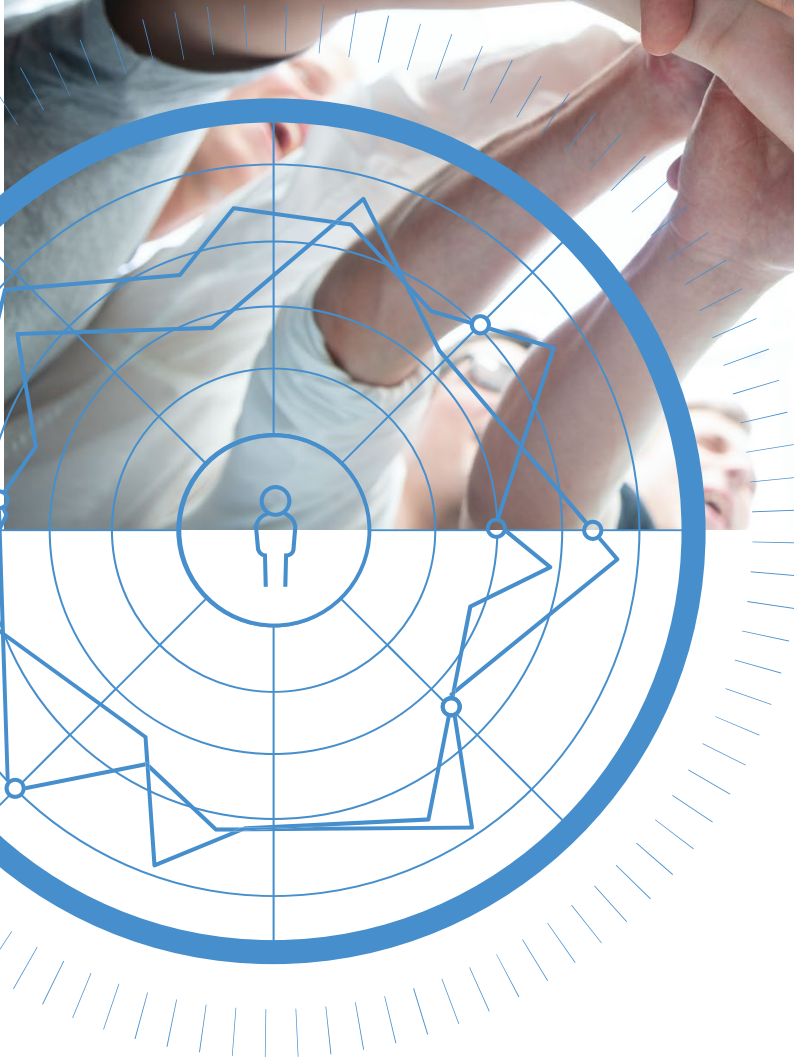# SAMPLE Health Team

Your HISCA Results

HISCA Feedback Report

This report contains detailed feedback collected from 70 respondents as part of the HISCA assessment of the Obstetrics Team. These respondents were made up of 53 team members, 8 leaders and 9 stakeholders.

The survey measured how the respondents perceive the Obstetrics Team's practices and behaviours in the context of five domains related to providing high quality care and the National Safety and Quality Health Service (NSQHS) Standards. Qualitative feedback was also captured via open ended questions, to assist in quantifying the feedback and providing clear opportunities for development with real examples.

Disclaimer

The HISCA questionnaire has been designed by Veraison to help partnering organisations gauge the level of awareness in relation to five care domains as well as the NSQHS Standards by the current chosen level of employees. Although the instrument, when analysed indicated the sought-after qualities of validity and reliability, the absence of norming data makes it unrealistic to make strong validation and reliability claims. Veraison is in the process of further reliability, validity and norming testing. It is therefore recommended that the questionnaire is not used outside the scope of its original design and specific intent. This report is for self-development purposes only and should not be used for recruitment or promotion purposes.

Intention of the Report

The intention of this report is to create insights into the Obstetrics Teams collective strengths and opportunities for improvement against care capabilities based on the Health LEADS Framework and National Safety and Quality Health Service Standards.

The following report contains the results of the Obstetrics Team HISCA survey conducted in March 2021.

How to Read the Report

These are the sections in the report:

1. Capability Results
2. Culture Results
3. Engagement Results
4. Summary

The Scale

The scale chosen for this assessment was a 5 point scale ranging from "None of the time = 1" to "All of the time = 5". People were asked to honestly rate the current performance of the team as well as the desired performance they believe is needed in 12 months time to be most effective. Given the scale measures frequency, scale increments may not always be the same e.g. the difference between 'some of the time' to 'most of the time,' is theoretically larger than 'most of the time' to 'all of the time.' It will be important to consider not just the gap size but also the current performance rating.

