It is important that delegation takes into account the individual context of every situation and does not just focus on the activities required. Reading the case study above, consider Suzanna's decisions and critical thinking in the choices she has made. Think about the following questions and evaluate whether Suzanna delegated and prioritised appropriately.

- Is delegation in the best interests of the patient?
- Has Suzanna considered the clinical risk involved in delegating?

- Did Karl have the capacity to take on additional work?
- Does Karl have the skills and knowledge required to undertake the activity, including communication and interpersonal skills, as well as clinical competence?

An outline answer is provided at the end of this chapter.

Communication and providing feedback

Patient safety experts agree that communication and teamwork skills are essential for providing quality healthcare. When all clinical and non-clinical staff collaborate effectively, healthcare teams can improve patient outcomes, prevent medical errors, improve efficiency and increase patient satisfaction. Good teamwork requires effective communication, leadership, situational awareness and mutual support. Providing feedback and supporting all members of the team is an integral part of developing leadership skills in the profession. There are various models of support used in the clinical setting that involve providing feedback, and communication skills are a key element of all of them. This support can come from any member of the team and developing skills to effectively offer feedback that is received and interpreted in the right way is paramount.

Used in the correct way and with intent, feedback and coaching can accelerate clinical learning. Coaching is a partnership between the coach and another individual. The coach helps the individual to achieve their personal best and to produce the results they want in their personal and professional lives. Coaching ensures the individual can give their best, learn and develop in the way they wish.

Coaching tends to involve the development of competency, and results in motivation from developing skills in a task as the product (Bach and Ellis, 2011). Mentoring is more involved in role modelling and has subtle differences such as mentoring has a greater interest in the individual's progress and personal growth rather than simply being able to undertake a required skill.

In whatever form feedback is delivered, it takes an amount of self-awareness and effective communication skills to ensure that the intent of the feedback is the same as the impact it has on the individual receiving it. Positive feedback can result in motivation, an increase in confidence and positively influence future practice. If the feedback includes areas for improvement or identification of a mistake, for example, individuals can easily feel criticised and become defensive, and this can result in conflict within teams that, if not managed appropriately, can result in a breakdown of relationships and ineffective teamwork.

The case study below demonstrates how effective communication can result in positive outcomes for those involved and providing feedback can have a positive influence on practice and individuals.

Case study: Suzanna

During the interaction with Karl earlier in the day, Suzanna has identified some areas that she feels she needs to feedback and discuss further with Karl. She has reflected on the interaction and discusses it with the nurse in charge. Suzanna is concerned that Karl

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appeared to be willing to undertake blood glucose monitoring on a patient despite the fact he didn't hold a competency and was unfamiliar with the equipment. Suzanna and the nurse in charge agree this needs to be addressed with Karl and agree on additional feedback that would benefit Karl and his development. They decide that Suzanna will offer Karl the feedback with the support of the nurse in charge. Suzanna finds an appropriate time in the shift when Karl is free and asks if she and the nurse in charge can speak with him. Karl looks concerned but she offers reassurances. She starts by thanking Karl for his help. He identified she was struggling with workload and offered to help, and she appreciated that. She recalls the fact he followed her instructions, documented appropriately and brought her the information she requested in the time frame she had specified. She then asks Karl some questions.

'Do you have any thoughts about why I asked you to do the vital signs for the patients rather than the blood glucose monitoring?'

Karl replies that he assumed it was because he didn't have the right experience and competence to do this point of care test. Suzanna confirms that was the reason and goes on to explain that any skill needs to be competence assessed and he needs training on the medical devices also. Karl agrees he was aware of this, has always adhered to it and misunderstood that he thought she would supervise him. He would not undertake anything he didn't have the training to do so. She comments on the fact that Karl has been doing a lot of shifts on the ward recently and asks if it is an area of interest for him. He confirms that he enjoys working on the paediatric wards and is keen to gain more experience. The nurse in charge suggests that she would be happy to discuss supporting Karl to attend any training he may be interested in that would benefit his role and support his personal and professional development.

Karl is happy with this and thanks them both for their feedback. He enjoys working on the ward and would like to consider paediatrics in the future.

Both Suzanna and the nurse in charge are satisfied that Karl is aware of his boundaries and scope of competence. Karl feels a valued member of the team and is pleased about the potential opportunities for his development.

This was a positive experience for all those involved. Suzanna feels reassured that there is no patient safety concern, and Karl has been offered some professional development opportunities and feels he has been recognised for his contributions to the team.

Sharing a vision and lines of responsibility

Workplace objectives are specific goals that an organisation or a department sets out to achieve in a specified time frame. Put another way, objectives are statements that explain how goals will be achieved. Objectives must be measurable and quantifiable; they must also be realistic and attainable within a specific time frame.

Teamwork is about striving to accomplish a set of common goals and objectives. For teams to be effective they need to have clear, shared objectives that contribute to the effectiveness of the care provided to patients and their families. These objectives provide a framework for the team to measure progress, recognise potential risk and identify opportunities for collaborative working.

