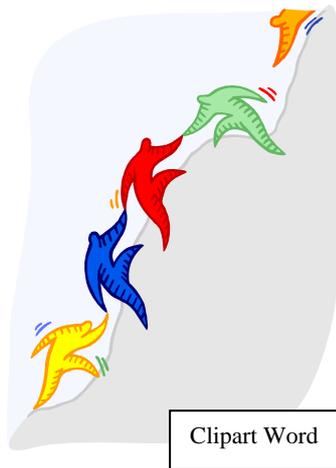


Team building: urgently needed in nursing!

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August 2009, translated December 2009
Infiresources

Team building is a new concept used in business circles and amongst business executives to stimulate work teams. Its objective is to build team spirit, team synergy or to consolidate teams. “Developed at the beginning of the 1980’s in the United States, team building has become the most popular group and leadership training approach in both Europe and North America. The majority of middle and large businesses use this type of activity at one time or another”.¹



In the nursing environment, which is in the throes of reorganization as far as team work is concerned, this approach is of great interest. Indeed, since the implementation of Bill 90, (An Act to amend the Professional Code and other legislative provisions as regards the health sector)² and the Therapeutic Nursing Plan (TNP)³ there is a new dynamic in the work team which does not always live up to expectations.

Modifications stemming from Bill 90

Bill 90 enshrines the nurse’s role as regards certain activities such as : “Assessing the state of health of a person, determining the provision of care and assuring the realisation of a treatment plan, providing the nursing care and medical treatments required to maintain and /or re-establish health and prevent disease as well as to provide palliative care.”⁴ The legislation also extends the nurse’s role as regards the activities of evaluation and preventive measures implying a risk factor, and the treatment of wounds and alterations of the skin and teguments. As far as the treatment of wounds is concerned, the law states that it is the nurse’s responsibility to “Determine the treatment plan for wounds and alterations of the skin and teguments and provide the required care and treatment.”⁵

1 –Activities reserved to nurses

- Assess the physical and mental condition of a symptomatic person.
- Provide clinical monitoring of the condition of persons whose state of health is problematic, including monitoring and adjusting the therapeutic nursing plan.
- Initiate diagnostic and therapeutic measures, according to a prescription.
- Initiate diagnostic measures for the purposes of a screening operation under the Public Health Act ((2001, chapter 60).
- Perform invasive examinations and diagnostic tests according to a prescription.
- Provide and adjust medical treatments according to a prescription.
- Determine the treatment plan for wounds and alterations of the skin and teguments and provide the required care and treatment.

Nurses must also document their treatment plan for wounds in a specific section which accompanies the Therapeutic Nursing Plan. “These changes give nurses greater autonomy.”⁶ Their power to make decisions is enlarged and they now possess greater latitude to rely on their own judgement. Thus nurses now have new responsibilities which mobilise them and make them less available for the basic needs of the patient. The TNP, developed as part of this law, authorizes them to give directives to other members of the team. The present functions attributed to nurses, under these new regulations, are illustrated in tables 1 and 2.⁷

Renewed relationships within the team

Bill 90 and the therapeutic nursing plan, in giving each member of the team tasks which are reserved to them, enhance their respective roles. At the same time, the leadership of nurses within the team is confirmed by the responsibility that they have to inscribe the instructions in the therapeutic plan as concerns the care to be given to a patient, either for themselves as nurses, or as part of the work plan for other members of the team, nursing assistants and orderlies. The dynamic is thus a bit different as nurses, formerly on about the same hierarchical level as nursing assistants, must now give directives to those who are at times older, and more experienced than themselves on the professional level. Some nurses feel less equipped to assume this leadership and “to give orders to nursing assistants” and some nursing assistants have difficulty accepting authority from their former work colleagues.^{8,9}

