Finding solutions to workplace stressors in a healthcare setting using the Team Climate Inventory

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It is recognised that staff need support to be come and remain “work ready” in a complex Health system. It is also recognised that there is a gap in providing formal Teamwork, Communication and Clinical Decision/ Critical Thinking skills to our employees whether a manager or front line core worker. To support the development of a team that delivers Patient Quality and Patient Safety, we must provide the tools to nurture, grow, empower and challenge people to deliver excellence each and every day they come to work.
Research Project-why?

- Background in health promotion, healthcare professional and interest in how healthcare teams function.
- Measuring team function to identify challenges/issues is a useful tool.
- Team climate assessed in IBD service out of interest and observation.
- Supportive consultant/boss who was supportive of the project.

- Effective teamwork is associated with a range of positive outcomes such as a reduction in medical errors, increased patient safety, reducing work-related stress for staff and improving local team relationships (West & Lyubovnikova, 2013).
- It is suggested that the best care for IBD patients is provided by a multidisciplinary team, offering an effective model for long-term care of patients and reflect the need to be adaptable and responsive to patients with changeable and progressive disease (Panés et al., 2014) who have both complex medical and psychosocial care needs.
Todays Presentation

• Background Information
• Research Project
• Q & A
History of IBD Biologic Infusion Service

• Crohn’s disease and Ulcerative Colitis (IBD)
• Infusion Unit in Merlin Park was founded 2011, nurse led service. Merlin Park University Hospital is co-located 6 miles from the UHG
• Reconfiguration of service within GUH group driven by demand for acute beds. Day cases services
• 4 day unit, 16-88 yrs
• Up skilling of staff, initially well supported, PPG
• Gastroenterology, Immunology, Neurology, Respiratory, Renal, Endocrinology
Gastro Specific Workload Increase

- 2011-25 gastro patients with 1.5 WTE
- 2017 136 gastro patients with 2.5 WTE
- Approx 220 infusions monthly.
- Top down management has increased the numbers attending the infusion service in terms of gastroenterology.
- Other disciplines have increased their use of the infusion service.
Increased Demands on the Infusion Unit
Red Flag Issues for this workplace

- No doctor based in the unit with only emergency cover provided by on call registrar. The gastroenterology team is based in UHG.
- Professional isolation: difficulty in contacting the team, accessing expertise, lack of understanding and a level of disconnect between the gastroenterology team and the nurse led infusion service.
- Poor communication when changes made to patients treatment.
- Not feeling part of a team.

Development of Virtual Biologic Clinic (VBC)
VBC

- Clinic run every 2 weeks, previous 2 week infusions are reviewed
- Consultant, IBD nurse, Infusion Nurse.
- 90 reviews a month
- Patients clinical data reviewed, bloods, MRI, and PROMs,
- Order scans x rays, sign prescription, escalate/deescalated doses decisions made on irregular blood work.
Team Climate Inventory

- Personal interest in the topic, consultant support for the idea of assessing Team Climate. It was obvious to us as nurses who regularly spoke with the nurses in the infusion unit that there were concerns but how do you quantify?

- The Team Climate Inventory (TCI) measures team function and can help to ‘diagnose where teams need help to be more effective’ (Beaulieu et al. 2014). It contains four sub scales measuring participatory safety, support for innovation, vision and task orientation. Trust is an essential component in teams and is measured within the participatory safety sub-scale.

- The Participatory Safety (PS) subscale facilitates a self-assessment of interpersonal trust and assessment of inter-unit trust regarding the client organisation and the team’s own organisation. Support actions for participatory safety involve enhancing interpersonal communications, decision-making, negotiation, and problem-solving.
Methods

• A cross sectional postal questionnaire was sent to the IBD team members as defined above (n=29).
• The response rate was 79% (n=23).
• TCI was first measured in April 2016 in the team and re-assessed in a sub group (nursing) in October 2016 after a Consultant-led Virtual Biologic Clinic (introduced in June 2016) was in place 4 months.
• Team characteristics were collected using both closed and open ended questions.
Results-quantitative

• Overall the TCI team score was 3.5. There was no statistically significant difference in scores by professional group (medical, surgical, nursing, pathologists) across three of the subscales.

• However there was a statistically significant difference in the participatory safety (PS) sub scale scores across the professional groups $F(3, 19) = 7.5, p=.001$, size effect was moderate ($0.6$). Post hoc comparisons using Tukey HSD test indicated that the mean score in the nursing group was significantly difference from the other groups (Nursing, $M= 2.78, SD= .455$).

• While the mean PS team score was 3.5, the nursing group mean score was significantly lower (2.8), with the infusion unit nursing staff reporting an even lower score average of 2.4.
Results-qualitative

- “Better communication with the team, we are isolated in Merlin” (infusion unit).
- “Communication between nurses and the team can be very poor”.
- “Who is the team”?

- Qualitative analysis of opened ended question responses illuminated the experiences of the nursing staff in the infusion unit, identifying a:
  - Perceived level of isolation due to the geographical location of the unit being remotely located away from the main hospital campus
  - A feeling of being disconnected from the other IBD team members.
  - Communication with and access to the medical profession was perceived to be limited in terms of managing patients, which was seen as a barrier to teamworking and building working relationships.
As part of service development in GUH a consultant led Virtual Biologic Clinic was implemented in June 2016. This clinic is held fortnightly off campus in the infusion unit with the consultant and clinical nurse specialist travelling to the infusion unit and reviewing patients with the nursing staff.
TCI- did the VBC make any difference?

- After four months the TCI was repeated with the nurses based in the infusion unit, to see if being part of the Virtual Biologic Clinic and having better regular access to specialist medical and nursing input had impacted on their TCI scores and perceived levels of participatory safety. There was a positive response, with a significant increase in their overall TCI score from 3.1 to 4.0 and their mean participatory safety scores increasing from 2.4 to 3.9.
“Virtual Clinic is very good for patient care, communication and safety”.

“It is very beneficial for staff and follow through for patients”.

“The Virtual clinic has greatly improved communication”.

“Virtual clinic is a very safe practice”.

Qualitative Analysis
Summary

• This research suggests that the Team Climate Inventory can be used to identify challenges within multidisciplinary teams.
• The consultant led Virtual Biologic Clinic model employed enhanced levels of access to and communication between team members, contributed positively to patient management and created a more supportive working environments for staff.
• This also provides valuable information and support for those who are involved in delivering the VBC model. It has added to their own workload but the results are encouraging in that the model is working well.
• With Merlin Park being an integral but geographically isolated part of GUH assessing team climate in other healthcare teams could be a valuable workplace support tool.
References


• WNWHG HR Strategy 2014-2018
Thank you. Any Questions?

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