Royal College of Physicians

Setting higher standards

Improving teams in healthcare

Resource 1: Building effective teams

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Background

In December 2016, the Royal College of Physicians (RCP) published *Being a junior doctor: Experiences from the front line of the NHS*.[1] This report identified the breakdown of the medical team as a central factor contributing to the low morale and disengagement felt by physician trainees. This is also reflected in previous RCP reports.[2] The benefits of high-quality teamwork in healthcare are well recognised. Effective team working has been shown to reduce medical errors,[3] increase patient safety[4] and improve patient mortality rates.[5] It also leads to better staff outcomes including reduced stress[6] and improved job satisfaction.[7] The RCP has produced a compendium of reports aiming to promote high-functioning team working in the medical setting.

In complex healthcare systems, the success of the individual professional will be measured by their ability to work within, and to help create, high-quality teams. While healthcare professionals may not always be able to impact at a macro level (healthcare resources, organisational structure), opportunities exist every day to improve and develop the culture at a micro level, or team level as it is more frequently known. This resource will:

- introduce some of the literature around teams in healthcare
- highlight areas of teamwork that healthcare professionals can impact on
- provide practical tools that healthcare professionals can use to improve their teams.

What is a team?

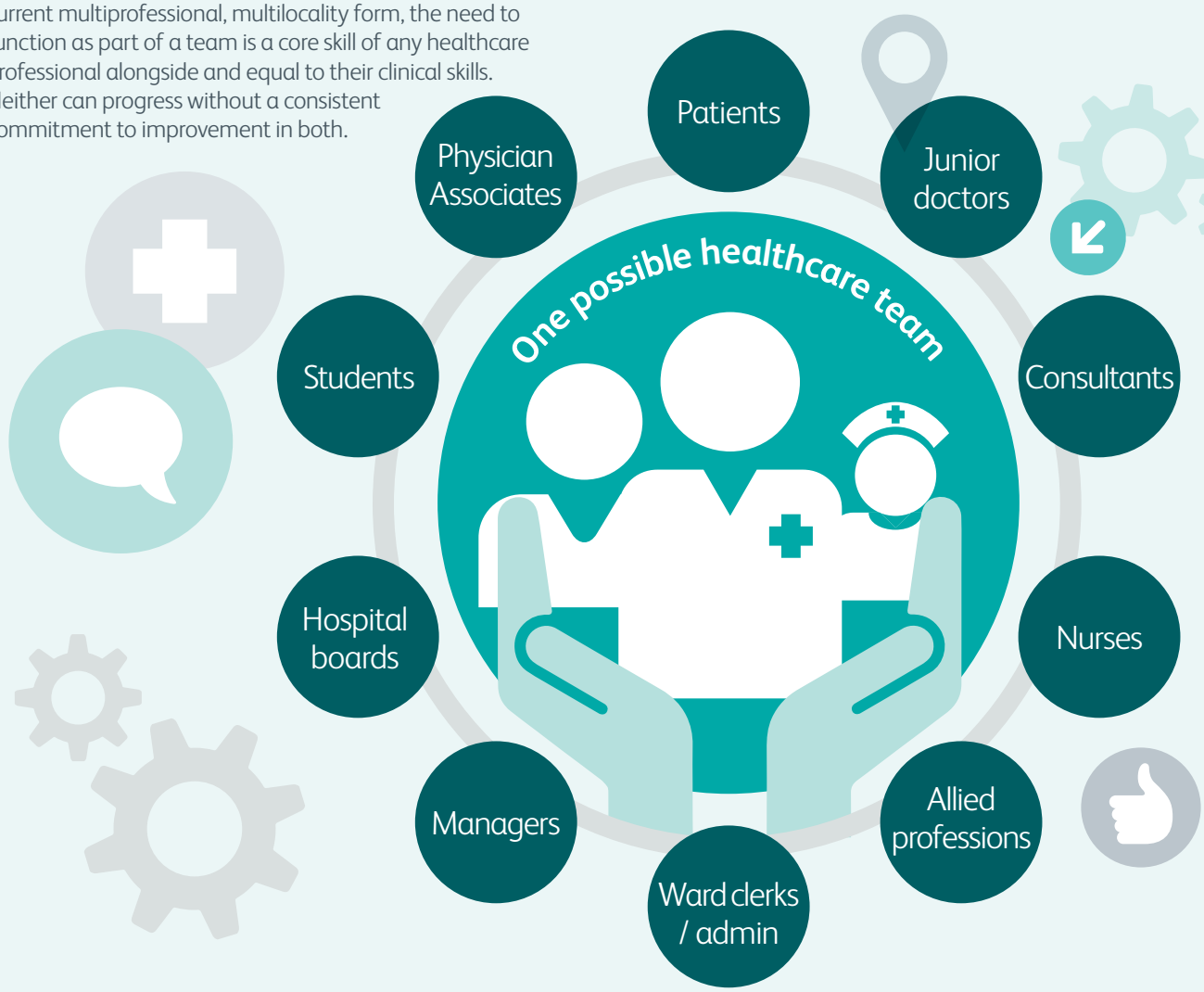
'A team is a small number of people with complementary skills who are committed to a common purpose, performance goals and approach for which they hold each other mutually accountable'.[8]

