# Team Working and Effectiveness in Health Care

## Findings from the Health Care Team Effectiveness Project

- Aston Centre for Health Service Organisation Research, Aston University
- Psychological Therapies Research Centre, University of Leeds
- Human Communications Research Centre, University of Glasgow

# The NHS Context

The challenges of organising health care in the modern United Kingdom context are considerable. There are continual improvements in medical technologies, greater levels of knowledge and awareness amongst patient populations and increasing demands for the variety of sources of health care available within the NHS.

The provision of free health care at the point of delivery to the population has become one of the most important issues in the national political agenda in the early part of the twenty-first century. At the same time the NHS has become a massively complex institution characterised by large organisations, repeated restructurings, and subject to a wide range of political and economic pressures.

The response of the government has been to promise a huge increase in spending on the NHS. A key challenge is how this better funded delivery of health care can be managed to achieve good, fair and cost effective services for the whole population.

A primary prescription that policy makers and practitioners have offered for meeting such a challenge facing the NHS is the development of multidisciplinary team working.

**This report details the findings of a major national study of team working in the NHS on the factors associated with effective team working, and the effects on quality of care and well-being of staff, see Boxes 1 and 2.**

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**Box 1: The Health Care Team Effectiveness Project**

The overall aim of the research was to determine whether and how multidisciplinary team working contributes to quality, efficiency and innovation in health care in the NHS.

The objectives of the research were to establish:

- which team member characteristics such as age, gender, occupational group, experience, qualifications, and team size, influence how well the teams work together;
- how team working processes, such as participation, reflexivity, communication, decision-making and leadership contribute to the effectiveness of teams, particularly the quality of health care and the development of innovative practice.

The research programme was carried out over a three-year period. Information on team working was gathered from some 400 health care teams using the methods described in Box 2. This involved consulting over 7000 NHS personnel and a large number of NHS clients. Five national workshops were held with key representatives from primary and community mental health care. A wide range of research methods were used, including questionnaire surveys, telephone interviews, in-depth interviews, observation, focus groups and video and audio tape recordings of team meetings.

The research was carried out in two stages: quantitative data collection from 100 primary health care teams (PHCTs), 113 community health care teams (CMHTs) and 193 secondary health care teams (SHCTs), and in-depth work with a sub-sample of teams.

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**Box 2:**

| | Sample size | Survey data | Additional questionnaires/ Telephone interviews | External ratings |
|---|---|---|---|---|
| **PHCT** | 100 teams 1156 respondents | Team composition Team functioning Team effectiveness Team innovation Member well-being | Team meetings Team management Decision making | Team effectiveness Team innovation |
| **CMHT** | 113 teams 1443 respondents | Team composition Team functioning Team effectiveness Team innovation Member well-being | Team composition Team meetings Team management Decision-making | Team effectiveness Team innovation |
| **SHCT** | Sample 1: 193 teams 1233 respondents | Team composition Team functioning Well-being Team viability | Type of team Team membership | Team member turnover |
| | Sample 2: 2263 respondents | Team membership Member well-being Work role | | |

