



## Self-organizing teams for innovative nursing care

Terese Bondas, Professor (Nursing Science), PhD; LicHSc; MNSc; RN; PhN  
CARELEAD, Nord University, Norway and Adjunct Prof. University of Eastern Finland

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The purpose of this study

To describe the participation of nurses and nurse leaders in **self-organizing teams** for innovative nursing care

The aim was also to develop a theoretical model on the development of self-organizing teams in health care

# A two –year action research in nursing care and leadership in a Nordic public health care organization

- Professional and academic collaboration in a bottom up mode AR
- Based on the participating health care professional's (HCPs) and nurse leaders' experiences, knowledge and ideas.
- The nurse executive had arranged resources and sent an open invitation to the staff to bring with their ideas for discussions with the invited researcher.
- A total of 7 *self-organizing innovation teams* started: Spontaneous creation, self chosen organization and time- and tasklimited nature in an otherwise bureaucratic and well regulated public health care organization.
- The innovations consisted of several new models of care and new ways of organizing care at several units of psychiatric care, maternal care and outpatient clinics.

# *Theoretical perspective 1:* **AD HOC (CRACY) TEAM**

- *ad hoc*, meaning "for the purpose", and the suffix -cracy, from the ancient Greek *kratein* "to govern" requiring little or no planning. **Ad hoc** means "for this".
- designed for a specific problem or task, non-generalizable, and not intended to be able to be adapted to other purposes
- a flexible, adaptable and informal form of organization that is defined by a lack of formal structure.
- cuts across normal bureaucratic lines to capture opportunities, and get results with power-shifts to teams

*(Toffler, 1970, Mintzberg 1980, revisited by Dolan 2013)*

*Theoretical perspective 2:*

## Caritative leadership ministers to the patient

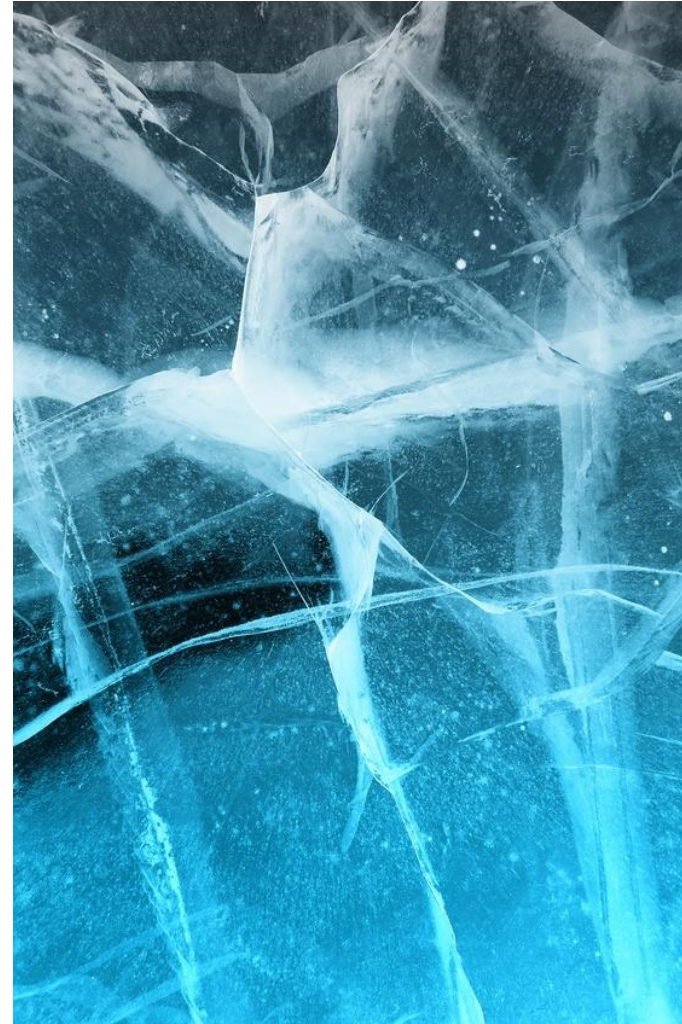
(Bondas, 2003; 2006; 2009; 2010; 2015; 2018).

Leadership acts as the ethical conscience and may develop as catalyst that creates the best possibilities to unite staff in the best care for the patient and his/her relatives:

- Alleviating suffering
- Helping the patients to find their way of living health
- Always maintaining dignity and never giving up on the patient

# Theoretical perspective 3: INNOVATION

The small and unique innovations in daily care *and* the more systematic nurse and nurse leader responsibility of proactive innovation that is needed to change care that is no longer effective or care that violates and endangers patient safety.