Activity 5.4 Teamwork and objectives

- Consider how the work of teams can support the achievement of workplace objectives.
- Think about your own team.
- What evidence is there that you work together to meet objectives?
- Does your organisation have a 'mission statement' about team working?

As this activity is based on your own reflection, no outline answer is provided at the end of this chapter.

Teams function most efficiently when members share a common understanding of one another's roles and responsibilities. Indeed, one of the reasons why teams fail is a lack of clarity among team members regarding their respective roles, responsibilities and the expectations they hold of one another when working together to accomplish their vision, mission, goals and objectives. When roles and responsibilities are clearly defined, team members are more productive. There is less duplication of effort, less confusion, disappointment and frustration, and greater productivity. Team members look beyond their own individual positions and learn to understand, respect and value the unique contributions of one another, and they recognise that the overall success of the team is a function of shared responsibility and ownership.

Different members of the team will have different responsibilities and will contribute different skills and knowledge within the team. The extent of the team you work within will differ depending on the organisation you work for. For example, if you work in a care home that provides personal care only, the diversity of the team you work within will not be as great as if you work within a hospital. The importance of each team member being clear about both their own role and that of every other member of the team is essential. This understanding of the role should include the purpose of the role, together with the levels of accountability, authority and responsibility associated with the role. This understanding is crucial at an individual, team and organisational level for the team to function effectively. If team members are not clear about their roles and responsibilities or do not appreciate the roles of others, this can lead to conflict, so paying attention to your role and the roles of others can go a long way in reducing the risk of conflict within the team.

Depending on where you work, you may have an organisational chart that represents the structure of the organisation in terms of rank. The chart will show the managers and sub-workers who make up the organisational team, as well as the relationship between staff in the organisation. Again, this will depend on where you work and whether there are different departments within your organisation. Understanding these lines of reporting and escalation process is vital in understanding individuals' roles and responsibilities. Complete the activity below to explore your understanding of the structure of your teams.

Activity 5.5 Reflection

Explain lines of reporting and responsibility in your team. Draw a 'family tree' which represents the organisational structure of your clinical area. Explain each role and the responsibility attached to the role.

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Think about lines of reporting – who do you report and escalate to? Who escalates and reports to you?

As this activity is based on your own reflection, no outline answer is provided at the end of this chapter.

Chapter summary

This chapter began with looking at the key skills of prioritisation and delegation, and the communication skills involved in effective team working. The effective delivery, planning and organization of care delivered depends on a wide range of individuals such as professionals, families and patients working together with the common goal of achieving the best health outcomes. Effective team working is essential to place people at the centre of care decisions. Understanding the different characteristics of teams and the individuals within them can help nursing associates to uphold professional caring values and to work effectively.

Activities: Brief outline answers

Activity 5.1 Prioritisation (page 77)

One potential answer for order of priority is:

C. Matthew has mottled and cool upper and lower extremities. The capillary refill time is 4–5 seconds – *this involves a basic physiological need, possible complication related to the cardiovascular system.*

B. Matthew's care plan states he needs physiotherapy to commence to mobilise him – the referral needs to be made – *safety and security.*

D. You need to complete teaching with the patient regarding sternal precautions to prevent complications – *safety and security.*

E. Matthew's wife has not visited since his surgery because Matthew has told her not to come as he doesn't want her to see him unwell as she will get upset – *love and belonging.*

A. Matthew is very concerned about how his sternal incision scar will look once it is healed and is asking to talk about this and long-term options for scar management – *self-esteem.*

Activity 5.3 Critical thinking (page 80)

Suzanna considered the tasks that needed to be taken and prioritised them in order of patient need. She identified the time-sensitive nature of some of the tasks and considered this when deciding that delegation was appropriate for patient care and safety. She identified

that the pain relief was required for dressing change and this needed to be considered in her decision. She also identified the anxiety of the patient's mother and that she may need some support and reassurances. Suzanna also considered who would be appropriate to give that reassurance.

She carefully considered the clinical risks associated with each patient and based her clinical decision making on this.

Karl offered to help Suzanna and she accepted as she identified she was not able to undertake all the tasks, and it was in the best interests of her patients.

Suzanna identified Karl's level of competence and delegated appropriately ensuring he had clear instruction of what she needed him to do and following up on the outcomes and appropriate escalation. She identified that although he may be experienced in his usual place of work, this is a different clinical area with potentially different equipment.

Further reading

Esterhuizen, P (2019) *Reflective Practice in Nursing*. 4th edition. London: SAGE/Learning Matters.

Reflection is an essential tool for nursing associates and all registered practitioners. Developing good reflective skills on our practice and our interactions with others will help us develop as healthcare professionals.

Grant, A and Goodman, B (2019) *Communication and Interpersonal Skills in Nursing*. 4th edition. London: SAGE.

This book discusses many different perspectives of interpersonal skills and communications techniques. This will enhance the discussions in this chapter about communication and providing and receiving feedback.

Belbin, M (2012) *Team Roles at Work*. [Online]. Taylor and Francis.

This book explores the impact of team roles from interpersonal chemistry and managing difficult relationships, to cultivating effective leaders and shaping organisations. It provides insights in to how to apply the theory of team working to everyday work situations.