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Improving teamwork between professionals at nursing homes – an interpretation through the lens of the Magnet model

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Abstract

Purpose: To explore the concept of teamwork between professionals perceived by staff at nursing homes and interpreted through the lens of the Magnet model.

Methodology: Two workshops with assistant nurses from two departments and one workshop with registered nurses (RNs), occupational therapists and physiotherapists at a nursing home were performed to explore teamwork between professionals. The workshops were held between November 2024 and January 2025. Data were deductively analysed using the Magnet model's core component, Exemplary Professional Practice and its five Magnet forces as an analytical framework.

Findings: Findings from the analysis were that all Magnet forces for Exemplary Professional Practice were embraced by the data. However, the Magnet forces for Autonomy and Nurses as Teachers only included a few reflections from the healthcare professionals. The Magnet model can function as a structural model for describing and improving teamwork in nursing homes. However, other data collection methods and the voices of relatives could complement the present research.

Research limitations/implications: This study was limited to one nursing home. Further research will be conducted at several nursing homes in different municipalities and with other stakeholders to more broadly explore the concept of teamwork between professionals.

Originality/value: The originality with this research is the use of the Magnet model to analyse and improve teamwork in nursing homes within a municipality context.

Keywords: Teamwork, Nursing home, Magnet model, Quality improvement

Paper type: Research paper

1. Introduction:

In the context of global demographic ageing and an increasing frequency of older adults experiencing multiple and chronic illnesses and disabilities, there is a growing demand for long-term residential care (Lowndes et al., 2021). At the same time there is a decrease in skilled elderly care professionals (European Commission, 2023). The shortage of staff and competence presents a significant challenge, particularly from a leadership perspective. Both leadership and healthcare professionals need to address the issue of frustration related to workload and working conditions, which continues to drive staff turnover due to low job satisfaction and high levels of stress (Raso et al., 2021; Bratt & Gautun, 2018). This raises questions about how to enhance the attractiveness of the workplace, foster cohesive teams, and promote effective collaboration that contributes to improved care quality and life quality for elderly residents in nursing homes.

The culture that exists in an organisation, in the form of values, beliefs and attitudes (Schein & Schein, 2017), and the focus on goal achievement and the design and mandate of work tasks, are important for how well organizations can handle challenges and implement changes (André & Sjøvold, 2017). Pursio et al. (2024) argue that the mandate in the form of autonomy is the ability to contribute to a workplace culture and influence how decisions are made, and autonomy can be seen as one factor of person-centred care. Healthcare organizations that foster meaningful employee participation in decision-making are more likely to cultivate a just culture (Oshodi et al., 2019). Moreover, empathy plays a vital role when addressing challenges, contributing to the development of a more mature culture by enhancing both autonomous practice and team-based collaboration among healthcare professionals (André et al., 2016; André & Sjøvold, 2017).

Organizing nursing home staff in multiprofessional teams, consisting of various healthcare professionals, can be a key factor for improving care quality. However, research has shown that a team must meet certain criteria and operate in a certain way to realize the potential benefits of team organizing (Havig et al., 2013). Thus, teams can be defined as real, functional teams or quasi (pseudo) teams (West & Lyubovnikova, 2012), with the former having a significantly higher effect on quality of care and the latter the opposite (Havig et al., 2013). The criteria for a real, functional team are specified team tasks, clear boundaries around who the team members are, specific authority to manage the work processes, and high membership stability (Hackman, 2002). Other criteria for real teams are shared objectives, interdependence, autonomy, and reflexivity (Richardson, 2011; West, 2013). According to Havig et al. (2013), findings from their study emphasized the positive impact of authentic, functional teams for care quality in nursing homes. Further, Nachtergaele et al. (2024) identified various factors

influencing the emergence of clinical leadership among healthcare professionals in nursing home settings. One key factor was team dynamics based on mutual commitment, collaboration, support, and trust. These dynamics were particularly evident in teams where members were highly engaged and worked collectively to achieve common goals.