Personal and professional repercussions

2 – Activities reserved to nurses

- **Apply invasive techniques.**
- **Participate in pregnancy care, deliveries and postpartum care.**
- **Provide nursing follow-up for persons with complex health problems.**
- **Administer and adjust prescribed medication or other prescribed substances.**
- **Perform vaccinations as part of a vaccination operation under the Public Health Act (2001, chapter 60).**
- **Mix substances to complete the preparation of a medication, according to a prescription.**
- **Make decisions as to the use of restraint measures.**

This new dynamic, still in its teething stages and not adequately prepared for in our health institutions, risks having negative repercussions on the quality of work of the various members of the team and on the satisfaction of the clients. The distribution of tasks is still not well integrated and, one must admit, that this shared organisation of health care is not always carried out in an optimal manner from the patient’s point of view. For example,

who should answer a patient’s call, who should make sure that the patient drinks sufficiently, who should keep an eye out for the risk of a decubitus ulcer, etc. since the nurse is no longer at the bedside and the orderlies whose task it is now do not have the same level of training.

As Valérie Gaudreau wrote in Le Soleil “Since November 2009, nurses have gradually seen their tasks modified so as to bring them back to the essence of their medical practice. Certain actions hitherto performed by nurses will henceforth be done by orderlies, who are more numerous.”¹⁰

Obviously it is not essential that everything be done by the nurse and it is even desirable that they execute tasks which are truly in rapport with their training and their competencies, which is the aim of this new tasks' division. However, the challenge presently confronting us is to assure that, despite this major change, teams function in such a way as to ensure the same quality of health care as in the past, that is, that the vigilance and supervision of the nurse and the directives of the TNP for the tasks of the team members, guarantee the same level of care for the patient. Thus it is urgent that we begin to reflect on the dynamic of our work teams if we wish to conserve the qualities of humanity and professionalism in the care given in our health care institutions.

A team is “a group of persons who are interdependent in their tasks, share the same responsibility as to the results, who perceive themselves and are perceived as forming a single entity, an intimate part of a greater social system, and whose relationships hinge upon organisational boundaries.”¹¹

We are at a critical moment in the organization of work in the hospital setting and the phenomenon of reorganizing the work teams is still recent. We should take advantage of this conjuncture to reflect constructively on the dynamic in place and on its importance, as much as regards the quality of health care as the satisfaction of the parties, two elements which are intimately interrelated.

The difficulties of working together

We must recognize that working together goes against the grain of our personal and professional individualism. We may even consider that it would be much simpler to do it ourselves without having to take into account the presence of others and without the strain of having someone else scrutinize our work and our actions. That's only human! By obliging ourselves to cooperate with colleagues in sharing responsibilities and tasks, team work creates numerous obligations including having to accept others, to adapt ourselves to their way of being and working, on top of having to take into account tactless or disorganized personalities with whom we must deal, which requires a good deal of acceptance.¹²

In nursing, there is another difficulty in working together as a team: that of different levels of training of the individuals forming the team. Moreover, the complexity of certain care procedures distributed amongst several workers belonging to different professional groups makes it difficult to clearly apportion the tasks. However, this type of work organisation does not just have negative aspects, on the contrary, but in order to improve team functioning it is important to be realistic and to also look at the more difficult elements.

The advantages of team work

Well understood and well organized teamwork possesses several advantages that were highlighted in 2005, by the Canadian Council of Health in their reports on the necessity of increasing this type of work organization in Canada's health institutions.^{13,14} Moreover, recent initiatives of Health Canada also underline the need to improve inter-professional collaboration in the field of health.¹⁵ “We were able to demonstrate that better teamwork and collaborative care increase efficiency in various aspects of the health care system, including front line services and public health. Recent reports on human resources in the health sector suggest that working in a team can be an efficient means of improving the quality of health care and patient outcomes as well as of resolving problems related to a lack of personnel,

stress and burnout. Other researches demonstrate that teamwork can, in a significant manner, reduce the amount of work, procure greater satisfaction at work, favour loyalty, increase patient satisfaction and reduce patient morbidity.”¹⁶ Thus, well structured team work can become a protective measure for the patient as well as for the personnel.

