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*Selected determinants of the quality of hospital care. II. Managing  
a therapeutic team*

The process of efficient management and integration of a therapeutic team largely depends on its head, who coordinates the work of the group and provides support in its effective aiming at goals and selection of the scope and methods of activity (4, 7).

In medical literature, the head of a ward is indicated as the manager of the therapeutic team and is responsible for work in an multidisciplinary group. The ward head is entrusted with the task of 'supervising the proper flow of information concerning patients between the members of the therapeutic team' (1, 3, 7). A physician occupies a key position in the team, but all the members actively share in the care of patients (5, 6, 8). They achieve partial goals which contribute to the main objective, i.e. the restoration of patients' health (2). Managing therapeutic teams becomes especially important in the care of chronically ill patients, because an interdisciplinary approach decreases the risk of complications and significantly affects the results of treatment (9). The effective managing of the therapeutic team by the ward head is one of the main elements of efficient organization of work in the ward. This is a requisite for the optimum quality of patient care. However, the opinions of respondents from hospitals with accreditation and those without the Quality Certificate concerning the head of the team were not univocal. Hence, carrying on the presentation of studies concerning the effectiveness of managing therapeutic teams (Part I of the article)\* the following problem issues were formulated: Is there a significant difference in the evaluation of managing a therapeutic team according to the position held by respondents? 2. Does the position held exert a differentiating influence?

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## MATERIAL AND METHODS

The material for the study was collected in 1999 in 21 hospitals – 4 hospitals with 29 wards possessing the Quality Certificate (Group A), and 17 hospitals with 56 wards without accreditation (Group B). The study covered a total number of 560 physicians and nurses. The precise data and description of the research method are presented in Part I of the article.

## RESULTS

The first part of the studies confirmed that the staff of hospitals which possessed the Quality Certificate significantly more often evaluated the effectiveness of managing the team in more positive terms, compared to respondents from hospitals without accreditation  $u = 8.9 (***) p > 0.001$ . Therefore, it seemed interesting to analyse the relationship

Table 1. Evaluation of the effectiveness of managing a therapeutic team by ward heads and the type of position held (Group A)

No.	Position Evaluation	Group A No. = 206								TOTAL	
		ward heads		ward head nurses		assistant doctors		charge nurses			
		No.	%	No.	%	No.	%	No.	%	No.	%
1	6 scores	3	14.3	2	8.0	8	17.8	14	12.2	27	13.1
2	5 scores	9	42.8	12	48.0	18	40.0	53	46.1	92	44.7
3	4 scores	7	33.3	6	24.0	11	24.4	39	33.9	63	30.6
4	3 scores	1	4.8	4	16.0	3	6.7	6	5.2	14	6.8
5	2 scores	1	4.8	1	4.0	-	-	2	1.7	4	1.9
6	1 score	-	-	-	-	1	2.2	1	0.9	2	1.0
7	0 score	-	-	-	-	-	-	-	-	-	-
8	lack of evaluation	-	-	-	-	4	8.9	-	-	4	1.9
In general		21	100.0	25	100.0	45	100.0	115	100.0	206	100.0
6, 5, 4 scores vs. 3, 2, 1 scores: = 3.42 (-) $p > 0.05$											

between the position held and the evaluation of managing, the analysis being addressed to ward heads/managers of clinics. Table 1 presents the results concerning respondents of Group B. The data show that head ward nurses (48%) expressed the greatest number of 'very good' evaluations – 5 scores, followed by charge nurses (46.1%). Ward heads/managers of clinics perceived their management of the team as very good (42.8%), while 40% of assistant doctors were of the same opinion. Assistant doctors (17.8%) ascribed the ward heads the greatest number of excellent opinions – 6 scores, followed by the heads - themselves (14.3%). No statistically significant differences were noted between positive evaluations concerning the effectiveness of management by ward heads (6, 5, 4 scores) expressed by all occupational groups, compared to negative evaluations (3, 2, 1 scores)  $\chi^2 = 3.42$  (-)  $p > 0.05$  – Tab. 1.

A similar analysis of the effectiveness of managing a therapeutic team was conducted by Group B (Tab. 2). In this group the results of statistical analysis varied according to

Table 2. Evaluation of the effectiveness of managing a therapeutic team by ward heads and the type of position held (Group B)

