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Team Care and Patient Care: the influence of co-worker relationships on staff wellbeing and patient experience in two adult community nursing services

Ethnographic findings from a mixed methods national research project "Staff Wellbeing and Patient Experience"

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National Nursing RESEARCH UNIT

Co-Working:

- Informal co-worker relationships that can extend beyond or exist within structured teams
- Have social, practical and emotional dimensions
- Are often ‘taken for granted’ aspects of the work place and of patient care
- Recent research suggest that the quality of interpersonal interactions is the ‘cornerstone of team work’ (Buljac-Samadizic et al 2011)

Particular issues in community nursing work

- work allows more independence in the organisation of tasks than 'ward work' (see also Flynn 2000; Rose and Glass 2006;2010)
- tendency towards an 'individualistic professional orientation' (Garrish 2001) …
- community nurses value relationships with colleagues as very important to job satisfaction and work confidence (see also Rout 2000; Caers et al 2008)
- also value consensual decision making so that 'quest for unity may override significant disagreements' (Garrish 2001)

Our first findings….

- All staff (Service A) and ¾ of staff (Service B) independently noted that co-worker relationships affected their wellbeing
- My colleagues … "remind me feel valued and cared for"
- "make me feel that I want to be at work"
- "keep me going" "back me up" " are my safety net"
- "make me feel less guilty when I call in sick or have to take time back"
- Keeping good relationships was hard practical and emotional work
- Could appear as 'resistance to change'
- Infrequently noticed by managers
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An Occupational Community

- *What they are*: Informal groups of practical learning that socialise newcomers into the workplace ('learning the ropes') (Lave and Wenger 1990s)
- *Why they form*: Involve the improvisation/innovation of knowledge (often with an awareness that canonical accounts of work practices are insufficient or not appropriate (Brown and Duguid 1991)
- *How they are shaped*: Organised around common experiences or dilemmas and often involve the use of narrative to develop knowledge and shared understanding (Orr 1996)

The central focus of occupational communities of community nurses….

- Sustaining and managing relational care
- “The reason I became a district or community nurse”
  (see also McGarry 2006)
- But “it’s not (not any longer) a valued part of my work”

‘Tea break stories’ and the work of an occupational community….

- Sharing stories were opportunity for reflecting on dilemmas of providing relational care ….
- to stress the continued value of relational care work …
- to consider the difficulties of ‘knowing a patient’…
- to ask how to manage the boundaries of relational care work….

Sustaining an ethic of care …

Service A

"our patients are always lovely [really]" .. "people do funny things when they're worried"

Service B

"we can only do so much because there's only have 10 minutes per patient" ….. "I manage to give valued care in spite of everything.. "

Interviews with patients receiving community nursing services

- Of the 55 patients interviewed in community services, 21 independently noted co-working between staff as important to patient experience.
- "You can tell that they are friends..they all work together and that's how they know me" (Patient 8; Service A)
- "It's like they don't really discuss anything.. Like everything to do with the staff is contactless and that stops them making contact with me (Patient 11, Service B)
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The limiting conditions of an occupational community…. (Cox 2008)

- frequent reorganisation of teams and frequent use of temporary staff
- ‘tight’ managerial approach
- individualisation of work
- competitive workplaces
- spatially fragmented work
- heavily mediated activities (eg virtual working)
- **… a cautionary tale for adult community nursing?**

- Thank you for listening !

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