*Action Research* consists of a spiral of cycles of data collection and action

- Both **theory and practice** are informed (Koch and Kralik, 2006, and Parkin, 2009, relying on the principles founded by Kurt Lewin).
- The researcher was well-known in the organization by the staff, who had participated in university education; Not a requirement but was helpful in creating a trusting relationship in supervision of innovation and research participation.



Seven self-organizing teams with 18 nurses and nurse leaders participated in a two-year action research.

- The participants had the mandate to create and organize their team, and learn and implement their innovation within their approved applications after discussions with their nurse leader and the researcher.
- Professions: Nurse executive (3), head nurse (5), psychiatric nurse (3), public health nurse (2), medical surgical nurse (2), midwife (2) and nursing teacher (1).
- 15 females and 3 males between 26 and 55 years old, with a mean of 46 years.
- Employment varied between 1 and 30 years, a mean of 16 years.

Triangulation in data collection (Kvale & Brinkmann 2012) for depth and process data from the participants' and the researcher's perspectives

- Researcher's **reflective and fieldwork notes**
- **Diaries** were introduced as an unstructured self-reporting data collection
- **Formal short interviews** during the process in connection to the different team meetings, in which the researcher was invited.
- **Semi-structured interviews** were planned and created by the researcher to evaluate the process of the teams.
- **Group sessions - observations**
- **Evaluation report** that the participants had written,
- **Press conference** that was held to present the outcomes of the innovation work; new models of care.

***Research ethics and informed consent was enacted according to the Helsinki convention research ethics guidelines.***

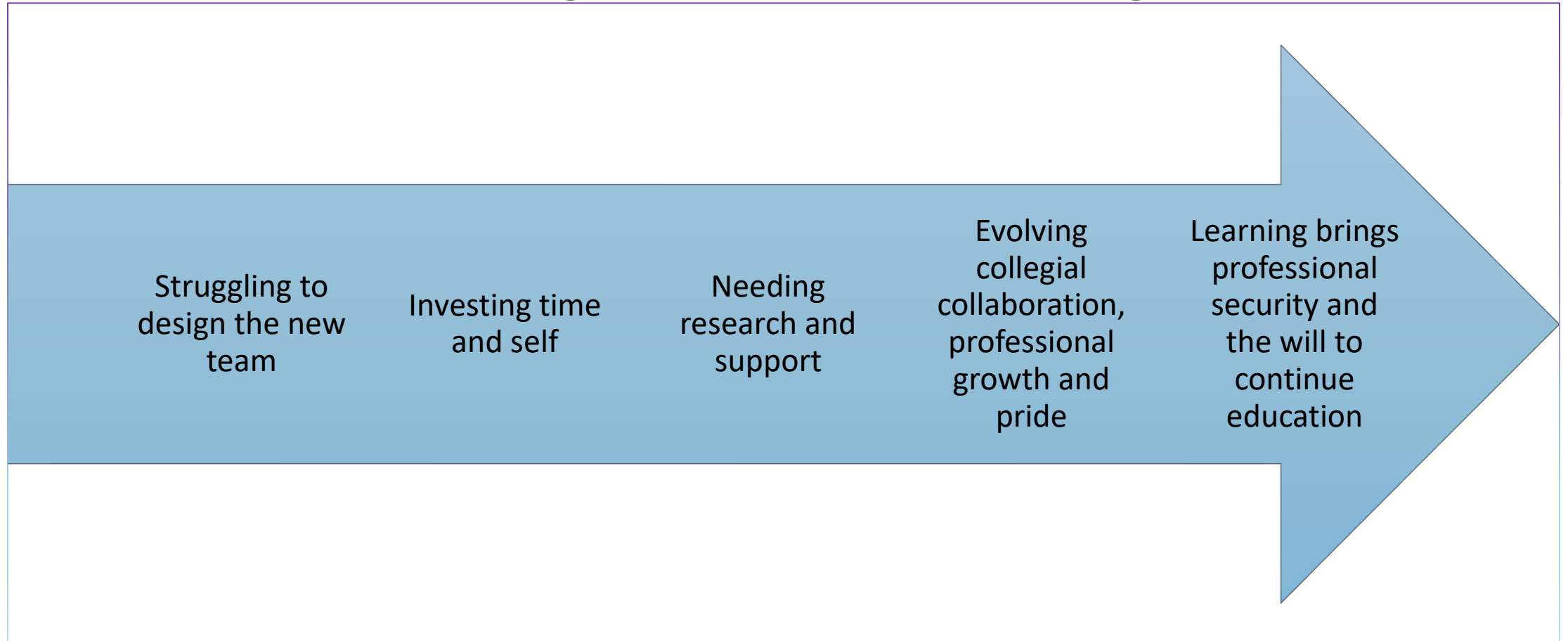
Analytical abstraction by Miles, Huberman and Saldaña was applied in three phases: data reduction, data display, and drawing conclusions

- **Data reduction** included continuous familiarization with the different types of data during the 2-year process characterized by a back and forth movement, reflections, making notes of possible codes and patterns.
- **Matrices** were created for comparison between the data from the different teams for comparison.
- **The analysis** included condensing, sorting, comparing, contrasting, and integrating themes and finally clusters of themes.
- **The synthesizing** resulted in a metaphor, and extended descriptions to elucidate the meaning of the themes.
- **The chosen theories** (Waterman Jr, 1990, Dolan, 2010, Bondas, 2003, 2009, 2010) finally revisit the findings to deepen the understanding, creating a theory.

