ABSTRACT
Objective: to analyze the scientific production, national and international levels, on teamwork of nursing in hospital attention. Method: integrative review from the guiding question << Which scientific knowledge production, national and international levels, respect of teamwork in nursing in hospital attention? >> with search in the databases PubMed, Scopus, LILACS, CINAHL, Web of Science, from 2002 to 2012. The critical analysis of publications was from reading/analysis articles, synthesis of results by content affinity; knowledge synthesis/interpretation. Results: two categories by affinity emerged: 1. Work organization, with three articles (30%) and 2. Perception of professionals about teamwork, with seven articles (70%). Conclusion: the teamwork has the potential for a new do on health. The gaps include lack of interface between the worker process and team and do not present any real difficulties in the deployment of teamwork.

Descriptors: Nursing; Nursing staff; Organization and Administration; Patient Care Team.

RESUMO

Descritores: Enfermagem; Equipe de Enfermagem; Organização e Administração; Equipe de Assistência ao Paciente.

ABSTRACT

Descritores: Enfermagem; Equipe de Enfermagem; Organização e Administração; Equipe de Assistência ao Paciente.
INTRODUCTION

Health units are social spaces, destined for the production of health actions that meet users' needs requiring physical area, equipment, materials, human resources, protocols and guidelines, guiding the process of work of different professions to compose the integral attention. However, such work processes differ not only by scientific-technical aspect, but also by the distinct social valuation of the various professionals involved.¹

On day-to-day basis, each worker responsible for one step of the therapeutic project, reinforcing the division and hierarchy at work.²,³ The hegemonic paradigm in health is based on optics and individualist in the social context, emphasizing the biological aspect, leading to a fragmented and mechanistic performance, which reinforces the segmentation of knowledge and of individuals.⁴

From the perspective of clinical model of attention, the work organization was also conforming, based on theoretical constructions of Taylor and Fayol, that characterize the method of work organization conventionally designated Functional Method, which expresses a technical and social division of labor. This reality established distances the health professional's work as a whole, leaving on the sidelines of assistance in its entirety, once it participates only of isolated steps health care.

Among health services include hospitals, whose role in society is expanding, because they are complex organizations, which cast hand of new and sophisticated technologies, in order to respond to the transformations that they experience. To develop its activities, use an extensive division of work among its professionals, allied with the development of a complex system of coordination of tasks and functions.

In this scenario, it is a challenge to break the degree of alienation or bureaucratization amongst professionals, causing them to enlarge their capacity for reflection and self-esteem, articulating autonomy and creativity with professional responsibility.

The hegemonic logic of clinical model centered in fragmented and disjointed actions, impacts on work organization and does not match the demands and needs of the users of health services. We must rethink the logic that guides attention model and the organization of work in health, with a view to coordination and integration between the different health professionals.

It is worth mentioning that there are initiatives aiming at transforming the model of attention. In this sense, it is highlighted the expanded clinic or also known as the subject's clinic. The emphasis becomes the subject and not the disease. Requires teamwork as a tool for the completion of the completeness of the care, the communicative action, with therapeutic projects expanded and constitution of bond.⁵

Emphasizes the necessity of reorganization of work in health from the perspective of sharing designs, learning, knowledge, powers and decisions, building partnerships and collective responsibility for the work.⁶

When it tackles the theme of collective work, multidisciplinary, team-worked, focuses on the logic of integration of knowledge and practice, without, however, losing the specific nature of each involved profession. It is believed in the idea of teamwork as a powerful strategy for an articulated work, dialogic and participatory.