# What is a team?

"A team is a group of individuals who work together to produce products or deliver services for which they are mutually accountable. Team members share goals and are mutually held accountable for meeting them, they are interdependent in their accomplishment, and they affect the results through their interactions with one another. Because the team is held collectively accountable, the work of integrating with one another is included among the responsibilities of each member"[1]
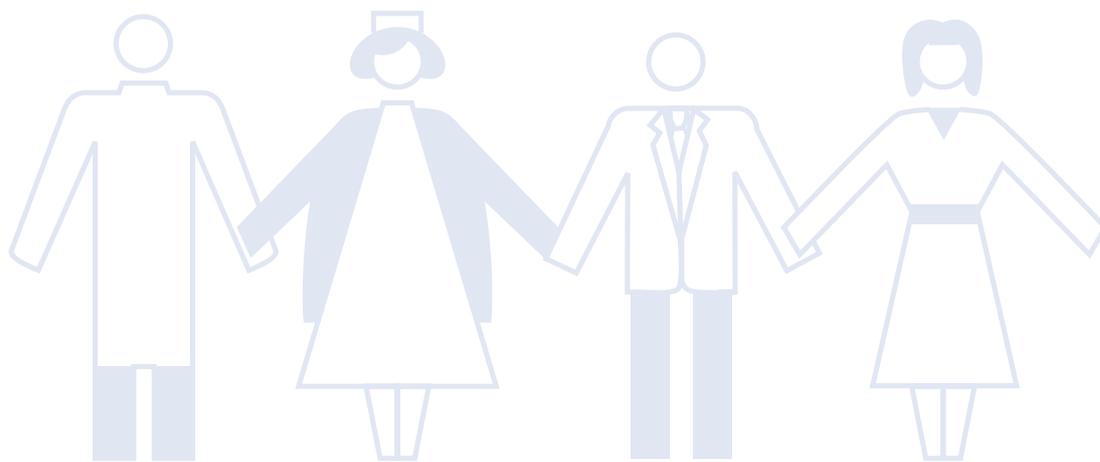
# The value of team working

In The NHS Plan[2] the need to break down barriers between staff was emphasised so as to tackle the inefficiencies in working practices identified:-

> 'Old-fashioned demarcations between staff mean some patients see a procession of health professionals... Information is not shared and investigations are repeated ... Unnecessary boundaries exist between the professions which hold back staff from achieving their true potential.' p27
>
> 'Throughout the NHS the old hierarchical ways of working are giving way to more flexible team working between different clinical professionals.' p82

The importance of team working in health care has been emphasised in numerous reports and policy documents on the National Health Service. One[3] particularly emphasised the importance of team working if health and social care for people are to be of the highest quality and efficiency:

> 'The best and most cost-effective outcomes for patients and clients are achieved when professionals work together, learn together, engage in clinical audit of outcomes together, and generate innovation to ensure progress in practice and service.'

Over the last thirty years this has proved very difficult because of the barriers between professional groupings such as doctors and nurses.

Other factors such as gender issues also influence team working. For example, GPs are predominantly men while the rest of the primary health care service population is predominantly women; community mental health psychiatrists are predominantly men, whereas the rest of the population of community mental health teams is predominantly women, and in hospital settings the ranks of consultants continue to be largely made up of men.

Multiple lines of management, inter-agency working, perceived status differentials between different professional groups, and lack of organisational systems and structures for supporting and managing teams impede the creation of effective multidisciplinary teams.

# The value of team working: findings from the research

Research on understanding teams at work has been dominated by a theoretical approach which considers the relationship between team inputs, process and outputs. (see Box 3)



**Box 3:**

**Model of team effectiveness**

**Team inputs** - eg. Size of team, the task, the diversity of members' professional backgrounds

**Team processes** - eg. Information sharing, shared influence over decision making, conflict management, clarifying objectives

**Team outputs** - eg. Number of patients seen, quality of care, innovation, team member satisfaction and stress

| INPUTS | TEAM PROCESSES | OUTPUTS |
|---|---|---|
| Domain | Leadership | Effectiveness - self and externally rated |
| Health Care Environment | Clarity of objectives | Clinical outcomes/quality of health care |
| Organisational context | Participation | Innovation - self and externally rated |
| Team task | Task orientation | Cost effectiveness |
| Team composition | Support for innovation | Team member mental health |
|  | Reflexivity | Team member turnover |
|  | Decision making |  |
|  | Communication/ Integration |  |