In healthcare, we interact daily with a broad range of professionals. Each of these interactions coalesces to form the microstructures which in turn combine to form the macrostructures, that make up our working environment. The nature of these interactions is core to our perception of where and how we work. When individual interactions align to reach a common goal, a team is formed. These teams may be short-lived with a predefined purpose, such as a cardiac arrest team. Alternatively, healthcare teams may be less well-defined with broad goals, such as creating a regional institute to support quality improvement.

As healthcare has evolved from just one all-knowing local doctor who treated all the patients in the village, to its current multiprofessional, multilocality form, the need to function as part of a team is a core skill of any healthcare professional alongside and equal to their clinical skills. Neither can progress without a consistent commitment to improvement in both.

A medical team will have varying personnel, depending on its purpose. Involving patients in decisions around their care is vital. Where appropriate, it may be equally beneficial to involve representatives of patient groups in other teams embedded in healthcare.

Teamwork has been described as 'supporting others, solving conflicts, exchanging information and coordinating activities'.[9] Working in proximity to, or being on the same shift as other colleagues, is not enough to qualify as a team. When a group thinks of itself as a team but does not complete any of the requirements, it can become what is known as a 'pseudo-team'. Research suggests that pseudo-teams are associated with worse outcomes than no team.[10]



How does teamwork impact on patient care?

The quality of teamwork is fundamental to professional satisfaction and engagement,[11] organisational performance,[12] productivity[13] and patient satisfaction and outcomes.[14] Working in well-structured teams is a prognosticator for patient mortality, staff absenteeism and turnover and annual health check performance.[15]

Lessons from the ward

Patients assume that all those involved in their care (particularly in the inpatient setting) will be working in a joined up, team-like way. When it becomes apparent that this is not the case, confusion and mistrust are added to existing emotions such as fear. This can interfere with the psychological contract between patient and clinician. I believe that many complaints or expressions of dissatisfaction have their origin in this.

- Patient representative

Impact on organisation

An analysis of the literature on people management and organisational performance highlights teamwork as a key predictor of organisational success[12] with subsequent research confirming that finding.[13, 16] Organisations are formed by a matrix of individuals working within teams; therefore, team success is fundamental to organisational success. This concept is well recognised in industries outside medicine – many healthcare providers are moving to structure care around front-line teams, ensuring they have the right information at the right time to provide the highest quality care.[17]

Impact on direct patient care

A consistent link between patient outcomes and teamwork has been demonstrated in recent years. Ten studies published between 2002 and 2012 demonstrated that team training interventions resulted in a significant improvement in patient outcomes, which included morbidity and mortality.[18] Meta-analyses published in 2008 and 2015 proposed that effective team processes have a medium-to-large impact on clinical performance.[14,19]

When staff are well supported by their team, they experience a reduction in the negative impacts from the day-to-day challenges of providing patient care.[17] In turn, strong co-worker support and a good team climate are linked to favourable patient-reported experiences.[17] In contrast, a failure of shared vision, a culture of disrespect and a lack of empowerment across the team were found to preclude patient safety. More importantly, the absence of high-quality teamwork may actively cause harm.[20] Analysis of malpractice claims suggest poor teamwork and communication as a root cause in 52–70% of adverse events.[21, 22]