Quality Management core values seem to have some similarities to the Magnet model (Bäckström et al., 2024) and teamwork in the form of excellent nursing work is one important element of the Magnet model (McClure et al., 1983). Excellent nursing practice involves how nurses deliver care, collaborate with colleagues, communicate effectively, and engage in continuous professional development, all of which contribute to ensuring that care meets high standards, both for patients and their families (Guanci, 2005). By applying the Magnet model in hospitals, results show that healthcare staff are more satisfied and retain at their workplaces, a higher quality of care is achieved, and there is higher patient satisfaction (Rodríguez-García et al., 2020). Findings from a study by Chen and Johantgen (2010) exploring Magnet hospital attributes and nurses' job satisfaction, were that interdisciplinary relationships significantly predicted job satisfaction, both at the nurse level and at the hospital level. The better interdisciplinary relationships the staff nurses perceived, the more satisfied they were with the job, both at the individual and the hospital level. Interdisciplinary relationships is one Magnet force of the Magnet component Exemplary Professional Practice (Luzinski, 2011).

From this background, the purpose of this paper is to explore the concept of teamwork between professionals perceived by staff at nursing homes and interpreted through the lens of the Magnet model.

2. Methodology:

2.1 Research project

This study is part of a three-year research project named "Develop leadership and teamwork in nursing homes to increase the quality of care". This project, initiated in January 2024 and ending in December 2026, is financed by The Kamprad Family Foundation and is a joint research project between two research subjects: Nursing Sciences and Quality Management. The overall aim of the project is to use the Magnet model as a starting point to develop methodologies and working methods to increase leaders' abilities to create a sustainable quality culture within nursing homes. The aim is also to strengthen the nursing teams' ability to jointly create increased quality that leads to better care for the elderly.

2.2 Workshops and data collection

Two workshops with assistant nurses from two departments and one workshop with registered nurses (RNs), occupational therapists and physiotherapists at a nursing home were performed to explore teamwork between professionals. At the workshops, held between November 2024 and January 2025, the participants first reflected individually on what good teamwork between professionals is, and wrote their individual thoughts in a workbook. The participants then discussed their reflections together in smaller groups and documented their joint reflections in a workbook for each group. Finally, reflections and documentation in the smaller groups were made on what a first step could be to create conditions for increasing teamwork between professionals. The documented reflections from the smaller groups were presented for the whole group and an overall reflection was made.

2.3 Analysis

For the analysis, all authors put all data from group reflections on digital notes and into a digital board. The researchers then met at two meetings, one physically and one digitally, and sorted the data into the core component *Exemplary Professional Practice* and its five Magnet forces. The five Magnet forces are: *Professional Models of Care, Consultation and Resources, Autonomy, Nurses as Teachers, and Interdisciplinary Relationships*. Thus, this core component of the Magnet model and its five Magnet forces were used as a deductive frame for analysis.

2.4 Ethical considerations

The project has been evaluated by the Swedish Ethical Review Authority (Dnr, 2023-03858-01), a public agency under the Ministry of Education that examines and approves or denies applications for ethics reviews of research involving humans and human biological material. All participants provided consent to participate.

3. Results:

The results from the analysis illustrate how the staff perceived teamwork between professionals, interpreted through the lens of the Magnet model. As data were categorised under the Magnet forces associated with the core component *Exemplary Professional Practice*, it became evident that the Magnet forces *Autonomy* and *Nurses as Teachers* were supported by only a limited number of staff reflections. In contrast, the Magnet force *Interdisciplinary Relationships* contained most of the responses. The total results from the analysis are presented below, organised according to each respective Magnet force.

3.1 Professional Models of Care

Staff perceived that they (regardless of professional role) were at work for the same purpose – to care for the elderly. The staff also highlighted the importance of clear routines that are known by all staff. Further, staff felt that good communication was important for teamwork between professionals, meaning that staff should be available through different communication channels and forums. Examples of different communication channels were an e-mailbox per unit or function, individual e-mail, and phone, while examples of communication forums were team meetings with follow-up of the work. Staff stressed that communication forums should be practiced on a regular basis, should be well-functioning and multiple:

"Regular meetings, both physical and digital."