The concept of teamwork

Teamwork in a hospital setting has existed for a long time and has demonstrated its superiority over individual work. By the division of labour and shared responsibilities among several persons, each member has a particular role and each role, according to its level of responsibility, is important. No member of the team is superfluous and no role is negligible. For there to be real team spirit, participants must not

3 – The optimal functioning of the team

Teams work more efficiently under certain conditions:

- When the objectives are clearly defined, tasks fairly distributed, when communication is amicable, coordination is efficient and functional mechanisms of conflict resolution are available.
- When the active participation of all the members of the team is in harmony.
- When the members of the team recognize the personal and professional contributions of all the others.
- When the team encourages the development of the individual, as well as the collaboration and interdependence of its members.
- When the participants consider that responsibility concerns the entire group.

only share a common goal but their efforts must converge. This gives coherence to their work. The final result is somewhat akin to players in a sports club each of whom bears responsibility for the successes or failures of the team. The division of tasks according to the competencies and capacities of each one guarantees the efficiency of the work and the respect of each member’s potential.

An ancient reality to be considered in a new light

This is not an exercise of modifying teams but a real cultural change which will enable nurses to consecrate themselves to tasks which pertain to their professional training instead of allocating time to basic care that other professional groups can provide. Unfortunately, the teams that have been formed and those that are still being formed today, although put in place with lots of good will, are often not more than a simple juxtaposition of workers and not a real team with a dynamic which characterizes them.

Some teams exist in name only, too often formed haphazardly upon the arrival of new personnel, available openings and replacements to be organized. Born from chaos they are still there today, formed according to the vagaries of the moment and the place, as if the dynamic which should



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animate them and the maximal utilisation of the energies available was not important. This is confirmed by Jacinthe Tremblay who cites Julie Dusseault, doctoral student at Université Laval who was working with the research team on the psychological, organisational and social impact of work when she wrote: “The notion of a team has changed. Their composition has become punctual, temporary and often ephemeral. Teams are composed of permanent workers, occasional employees and individuals outside the organization, rarely the same depending on the work shifts [. . .] Despite their name, teams are less and less collectives. They are a collection of individuals.”¹⁷

Alas, this reality is only too present in our hospitals where the stability of the teams is more and more precarious with the lack of personnel, limited budgets and recourse to back-up services. Since these teams have become the foundations of the organisation of work in our health care institutions, it is important to become interested in their composition and their functioning. It is even urgent to make sure that each participant uses all their potential that all pull in the same direction and not go off each one on their own in order that the group

4 – What is required for teams to work well?

- **To know the aims and advantages of working in a team.**
- **Maintain a relaxed atmosphere amongst the participants.**
- **Accept collaboration with others.**
- **Know how to listen: the members of a team need to listen and feel that others listen to them. In cases of disagreement, they feel comfortable in expressing their viewpoints.**
- **Maintaining confidence and favouring an environment without conflicts and barriers which are harmful to good communication.**
- **Have clear expectations: the role of each team member is clearly stated and tasks are distributed fairly amongst the members according to their training but not in a rigid fashion.**
- **Have enlightened leadership where the nurse assures the cohesion of the team, the quality of work and the support of the participants.**
- **Demonstrate caring for the team: in addition to concentrating on the objectives, the members care for each other. 18**

eventually arrives at furnishing optimal results.

Changes can rarely be made without rocking the boat and since this is a big change, we must anticipate some difficulties. One of the principal difficulties is the present lack of nursing personnel which

results in work overload and ruptures the habitual dynamic in place. The lack of personnel obliges hospital administrators to have recourse to replacements from private agencies. These nurses are generally experienced and versatile but the duration of their passage is short which makes it difficult to integrate them in the teams. Moreover, in the vast majority of cases, they neither know the personnel, nor the physical environment, nor the patients, which results in extra work for the regular personnel and harms the convergence of care with the other team members.

