Nurses Leading Effective Care Teams

Dr Beverly Malone, Erica Reid, Annette Bartley.

The presenters have nothing to disclose.

Objectives of the Session

× To strengthen leadership effectiveness at building highly effective care teams that put the patient front and centre

× To identify a range of models, frameworks and tools for effective team work

× To identify different tools to engage staff and to generate ideas from frontline teams
Session Agenda

Leadership with Purpose, Power and Passion

How can we reconnect to purpose?

2.30-3pm Coffee Break

Some theory around effective teams.

How do we recognise and use our power?

Can we harness the passion of our teams?

Finish at 4.30pm

PURPOSE
POWER and
PASSION

National League for Nursing
CORE VALUES

• CARING
• INTEGRITY
• DIVERSITY
• EXCELLENCE

1. Dreaming
2. Visioning
3. Boundary Management
4. Risk Taking
5. Power
1. Dreaming
2. Visioning
3. Boundary Management
4. Risk Taking
5. Mastery

POWER

- Informational
- Legitimate
- Charismatic
- Coercive
- Extended
1. Inevitable stress - aging, illness, and Death

2. Imposed Stress — Someone else's stress

3. Chosen Stress

Questions and Comments?
How can we help our teams connect to their original purpose?

Two techniques:
Values Based Reflective Practice

- (Re)connect with our core values and motivations
- Reflect on our attitudes and behaviours
- Enhance our person-centred practice
- Deepen our relationship with colleagues
- Develop our resilience and well-being at work

Developed by Chaplains of NHS Education Scotland.

Reflective Practice

- We reflect on the **past** in the **present** in order to improve the **future**
- **turns history** into **learning**
- Whole point of reflecting **on** practice is to foster the habit of reflecting **in** practice ie to improve clinical outcomes
All forms of reflective practice attend to **quality improvement**

Values Based Reflective Practice additionally attends **to the worker** who does the work
Three levels of seeing

- **1st level of seeing**
  - *What do you see or notice?*
    - Observing without interpreting

- **2nd level of seeing**
  - *What causes you to wonder, or arouses your curiosity?*
    - Questioning, turning things over in your mind, being curious

- **3rd level of seeing**
  - *What do you realise or perceive?*
    - When the penny drops and you make connections

Using three levels of seeing

Pick a card that reflects why you came into nursing/your profession

Pick a card that reflects what your reality is now in nursing/your profession
At your tables

One at a time

× Hold up your card
× Rest of table uses three levels of seeing while you keep silent
× They reflect on each level at a time

Seeing/Wondering/Realising

Using the three levels of seeing you can explain why you chose the card and what it means to you.

Three levels of seeing

• 1st level of seeing
  • What do you see or notice?
    • Observing without interpreting

• 2nd level of seeing
  • What causes you to wonder, or arouses your curiosity?
    • Questioning, turning things over in your mind, being curious

• 3rd level of seeing
  • What do you realise or perceive?
    • When the penny drops and you make connections
## Clinical Outcomes - 2014
### Independent Research

**Impact on professional practice**
- Increased self awareness
- Increased ability to reflect in the moment
- Increased professional confidence
- More trusting leadership styles
- Enhanced professional practice

**Impact on wellbeing and engagement at work**
- Staff feel more motivated
- Enhanced job satisfaction
- Reduction in stress
- Ability to work in a values based way
- More attentive to the unspoken & what might be missed

**Impact on communication & relationships at work**
- Better communication among staff, better handovers
- Enhanced staff relationships
- Staff more able to embed policies re patient self management and person-centred care

Firecloud Consultancy, 2014

---

From seeing to ‘generative’ conversations
Why Blue Wave of Change?

Based on work of Fiona MacNeil Associates, whose influences are:

‘Blue Mind’ by J Wallace Nicholls
a metaphor for change

Theory U - a process for change

A Pacific Coast road-trip – visions for change
**Blue wave**

- **Blue Mind**
  - Generative conversations to reconnect to values and purpose

- **Blue Marble**
  - Seeing things differently

- **Blue Ripple**
  - Sharing with others

- **Blue Wave**
  - Small changes that will make a big difference
Prototype in a health system in NHS England

Worked with 66 ‘change makers’

- 100% reported that it changed the way they work
- 73% reported it changed the way they are at home
- 83% had examples of live impact
- 66 participants have had further conversations with 1200 nurses about purpose, behaviour and values

Insert Video Here
Coffee Break

Why teams?
What is a team?

