

**THE EXPLORATION OF THE EFFECTIVE USE OF TEAM
NURSING AMONGST PROFESSIONAL NURSES
IN DR GEORGE MUKHARI HOSPITAL**

**BY
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DECLARATION

I declare that the study on the exploration of the effective use of team nursing amongst professional nurses in Dr George Mukhari Hospital is my own work and that all sources I have used or quoted, have been indicated and acknowledged by means of complete reference and that this work has not been submitted before for any other degree at another institution.

Signature

L.J Nkosi

Date

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ABSTRACT

Title: The exploration of the effective use of team nursing amongst professional nurses in Dr George Mukhari Hospital.

The aim of this study was to determine the effective use of team nursing amongst professional nurse with the purpose of determining the barriers of the effective use of team nursing amongst professional nurses.

Background: Nationwide after the Second World War the professional nurses were still scarce, although a small number of nurses had been trained. Nurses are constantly being challenged to seek ways of improving patient care, not only for the benefit of patients, but for the profession itself. The introduction of team nursing resulted in improved quality patient care.

Objectives: To determine the effective use of team nursing amongst professional nurses
To determine the role of team nursing in patient care
To determine the barriers of the effective use of team nursing amongst professional nurses

Method: A descriptive approach was used to determine the effective use of team nursing amongst professional nurses, the role of team nursing in patient care and the barriers of the effective use of team nursing. The sample consisted of professional nurses working in the theatres, intensive care unit and the surgical wards. Data was collected using questionnaires from professional nurses working in the different nursing units. A hundred and twenty (120) questionnaires were distributed to the respondents and the response was eighty five (85%) that is (102) questionnaires were completed. Data was coded by the researcher and analyzed by a statistician using a statistical computer program called SAS (Statistical Analysis System), and presented in figures and tables.

Results: The results of the data collected reveal that poor communication, negative attitude, lack of cooperation and the autocratic leadership style are the barriers of the effective use of team nursing amongst professional nurses. The results show that team nursing has a lot of advantages for patients.

Conclusion: The findings will be used to develop strategies to remedy the barriers of the effective use of team nursing amongst professional nurses to improve the quality of patient care rendered. Team nursing is still the best nursing care assignment method in caring for patients.

Key Words: Effective, Exploration, Nursing, Professional, Professional Nurse, Team, Team Nursing.

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CHAPTER 1:

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Today, nursing is faced with a challenge to deliver effectively in the outcome orientated health care delivery system. Nurses are constantly being challenged to seek ways of improving patient care, not only for the benefit of patients, but also for the profession itself. One possible way of achieving a high quality patient care is through team nursing. The introduction of team nursing can result in improved quality of patient care and greater job satisfaction amongst professional nurses in the health care units.

Health care organizations are encouraged to implement systems that promote full professional status for nurses in an effort to attract and retain qualified nursing staff and to achieve positive patient outcomes. Team nursing requires that all roles contributing to the plan of care be the responsibility of the professional nurse as the team leader to assess, diagnose, plan, implement and evaluate. The key role for the team leader is the delegation of appropriate tasks to the team members and to monitor the results in order to achieve excellence.

This chapter outlines the background to the problem, problem statement, purpose of the study, research questions and objectives, demarcation and significance of the study, theoretical framework, definition of concepts and conclusion.

1.2 BACKGROUND TO THE PROBLEM/STUDY

Nationwide after the Second World War the professional nurses were still scarce, although a small number of nurses had been trained and increased. Team nursing was introduced during the 1950s to improve patient care in the hospitals by using the knowledge and skill of professional nurses to supervise the increasing number of newly qualified nursing staff. Nursing care methods like functional, primary, modular and case assignment which were practiced earlier failed to meet the challenges of patients' needs. There are advantages and disadvantages in all the nursing care assignment methods mentioned but the advantages of team nursing in patient care are best, hence it is practiced widely. Compared to other nursing care assignment methods, team nursing is best in rendering patient care because there is support and skill matched to role requirements. The result was an improvement in patient satisfaction (Marinner-Tomey 2007:380, Booyens 2001:234-240, Newstrom & Davies 1997:380).

Team nursing is based on a philosophy that supports the achievement of goals through team action. Team nursing is the allocation of a small group of patients to the care of a specific team of nurses who are responsible for the total care of those patients (Booyens 2001:236). The team is led by a team leader who plans, interprets, coordinates, monitors and evaluates the nursing care rendered. The team leader assigns team members to patients by matching patient's needs with staff knowledge and skill.

Team nursing involves participation of all the team members in rendering quality patient

care. The team leader does not dictate to the team members as it is in other nursing care assignment methods but, create a sense of belonging by allowing team members to own decisions taken. Each team member is encouraged to make suggestions and share ideas to improve patient care (Marinner-Tomey 2007: 380).

In most of the South African health care services team nursing is mostly used in the provision of patient care to patients in theatres, intensive care and surgical units. The researcher having been part of the nursing staff members had observed that team nursing is poorly constructed, with the result that there is ineffective provision of patient care. Composition of team structures always changes from day to day because of nurses “on and off duty days” resulting in poor communication, conflict and tension amongst professional nurses. There is also low morale coupled with a negative attitude, burnout and signs of fatigue from team members resulting in insufficient provision of patient care.

According to Swansburg and Swansburg (2002:231-232), team nursing is supposed to contribute to the satisfaction of patients and nursing staff in the units. The researcher, therefore having been part of the team in the nursing units and having observed all of the above mentioned problems realized that there is a need to conduct a study to explore the effective use of team nursing amongst professional nurses.

1.3 PROBLEM STATEMENT

During the caring of patients in teams the researcher observed reluctance amongst professional nurses giving reports, monitoring and evaluating patient care. This was evidenced by frequent absence of nurses from duty, signs of low morale and dissatisfaction amongst professional nurses in nursing units. Professional nurses complain of poor communication, poor feedback and poor handling of conflicts in the nursing units. The professional nurses lack the team spirit that is supposed to attract them to work towards a common set goal for the benefit of the patients and the profession. They displayed a poor and negative attitude towards cooperating with one another as they carry out the nursing care. Patients’ care plans are usually incompletely done at the end of the shift, which leaves patients and staff dissatisfied.

There is a need for team nursing to be considered as a nursing care assignment method of choice because of the marked benefits it has for both patients and staff. The professional nurses in teams by virtue of their roles are expected to provide patient care, administration, education and conduct research. This is not the case about team nursing in certain units in the hospital, hence the study is to determine the effective use of team nursing amongst professional nurses. Team nursing contributes to the satisfaction of patient and staff needs. When nurses work cooperatively in team nursing they produce extraordinary results that no one team member could have achieved alone (Yoder-Wise 2007: 365).

1.4 PURPOSE OF THE STUDY

The purpose of the study is to determine the effective use of team nursing amongst professional nurses.

1.5 RESEARCH QUESTIONS

The following research questions arose from the preceding discussion

- What is the effectiveness of team nursing amongst professional nurses?
- What are the roles of team nursing in the delivery of patient care?
- What are the barriers that hinder team nursing amongst professional nurses?

1.6 RESEARCH OBJECTIVES

The objectives of the study are to

- Determine the effective use of team nursing amongst professional nurses.
- Determine the role of team nursing in patient care.
- Determine the barriers in effective use of team nursing amongst professional nurses.

1.7 DEMARCATION OF THE STUDY

The study will be directed at professional nurses working in the following units such as theatres, intensive care and surgical units in Dr George Mukhari Hospital. The researcher decided to use professional nurses working in these units because they are involved in team nursing while providing patient care. The professional nurses in the chosen units have a specialized qualification and are team members with skill and knowledge. As team leaders in these units the professional nurses will share their personal experiences and the frustrations that they are faced with. Their role as team leaders and the challenges they come across daily as they render nursing care will be of importance in the outcome of this study.

1.8 SIGNIFICANCE OF THE STUDY

This study has significance to the nursing profession since team nursing is used mostly amongst professional nurses in the different nursing units. Thus the results can be brought to the attention of the authorities to support and motivate that nurses should work in a collaborative and coordinated pattern for effective care of patients in hospital (Polit & Hungler 1995:47). The research will assist professional nurses to use their knowledge and skills to solve the problems that they are faced with daily while rendering patient care. It will also allow professional nurses to focus on both the task and relationship aspect of the teams functioning as it is intended to increase efficiency and productivity which will lift the standard of nursing care. The morale and attitude of the professional nurses will be satisfactory when team members realize their goal and support one another. Patients will be satisfied as there will be continuous nursing care rendered.

1.9 THEORETICAL FRAMEWORK

The theoretical framework in this study will be based on participative approach of management. The researcher decided amongst others to use the self managing teams to strengthen the theoretical grounding of the study. Self managing teams are team decision

approach, sometimes called semi-autonomous work teams or socio-technical teams. Self-managing teams are natural work teams that are given a large degree of decision making autonomy. A team nursing assignment method is a method used to provide care to patients. Team nursing comprises of a team with a team leader responsible for supervising and coordinating all the care rendered. Team nursing shares the characteristics of participative management where the managers consult with their employees, bringing them in on problems and decisions so that they work together as a team. Participative managers still retain their ultimate responsibility for the operation of their units, but they have learned to share operating responsibility with those who perform the work. The result is that employees feel a sense of involvement in achieving the set goals (Newstrom & Davies 1997: 242).

The team leader is responsible for assessing the patients' needs, planning the care, and delegating tasks to team members based on their skills and abilities in relation to the assessed needs of the patients and within the scope of their job description. Each team presents their patient care plans during the nursing conference, where they are evaluated and revised for quality care rendered. The nursing conference is a report giving meeting where problems related to patients are discussed in order to find solutions to modify the care being rendered. It is held in a room away from the patients to avoid being heard when discussing their health status. The advantages of team nursing are that each member's capability can be used to the maximum. Communication is vital in team nursing. It takes a skilled and knowledgeable professional nurse to be a team leader in team nursing (Heidenthal 2004:132, Huber 2006:322, Marelli 2004:142, Marquis & Huston 2000:214, Yoder-Wise 2007:242).

1.10 DEFINITION OF CONCEPTS

The following definition will prevail in the study

1.10.1 Effective

A measure of an organizations performance as compared with its philosophy, goals and objectives and the degree to which the stated goals are achieved when the interventions are pursued to have maximum impact (Stanhope & Lancaster 2006:134, Muller, Bezuidenhout & Jooste 2006:525).

1.10.2 Exploration

Examining the concept descriptively to become as familiar as possible with the nature of the concept and to search for hidden information in order to increase the knowledge of the field of study. It is examining new interest (Burns & Grove 2001:374 & 789, Babbie 1995:84).

1.10.3 Nursing

Service to mankind which enables people to attain and maintain good health and to prevent illness, or when illness occurs, helps and supports them so that they may overcome their illness and regain full health. If this ideal of complete restoration to health is unattainable (man, after all, is mortal), then nursing should help and support the person to make the maximum use of any potential left. In the last resort, nursing should sustain

the person and his family so that he may die in peace and with dignity (Mellish 1998:9).

1.10.4 Professional

A person who engages in one of the professions, such as nursing, law or medicine and who is expected to behave in accordance with the code and ethics of such a profession (Chetty 1993:115, Tunarelli 2000:228).

1.10.5 Professional Nurse

Someone who is registered with the South African Nursing Council having completed the course for registration as a general nurse or midwife, registered as such under section 16 of the Nursing Act No 50 of 1978 as amended (South Africa 1978:50).

1.10.6 Team

A small number of consistent people with complementary knowledge and skill who are committed to a common shared purpose, performance goals, and approach for which they hold themselves mutually accountable (Jooste 2003:157).

1.10.7 Team Nursing

A care delivery plan that assigns staff to teams that are led by a skilled, knowledgeable and matured professional nurse responsible for a group of patients (Heidenthal 2004:132, Huber 2006:322).

1.11 OUTLINE OF THE STUDY

The rest of the study is organized as follows:

Chapter two reviews the relevant literature pertaining to the exploration of the effective use of team nursing amongst professional nurses in the different nursing units.

Chapter three discusses the research design and methodology adopted in this study.

Chapter four presents a detailed discussion of the data analysis.

Chapter five contains the conclusion, recommendations and the implications of the findings.

1.12 CONCLUSION

In this chapter an overview of the study was presented with the introduction, background to the study, problem statement and purpose of the study, research questions and objectives, demarcation and significance of the study and the theoretical framework based on nursing care assignment method.

CHAPTER 2:

LITERATURE REVIEW

2.1 INTRODUCTION

Literature review is an activity involved in identifying and searching for information on a topic and developing a comprehensive picture of the state of knowledge on that topic. It can also be used to designate a written summary of the state-of-the-art on a research problem. Through literature review one can ascertain what is already known in relation to the topic of interest. It is important to review literature in order to learn about the current state of knowledge with regard to the problem (Polit & Hungler 1995: 69-70).

The purpose of literature review is to find out about the recent developments and to convey to the reader what is currently known regarding the topic of interest. In this study literature is reviewed to know what others do in a similar problem (Burns & Grove 2005:93).

The literature review is presented under the following headings:

- The effective use of team nursing amongst professional nurses in the different nursing units:
 - Teams as a means of providing patient care
 - Staff assignment and allocation
 - Team nursing as a method of staff allocation
 - Nursing care plan in team nursing
 - Participative approach to managing team nursing
- Roles of team nursing in patient care in the different nursing units;
- Barriers of the effective use of team nursing amongst professional nurses in the different nursing units:
 - Absenteeism
 - Conflict
- Feedback.

2.2 THE EFFECTIVE USE OF TEAM NURSING AMONGST PROFESSIONAL NURSES

Team nursing is used in the units among professional nurses as a means of patient assignment. There is increased collaboration amongst team members in team nursing. Continuity of care is evident and problem solving is shared by the team members. Every team member's suggestion is valued and often used in the unit. There is more supervision and support for the inexperienced team members (http://www.health.nsw.gov.au/resources/nursing/pdf/moc_05/team_nursing_broken_hill.pdf).

2.2.1 Professional nurses working in the operating theatre

The operating theatre is a hospital unit in which surgical operations and certain diagnostic procedures are carried out. Team nursing is at its best in the operating theatre. Each team is allocated a leader to ensure the smooth running of the theatre. Team leaders are allocated to the teams according to the different disciplines of surgery performed. They are responsible to guide, coach, teach and support the team members throughout the day. This type of allocation ensures that patients receive quality care.

Problems encountered by the team members are easily resolved because the leader dedicates his/her time to the team. Professional nurses in teams benefit from the expertise of each other. Each team has matured; knowledgeable and skilled team members who assess; plan and evaluate the nursing care plan. The team members are allocated to different operations according to their skill and knowledge (Atkinson & Kohn 1986: 34, Phillips 2004:85).

Professional nurses work in a collaborative and coordinated manner to create an atmosphere of equality with knowledge, respect and appreciation for each others unique skills and contribution to patient safety and well being. They share information and exchange ideas which support professional growth. Communication is very important and it should be kept open at all times. During the nursing conference, team members are allowed an opportunity to contribute towards the evaluation of the patients' care plan. The psychological needs of the team members are met by providing an atmosphere of security, belonging and helping them to realize job satisfaction (Wood 1963:104, Nolan 1974:245).

2.2.2 Professional nurses working in the intensive care unit

An intensive care unit is a hospital ward containing sophisticated equipment and monitoring devices. The units provide care for patients who are experiencing life-threatening illnesses or injuries. Professional nurses working in these units continuously observe and monitor the patients for physiological and psychological alterations. They plan and carry out interventions that compensate for altered body functioning. Team nursing also plays an important role in this unit, as it seeks to promote its professional values. Team members are allocated according to their capabilities and are supported to encourage professional growth (Clochesy, Breu, Cardin, Rudy & Whittaker 1993: xv).

Communication, cooperation and support of one another are of vital importance. The team members are continuously taught to gain more knowledge in caring for patients. The team members are expected to grow professionally and intellectually. Patients receive proper care and professional nurses have job satisfaction in team nursing (Gill, Ryan, Morgan & Williams 2000:243-245).

2.2.3 Professional nurse working in the surgical units

Surgical units are hospital wards in which patients suffering from conditions requiring surgery are admitted and cared for. The majority of patients admitted, undergo major and minor operations. Team nursing continues in these units in caring for patients post operatively. Team members are allocated to patients according to needs after a thorough assessment of the patients' condition. The nursing care plan is done to meet the needs of the different patients post operatively. The sole accountability of care lies with the leader who has to be dynamic coupled with leadership skills.

Responsibility of patient care in team nursing improves the morale of the professional nurses. The team members with their leaders identify and solve problems which allow them professional growth (Makinen, Kivimaki, Elovainio, Virtues & Bond 2003:280, Marinner-Tomey 2007:380).

2.3 TEAM NURSING AS A MEANS OF PROVIDING CARE

Team nursing is a pattern of nursing care assignment method in which professional nurses in the unit are divided into teams, and patients into groups for complete quality care. It is organized and directed by a professional nurse, who is responsible for supervising the nursing care provided by other team members (Timby 2001:53).

2.3.1 Team leadership and supervision

Leadership is a process of empowering beliefs and teaching others to tap their full capabilities by shifting the beliefs that have been limiting them. It is an art which must be felt, experienced and created. The team leader has a very important role to play in team nursing. The success of the team depends on interaction with the team members (Marquis & Huston 2000:11).

Supervision is the act of evaluating the effectiveness of the organization, ensuring that resources are used correctly, errors detected and rectified, standards maintained and objectives attained. Supervision should be a democratic process (Booyens 2008:225).

2.3.2 Team development

Team development is a process whereby a team goes through various stages of maturity namely; orientation, dissatisfaction, integration and production. These stages will be discussed as they are important in understanding team development (Booyens 2008:226).

2.3.3 Stages of team development

- **Orientation** is the first stage of team development. The team is depended on the leader for purpose and direction. During this stage there are high expectations which are accompanied by anxiety as to how will the team members fit in and increase the morale of staff members, and whether they can trust each other. Aspects such as norms, roles, goals and time frames are not clear and the ground

rules need revision from time to time to ensure that team members understand their function and roles in the team. The team leader needs to focus on directing, strong leadership and visibility to enable the team to start functioning (Booyens 2008:226).

