

Chapter 15

Team Resilience in Healthcare

Jonah Swinson

University of Central Florida, USA

Clint Bowers

University of Central Florida, USA

Jan Canon-Bowers

Cannon-Bowers Consulting, USA

ABSTRACT

This chapter focuses on the broader topic of team resiliency within the healthcare profession. Specifically, the authors discuss the current body of literature relating to healthcare teams, the concept of team resilience, and its potential application within the field of healthcare. Moreover, the authors propose different means of developing team resilience within healthcare teams including the theoretical application of an existing team resilience model to the healthcare profession. Lastly, suggestions are provided for future research that could help to develop the body of knowledge related to the topic.

INTRODUCTION

Although healthcare has always been a stressful environment, the Covid pandemic has not only increased that stress dramatically but revealed the mental health consequences of the hospital work environment. A variety of negative mental health outcomes have been linked to the stress of the healthcare work environment (Schreffler, Petrey, & Huecker, 2020). These include depression and anxiety (Liang et al, 2020), burnout (Wu, et al., 2020), and sleep disturbance (Huang & Zhao, 2020). Even prior to the pandemic researchers feared that the psychological consequences of the stress associated with healthcare presented an upcoming crisis (Mateen & Dorji, 2009). This concern has risen exponentially due to Covid.

While maintaining the health of frontline workers is of paramount importance, it is equally important to maintain their performance. Healthcare workers perform critical activities. Even small errors can have disastrous consequences. The stressors noted above can lead to an increase in medical errors. Furthermore, changes to the work environment necessitated by Covid further increase the risk of error.

DOI: 10.4018/978-1-7998-8813-0.ch015

Hospital personnel have been moved to settings with which they may be unfamiliar. Furthermore, workers have been re-assigned to positions with which they may be unfamiliar. This increases the risk of both individual and team-based errors (Ellis, Hay-David, & Brennan, 2020). The effects of workplace on the health and performance of medical teams have gone largely overlooked during the pandemic, but there can be little doubt that the pandemic has increased the challenges confronted by these teams. Furthermore, changes due to the pandemic may also have increased the difficulty of using the team processes that have been shown to mitigate stress effects. Therefore, in this chapter we will explore these issues with an eye towards identifying factors that may help healthcare teams to be resilient during these difficult times.

HEALTHCARE TEAMS

Teamwork has emerged as an important factor in increasing the quality of healthcare, as well as a critical element in reducing medical error (Rosen, et al., 2018). Team members must be able to coordinate their activities to provide effective, efficient care. Communication is critical during many phases of care such as transitioning from one unit to another, communication among team members during surgery, and when providing information to the patient.

Over and above communication, effective teamwork behaviors such as leadership, planning, situation awareness, and assertiveness are all critical in identifying and preventing errors and allowing team members to all work using a “shared mental model” (Cannon-Bowers, 2007). In so doing team members can work together effectively in the absence of explicit communication.

The recent Covid-19 pandemic has shed further light on the potential benefits of healthcare teams (Cheng, et. al., 2020). During the pandemic, an intervention was implemented within a medical team consisting of doctors, nurses, and staff members where the team could rely on one another through means such as peer support, after work social gatherings (i.e., sporting events), and daily measurements of the team members’ mood. Despite the demands of the pandemic, the team reported a generally positive outlook over the course of six weeks. Through these means, the team was able to rely on one another as a means of monitoring one another’s mental well-being in a difficult circumstance.

While there are benefits to working in healthcare teams, teamwork can also be difficult. Team members often come together relatively quickly and may be unfamiliar with one another. Many healthcare workers have not had specific training in effective teamwork. Furthermore, the Covid pandemic has made team processes more difficult in many cases. For example, personal protective equipment such as masks and face shields may make it harder to speak. Additionally, non-verbal communication may be severely curtailed. Reduced communication can result in downstream issues such as poorer decision making and reduced situation awareness (Ellis, Hay-David, & Brennan, 2020). New settings may induce role ambiguity, leading a breakdown of team processes

Bosch and Mansell (2015) point to the notion that adversity is going to be present anytime people are going to work together in healthcare teams. However, a team should be able to overcome difficulties without inhibiting performance (Bowers et. al, 2017). Alliger et. al (2015) argue resilience is necessary for a team to be able to perform consistently in a difficult environment. Considering the number of adverse events faced in healthcare, the propensity to work in teams, and the necessity of resilience to ensure team’s performance in troublesome environments, it appears to be vital to take steps aimed at fostering team resilience for healthcare professionals.

16 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/team-resilience-in-healthcare/301489

Related Content

Fighting Stigma in the Community: Bridging Ties Through Social Innovation Interventions

Nicolina Bosco, Susanna Giaccherini, Fausto Petrini, Stefano Castagnoli and Patrizia Meringolo (2021). *Research Anthology on Mental Health Stigma, Education, and Treatment* (pp. 880-908).

www.irma-international.org/chapter/fighting-stigma-in-the-community/276063

Managing Stress and Overcoming Traumatic Workplace Betrayals

Denise Gates (2023). *Perspectives on Stress and Wellness Management in Times of Crisis* (pp. 51-62).

www.irma-international.org/chapter/managing-stress-and-overcoming-traumatic-workplace-betrayals/321218

LGBTQ+ Population in Asia Pacific (Malaysia): LGBTQ+ Populace

Gianina Ginnie Konand Anne Chong Yuk Ming (2019). *Multicultural Counseling Applications for Improved Mental Healthcare Services* (pp. 112-127).

www.irma-international.org/chapter/lgbtq-population-in-asia-pacific-malaysia/214141

Crime and Legal Issues among Intellectually Disabled Individuals

Vaitsa Giannouli (2016). *Handbook of Research on Diagnosing, Treating, and Managing Intellectual Disabilities* (pp. 346-369).

www.irma-international.org/chapter/crime-and-legal-issues-among-intellectually-disabled-individuals/150842

What a Tangible Digital Installation for Museums Can Offer to Autistic Children and Their Teachers

Emanuela Marchetti and Andrea Valente (2018). *Autism Spectrum Disorders: Breakthroughs in Research and Practice* (pp. 144-161).

www.irma-international.org/chapter/what-a-tangible-digital-installation-for-museums-can-offer-to-autistic-children-and-their-teachers/189344