Furthermore, this new organization of the team is not just a question of “mixing the cards” but an enhancement of all the roles and it is vital that each member can exercise their functions reliably and responsibly. It is thus necessary that the work of the various professional groups be well coordinated so as to create a harmonious work climate. But, the instability of the teams and the frequent weakness in internal coordination can generate a lack of satisfaction which may perhaps disappear with time and with practice but most of all with increased

attention to the development of a team spirit which makes work more functional and more satisfying for all.

Favourable conditions for optimal team work

In order to facilitate team work, certain conditions are necessary:

- **A minimal level of team stability.** A team in which the team members are constantly changing cannot develop a feeling of belonging, the members cannot get to know each other, to appreciate each other or to permeate themselves with a common aim. It is the responsibility of management to try to assure the presence of the same people in a team as often as possible. We are aware that under present conditions this is asking a lot, but it remains a paradox that in some centres individuals lack work whereas in others recourse to outside help is required. Without a minimum of team stability, the term has no real significance and yet, there are places where stability exists!

- **The essential collaboration amongst care providers.** Teamwork is impossible without collaboration and collaboration is impossible without the respect of others and their



competencies whatever their level of training. Although it is true that the division of tasks is important for the good functioning of the system, caring for the patient is not a cheese that one can cut into pieces. Moreover, to assure the satisfaction of the basic needs of the patient and their treatment requirements, collaboration and working together are necessary. This open mindedness is so important, that evaluating collaboration in a work team is often equivalent to measuring its functioning and its efficiency. When collaboration improves in a

team, there is a good chance that the quality of work also improves.¹⁹

(Translation: Job clarification. No, it's your job to close the doors.)

- **The composition of the teams.** We have gotten used to forming teams where the composition of the individuals was not very important. Despite this, certain groups functioned admirably well because of the personal qualities of the participants, whereas other groups functioned chaotically or lacked leadership but were accepted because that was the norm. However, we spend about a third of our lives at work, it is thus important for our physical and mental health that the hours spent at work be harmonious. Moreover, it is a question of the quality of the services rendered: people who are dissatisfied with their work conditions do not necessarily perform at their best.

- **Well defined roles.** Whether it be in a hospital setting or elsewhere, in order for a team to function in an optimal manner, it is important that each participant understand the roles and

functions within the organisation. A clear protocol describing the responsibilities of each member and the responsibilities which are shared amongst members becomes a precious tool for all. But again, we must remember that we are looking after other human beings who are suffering and who are not concerned with arbitrary divisions and who expect that someone, regardless of their role, respond to their needs.²⁰

- **Enlightened leadership.** In order for teams to function well, there must be a leader. The TNP, created a leadership role for nurses with the obligation they have to give directives to the other members of the team. The terms leadership and responsibilities are inseparable. Nurses must thus exercise authority not only via the directives that are inscribed in the

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therapeutic nursing plan (TNP) for the other team members, but also because nurses no longer directly dispense basic health care, and must thus see to it that the directives are well executed and the needs of the patients satisfied. They must also do this tactfully and seriously since the overall quality of care and the harmony within the team depend on it.²¹

Is team building a solution?

Many teams are undergoing difficulties and the quest for a solution is necessary; can team building help us? By definition, the team building approach aims to reinforce cohesion within

In résumé, team building serves to create a team identity.

the team, to clarify the roles and responsibilities of each member and to identify their capacities of leadership, creativity and humanity. Since this activity is extensively used in the business world which is generally pragmatic, we should perhaps regard it as a possible solution in our

Team building revolves around two central axes: the kind of work that we do as a team and how we do it together. The key word is “together”.

health care centers where team work has become impersonal, at times burdensome as far as interpersonal relationships are concerned, and often less productive.