- **Dissatisfaction** is the second stage of team development which is characterized by dipping morale as the team members experience a discrepancy between their initial expectations and reality. The difficulty of working together leads to confusion, frustration and dissatisfaction among team members. The team leader needs to pay special attention to team cohesiveness during this stage and coach the team members on how to function in the team in order to work towards productivity and goal attainment. The team leader should focus on directing and supporting the team efforts. Motivation is very important during the second stage, as team members get dissatisfied easily. The team leader must keep the team focused on the vision and goal of the organization. It is possible for the team to get stuck at the dissatisfaction stage and continue to be both demoralized and relatively unproductive (Booyens 2008:226).
- **Integration** is the third stage of team development. Productivity increases and team members work together more easily. Moderate to high productivity and improving morale characterize a team at this stage of integration. The team leader needs to support the team and scale down the directive function at this stage. During the integration stage the team reaches a point of clear goals and there is increased commitment to its member's purpose, values, norms and roles. The team shares the leadership needs to support their efforts (Booyens 2008:227).
- **Production and termination** is the last stage in team development. During this stage the team functions reach closure. Production and morale increases as the end of the experience draws closer. Productivity and morale are high within the team and the team leader only delegates at this stage; Blanchard in Booyens (2008:227).

2.4 STAFF ASSIGNMENT AND ALLOCATION

Allocation of nurses should be an orderly and systemic process based upon sound rationale, applied to determine the number and kind of nursing personnel required to provide nursing care of predetermined standard to a group of patients in a particular setting. The end result is a prediction of the kind and number of staff required to give care to patients (Swansburg & Swansburg 2002:97).

Components of the staffing process as a control system include a staffing study, a master staffing plan, a scheduling plan and a nursing management information system. A staffing study should gather data about environmental factors within and outside the organization that affect staffing requirements. Objectives of nurse staffing are excellent care and high productivity. Staffing in team nursing requires much planning on the part of the team leader in order to meet the needs of patients. Planning for staffing requires judgment, experience and thorough knowledge of the requirements of the organization in which the team leader is employed (Swansburg & Swansburg 2002: 98-101).

2.4.1 Staffing the units.

Staffing refers to the allocation of human resource to service units. The different nursing units are to be staffed with sufficient, appropriately trained and experienced professional nurses. Nurses form the largest component of the health care workers and it is they who apply the required care for each patient, depending on their level of training, experience and qualifications. The essence of nursing rests in how nurses care for patients and the way in which they provide services revolves around issues such as care delivery, staffing, scheduling, patient classification and organization culture (Muller et al 2006:311).

The issue of staffing and scheduling is complex as health care service managers are responsible for providing sufficient numbers of qualified nursing personnel to ensure adequate and safe nursing care for all patients 24hours a day, seven days a week, every week of the year. Professional nurses remain the core of any health care organization and without them health care facilities cannot exist (Muller; et al 2006:311).

Each patient care unit should have a master plan that includes the basic staff needed to cover the unit for each shift. Basic staff is the minimum or lowest number of personnel needed to staff a unit. The number may be based on examination of previous staff records and expert opinion of the team leader. A list of nursing care requirements for patients is drawn up. The nursing staff enters each patient in the unit on a form against the listed requirements (Swansburg & Swansburg 2002:104, Booyens 1998:650).

2.4.2 Operating theatre staff allocation

Each team of professional nurses in the operating theatre has a designated team leader who is responsible for the smooth running of the daily tasks. The team leader is a matured, skilled and knowledgeable professional nurse. The team members are allocated a surgical discipline according to their skill and knowledge within the scope of their professional practice. The team leader plans the nursing care of patients and supports the team members in delivering such to achieve the set goals.

The strengths and weaknesses of the team members are evaluated and continuous support is given. The team leader influences the team members to carry out quality patient care with resourcefulness and creativeness. The team leader meets the psychological needs of the team members by providing an atmosphere of security and belonging (Wood 1963:104, Nolan 1974:273).

2.4.3 Intensive care unit staff allocation

Allocation of professional nurses in the intensive care unit is a one-to-one ratio meaning one professional nurse to one patient. Each professional nurse is allocated a patient to care for according to the skill and knowledge within the scope of practice. A team leader is responsible for the whole shift to ensure that patients receive quality care.

Sometimes more than one professional nurse is allocated to care for a patient depending on the diagnosis. The team leader has to be knowledgeable about the different diagnosis that are nursed in order to be able to allocate professional nurses according to their scope

of knowledge in the unit and their ability to plan the nursing care to be given. Holistic nursing in the intensive care unit requires consideration of all factors, individual and environmental, that impact on the patient's well-being to cope with illness (Urden, Stacy & Lough 2002:56).

2.4.4 Surgical unit staff allocation

The cubicle system of nursing care still exists in the surgical units. Each cubicle is allocated a team of professional nurses with a team leader to care for the different patients operated upon. The team leader carries the accountability for the whole team and is expected to evaluate the plan of care rendered to the patients by the team members. Patient care needs are classified accurately prior to allocating professional nurses according to their knowledge and skill (Booyens 1998:650).

2.5 TEAM NURSING AS A METHOD OF STAFF ALLOCATION

Team nursing is the most common nursing care assignment method in which nursing staff are divided into teams for the care of a group of patients. The team has a designated team leader who coordinates plans and evaluates the care given. The team leader is a knowledgeable and skilled professional nurse (Sullivan & Decker 2005:33).

2.5.1 Modular nursing as a kind of team nursing

Modular nursing is a modification of team nursing that tries to enhance the effectiveness of the team nursing concept by assigning a module that is confined to a limited geographical area. The size of the module varies according to the physical layout of the unit, patient acuity and nursing skill mix (Sullivan & Decker 2005:33-34).

2.5.2 Advantages of team nursing

Advantages of team nursing are as follows:

- The professional nurses who function regularly as team leaders develop valuable leadership skills.
- An adequate amount of communication and cooperation amongst team members increases staff morale.
- Patients are more satisfied with their care because of a more personalized holistic nursing care approach.
- Problems encountered by team members are easily resolved.
- Regular developing and updating of nursing care plans (Booyens 1998: 313).

2.5.3 Disadvantages of team nursing

Disadvantages of team nursing are as follows:

- A large amount of time is required for the team leader to maintain effective communication for team planning, supervising and coordinating the care provided by the team members.
- Continuity of care may be diminished because of day-to-day changes in team members and leaders, as well as the group of patients assigned to the team.
- Team/modular nursing does not allow for a holistic view of the patient because each member of the team is assigned specific tasks for the patient (Sullivan & Decker 2005:34).

2.6 NURSING CARE PLANS

Nursing care plans are a written list of the patient's problems, goals and nursing orders for patient care which form part of the patient's legal and permanent record. It is a written guideline for client care. Written nursing care plans document the client's health care needs. It also communicates to other nurses and health care professionals the client's pertinent assessment data, a list of problems and therapies. The nursing care plan is designed to decrease the risk of incomplete, incorrect or inaccurate care. Nursing care plans promote the prevention, reduction, or resolution of health problems (Timby 2001: 107, Potter & Perry 2001:336).

The nursing care plan is organized so that any nurse can quickly identify the nursing actions to be delivered. The written nursing care plans make possible for the coordination of nursing care, subspecialty consultations and scheduling of diagnostic tests. The nursing care plans also identify and coordinate resources used to deliver nursing care. It enhances the continuity of nursing care by listing specific nursing actions necessary to achieve the goals of care. Written nursing care plans organize information exchanged by nurses in change-of-shift reports (Potter & Perry 2001: 336).

The format of the nursing care plan varies from one health care setting to another. Written nursing care plans include the long-term needs of the client. The last item documented on the nursing care plan is the expected outcome criteria used in the evaluation of care. Proper listing of the criteria provides the nurse with objective statements that help determine whether the goals of care have been achieved (Potter & Perry 2001:337).

Institutional nursing care plans are concise documents that become part of the client's medical record. Many hospitals use the cardex nursing care plan. Cardex is a trade name for a card-filling system that allows quick reference to the particular needs of the client for certain aspects of nursing care. Information about medications, activity levels, levels of self care, diet, treatments and procedures are usually included on the outside of the card. The nursing care plan is commonly placed on the inside (Potter & Perry 2001:337).

2.6.1 Nursing care plans in the operating theatre

Nursing care plans in the operating theatre are drawn according to the nature of the patients operation. The plan is drawn to accommodate all the patients' potential problems. It is important that operating theatre professional nurses are knowledgeable about all operations performed for effective drawing of nursing care plans and effective management of patients. These activities are directed towards providing continuity of care through pre-operative assessment and planning, intra-operative intervention and post-operative evaluation (Atkinson & Kohn 1986:3).

2.6.2 Nursing care plans in the intensive care unit

The team leader in the intensive care unit together with the professional nurses allocated to different patients plan the nursing care according to the diagnosis of the patients. The nursing care plan is documented in the patient's cardex. The professional nurse is responsible for the continuous evaluation of the patient's potential life threatening problems to ensure the set goals are achieved. An understanding of the diagnosis provides the professional nurse with the knowledge base necessary for effective planning of care and management of the patient. Nursing interventions constitutes the treatment approach to an identified health alteration (Urden et al 2002:10).

2.6.3 Nursing care plans in the surgical unit

The surgical unit admits postoperative patients who underwent different surgical procedures. Different nursing care plans are to be drawn to accommodate the nursing of all the patients according to their respective surgical procedures. The professional nurse needs more knowledge and skill of the surgical procedures to draw the nursing care plan that will yield effective patient outcomes. Each patient's care plan must be clearly outlined and be reviewed according to the nursing interventions implemented (Phipps, Monahan, Sands, Marek & Neighbors 2003: 247-428).

2.6.4 A sample of a nursing care plan

Nursing Diagnosis: Ineffective airway clearance related to viscous secretions and shallow chest expansion.

This nursing care plan is the modified version as outlined from table 8-2 (Kozier, Erb, Blais & Wilkinson 1995:156).

| Expected Outcome | Evaluation Statement | Nursing Orders | Rationale |
|--|--|--|--|
| Demonstrate adequate air exchange as evidenced by: <ul style="list-style-type: none"> • Absence of pallor and cyanosis from skin and mucous membranes | <ul style="list-style-type: none"> • Skin and mucous membranes not cyanotic but pale. Goal partially met | <ul style="list-style-type: none"> • Monitor respiratory status four hourly • Monitor blood gas results frequently • Auscultate lungs four hourly | <ul style="list-style-type: none"> • To identify progress towards or deviation from goal |
| <ul style="list-style-type: none"> • Productive cough | <ul style="list-style-type: none"> • Productive cough of thick yellowish pink-tinted sputum. Goal met. | <ul style="list-style-type: none"> • Remind patient to perform cough technique | <ul style="list-style-type: none"> • Patient need support and encouragement during coughing |
| <ul style="list-style-type: none"> • Lungs clear to auscultation within 48-72 hours | <ul style="list-style-type: none"> • Scattered inspiratory crackles auscultated at right anterior and posterior chest | <ul style="list-style-type: none"> • Administer oxygen as prescribed by nasal cannula | <ul style="list-style-type: none"> • Supplemental oxygen increases cell oxygenation |

Purposes of a written nursing care plan

- To provide direction for individualized care of clients as they are organized according to the client's unique needs.
- To provide for the continuity of care by communicating and organizing the actions of a constantly changing nursing staff.
- To provide direction about what needs to be documented on the client's progress notes as it specifically outlines which observations to make and what nursing actions to take.
- To serve as a guide for assigning staff to care for the client as certain aspects of the client's care may need to be delegated to someone who can make judgment about the client's response (Kozier, et al 1995:142).

2.7 PARTICIPATIVE APPROACH TO MANAGING TEAM NURSING

Team nursing has adopted the participative approach of management, allowing major decisions to be made by the team leader and team members. This approach incorporates extensive team discussion, which makes full use of the team ideas and influence. A key feature in this approach is that the team members learn to acquire new skills (Newstrom & Davies 1997:242).

Participation is a sharing process between the team leader and team members where they develop a somewhat unique reciprocal relationship. The team leader delegates, informs, mentors, praise and rewards each team member. The team members contribute various degrees of task performance, loyalty and respect to the team leader (Newstrom & Davies 1997:233).

2.8 ROLES OF TEAM NURSING IN PATIENT CARE

A **role** is a set of expected behaviors that fit together into a unified whole and are characteristic of persons in a given text (Sullivan & Decker 2005:162).

2.8.1 Role of team nursing in patient care in the operating theatre

Team nursing plays a role in caring for the patients in the operating theatre. It has a common goal of ensuring a safe, comfortable and effective environment for the safety and welfare of the patient. Adequate preparation and knowledge of the team members ensures the best outcome of the operation. Effective communication amongst the team members is vital in the continuity of patient care (Atkinson & Kohn 1986:21).

2.8.2 Role of team nursing in patient care in the intensive care unit

Despite the one-to-one allocation of professional nurses in the intensive care unit, team nursing plays a vital role in caring for the patient. Many a times intensive care professional nurse's team-up to do certain procedures on a patient such as position changing, suctioning and many more. Team nursing has good outcomes for the patient's delicate state of health in an intensive care unit. Team nursing makes it easy for the professional nurses in an intensive care unit to nurse patients with life threatening illnesses and injuries because there is continuous support and communication which benefit the patient. It facilitates decision making and provides standardized language that describes the core of essential nursing interventions (Urden et al 2002:11).

2.8.3 Role of team nursing in patient care in the surgical unit

A team of professional nurses continue with the care of patients post-operatively. The team renders nursing care to patients according to the nature of the operation. Pain, bleeding and other problems are dealt with according to the post-operative nursing care plan drawn for surgical patients. A common objective of a comfortable and pain free patient is achieved through team nursing (Walsh & Crumbie 2007:10-12).

2.9 BARRIERS OF THE EFFECTIVE USE OF TEAM NURSING AMONGST PROFESSIONAL NURSES

A **barrier** is any factor that could impact on the achievement of an intended goal. It can also be referred to as an obstacle. Davy and Cross (2004:12) refer to barriers as kind of beliefs which prevent or hinder persons from coming into meaningful contact within settings so that there is little or no opportunity to develop and use good working alliance. This is further supported by Landsberg, Kruger and Nel (2005:27) who stated that a barrier is an obstacle or circumstance that keeps people or things apart, it bars access to advancement. Barriers that have been identified in the effective use of team nursing amongst professional nurses are: attitude/morale, absenteeism, conflict and poor feedback.

2.9.1 Attitude/morale of the professional nurses

Attitudes are the people's interests, emotions and behaviors towards things, situations and persons. An attitude is a positive or negative affective response directed towards a specific person, object, event or situation. Attitudes are complexes of beliefs and feelings that people have about specific ideas, situations or other people (Cartel in Bergh & Theron 2003:349, Beck 2004:353, Moorhead & Griffin 2007:68).

2.9.1.1 How Attitudes Are Formed

Attitudes are formed by a variety of forces, including our personal values, experiences and personalities. Understanding the basic structure of an attitude helps us see how attitudes are formed and can be changed. Attitudes are viewed as stable disposition to behave towards objects in a certain way. In this view, attitudes contain three components: affect, cognition and intention (Moorhead & Griffin 2007:69).

Affect is a person's feelings toward something. In many ways, affect is similar to emotion. It is something we have little or no conscious control. Similarly you may like one of your classes, dislike another, and be indifferent towards a third. If the class you dislike is an elective, you may not be particularly concerned. But if it is the first course in your chosen major, your affective reaction may cause you considerable anxiety (Moorhead & Griffin 2007:69).

Cognition is the knowledge a person presumes to have about something. You may believe you like a class because the textbook is excellent, the class meets at your favorite time, the instructor is outstanding and the workload is light. This knowledge may be true, partially true, or totally false. Cognitions are based on perceptions of truth and reality and they agree with reality to varying degrees (Moorhead & Griffin 2007:69).

Intention guides a person's behaviour. If you like your instructor, you may intend to take another class from him or her next semester. Intentions are not always translated into actual behavior. Some attitudes and their corresponding intentions are much more central and significant to an individual than others. You may intend to do one thing but later alter your intentions because of a more significant and central attitude (Moorhead & Griffin 2007:69).

2.9.1.2 Types of attitudes

There are two types of attitudes namely, positive and negative. Attitudes are not stable as personality attributes. For example, new information may change attitudes. Attitudes may also change when the object of the attitude becomes less important or relevant to the person. Deeply rooted attitudes that have a long history are resistant to change (Moorhead & Griffin 2007:70).

A **positive** attitude is healthy. People who possess a positive attitude are relatively upbeat and optimistic. They have an overall sense of well being and usually see things in a positive light. Such an attitude is required in the team of professional nurses working in the different nursing units. A positive attitude towards one's job is called job satisfaction. People experience a positive attitude when their work matches their needs and interests, when working conditions and rewards are satisfactory, when they like their coworkers and when they have positive relationships with their supervisors (Moorhead & Griffin 2007:71, Daft & Marcic 2007:407).

A **negative** attitude is bad and can be destructive. People with a negative attitude are generally downbeat and pessimistic. They usually see things in a negative way and seem to be in a bad mood most of the time. People who experience a negative attitude act based on anger by failing to cooperate, lashing out at coworkers or quitting (Moorhead & Griffin 2007:71, Daft & Marcic 2007:405). Negative attitudes usually disrupt and delay in carrying out orders and completing care plans as needed.

2.9.1.3 Factors influencing attitudes

Attitudes are related to genes, acquired via environmental or social influences and can be learned. Attitudes may be inherited and those with high heritability are stronger, responded to quickly and they are harder to change (Beck 2004:357, Bohner & Wänke 2002:71). The factors may be genetic and behavioural.

Genetic Factors

Genetic factors may affect such general disposition as mood or extraversion and these dispositions may affect the development of positive or negative attitudes. Genetic inheritance always interacts with environmental events. The most convincing case for a genetic influence on attitudes comes from twin studies, which allow to link variance in attitude to variance in genes.

People form attitudes that are compatible with their dispositions, such as personalities and abilities (Beck 2004:357, Bohner & Wänke 2002:74-75).

While human beings may bring inherited dispositions with them which may influence which attitudes they tend to form later in life, external influences undoubtedly play a large part in shaping attitudes. Evidence exists that liking increases with exposure. Of course we may like a new acquaintance better after we get to know her better. Simple exposure to stimuli is sufficient to increase perceived favourability, which is known as the mere exposure effect (Bohner & Wänke 2002:76).

