



# Improving teams in healthcare

## Resource 2: Team culture



Developed with support from

# Background

In December 2016, the Royal College of Physicians (RCP) published *Being a junior doctor: Experiences from the front line of the NHS*.<sup>1</sup> 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.<sup>2</sup> The benefits of high-quality teamwork in healthcare are well recognised. Effective team working has been shown to reduce medical errors,<sup>3</sup> increase patient safety<sup>4</sup> and improve patient mortality rates.<sup>5</sup> It also leads to better staff outcomes including reduced stress<sup>6</sup> and improved job satisfaction.<sup>7</sup> The RCP has produced a compendium of reports aiming to promote high-functioning team working in the medical setting.

This resource focuses on team culture and is one of the *Improving teams in healthcare* series. The document will:

- > outline the features that impact on team culture
- > describe the interaction between each of these features
- > offer practical steps for improving team culture in an environment with limited resources.



# What is team culture?

*‘The set of underlying rules and beliefs, usually unrecognized, that determine how everyone in your practice interacts with each other and with patients. Culture is the way an organization “does business”.’<sup>8</sup>*

How individuals in a team interact or communicate with one another is a key determinant of team culture, as is the reaction to bullying and the opportunity for individuals to be able to seek help when needed. Continuity is important for team development, but the principles outlined below are just as relevant to short-lived teams.

Saying thank you, celebrating success and creating an open environment all contribute to creating a supportive setting, and are described in further detail below. Discussing mistakes, near misses and perceived failures in a constructive manner is also vital. An article in the *New York Times* highlights the profound personal cost of near misses and mistakes to the healthcare professional.<sup>9</sup> The article describes how ‘the instinct for most professionals is to keep these shameful mistakes to ourselves’. The belief that such events will be held against team members can be a barrier to discussing them openly.<sup>10</sup>

The following four principles are essential to creating a positive, effective team culture:

- ✓ **Encouraging members to seek help when needed**
- ✓ **Celebrating success and acknowledging contributions**
- ✓ **Promoting an open and honest culture**
- ✓ **Challenging unprofessional behaviour**

## Resources for supporting doctors in need

NHS Practitioner Health Programme:  
<http://php.nhs.uk/>

Royal Medical Benevolent Fund:  
<http://www.rmbf.org/>

BMA Doctor support service:  
<https://www.bma.org.uk/advice/work-life-support/your-wellbeing/doctor-support-service>

## Encouraging members to seek help when needed

*‘The connections formed... are vital if we are to survive a lifetime exposed to death, despair and disability. They protect us, support us and sustain us.’*

- Dr Claire Gerada, RCGP William Pickles lecture

Doctors have worryingly high rates of suicide, depression, self-medication and alcoholism.<sup>11</sup> There is often incredible dedication from all members of the healthcare team; half of the national workforce attended work between July and September 2016 despite feeling unwell.<sup>12</sup>

A high-functioning team will encourage every member to ask for help. The most efficient teams can adapt, merge roles and cross professional boundaries when unexpected events occur. It must be stressed however, that persistent rota gaps inhibit teams from acting in this fluid manner. Adaptive, responsive teams cannot compensate for chronic and dangerous understaffing. The RCP and related organisations lobby actively for adequate resourcing, safe staffing levels and a focus on retention of dedicated staff within the NHS.

Within the team, creating an open environment where issues can be discussed and addressed at an early stage will reduce the impact on the individual, team and organisation. It is part of the professional duty of all healthcare practitioners to consult with other colleagues if there is a risk that a practitioner’s judgement or performance could be affected by ill health, and to follow any guidance received.

Where team members reveal health issues to the group, it is vital that they are treated with compassion, confidentiality and neutrality. It is useful to be aware of some of the resources available for support and advice.

## Celebrating success and acknowledging contributions

Achievements in medicine occur every day from completing a procedures list though to running a successful take, finishing an audit, launching a new admissions pathway or receiving a complimentary letter or thank you card from a patient or colleague.

Achieving targets is an excellent opportunity to celebrate success. It is useful when goal setting to include some 'quick wins'; objectives which are meaningful and can be achieved in the first quarter of any process. Celebrating these early wins is essential and will help to enable a team to go on to sustain more difficult and challenging times. Patients' compliments can also be used to celebrate team working.

The simplest way to show appreciation for another member of the team is to say thank you. Working within the unremitting pressures of the current healthcare system, it is easy to become blind to the contributions of others. A simple acknowledgement makes people feel positive and is a great way of highlighting the strengths of team members.<sup>13</sup> It is also free, uncomplicated and requires no mandatory training. Healthcare professionals often comment on the lack of appreciation that they receive from senior management – the drive to change this should start where most influence can be had, ie in local teams.

Interestingly, team performance is most improved when the team as a whole is rewarded for good work rather than singling out individuals.<sup>14</sup> This reinforces that professionals are working together as a team, with collaboration and communication central to achieving and exceeding their role, rather than just a group of individuals working alongside each other. When recognising a team's good performance, it may be useful to seek external rewards. Examples of awards in healthcare that are specific to teams include: the Royal College of Physicians Excellence in Patient Care Awards, the Health Service Journal Awards and the BMJ Awards.