“He, who considers games simply as games and only work as serious, understands neither one nor the other”.
Henrich Heine
Philosophe allemand
(1787-1856)

Team building in the private sector is presented via seminars where specific activities are shared in order to get the members of a team to know each other better, to see themselves in a light different from their habitual hierarchy, to identify the various assets of the members of the group, to solicit the acceptance of all and to favour mutual understanding. It is an initiation to team spirit, to efficient communication and collaboration which

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become strategic issues for the quality of work in organized groups. Team building is based on experiencing group functioning and proposes that the participants work together, as much as possible in a different environment, on common objectives that no individual can attain alone. This mode of

functioning, although interesting, must be modified in order to apply it to nursing

Conditions which favour team building

In an atmosphere of fun, many exercises can be proposed to create open mindedness and introspection, to suggest various modes of analysis of functioning and activities aimed at action. The proposed exercises are generally unrelated to the context of work and aim for a change of scene so that the clinical competencies of some of the participants do not overwhelm the others and each one can give their just measure. For example, one could ask the team to construct a raft from a list of materials and put it to sea in order to escape from danger, or to save an enterprise in peril from amongst a list of choices presented in a table. By such stimulating, creative and amusing challenges, as well as by having to do tasks removed from the daily context, participants mutually discover each other, reinforce their cohesion and their team spirit.

The subjects to discuss

Complementarity, a sure value in team work. . .

Amongst the themes which could be used for team building, certain are more striking than others with respect to their correspondence to real life experiences, for example, reflection from case studies on certain practices at work: How are decisions taken in the team? What are the procedures for communicating information? Is there a feeling of belonging to a group? How are tasks divided? How do we cooperate and support each other in a team? Can we consider complementarity and synergy as being active in the group? Are we open to others?

An interesting illustration of team spirit

THE LION GOING TO WAR

The lion had an enterprise in hand;
Held a war-council, sent his provost-marshal,
And gave the animals a call impartial-
Each, in his way, to serve his high command.
The elephant should carry on his back
The tools of war, the mighty public pack,
And fight in elephantine way and form;
The bear should hold himself prepared to storm;
The fox all secret stratagems should fix;
The monkey should amuse the foe by tricks.
“Dismiss,” said one, “the blockhead asses,
And hares, too cowardly and fleet.”
“No,” said the king; “I use all classes;
Without their aid my force were incomplete.
The ass shall be our trumpeter, to scare
Our enemy. And then the nimble hare
Our royal bulletins shall homeward bear.”
A monarch provident and wise
Will hold his subjects all of consequence,
And know in each what talent lies.
There’s nothing useless to a man of sense.

Jean de La Fontaine, Fable XIX, Book V.
<http://oaks.nvg.org/fonta5.html>

What subjects pose relational difficulties, even conflicts, in the group? How are power and leadership exercised in the group? The kinds of subjects to consider in team building activities are limitless and depend only on the creativity of the organizers.

The organization of team building activities

A resource person must necessarily accompany the team during the activities in order to help the participants discover the spirit of initiative and resourcefulness of some, the ability of reflection, or the capacity of dialogue and conciliation of others. The facilitator can be chosen by the team or appointed by management. It is also possible to hire someone who is specialized in this type of activity. The person retained must however be well accepted by all and imbued with the important values of democracy, open mindedness and collaboration which make team spirit a living culture in the workplace.

Some companies opt for one to three day activities outside the work environment, somewhere in the country, on a farm, or in a hotel. This is not essential and not always possible in a hospital setting and compromises must be found. The meetings with hospital teams must be short and one must also divide the teams in such a way as to assure a continued presence in the departments and services. It is also necessary to identify inexpensive key activities since their aim is to discover collective actions, stimulate discovery, awareness, and values such as interdependence, cooperation and motivation.