# Team working and team effectiveness

Teams that work well together are more effective and more innovative as shown in Figures 1 and 2. The clearer the team's objectives, the higher the level of participation in the team, the greater the emphasis on quality and the higher the support for innovation, the more effective is the team in delivering high quality health care.
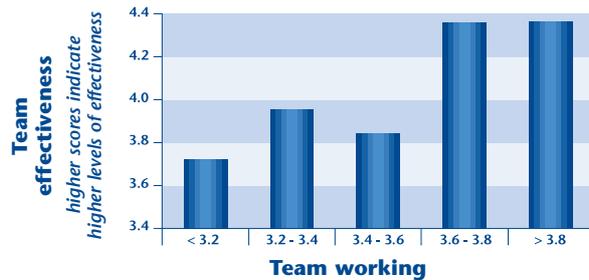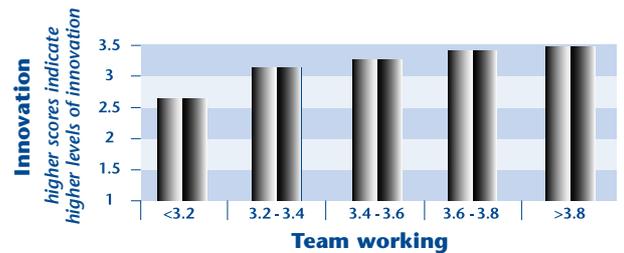
**Figure 1:**

Team effectiveness
*higher scores indicate higher levels of effectiveness*

Team working (x-axis): < 3.2, 3.2 - 3.4, 3.4 - 3.6, 3.6 - 3.8, > 3.8

**Figure 2:**

Innovation
*higher scores indicate higher levels of innovation*

Team working (x-axis): <3.2, 3.2 - 3.4, 3.4 - 3.6, 3.6 - 3.8, >3.8

# Team working and team member well-being

Results from research with hospital based health teams, show that those working in teams have much lower levels of stress than those working in looser groupings or working alone, as shown in Figure 3. Moreover, nurses working in well functioning teams were less likely to leave their organisations or professions over the one year period during which we monitored their retention and turnover rates, than those working in poorly functioning teams.

Members of teams that work well together, in hospitals, primary care and community mental health, experience lower levels of stress. That is, the clearer the team's objectives, the higher the level of participation in the team, the greater the emphasis on quality, and the higher the support for innovation within the team, the lower the levels of stress in the team, as shown in Figure 4.

**Figure 3:**

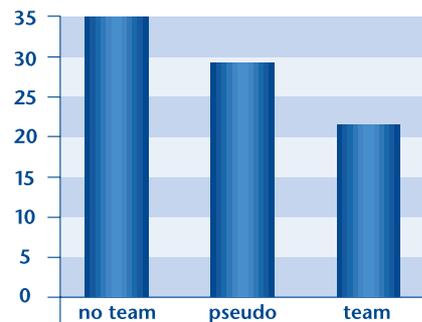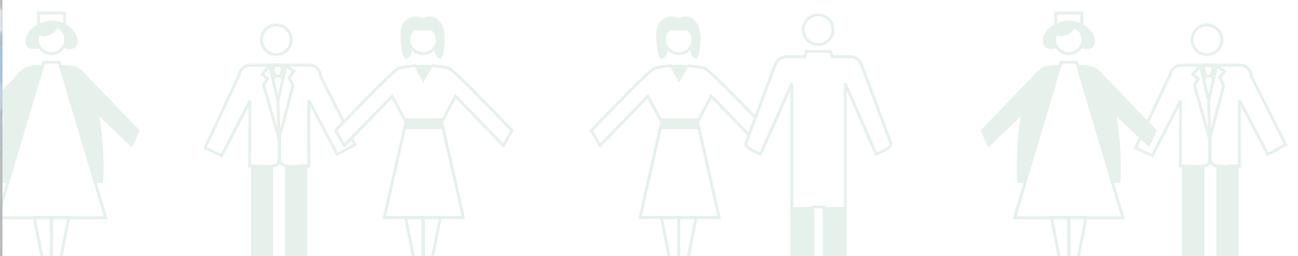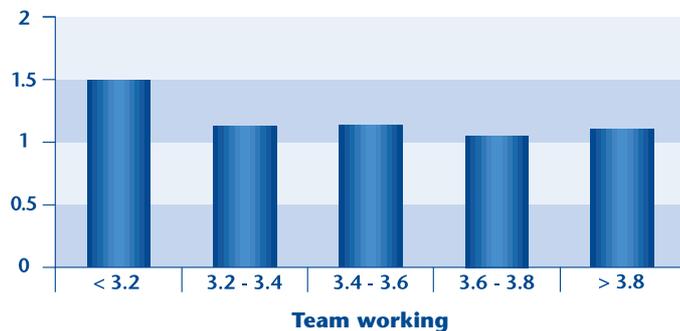Stress
*higher scores indicate higher levels of stress*