A team is a group of people with a high degree of interdependence geared towards the achievement of a common goal or completion of a task...

http://www.nwlink.com/~donclark/leader/leadtem.html

High performance team

A group that meets all the conditions of real teams and has members who are deeply committed to one another’s progress.

(Mohrman, 1995)
Cultures of High Quality Healthcare

Informed by research:

✗ Dixon-Woods et al 2013 – study of cultures of quality and safety

✗ Dawson et al 2011 – analysis of NHS England staff survey data, linked to patient satisfaction surveys, mortality, quality, financial performance, staff turnover and absence

Six key elements:

✗ Vision of high quality care
✗ Clear objectives
✗ People and performance
✗ Cultures of engagement
✗ Learning and quality improvement
✗ Team working

West, Lyubovnikova et al, 2014.
Through the Eyes of the Workforce

Lucian Leape 2013

Every workers experience every day:

Am I treated with dignity and respect by everyone?

Do I have what I need so I can make a contribution that gives meaning to my life?

Am I recognized and thanked for what I do?

Paul O’Neill, CEO Alcoa

‘Every system is perfectly designed to get the results it gets’

Paul Batalden

- **Staff** satisfaction/commitment predict patient satisfaction
- **Staff** views of their leaders closely related to patients perception of quality of care
- **High** work pressure – patients report insufficient support, privacy and respect
- **Poor** staff health and well being – patients less satisfied, poorer care and financial performance

King’s Fund 2012
Without joy and meaning, the workforce cannot perform to its potential

Lucian Leape Institute

- Lower quality of care
- Diminished patient satisfaction
- Increased medical errors

Facts

‘Listen to the workforce’

- Physician burnout symptoms 45%¹
- Residents burnout up to 75%³
- Medical students burnout up to 45%³
- Nurses high rates of burnout and intention to leave²

References:
From Values-Based Reflective Practice - NAVVY

<table>
<thead>
<tr>
<th>Key questions</th>
<th>Values-Based Approach (NAVVY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whose needs were met / left un-met?</td>
<td>Needs</td>
</tr>
<tr>
<td>What does the situation tell us about my/our abilities or capabilities?</td>
<td>Abilities</td>
</tr>
<tr>
<td>Whose voice was heard / asked / ignored in decisions or actions?</td>
<td>Voice &amp; Power</td>
</tr>
<tr>
<td>What was valued, undervalued, overvalued?</td>
<td>Value</td>
</tr>
<tr>
<td>What does this say about you / me / us?</td>
<td>You</td>
</tr>
</tbody>
</table>

Listening in a different way.

A story, with a framework to ‘listen’.

Read the story, then use the framework at your tables to analyse it.
<table>
<thead>
<tr>
<th>Key questions</th>
<th>Values-Based Approach (NAVVY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whose needs were met / left un-met?</td>
<td>Needs</td>
</tr>
<tr>
<td>What does the situation tell us about my/our abilities or capabilities?</td>
<td>Abilities</td>
</tr>
<tr>
<td>Whose voice was heard / asked / ignored in decisions or actions?</td>
<td>Voice &amp; Power</td>
</tr>
<tr>
<td>What was valued, undervalued, overvalued?</td>
<td>Value</td>
</tr>
<tr>
<td>What does this say about you / me / us?</td>
<td>You</td>
</tr>
</tbody>
</table>
Uses of VBRP tools

- In ward rounds (NAVVY) at bedsides
- In service audits in clinical units
- At Board level to review service delivery
- To plan new services
- To respond to feedback, concerns & complaints
- To plan training & educational opportunities
- In regular reflective practice groups
- As group clinical supervision for nurses and care assistants