Teamwork represents a mode of collective work built by the articulation between technical interventions and interactions among agents. The communication form, the assistance project, technical differences, inequalities and specificities between specialized jobs, as well as the flexibility of work division and the technical autonomy, allows identifying the integration teams and group.⁶

The integration team is characterized by having integrated works; articulation of the actions and interaction among agents; intrinsic communication to work, revealing the existence of communicative action; in a common attendance project, reflecting the integration of the team, built on dialogue; with greater flexibility in the work division; complementarity in the practice of technical autonomy. Already the grouping team refers to the agents grouping and sustains itself on fragmentation; the juxtaposition of the actions, communication is external to the work and strictly personal, not having the communicative action; has an emphasis on the specificity of the work and technical autonomy full of agents.⁶

A striking feature of the work of nursing process is the collective work, when is consider that the performance demand more than one action of a professional category. However it can be said that these nurses also features characteristics of the biomedical model. Its work is drawn according to actions

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J Nurs UFPE on line., Recife, 8(2):386-95, Feb., 2014

Goulart BF, Coelho MF, Chaves LDP.

Nursing staff in hospital attention...
relating to the care and management of the assistance unit.¹

Nursing is a profession whose practice was historically built to assist the healthy or sick individual, family or community, from a set of specific knowledge of the area, to assist in the promotion, prevention or health restoration. Managerial actions of nurses, especially in hospital spaces include the articulation between the different agents of the nursing staff and the organization of the work process, with a view to meeting the demands of users.⁷

Although, every day more, the emphasis is on multidisciplinary teamwork, we can say that nursing is a professional team in another team and whose working dynamic is differentiated.

In this study, the nursing staff is the focus, because it considers that before their insertion in the multi-professional team, it has its own constitution and operation between its components, which require integral work, articulated and effectively as a team. Thus, the relevance of the nursing staff in the context of medical attention; the capability of teamwork as a form of work organization; the role of nurses in the management of work in nursing staff in hospitals and the lack of scientific research with this specific focus for this study. Given the above, this study was conducted with the following objective:

- Analyze the scientific production, national and international levels, on nursing teamwork in hospital attention, from 2002 to 2012.

**METHOD**

Article drawn from the partial results presentation of the research project << Facilitators and difficult aspects of teamwork in the Coronary Unit >> being developed in the Interunit Postgraduate Program of Nursing, in the Nursing School of the University of São Paulo, Ribeirão Preto-SP, Brazil. 2013.

It is an integrative review, developed in six steps, namely: theme definition and drafting the guiding question; survey on literature and careful selection of the research; categorization of founded research; critical analysis of included studies; results interpretation and comparisons with other surveys and reporting the review and synthesis of evidenced knowledge in the research.⁸

From the perspective of understanding of nursing teamwork in hospitals, with a view to examine the scientific evidence produced, as well as the gaps of knowledge on the subject, this study had as guiding question: “What scientific knowledge production, national and international levels, concerning work in nursing teamwork, in hospital attention”?

A research was carried out, using the Health Sciences Keywords (DeCS) “Nursing Teamwork” and “Organization and Administration”, in Biomedical Literature Citations databases and Abstracts North American (PubMed), Scopus (Multidisciplinary database), Latin American Literature and Caribbean Health Sciences (LILACS), Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Web of Science (Multidisciplinary referential base). For the articles selection, were established the following inclusion criteria: articles published in the period from January/2002 to July/2012, available on line in full in Brazil and in free version, in Portuguese, English and Spanish languages, related to the specified keywords.

Exclusion criteria were: articles not available in Brazil in free version or online, recommendations (official manuals), editorials, articles without abstract, thesis and dissertations, books and articles, which were not in English/Spanish/Portuguese. All publications repeated were deleted, using the criterion of the order of the bases: PubMed, Scopus, LILACS, CINAHL and Web of Science.

For careful selection of research, was made exhaustive reading summaries and, after a first selection, was held the articles reading in full, to decide whether or not be included in the search. The critical analysis of publications began with the reading of the articles in their entirety, making the identification of authors, title, date, journal of publication and database. Then proceeded to the stage of articles analysis, mapping the objectives, used methodology and main findings related to the subject of the study, synthesizing the results by content affinity. The information has been extracted from selected studies and proceeded to their categorization; results interpretation and knowledge synthesis.

