The Role of Team Effectiveness in Quality of Health Care

Abstract

Quality is often used in wider context of organizational development and continuous staff capacity development. Nevertheless, it is not only related to organizational development and goes beyond in improving staff attitude in workplace to achieve goals in Quality of Health care. Quality accomplishment of goals efficiently and effectively is possible through one of the best practices i.e., effective team work and it is known to everyone. However, all teams formed are not effective, in some situations members put less efforts in team than in individuals. Team effectiveness involves thorough processes to achieve quality and effectiveness. It involves investment in it functioning like democracy, leadership, equality, and participation of the members. Team if not formed involving quality processes can have worst results and rather can be referred as only bunch of individuals. There are certain factors which make team effective; they are clearly defined goals, leadership, and equity in terms of power distribution. The democratic functions of the team such as participation and inclusion of all members is important and where the members feel they are valued in the team.

Keywords: Team work; Team effectiveness; Team; Quality; Healthcare

Introduction

Quality in health care

Quality is often used as a ‘buzz’ word in the health care field, a broad term used in wider context of organisational development and continuous staff capacity development. The term quality in health care is defined as a service which is given to the people on the basis of their need and at the lowest cost and in the health services as per this definition quality involves three dimensions client, professional and management quality [1]. Quality not only related to organizational development but it goes beyond in improving staff attitude towards the work and offers certain standards to measure those best practices set of methods or system which is measured against set standards to accomplish goals effectively and efficiently [1]. The literature review revealed many researches done on the topic of team work effectiveness but very few actually were focused on health team effectiveness.

Team and the effectiveness

The team can be defined as small group of people with complementary skills who have common purpose, set performance goals, and hold themselves mutually accountable [2]. The composition of team can be homogenous (similar) and heterogeneity (differences). As per theory the more homogeneous the group, the more cohesive it will be due to similarity. The more heterogeneous the group greater would be differences in one’s perspectives. This enhances potential for creativity group of individuals to work together is not team. The tuckman theory on linear stage says team goes through a life cycle from stage like ‘forming, storming, norming and performing’ [3].

Step 1: Forming: Team members try to determine their place in the group in this stage along with the procedures and rules of the team. The most important thing about this stage is to make team goals very clear and norms to be agreed by all members.

Step 2: Storming: The team at this stage have member’s resistance at higher level. This is stage where the beginning of query of the task objectives, challenge processes and leadership takes place. There may be some friction amongst the members but honesty and openness can be brought in this stage with able leadership and managing diverse opinions and conflicts and build trust among its member.

Step 3: Norming: At this stage the team discovers new ways to work together and setting norms, enhance cohesiveness and
positive cooperation in the members. In this stage conflicts get resolved when members are allowed to express their views and opinions in the group freely.

**Step 4: Performing:** The team develops efficiency in achieving goals and to see success of doing joint work. The team members becomes comfortable with each other with greater flexibility. The regular reviews and meetings at this stage make team more reflective and focused on achieving goals.

The above mentioned stages mentioned by Tuckman in his theory are not easy to achieve and the team may not follow the sequences as mentioned. Some of them can gradually go back and have back and forth [3] and also it does not always occur in this sequence and challenging to achieve but the point is team goes through life cycle and different stages and in fact team just not built in a day. All teams formed therefore are not effective and shouldn’t be designated as team. The concept of quality circles or kaizen which originated from Japan shows that team work practice can be either successful or less successful it depends on how this quality circles get implemented and on the context on which it is operating [4]. Team effectiveness involves thorough processes to achieve quality and effectiveness. It involves investment in it functioning like democracy, leadership, equality and participation of the members. Team if not formed involving quality processes can have worst results and rather can be referred as only bunch of individuals. The task effectiveness means the achievement of task by the team, well being is the mental status of team as about growth and development as well as stress of members and viability is the likelihood of team to work together and function effectively [3].