1	2	3	4	5	n/a
None of the time	Rarely	Some of the time	Most of the time	All of the time	N/A

What We Measured

This HISCA report is broken into three sections, reflecting the key components that were measured.
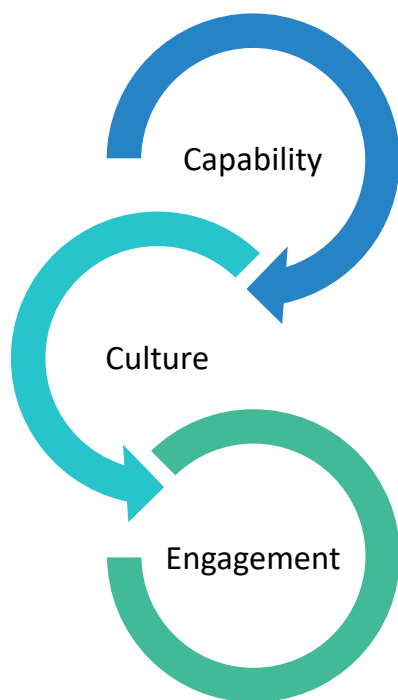
Capability
Measured by demonstration of the 5 domains from the Health LEADS Capability Framework and National Safety and Quality Health Service Standards

Culture
Measured by quantitative and qualitative questions posed to staff members.

Outcomes
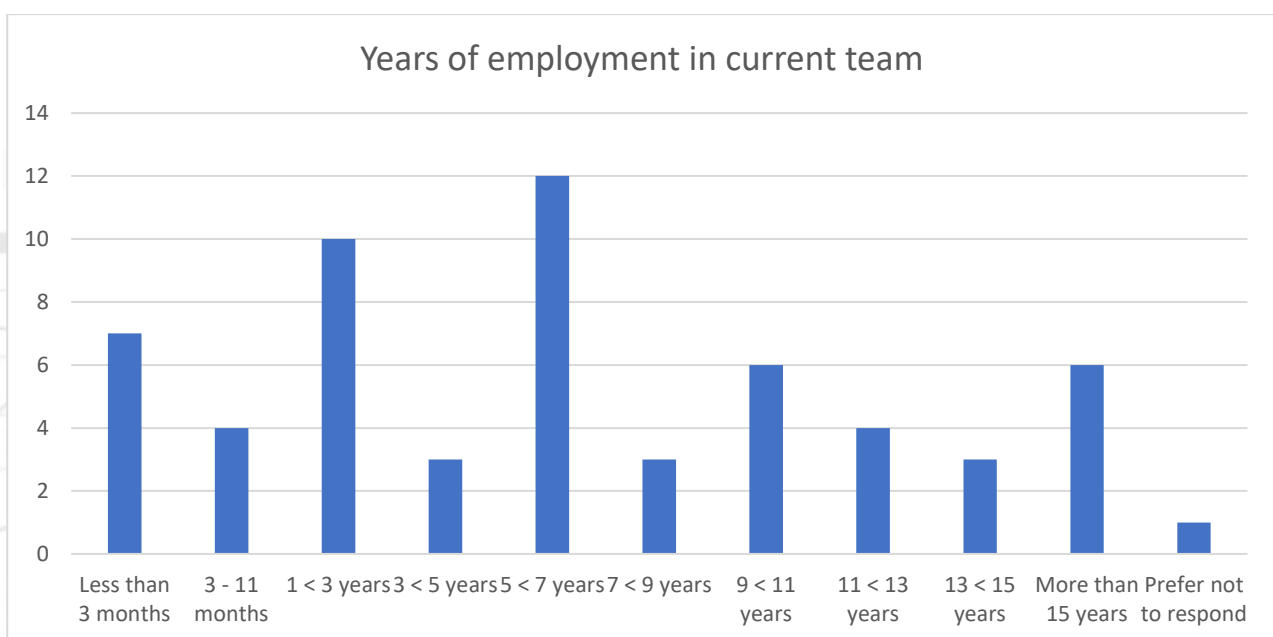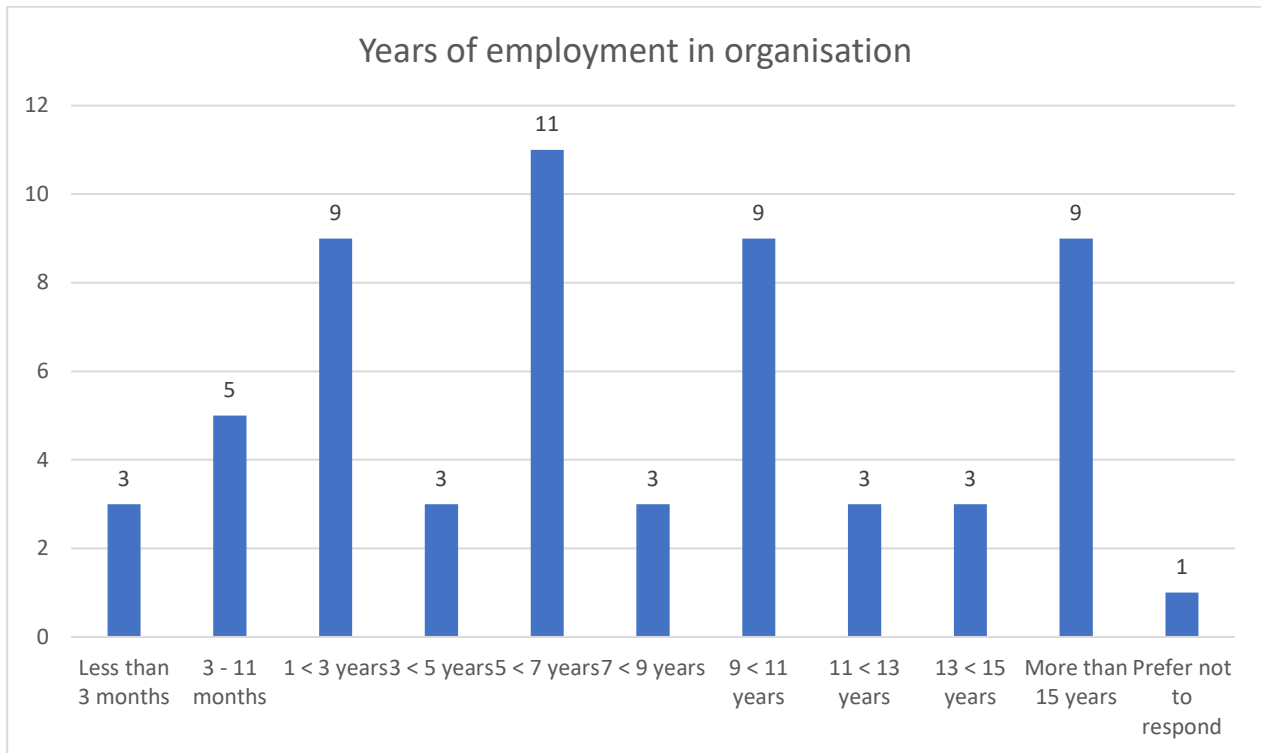Employee Engagement.