(x-axis): no team, pseudo, team

**Figure 4:**

Stress
*higher scores indicate higher levels of stress*

Team working (x-axis): < 3.2, 3.2 - 3.4, 3.4 - 3.6, 3.6 - 3.8, > 3.8

## The benefits of team working for team members

People who work in teams are much clearer about what their jobs entail because team working enables good communication and detailed negotiation of effective work roles.

Those working in teams also report a high level of social support; team members are able to support each other both practically and emotionally during times of difficulty or stress. As a consequence working in a team enables employees to be buffered from the stress that many feel within the NHS.

The research results also show that NHS employees working in a team perceive that there is generally more co-operation in the organisation than others who do not work in a team. This leads to more positive work attitudes, and to likely co-operation with others within the organisation.

The findings also suggest that team membership buffers individuals from the negative effects of organisational climate and conflict in NHS hospitals.

The greater the proportion of managers in the team, the lower the stress levels among team members.

**Figure 5:**

**Stress**

*higher scores indicate higher levels of stress*

**Proportion of Managers**
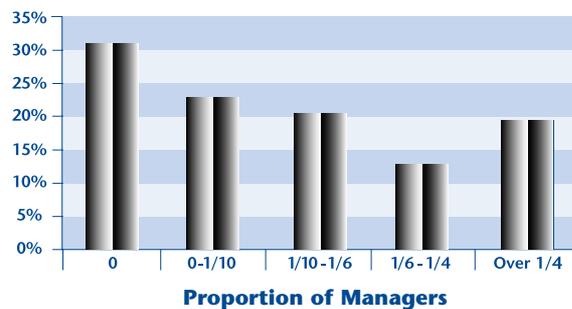
## The role of managers

Many primary health care teams are large, thus there is a need for co-ordination and integration amongst the various groupings and individuals within primary health care teams. Managers, particularly practice managers, can serve this function. Where the team is relatively large and there are few managers, the challenges of integration and co-ordination within the team are often not met. Consequently, work becomes more demanding and difficulties of communication mount.

# Multidisciplinary teams and effectiveness

When diverse professional groups, such as general practitioners, health visitors, district nurses, midwives, physiotherapists, pharmacists, counsellors, practice nurses within primary health care teams, and psychiatrists, social workers, occupational therapists, psychologists and community psychiatric nurses in community mental health teams, work well together, alternative and competing perspectives are carefully discussed leading to better quality decisions about patient care.

Primary health care teams that include many different professional groups, deliver higher quality patient care and implement more innovations in patient care.