The search performed encompassed in the five databases in the period of 2002 to 2012, 451 publications, reduced number to 434 due to repetitions of publications, of which deleted articles as exclusion criteria and repetition between the bases. Of 236 (54.4%) remaining summaries, 52 were selected (22.03%) for full reading. Of these 52, 14 publications were not available in free version or were not found in the online version. 38 articles left to be read in their entirety, of whom 10 (26.3%) were included in the study,
because the theme of the study fell (Figure 1).

Figure 1. Struture of development research.

RESULTS

Reading and critical analysis of 10 articles allowed categorize them by content affinity, being established the categories of analysis: Work organization, with three articles (30%) and Perception of professionals about teamwork, with seven articles (70%).

- Work organization

The three articles referred in this category deal with the work organization from the teamwork perspective. The everyday health’s work is marked by centralization and hierarchy, inhibiting the implementation of attitudes and postures more democratic and participative, that difficult the teamwork. Despite this, there are initiatives more supportive and participative and the model of nursing teamwork is one of the most used in practice (Figure 2).

<table>
<thead>
<tr>
<th>Articles</th>
<th>Objetivo / Objective</th>
<th>Metodologia / Method</th>
<th>Base de dados / Databas</th>
<th>Principais resultados / Main results</th>
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<tbody>
<tr>
<td>Alves CA, Deslandes SF, Mitre BF, Coelho MF, Chaves LDP. The management of the process of nursing work in a pediatric ward of medium and high complexity: a discussion on co-management and humanization. Interface (Botucatu). 2011 Apr/Jun; 5 (37): 351-61.</td>
<td>Analyze the everyday management of the nursing work in a pediatric ward of medium and high complexity, in the light of the principles and guidelines of the National Policy of Humanization.</td>
<td>Qualitative LILACS Hierarchical management and centralizing compromises negatively teamwork, leading to the division of work between technicians and nurses and difficult dialogue and creative potential.</td>
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<td>Duffield C, Roche M, Diers D, Catling-Paull C, Blay N. Staffing, skill mix and the model of care. J Clin Nurs. 2010 Aug; 19(15-16):2242-51.</td>
<td>Investigate if the combination of nursing staff, experience and skill influenced the model of nursing care in medical/surgical wards.</td>
<td>Quantitative CINAHL The nursing teamwork model is one of the most used in medical/surgical wards. No nursing care model is more important than another, but is necessary that correspond the real needs of the patients.</td>
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<td>Fernandes MS, Spagnol CA, Trevizan MA, Hayashida M. A managerial conduct of nurse: a study based on general theories of administration. Rev Latino-Am. Nurs. 2003 Mar/Apr; 11 (2): 161-67.</td>
<td>Identify managerial conduct in a private maternity nurse in the State of Sao Paulo in Brazil.</td>
<td>Quantitative SCOPUS More democratic attitude of nurses encourages participation of all in decision-making. This means that he is trying to overcome the tailor’s model, replacing it with a new model, more democratic.</td>
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Figure 2. Distribution of articles characterized as work organization, according to the publication’s characterization, objective, methodology, data base and main results.

It is noted that the division of work between technicians and nurses, stimulated by hierarchical management, does not contribute to the effectiveness of teamwork. However this can be overcome through more democratic attitudes of nurses, enabling the construction of more dialogical and horizontal relations.