(Staff member)

A first step to improve teamwork between professionals was that decisions should be anchored to all staff, not only to a few groups or individuals, and that the work should be planned together in the teams. Communication should be good and meetings efficient. Another suggestion was to set up a routine for handoffs – all new working activities, hospital visits, new medications, transfers, symptoms etc.

3.2 Consultation and Resources

Staff perceived that managers should get more time to be on site in order to be more involved in the work. Availability was perceived by staff as important for good teamwork between professionals. The RNs, occupational therapists and physiotherapists emphasised taking advantage of each other's strengths to complement each other. As one staff member summarized:

"Right person at the right place."

(Staff member)

A first step for improving teamwork, as described by the staff, was that it should be easy to get in touch with each other and that everyone should know, and can use, the agreed working methods. For example, having digital meetings and using digital tools for collaboration. Other suggestions relating to resources were to have same physicians available on a regular basis and more rehabilitation staff.

3.3 Autonomy

Staff perceived that it was important for the team members to feel comfortable questioning working methods, values and behaviours.

3.4 Nurses as Teachers

A first step forward for teamwork between professionals was described by staff as becoming more involved; for example, RNs that invite assistant nurses when a wound needs to be changed, to auscultate. In this case, practice communication and dialogue were seen as very important. Another suggestion was that a RN would come to help lift the elderly person, and to see for themselves if their assessment of conditions was right after moving the elderly to a nursing home unit.

A first step to create the prerequisites to increase teamwork between professionals, as described by the staff, was RNs to be present and participate. For example, one assistant nurse commented:

"Registered nurses can be more present, both in close care relationships and during handovers and reporting."

(Assistant nurse)

The staff also emphasized other practical issues like establishing a routine for RNs to come to breakfast every day when the elderly come back from being at the hospital.

3.5 Interdisciplinary Relationships

This was the Magnet force that ended up comprising most of the data. The staff perceived that teamwork between professions included a "we feeling", responsiveness, honesty, sincerity and trust in each other. Trust and confidence could be to each other, for example between assistant nurses and RNs. Other aspects of teamwork between professionals were to give each other praise, that staff felt empowered to ask a question if they did not know, as well as that they listened to and respected each other's opinions, and worked flexibly together. Staff also described the importance of listening to each other and together come up with a solution for an existing problem. One assistant nurse stated:

"That we listen to each other and that we have faith in everyone's knowledge and experience."

(Assistant nurse)

Staff further expressed the importance of being flexible together, meaning adapting to changes in the work environment to meet, for example, new needs from staff, the elderly or their relatives.

Teamwork between professionals was also described, including more collaboration between assistant nurses and RNs. For example, RNs should be more involved in reports and practical work. This comprised a good handover, with all the professionals present. Staff also perceived that good collaboration provided a better work environment for professionals and

colleagues, as well as creating higher safety and security for the elderly. Further, teamwork between professionals was perceived to involve close collaboration, openness to finding solutions regardless of background.

Another step to create the prerequisites for improved teamwork between professionals, as described by the staff, was to be welcoming and accommodating, and to have fun and feel joy at the workplace. Another suggestion was to collaborate more by listening and being responsive in order to utilize knowledge better.

Staff also highlighted agreeing on and freeing up joint time for collaboration, for example multiple professions being able to participate in medical rounds. Staff perceived that the night staff had difficulty prioritizing, for example, residential meetings (between different professions) taking place during the day, and that a book for making notes before the meeting would be good, so that day staff could bring the book to these meetings.

3.6 Other Reflections

Some of the staff thought that the teamwork between professionals already functioned quite well.

4. Discussion and Findings:

The purpose of this paper was to explore the concept of teamwork between professionals as perceived by staff at nursing homes and interpreted through the lens of the Magnet model. Findings from the analysis were that all Magnet forces for the Magnet model component *Exemplary Professional Practice* were embraced by the data. However, the Magnet force *Autonomy* only included one reflection. This may seem odd as professional autonomy involves the possibility to influence one's work and have a sense of control (Pursio et al., 2024). Professional autonomy is a key concept in understanding nurses' roles in delivering patient care (Oshodi et al., 2019), and thus crucial for building engagement for the work in nursing homes. The staff participating in this study did not explicitly express autonomy; however, it might be commonly discussed in their daily work with decisions and a mandate to execute work tasks.

