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” (NIHR funded)

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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
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)
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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