Summary

The table below provides a first look at the high-level results for each of the areas assessed.
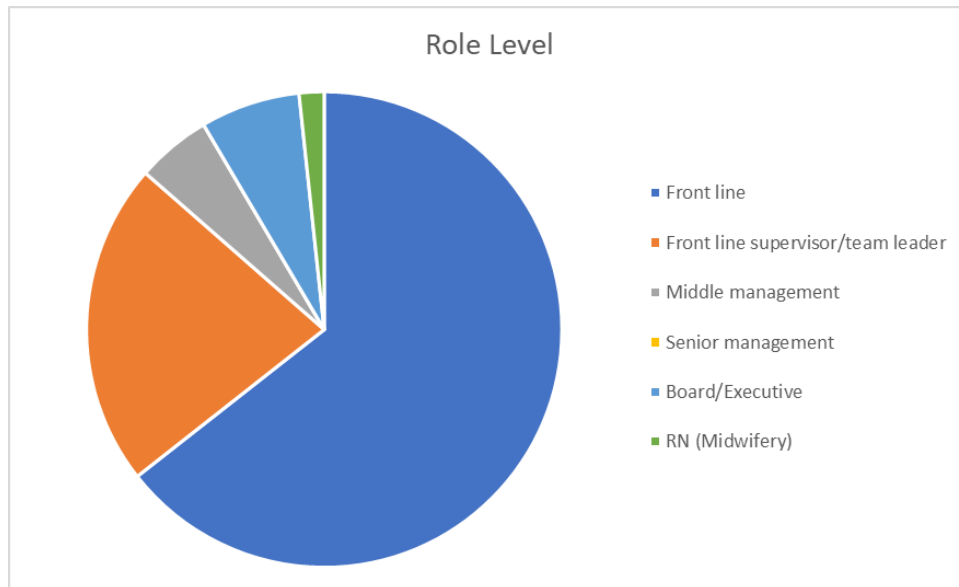
114 people were invited to participate, with 70 responding = 61% Response rate.