Behavioural Factors

When psychologist investigated how people acquire behavior, they identified three main principles: learning by contiguity, learning by reinforcement and learning by observation.

Learning by stimulus **contiguity**, more exposure to previously neutral stimuli may suffice to develop a liking for these stimuli, but we may also come to like something because exposure to it was paired with experiencing positive affect elicited by the source (Bohner & Wänke 2002:78-79).

Learning by **reinforcement** may reassure an individual that he or she holds correct attitudes and may consequently strengthen these attitudes. It should be more successful when coming from socially attractive sources (Bohner & Wänke 2002: 81-82).

Learning by **observation** or social learning theory has been based on imitated behavioral pattern. A child growing up amidst the tensions and prejudices of ethnic or religious conflicts is likely to observe and acquire her caregiver's attitudes about the respective out-groups (Bohner & Wänke 2002:84-85).

Low Morale

Low Morale is concerned with conduct and character. It is the systemic study of the principles and methods for distinguishing right from wrong and good from bad. It is based on values derived from religious precepts, cultural belief systems, or other forms of community or social convention as defined by Grogar-Murray and DiCroce in Jooste (2003:236-237). One important personal trait is the stage of morale development. Morale is developed in three stages, namely: pre-conventional, conventional and post conventional levels.

Pre-conventional level is the first stage of morale development. Individuals are concerned with external rewards and punishment. They obey authority to avoid detrimental personal consequences. Employees are orientated towards the dependable accomplishment of task (Daft & Marcic 2007:126).

Conventional level is the second stage of morale development where people learn to conform to the expectations of good behavior as defined by colleagues, family, friends and society. Meeting social and interpersonal obligation is important. The work group is a preferred manner for the accomplishment of organizational goals (Daft & Marcic 2007:127).

Post conventional level is the last stage of morale development. At this level individuals are guided by an internal set of values and standards and may disobey the rules or laws that violate these principles. It is the highest stage of morale development where transformational leadership is used. Focus is on the need of employees and encouraging others to think and engage in higher levels of moral reasoning. Employees are empowered and given opportunities for constructive participation in governance of the organization (Daft & Marcic 2007:128).

2.9.2 Absenteeism

Absenteeism is being absent from work on any scheduled workday, whether the absence is excused or unexcused. It is any time away from scheduled work (Gillies 1994:283, Carrell, Grobler, Elbert, Marx, Hatfield & Van der Schyf 1998:573).

2.9.2.1 Patterns of absenteeism

Absenteeism can be classified by amount, frequency, and pattern of time loss. Some workers have frequent short-term absence while others have long-term absences. For some workers, absence from work seems sporadic, unpredictable, and causally unrelated to any single factor. Other workers demonstrate predictably higher rates in conjunction with weekends, holidays, vacation, or pay-days.

A pattern of absenteeism which is particularly troublesome in nursing is the adding on of sick days or absenteeism days to weekends and holidays in order to have a longer time off (Gillies 1994:284-285).

- absenteeism may be under the employee's control which is feigned, meaning that it is reported as legitimate but in actual fact it is an excuse not to report for duty.
- absenteeism may not be under the employee's control. The cause may be legitimate such as illness or crisis at home (Muller et al 2006: 319).

2.9.2.2 Causes of absenteeism

Absenteeism is caused by a number of factors, which can be the ability to come to work, and the motivation to attend to work. The cause may be legitimate such as illness or crisis at home (Booyens 1998:360; Muller et al 2006:318).

2.9.2.2.1 The ability to come to work

These factors are usually unavoidable, external to the work environment, and related to family responsibility. Employee may become ill themselves or their children. They may be involved in accidents. Another factor may be transportation problems. Professional nurses who perceive themselves as being inadequately remunerated engage in 'double jobbing'. This practice inevitably leads to tiredness and an increase in absenteeism (Booyens 1998:360).

2.9.2.2.2 The motivation to attend to work

This affects voluntary absence. Job satisfaction is inversely related to absenteeism. Dissatisfaction with the job itself, boredom and a belief that a particular activity is not necessary, as well as ineffective supervision and poor work relations often lead to absenteeism. Lack of control over decisions affecting one's work, overworking and physical exhaustion is a contributing factor to absenteeism. Ineffective grievance procedures and lack of communication channels to upper management may contribute to high absenteeism (Booyens 1998: 361).

Individuals with personality problems tend to be absent from work more frequently than those with more stable characters:

- the hypochondriac and immature personality;
- the person with problems related to alcoholism and drug abuse;
- the person who tends to clash easily with other members of the team (Booyens 1998: 356).

2.9.2.3 Effects of absenteeism

Listed below are the effects of absenteeism

- absenteeism is very costly for the organization in terms of agency expenditures and employee morale. It is as well a challenge for managers.
- an absent worker must be replaced by an overtime paid worker at a time-and-one-half rate, so two and one-half salaries are spent to fill a single position.
- often the replacement worker is unfamiliar with the tasks to be performed, so inefficiency and errors result.
- the morale of the employees may be lowered because of overtime work, substitute nurses and working with fewer staff than required.
- continuity of patient care may be seriously affected (Gillies 1994:284; Booyens 1998:360).

2.9.2.4 Methods of dealing with absenteeism

The following are measures to deal with absenteeism

- recording of absenteeism data.
- formulating an attendance policy.
- reconciling the needs of the employees' families with the needs of the work place.
- promoting health care needs.
- applying appropriate employee selection and orientation procedures.
- managing transport needs.
- flexible staffing policies.
- reward good attendance.
- applying disciplinary measures where there is a need after following up absence (Booyens 1998:361, Gillies 1994:289).

2.10 CONFLICT

Conflict is the consequences of real or perceived differences in mutually exclusive goals, values, ideas, attitudes, beliefs, feelings or actions. It is a disagreement about something of importance to the people involved. Conflict is dynamic, it can be positive or negative, healthy or dysfunctional (Sullivan & Decker 2005:134, Heidenthal 2004:210).

2.10.1 Types of conflict

Positive conflict encourages people to recognize legitimate differences within the profession and serves to motivate them to improve performance and effectiveness as well as satisfaction (Sullivan & Decker 2005:134).

Positive conflict:

- forces a problem out into the open and people have to examine it and work towards a solution;
- enables both parties to state their goals and perhaps achieve them;
- prevent hostilities and resentments from festering (Cleary 2003:52).

Disruptive conflict does not follow any mutually accepted sets of rules and does not emphasize winning. Parties involved are engaged in activities to reduce, defeat or eliminate the opponent (Sullivan & Decker 2005:134).

Negative conflict:

- leads to increased negative regards for one's opponent;
- depletes energy which could have been better spent in other areas;
- leads to individuals closing themselves off from each other, preventing meaningful communication;
- sometimes drags others into the dispute as supporters (Cleary 2003:51).

2.10.2 Causes of conflict

Incompatible goals are the most important antecedent condition to conflict. Even though the common goal in health care organizations is to give quality patient care in a cost-effective manner, conflict in achieving these goals is inevitable because individuals often view this from different perspectives (Sullivan & Decker 2005:135).

Structural conflict is commonly seen in the health care environment. Structured relationships provoke conflict because of poor communication, competition for resources, opposing interests, or lack of shared perceptions or attitudes (Sullivan & Decker 2005:135).

Competition for resources can be internal or external. Internally, it may involve assigning staff from one unit to another or purchasing high-tech equipment when another unit is desperate for staff. Externally, health care organizations compete for infinite resources such as managed-care contracts. Organizations are using a variety of means, such as developing new services and advertising to try and capture the market in health (Sullivan & Decker 2005:135).

Role conflict: roles are other people's expectations regarding behavior and attitudes. Conflict becomes inevitable when roles are unclear and one or more parties have related responsibilities that are ambiguous or overlapping (Sullivan & Decker 2005:135).

2.10.3 Managing conflict

Managing conflict effectively requires an understanding of its origin. Conflict need to be resolved amicably for the benefit of the patients and the nursing profession in a health care organization. If left unresolved, conflict can disrupt the harmony of team nursing in a unit. The team leader has a responsibility to ensure that any conflict is resolved. Conflict is healthy, as it helps people to recognize legitimate differences within the organization or profession. It serves as a powerful motivator to improve performance and effectiveness, as well as satisfaction. Approaches to handling conflict are avoiding, confrontation, negotiating, collaborating, competing, accommodating and compromising (Sullivan & Decker 2005:134, Marinner-Tomey 1992:312).

Avoiding creates lose-lose situations through unassertive and uncooperative means. The conflict is simply not addressed. This approach may be appropriate when the other party is more powerful, the issue is unimportant and one has no chance of meeting her goals. When the cost of dealing with the conflict is higher than the benefit of the resolution, or when more information is needed, avoid approaches may be used. Avoiding is the conflict resolution technique often used in highly cohesive groups (Marinner-Tomey 1992:312, Sullivan & Decker 2005:140).

Confrontation is considered the most effective method of resolving conflict because it is problem orientated. The conflict is brought to the open and attempts are made to resolve it by knowledge and reasoning. The goal of this technique is to achieve a win-win solution. It is more effective when delivered in private as soon as possible after the problem occurs (Sullivan & Decker 2005:139).

Negotiation is give-and-take on various issues among the parties. The purpose is to achieve an agreement even though a consensus will never be reached. Negotiation skills are important in arriving at an agreeable solution between two parties (Sullivan & Decker 2005:139).

Collaboration implies that mutual attention is given to the problem by using the talent of all the parties. The focus is on solving the problem and not defeating the opponent. Collaboration is assertive and cooperative. It contributes to effective problem solving because both parties try to find mutually satisfying solutions (Marinner-Tomey 1992:312).

Competing is a power mode that is assertive but uncooperative. It is an all-out effort to win regardless of the cost. This method is used when a quick or unpopular decision is needed, or when the person is very knowledgeable and able to make a sound decision about the situation (Sullivan & Decker 2005:140, Marinner-Tomey 1992:312).

Accommodating is cooperative but unassertive. The person neglects her own needs to meet the goals of the other party. This method is appropriate when the person is wrong and the opponent is more powerful. Accommodating is frequently used to preserve harmony when one person has a vested interest in an issue that is unimportant to the other party (Marinner-Tomey 1992: 312, Sullivan & Decker 2005:140).

Compromising is used to divide the rewards between both parties. It moderates both assertiveness and cooperation. Because both parties feel that they sacrifice something, they are only partially satisfied and a lose-lose situation arises. Compromising is also expedient when a solution is needed rapidly (Marinier-Tomey 1992:312, Sullivan & Decker 2005:140).

2.11 FEEDBACK

Feedback is the process in which the receiver returns a message to the sender that indicates receipt of the message. Feedback verifies the message by telling the source whether the receiver received and understood the message. The feedback may be as simple as a phone call or as complex as a written brief on a complicated point of law sent from an attorney to a judge (Moorhead & Griffin 2007:294).

The purpose of feedback is verification, in which the receiver sends a message to the source indicating receipt of the message and the degree to which it was understood. Due to the importance of feedback, the source must seek it and the receiver must supply it (Moorhead & Griffin 2007:306-307).

Feedback is one of the most important factors influencing behavior. People want to know what they have accomplished and where they stand. Feedback works best when specific goals are set to note the improvement sought, measurable targets, deadlines and specific methods of attaining goals (Swansburg & Swansburg 2002:442).

Feedback is more effective if the sender of a message focuses on the aspirations, values and needs of the receiver when conveying a message. By giving feedback to employees, the communication cycle is completed, making it a two-way communication. Feedback should be a planned endeavor, identifying the topic on which feedback should be given and contemplating what it is about the topic that is to be conveyed. On receiving feedback, the receiver should be able to fully understand the situation and what is expected to be done about it (Muller et al 2006:309-310).

2.12 CONCLUSION

Literature review was conducted to determine the effective use of team nursing amongst professional nurses. Studies on team nursing were reviewed for more information on the topic of interest. Literature reveals that professional nurses play an important role in team nursing with their experience, skill and knowledge as coordinators of patient care. Team nursing has become an increasingly important mechanism for professional nurses to use in rendering quality patient care.

CHAPTER 3:

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter describes the research methods, population, instruments and decisions regarding the strategies used to collect and analyze data in order to accomplish the purpose of the research, which is to:

- determine the effective use of team nursing amongst professional nurses;
- determine the role of team nursing in patient care;
- determine the barriers to effective use of team nursing amongst professional nurses.

3.2 RESEARCH DESIGN

The research design is quantitative, descriptive research. A research design is a blueprint for conducting the study that maximizes control over factors that could interfere with the validity of the findings (Burns & Grove 2007:237). The research design guides the researcher in planning and implementing the study in a way that is most likely to achieve valid answers to the research question. The design of the research outlines the procedure and contingencies used for answering the research question or testing the hypothesis.

According to Burns and Grove (2007:24-25) quantitative research is a formal, objective, rigorous, systemic process for generating information about the world. Descriptive research is conducted to describe the phenomenon in real-life situation to provide an accurate account of characteristics of particular situations or groups.

3.3 RESEARCH METHOD

The research method describes the population, sample, data collection, data analysis, validity and reliability of instruments for collection of data, defining issues relating to the study and analysis of data.

3.3.1 Population

Population is an entire group of persons or objects that are of interest to the researcher or that meets the criteria the researcher is interested in studying. Population is sometimes referred to as target population (Brink & Wood 1998:40, Polit & Hungler 1995:33, Burns & Grove 1993:47). In this study, the population of interest is all professional nurses working in the operating theatres, intensive care unit and the surgical wards.

The units selected are representative of all the units in Dr George Mukhari hospital. Although the hospital has a number of units, the researcher chose to use theatres, the intensive care unit and the surgical wards because team nursing is used daily when rendering patient care. Therefore the choice of these units appears to be convenient in

terms of arrangements, functions, operational layout and representation.

It is further felt that the findings of this research will be relevant, representative and generalized to other units in the hospital and other hospitals. The units were selected because of the clear functional layout, operational level and well established cubicles within their organizational structures.

3.4 SAMPLING

According to Dempsey and Dempsey (1992:80) sampling is defined as the process of selecting a number of individuals from delineated population in such a way that the individuals in the sample represent as nearly as possible the characteristics of the whole population. From the units selected in the hospital by the researcher using the convenient sampling method, a sample was drawn of a hundred and twenty professional nurses (120).

Convenience sampling was used in this study because professional nurses constitute a large number of the team members in team nursing. They play a very important role in rendering patient care in the selected units. According to Burns and Grove (1993:245) subjects are included in convenient samples because they happen to be in the right place at the right time. Available subjects are simply entered in the study until the desired sample size is reached.

The method was chosen because the researcher used professional nurses on duty at that time. This method is appropriate for the study because it is inexpensive, accessible and requires less time to acquire than other types of samples (Burns & Grove 1993:245). According to Polit and Hungler (1995:232) convenience samples do not necessarily comprise individuals known to the researcher.

3.5 DATA COLLECTION

According to Burns and Grove (1993:48), data collection is the precise, systemic gathering of information relevant to the research purpose or the specific objectives, questions or hypothesis of a study.

Data was collected in December 2008 using questionnaires which were distributed to the respondents in the different chosen nursing units. The sample was a hundred and twenty (120) professional nurses. The questionnaires were given to the unit managers to distribute to the respondents after the researcher had explained what was expected of them. The unit managers were used as a central point of collection because they are on duty every day and communicating with them would be easier.

According to Polit and Hungler (1995:288) the distribution of questionnaires in a clinical setting to a large group of people is inexpensive and efficient.

The respondents were given two days to complete the questionnaires and were requested to answer all questions as they apply to them personally. The respondents received the same questionnaires which were formulated based on the objectives of the study. The unit managers were reminded by the researcher to collect the completed questionnaires as a

means of follow up using telephone calls. The questionnaires were collected on the third day and there was a high response rate.

A questionnaire was ideal as the respondents were to use their own time to complete it. It was chosen because it is the easiest and less expensive method of collecting data in terms of time and money from a large group of people (Burns & Grove 2001:426). The response rate was 85%, a hundred and two of the hundred and twenty questionnaires handed out.

3.5.1 Research Instrument

According to Diamond and Pintel (2008:148) a questionnaire is a method used to collect data that assist in solving problems that have caused less satisfactory results. A questionnaire was developed by the researcher specifically to address the objectives of the study. It was given to the unit managers to distribute to the participants in the theatres, intensive care unit, and the surgical wards to complete after the researcher explained the reasons for the study in order to gain cooperation.

The questionnaires consisted of four sections namely A, B, C and D. To ensure simple management and analysis of data obtained, closed ended questions were mainly asked. However few open-ended questions were also asked (Brink, Van der Walt & Van Rensburg 2006:148).

The questionnaire was developed as follows:

Section A:

Deals with biographic data of the respondents namely age, gender, current position at your job, additional qualifications, and length of time in current job, unit of work and hours worked per shift.

Section B:

Questions in this section pertain to the effective use of team nursing amongst professional nurses.

Section C:

Questions in this section deals with the role of team nursing in patient care.

Section D:

The questions contained in this section deals with the barriers of the effective use of team nursing amongst professional nurses.

3.5.2 Pre testing of the data collection instrument

A questionnaire was developed by the researcher to use for data collection. Before an instrument is used in a structured investigation, pre testing of the instrument should occur to address many early questions in instrument development. Pre testing involves determining the feasibility of using a given instrument in a formal study. It is important that in the pre test, the sample group be highly representative of the group with which the

test will eventually be used (Brink & Wood 1998:258-260). Polit, Beck and Hungler (2001:468) defines pre test as the collection of data prior to the experimental intervention, sometimes referred to as base line data, to identify flaws or assess time requirements. A pilot study was used to test the instrument. The pilot study is a small-scale study using a small sample of the population, but the pilot group will eventually not form part of the participants in the study (Uys & Basson 1991:103).

In De Vos (2002:211) a pilot study is defined as a small study conducted prior to a larger piece of research to determine whether the methodology, sampling instruments and analysis are adequate and appropriate. The pilot study was conducted using fifteen (15) professional nurses from the paediatrics' and specialty units which were not included in the study. These professional nurses have the same characteristics as the sample for the study. The function of a pilot study was to obtain information for improving the project and for assessing its feasibility. It was therefore important to know whether respondents understood the questions and direction or if they found certain questions objectionable in some way.

The pre testing of the data collecting instrument assisted the researcher to assess the objectivity and comprehensibility of the questions. The researcher established that it would take twenty five (25) minutes to complete the questionnaire.