Part of our power?
From one team to many…
Relational Coordination

Theory of relational dynamics of coordination in complex systems

- Coordination is management of task interdependence
- Relationships in context of roles, not individuals
- Quality of relationships have impact on coordination and performance

‘High Relational Coordination = High Performance’
Relational Coordination

- **Relationships**
  - Shared Goals
  - Shared Knowledge
  - Mutual Respect

- **Communication**
  - Frequent
  - Timely
  - Accurate
  - Problem Solving

- Efficiency
- Quality
- Employee well-being

Relational Network

- Case Managers
- Attending Physicians
- Physical Therapists
- Technicians
- Referring Physicians
- Residents
- Patients
- Social Workers
- Nursing Assistants
- Nurses

Jody Hoffer-Gittell 2009
The Snorkel

Taps into existing creativity
Liberates thinking
Generates energy and enthusiasm
Engages staff
Helps move individuals past learned helplessness
Focuses minds on the positive
Supports action
To Innovate is to Thrive

The key to unlocking innovation is to apply both types of thinking with equal authority and in the right order.

IDEO – “The Deep Dive”™

IDEO is one of America’s Leading Design Firms
IDEO’s special ingredients:
  - Teams
  - Culture
  - Methodology

Deloitte Consulting Limited™
Outline of “Snorkel”

Propose a Design Challenge
  Storytelling
  How might we….?
  Brainstorming
  Select top ideas (multi-vote)
  Prioritize ideas for development
  Plan prototypes
  Enactments
  Design first series of tests

Understand the current context

What has worked well?
What has been challenging?
What needs to improve?
Storytelling

In lieu of doing actual observations, use storytelling to “observe” actual experiences.

Recall an actual story or experience which relates to the specific design challenge (personal, friend or family member or work-related experience).

Who was involved?
What happened?
How did individuals feel and react?

Give an example

Tell stories in small groups (no more than 2 minutes each)

How might we be more effective in leading co-ordination of care across different teams?
Rules for Brainstorming

*Chose one or two “how might we scenarios…”*

- encourage *wild* ideas
- go for quantity – want more than 500 ideas
- defer judgment
- be visual – draw pictures
- one conversation at a time
- build on ideas of others
- stay focused on topic (“how might we…” scenarios)

*Write each idea on post-it notes*

Multi-voting /Select Top Ideas

Cluster together similar ideas from the brainstorming exercise brainstorming exercise

Use dots to vote (everyone gets 7 dots):

- What are your personal favorites?
- What idea would you most like to try?
- What idea do you think will have the biggest impact toward achieving the “how might we…”

Participants can distribute their dots however they want — all on one idea, each dot on a separate idea, or anything in between

Report out on favorite ideas (where there are most dots)
Matrix of Change Ideas

Easy to Implement

Low Cost

High Cost

Place concepts in matrix. Strive for easy, low-cost solutions. Translate high-cost solutions into low-cost alternatives.

Difficult to Implement

IDEQ

Matrix of Change Ideas

High Impact

Low Cost

High Cost

Strive for high-impact, low-cost solutions.

Translate high-cost solutions into low-cost alternatives.

Low Impact

IDEQ
Enactments

Creating an enactment will help you illustrate an extreme future vision for your prototype. Enables you to refine your thinking and build on ideas. Helps to make your concept/abstract idea into something more concrete.

Adaptations

The Paddle
The Moan Board
Adapt
Adopt
Abandon
Commitment to act

Model for Improvement
- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Hunches
Theories
Ideas

Very Small Scale Test

Follow-up Tests

Wide-Scale Tests of Change

Implementation of Change

Changes That Result in Improvement

Our individual power?
Helping Relationships

- Helping is an essential component of social life and the core of teamwork – social process
- Attitude, set of behaviours, skill

Helping Situation

`One up`  `One down`

Imbalance

Help!

Balance
Passion

Pick a final card

× One that reflects your potential future - a word or picture

× What does it mean to you?

× In groups of three for no more than a minute each listen to each others future vision
Engaging Heart & Minds

‘If you want to build a ship do not gather men together and assign tasks. Instead teach them the longing for the wide endless sea’

(Saint Exupery, Little Prince)