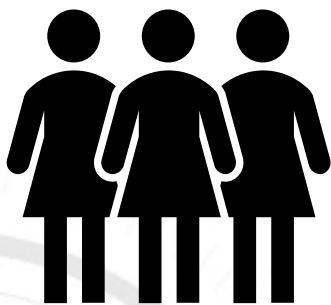|	Result
Capability *(average current performance for all domains)*	2.9 / 5
Culture *(average of all scores)*	4.8 / 10
Team Impact - Engagement *(average of the seven components)*	48%

Staff Response Demographics

Demographic data is calculated on the 59 respondents who completed the demographic questions.

Years of employment in organisation

Category	Count
Less than 3 months	3
3 - 11 months	5
1 < 3 years	9
3 < 5 years	3
5 < 7 years	11
7 < 9 years	3
9 < 11 years	9
11 < 13 years	3
13 < 15 years	3
More than 15 years	9
Prefer not to respond	1

Years of employment in current team

Category	Count
Less than 3 months	7
3 - 11 months	4
1 < 3 years	10
3 < 5 years	3
5 < 7 years	12
7 < 9 years	3
9 < 11 years	6
11 < 13 years	4
13 < 15 years	3
More than 15 years	6
Prefer not to respond	1

Role Level

- Front line
- Front line supervisor/team leader
- Middle management
- Senior management
- Board/Executive
- RN (Midwifery)

Role within the team

8.5 % Management

5.1% Registrar (Medical)

8.5% Obstetrician (Medical)

62.7% Midwife (Midwifery)

10.2% Register Nurse (Midwifery)

1.7% Nursing

3.4% Other

Results: Capability

Capability Results

This report brings together feedback given by:

Team Member	53 responses
Leader	8 responses
Stakeholder	9 responses

Summary of Top Strengths and Areas to Improve

The goal of Team Feedback is for the team to be able to use the feedback for their collective development, to help them grow and achieve more, together.

This team was given feedback on 37 different areas. We recommend that the team focuses on its top strengths and areas to improve, listed below.

Your top 5 strengths

1. Prevent Infections (St)
2. Patients in Decisions (S)
3. Prevent Harm (St)
4. Inform Patients (St)
5. Explain blood procedures (St)

Each person gave you a score (out of 5) for your current performance for each of the areas in the assessment. Your top 5 strengths are the areas for which, on average, you were given the highest scores.

Your top 5 areas to improve

1. Take Ownership (S)
2. Build Positive Dynamic (O)
3. Listens curiously (A)
4. Manage Team Conflict (O)
5. Works with Other Services (S)

Each person also gave you a score for your desired performance. The top 5 areas to improve are those for which the gap between your current performance and your desired performance is largest.

Capability Spidergraph

The spidergraph below shows all of the areas the team were assessed against and the average scores given by people assessing the team.