# From the bureaucratic order to self-organizing teams



# Ad hoc development teams 'overcoming the jetlag of bureaucracy' by self-organizing guided by their mission of creating innovative nursing care



# *Struggling to design the new team*

- The possibility for the teams to create their own focus, structures and leadership seemed to be difficult for the participants to enact- revealing the bureaucratic hierarchic features of the organization
- With the ad hoc nature of the teams, managers were lacking and this led to difficulties in assigning leadership, so that the consequences were in the beginning an overall feeling of helplessness.
- NL(3): *"I am responsible but then there is a project leader, and actually we have all been leaders. Leadership is a democratic inside process in the team."*

# *Investing time and self*

- Time and prioritizing were constant issues

*“Stress, stress, suffering a bad conscience, I should do more” and the frustrated “What is it worth?” and “I have been thinking about this poor innovation because we have not even started” (N1).*

- The insecurity in the ad hoc team and their self-chosen innovation is different than their ordinary day-to-day work. The thrust, belief and the good atmosphere in the group is important, and it is not possible to hide: *“We started all over this morning and some themes emerged after all...and life continues” (NL4).*

# *Needing research and leadership support*

- It was sometimes difficult to ask for support, as the culture emphasized a professional role of independence and competence.
- All the teams took advantage of personal meetings with the researcher, in addition to continuous e-mails, phone calls and team meetings.
- Finding and reading research publications about the subject and doing the literature search was not just another routine for the participants but was showing the need for advice and learning.

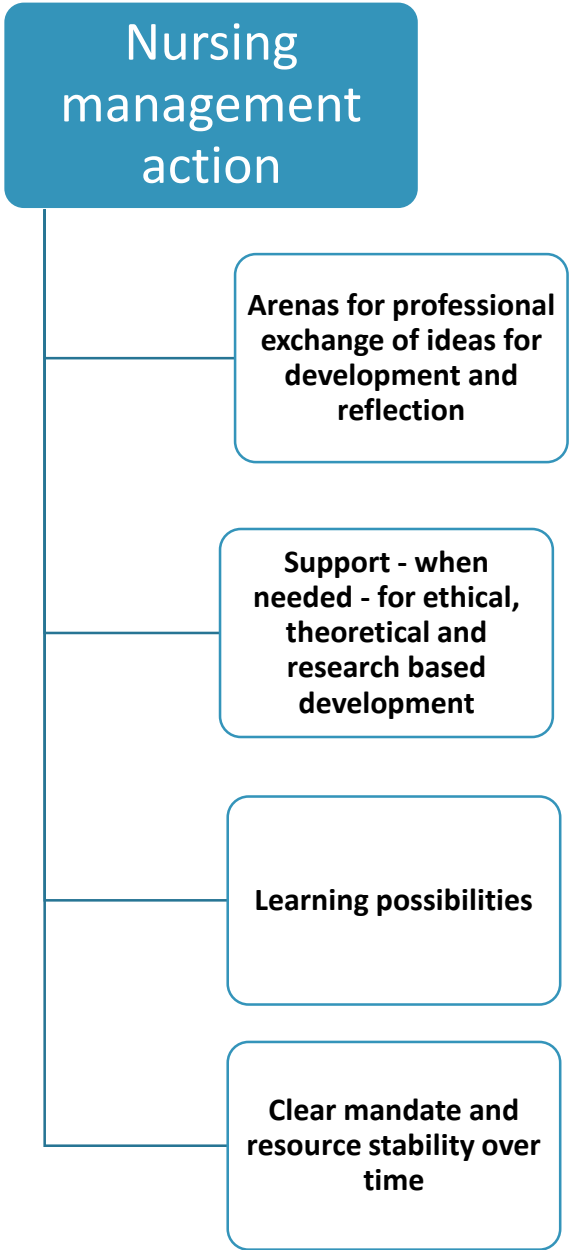
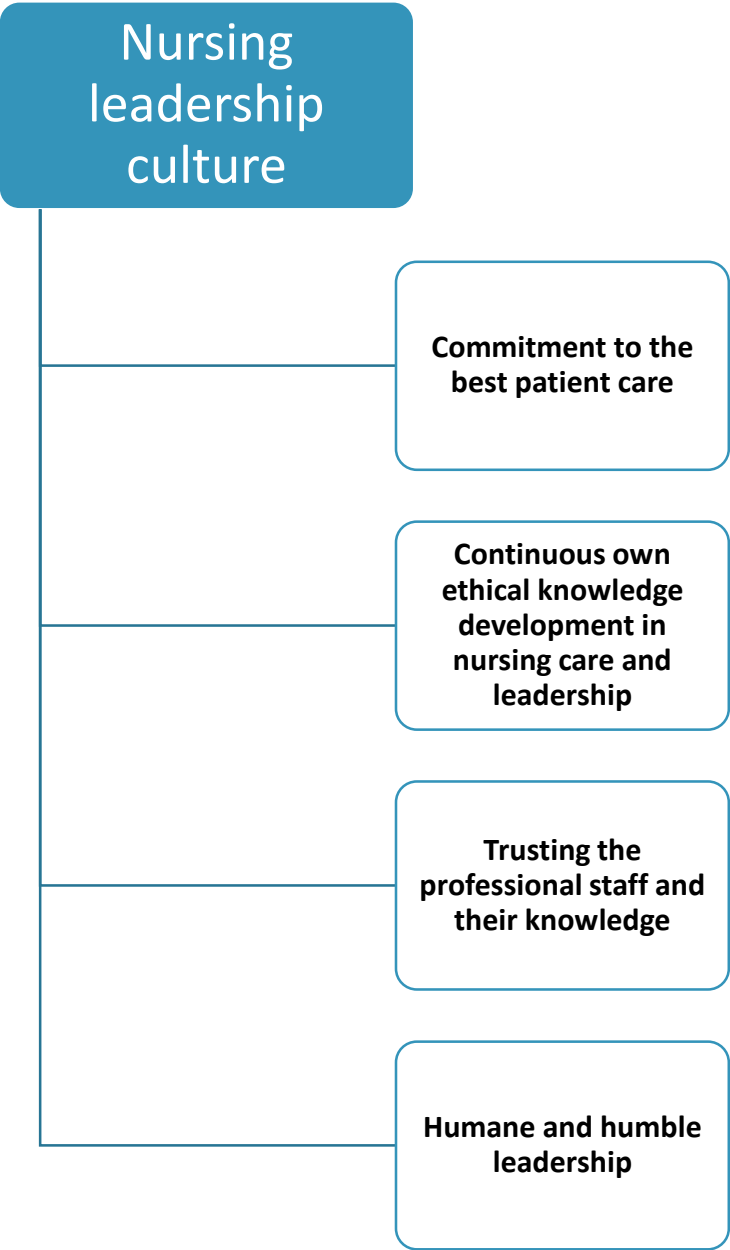


