TEAMWORK OR LACK OF OPEN COMMUNICATION AMONGST HEALTH WORKFORCE

…a shift from theoretical incentives to real attitudes on Teamwork and open Communication in Primary Care Services

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ABSTRACT

Context: Teamwork is essential in the provision of healthcare. The division of labour among medical and allied health practitioners means that no single professional can deliver a complete episode of healthcare.Yet sparse literature dedicated this issue in Health transition systems

Objective: The aim of the study is to give an inner look of what kind of incentives are fostered from the stakeholders, to promote Teamwork in Primary Care and secondly to give a descriptive view on real attitudes from primary healthcare workforce on teamwork issues.

Methods: We conducted the study research in two directions: First reviewed all the Incentives used by our Government or NGOs to promote Teamwork in Primary Health care during these 20 years of democracy and secondly we used the Safety Attitude Questionnaire, a page (double sided) questionnaire with 60 items fulfilled from the primary healthcare workforce related topics such as open communication, (physician-nurse) error report and overall safety culture. We assembled 526 questionnaires, fulfilled from HC workforce during 2011 from January to June. The number of participants who gave valid response was 494.

Results and Conclusions: Over 80% of doctors and nurses have claimed that they have the teamwork spirit, without any statistically significant difference between them (p = 0.303). On the other hand, 36% of them admit that they are not confident on speaking up if they perceive a problem in their facility. Research on attitudes toward teamwork indicates also that healthcare providers do not seem to fully appreciate the impact of psychological factors on clinical performance and that improved teamwork may contribute to increased staff well-being as well as improved patient outcome. There is a strong need for a better understanding on teamwork, communication and safety culture from healthcare workforce, to make informed decisions about and/ or participate in improvement strategies on teamwork.

Introduction:

Teamwork is essential in the provision of healthcare. The division of labour among medical, nursing and allied health practitioners means that no single professional can deliver a complete episode of healthcare.In general, teams are defined as two or more individuals who work together to achieve specified and shared goals, have task-specific competencies and specialized work roles, use shared resources, and communicate to coordinate and to adapt to change.4According to (6) there is a strong need for a better understanding on teamwork, communication and safety culture from healthcare workforce, to make informed decisions about and/ or participate in improvement strategies on teamwork. In healthcare, a significant percentage of errors can be attributed to communication breakdowns and lack of effective teamwork (1). Communication failures have been identified by the Joint Commission as the primary root cause in more than 70% of sentinel events from 1995 to 2003.(6) Poor non-technical skills, including teamwork and communication, may lead to patient safety incidents and medical errors (2, 10-14). A corollary to this is that effective communication and teamwork have been cited as essential for achieving high reliability and creating a "culture of safety" to support the safe delivery of patient care (1). Team cohesiveness can be challenged by a number of factors including discipline specific educational backgrounds (7), the ad hoc forming of teams with changing membership (eg: OR teams, Code teams) (8) , a "siloed" approach to health care (9) and hierarchies in professional cultures that impact safe patient care

Although not unequivocally supported through controlled experimental design, cross-sectional and case studies have suggested that teams with a climate of psychological safety that encourages high levels of participation toward clear goals that enable high performance and quality expectations demonstrate better team performance. Surveying internationally the teamwork issue, there are several studies enforcing the teamwork incentives to reward back effective teamwork. In the Australian point of view "Limited empirical evidence exists on incentives to promote team working within PHC or on how policy changes influence team working in PHC" (4). Practice level payments can enhance approaches for teamwork, however they do not guarantee that teamwork will be provided, and limited evidence exists as to the effect of specific funding parameters on teamwork. Workforce reforms need to facilitate team work, by providing PHC team members with opportunities for career development, IPE/L, autonomy, leadership and financial rewards (4).Yet there is little formal training in teamwork skill development in undergraduate or postgraduate health professional education programs – teamwork skills are largely learned 'on-the-job' (2). There has been little research into the educational and training needs of healthcare professionals to enhance their participation in workplace teams; healthcare team members do not understand the personal competencies required for team success. (3)*In such situation, we thought it would be very valuable to conduct a transversal, qualitative and quantitative study in order to evaluate and open new research perspectives toward critical issues like teamwork, safety culture and open communication.* Healthcare in Albania is mainly public/state and only partly private. It is divided into three levels, primary healthcare services, secondary and tertiary healthcare services. Healthcare services cover the whole country and are directed by the Ministry of Health.[7]The number of Primary healthcare workers is 9350, of which 2000 are physicians, 6600 nurses and 750 supportive personnel. There are 4.577 physicians overall. Albania has 709 inhabitants per physician (ADHS 2008-09) (15).

Methods

First, a literature search was carried out consulting the data bases on journals on webas well as on official reports briefs, announces on health primary care reforms,based on terms "theoretical incentives teamwork, collaborative work, team training, and cross training, safety culture, patient safety, open communication. The literature research was focused on the post communism period (1991) till now days (2012). In addition, the initial database search was limited to teamwork among Albanian healthcare, primary care reforms in Albania, financial and non financial incentives among healthcare workforce in Albania, patient safety, safety culture and open communication among health workforce in Albania.