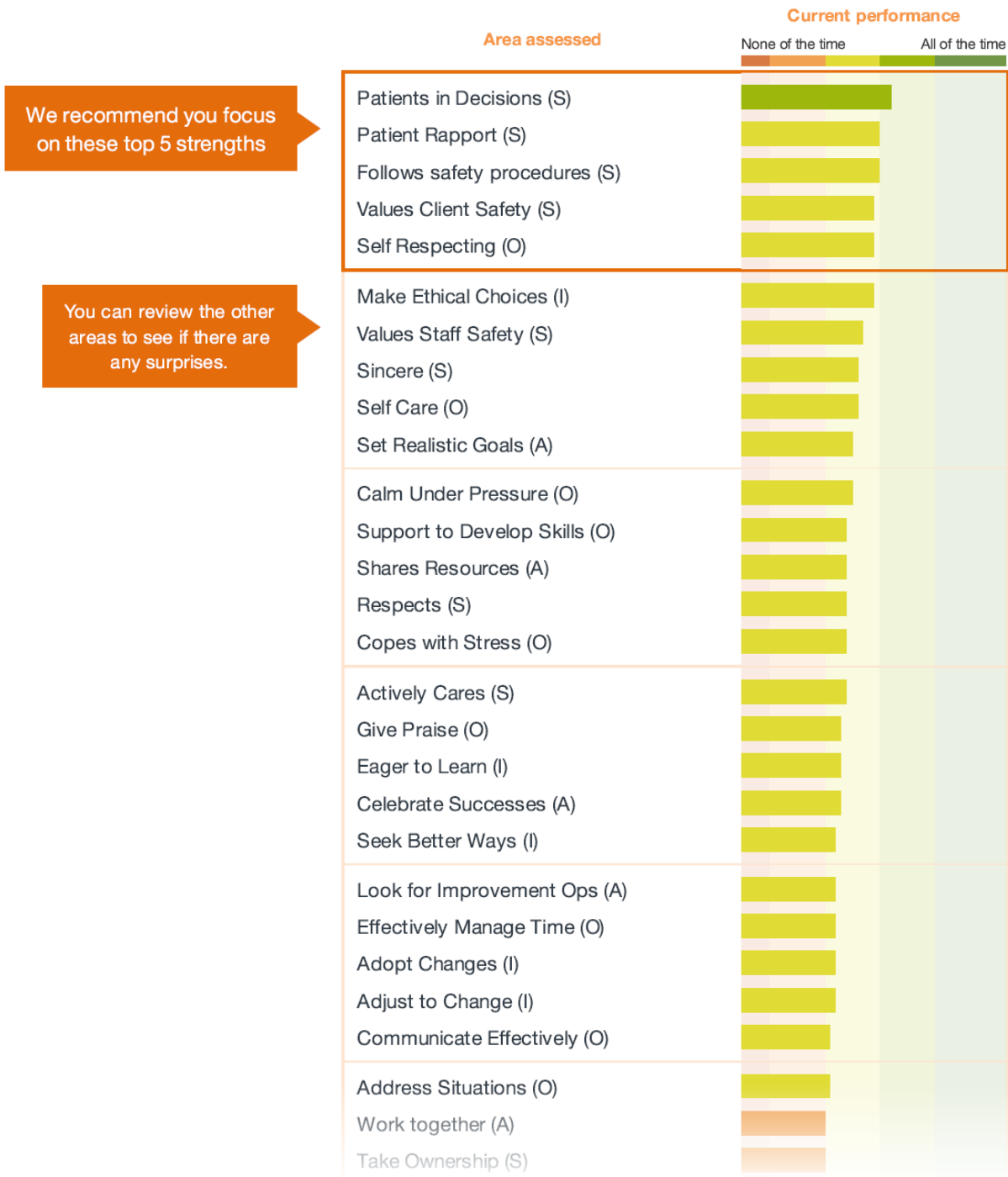■ Current performance   ■ Target performance for 12 months time

Drives Innovation   **Caring for Self**

Shapes Systems

Caring for Team

Achieves Outcomes

Adjust to Change (I)
Eager to Learn (I)
Open to Change (I)
Adopt Changes (I)
Seek Better Ways (I)
Works with Other Services (S)
Patient Rapport (S)
Patients in Decisions (S)
Actively Cares (S)
Values Client Safety (S)
Values Staff Safety (S)
Follows safety procedures (S)
Celebrate Successes (A)
Look for Improvement Ops (A)
Work together (A)
Set Realistic Goals (A)
Shares Resources (A)
Listens curiously (A)
Are Passionate (A)
Address Situations (O)
Manage Team Conflict (O)
Give Praise (O)
Support to Develop Skills (O)
Build Positive Dynamic (O)
Communicate Effectively (O)
Share responsibility (O)
Effectively Manage Time (O)
Self Respecting (O)
Calm Under Pressure (O)
Copes with Stress (O)
Self Care (O)
Make Ethical Choices (I)
Respects (S)
Enthusiastic Approach (S)
Aware of Impact (S)
Sincere (S)
Take Ownership (S)

N= 70

1	2	3	4	5
None of the time	Rarely	Some of the time	Most of the time	All of the time

Capability – Teams Top Strengths

"Playing to your strengths" is a great way to improve your performance. When you know what your strengths are, you can look at ways of making better use of them and consider developing them further.

Area assessed

Current performance

None of the time — All of the time

We recommend you focus on these top 5 strengths

- Patients in Decisions (S)
- Patient Rapport (S)
- Follows safety procedures (S)
- Values Client Safety (S)
- Self Respecting (O)

You can review the other areas to see if there are any surprises.

- Make Ethical Choices (I)
- Values Staff Safety (S)
- Sincere (S)
- Self Care (O)
- Set Realistic Goals (A)

- Calm Under Pressure (O)
- Support to Develop Skills (O)
- Shares Resources (A)
- Respects (S)
- Copes with Stress (O)

- Actively Cares (S)
- Give Praise (O)
- Eager to Learn (I)
- Celebrate Successes (A)
- Seek Better Ways (I)

- Look for Improvement Ops (A)
- Effectively Manage Time (O)
- Adopt Changes (I)
- Adjust to Change (I)
- Communicate Effectively (O)

- Address Situations (O)
- Work together (A)
- Take Ownership (S)

Capability – Teams Top Areas to Improve

The team were asked to rate both the current and desired performance. The areas that the team think they would benefit most from improving are listed below. Review if you agree with the areas below, or if there are any surprises to discuss with your team. You may wish to tackle one or more of these areas in your team development plan.