No.	Position Evaluation	Group B No. = 354								Total	
		ward heads/managers of clinics		ward head nurses		assistant doctors		charge nurses			
		No.	%	No.	%	No.	%	No.	%	No.	%
1	6 scores	2	5.9	1	2.1	3	4.9	20	9.4	26	7.3
2	5 scores	6	7.6	11	23.4	11	18.1	35	16.5	63	17.8
3	4 scores	16	47.1	14	29.8	25	41.0	36	17.0	91	25.7
4	3 scores	6	17.6	5	10.6	8	13.1	38	17.9	57	16.1
5	2 scores	-	-	4	8.5	3	4.9	36	17.0	43	12.2
6	1 score	-	-	2	4.3	1	1.6	11	5.2	14	4.0
7	0 score	-	-	2	4.3	1	1.6	8	3.8	11	3.1
8	lack of evaluation	4	11.8	8	17.0	9	14.8	28	13.2	49	13.8
In general		34	100.0	47	100.0	61	100.0	212	100.0	354	100.0
<p>6, 5, 4 scores vs. 3, 2, 1, 0 scores among ward heads vs. charge nurses: = 9.67 (**) <math>p &lt; 0.01</math>  6, 5, 4 scores vs. 3, 2, 1, 0 scores among assistant doctors vs. charge nurses: = 10.70 (**) <math>p &lt; 0.01</math>  lack of evaluation: = 0.4 (-) <math>p &gt; 0.05</math></p>											

the position held. High evaluations (6, 5, 4 scores) were expressed by the ward heads/managers of clinics significantly more often statistically  $\chi^2 = 9.67 (**)$   $p < 0.01$ , compared to charge nurses. Assistant doctors expressed a significantly greater number of high evaluations (6, 5, 4 scores), compared to charge nurses. No statistical differences between the groups examined were observed with respect to the lack of evaluation  $\chi^2 = 0.4 (-)$   $p > 0.05$  – Table 2.

Some respondents attempted to justify their evaluations – 30.7% of the total number of people of both groups (A and B) examined. The greatest number of physicians and nurses who evaluated the effectiveness of managing therapeutic team as excellent (6 scores), mentioned the optimum organization of work and an univocal distribution of occupational duties and competence. Few people emphasized a very good cooperation within the team and a high level of qualification of the staff. In the opinions of respondents, the evaluations of the effectiveness as being satisfactory (3 scores) resulted from poor cooperation in the ward, too infrequent meetings of the staff, as well as an autocratic style of management. The members of the staff who evaluated the effectiveness as unsatisfactory (2 scores) or mentioned 1 or 0 scores reported that in their wards the team did not cooperate. In their opinion, the manager of the ward did not possess the skills of managing a team.

Another problem analysed concerned the answer to the question about the manager of the therapeutic team. Despite the officially predominant position of the ward heads/managers of clinics with respect to managing the team, a part of respondents in Group A considered this managing as a nurse's task (2.9%), whereas a vast majority of respondents in Group A – 96.6% replied that it was that of a doctor. In Group B, however, 81.6% of respondents admitted that a physician managed a team. In this group, 6.5% of respondents were of the opinion that the team was managed by a doctor and a nurse. Some doctors and nurses employed in hospitals without accreditation (5.3%) did not provide the answer to the question, while 2.5% reported that they did not know who was managing the therapeutic team.

Indicating a physician as the manager of a therapeutic team varied between the staff in Groups A and B. Doctors and nurses from hospitals with accreditation significantly more often mentioned a doctor as the manager of the therapeutic team  $u = 5.1 (***)$   $p < 0.001$ , compared to the staff in Group B. The opinions of respondents from Group B concerning the person managing the therapeutic team were analysed from the point of view of the position held (Tab. 3). The results of the analysis showed that a large percentage of ward heads/managers of clinics and assistant doctors (97.1% and 90.2% respectively) reported that the therapeutic team was managed by a doctor. Such an answer was provided by 79.2% of charge nurses and 70.2% of ward head nurses. No differences between the occupational groups was noted with respect to not reporting a doctor as the manager  $\chi^2 = 1.9 (-)$   $p > 0.05$  (Tab. 3).

The analysis showed that 3.8% of charge nurses and one assistant doctor did not know who was managing the therapeutic team. In Group B, 4.3% of ward head nurses

Table 3. Respondents' opinions concerning the manager of a therapeutic team and the type of position held (Group B)

No.	Therapeutic team managers	Grupa B N = 354								Total	
		ward heads/managers of clinics		ward head nurses		assistant doctors		charge nurses			
		No	%	No.	%	No.	%	No.	%	No.	%
1	physician	33	97.1	33	70.2	55	90.2	168	79.2	289	81.6
2	nurse	-	-	2	4.3	-	-	4	1.9	6	1.7
3	rehabilitation specialist	-	-	-	-	-	-	1	0.5	1	0.3
4	physician + nurse	-	-	9	19.1	1	1.6	13	6.1	23	6.5
5	physician + patient + nurse	-	-	-	-	-	-	1	0.5	1	0.3
6	physician + psychologist + nurse	-	-	-	-	-	-	1	0.5	1	0.3
7	physician + dietetician + nurse	-	-	-	-	-	-	1	0.5	1	0.3
8	physician+ dietetician + rehabilitation spec.	-	-	-	-	-	-	1	0,5	1	0.3
9	physician+nurse + rehabilitation spec.	-	-	-	-	-	-	2	0.9	2	0.6
10	physician + rehabilitation spec.	-	-	-	-	1	1.6	-	-	1	0.3
11	don't know	-	-	-	-	1	1.6	8	3.8	9	2.5
12	lack of answer	1	2.9	3	6.4	3	5.0	12	5.6	19	5.3
In general		34	100.0	47	100.0	61	100.0	212	100.0	354	100.0
Lack of answer: = 1.9 (-) p>0.05											

mentioned that the therapeutic team was managed by a nurse, and 1.9% of charge nurses were of the same opinion.