**Figure 6:**

**Innovation**

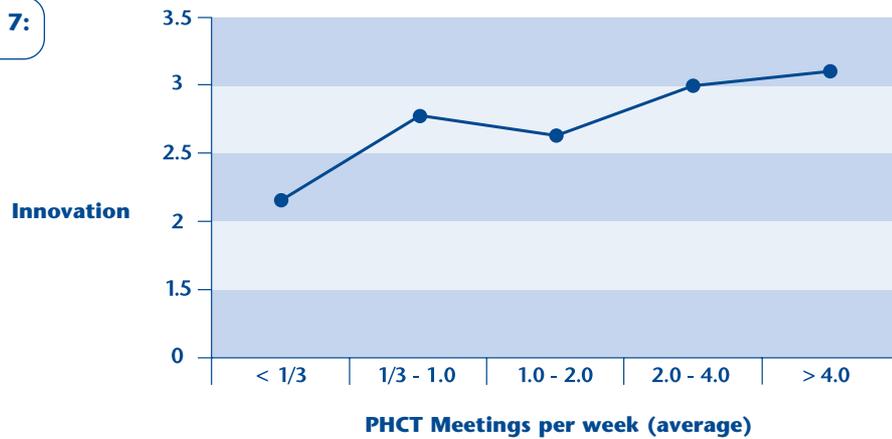**Number of professional groups in teams**
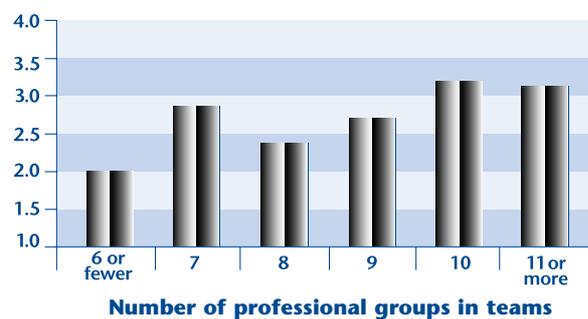
These same findings emerged from research carried out with 85 breast cancer care teams[4].
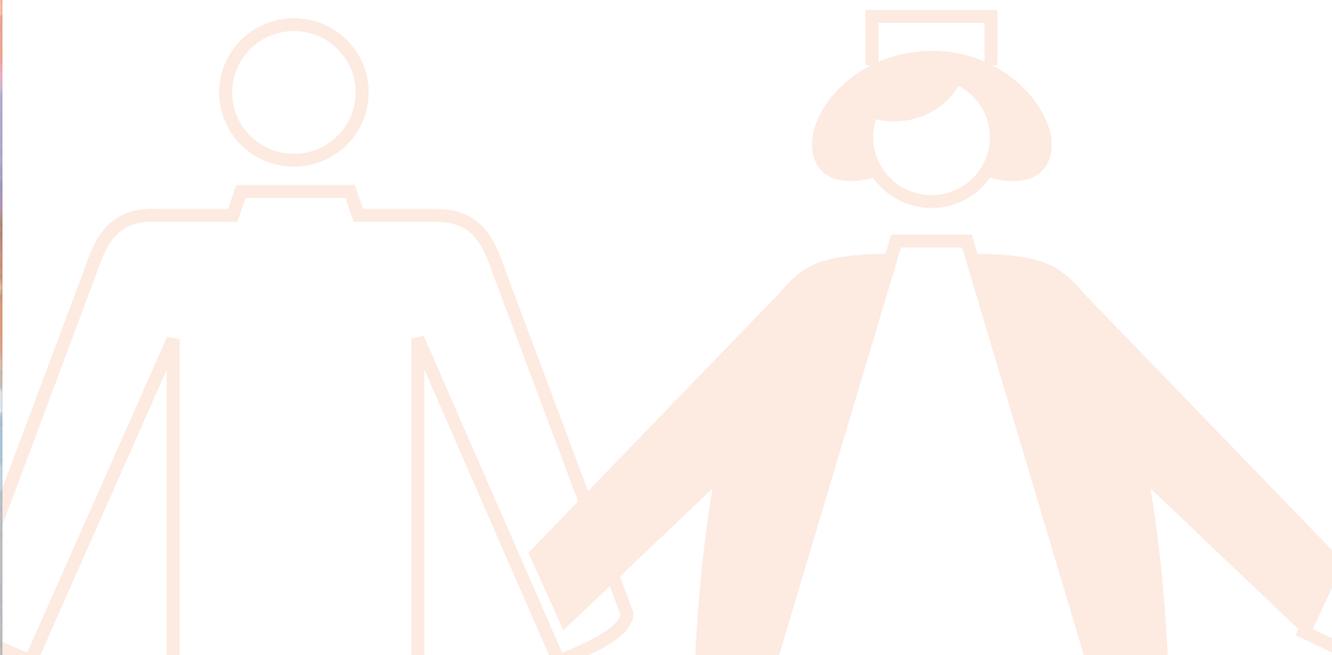
# Communication in teams and effectiveness

In community mental health teams, effective communication between team members is associated with better mental health. In primary health care teams, the research shows that in those teams that have regular meetings there are higher levels of innovation in patient care, and teams which have at least one meeting a week have introduced a greater number of (and more substantial) innovations in patient care than those which have fewer meetings.