Initial database search

Step 1:
Screening of references
according to inclusion criteria

Step 2:
Categorization
of the *23 p*ublications
fulfilling inclusion criteria

Step 3:
Selection for detailed review in
Albania:
*11*publications

Overview of the procedure for selecting publications forthis review

First, references were screened for relevance in the context of this review. The criteriafor inclusion in this review were: (a) addresses team work in healthcare,
(b) Published journal article, and (c) published materials in Albanian English or Italian.

Secondly, in order to give an inner view of how Albanian health workforce reacts toward issues as "*teamwork, safety climate, stress recognition error report and open communication*" we used the Safety Attitude Questionnaire (SAQ), a single page (double sided) questionnaire with 60 items and demographics information (age, sex, experience, and district).Why did we choose SAQ? 1) Research on attitudes toward teamwork indicates that healthcare providers do not seem to fully appreciate the impact of psychological factors on clinical performance and that improved team work may contribute to increased staff well-being as well as improved patient outcome. Several studies state that methods used to study attitudes and perceptions: Interviews, focus groups, and (attitude) surveys can provide useful diagnostic information relating to the perception of teamwork behavior (16). The questionnaire takes approximately 10 to 15 minutes

to complete. Each of the 60 items is answered using a five-point Likert scale (Disagree Strongly, Disagree Slightly, Neutral, Agree Slightly, and Agree Strongly). 36 items were ascribed to seven underlying factors: Teamwork Climate, Safety Climate, Job Satisfaction, Stress Recognition, Perceptions of Primary Care Management and Working conditions.

Study Design and Time Frame

We reviewed all the reforms and principle trainings implemented in Primary Care in 20 years of democracy in Albania and gave special attention Incentives used by our Government or NGOs to promote Teamwork and Safety culture in Health care, with primary focus Primary health care deliver. Also we assembled 526 questionnaires, fulfilled from primary healthcare workforce (mainly physicians and nurses) from all over Albania during 2011 from January to June. We included the main districts who delivered Primary Care. The number of participants who gave valid response was 494. The participants were mainly physicians 69.8%, nurses 30.2%.

Table 1: Socio demographic and professional characteristics of health staff

Characteristics	Specialist physician	Nurse	GPs	p value
No. of cases	169	180	174	
Age	43.44±12.12	34.92±12.78	35.52±11.28	<0.001
Work experience (Years)	17.34±13.56	11.68±13.08	10.95±11.84	<0.001

We gave special interest to the variables such as gender, hierarchy (job position) and the total number of years in the institution in order to obtain information on correlations on the above issues. Response was voluntary, and administration techniques included hand-delivery, meeting administrations. There is also an open-ended section for comments which we preferred to directly obtain workforce free-comments or perceptions that they had about the theme and there were some main findings discussed below.

Statistical analyses

The Scale Computation was also calculated for the safety attitude questionnaire providing so general descriptive information at the Item Level, Likert scale: Percent Missing Data; Overall Mean (Standard Deviation); Overall Percent Agree (Minimum Agree-Maximum Agree by clinical area); Overall Percent Disagree (Minimum Disagree-Maximum Disagree by clinical area); Item Skewness; Item Kurtosis. Crosstab are presented to clarify the perception of several domains between male and female, physicians and non physicians. T-test for independent Samples was also performed to analyze the difference between two variables.

Results:

Internal factors: Teamwork and channels of communication:

Family and social network is pretty strong in our country, based on inherited traditions rather than on formal or written rules.Thus, indirectly we cannot ignore the impact of personal involvement in working area.**Anyway, there were interesting findings in the communication field.** In the 6 questions related to the Teamwork climate domain, it was quite tricky the fact that 89% of the respondents agreed on the item "*The physicians and nurses here work together as a well-coordinated team*" but on the other hand 36% of the respondents also agreed to the sentence "*In this ambulance, it is difficult to speak up if I perceive a problem with patient care*". The second result smoothes somehow the high expectancy of open communication, which is an essential part of a good teamwork.