- Professional perception about the teamwork

The seven articles covered in this category deal with the professionals perceptions about teamwork. The productions show that the aforementioned working mode brings positive repercussions for their own professionals, as well as for users through the improvement of the assistance. Teamwork contributes to relationships improvement, of the assistance, collaboration between the components, exchange of experiences, demanding work, effective communication and skills development, fosters greater proximity between nurses and crew (Figure 3).
Artigos / Articles | Objetivo / Objective | Metodologia / Method | Base de Dados / Database | Principais resultados / Main results
--- | --- | --- | --- | ---
Cioffi J; Ferguson L. Team nursing in acute care settings: nurses’ experiences. Contemp Nurse. 2009 Aug; 3(1):2-12. Identify and describe experiences of nurses to nursing teamwork in hospital acute care environments. Qualitative PubMed Teamwork contributes to relationships improvement, the quality of assistance and collaboration among members. Demand collaboration and effective communication. There is general dissatisfaction of nurses, after the deployment of nursing teamwork.
Nancarrow S. The impact of intermediate care services on job satisfaction, skills and career development opportunities. J Clin Nurs. 2007 July; 16(7):1222-29. Examine, in depth, the impact of intermediate care services about the personal satisfaction at work, in the development of skills and career development and opportunities. Qualitative SCOPUS The inter-branch teamwork allows greater mutual understanding of the roles of other team members and shared decisions.
Kalisch BJ, Lee H, Rochman MG. Nursing staff teamwork and job satisfaction. J Nurs Manag. 2010 Nov;18(8):938-47. Investigate the influence of the characteristics of the unit, personal characteristics and teamwork on the job satisfaction with position and current occupation. Qualitative PubMed Teamwork contributes to job satisfaction and can lead to greater safety and quality services.
Spagnol CA; Ferraz CA. Trends and perspectives of nursing administration: a study in the Santa Casa hospital of Belo Horizonte-MG. Rev Latino-Am Enferm. 2002 Jan/Feb; 10(1):15-20. Describe how the nursing team is realizing communication, decision-making and interpersonal relationships that occur in the inpatient unit; Qualitative SCOPUS Enhancement of teamwork with emphasis on cooperation and mainstreaming participation of other health professionals.
Ferguson L; Cioffi J. Team nursing: experiences of nurse managers in acute care settings. AJAN. 2011 June/Aug; 28(4): 5-11. Explore and describe experiences of managing nurses with a team-based approach to nursing care in hospitals. Qualitative CINAHL The nursing staff contributes to complete overview of all patients, assistance and improvement of relationships between nurses and other professionals. Effective communication demand.

Figure 3. Articles distribution characterized as perception of professionals about teamwork, according the characterization of publication, objective, methodology and main results.

Teamwork features numerous benefits for both professionals and users satisfied. In this way, enables professionals a widened perception of users, improving the relationship between the team members, cooperation between them, among other aspects. It should be noted that the assistance offered to users also features improvements, when the work is done through the team.

**DISCUSSION**

As regards the work organization, healthcare organizations are based in Taylors and bureaucratic administrative culture, based on centralization, hierarchy and work control.9-10 The division of work makes people responsible for specific actions unaware their foundations, distancing from the final result. Each worker is responsible for one step, reinforcing the division, the hierarchy at work and knowledge, involving technical and social division of work.11

Centralizing management and hierarchic, hegemonic in health services, does not contribute to teamwork. Such management generates wear for teams, difficult the establishment of partnerships in the work process. The stiffness in the organization model leads to dire consequences, in particular, in the most severe cases, that demand creative and collective actions. Contexts marked by strong hierarchy do not contribute to teamwork.12

Another issue that draws attention in publications is the work division between technicians and nurses, which also does not contribute to teamwork, since it hinders dialogue and horizontal relations, because such a division may reflect the centralization of actions and of power, leading to the estrangement between the professionals.12
The issues involving the health management and in nursing are increasingly present in the work of managers, professionals and researchers. The growing complexity of the production process of care requires the restructuring of management models and organizations to provide answers to the challenges of customer demand.13

The way that organize the working process influences directly in the daily services and employee involvement in the reconstruction of the scene contributes to greater involvement and commitment.14 Thus, it is understood that the model that divides and segments the attention doesn’t favor the implementation of teamwork.