**Figure 7:**

Innovation (y-axis: 0, 1.5, 2, 2.5, 3, 3.5)

PHCT Meetings per week (average) (x-axis: < 1/3, 1/3 - 1.0, 1.0 - 2.0, 2.0 - 4.0, > 4.0)

## The importance of communication

Clearly, if teams are going to work effectively by co-ordinating their efforts to achieve team objectives, they must have meetings in order that information can be shared, decisions can be collectively made, and shared understanding about the tasks can be developed. An important component of team working is building shared understanding of the work, and appropriate processes for delivering high quality patient care.

# Leadership in teams and effectiveness

Only a third of primary health care teams and 13 out of 113 community mental health teams, reported having a single clear leader. In nearly half of primary health care teams, members reported that a number of people led the team.

In primary health care teams, lack of clear leadership is associated with lower levels of patient care and innovation. As shown in the figures below, lack of clear leadership is also associated with poor team working. Teams without clear leadership report lower levels of participation, lack of clarity about objectives, low commitment to quality of care and low support for innovation in quality of care. Lack of clear leadership was also associated with high levels of stress amongst team members.
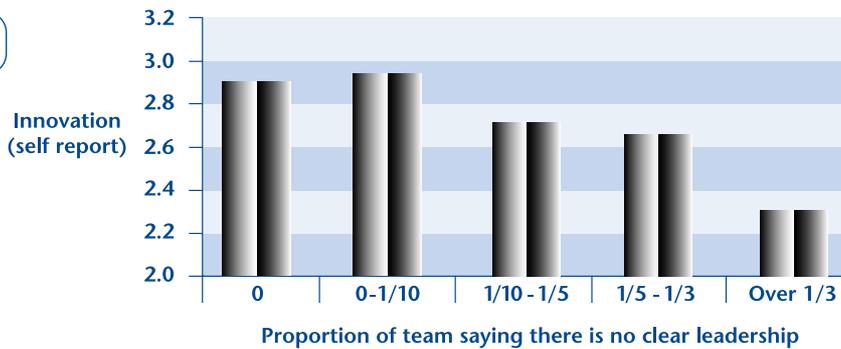
**Figure 8:**

Innovation (self report)

Proportion of team saying there is no clear leadership

**Figure 9:**

Team working

Proportion of team saying there is no clear leadership

**Figure 10:**

Stress

*higher scores indicate higher levels of stress*
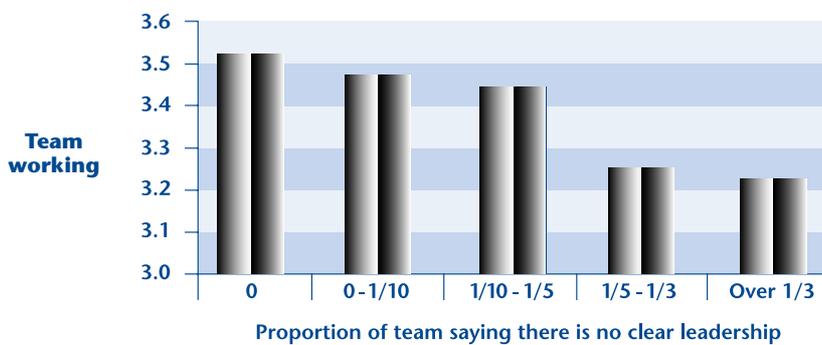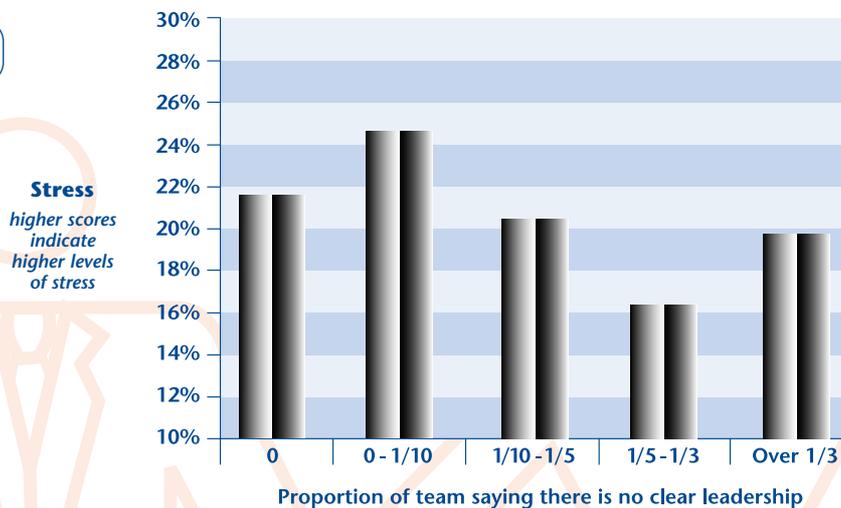
Proportion of team saying there is no clear leadership