### *Lessons from the ward*

*'For me, team working is getting the team away at the end of a night shift, buying biscuits/cake when on the weekend, offering to do assessments and saying thank you at the end of a shift'.*

- Consultant physician

## Promoting an open and honest culture

For teams to thrive and maintain high-quality care, an honest and open culture must be present, with communication pathways that support and enrich. The form of communication (face-to-face, digital) and the frequency of meetings will impact upon a team and its outcome, but of greater importance is the nature of this communication and the respect and courtesy shown to all team members.

*'A culture which did not provide a supportive working environment for staff, an atmosphere of fear of adverse repercussions, and a lack of openness.'*<sup>15</sup>

### - Francis inquiry report

Supportive cultures flourish when teammates spend time together away from front-line clinical care. This may be as simple as having a coffee break together or extend to regular social events. It may appear to be low priority in an overstretched health service, but camaraderie, fun and friendship between colleagues are characteristics of a good team.<sup>13</sup>

Supportive teams enable mistakes or near misses to become learning events for all team members. Creating a culture of learning in healthcare teams is one important method of reducing harm and improving patient safety.<sup>16</sup> Culture change comes from a commitment to utilising all events as a platform for learning, to wholeheartedly encourage all members to participate and treat these events compassionately without blame or shame.

A core part of fostering respect in the team is by encouraging members to have frank and challenging conversations. Disagreements, diversity of opinion and critical appraisal of goals are fundamental to success. Rudeness, lack of tolerance of different viewpoints and a 'keep your head down' culture are prime markers of a dysfunctional and low achieving team.

*Encouraging feedback and flattening the hierarchy* have both been shown to be effective in creating open, honest teams.

## Encouraging feedback

Routinely seeking feedback from all members of the team, and encouraging others to do the same, is one of the most effective mechanisms for creating an open team culture and improves collaboration and teamwork.

In healthcare, feedback is often relegated to a once-yearly event, occurring awkwardly during an annual appraisal. Repeated, relatively high-frequency feedback is considerably more beneficial than one-off, especially if it occurs soon after a complex learning event.<sup>17, 19, 20, 21</sup>

But what is the best way to deliver feedback? It seems most effective when:<sup>19</sup>

- ✓ it is delivered by a supervisor or respected colleague
- ✓ it is done frequently
- ✓ it includes specific goals and action plans
- ✓ it aims to decrease negative behaviours
- ✓ there is significant scope for improvement.

Feedback should be accurate and focus on behaviours, not personalities. Specific examples of the behaviour, and the impact on the team, are useful; this is true for both positive and negative feedback. Encouraging feedback allows issues to be identified and addressed early, preventing teams from falling into destructive practices such as bullying and undermining.



### *Lessons from the ward*

*We listened to the juniors and restructured our team. Feedback led to:*

- > clearer week plans on a Monday: Which consultant was on? Which registrar to contact?
- > a post-board round coffee
- > open feedback after a lunchtime teaching session to raise issues and ensure support
- > a bronchoscopy rota for juniors to attend

*Our juniors felt the benefits of better team work and lower stress levels, with clearer plans for the week ahead.*

- Consultant physician

## Flattening the hierarchy

Healthcare remains one of the last professions with strongly entrenched hierarchies. This is 'counterproductive to establishing and running teams where all members' views are accepted'.<sup>22</sup> The best teams capitalise on a diversity of viewpoints and reach consensus through negotiation and priority setting.<sup>21</sup>

'Flattening the hierarchy' moves teams away from a rigid flow of information progressing up the scale of seniority, towards a fluid exchange. It enables a first year doctor to go directly to a consultant or ward sister with information, when this is of most benefit to the patient. It does not advocate for a loss of respect for senior clinician experience or authority, but acknowledges that the contributions and opinions of all team members are crucial. Hierarchies in medicine can be both *within* and *between* professions, eg the higher status afforded to doctors over nurses and healthcare assistants.<sup>23</sup>

Groups with steep hierarchies tend to have members who are less satisfied, less motivated and more inclined to leave the group.<sup>24</sup> Hesitancy to speak up leads to the insufficient transfer of information from junior to senior members of staff, which in turn can result in serious errors and adverse events.<sup>25</sup> Flattening the hierarchy allows all team members to feel heard and have the confidence to speak up.<sup>26</sup>

Suggestions for lowering hierarchy include:<sup>27</sup>

- ✓ **creating inclusive atmospheres with daily briefings**
- ✓ **consultants specifically asking juniors to ask questions and verbalise uncertainties**
- ✓ **routine feedback between consultants and juniors.**

### Lessons from the ward

*'WhatsApp has proved for us an invaluable tool. Its use has played a vital role in our day-to-day organisation, rota planning and, just occasionally, the distribution of some very silly jokes. We have seen the growth of a community of friendship that has **transcended all grades** of doctors. It has even resulted in the budding of a new WhatsApp group allowing friends to stay in touch, when placements take them elsewhere*