It is worth noting that teamwork relates closely with the work organization. 15 Thus, routine that follows the logic of hierarchizing act as process for this working mode. Such model reinforces the segmentation of knowledge and of individuals; negatively affecting the development of teamwork.4 It is worth noting the need of professional training in the perspective of interdisciplinary and multi-professionalism with a view to effective teamwork, enabling the realization of completeness.16

Only the fact of adding different professionals, in the same workplace, does not guarantee integrated work or even characterizes teamwork. 17 The collective work is here understood as a possibility for reconstruction and redesign of do in health, with a view to implementation of completeness, developed in teamwork, based in horizontal relations with dilution of power and greater participation, of professionals, in decision-making processes. Such working mode represents a device, which can contribute to the completeness in the care and enable the overcoming of the intense process of specialization, because presupposes integration between professionals and complementarity.18

To consider specifically the nursing team, it is not enough for distinguished professionals to compose. It is imperative that they act proactively and participate in planning and decision-making processes, because these matters contribute positively to the involvement and bailout provisions of professionals at work.

Maybe depending on the departmentalization of the health working process, there is a difficulty of nursing in breaking with a rigid and hierarchical reality, which it turns out in day to day life, and reconstructs a new do based on the horizontality of the relations with other professional categories.

It is worth noting that there is a tendency of nurses to democratization, the development of teamwork and informal relations, involving everyone in the decision-making processes. Such participation contributes to bailout provisions of all involved in the work, and not simply in performing actions. This demonstrates that they’re trying to overcome the taylorista model, replacing it with a new way of thinking, more democratic and participatory.14

The challenge is to build a collective dialogic, solidarity and democracy. Nursing is a remake, with views to horizontality in relations based on dialogue. And despite the daily be clipped by numerous obstacles to a more integrated work, the professionals are receptive in search of strategies to overcome the difficulties in managing the work.12 Thus, the professionals show a positive expectation for coping in such a reality with a view to the modification of the management. And also the professionals identify that it is possible to transform the workplace into a better place and engage in new and better ways of working.19

When considering the hospital attention, highlights that, for the fulfillment of the principles of the Unified Health System (SUS) and offering a better healthcare quality, it becomes essential to articulate the actions undertaken with a view to integrating the work of distinguished professionals from a common area or between teams from different areas.

In this category, the articles show the hierarchical logic in services, however there are already institutor forces that seek more democratic attitudes, participative and decentralized aiming at a more integrated work, walking in the favorable direction to teamwork.

Teamwork can be understood as a possibility to overcome the work division and the different knowledge in accordance with the demands in health involving numerous dimensions. Add people in the composition of teams in healthcare organizations do not necessarily mean putting an effort team, it should be noted that the isolated work, developed by different actors without articulation of knowledge, cannot meet the health demands. There is a need for complementarity and integration of knowledge and actions, as well as inter-dependencies. Thus, the teamwork demands a collective act, so that the different knowledge complements each other.
As regards the perception of the professionals about teamwork, communication appears as element necessary for effective teamwork, because must represent a tool, which enables better understanding among professionals, with a view to overcoming the gap between them and the greater integration between the different knowledges. This issue strengthens the communication as intrinsic to teamwork in the perspective of integration team.

The interdependent technical autonomy, through mutual assistance, collaboration among professionals, when engaged in teamwork, cooperation and shared decision-making by members also enables the implementation of a more integrated working mode and articulated between the different professionals.

So teamwork demand coordinated efforts, cooperative and collective responsibility. Does not presuppose the extinction of different roles among professionals, since the different formations represent a possibility of complementarity and this issue is perceived as an aggregator to a more magnified act. Teamwork mode do not indicates the deletion of the specificities of the work between the different professional categories.

There are appropriate conditions for effective teamwork, among them, meet the philosophy of the organization, understand the attribute of each professional, articulate knowledge with setting goals for the team, as well as the need for communication and cooperation among the components of the team. Complementarity and interdependence between the different knowledge and actions contribute to the overcoming of the isolated work and completion of teamwork.