3.6 DATA ANALYSIS

Data from completed questionnaires was analyzed with the help of the statistician. The information was fed into a statistical computer program called SAS Release 9.1.3 (Statistical Analysis System). The statistician prepared the program to analyze the data using frequency and percentages. The researcher encoded the data according to the questionnaires and responses for easy analysis. Data from the demographic information and the questionnaires was gathered in a quantifiable way. The data was organized using frequencies and percentages to describe the effective use of team nursing amongst professional nurses and the proposed strategies as solutions. The data was presented using figures and tables. The researcher interpreted and generalized the findings which will give answers to the research question (Polit & Hungler 1995:36). The results will be used by health care organizations.

3.7 RELIABILITY AND VALIDITY OF THE STUDY

3.7.1 Reliability:

Is the degree to which the instrument can be depended upon to yield consistent results if used repeatedly overtime. Polit and Hungler (1991:41) state that reliability is how consistency is shown by the instrument, how accurately it measures the attribute for which it is meant to, and its stability in reflecting true scores on repeated occasions.

In this study reliability was ensured by piloting the questionnaires with a small number of registered nurses with similar characteristics to the actual sample (Brink, et al 2006:163). According to Schneider, Elliot, LoBiondo-Wood and Haber (2003:335) reliability is the ability of an instrument to produce the same results if the behaviour is measured again by

the same scale. The respondents were given the same questionnaires in the different chosen nursing units to answer.

3.7.2 Validity:

According to Treece and Treece (1982:119) validity refers to an instrument's ability to actually test what it is supposed to test. Schneider et al (2003:100) state that validity is concerned with the study being free from bias. In this study face validity was used. Face validity as stated in Treece and Treece (1982:130) and Polit and Hungler (1995:354) involve an analysis of whether the instrument appears to be measuring the appropriate construct.

To ensure validity the questionnaires formulated focused on the selected topic to elicit information about the effective use of team nursing amongst professional nurses. The participants' willingness to complete the instrument was related to their perception that the instrument measures the content they agree to provide. Furthermore validity was ensured by the consistency of the questionnaires and the response alternatives as designated by the researcher to the participants through questionnaires.

3.8 ETHICAL CONSIDERATIONS

The research protocol was authorized by the Research, Ethics and Publication Committee of the University of Limpopo, Medunsa Campus, through the Department of Nursing Science, Project/ No: MREC/H/74/2008: PG (See Annexure3).

To proceed with the study, permission was requested from and granted by the Gauteng Department of Health, through the Chief Executive Officer of Dr George Mukhari Hospital in cooperation with the Nursing Director of the same hospital (See Annexure 1).

3.8.1 Informed consent

The researcher explained the process of the study to the participants in order to gain their cooperation and obtain consent. Informed consent was obtained from the participants and consent forms signed with full information of what the study entailed (See Annexure 2). They were assured not to feel obliged to complete the questionnaires, thus they may withdraw from the study at any point in time if they so wished (Neuman 1997:450).

3.8.2 Confidentiality

All information was treated with strict confidentiality and used only for the purpose of the research, and the participants were made aware of. The participants' identity was not required as a measure towards ensuring confidentiality. The consent form was not attached to the questionnaire (Burns & Grove 1995:379).

3.8.3 Anonymity

To ensure anonymity, the questionnaires did not require names of the respondents. The respondents' identities were not linked with their individual responses to the questionnaires (Burns & Grove 1995:379).

3.8.4 Privacy

To ensure privacy the questionnaires were not attached to the individual's identity. The information was processed based on the objectives of the study. The participants' responses to the questionnaires remained confidential (Polit & Hungler 1995:124).

3.9 CONCLUSION

This chapter described the research design and methodology including data collection, research instruments, validity, reliability, objectivity, bias and ethical considerations. A full analysis and interpretation of data regarding the effective use of team nursing amongst professional nurses will be discussed in the next chapter.

CHAPTER 4:

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The present chapter is devoted to the analysis of data, interpretation and discussion of the responses to the questionnaires. The purpose is to utilise the information obtained from the respondents, to address the objectives of the study as outlined in chapter one (see section 1.6). The statistics were derived from the responses of one hundred and two (102) questionnaires from a sample of one hundred and twenty (120), which were completed by the professional nurses from the operating theatres, the intensive care unit and the surgical wards of the selected hospital. This gives the response rate of eighty five percent (85%).

4.2 BIOGRAPHIC INFORMATION

The biographic information provides a profile of the respondents since it is from this that conclusions will be drawn. It yields valuable and necessary insight of the demographic structure of the sample and is a natural starting point.

4.2.1 Personal particulars

4.2.1.1 Age

The first item examines the age structure of professional nurses in the sample. The ages of the respondents were grouped in intervals of ten years, from twenty to fifty years (20-50). Fifty one (51) years and above were included to incorporate those that are above these years. Table 4.1 shows the age distribution of the respondents. This shows that 21-30 is 3.92%, 31-40 is 21.56%, while 41-50 is 50.00% and 51 and above is 24.50%.

Table: 4.1 Age (n =102)

| Age | Frequency | Percentage |
|--------------|-----------|------------|
| 21-30 | 4 | 3.92% |
| 31-40 | 22 | 21.56% |
| 41-50 | 51 | 50.00% |
| 51 and above | 25 | 24.50% |

4.2.1.2 Gender

Majority of the respondents, 97.03% in the sample were females, while only 2.97% were males. This corresponds with the 2002 statistics of the South African Nursing Council where 94.7% of the registered nurses were females and 5.3% were males (SANC <http://www.coza.stat/stat>). Table 4.2 indicates gender distribution of the sample of the study.

Table: 4.2 Gender (n=102)

| Gender | Frequency | Percentage |
|---------------|------------------|-------------------|
| Females | 99 | 97.03% |
| Males | 3 | 2.97% |

4.2.1.3 Current position at your job

Respondents were requested to indicate their positions in their current job as indicated in figure 4.1. Nursing comprises of different levels of professional nurses with different duties, namely the matron in-charge, unit manager, chief professional, senior professional and the functional professional nurse. The unit manager is the professional nurse who relieves the matron in-charge in managing the unit.

Chief professional nurses are the next level in-charges who supervise the work of the team members in rendering patient care. The senior and functional professional nurses are the team members who are actually rendering care at the patients' bed side. The sample of the study show that most professional nurses, 45.92% are at the level of the chief professional nurse, followed by 30.61% professional nurses at the functional level and 17.35% professional nurses at senior level delivering patient care. The 6.12% professional nurses represent the unit managers in the selected units of the study.

According to the results there have been a stable number of professional nurses through the years who achieved professional growth as indicated by the upside down hierarchical structure, with a large number of chief professional nurses at the top.

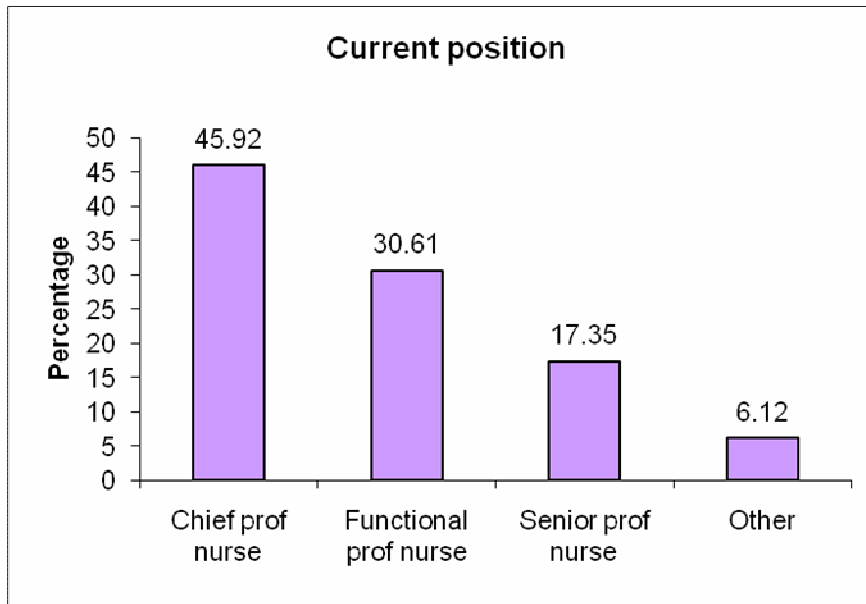


Figure: 4.1 Current position (n=102)

4.2.1.4 Additional nursing qualifications

All of the respondents indicated that they have at least one additional qualification. The majority of the respondents have midwifery as an additional qualification; half have community nursing and just over a quarter have intensive care, operating theatre and pediatric nursing. Twenty six percent of the professional nurses obtained degrees in the nursing field. The qualifications of the professional nurses correspond with the South African Nursing Councils' curriculum for training which result in all professional nurses having an additional qualification. Regulation R212 of the South African Nursing Council states clearly the requirements of other qualifications in the areas of specialty.

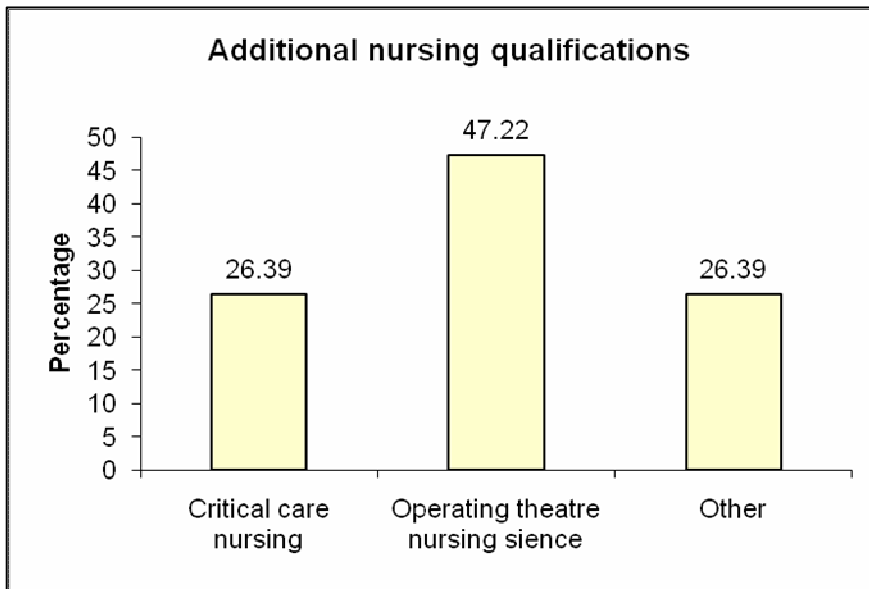


Figure: 4.2 Additional nursing qualifications (n=102)

4.2.1.5 Length of time (experience) in your current working unit

This item examines the length of time spent by respondents in the different nursing units, which was grouped in intervals of five years starting from five (5) to ten (10) years. Ten years (10) and above was included to incorporate those that are above these years. Length of time was included in the study to relate to the experience and expertise of the professional nurses. Table 4.3 indicates years spent by the respondents in the different nursing units. Fifty seven (55.54%) respondents spent ten years and above, followed by twenty six (25.74%) of the respondents who spent between six (6) and ten (10) years. Nineteen (18.81%) respondents spent less than five years in the different nursing units. Most respondents have stayed long in their current working units as indicated by the results in table 4.3. The high numbers of respondents with ten (10) years and above in the nursing units are a clear indication that the professional nurses have been in the profession for some time. The number of newly appointed professional nurses is low, which is suggestive of low turnover rate.

Table: 4.3 Length of time (experience) in your current working unit (n=102)

| Years | Frequency | Percentage |
|--------------------|-----------|------------|
| 0-5 years | 19 | 18.81% |
| 6-10 years | 26 | 25.74% |
| 10 years and above | 57 | 55.45% |

4.2.1.6 Working unit

The respondents were requested to indicate the units in which they work. Table 4.4 indicates the units in which the respondents worked. This item was included to determine the distribution of professional nurses which should be according to the type of nursing care rendered in the nursing unit. Fifty nine (57.84%) respondents are allocated in the operating theatres. This is due to the many theatres and the nature of surgical procedures carried out in this unit. Twenty three (22.55%) of the respondents are allocated in the intensive care unit where patients with life threatening illnesses or injuries are cared for. High care areas such as the operating theatre and intensive care unit require many professional nurses for effective rendering of patient care.

The surgical wards have the least number of professional nurses compared to the operating theatre and the intensive care unit. Twenty (19.61%) of the respondents are allocated to the surgical wards because they render basic nursing care such as monitoring of vital signs, giving post operative pain medication, input and output charts, bed baths, position changing and care to back and pressure parts to mention but a few. The professional nurses in the surgical wards ensure care of patients is continued until discharge.

Table: 4.4 Working unit (n=102)

| Working unit | Frequency | Percentage |
|---------------------|-----------|------------|
| Surgical wards | 20 | 19.61% |
| Intensive care unit | 23 | 22.55% |
| Operating theatre | 59 | 57.84% |

4.2.1.7 Hours of work per shift

Patients in hospitals require 24 hours care. The shift to be worked in rendering patient care is determined by a number of factors and is addressed in hours. These factors can be hospital policies, type of care rendered or patient acuity levels to mention but a few. Professional nurses are engaged in the twelve (12) and eight (8) hours shifts which add to a total of forty (40) hours per week. This is standard as approved by the Basic Conditions of Service Act (No. 75 of 1997).

Table 4.5 shows that sixty three (61.62%) respondents work the 12 hours shift, followed by thirty nine (38.38%) working the 8 hours shift. Rendering patient care is a continuous process and the shift hours should be evenly distributed for the safety of the patients. The even distribution of hours in a shift allows professional nurses to take breaks to rest. Rest is important as rendering patient care has its hazards. Planned shift hours prevent blaming exhaustion when serious adverse events occur.

Table: 4.5 Hours of work per shift (n=102)

| Hours per shift | Frequency | Percentage |
|-----------------|-----------|------------|
| 12 Hours | 63 | 61.62% |
| 8 Hours | 39 | 38.38% |

4.3 DETERMINING THE EFFECTIVE USE OF TEAM NURSING AMONGST PROFESSIONAL NURSES

The second section of the questionnaire contains items that seek to determine the effective use of team nursing amongst professional nurses. The respondents were requested to state whether the statements were true or false.

4.3.1 Team nursing is an important component of patient safety

This item examines the importance of team nursing as a component of patient safety in the nursing units. The results of table 4.6 show that all respondents, one hundred and two (100%) see team nursing as an important component of patient safety by stating that it is true.

Table: 4.6 Team nursing is an important component of patient safety (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| True | 102 | 100% |
| False | 0 | 0% |

4.3.2 Team nursing is associated with better job satisfaction for nurses

This item examines the extent to which team nursing is associated with better job satisfaction amongst professional nurses in the nursing units, while rendering patient care. The results of table 4.7 show that ninety five (93.07%) of the respondents indicated that team nursing contributes to job satisfaction, while seven (6.93%) responded negatively.

Table: 4.7 Team nursing is associated with better job satisfaction for nurses (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| True | 95 | 93.07% |
| False | 7 | 6.93% |

4.3.3 The team leader should be a highly skilled practitioner

This item examines whether the team leader should be a highly skilled practitioner. The results of table 4.8 show that ninety six (93.94%) respondents indicated that the team leader should be a highly skilled practitioner, while six (6.06%) respondents were negative.

Table: 4.8 A team leader should be a highly skilled practitioner (n=102)

| Response | Frequency | Percentage |
|-----------------|------------------|-------------------|
| True | 96 | 93.94% |
| False | 6 | 6.06% |

4.3.4 Communication amongst team members is essential for the success of team nursing

This item examines the extent to which communication amongst professional nurses is essential for the success of team nursing. The results of table 4.9 show that one hundred and two (100%) respondents see communication as essential to the success of team nursing in the different nursing units.

Table: 4.9 Communication amongst team members is essential for the success of team nursing (n=102)

| Response | Frequency | Percentage |
|-----------------|------------------|-------------------|
| True | 102 | 100% |
| False | 0 | 0% |

4.3.5 Members are delegated duties according to their skill and knowledge

This item examines whether team members are delegated duties according to their skill and knowledge. One hundred and one (99.01%) respondents stated that it is true that members are delegated duties according to their skill and knowledge, while one (0.99%) responded negatively as indicated in table 4.10.

Table: 4.10 Members are delegated duties according to skill and knowledge (n=102)

| Response | Frequency | Percentage |
|-----------------|------------------|-------------------|
| True | 101 | 99.01% |
| False | 1 | 0.99% |

4.3.6 Team nursing provides opportunities for professional growth of team members

This item examines the extent to which team nursing provide opportunities for professional growth to team members. One hundred (97.94%) respondents in table 4.11 indicated that team nursing provide opportunities for professional growth to team members, while two (2.06%) respondents were negative.

Table: 4.11 Team nursing provides opportunities for professional growth of team members (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| True | 100 | 97.94% |
| False | 2 | 2.06% |

4.3.7 Team members gain more knowledge by working in collectives

This item examines whether team members gain more knowledge by working in collectives. The results of table 4.12 show that all the respondents, one hundred and two (100%) indicated that team members gain more knowledge by working in collectives.

Table: 4.12 Team members gain more knowledge by working in collectives (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| True | 102 | 100% |
| False | 0 | 0% |

4.3.8 Each team member is expected to contribute towards the success of team nursing

This item examines whether each team member is expected to contribute towards the success of team nursing. The results of one hundred and one (99.02%) respondents in table 4.13 show that contributions of each team member are important towards the success of team nursing. However one (0.99%) respondent was negative.

Table: 4.13 Each team member is expected to contribute towards the success of team nursing (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| True | 101 | 99.02% |
| False | 1 | 0.99% |

4.3.9 Potential conflict is reduced in team nursing

This item examines the extent to which potential conflict is reduced in team nursing. The results of table 4.14 show that eighty nine (87.13%) respondents indicated that potential conflict is reduced in team nursing, while thirteen (12.87%) respondents were negative.

Table: 4.14 Potential conflict is reduced in team nursing (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| True | 89 | 87.13% |
| False | 13 | 12.87% |

4.3.10 Team nursing ensures continuous support for nurses at functional level

This item examines the extent to which team nursing ensures continuous support for nurses at functional level. Ninety eight (96.04%) respondents as indicated in table 4.15 acknowledge that team nursing ensures continuous support for nurses at functional level, while four (3.96%) responded negatively.