Desired improvement

Area assessed | Small ——— Large

These 5 areas need the most improvement

- Take Ownership (S)
- Build Positive Dynamic (O)
- Listens curiously (A)
- Manage Team Conflict (O)
- Works with Other Services (S)

You can review all of the areas to see if there are others you wish to prioritize.

- Aware of Impact (S)
- Share responsibility (O)
- Work together (A)
- Open to Change (I)
- Address Situations (O)

- Are Passionate (A)
- Communicate Effectively (O)
- Actively Cares (S)
- Adjust to Change (I)
- Adopt Changes (I)

These areas need less improvement and should not be your top priority.

- Eager to Learn (I)
- Enthusiastic Approach (S)
- Look for Improvement Ops (A)
- Respects (S)
- Seek Better Ways (I)

- Celebrate Successes (A)
- Sincere (S)
- Give Praise (O)
- Support to Develop Skills (O)
- Effectively Manage Time (O)

- Set Realistic Goals (A)
- Shares Resources (A)
- Values Staff Safety (S)

Capability – How Different Groups Rated Your Top Areas to Improve

Different groups of colleagues may have different views on which areas need most improvement. This can help to explain why certain areas have come out at the top, and why others have not.

Compare the views below and think about why there are differences.

This column shows the average amount of desired improvement.

Note: We do not include your view when calculating this average

You can compare the different views of respondents below.

Area assessed	Desired improvement (average)		Team Member	Leader	Stakeholder
	Small	Large			
Take Ownership (S)			Medium	Large	Large
Build Positive Dynamic (O)			Large	Large	Large
Listens curiously (A)			Large	Large	Large
Manage Team Conflict (O)			Large	Large	Large
Works with Other Services (S)			Medium	Large	Large
Aware of Impact (S)			Large	Large	Large
Share responsibility (O)			Large	Large	Large
Work together (A)			Medium	Large	Large
Open to Change (I)			Large	Large	Large
Address Situations (O)			Large	Large	Large
Are Passionate (A)			Medium	Large	Large
Communicate Effectively (O)			Large	Large	Large
Actively Cares (S)			Medium	Large	Large
Adjust to Change (I)			Medium	Large	Large
Adopt Changes (I)			Medium	Large	Large
Eager to Learn (I)			Medium	Large	Large
Enthusiastic Approach (S)			Medium	Large	Large
Look for Improvement Ops (A)			Medium	Large	Large
Respects (S)			Medium	Large	Large
Seek Better Ways (I)			Medium	Large	Large
Celebrate Successes (A)			Large	Large	Large
Sincere (S)			Medium	Large	Large
Give Praise (O)			Medium	Large	Medium
Support to Develop Skills (O)			Medium	Large	Large
Effectively Manage Time (O)			Medium	Medium	Large

Set Realistic Goals (A)	Medium	Medium	Large
Shares Resources (A)	Medium	Medium	Large
Values Staff Safety (S)	Medium	Medium	Large
Copes with Stress (O)	Medium	Medium	Large
Self Care (O)	Medium	Medium	Large
Values Client Safety (S)	Medium	Medium	Large
Calm Under Pressure (O)	Medium	Medium	Medium
Follows safety procedures (S)	Medium	Medium	Medium
Make Ethical Choices (I)	Medium	Medium	Medium
Patient Rapport (S)	Medium	Medium	Medium
Self Respecting (O)	Medium	Medium	Medium
Patients in Decisions (S)	Large	Medium	Medium

Detailed Results: Capability

Detailed Results

The detailed results give you a complete breakdown of the feedback given about the team.

> The feedback is grouped into 6 sections
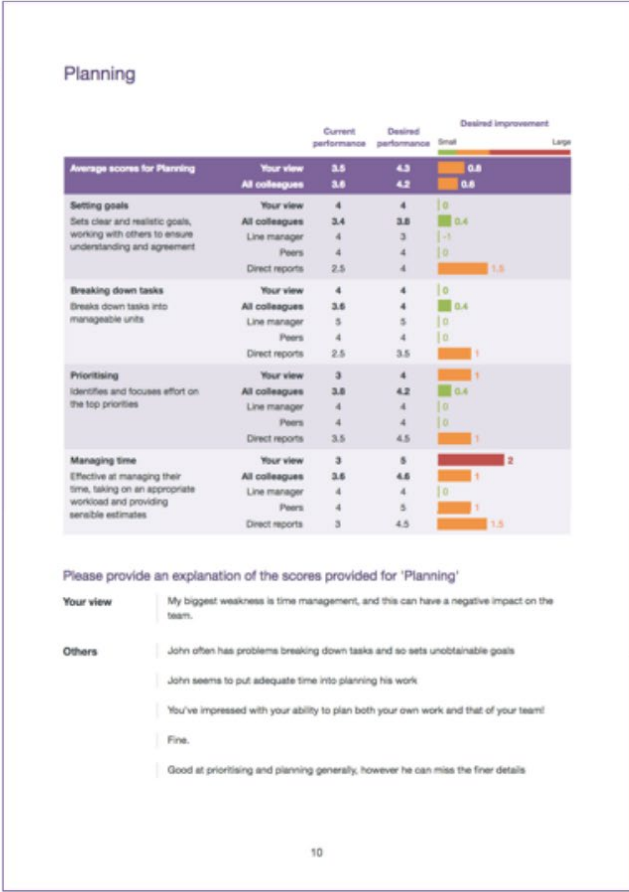
> At the top of each section, you'll see the scores provided and the amount of desired improvement