A great variety of activities, places and duration

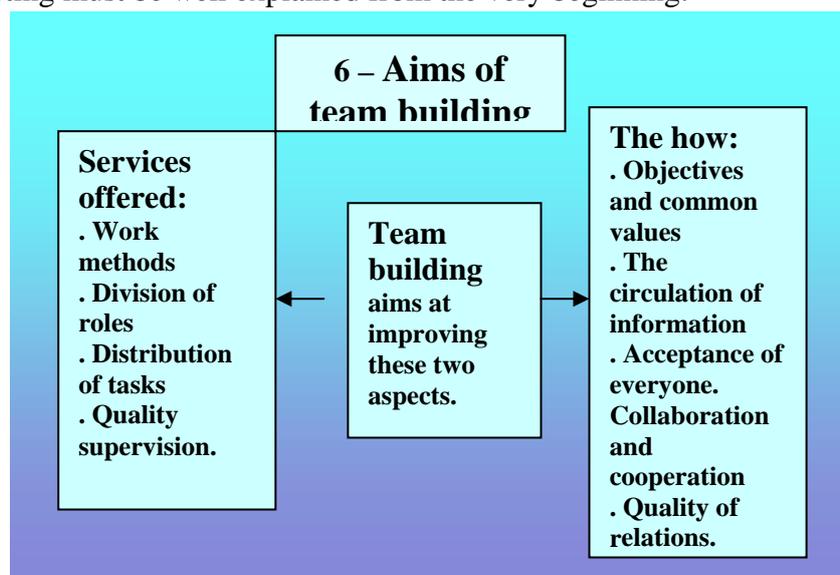
Despite the restrictions as regards their organization, many activities are still possible. Perhaps a group lunch in a restaurant, a potluck supper, an afternoon or evening get together or simply a meeting over coffee. However, we must keep in mind that it is not entirely a social activity but a meeting with objectives aimed at a progression towards values of personal growth and synergy of action.

A games approach with shared tasks and role-playing, although interesting, is not obligatory and the activities can tackle certain fictional problems as long as there is some resemblance to those encountered in the service and which pose a problem to the functioning of the team. Concrete examples can be elaborated and discussed. One must however, at all costs, avoid an evaluation meeting or call into question the functioning of certain persons in particular. There are other moments for that! One must assure that each team identifies what is important for them and that all the participants have the opportunity to give their opinion and to feel that their opinion was taken into account.

Certain conditions which should be considered

As regards all important activities, team building must be prepared with care in order to assure the respect of certain conditions.

- The objectives of the meeting must be well explained from the very beginning.
- The themes chosen must concern all the persons present.
- The meetings must be stimulating.
- Refreshments should be provided: meals, coffee, etc.
- The climate must be democratic. Everyone has the right to express themselves and to receive the same attention.
- The facilitator introduces the subject and sums up the conclusions and the improvements observed.²²
- The facilitator must reinforce in a positive manner pertinent observations.



- If necessary, the facilitator must remind the group that it is not a meeting aimed at criticising others, the work place or a place for venting one's emotions.
- The participants may bring up their reservations and their opinions and develop solutions from the opinions and propositions suggested by others. Whatever the means used, the important thing is to create cooperation and collaboration.
- The facilitator and the members of the group should identify the contribution of each one, emphasize their participation, the various capacities manifested and highlight the complementarity of all.

Conditions for team building

Because of the repercussions on the quality of work and on the necessary satisfaction of the various professional groups in relation to their tasks, the building of a team spirit should be a constant preoccupation of hospital administrators. It obviously requires that particular attention be paid to those who compose the teams. Management should be permanently people-oriented and not task-oriented and not just when planning team building activities.

“Coming together is a beginning; staying together is progress; working together is success.” *Henry Ford, Ford Motors*

One must:

- observe the persons in the team, their capacity to withstand fatigue and stress, their capacity to collaborate and cooperate;
- identify the situations which cause problems as well as those who are more individualistic and who work in a compartmentalized fashion;
- facilitate exchange and positively reinforce collaboration;
- help newcomers to get to know the team and to be known by the other team members;
- tie together competencies by using complementary talents. For example, a novice with an experienced person, a stressed person with one who is calm;
- draw attention to the participation or forces of each person;
- share common objectives and insist on the complementarity of all.