- Core medical trainee

### Lessons from the ward

*'What is the reverse ward round? Well, simply put, the registrar (it can be any grade of doctor, but I suggest it may be quite daunting for a less experienced trainee!) takes the role of the consultant. S/he runs the ward rounds, listens to the presenting clerkings, discusses with and examines the patient, and proceeds to make a plan. The consultant can take a different role – scribe, jobs or just observing. It is important (and difficult) not to take over!*

*It allows the registrar to start to learn more about the patient as a whole – decision making around capacity, resuscitation, bad news and chronic disease management. It is important that the observing consultant does not interfere (obviously patient safety trumps this) as otherwise, any intervention from the consultant can leave the patient feeling less satisfied with the consultation. There must be a debrief, where different approaches can be discussed away from the clinical area. It also allows the registrar a safe place to start to develop their own 'consultant' style.*

*It's harder to have trust in a team you don't know well. Reverse ward rounds help a team bond on a more horizontal level. Losing the hierarchical structures of old is, in my opinion no bad thing for teamwork. We need to make the most of what we have left.*

- Consultant physician

## Challenging unprofessional behaviour

Rudeness, unprofessional behaviours and bullying describe a spectrum of behaviours that demonstrably lead to poor teamwork, worse patient outcomes, increased risk of litigation and greater cost to healthcare organisations.<sup>29,30,31,32</sup> They are more likely to occur when professional groups deviate from a prescribed set of standards (such as *Good medical practice*).<sup>33</sup>

*Bullying is described as a 'persistent offensive, abusive, intimidating or insulting' attitude; it leaves the recipient feeling 'upset, threatened, humiliated or vulnerable'.*<sup>28</sup>

Bullying is rife in the NHS, being reported by nearly a quarter of all staff.<sup>34</sup> The Francis inquiry identified a link between the bullying culture and an avoidance of raising concerns.<sup>15</sup>

Rudeness may appear less serious than bullying, but can impact greatly on patient-reported experiences; witnessing one single unpleasant interaction (between team members) leads service users to generalise about other employees, the organisation and even the brand.<sup>35</sup> Team dynamics are also affected, with deterioration in creativity and team spirit.

### Ways to prevent bullying

1. Encourage open and frank discussions about issues and challenges within the team.
2. Treat everyone in the team consistently and equally.
3. Give feedback to individuals about behaviour that may be interpreted as unprofessional. This should be done as soon as the behaviour is noted.
4. Request mediation from a professional external to the team. They must be respected by both parties and able to be completely impartial.

Unprofessional behaviour, bullying and harassment undermine everything that is required to create a high-functioning team. These behaviours immediately create a defensive and closed environment. As a result, individuals feel unsupported and become isolated, mistakes and near misses are kept hidden (so that teams can no longer learn from them and improve), and most crucially, trust is usually irrevocably lost.

# The good and the bad: team culture

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

### ✓ The good...

After a busy ward round, the team of doctors meet for a quick coffee. The consultant highlights the most important three jobs and the juniors assign them. He discusses some of his management plans and allows for group discussion on alternative treatment options. The consultant uses the opportunity to arrange short feedback meetings with his juniors, where he encourages frank discussions around any issues that may be ongoing. He thanks everyone for their input.

### ✗ The bad...

A foundation year 2 (F2) doctor feels intimidated by a senior nurse on the ward. She speaks to her registrar, who gossips about the incident with his colleagues. The F2 struggles to deal with the perceived intimidation and becomes verbally aggressive towards the nurse. The F2 is subsequently reprimanded, with no attempt to build bridges.

# Key recommendations

- ✓ Physicians should be informed about supportive resources that can be accessed in times of need. These should be regularly communicated as a reminder of how 'normal' the need for these resources is.
- ✓ Honest, meaningful feedback – both negative and positive – should be communicated among healthcare teams more regularly. Team members could rotate around a weekly meeting with their team leader to discuss feedback, development and other issues.
- ✓ There must be a continued drive towards flattening the hierarchy that still exists within medical teams. Reverse ward rounds, as outlined on page 6, are just one way of doing this.
- ✓ All team members should receive guidance on what to do if they are exposed to bullying. The following checklist could be placed in a ward environment where it is accessible to all.

## Victims of bullying should:

1. speak to someone that they trust within the team
2. document all events, including times and dates
3. continue to behave professionally and respectfully (a valid bullying claim can, unfortunately, be undermined if reciprocated with unprofessional behaviours)
4. seek support from friends or colleagues outside the team
5. inform an educational supervisor (provided they are not involved)
6. attempt to resolve the matter, either by speaking directly with the bully, or through a mediator. Focus on behaviours, not personality
7. consider proceeding to a formal complaint if the above steps prove unsuccessful

## Conclusion

Following the four principles outlined in this resource will enable any team to have an open culture that is supportive and encouraging of all the team members. This is not always easy in healthcare and 'difficult' conversations carry this label for a reason. However, a commitment to a positive team culture has unlimited benefits for patients, individuals and organisations.

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

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

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 a 'modern firm'.

For a list of references used in this resource, visit: [www.rcplondon.ac.uk/improvingteams](http://www.rcplondon.ac.uk/improvingteams)