Vincent in 1995 also highlighted the critical importance of understanding team processes and developing clinical leadership in order to deliver clinical quality.

The quality processes in team or team effectiveness investment in building teams through establishing a culture where members have trust amongst each other, respect for each other, where participation is adequate and team has unified and clarified goals [5]. This development over the past few years highlighted the increasing importance of teams and their performance as a critical component of the delivery of health and social care. All teams formed are not effective, in some situations members put less efforts in team than in individuals and many experiments shown the cause of ‘Social loafing’ (West, 1994 page 3) ‘a phenomenon in psychology when individuals work less hard in team when their efforts are combined than working’.

**Evidences of team effectiveness in health care**

Patient care pathway is an integrated approach and diverse field where clinical audit, evidence-based practice, risk management, continuing professional development, the setting of clinical standards, clinical guidelines, workforce planning, and research and development is done [6]. Patient Care Pathways were introduced in the early 1990s in the UK and the USA, and are being increasingly used throughout the developed world. Patient Care Pathways are structured, multi-disciplinary team plans of care designed to support the implementation of clinical guidelines and protocols. Care Pathways aim to improve the continuity and co-ordination of care across different disciplines and sectors. The care pathway model need well coordination and communication support from interdisciplinary team members to provide quality services and reduce the chance of mortality [7]. The report reviewed by Mayor in 2002 a sample of deaths occurring within three days of an intervention between 1 April 2000 and 31 March 2001, tracking each patient’s journey through an illness and the delivery of hospital care. A total of 21991 reports of deaths within 30 days of operation were received. About one third of these deaths (7184) occurred within the first three days. More than 70% of the patients who died were emergency admissions, who often failed to be fully assessed for other medical problems before intervention. If the team processes is strong its can bring quality management and enables organisational learning, deliver quality health services and improves financial performance [3].

**Barrier in team work effectiveness**

Evidence illustrates that effective teamwork does not arise spontaneously, but rather requires specific skills and development [8]. There are several barriers which can lead to ineffectiveness of the team they are poor leadership, lack of decision making, inadequate participation, unclear or irrelevant goals, poor conflict resolutions etc. The other focus is on the dimensions of the quality in the health care quality is cross cutting issues its underpinned by quality improvement systems and processes that support a learning and improvement culture such as Team work. Teamwork is crucial for better quality patient but teamwork skills is almost non existential in nursing and medicine, where training is almost exclusively focused on individual technical skills [8]. The Bristol Royal Infirmary enquiry report emphasized that in that case ability of the team to review their own performance degraded and this was partly responsible for sustaining the problems that existed [9]. Much of the evidence based work to improve clinical decision making has centered on specific interventions and clinical policies. However, clinical governance is also expected to address how good practice can be recognized in one service and transferred to others and team can be viable entry point for implementing those good practices. Clinical governance has the opportunity to address the weakness in the organization as well as individual learning through supporting structures like Teams which are self managing and governing and based on the principals of learning. There was early recognition that traditional methods of team building would not address these broad organisational issues as well as the developmental needs of team members [10].

**Conclusion**

When individuals come together to form a team they don’t necessarily possess the skills, attitudes and behavior required to work well together. There are several studies which set the importance of team processes which are important in reaching goals. All teams formed are not effective and it needs thorough process involved to build effective teams. There are certain factors which make team effective; they are clearly defined goals, leadership and equity in terms of power distribution. The democratic functions of the team such as participation and inclusion of all members is important and where the members feel they are valued in the team. The work ethics and team culture are very important for a healthy team and especially in health sector
it is weak. The team work can bring quality in the services for the patients in providing services efficiently and effectively provide team are formed well and their capacity building is done and conflict are managed well. There has been lots of example where failure of team work and lack of communication has resulted in patient’s mortality. Bristol inquiry and Professor Michael west research also highlights on such incidences on failure of team and therefore it’s important to build effective team not just following directive.
References