Policy Brief

Understanding the enablers of effective healthcare teams: The influence of the team's physical work environment and team processes

UCD DUBLIN

Co-Lead

PROBLEM AND STUDY

Good interdisciplinary collaboration is inherent to the delivery of modern healthcare and requires individuals to work effectively as a team. Organisational support for team development is relatively nascent in the Irish healthcare service when compared with other jurisdictions. Notwithstanding the historical lack of underpinning organisational support structures, there are some healthcare teams that have developed and sustained an embedded culture of working together, as effective teams. This policy brief aims to identify some of the features and processes supportive to their development.

BACKGROUND

The high-performing team is now widely recognised as an essential tool for constructing a more patient-centred, coordinated, and effective healthcare delivery system [1]. The outcomes of effective teamwork encompass benefits to the organisation, the team and the individual [2]. The characteristics of effective teams are detailed in the literature, as are recommendations for their development. These characteristics pertain to organisational structure, individual contributions and team processes [3], the first two of which relate to the necessary antecedent conditions and the latter to the team members' individual and collective contributions that enable good functioning of the team. There is relatively little knowledge on how Irish healthcare teams operate and what characteristics are evident in teams known to be working effectively in this context, where there is relatively little support or training for team working.

AIM: To understand the enablers of effective healthcare teams in this jurisdiction and, in particular, the influence of the physical environment and team processes.

STUDY METHODS

Four healthcare teams that are reputedly working effectively, without any underpinning organisational strategic plan, were identified through impartation of local knowledge and expert opinion. Two of the teams which contrast in terms of their service type and availability of resources were selected to investigate. Semi-structured interviews were carried out with a cross section of team members from both teams to explore their experiences of working within an effective team and to elucidate the factors that are believed to influence same. Both teams were consultant-led.

FINDINGS – WHAT DID WE LEARN?

The following summary highlights some of the features and processes that the teams utilised to support teamworking.

There was an embedded culture of shared leadership in each of the teams. The leadership and management style served to reinforce and build on that culture, and the leadership style was described as being "democratic", "visionary" and "inclusive". This was highly valued by team members. The teams had engaged effective processes for enabling an appropriate climate and for enabling high quality of care. Some examples of these processes are highlighted below.

Summary of Research Findings

- The style of leadership on the teams studied was shared, collective and inclusive leadership.
- The teams had an embedded culture into which new members adapted.
- The teams cultivated an atmosphere of compassionate care for each other and a supportive work environment.
- The teams cultivated a climate of openness and psychological safety.
- The teams had dedicated time and space for issues pertaining to team development and its operations.
- Where the teams were co-located, this positively impacted on team cohesion. Where members were bi-located, the teams were proactive in maintaining close relationships through regular contact/collaboration.

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Processes for enabling an appropriate climate

Members felt that they received a high degree of personal and professional support from each other. The co-location of members enabled informal relationships to develop which facilitated close relationship building. However, there was an awareness of the need to cultivate a climate of compassionate care and a supportive work environment. The processes utilised by the teams included:

- Organising social gatherings outside of work for the purpose of building team relationships and celebrating each other's achievements and important events (as well as acknowledging events, such as birthdays, during the working day with coffee and cake).
- Acknowledging pressures that arose from the provision of the service and introducing staff wellness initiatives to help cope with stress and avoid burnout. These included mindfulness sessions, jogging at lunchtime, sessions on team wellness, and placing a ban on discussing work related issues during lunch breaks in the kitchen.
- Consultants being visible, accessible and approachable to all members of the team.
- Acknowledging pressures that emanated from members' personal lives and responding, where possible, to these by offering help and having informal open door policies so that members knew that they could call on their colleagues for support.
- Bringing the informal into meetings, including "general chat" and "banter".

Processes for enabling quality and outcomes of care

There was a climate of psychological safety and openness in the teams. "The consultant here is not shaming and I think as a team, we're not shaming".

The enabling processes included:

- The teams promoting a "no blame" culture and members feeling supported by their colleagues. One of the teams actively promoted the message, "this is a no blame culture". This was stressed to junior doctors during a personal meeting with a senior member of staff as part of their induction process and subsequently reiterated. Consultants on the team openly admitted to making mistakes in front of the team. Mistakes were regarded as being a valuable tool for constructive learning.
- The teams placing a high value on the opinions of other professionals and non-professional members of the team. "When you try to problem solve, great ideas come from all corners". Team members described feeling valued, listened to and working in an inclusive atmosphere. Some enabling processes included:
    - The consultants were open to being challenged by other team members and viewed this as positive. New and junior staff were urged to speak up on any and all issues. Even medical students were encouraged to do so during ward rounds. "I stress to new people on the team and the medical students on ward rounds, if you see something that is not quite right or you have a question or a thought, come out with it, it could be important or critical, and someone might not have seen it or I might not have seen it".
    - The teams setting aside time and space for airing different strands of work, such as issues pertaining to quality and safety, operations, service and team development. Such activities were inclusive to team members and provided platforms for their voices to be heard. The chairing of MDTs rotated between the consultant, the registrars and in one team also a senior HSCP.

Influence of the physical environment

- Team co-location positively impacted on the teams' abilities to develop informal relationships that helped to embed feelings of mutual support, trust and improve communication processes. The visibility, proximity and approachability of the consultants and other healthcare professionals with whom members had close working relationships benefitted the efficiency of service delivery by speedy resolution of issues.
- One of the teams was fully co-located; the other was mainly co-located but had three members based at other locations. Two of them had previously worked alongside the rest of the team. It was felt that the previous co-location had really cemented their level of working as a team. Processes to maintain those close working relationships included cross-over meetings that entailed having meetings in both locations and continuing to include them in the team's social events.

DISCUSSION AND CONCLUSIONS

In the literature, team effectiveness is associated with having supportive antecedent organisational structures (including clarity of purpose, appropriate culture, suitable leadership and adequate resources), individual contribution (including self-knowledge, trust, commitment and flexibility) and enabling processes (including coordination, communication, cohesion, decision making, conflict management and social relationships) [3]. Where organisational support for team development exists, teams may, inter alia, derive clarity of purpose from the overarching mission statement, vision and accompanying values. Similarly, organisational culture may work to transform shared values into behavioural norms.

Whilst the teams studied had not developed within an overarching organisational support for team building, the antecedent organisational structures were reflected in their identification with shared goals; the presence of a supportive culture; role clarity and flexibility; style of leadership in the form of shared, collective and inclusive leadership; and a multidisciplinary team mix. The teams studied were, therefore, found to fulfil the antecedent criteria for team effectiveness and their team processes were aligned to those in the literature characteristic of effective teamwork.

Key finding

The findings indicated that the leadership style - shared, collective leadership - was viewed as central to the team's performance and effectiveness and this too is consistent with the literature that associates team performance and effectiveness with collective leadership [4].

Implications and Recommendations

- The processes involved in developing and sustaining collective leadership have been successfully utilised by teams in the Irish healthcare system.
- Collective leadership requires that teams develop strong internal environments. It is recommended that organisations provide support to educate teams as to the meaning and benefit of collective leadership and the processes that are enabled by developing a strong internal environment in the team and provide teams with resources, particularly time, space and educational support, in developing same.

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