Table: 4.15 Team nursing ensures continuous support for nurses at functional level (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| True | 98 | 96.04% |
| False | 4 | 3.96% |

4.3.11 Specific learning needs of team members are not met in team nursing

This item examines whether the specific learning needs of team members are met in team nursing. The results of table 4.16 show that eighty (78.22%) respondents indicated that the specific learning needs of team members are met in team nursing, while twenty two (21.78%) responded negatively.

Table: 4.16 Specific learning needs of team members are not met in team nursing (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| True | 22 | 21.78% |
| False | 80 | 78.22% |

4.3.12 The quality of nursing standards is improved in team nursing

This item examines whether the quality of nursing standards is improved in team nursing. One hundred (98.04%) respondents in table 4.17 see team nursing as a tool for improving the quality of nursing standards, while two (1.96%) were negative.

Table: 4.17 The quality of nursing standards is improved in team nursing (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| True | 100 | 98.04% |
| False | 2 | 1.96% |

4.3.13 The responsibilities of the team leader are important in team nursing

This item examines the importance of the team leaders' responsibilities in team nursing. The results of figure 4.3 show that ninety three (91%) respondents positively indicated that the responsibilities of the team leader are important in team nursing, while nine (9%) respondents were negative.

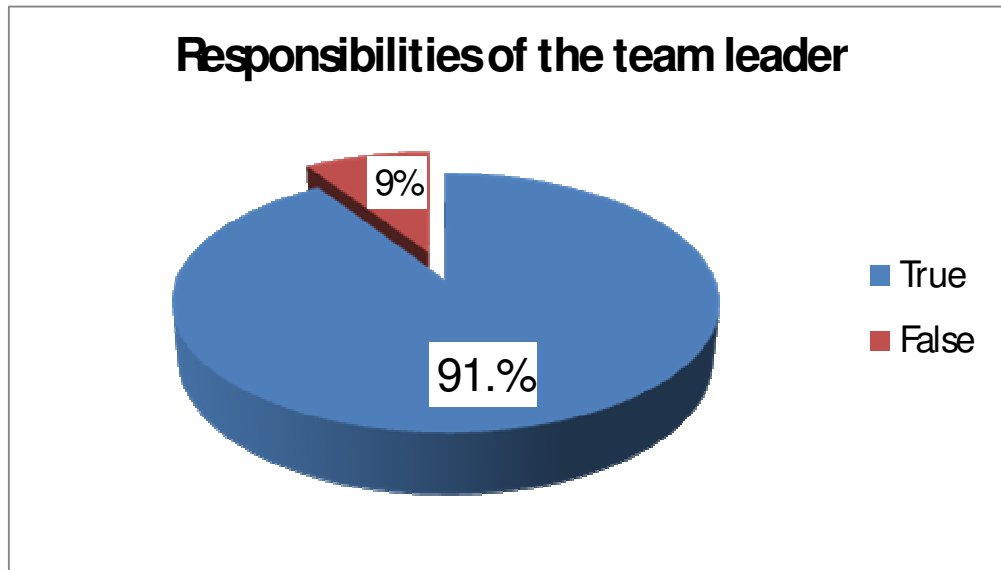


Figure: 4.3 The responsibilities of the team leader are important in team nursing (n=102)

4.3.14 Ongoing support for the quality of learning for team members is achieved in team nursing

This item examines whether ongoing support for the quality of learning for team members is achieved in team nursing. The results of table 4.18 show that ninety four (92.08%) respondents stated that ongoing support for the quality of learning for team members is achieved in team nursing, while eight (7.92%) respondents were negative.

Table: 4.18 Ongoing support for the quality of learning for team members is achieved in team nursing (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| True | 94 | 92.08% |
| False | 8 | 7.92% |

4.3.15 Team leaders must be honest, inspiring and competent in carrying out delegated tasks

This item examines the extent of honesty, inspiration and competency of the team leaders in carrying out delegated tasks. The results of table 4.19 show that one hundred and one (99.01%) respondents positively stated that the team leaders must be honest, inspiring and competent in carrying out delegated tasks, while one (0.99%) responded negatively.

Table: 4.19 Team leaders must be honest, inspiring and competent in carrying out delegated tasks (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| True | 101 | 99.01% |
| False | 1 | 0.99% |

4.3.16 Interpersonal relationships are important in team nursing in team nursing

This item examines the importance of interpersonal relationships in team nursing. Ninety three (91.18%) respondents in table 4.20 indicated that interpersonal relationships are important in team nursing, while nine (8.82%) responded negatively.

Table: 4.20 Interpersonal relationships are important in team nursing (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| True | 93 | 91.18% |
| False | 9 | 8.82% |

4.3.17 Newly qualified professional nurses can lead teams

This item examines whether newly qualified professional nurses can lead teams. The results of seventy two (70.58%) respondents in table 4.21 indicated that newly qualified professional nurses cannot lead teams, while thirty (29.42%) were positive that newly qualified professional nurses can lead teams.

Table: 4.21 Newly qualified professional nurses can lead teams (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| True | 30 | 29.42% |
| False | 72 | 70.58% |

4.3.18 Team nursing is empowering to team members

This item examines whether team nursing is empowering to team members. The results of figure 4.4 show that ninety (88.24%) respondents see team nursing as empowering to team members, however twelve (11.76%) were negative.

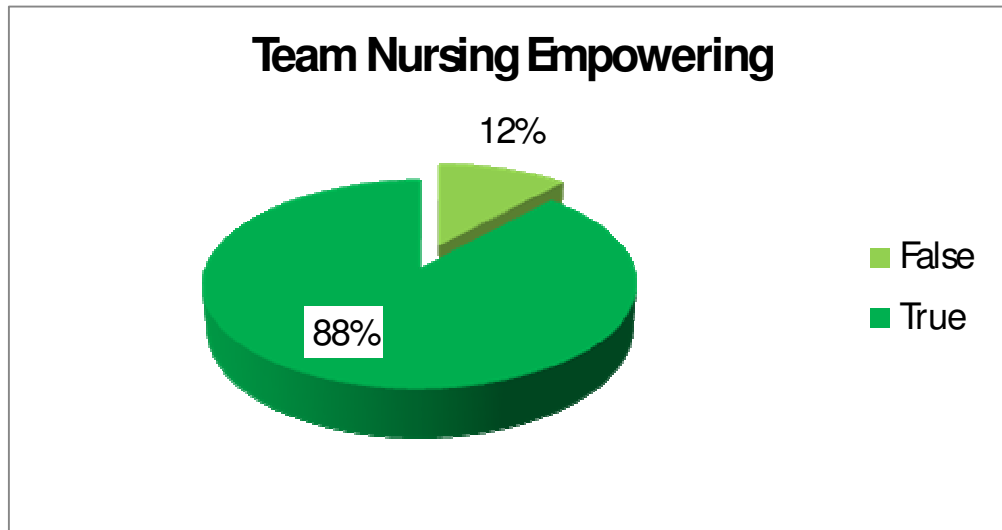


Figure: 4.4 Team nursing is empowering to team members (n=102)

4.3.19 Learning opportunities are not limited in team nursing

This item examines whether learning opportunities are limited in team nursing. The results of table 4.22 show that ninety one (89.22%) respondents see team nursing exposing team members to unlimited learning opportunities, while eleven (10.78%) were negative.

Table: 4.22 Learning opportunities are not limited in team nursing (n=102)

| Response | Frequency | Percentage |
|-----------------|------------------|-------------------|
| True | 91 | 89.22% |
| False | 11 | 10.78% |

4.3.20 The team leader does need to review the implemented nursing care plan

This item examines whether the team leader need to review the implemented nursing care plan. Sixty six (64.71%) respondents in figure 4.5 indicated that the team leader needs to review the implemented nursing care plan, while thirty six (35.29%) responded negatively.

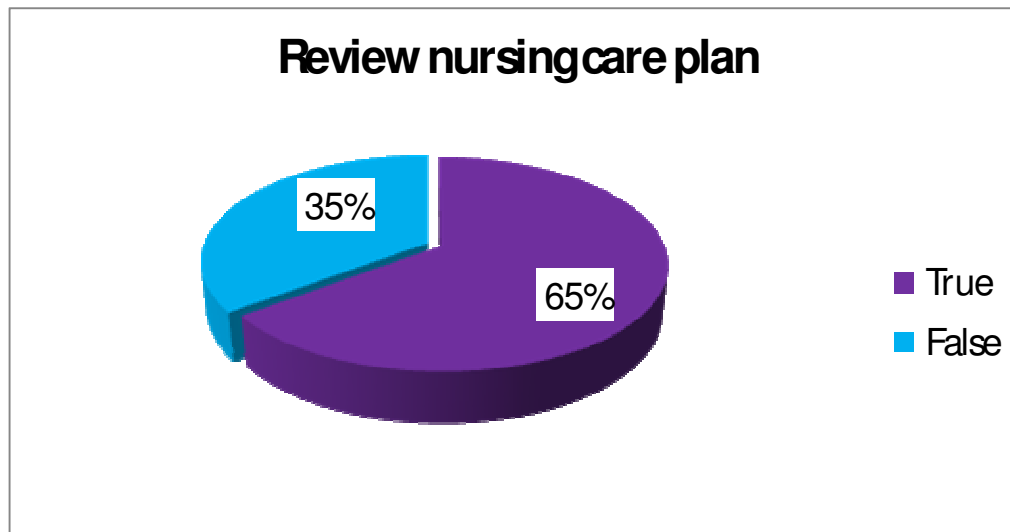


Figure: 4.5 The team leader does need to review the implemented nursing care plan (n=102)

4.4 SUMMARY OF ITEMS THAT DETERMINE THE EFFECTIVE USE OF TEAM NURSING AMONGST PROFESSIONAL NURSES

In viewing the responses of professional nurses in relation to determining the effective use of team nursing amongst professional nurses, of all the items that were listed, it showed that most professional nurses view team nursing as a positive tool used in rendering patient care. It yields positive results although there are a certain section of professional nurses that view it negatively.

The results of most respondents show that patients and professional nurses benefit when using the team nursing assignment method in rendering patients care. Patients have reported satisfaction from the quality and thoroughness of the nursing care received. Satisfied nurses are likely to remain in their allocated units for longer, which will strengthen the nursing expertise leading to more satisfied patients. Qualities of nursing standards have shown improvement with the use of the team nursing care assignment method

Driven by a dynamic leader, team nursing may produce the desired quality outcomes of ongoing support, education and professional continuity for the team members in the different nursing units.

4.5 DETERMINING THE ROLE OF TEAM NURSING IN PATIENT CARE

This section of the questionnaire contains items that seek to determine the role of team nursing in patient care. The following are responses from the respondents who were requested to indicate the role of team nursing in patient care by answering yes or no to the statements.

4.5.1 Patients are satisfied when team nursing is used

This item examines the satisfaction of patients when team nursing is used. Ninety four (92.16%) respondents indicated that there is patient satisfaction when team nursing is used, however eight (7.84%) responded negatively as shown in table 4.23.

Table: 4.23 Patients are satisfied when team nursing is used (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 94 | 92.16% |
| No | 8 | 7.84% |

4.5.2 Staff members are allocated to patients according to their knowledge

This item examines whether staff members are allocated to patients according to their knowledge. Ninety six (94.06%) respondents in table 4.24 indicated that staff members are allocated patients according to their knowledge; however six (5.94%) respondents were negative.

Table: 4.24 Staff members are allocated patients according to their knowledge (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 96 | 94.06% |
| No | 6 | 5.94% |

4.5.3 Team nursing improves the quality of patient care

This item examines whether team nursing improves the quality of patient care. The results of table 4.25 show that ninety five (93.14%) respondents acknowledge that team nursing improves the quality of patient care, while seven (6.86%) respondents were negative.

Table: 4.25 Team nursing improves the quality of patient care (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 95 | 93.14% |
| No | 7 | 6.86% |

4.5.4 Team nursing is an important component of patient safety

This item examines the importance of team nursing as a component of patients' safety. Figure 4.6 show that most respondents, one hundred (98.04%) acknowledge that team nursing is an important component of patients' safety, while two (1.96%) responded negatively.

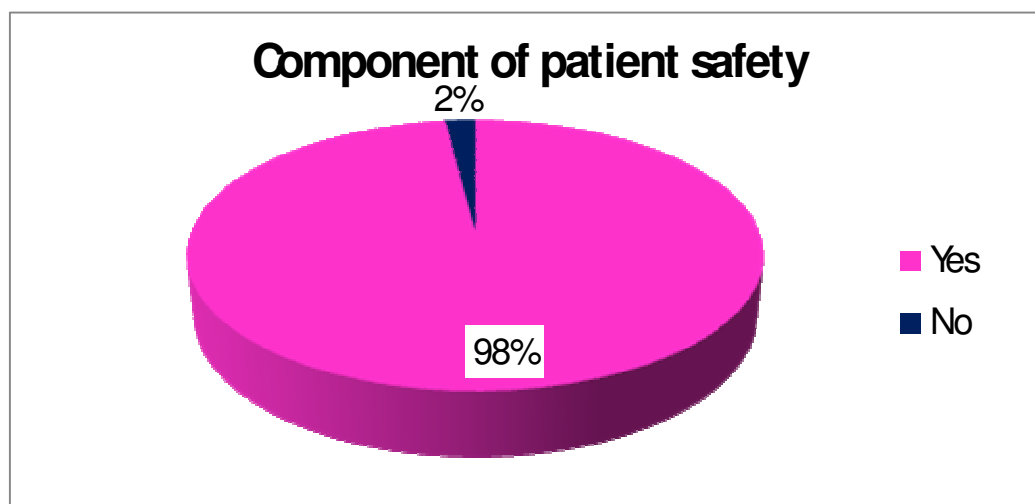


Figure: 4.6 Team nursing is an important component of patient safety (n=102)

4.5.5 Team nursing allows for the identification of present and potential problems

This item examines the extent to which team nursing allows for the identification of present and potential problems. Ninety five (93.07%) respondents indicated that team nursing allows for the identification of present and potential problems, while seven (6.93%) respondents were negative as indicated in table 4.26.

Table: 4.26 Team nursing allows for the identification of present and potential problems (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 95 | 93.07% |
| No | 7 | 6.93% |

4.5.6 Long and short term objectives are developed for each patient in team nursing

This item examines the extent to which long and short term objectives are developed for each patient in team nursing.

Table: 4.27 Long and short term objectives are developed for each patient in team nursing (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 99 | 97.03% |
| No | 3 | 2.97% |

The results of table 4.27 show that ninety nine (97.03%) respondents indicated that long and short term objectives are developed for each patient in team nursing, while three (2.97%) responded negatively.

4.5.7 Team nursing reflects on the interrelatedness of the psychosocial and physiological needs of patients

This item examines how team nursing reflects on the interrelatedness of the psychosocial and physiological needs of patients. Ninety four (92.16%) respondents as indicated in table 4.28, see team nursing as reflecting on the interrelatedness of the psychosocial and physiological needs of patients, while eight (7.84%) respondents were negative.

Table: 4.28 Team nursing reflects on the interrelatedness of the psychosocial and physiological needs of patients (n=102)

| Response | Frequency | Percentage |
|-----------------|------------------|-------------------|
| Yes | 94 | 92.16% |
| No | 8 | 7.84% |

4.5.8 Patients are treated as unique individuals in team nursing

This item examines the extent to which team nursing is associated with treating patients as unique individuals. The results of ninety four (92.08%) respondents as indicated in table 4.29, show that patients are treated as unique individuals in team nursing, however eight (7.92%) respondents were negative.

Table: 4.29 Patients are treated as unique individuals in team nursing (n=102)

| Response | Frequency | Percentage |
|-----------------|------------------|-------------------|
| Yes | 94 | 92.08% |
| No | 8 | 7.92% |

4.5.9 Patients' problems and solutions are discussed during the nursing conference

This item examines whether patients' problems and solutions are discussed during the nursing conference. Ninety four (92.16%) respondents stated that patients' problems and solutions are discussed during the nursing conference. Eight (7.92%) respondents were negative as indicated in figure 4.7.

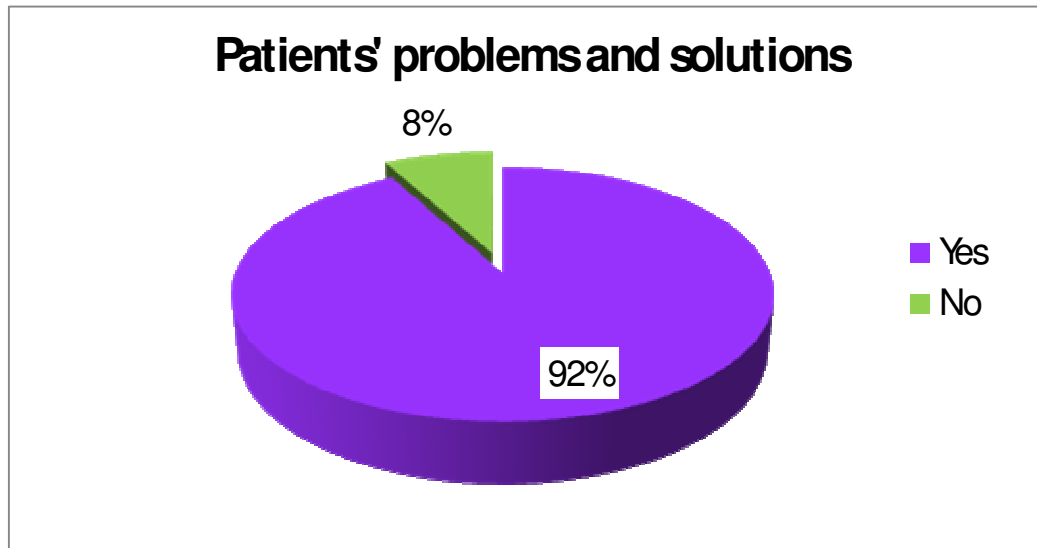


Figure: 4.7 Patients' problems and solutions are discussed during the nursing conference (n=102)

4.5.10 Patients receive holistic and comprehensive care in team nursing

This item examines whether patients receive holistic and comprehensive care in team nursing. One hundred (98.02%) respondents stated that patients receive holistic and comprehensive care in team nursing; however two (1.98%) respondents were negative as indicated in table 4.30.