## What is clear leadership in teams?

Clear leadership involves creating alignment amongst team members around shared objectives, and strategies to attain them; increasing enthusiasm and excitement about the work, and maintaining a sense of optimism and confidence; helping those within the team appreciate each others' contribution and helping them to learn how to confront and resolve differences constructively; helping people to co-ordinate activities, and continuously improve; helping them to develop their capabilities and encouraging flexibility; and offering objective analysis of processes and encouraging collective learning about better ways to work together.

Clear leadership also involves representing the interests of the team, protecting its reputation, helping to establish trust with external stake-holders, and helping to resolve conflicts between internal and external partners while creating a unique team identity. We see little evidence of such clear and effective leadership in health care teams. There is a need to promote team leadership training within the NHS for those who are involved in leading or participating in teams.

## Team working and organisational performance

There is a significant and negative relationship between the percentage of staff working in teams and patient mortality in these hospitals, taking account of both local health needs and hospital size. As shown in figure 11, where more employees work in a team the death rate is significantly lower [5].

**Figure 11:**



Mean Mortality index vs % staff working in teams
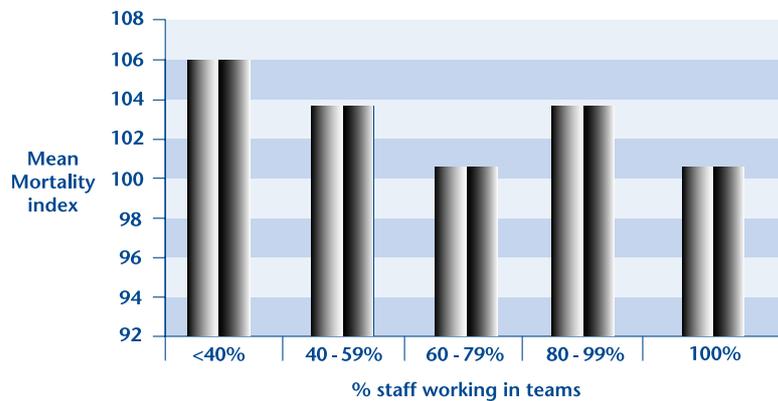
# Conclusions

- Health care teams that have clear objectives, high levels of participation, emphasis on quality and support for innovation, provide high quality patient care. Such teams also introduce innovations in patient care.

- Members of teams that work well together have relatively low levels of stress.

- In primary health care teams particularly, a diverse range of professional groups working together, is associated with higher levels of innovation in patient care.

- The quality of meetings, communication and integration processes in health care teams, contributes to the introduction of new and improved ways of delivering patient care.

- Clear leadership contributes to effective team processes, to high quality patient care, and to innovation.