> If the section included text-based questions, the answers to those questions are shown below.

For each leadership domain and question you will find the average scores of both current and desired level of performance as assessed by each feedback group, Leaders, team members and consumer.

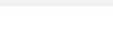| 1	2	3	4	5
None of the time	Rarely	Some of the time	Most of the time	All of the time
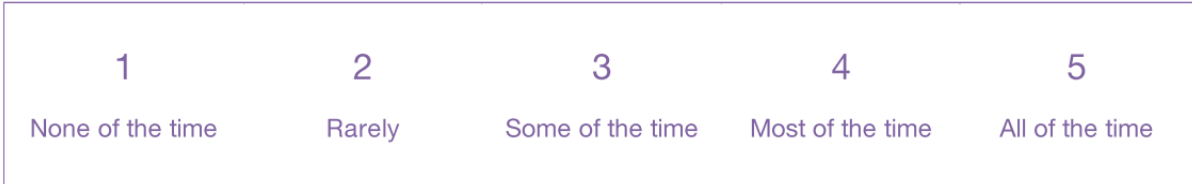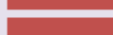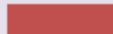
Caring for Self

A highly performing team is always a work in progress. Its members know their strengths and limitations and commit to self-reflection and improvement. They understand and display self-awareness, self-regulation, motivation, empathy and social skills and how these impact their interactions with others within the team. A team demonstrates Care for Self when its members demonstrate integrity in their roles and show resilience in challenging situations.

Teams that Care for Self are self-aware, seek out and take opportunities for personal development and have strength of character.
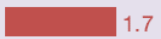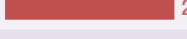
The areas that help teams grow their capabilities in this area include wellbeing, self-awareness, self-mastery, resilience, and integrity.

		Current performance	Desired performance	Desired improvement
Average scores for Caring for Self	**Team Member**	**3.2**	**4.6**	1.4
	All colleagues	**2.8**	**4.7**	1.9
Take Ownership (S) The Obstetrics Team take ownership of their own mistakes.	**Team Member**	**3.1**	**4.5**	1.4
	All colleagues	**2.5**	**4.9**	2.4
	Leader	2.8	4.9	2.1
	Stakeholder	2.2	4.9	2.7
Sincere (S) The Obstetrics Team are sincere	**Team Member**	**3.3**	**4.6**	1.3
	All colleagues	**3.1**	**4.9**	1.8
	Leader	3.3	4.9	1.6
	Stakeholder	2.9	4.9	2
Aware of Impact (S) The Obstetrics Team seem aware of impact on others	**Team Member**	**2.8**	**4.5**	1.7
	All colleagues	**2.4**	**4.6**	2.2
	Leader	2.6	4.5	1.9
	Stakeholder	2.2	4.7	2.5
Enthusiastic Approach (S) The Obstetrics Team have an enthusiastic approach to work	**Team Member**	**3.4**	**4.5**	1.1
	All colleagues	**2.5**	**4.4**	1.9
	Leader	2.4	4.6	2.2
	Stakeholder	2.6	4.2	1.6
Respects (S) The Obstetrics Team treat all others with respect	**Team Member**	**3.2**	**4.6**	1.4
	All colleagues	**2.9**	**4.8**	1.9
	Leader	2.9	4.9	2
	Stakeholder	2.9	4.7	1.8
Make Ethical Choices (I) The Obstetrics Team make ethical choices	**Team Member**	**3.4**	**4.7**	1.3
	All colleagues	**3.4**	**4.8**	1.4
	Leader	3.5	4.9	1.4
	Stakeholder	3.2	4.7	1.5
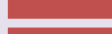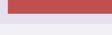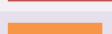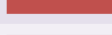
Caring for Team

Team members that engage with each other enable them to see and accept opportunities to contribute, learn and grow. They communicate with honesty and respect and inspire others to share ideas and information, to collaborate and form high performing groups and teams. Team members that engage with others ensure all people, consumers and workers are treated with dignity and respect in all health care settings.