Another Magnet force that included only a few reflections was *Nurses as Teachers*. More effort is needed to involve nurses in decision making and bring their expertise to the fore regarding care and working conditions (Pursio et al., 2024). This study revealed that more presence and involvement of RNs in daily care is needed, as well as a learning exchange between assistant nurses and RNs. These findings can be compared to the findings by van Biessum et al. (2025), who argued that an important element for learning organizations in nursing homes is individual and collective learning and organizational knowledge development.

Exemplary Professional Practice requires the creation of a professional practice model and a care delivery model for nursing practice (Luzinski, 2011). Such a model should contain an understanding of the role of nursing; the application of that role to patients, families, communities, and the interdisciplinary team, as well as how to apply new knowledge and evidence to achieve extraordinary results. Vision and a value base are important. This model can be described as a conceptual framework that describes theories, phenomena or systems that support nursing. Reflections from this study included in the Magnet force *Professional models of care* were staff expressing the importance of work for the same purpose and having good communication and clear routines that are known by all staff. These results are also in line with the developed framework for interdisciplinary teams and improvement of the outcomes of function-focused care, by Kim et al. (2019). This research empathizes with the importance of setting shared goals, communicating, and coordinating roles and tasks of interdisciplinary teams. Having a framework or a *Professional model of care* can help lead to efficient function-focused care of nursing home residents (Kim et al., 2019).

The content of a professional model of care is closely connected with the Magnet force *Interdisciplinary Relationships*. This was the Magnet force encompassing most of the data in this study. Findings highlighted, for example, the importance of team members showing responsiveness, honesty, sincerity and trust, as well as to listen to and give each other respect. These are values, mirrored in behaviours and attitudes, that form the organizational culture (Schein & Schein, 2017), as well as the culture within work teams. These findings are in line with results from Nachtergaele et al. (2023) showing that vision, commitment, resilience and responsiveness are important characteristics of clinical leaders functioning as team players in nursing homes. Transformational leadership, in the form of leadership adapted to environmental changes and inspiring to collaboration towards shared goals, plays an important role in cultivating a learning environment within the daily work in nursing homes (van Biessum et al., 2025). Connected to interdisciplinary relationships, staff expressed the importance of being flexible together, meaning adapting to changes in the work environment to meet, for example, new needs from staff, the elderly or their relatives. Similarly, van Biessum et al. (2025) concluded that important elements of learning organizations in nursing homes are having an adaptive and responsive culture, as well as practicing systems thinking.

Healthcare staff participating in this study suggested specific activities to improve teamwork and professional practice relating to most of the Magnet forces. Examples of such activities can be connected to softer issues for building a quality culture, such as encouraging RNs to be present and participate in the daily work, and inviting assistant nurses to auscultate, as

well as to be welcoming and accommodating, and to have fun and feel joy at the workplace. Other activities were more structural, such as anchoring decisions to all staff, not only a few, planning work activities together in the care teams, and clarifying which communication channels to use.

Conclusions:
The findings from this study are that perceptions of teamwork and suggestions on improving teamwork expressed by healthcare staff in nursing homes can be viewed from the lens of the Magnet component *Exemplary Professional Practice* and its five Magnet forces; thus, the Magnet model can function as a structural model for describing and improving teamwork in nursing homes.

Further research can include implementing some of the improvements of teamwork between professionals, suggested by the healthcare professionals at the nursing home. For example, planning work activities together in the care teams and plan time for learning between professionals. Further, more research from the perspective of the Magnet model could include implementing other data collection methods, such as interviews or multiprofessional focus group discussions by nursing home staff in order to reflect on present and future teamwork in nursing homes, aiming for increased care quality and life quality for the elderly. However, more objective data collections, as suggested by Havig et al. (2013), in form of observations of healthcare teams in nursing homes can be complementary, as well as to include the voices of relatives are important for improving the staff's work efforts and thus the quality of care.

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