# *Evolving collegial collaboration, personal growth and pride*

- Inner motives came to the forefront and existential issues lingered throughout the processes. The best care for their patients was clearly the driving force for the participants.
- The participants used metaphors to describe their worries : *“putting on ice”*, *“being fed up”*, and *“back out and start again”* (NL5) or *“throw it all away when it never ends”* (N1).
- The constant movement — meetings and discussions and action — was felt to be important.

# *Learning brought professional security and the will to continue education*

- Descriptions of professional development are abundant throughout the project: *“I have become safer in my work; I know what my role is”* (N2).
- The members describe learning from the colleagues that creates fellowship: *“I have listened to my colleagues’ experiences and we have discussed difficult issues which we would not have done and we have felt fellowship”* (N3).
- Another type of learning evolved from reading research articles: *“I would not have sought and read research as actively. It has become a new routine and I am now more open to new knowledge”* (N4).



# Caritative leadership ‘prepares the air for care,’

(Bondas, 2003; 2006; 2009; 2010; 2015; 2018).

- The health and dignity of the staff is important so that they can fulfill their caring commitment,
- Leaders need to enable the staff to make use of their professional education and high standards of care.
- Administration means ministering to the patients for the creation of an effective and meaningful care that unites the professional efforts
- Combines the wish to do good and the administration as effective, meaningful and strengthening care

# Potential for personal, professional and care development in a self-organizing team

- The overall metaphor “overcoming the jetlag of bureaucracy” shows the challenges that this model encounters in a professional bureaucratic health care organization.
- The ‘jetlag’ showed itself in the movement of the participants to the new self-chosen structure of the team, which paralleled the discontinuity experienced when you move between time zones.
- When overcoming the jetlag of moving between different organizational zones, adhocracy (Waterman Jr, 1990, Dolan 2010) seemed to be an organizational form that evoked creativity, communion and ethical reflections not only on innovation itself.
- An ethical reflection occurred in the process on the meaning of nursing care and leadership in the organizational culture.
- The participants wished for a clear leadership mandate, taken their innovative work seriously, and research support.

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