Table: 4.30 Patients receive holistic and comprehensive care in team nursing (n=102)

| Response | Frequency | Percentage |
|-----------------|------------------|-------------------|
| Yes | 100 | 98.02% |
| No | 2 | 1.98% |

4.5.11 There is regular review of the patients' nursing care plans in team nursing

This item examines the extent to which the patients' nursing care plans are reviewed in team nursing. The response of ninety two (89.90%) respondents in table 4.31 show that there is regular review of patients' nursing care plans in team nursing, while ten (10.10%) respondents were negative.

Table: 4.31 There is regular review of the patients’ nursing care plans in team nursing (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 92 | 89.90% |
| No | 10 | 10.10% |

4.5.12 Patients need to be cared for by a large number of nurses

This item examine whether patients should be cared for by a large number of nurses. Sixty one (59.41%) respondents were positive about a large number of nurses caring for patients, while forty one (40.59%) respondents indicated that a large number of nurses are not necessary in caring for patients as indicated in table 4.32.

Table: 4.32 Patients need to be cared for by a large number of nurses (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 61 | 59.41% |
| No | 41 | 40.59% |

4.5.13 Skills and experiences of team members are important in meeting patients’ needs

This item examines the importance of the skills and experiences of team members in meeting the patients’ needs. The results of figure 4.8 show that most of the respondents, one hundred and one (99%) see the skills and experiences of team members as important in meeting the patients’ needs, while one (1%) responded negatively.



Figure: 4.8 The skill and experience of team members are important in meeting patients’ needs (n=102)

4.5.14 Team members are allowed to spend a long time on delegated tasks

This item examines the amount of time allowed for team members to spend on delegated tasks. The results of table 4.33 show that seventy three (72%) respondents indicated that team members are not allowed to spend a long time on delegated tasks, however twenty nine (28%) responded positively.

Table: 4.33 Team members are allowed to spend a long time on delegated tasks (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 29 | 28% |
| No | 73 | 72% |

4.5.15 Organizing work in order to give adequate care to patients is important in team nursing

This item examines the importance of organizing work in order to give adequate care to patients in team nursing. The results of table 4.34 show that one hundred and one (99%) respondents acknowledge the importance of organizing work in order to give adequate care to patients, however one (1%) responded negatively.

Table: 4.34 Organizing work in order to give adequate care to patients is important in team nursing (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 101 | 99% |
| No | 1 | 1% |

4.5.16 Team nursing responds to the needs of the patients

This item examines the extent to which team nursing responds to the needs of the patients. The results of table 4.35 show that ninety nine (97.03%) respondents see team nursing as responding to the needs of the patients, while three (2.97%) respondents were negative.

Table: 4.35 Team nursing responds to the needs of the patients (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 99 | 97.03% |
| No | 3 | 2.97% |

4.5.17 Critically ill patients are nursed by the team leader

This item examines whether critically ill patients are nursed by the team leader. Seventy (69%) respondents in figure 4.9 indicated that critically ill patients are not nursed by the team leader, while thirty two (31%) responded positively.

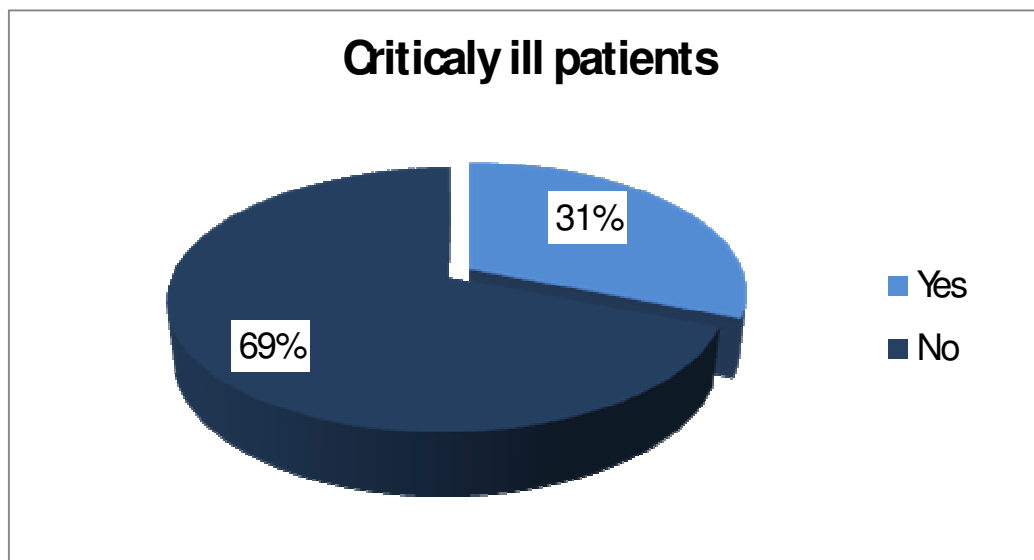


Figure: 4.9 Critically ill patients are nursed by the team leader (n=102)

4.5.18 Team members assist each other to complete delegated tasks

This item examines whether team members assist each other to complete delegated tasks. Ninety three (91.09%) the respondents in table 4.36 stated that team members assist each other to complete delegated tasks; however nine (8.91%) respondents were negative.

Table: 4.36 Team members assist each other to complete delegated tasks (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 93 | 91.09% |
| No | 9 | 8.91% |

4.5.19 Patient satisfaction is important in team nursing

This item examines the importance of patient satisfaction in team nursing. Table 4.37 shows that one hundred (98.02%) respondents acknowledge that patient satisfaction is important in team nursing, while two (1.98%) respondents were negative.

Table: 4.37 Patient satisfaction is important in team nursing (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 100 | 98.02% |
| No | 2 | 1.98% |

4.5.20 Planning of patient care is done to satisfy the nurses

This item examines whether planning of care is done to satisfy the nurses. The results of table 4.38 show that seventy seven (75%) respondents indicated that planning of patient care is not done to satisfy the nurses, while twenty five (25%) respondents were positive.

Table: 4.38 Planning of patient care is done to satisfy the nurses (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 25 | 25% |
| No | 77 | 75% |

4.6 SUMMARY OF ITEMS THAT DETERMINE THE ROLE OF TEAM NURSING IN PATIENT CARE

The responses of professional nurses in determine the role of team nursing in patient care show that most professional nurses, see team nursing as the best nursing care assignment method that benefit the patients and the profession. Patients have reported satisfaction with the nursing care rendered. Objectives are set according to the patients' problems. The implemented nursing care plan is regularly reviewed to ensure that patients receive the best nursing care.

4.7 BARRIERS OF THE EFFECTIVE USE OF TEAM NURSING AMONGST PROFESSIONAL NURSES

The fourth section of the study contains questionnaires which seek to determine the barriers of the effective use of team nursing amongst professional nurses. The respondents were requested to state yes or no to the statements of the questionnaires. The following are the responses of the respondents:

4.7.1 Time constraints during the shift prevent some team members from attending the nursing conference

This item examines how time constraints prevent some team members from attending the nursing conference during the shift. Eighty four (82.83%) respondents in table 4.39 stated that time constraints prevent some members from attending the nursing conference, while eighteen (17.17%) were negative.

Table: 4.39 Time constraints during the shift prevent some team members from attending the nursing conference (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 84 | 82.83% |
| No | 18 | 17.17% |

4.7.2 Shortage of staff result in daily changes in staff allocation

This item examines the extent to which shortage of staff results in daily changes in staff allocation. The results of the respondents in table 4.40 shows that ninety (88.12%) respondents see shortage of staff resulting in daily changes in staff allocation, while twelve (11.88%) respondents were negative.

Table: 4.40 Shortage of staff result in daily changes in staff allocation (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 90 | 88.12% |
| No | 12 | 11.88% |

4.7.3 The team leader needs knowledge about the legal and professional scope of team members when delegating duties

This item examines whether the team leader needs knowledge about the legal and professional scope of team members when delegating duties. The results of table 4.41 indicated that one hundred and one (99.02%) respondents agree that the team leader needs knowledge about the legal and professional scope of the team members when delegating duties, while one (1%) responded negatively.

Table: 4.41 The team leader needs knowledge about the legal and professional scope of team members when delegating duties (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 101 | 99.02% |
| No | 1 | 1% |

4.7.4 Communication plays an important role in team nursing

This item examines the important role played by communication in team nursing. The results of figure 4.10 show that one hundred (98%) respondents see communication playing an important role in team nursing, while two (2%) respondents were negative.

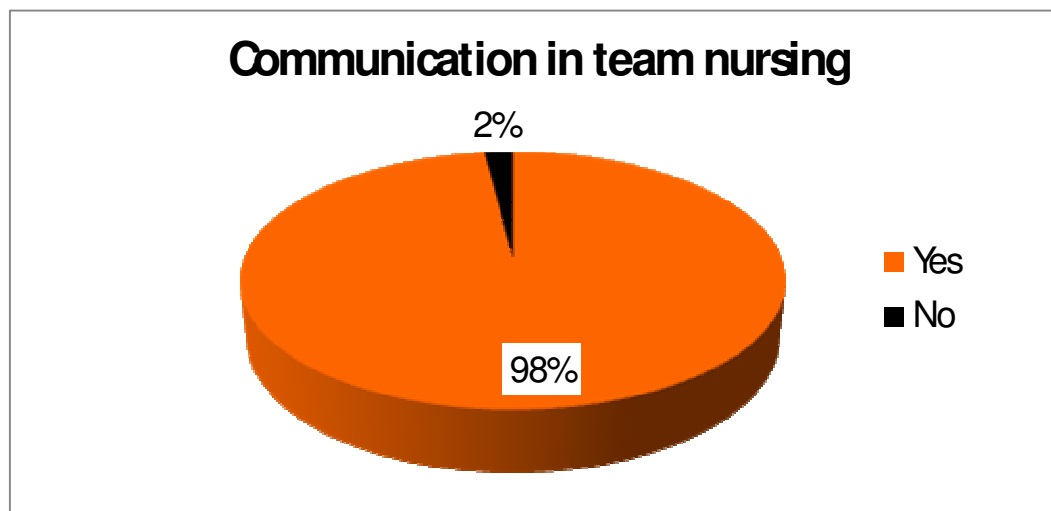


Figure: 4.10 Communication plays an important role in team nursing (n=102)

4.7.5 There are learning opportunities in team nursing

This item examines whether there are learning opportunities in team nursing. One hundred (97.98%) respondents in table 4.42 indicated that there are learning opportunities in team nursing, while two (2.02%) responded negatively.

Table: 4.42 There are learning opportunities in team nursing (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 100 | 97.98% |
| No | 2 | 2.02% |

4.7.6 The team leader supports the team members throughout the shift

This item examines whether the team leader supports the team members throughout the shift. Ninety (88.24%) respondents as indicated in table 4.43 shows that the team leader supports the team members throughout the shift, however twelve (11.76%) responded negatively.

Table: 4.43 The team leader supports the team members throughout the shift

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 90 | 88.24% |
| No | 12 | 11.76% |

4.7.7 The team does not consist of the same members' everyday

This item examines whether the team consists of the same members everyday. Eighty two (80%) respondents indicated that the team does not consist of the same members everyday, however twenty (20%) were negative as indicated in figure 4.11.

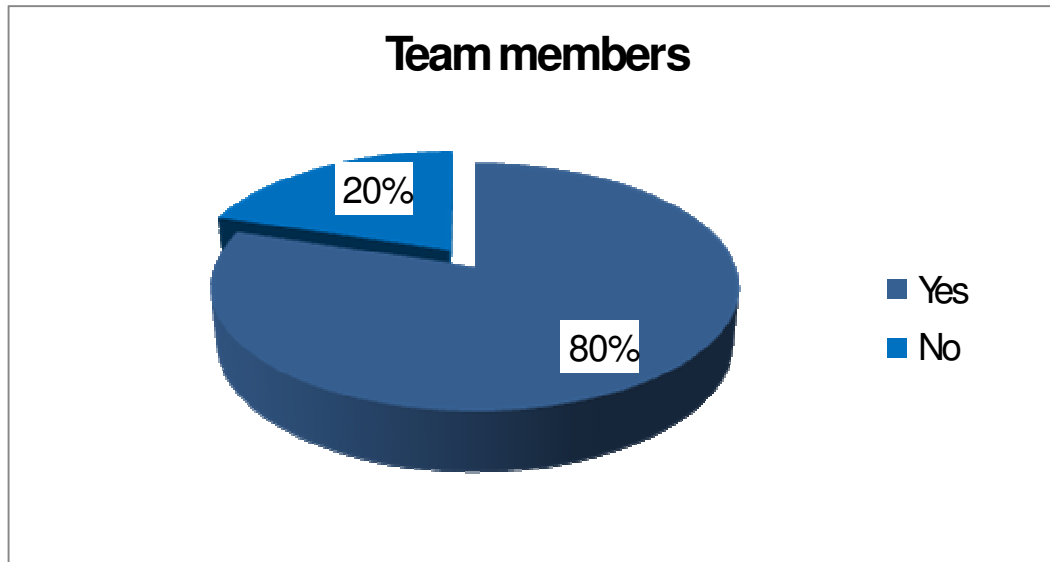


Figure: 4.11 A team does not consist of the same members everyday (n=102)

4.7.8 The team leader assesses the team members' learning needs

This item examines the extent to which the team leader assesses the team members' learning needs. The response of ninety three (92.08%) respondents in table 4.44 indicated that the team leader assesses the team members' learning needs, however nine (7.92%) were negative.

Table: 4.44 The team leader assess the team members' learning needs (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 93 | 92.08% |
| No | 9 | 7.92% |

4.7.9 Team members are required to complete their delegated tasks on time

This item examines the extent to which team members are required to complete their delegated tasks. One hundred and one (99.01%) respondents in table 4.45 indicated that team members are required to complete their delegated tasks on time, while one (0.99%) responded negatively.

Table: 4.45 Team members are required to complete their delegated tasks on time (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 101 | 99.01% |
| No | 1 | 0.99% |

4.7.10 All team members are required to contribute during the nursing conference

This item examines whether all team members are required to contribute during the nursing conference. Figure 4.12 show that ninety one (89%) respondents agree that they are required to contribute during the nursing conference. However eleven (11%) respondents were negative.

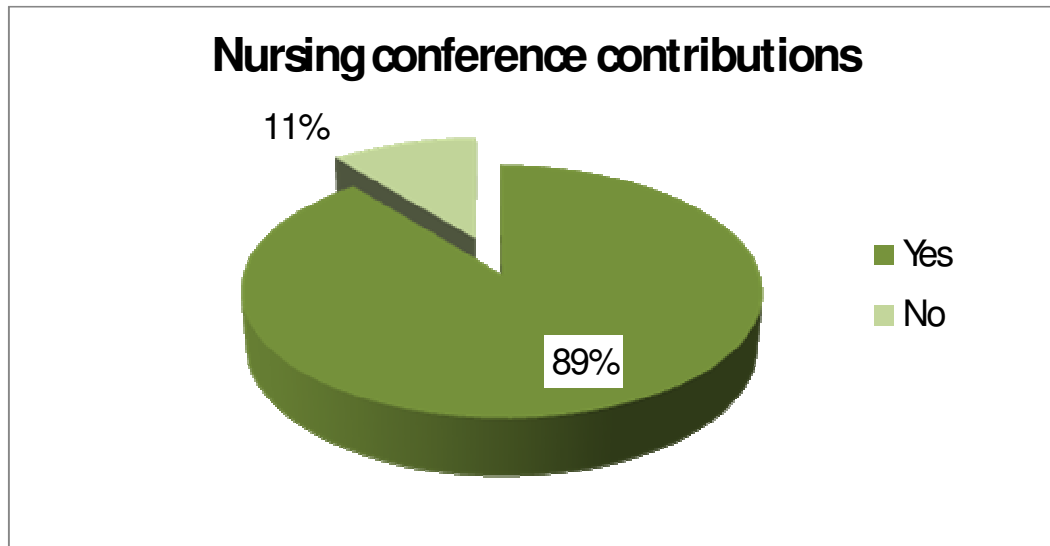


Figure: 4.12 All team members are required to contribute during the nursing conference (n=102)

4.7.11 Team members' suggestions are considered and implemented

This item examines whether team members' suggestions are considered and implemented. Seventy nine (77.45%) respondents stated that team members' suggestions are considered and implemented, while twenty three (22.55%) were negative as indicated in table 4.46.

Table: 4.46 Team members' suggestions are considered and implemented (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 79 | 77.45% |
| No | 23 | 22.55% |

4.7.12 Trust and respect is important in team nursing

This item examines the importance of trust and respect in team nursing. Ninety one (89.22%) respondents acknowledge the importance of trust and respect in team nursing, while eleven (10.78%) respondents were negative as indicated in table 4.47.

Table: 4.47 Trust and respect is important in team nursing (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 91 | 89.22% |
| No | 11 | 10.78% |

4.7.13 Conflict is addressed satisfactorily in team nursing

This item examines whether conflict is satisfactorily addressed in team nursing. Seventy four (72.55%) respondents agree that conflict is addressed satisfactorily in team nursing as indicated in table 4.48, however twenty eight (27.45%) responded negatively.

Table: 4.48 Conflict is addressed satisfactorily in team nursing (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 74 | 72.55% |
| No | 28 | 27.45% |

4.7.14 Team members care for each other in team nursing

This item examines whether team members care for each other in team nursing. The results of eighty nine (87.25%) respondents in table 4.49 show that team members care for each other in team nursing, however thirteen (12.75%) respondents were negative.

Table: 4.49 Team members care for each other in team nursing (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 89 | 87.25% |
| No | 13 | 12.75% |

4.7.15 Caring for each other is important in team nursing

This item examines the importance of caring for each other in team nursing. The results of table 4.50 show that ninety seven (93.14%) respondents see caring for each other as important in team nursing. However five (6.86%) respondents were negative.

Table: 4.50 Caring for each other is important in team nursing (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 97 | 93.14% |
| No | 5 | 6.86% |

4.7.16 The responsibility of planning in team nursing is done by the team members

This item examines whether the responsibility of planning in team nursing is done by the team members. Twenty three (22.55%) respondents in figure 4.13 indicated that the responsibility of planning in team nursing is not done by the team members, while seventy nine (77.45%) indicated that the responsibility of planning in team nursing is done by the team members.