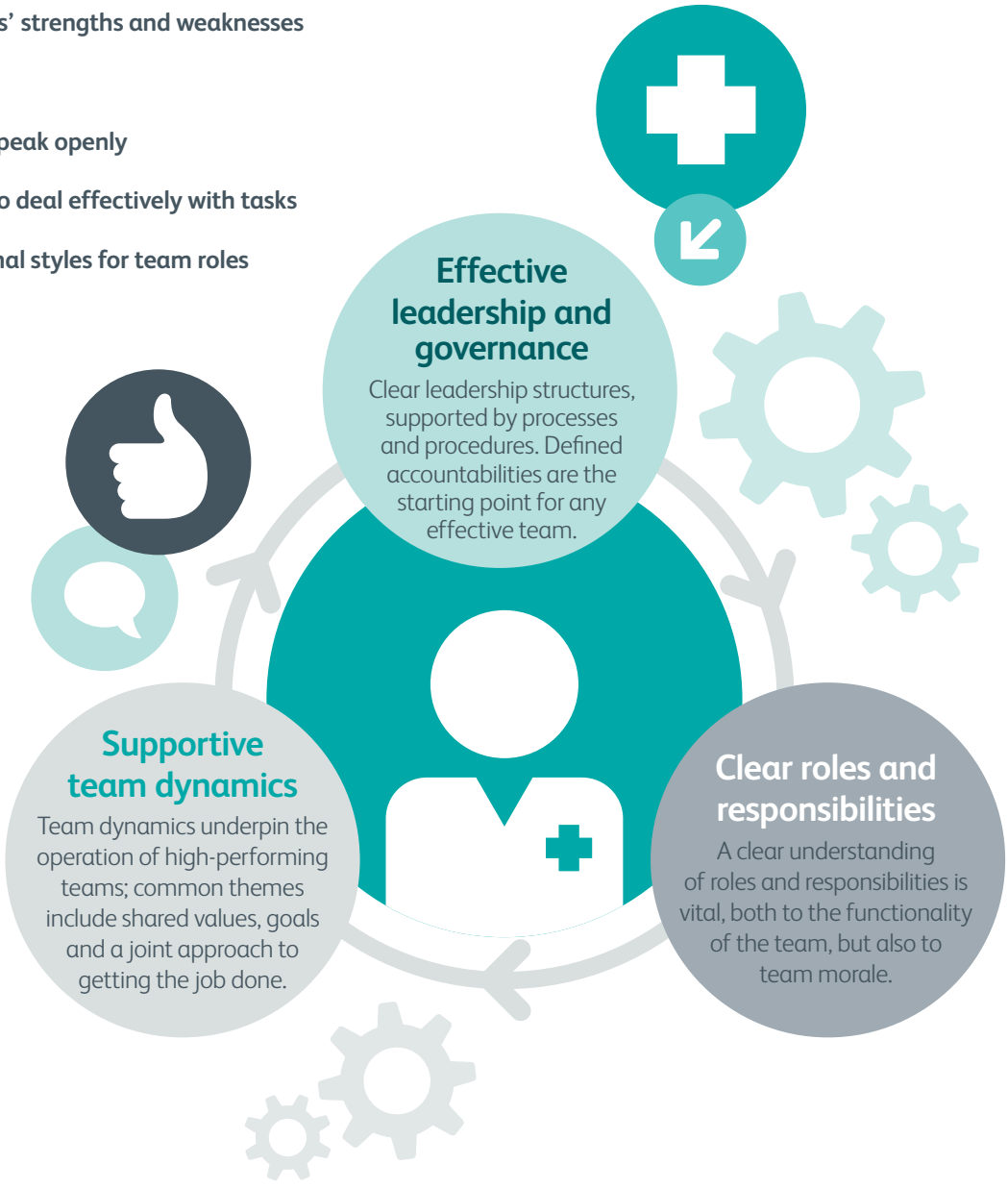
What makes a good team?

A good team is dependent upon how well its members work together to achieve shared goals. When assessing how well a team functions, it is worth considering the following characteristics, developed by the Chartered Institute of Personnel and Development (CIPD).

- **Common sense of purpose**
- **Clear understanding of objectives**
- **Resources to achieve objectives**
- **Mutual respect among team members**
- **Values members' strengths and weaknesses**
- **Mutual trust**
- **Willingness to speak openly**
- **Range of skills to deal effectively with tasks**
- **Range of personal styles for team roles**

How do good teams operate?