The change of nursing care model occurring so imposed generates a negative perception in the nurses, because organizational changes require a participatory and fair process. Negative perception occurs as the model of nursing staff, when people prefer to develop the work in an isolated and independent way.

This may reflect the influence of Taylors/Fordism model and does not stimulate teamwork. Such dissatisfaction also can result from a process of change imposed on workers, getting them from decision-making processes and for reconstruction of the practice. Processes taxes hinder organizational changes.

When a worker process is permeated by negotiations and dialogue, he serves as a tool for people to meet and recognize each other as a partner. This contributes to teamwork and flows of natural way among peers.

Teamwork allows the nurse's approach with the components of the team. This can make the process more interactive, participatory, equitable and fair as that values the knowledge and perceptions of everyone involved in the process of care, and reduce the gap that may exist between the different components of the team.

The reduction in the hierarchical chain contributes to decision-making processes and decision-making faster and more agile. However there is still centralization of power on the part of nurses, which does not contribute to participatory processes and dialogues, and this influence on an intense and negative way on nursing relations, not contributing to the effectiveness of teamwork.

In daily life, the positions of coordinator of nursing and nurses and technicians and auxiliary assistance, activities linked to direct assistance to the patient. This reflects that, in practice, still perpetuate candied power relations, which determine a dichotomy between the do and think, and may generate a chasm between the different occupational categories, inhibiting the teamwork.

The nurse job is organizing the assistance; enjoy the different skills of the members of the nursing teamwork. The individual differences of team members are respected and this strengthens the team cohesion. We see a contradiction, on the one hand, a division of work, on the other hand, an appreciation of the various occupational categories as complementary.

Given the above, it is noted that most studies reveals that professionals realize the teamwork as a potential tool to increase job satisfaction, contributing to improvement in inter professional relationships and on the provided assistance.

**CONCLUSION**

The analysis of scientific literature, national and international, about the work in nursing teamwork in hospitals shows that:

- The organization work is still quite centralized and hierarchical, situation that does not favor more flexible organizational arrangements, which promote teamwork;

- As regards the perception of the nursing teamwork, already exists initiatives of the professionals in order to reorganize the working model in an attempt to achieve the teamwork.

English/Portuguese

J Nurs UFPE on line., Recife, 8(2):386-95, Feb., 2014
It is worth mentioning that more participatory organizational models begin to appear, constituting important possibility to redesign and rebuild the relationships between professionals in the nursing teamwork, in the perspective of shared decision making, knowledge exchange, knowledge complementary and actions.

Most studies bring up the nursing teamwork as a possibility of transformation of everyday life, enabling greater rapprochement between the different professionals. Nursing workers are realizing that the old crystallized form of work no longer responds to the expectations and demands in health, there are already initiatives in order to adapt to new ways of organizing work in health, but there is still a lot to be built. There is a tendency towards democratization of nursing work, with a view to enhancing the work in team.

As gaps in the scientific literature, it was found that there were no studies that address the interface between the work organization and the team perception, so that point facilitators and difficult aspects of teamwork. The studies are based on diagnoses and descriptions, not describing interventions carried out in the direction of reconfiguration of everyday life.

When considering the breadth and specificity of the nursing teamwork and work in the hospital space, this study is not intended to exhaust the subject. Other studies are being conducted to identify as being, in practice, the quest for consolidation of nursing teamwork, from the perspective of its insertion/expertise in multidisciplinary team.

Understand the nursing teamwork in the hospital space is a contribution of this study, an important tool for the reorganization of health services, with a view to the exercise of completeness in practice. There are forces institutor significations that, shyly, begin to do redraws in everyday life, with a view to implementation of teamwork in the hospital setting.

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Submission: 2013/10/17
Accepted: 2013/10/19
Publishing: 2014/02/01

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