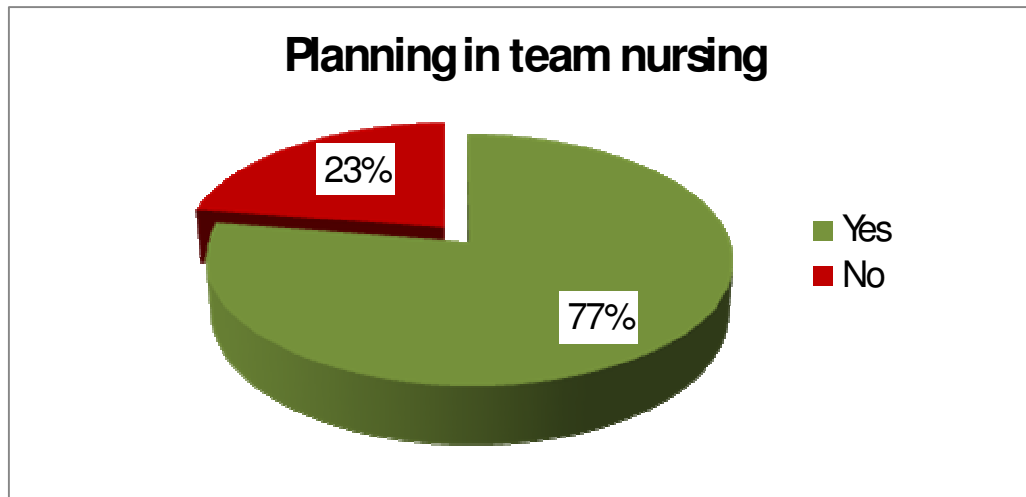


Figure: 4.13 The responsibility of planning in team nursing is done by the team members (n=102)

4.7.17 The daily changing of team members does not improve the team spirit

This item examines whether the daily changing of team members improves the team spirit. The results of table 4.51 show that fifty seven (55.45%) respondents see the daily changing of team members as not improving the team spirit, while forty five (44.55%) respondents were positive.

Table: 4.51 The daily changing of team members does not improve the team spirit (n=102)

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 57 | 55.45% |
| No | 45 | 44.55% |

4.7.18 The nursing conference cannot be held without planning

This item examines whether the nursing conference cannot be held without planning. The results of table 4.52 show that ninety six (94%) respondents indicated that the nursing conference cannot be held without planning, while six (6%) were negative.

Table: 4.52 The nursing conference cannot be held without planning (n=102)

| Response | Frequency | Percentage |
|-----------------|------------------|-------------------|
| Yes | 96 | 94% |
| No | 6 | 6% |

4.7.19 The team can function without a team leader

This item examines whether the team can function without a team leader. The results of table 4.53 show that seventy five (73.27%) respondents indicated that the team cannot function without a team leader, however twenty seven (26.73%) are of the opinion that the team can function without a team leader.

Table: 4.53 A team can function without a team leader

| Response | Frequency | Percentage |
|-----------------|------------------|-------------------|
| Yes | 27 | 26.73% |
| No | 75 | 73.27% |

4.7.20 It is important for the team leader to assess the team's performance

This item examines the importance of the team leader to assess the teams' performance. The results of table 4.54 show that ninety seven (95.05%) respondents see the assessment of the teams' performance by the team leader as important while five (4.95%) responded negatively.

Table: 4.54 It is important for the team leader to assess the team's performance (n=102)

| Response | Frequency | Percentage |
|-----------------|------------------|-------------------|
| Yes | 97 | 95.05% |
| No | 5 | 4.95% |

4.7.21 Autocratic leadership style improves team nursing

This item examines whether the autocratic leadership style improves team nursing. Eighty nine (87.76%) respondents in figure 4.14 show that the autocratic leadership style does not improve team nursing, however thirteen (12.24%) were positive.

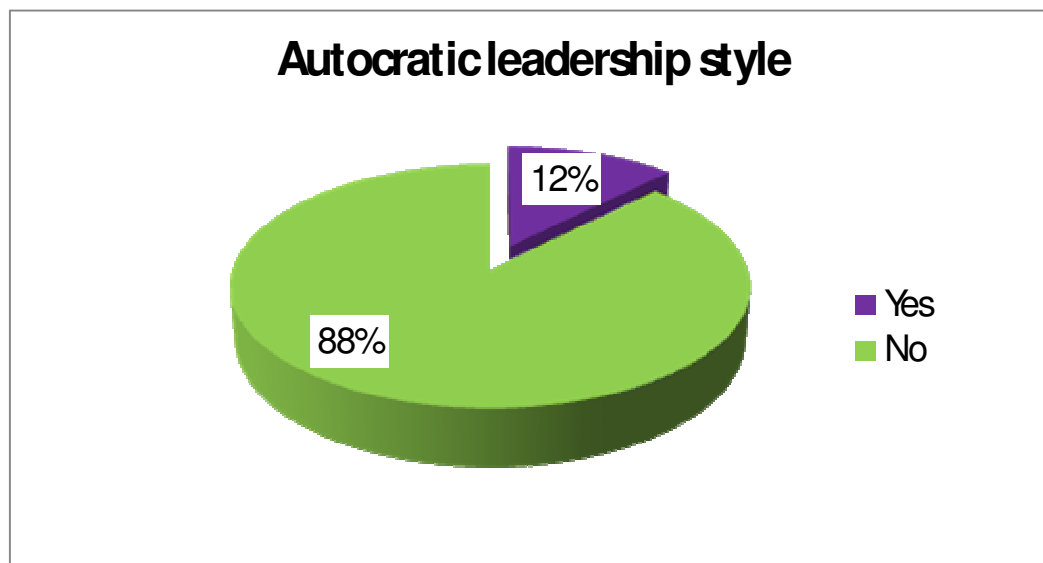


Figure: 4.14 Autocratic leadership style improves team nursing (n=102)

4.8 SUMMARY OF ITEMS THAT DETERMINE THE BARRIERS OF THE EFFECTIVE USE OF TEAM NURSING AMONGST PROFESSIONAL NURSES

In viewing the responses of professional nurses in relation to determining the barriers of the effective use of team nursing amongst professional nurses, of all the items that were listed, it showed that all professional nurses, see communication, trust and respect, and leadership style as areas of concern.

Communication in this study has been viewed as important amongst professional nurses but it is poorly practiced by team members. Information is not cascaded to all, causing frustration and tension. The morale is low due to lack of trust and respect amongst the professional nurses. The results indicated that decisions are unilaterally taken and there is no consultation. The autocratic leadership style has rendered the professional nurses ineffective, because it does not improve the team's performance.

4.9 CONCLUSION

This chapter outlined the results of the analyzed data using the descriptive statistics. There was no hypothesis tested. The study population was professional nurses from the theatres, the intensive care unit and the surgical wards of the hospital of choice. The following chapter will discuss the findings, limitations and recommendations in relation to the objectives of the study.

CHAPTER 5:

FINDINGS, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

This chapter includes the summary of the findings, the conclusions drawn from the study and the recommendations thereof.

5.2 THE PURPOSE OF THE RESEARCH

The main purpose of the study was to explore the effective use of team nursing amongst professional nurses. The objective of the study was to:

- Determine the effective use of team nursing amongst professional nurses;
- Determine the role of team nursing in patient care;
- Determine the barriers of the effective use of team nursing amongst professional nurses.

5.3 PROFILE OF PROFESSIONAL NURSES

Sixty percent (60%) of the professional nurses who participated in this study were in the middle age years, including both males and females. The majority, ninety eight (97.03%) of the respondents were females, while three (2.97%) were males. All the respondents have at least one additional nursing qualification.

The inclusion of age in the study is related to professional maturity. The results show 99.98% of the respondents at an adult age with experience. They all are able to assume different positions in team nursing to bring about better results which will eventually lead to patient satisfaction.

Midwifery seems to be the most popular additional qualification registration with 98% of the respondents having this qualification, while 47.22% have theatre qualification and just more than a quarter, 26.39% have intensive care qualification. An equal number of the respondents namely, 26.39% have other qualification in nursing. Additional qualifications in nursing indicate the interest one has in their field of work, by specializing and keeping abreast with new developments to ensure quality patient care.

Majority of professional nurses, 45.92% are in the chief professional nurses' post leading teams, while 30.61% are functional nurses at the patients' bedside delivering direct patient care. Other senior professional nurses, 17.35% are at the bedside leading teams. The other 6.12% represent nurses at management level facilitating the delivery of nursing care in the units.

According to the results there is poor distribution of knowledgeable chief professional nurses (45.92%) which is suggestive of the ineffective use of team nursing amongst professional nurses. Almost all chief professional nurses are engaged in unit

management. Team nursing requires one team leader for it to be implemented successfully.

The hours worked in rendering patient care are regulated by the Basic Conditions of Service Act (No. 75 of 1997). Almost all the respondents work both the 12 and 8 hours shifts which add up to 40 hours per week to ensure continuity in patient care. The hours worked are enough for a professional nurse to identify a need to improve the nursing care rendered. The approach to different patients' nursing care plans can be modified for better results during the shift indicating knowledge and a drive to do better in team nursing.

Fifty seven (55.45%) of the professional nurses who participated in the study have worked for ten years and above in their respective units. Twenty six (25.74%) worked between six and ten years, while nineteen (18.81%) worked five years and less. The number of years worked account for the knowledge and experience the professional nurses have in this field. Mentoring the newly qualified professional nurse about team nursing can be achieved with ease because almost all professional nurses have been rendering patient care using the team nursing care plan for years in the different nursing units.

5.4 LIMITATION OF THE STUDY

The study was subject to a number of limitations which were as follows:

- Formation of some questions which may have been unclear and led to doubtful information.
- Section B of the questionnaire, the sequence of responses alternate was incorrect but this was taken into account during data analysis.
- Coding of the questions during the data analysis process may have led to the incorrect interpretations, such as items which come out with one (1) missing frequency.
- Some of the responses which were one hundred (100%) can be doubtful at some stage.
- Only limited to one hospital.

5.5 FINDINGS

The aspects of the empirical study performed as part of this study will now be listed under the following headings:

- To determine the effective use of team nursing amongst professional nurses.
- To determine the role of team nursing in patient care.
- To determine the barriers of the effective use of team nursing.

5.5.1 The effective use of team nursing amongst professional nurses

The effective use of team nursing amongst professional nurses dealt with aspects such as the following listed below:

- Team nursing is an important component of patient safety.
- Team nursing is associated with better job satisfaction for nurses.
- The team leader should be a highly skilled practitioner.
- Communication among team members is essential for the success of team nursing.
- Members are delegated duties according to their skills and knowledge.
- Team nursing provides opportunities for professional growth to team members.
- Team members gain more knowledge by working in collectives.
- Each team member is expected to contribute towards the success of team nursing.
- Potential conflict is reduced in team nursing.
- Team nursing ensures continuous support for nurses at functional level.
- Specific learning needs of team members are not met in team nursing.
- The quality of nursing standards is improved in team nursing.
- The responsibilities of the team leader are important in team nursing.
- Ongoing support for the quality of learning for team members is achieved.
- Team leaders must be honest, inspiring and competent in carrying out delegated tasks.
- Interpersonal relationships are important in team nursing.
- Newly qualified registered nurses can lead teams.
- Team nursing is empowering to team members.
- Learning opportunities are not limited in team nursing.
- The team leader does need to review the implemented nursing care plan.

All the respondents in this section, 100% have shown support of team nursing by answering true to most of the statements. It has emerged clearly that team nursing has many advantages benefiting the patients and the nursing profession. The professional nurses and the team leaders must work collaboratively to ensure continuity in maintaining the corner stone of the nursing profession, which is basic nursing care.

5.5.2 The role of team nursing in patient care

The role of team nursing in patient care dealt with aspects such as the following listed below:

- Patients are satisfied when team nursing is used.
- Team members are allocated to patients according to their knowledge.
- Team nursing improves the quality of patient care.
- Team nursing is an important component of patient safety.
- Team nursing allows the identification of present and potential problems.
- Long and short term objectives are developed for each patient in team nursing.

- Team nursing reflects the interrelatedness of psychosocial and physiological needs of patients.
- Patients are treated as unique individuals in team nursing.
- Patient's problems and solutions are discussed during the nursing conference.

- Patients receive holistic and comprehensive care in team nursing.
- There is regular review of the patient's nursing care plan in team nursing.
- Patients need to be cared for by a large number of nurses.
- The skills and experiences of team members are important in meeting patients' needs.
- Team members are allowed to spend a long time on delegated tasks.
- Organizing work in order to give adequate care to patients is important in team nursing.
- Team nursing respond to the needs of the patients.
- Critically ill patients are nursed by the team leader.
- Team members assist each other to complete delegated tasks.
- Patient satisfaction is important in team nursing.
- Planning of patient care is done to satisfy the nurses.

The items listed above were to determine the role of team nursing in patient care. In viewing the responses of professional nurses, 100% shows that team nursing yields positive results by ensuring a holistic and comprehensive approach in rendering care to patients. Team nursing ensures that nurses at the bed side remains focused on delivery of basic patient care. Patients are given individualized care which is planned according to their different diagnosis and problems identified. Patient safety is prioritized reducing serious adverse events. The findings are that team nursing is designed to meet the patient's expectations. There is reduction in time spent on non direct care tasks, allowing professional nurses to spend more time in direct patient care tasks. Patient satisfaction is high in team nursing.

5.5.3 The barriers of the effective use of team nursing amongst professional nurses

The barriers of the effective use of team nursing amongst professional nurses dealt with aspects such as the following listed below:

- Time constraints during the shift prevent some team members from attending the nursing conference.
- Shortage of staff results in daily changes in staff allocation.
- The team leader needs knowledge about the legal and professional scope of team members when delegating duties.
- Communication plays an important role in team nursing.
- There are learning opportunities in team nursing.
- The team leader supports the team members throughout the shift.
- The team does not consist of the same members daily.
- The team leader assesses the team members' learning needs.
- Team members are required to complete their delegated tasks on time.
- All team members are required to contribute during the nursing conference.
- Team members' suggestions are considered and implemented.
- Trust and respect is important in team nursing.
- Conflict is addressed satisfactorily in team nursing.
- Team members care for each other in team nursing.
- Caring for each other is important in team nursing.
- The responsibility of planning in team nursing is done by the team members.

- The daily changing of team members does not improve the team spirit.
- The nursing conference cannot be held without planning.
- The team can function without a team leader.
- It is important for the team leader to assess the teams' performance.
- The autocratic leadership style improves team nursing.

Findings in this section provide insight into factors that determine the barriers of the effective use of team nursing amongst professional nurses as indicated by the respondents. These will guide the team leaders to focus on implementing strategies to remedy the situation.

Communication was found to be regarded as important in team nursing. Leadership style has been reported to be autocratic, which does not improve team nursing. Frustration grew as professional nurses are denied a right to contribute. Poor handling of conflict by leaders reduces the morale of the team. Trust and respect are acknowledged as important in team nursing as indicated by the respondents.

5.6 RECOMMENDATIONS

In this chapter the following recommendations were made with reference to nursing education, management of team nursing, nursing practice and nursing research.

5.6.1 Recommendations for learning

- Continuous learning for all professional nurses should be reinforced to improve their knowledge about team nursing. This practice will ensure all professional nurses are updated with the new developments in team nursing.
- On the job training should be planned to motivate professional nurses and improve team nursing. The advantage of the program is improved team spirit in team nursing which will increase the morale of the individuals.
- The practice of on-the-spot teaching, which is the simplest form of imparting knowledge, is found to be very effective. It is a corrective and teaching method which can be relied upon by team members to improve team nursing.

5.6.2 Recommendations for the managing of team nursing

- Mentoring of professional nurses in the different nursing units regarding team nursing should be encouraged to ease their entry into work relationships. The more experienced person should guide and teach. This kind of a setting brings about competence in an individual. Both the mentor and the professional nurse work in harmony while the other is being developed.
- A well mentored person performs his/her duties diligently.
- Encourage the practice of open and free communication between team members

and the team leaders in team nursing in the nursing units. The hospital should provide communication workshops for all levels of professional nurses.

- The introduction of quality circles to identify and solve work related problems in team nursing is highly recommended. Management should ensure that professional nurses receive sufficient training. The recommended solutions should be submitted to management for approval prior implementation.

5.6.3 Recommendations for nursing practice

- Implementation of the team nursing model in a larger scale to benefit the patients and the professional nurses in other nursing units.
- The team nursing model is recommended to empower professional nurses, because they gain knowledge as they work in collectives, thus improving the standards of nursing care and lifting the nursing profession.
- Team leaders should delegate tasks to professional nurses according to their professional scope of practice, knowledge and specific competency. Communication is a key to delegation success.
- The development and maintenance of trust and respect within the relationships of patients and professional nurses is necessary for the success of team nursing.

5.6.4 Recommendations for research

- Replication of the study to compare with other hospitals rendering the same patient care.
- The use of qualitative research for the exploration of the effective use of team nursing amongst professional nurses.

5.7 CONCLUSION

The discussions and recommendations of the study were dealt with in this chapter. The study described the effective use of team nursing amongst professional nurses. The findings were linked to the objectives of the study as set in chapter one. The barriers to the effective use of team nursing amongst professional nurses have been identified. Such feedback will be used to develop strategies to remedy the negative experiences encountered by professional nurses in the different nursing units. The findings will provide feedback to the professional nurses in continuous learning, management of team nursing, nursing practice and nursing research on the effective use of team nursing amongst professional nurses in the different nursing units.

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ANNEXURE 1

COVERING LETTERS AND CORRESPONDENCE

423 Block M
Soshanguve
0152
09 June 2008

Directorate: Policy Planning and Research
Gauteng Department of Health
37 Sauer Street
Johannesburg
Private Bag x 085
Marshalltown
2107

Dear Sir

A request to conduct a study on: The exploration of the effective use of team nursing amongst professional nurses in Dr George Mukhari Hospital.

I hereby request permission to conduct a study on the above-mentioned topic as a requirement for a Masters Degree program I enrolled for. The purpose of the study is to explore the effective use of team nursing amongst professional nurses in Dr George Mukhari Hospital.

The results of the study will be used to give feedback to the hospital and the professional nurses for the development of strategies to improve team nursing and prevent future deterioration of nursing standards. Attached is a copy of:

- 1) The proposal as approved by the MREC.
- 2) The questionnaire that will be completed by the respondents.