In order to function well, teams need to embody these characteristics on a day-to-day basis and in the longer term. This is particularly important in a medical setting, where regular staff rotations demand new team building, from scratch, on a daily basis. At their heart, high-performing teams have three key elements: effective leadership and governance, supportive team dynamics, and clear roles and responsibilities.



Effective leadership and governance

Leadership is vital to creating a strong team. Good leaders build relationships and ensure that the organisation they work for is getting the best out of the team.

The success of a leader can be measured by their ability to support all members in reaching a shared vision. The best leaders foster a culture of collaboration based on shared goals. The qualities that define a good leader are outlined below.[13]

Technical competence (knowledge)		
Organisation strategy	Organisation process	Healthcare services
Organisation structure	Organisation environment	Treatment and technologies
Conceptual skills		
Analysis	Planning	Decision making
Interpersonal skills		
Awareness of colleagues needs	Monitoring own behaviours	Managing emotions

In healthcare it can be challenging to identify the leader of a team: it is often ambiguous in both emergency and routine clinical practice.[13,23] This ambiguity becomes more marked as the range of professionals within the group increases.[9] In all healthcare settings, including acute and non-acute services, leaders must be identified and accountable for the activities of their team.

The Faculty of Medical Leadership and Management recently published *Leadership and management standards for medical professionals*.[24] The King's Fund[25] and NHS Leadership Academy[26] have also published resources to support clinical leaders. A leader's role in developing a team is explored further in *Resource 4: Team development*.

Clear roles and responsibilities

Ensuring that team members understand their roles and responsibilities leads to an increase in job satisfaction. A lack of clarity has been linked to loss of motivation, frustration and thinking of leaving an organisation.[27] In a medical setting, there are differing levels of experience and multiple expert specialists. Boundaries and ownership of decision making are often a key concern. An effective leader should help to designate roles and responsibilities to each member of the team. Each member should be aware of their personal role as well as the roles of others. These roles may evolve over time and personal and team development meetings should be held to address these changes. When a new role is added to a team, it is essential that everyone is introduced to the new members' responsibilities and how they fit within the team dynamics.

Lessons from the ward

At the beginning, there was quite a lot of change which was confusing for staff. There is now a slot in the induction for junior doctors to meet the PAs so they can understand the staff mix. I make sure someone goes to speak about the role to juniors and provides them with a contact who they can speak to if they would like to find out more information.

In the postgraduate centre, we have prepared a board to showcase information about the role. It also includes photographs and contact information to make it as easy as possible for people to learn more… The team are very supportive and other healthcare professionals have been genuinely interested in finding out more about the role.

- Physician associate

(Taken from the RCP's *Pioneering the role of physician associate: the value of education and peer support*)

Supportive team dynamics

A team can have effective leadership and governance, as well as clear roles and responsibilities, but if the team can't function coherently or with purpose then it can't be effective. This is team dynamics. Team dynamics are difficult to define and can be variable; examples include having a common goal and norms and expected behaviours.

A common goal

Setting common and shared objectives and goals is vital to creating effective teams. Where teams are clear about their objectives and possess a common sense of purpose, the quality of team working improves and teams are more effective and productive.[28] This is still done poorly within healthcare, as reflected by the 2015/16 NHS staff survey where 28% of staff did not agree that their team had a 'shared set of objectives'.[29] Setting and reviewing objectives is all the more important given the rapidly changing and pressurised environment in which healthcare teams work. Operational and care needs are constantly evolving and therefore time and space must be provided for the team

to set and review objectives and goals, and target their activities appropriately. Collective setting of objectives also reduces the potential for independent working, creating more joined up and integrated care for patients.

Medical teams should have ambitious goals that strive for improvements in quality, safety and patient experience.[30] Established objectives should be a central part of the agenda for regular team meetings, where they can be reviewed and refined.

SMART principles for goal setting

Specific: What exactly does the team want to achieve?

Measurable: How will the team know that objectives are being achieved? The team should establish indicators of progress.

Achievable: Can the objectives be realistically achieved on time and within available resources?

Relevant: Are the objectives relevant to the organisation and each team member? Why has this specific objective been chosen? Is this objective a priority?

Time-framed: Is there an agreed timeline for achieving the objectives?