The findings deliver an important message to those concerned with health care organisation and delivery; good teamwork makes a critical contribution to effectiveness and innovation in health care delivery, and also contributes to team member's well-being.
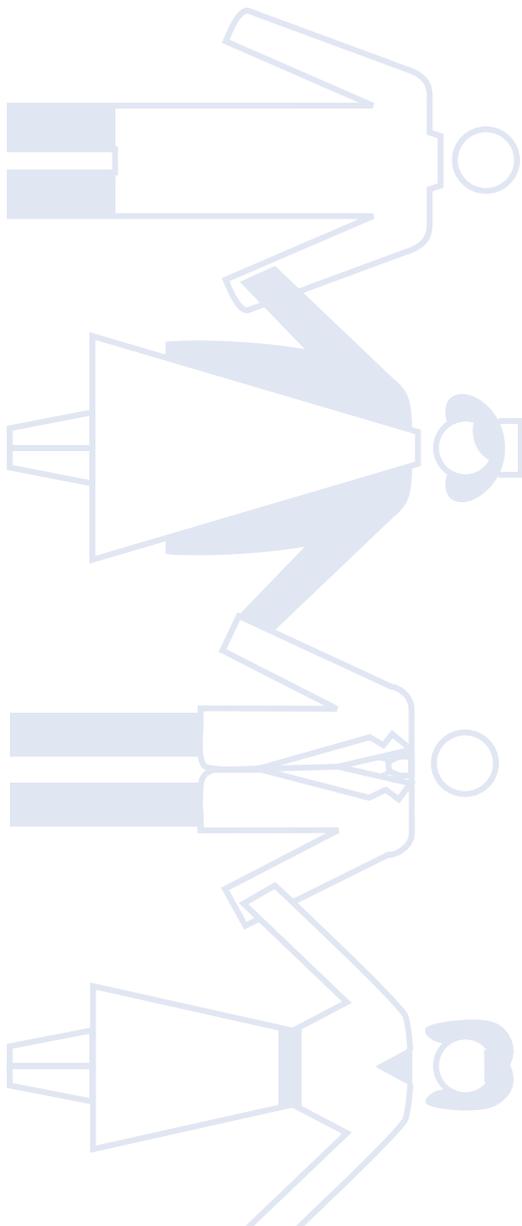
# The way forward

Radical change is required to fully realise the benefits of team working in health care.

The challenge for NHS managers and team members is to understand and implement team based working across their organisations by developing appropriate communication, education, training, Human Resource Management and integration systems which support team based working, thus ensuring the best use of available resources in delivering high quality patient care in our communities.

However, there are also very real barriers to team working and communication in health care. A Health Education Authority study[6] of primary health care teams, showed that the potential benefit of teamwork was not being realised, with less than one in four health care teams building effective communication and team working practices. In a similar vein, the Audit Commission report[7] in 1992 drew attention to a major gap between the rhetoric and reality:

'Separate lines of control, different payment systems leading to suspicion over motives, diverse objectives, professional barriers and perceived inequalities in status, all play a part in limiting the potential of multi-professional, multi-agency teamwork ... for those working under such circumstances efficient teamwork remains elusive'

The organisation within which a health care team functions can influence team effectiveness in a variety of powerful ways. Researchers have suggested that the following factors should be addressed:

- How people are rewarded in the team and organisation.

- Whether there are clear team objectives and feedback to the team on its performance.

- The necessary technical assistance and resources to support the team in its work.

- HRM systems geared towards teams, including selecting for and appraising teams and providing assistance for teams.

- Relations between teams in the organisation - whether they are competitive or mutually supportive.

- Leadership in teams.

- Training for team work.

A report giving full details of the research methods and findings can be obtained from Aston Centre for Health Service Organisation Research - 0121 359 3611 extn 5045.

Two practical workbooks have been produced to help with the implementation of team working:

- **Developing Team Working in Health Care : A Guide for Managers.**
- **How Good is Your Team? : A Guide for Team Members.**

Information on how to get these workbooks can be found on www.aston.ac.uk/achsortop

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