What one can expect as a result of team building activities

The pause that team building activities offers us is like a deep breath in the midst of difficult work, in a day too often overloaded. This is why such activities are generally very much appreciated. They often have interesting repercussions on self awareness and the discovery of others. It is a special moment of reflection and exchange where the participants realise that they share similar points of view, that certain difficulties are frequent and that it is possible to share quality collective objectives in order to respond to the needs of the patient. The relaxed climate of these activities also facilitates the development of confidence in others and in communication skills.



One is stronger as a team:
 Courtesy of : [GettyImages.ca](http://www.lespacearcenciel.co) :
<http://www.lespacearcenciel.co>

The steps in a team building process

Team building is a process of change which requires certain steps for its fulfillment:

- The first step is to **recognize the current situation** and to reflect on what the team is experiencing.
- The next step is to **identify** what is working well and what needs to be improved.
- This enables one to arrive in a more formal manner at a **diagnosis**. The team should ask itself where they are as far as team spirit is concerned and their objectives of work sharing. It is a step of the observation of the existent reality.
- Then follows the stage of **questioning** to get a feel for where the other team members wish to go, what they wish to accomplish together. Let us not forget that it is important not to go astray in theoretical discussions.
- The next step is to **gird ourselves for action** where the team decides what specifically

Self-assessment on working with others			
I can easily...	Yes	Some what	No
Work co-operatively with a team to complete the required tasks.			
Coordinate my work with the work of my colleagues to complete group projects			
Complete my fair share of tasks when working with a partner or team.			
Gladly help overburdened colleagues.			
Give directions adapted to the other members of the team.			
Communicate harmoniously with all the other members of the team.			
Assume enlightened person-based leadership while keeping in mind the quality of the work to be done			
Get my colleagues to participate in team decisions.			
Contribute to making decisions co-operatively and settling differences respectfully..			
Improve my work based on the suggestions and advice that I receive.			
Help build an open and trustworthy work environment by encouraging others to participate in team building activities.			

needs to be done and determines how and when it should be done. This step includes an element of planning and an identification of the means necessary.

- The last step is the **evaluation** of the meeting and its conclusions. As in all important projects, a team building meeting and the ideas which stem from it should be evaluated in order to appreciate their efficacy and to change what needs to be corrected. A long term evaluation of the functioning of the team should also be planned.
 - Subsequent meetings should

also be planned for.

Self-assessment which favours progress

One method of helping members of the team to reflect on their implication in the group is to propose a self-assessment scale. Thus, members will not feel threatened by the proposed themes and can consider with a critical regard their own functioning and decide to better participate in the group. As professionals, we can all become “persons capable of creating meaning” .²³

Here is an example of a self-assessment scale of the performance of a nurse in the team. It is adapted from the self-assessment scale on working with others presented by Human Resources and Skills Development Canada.²⁴ It does not pretend to be scientific and only aims to provoke reflection.

Conclusion

We are at a critical juncture of professional development and if we want changes in our way of being and working in teams, it is the moment to do so. Each generation reinvents the world in which they live and future generations, eager for work conditions which are favourable for their quality of life and their personal evolution, will perhaps take more care to give themselves teams which are not only functional on the professional level but are also more convivial on the human level. Françoise Dolto wrote “The greatest asset of all human groups lies in their communication, cooperation and solidarity around a common goal: the welfare of each individual in the respect of their differences.”

It is unthinkable that this wish not be shared by nurses in order that they may avoid living in a climate of tension which is unfavourable for health care as well as for their own physical and psychological equanimity. One must remember that harmonious work conditions are among the most important factors for avoiding professional burnout. What does it serve to earn a living while losing one’s soul? ²⁵ One must also recognize that tense teams where absenteeism is recurrent and presenteeism frequent, contributes nothing to the person and above all nothing to the quality of care!

The word team is a bit like a play on words which brings me from “myself” to the “other” and finally to “us”.

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