Norms and expected behaviours

'Information rules that can help to promote the efficient and effective operation of the team and to which all team members are expected to conform.' [31]

A team leader must set beneficial 'norms' that support good patient care and the wellbeing of healthcare staff. Creating such behavioural norms helps to bind the team together and reduce friction. There is evidence that where teams develop their own values, norms and rules, they can be more powerful and adhered to than those set by 'management'.[32] Teams will form their **own** norms and behaviours as matter of course. It is vital to be conscious of them and ensure that they are driving improvement in patient care. Such norms and positive characteristics could include:

- generating ideas and responding to others positively
- showing respect for, and trust in, colleagues
- supporting team development by passing on skills
- participating willingly and actively in team meetings.

These norms can be impacted heavily when staff suffer low morale, especially the level of active participation in team activities. NHS Improvement has published a range of practical case studies[33] where hospital trusts have managed to improve staff morale, including a method of improving junior doctor engagement.[34] Visit https://improvement.nhs.uk/resources/engaging-supporting-and-valuing-doctors-in-training/ to find out more.

The good and the bad: building effective teams

The following examples will help to put into context some of the issues raised in this resource around building teams. They are theoretical, but many healthcare professionals will identify with them using their own experiences, both good and bad.

The good…

A cardiac arrest team meet at the start of an on-call period. A 'leader' is identified with the necessary skills and most experience. Other roles and expectations are verbalised. A goal is set to allow a sufficiently qualified core trainee to 'lead' one of the arrests, to which all members agree. Team members feel empowered to speak out in situations where they feel uncomfortable.

The bad…

An on-call medical team does not meet at the start of the shift. Due to illness, one of the F2 (foundation year 2) slots has been filled by an F1 doctor, leaving an insufficient skillmix – this is not identified by the registrar on call. Both of the junior doctors start clerking new patients and neglect ward tasks. There is a focus on service provision and not on learning for the trainees. Opportunities for junior doctors to undertake clinical skills are missed. Individual goals could not be communicated as there was no team brief at the start of the shift.

Key recommendations

- All healthcare professionals need to be aware of the benefits of effective team working (ie increased performance, productivity, patient satisfaction, clinical outcomes and staff morale).
- There should be an increased focus in clinical environments on goal setting. Goals should be agreed at all team meetings, including shift handovers. Teams should be proactive at formulating objectives around personal performance, team development and education activities.
- Roles and responsibilities should be explicitly stated at the start of all team activities. There should not be a reliance on hierarchy and status quo to identify these responsibilities.
- Medical professionals should be trained in the supportive context of a multiprofessional team.
- The following checklist, adapted from Borrill and West[35], is recommended to begin thinking about the teams you work in:

1. Are team members clear about what we are trying to achieve?
2. Can we rely on one another? Do we work supportively to get the job done?
3. Do we have lively debates about how best to work?
4. Do we meet sufficiently often to ensure effective communication and co-operation?
5. Are people in the team quick to offer help and find new ways of doing things?
6. Do we all have influence on final decisions?
7. Are we careful to keep each other informed about work issues?
8. Is there a feeling of trust and safety in this team?
9. Are we enthusiastic about innovation?
10. Are team members committed to achieving the set objectives?
11. Can we safely discuss errors and mistakes?
12. Is there is a climate of constructive criticism in this team?

Conclusion

Teams in the acute setting have the potential to improve patient outcomes and experience, to support the wellbeing of the healthcare workforce and to increase morale among doctors. While the exact team structure will vary from trust to trust, hospital to hospital and even ward to ward, medical teams can be united through their shared principles, common goals and clear lines of accountability. In increasingly complex healthcare systems, investment in team working should be prioritised by healthcare professionals and the organisations in which they work.

Further information on team working can be found in the accompanying RCP resources on team culture, team communication and team development.

The RCP and HEE will be working together to embed the principles of teamwork outlined in this document within the training environment, so all doctors in training programmes are supported by a team or 'modern firm'.

NHS Improvement helps trusts to give patients safe, high quality, compassionate care. Effective teams are key to delivering this and we are pleased to support this module by providing case studies on improving morale and staff engagement.

Resource produced by Dr Jude Tweedie, Dr Lewis Peake, Dr Nina Dutta, Peter Wasson and Dr Andrew Goddard.

For a list of the references used in this resource, visit: **www.rcplondon.ac.uk/improvingteams**

Royal College of Physicians