Among physicians and nurses in Group B who did not indicate a doctor as the team manager, the greatest number of respondents had a period of employment in the ward of 6-10 years (26.2%), followed by the staff with the shortest period – 0-5 years (24.6%), 11-15 years (16.9%), 16-20 years (13.9%), from 21-25 years (9.2%), 26-30 years (7.7%), and

one ward head nurse with the period of employment of 33 years. The results were statistically significant in all period of employment intervals  $\chi^2 = 22.9$  (\*\*\*)  $p < 0.001$ .

## DISCUSSION

In the study concerning the provision of high quality of care it is emphasized that the staff would not achieve good results without the real engagement of the team manager. This is probably the reason for considerably higher evaluations of the effectiveness of managing a therapeutic team in hospitals with accreditation, compared to those which did not possess the Quality Certificate. In hospitals without accreditation the number of negative evaluations was also higher.

Physicians and nurses from hospitals with accreditation significantly more often considered a doctor (ward head) as the manager of the therapeutic team, compared to the staff of hospitals without the Quality Certificate. This probably resulted from the fact that the efforts of hospital staff and individual wards undertaken in order to obtain the accreditation, like any other activities, contributed to a positive result in deepening ties within the team members and their true cooperation biased towards the achievement of a common goal, i.e. the provision of good quality care.

## CONCLUSIONS

1. High evaluations of the effectiveness of managing a therapeutic team were expressed by charge nurses in hospitals with accreditation and ward heads in health units without the Quality Certificate.

2. Negative evaluations were ascribed to the heads/managers of clinics mainly by charge nurses in hospitals without accreditation and ward head nurses in hospitals which possessed the Quality Certificate.

3. Physicians and nurses from hospitals with accreditation significantly more often statistically perceived ward heads as managers of therapeutic teams, compared to the respondents from hospitals without the Quality Certificate.

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## SUMMARY

The effects of teamwork depend to a large extent on the organizational skills of the manager. In health care units a physician/ward head is responsible for coordinating the work of a therapeutic team. The study was undertaken to discover to what extent doctors and nurses are aware that the ward head manages the work of the therapeutic team, and how they evaluate the skills of their managers.

The study covered 161 doctors and 339 nurses from 4 hospitals with accreditation and 17 health units which did not possess the Quality Certificate. The study was conducted by the method of a diagnostic survey, and the technique was a questionnaire form.

The results of the survey showed that charge nurses in hospitals with accreditation and ward heads in hospitals without the Quality Certificate significantly more often perceived the effectiveness of managing a therapeutic team by a ward head/manager of a clinic in positive terms. A greater number of negative evaluations were expressed by charge nurses in hospitals without accreditation and ward head nurses in hospitals with the Quality Certificate.

It was confirmed that doctors and nurses from hospitals with accreditation significantly more frequently perceived the ward head as the manager of the therapeutic team, compared to the staff of hospitals without the Quality Certificate.

## Wybrane determinanty jakości opieki w szpitalu. II. Efektywność kierowania zespołem terapeutycznym

Efekty pracy w zespole w dużej mierze zależą od sprawności organizacyjnej kierownika. W zakładach opieki zdrowotnej za koordynację pracy zespołu terapeutycznego odpowiada lekarz–ordynator oddziału. Postanowiono sprawdzić, czy lekarze i pielęgniarki są świadome, że pracą zespołu terapeutycznego kieruje ordynator? Badaniu poddano 161 lekarzy oraz 339 pielęgniarek z 4 szpitali z akredytacją i 17 zakładów bez certyfikatu jakości. W badaniach zastosowano metodę sondażu diagnostycznego, zaś techniką był kwestionariusz ankiety.

Wyniki badań wykazały, że znacznie częściej wyższą ocenę efektywności kierowania zespołem terapeutycznym ordynatorom/kierownikom klinik wystawiały pielęgniarki odcinkowe w szpitalach z akredytacją oraz ordynatorzy sobie w zakładach bez certyfikatu, zaś więcej ocen negatywnych podały pielęgniarki odcinkowe w zakładach bez akredytacji oraz pielęgniarki oddziałowe ze szpitali z certyfikatem. Stwierdzono, że lekarze i pielęgniarki ze szpitali z akredytacją postrzegają istotnie statystycznie częściej w porównaniu z badanymi ze szpitali bez certyfikatu jakości, że ordynator oddziału kieruje pracą zespołu terapeutycznego.