Thank you

Sincerely

.....
Lillian Jabu Nkosi

Tel: 012 529 3399
Cell: 072 603 1368

423 Block M
Soshanguve
0152
09 June 2008

The Chief Executive Officer
Dr George Mukhari Hospital
P/Bag 422
Pretoria
0001

Dear Sir

A request to conduct a study on: The exploration of the effective use of team nursing amongst professional nurses in Dr George Mukhari Hospital.

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- 1) The proposal as approved by the MREC.
- 2) The questionnaire that will be completed by the respondents.

Thank you

Sincerely

.....
Lillian Jabu Nkosi

Tel: 012 529 3399
Cell: 072 603 1368

423 Block M
Soshanguve
0152
09 June 2008

The Nursing Service Manager
Dr George Mukhari Hospital
P/Bag 422
Pretoria
0001

Dear Madam

A request to conduct a study on: The exploration of the effective use of team nursing amongst professional nurses in Dr George Mukhari Hospital.

I hereby request permission to conduct a study on the above-mentioned topic as a requirement for a Masters Degree program I enrolled for. The purpose of the study is to explore the effective use of team nursing amongst professional nurses in Dr George Mukhari Hospital.

The results of the study will be used to give feedback to the hospital and the professional nurses for the development of strategies to improve team nursing and prevent the future deterioration of nursing standards. Attached is a copy of:

- 1) The proposal as approved by the MREC.
- 2) The questionnaire that will be completed by the respondents.

Thank you

Sincerely

.....
Lillian Jabu Nkosi

Tel: 012 529 3399
Cell: 072 603 1368



DR. GEORGE MUKHARI HOSPITAL
PRIVATE BAG X422
PRETORIA
0001



DEPARTMENT OF HEALTH
OFFICE OF THE CLINICAL DIRECTOR

Tel: +27 12 529 3880
Fax: +27 12 529 3851
Enq: Dr. M.P.E. Ddungu

To : Ms. Lillian Jabu Nkosi
423 Block M
SOSHANGUVE
0152

Date : 1st July 2008

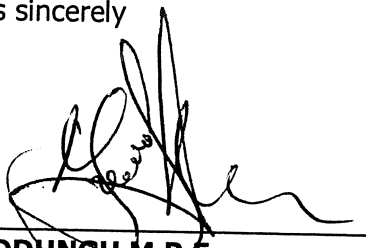
RE : PERMISSION TO CONDUCT RESEARCH.

The Dr. George Mukhari Hospital hereby grants you permission to conduct research on "The exploration of the effective use of team nursing amongst Professional nurses in Dr. George Mukhari Hospital".

We note that you have already obtained ethical Clearance from the Human Research Ethics Committee.

- This permission is granted subject to the following conditions:
- That the Hospital incurs no cost in the course of your research.
 - That access to the staff and patients at the Dr. George Mukhari Hospital will not interrupt the daily provision of services.
 - That prior to conducting the research you will liaise with the supervisors of the relevant sections to introduce yourself (with this letter) and to make arrangements with them in a manner that is convenient to the sections.

Yours sincerely


DR. DDUNGU M.P.E.
DIRECTOR: CLINICAL SERVICES

2008/07/01.

~~DATE: 18/04/2008~~



PROVINCIAL RESEARCH COMMITTEE.

**RESEARCH EVALUATION FORM FOR APPROVAL BY THE
HEAD OF THE DEPARTMENT.**

Researcher's Name: Mrs. LJ Nkosi

Researcher's contact details: Tel: 012 799 1091/012 529 3399/072 603 1368
Fax:

**Research Topic: The exploration of effective use of team nursing amongst
professional nurses in Dr George Mukhari Hospital**

Supervisor's Name: Mr KP Khoza, Co-supervisor: Ms MM Madumo

Date submitted: 05/08/2008

Date Reviewed: 11/08/2008

Reviewer's name: Dr Y Kolisa

Research Site(s): Dr George Mukhari Hospital

Type of research: Health System Research-Team Nursing Approach

SECTION A

| | YES | NO | Comments |
|---|-------------|------------------|--|
| 1. Is this research project within the scope of the Department of Health key policy priorities/directives? | X | | The research outcome, 'team approach' should be part of standard nursing practice. If routinely implemented it will improve service delivery in the department. |
| 2. Content of Research: <ul style="list-style-type: none"> • Original work • New facts, ideas • Confirmation of uncertain data • Repetition of known data and consequently of limited importance • Insufficient research information • Confusion of topics/questions | X | X X - - | The topics relating to improving clinical practice have been regularly researched. Lessons can always be learnt from different studies conducted but it would be more useful if different study designs a undertaken. |
| 3. Is the title of the research project suitable? | X | | |
| 4. Are the objectives of the research project adequate? | X | | |
| 5. Could the objectives be limited to better focus on the project's main objective? | | X | |
| 6. Writing style <ul style="list-style-type: none"> • The text of the proposal is clear • The nomenclature used is correct • The references used are relevant, comprehensive and accurate (corrected) • The spelling and grammar are correct • The language needs improvement • The research proposal needs restyling and rewriting | X - X | X | |
| 7. Are the research methods appropriate to the study <ul style="list-style-type: none"> • Intervention study | X | X | |
| 8. Does the study have ethical approval? If yes, name the ethics committee | X | | Yes, University of Limpopo Ethics Clearance No: MREC/H/74/2008 |
| 9. Is the definition and measurement of variables consistent with the scope of the proposal | X | | |
| 10. Is data collection method in line with study design? | X | | |

| | | | |
|--|--|---|--|
| 11. Is time frame of the proposal adequate to meet the objectives? | | X | Not clarified |
| 12. Is it stated in the proposal the method of dissemination of the results of the research project? | | X | This is important because different stakeholders need to be updated on the findings. |
| 13. Is the possible conflict of interests clarified? | | X | Please clarify |
| 14. Are financial implications and financial support transparent? | | X | Not stated |

Section B: REVIEWER 'S FINAL CONCLUSION

- Accept after revision of minor changes

COMMENTS ON PROPOSAL CHANGE/REVISION

Improving methods of service delivery in the hospitals is an important activity and can contribute to increasing overall health outputs and impacts.

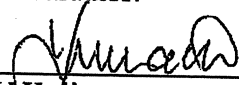
The purpose of this study is to determine the effective use, role of team nursing amongst nurse and patients. To assess the barriers to effective use of team nursing.

Study design: descriptive and will collect data from professional nurses n various units in the Dr G Mukhari hospital in Pretoria.

Useful lessons could be learned form the study especially pertaining to the barriers of implementation of team nursing.

Additional information /Changes relating to points 11. , 12., 13., and 14 are advised.

The Evaluator:



Dr YK Kolisa
Research and epidemiology Technical Support

Date: 11/08/2008

The Reviewer:



Dr ML Likibi
Specialist Research and Epidemiology

Date: 14/08/08

Approved/~~not approved~~

ANNEXURE 2

CONSENT FORM

ANNEXURE 2: INFORMATION AND CONSENT LETTER

Title:

The exploration of the effective use of team nursing amongst professional nurses in Dr George Mukhari Hospital

I, L.J Nkosi, a Master of Health Service Management student at the University of Limpopo, would like to conduct a study on the exploration of effective use of team nursing amongst professional nurses at Dr George Mukhari Hospital, working in theatres, intensive care and the surgical units. The study is the requirement for masters of health service management degree. I kindly request your participation in the study. Information gathered during the study will be kept confidential and no names will be mentioned. The results of the study will be made available at the end.

This is to certify that I..... (Print name) hereby agree to participate in the study mentioned above. I understand that the study will not pose any risks to my health and my name will not be used anywhere in the study. I have been given permission to ask for any clarity where I need to understand and that I am free to withdraw from the study at any stage without any penalty.

Signature: Researcher.....

Date

Signature: Participant

Date

ANNEXURE 3

QUESTIONNAIRE SENT TO THE RESPONDENTS

ANNEXURE 3: QUESTIONNAIRE

Questionnaires for professional nurses at Dr George Mukhari Hospital on the effective use of team nursing.

Objectives

- To determine the effective use of team nursing amongst professional nurses in Dr George Mukhari Hospital.
- To determine the role of team nursing in patient care.
- To determine the barriers of effective use of team nursing amongst professional nurses in Dr George Mukhari Hospital.

Undertaking

All information provided will be treated in confidence. You are not required to provide your name in the questionnaires.

Instructions

1. Please answer all questions.
2. Complete the questionnaires either by placing an **X**, or by placing **true or false**, or **yes or no** in providing information requested.
3. Please complete questions as honestly, frankly and objective as possible.
4. Answer the questions as they apply to you personally.
5. Place your completed questionnaire in the box provided in unit manager's desk.

**Section A:
Biographic Data.**

Please write an X next to the number that you have chosen for each question's response in the square to the right of the questionnaire, except where otherwise indicated. The squares on the right are for official use only.

Please mark with an X in the appropriate box.

| | | For Official Use Only | |
|-----------|---|------------------------------|--|
| 1. | Age in years: | | |
| | 21-30 | | |
| | 31-40 | | |
| | 41-50 | | |
| | 51 and above | | |
| 2. | Gender: | | |
| | Male | | |
| | Female | | |
| 3. | Current Position at your job: | | |
| | Functional professional nurse | | |
| | Senior professional nurse | | |
| | Chief professional nurse | | |
| | Other(specify) : | | |
| 4. | Additional nursing qualifications: | | |
| | Operating theatre nursing science | | |
| | Critical care nursing science | | |
| | Other(specify) : | | |
| 5. | Length of time(experience) in your current working unit: | | |
| | 0-5 years | | |
| | 6-10 | | |
| | 10 and above | | |
| 6. | In which unit do you work: | | |
| | Theatre | | |
| | Intensive care | | |
| | Surgical wards | | |
| 7. | How many hours do you work per shift: | | |
| | 8 hours | | |

| | | | |
|--|------------------|--|--|
| | 12 hours | | |
| | Other (specify): | | |

Section B:

To what extent are these statements true or false with regard to effective use of team nursing amongst professional nurses?

Place **True** or **False** by marking with an **X** in the appropriate column.

| | | True | False | For Official Use Only |
|-----|---|-------------|--------------|--|
| 1. | Team nursing is an important component of patient safety. | | | |
| 2. | Team nursing is associated with better job satisfaction for nurses. | | | |
| 3. | The team leader should be a highly skilled practitioner. | | | |
| 4. | Communication among team members is essential for the success of team nursing. | | | |
| 5. | Members are delegated duties according to their skills and knowledge. | | | |
| 6. | Team nursing provides opportunities for professional growth to team members | | | |
| 7. | Team members gain more knowledge by working in collectives. | | | |
| 8. | Each team member is expected to contribute towards the success of team nursing. | | | |
| 9. | Potential conflict is reduced in team nursing | | | |
| 10. | Team nursing ensures continuous support for nurses at functional level. | | | |
| 11. | Specific learning needs of team members are not met in team nursing. | | | |

| | | | | |
|-----|---|--|--|--|
| 12. | The quality of nursing standards is improved in team nursing. | | | |
| 13. | The responsibilities of the team leader in team nursing | | | |
| 14. | Ongoing support for the quality of learning for team members is achieved in team nursing. | | | |
| 15. | Team leaders must be honest, inspiring and competent in carrying out delegated tasks. | | | |
| 16. | Interpersonal relationships in team nursing. | | | |
| 17. | Newly qualified professional nurses can lead teams. | | | |
| 18. | Team nursing is empowering to team members | | | |
| 19. | Learning opportunities are not limited in team nursing. | | | |
| 20. | The team leader does need to review the implemented care plan. | | | |

Section C:

To what extent do you agree with the following statements with regard to the role of team nursing in patient care?

Place **Yes** or **No** by marking with an **X** in the appropriate column.

| | | Yes | No | For Official Use Only |
|-----|---|------------|-----------|--|
| 1. | Patients are satisfied when team nursing is used. | | | |
| 2. | Staff members are allocated to patients according to their knowledge. | | | |
| 3. | Team nursing does improve the quality of patient care. | | | |
| 4. | Team nursing is an important component of patient safety. | | | |
| 5. | Team nursing allows for the identification of present and potential problems. | | | |
| 6. | Long and short term objectives are developed for each patient in team nursing. | | | |
| 7. | Team nursing reflects the interrelatedness of psychosocial and physiological needs of patients. | | | |
| 8. | Patients are treated as unique individuals in team nursing. | | | |
| 9. | Patient's problems and solutions are discussed during the nursing conferences. | | | |
| 10. | Patients receive holistic and comprehensive care in team nursing. | | | |
| 11. | There is a regular review of the patients care plans in team nursing. | | | |
| 12. | Patients need to be cared for by a large number of nurses. | | | |

| | | | | |
|-----|--|--|--|--|
| 13. | Skills and experiences of team members are important in meeting patients' needs. | | | |
| 14. | Team members are allowed to spend a long time on delegated tasks. | | | |
| 15. | Organizing work in order to give adequate care to patients is important in team nursing. | | | |
| 16. | Team nursing respond to the needs of the patients. | | | |
| 17. | Critically ill patients are nursed by the team leader. | | | |
| 18. | Team members assist each other to complete delegated tasks. | | | |
| 19. | Patient satisfaction is important in team nursing. | | | |
| 20. | Planning of patient care is done to satisfy the nurses. | | | |

Section D:

To what extent do you agree with the following statements with regard to barriers of effective use of team nursing?

Place **Yes** or **No** by marking with an **X** in the appropriate column.

| | | Yes | No | For Official Use Only |
|-----|--|------------|-----------|--|
| 1. | Time constraints during the shift prevent some team members from attending the nursing conference. | | | |
| 2. | Shortage of staff results in daily changes in staff allocation. | | | |
| 3. | The team leader needs knowledge about the legal and professional scope of team members when delegating duties. | | | |
| 4. | Communication plays an important role in team nursing. | | | |
| 5. | There are learning opportunities in team nursing. | | | |
| 6. | The team leader supports the team members throughout the shift. | | | |
| 7. | The team does not consist of the same members everyday. | | | |
| 8. | The team leader assesses the team members' learning needs. | | | |
| 9. | Team members are required to complete their delegated tasks on time. | | | |
| 10. | All team members are required to contribute during the nursing conference. | | | |
| 11. | Team members' suggestions are considered and implemented. | | | |
| 12. | Trust and respect is important in team nursing. | | | |

| | | | | |
|-----|---|--|--|--|
| 13. | Conflict is addressed satisfactorily in team nursing. | | | |
| 14. | Team members care for each other in team nursing. | | | |
| 15. | Caring for each other is important in team nursing. | | | |
| 16. | The responsibility of planning in team nursing is done by the team members. | | | |
| 17. | The daily changing of team members does not improve the team's spirit. | | | |
| 18. | The nursing conference cannot be held without planning. | | | |
| 19. | The team can function without a team leader. | | | |
| 20. | It is important for the team leader to assess the team's performance. | | | |
| 21. | Autocratic leadership style improves team nursing. | | | |

Prof GA Ogunbanjo
Director: Research & Chairperson MREC
P.O.Box 163
University of Limpopo
Medunsa Campus, 0204

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Fax: (012) 521-3749
E-mail:research@medunsa.ac.za



MEDUNSA CAMPUS

Mrs LJ Nkosi
Department of Nursing Science
P.O.Box 142
University of Limpopo
Medunsa Campus, 0204

Dear Mrs Nkosi

RE: THE EXPLORATION OF THE EFFECTIVE USE OF TEAM NURSING AMONGST PROFESSIONAL NURSES IN HEALTH CARE SERVICES

This protocol was considered during the 03/2008 meeting of the MREC held on April 09, 2008.

The committee **RECOMMENDED** that the researcher must address the following recommendations:

- (i) **TITLE:** Please place study geographically.
- (ii) **LITERATURE REVIEW:** Please correct inconsistent spelling of "Health Care".
- (iii) **DATA COLLECTION:** Please provide time-frame.
- (iv) **DATA ANALYSIS:** Please indicate in a logical manners what steps will be followed in Data Analysis.
- (v) **RELIABILITY, VALIDITY AND OBJECTIVITY:** Please elaborate in specific to the current study.
- (vi) **BIAS:** Please elaborate in this section and make it specific to the current study.
- (vii) **ETHICAL CONSIDERATIONS:** Please redo this section. Include that permission will also be sought from MCREC prior to the study; participants can withdraw without penalty at any time.
- (viii) **QUESTIONNAIRE:** Please discuss with your supervisor the Hawthorne effect when you provide headings to the section in the Questionnaire. Please take technical care of the Questionnaire as there are changes in the typing font.
- (ix) **OTHER COMMENTS:** Please sign consent forms. Section C and D must be changed in this totality to statements and not questions.

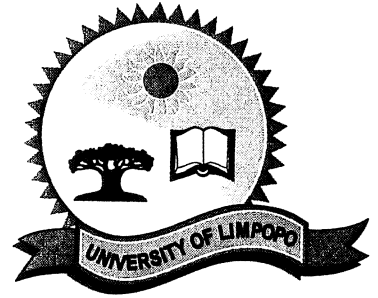
NB: Please submit a revised protocol addressing the recommendations.

Yours Sincerely,


PROF G.A. OGUNBANJO
DIRECTOR: RESEARCH & CHAIRPERSON MCREC
April 09, 2008

C.C: Mr KP Khosa

UNIVERSITY OF LIMPOPO
Medunsa Campus



MEDUNSA RESEARCH & ETHICS COMMITTEE

CLEARANCE CERTIFICATE

P O Medunsa
Medunsa
0204
SOUTH AFRICA

MEETING: 04/2008

PROJECT NUMBER: MREC/H/74/2008: PG

Tel: 012 - 521 4000
Fax: 012 - 560 0086

PROJECT :

Title: The exploration of the effective use of team nursing amongst professional nurses in Dr George Mukhari Hospital
Researcher: Mrs L.J. Nkosi
Supervisor: Mr K.P. Khosa
Co-supervisor: M.M. Madumo
Hospital Superintendent: Dr D.G.M. Ramafoko (Dr George Mukhari Hospital)
School: Health Care Sciences
Department: Nursing Science
Degree: M Cur (Nursing Science)

DECISION OF THE COMMITTEE:

MREC approved the project.

DATE: May 07, 2008


PROF. G. OGUNBANJO
DIRECTOR: RESEARCH & CHAIRPERSON MREC



Note:

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol. PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.