Fig 1,

Percentage of medical staff agreed on team work
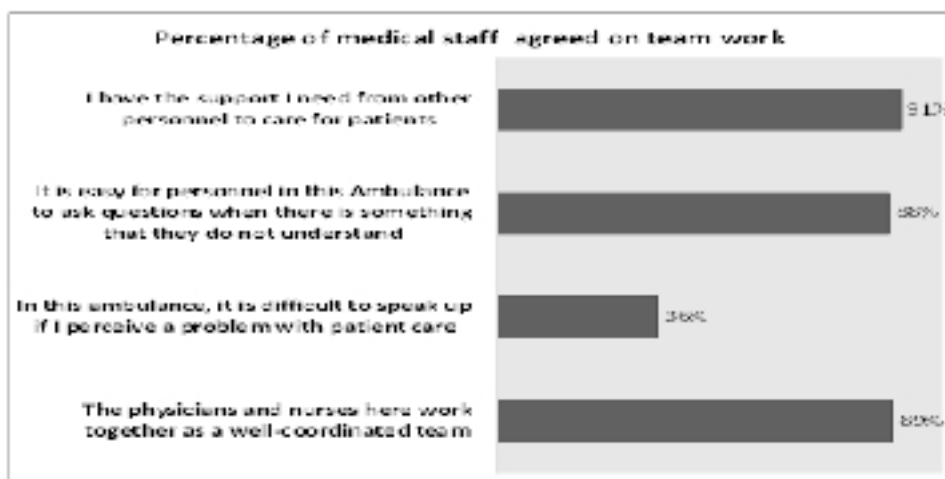
Teamwork and Safety culture interaction
According to (6) there is a strong need for a better understanding on teamwork, communication and safety culture from healthcare workforce, to make informed decisions about and/ or participate in improvement strategies on teamwork.
Although not unequivocally supported through controlled experimental design, cross-sectional and case studies have suggested that teams with a climate of psychological safety] that encourages high levels of participation toward clear goals that enable high performance and quality expectations demonstrate better team performance.

Over 81.57 % of Primary care staff reported that "*The culture in their unit makes it easy to learn from the errors of others*". There is also a strong agreement on *"I am encouraged by my colleagues to report any patient safety concerns I may have"*item, respectively, 91% of the respondent agree on the open communication between staff members on error report. The overall Percent Agree on Safety Climate item is 84%, both male and female relied approximately equal to the item, showing little difference on Overall agreement percentage, male 83% versus female 84%. Regarding safety climate "Medical errors are handled appropriately in this Ambulance", there is a statistically significant difference between doctors and nurses (p = 0.01), more doctors than nurses affirm that "medical malpractice are adequately treated in the ambulance" (p = 0.01).

Also, more doctors than nurses affirm that "I know the proper channels where to direct questions regarding the safety of the patient in the ambulance" (p = 0009). Other queries related to Safety Climate, there was no statistically significant difference among doctors and nurses.

Safety climate

Nurses ■ Doctors

I know the proper channels where to direct questions regarding the safety of the patient in the ambulance — Nurses: 89.8, Doctors: 95.4

Medical malpractice are adequately treated in the ambulance — Nurses: 88.4, Doctors: 93.9

Medical errors are handled appropriately in this Ambulance — Nurses: 88.4, Doctors: 93.3
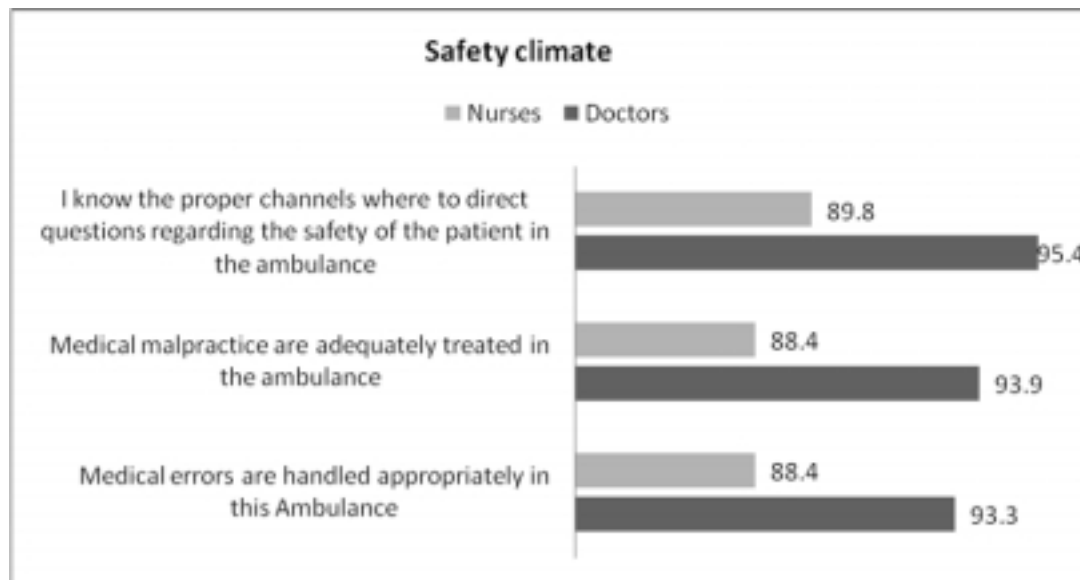
Teamwork, male and female perception:

Still, no gender difference on agreements was statistically significant (male 80% versus female 81%).Over 80% of doctors and nurses have claimed that they have the teamwork spirit, without any statistically significant difference between them (p = 0.303).

Discussion and Conclusions:

The challenge for future research is to further develop and validate instruments for team performance assessment and to develop sound theoretical models of team performance

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