The areas that help teams grow their capabilities to engage with others include quality relationships, developing others, adaptability, trust and integrity, and influence.

		Current performance	Desired performance	Desired improvement Small — Large
Average scores for Caring for Team	**Team Member**	**3.1**	**4.5**	1.4
	All colleagues	**2.7**	**4.5**	1.8
Self Care (T) The Obstetrics Team practise self care	**Team Member**	**3.1**	**4.4**	1.3
	All colleagues	**3.1**	**4.6**	1.5
	Leader	3.5	4.4	0.9
	Stakeholder	2.7	4.8	2.1
Copes with Stress (T) The Obstetrics Team cope well with stress	**Team Member**	**3.3**	**4.4**	1.1
	All colleagues	**2.9**	**4.4**	1.5
	Leader	3.1	4.3	1.2
	Stakeholder	2.7	4.4	1.7
Calm Under Pressure (T) The Obstetrics Team are calm under pressure	**Team Member**	**3.6**	**4.4**	0.8
	All colleagues	**3**	**4.4**	1.4
	Leader	3	4.4	1.4
	Stakeholder	3	4.3	1.3
Self Respecting (T) The Obstetrics Team are self respecting	**Team Member**	**3.5**	**4.6**	1.1
	All colleagues	**3.4**	**4.7**	1.3
	Leader	3.4	4.6	1.2
	Stakeholder	3.3	4.8	1.5
Effectively Manage Time (T) The Obstetrics Team effectively manage time	**Team Member**	**3.4**	**4.5**	1.1
	All colleagues	**2.7**	**4.3**	1.6
	Leader	2.9	4.4	1.5
	Stakeholder	2.6	4.3	1.7
Share responsibility (T) The Obstetrics Team share responsibility effectively	**Team Member**	**2.8**	**4.4**	1.6
	All colleagues	**2.5**	**4.7**	2.2
	Leader	2.8	4.6	1.8
	Stakeholder	2.2	4.8	2.6
Communicate Effectively (T) The Obstetrics Team communicate effectively	**Team Member**	**3**	**4.6**	1.6
	All colleagues	**2.6**	**4.6**	2
	Leader	3	4.8	1.8
	Stakeholder	2.3	4.6	2.3

Communicate Effectively (T)	**Team Member**	**3**	**4.6**	1.6
The Obstetrics Team communicate effectively	**All colleagues**	**2.6**	**4.6**	2
	Leader	3	4.8	1.8
	Stakeholder	2.3	4.6	2.3
Build Positive Dynamic (T)	**Team Member**	**2.7**	**4.5**	1.8
The Obstetrics Team build a positive dynamic	**All colleagues**	**2.3**	**4.6**	2.3
	Leader	2.6	4.6	2
	Stakeholder	2	4.6	2.6
Support to Develop Skills (T)	**Team Member**	**3.1**	**4.5**	1.4
The Obstetrics Team support each other to develop their skills	**All colleagues**	**2.9**	**4.6**	1.7
	Leader	2.9	4.6	1.7
	Stakeholder	2.9	4.6	1.7
Give Praise (T)	**Team Member**	**3.1**	**4.6**	1.5
The Obstetrics Team give praise to each other for a job well done	**All colleagues**	**2.8**	**4.5**	1.7
	Leader	2.6	4.5	1.9
	Stakeholder	3.2	4.6	1.4
Manage Team Conflict (T)	**Team Member**	**2.6**	**4.5**	1.9
The Obstetrics Team manage team conflict effectively	**All colleagues**	**2.2**	**4.5**	2.3
	Leader	2.1	4.4	2.3
	Stakeholder	2.2	4.6	2.4
Address Situations (T)	**Team Member**	**3**	**4.6**	1.6
The Obstetrics Team address challenging situations effectively	**All colleagues**	**2.6**	**4.6**	2
	Leader	2.8	4.5	1.7
	Stakeholder	2.6	4.7	2.1

Achieves Outcomes

Teams focused on achieving outcomes work to make a difference. In the Health Care industry, these teams work with compassion to influence the quality of care and the sustainability of the system. They collaborate with consumers, colleagues and others to identify, influence and set goals that achieve the vision. They are focused, goal oriented, evaluate progress and are accountable for results

		Current performance	Desired performance	Desired improvement (Small → Large)
Average scores for Achieves Outcomes	**Team Member**	**3**	**4.5**	1.5
	All colleagues	**2.6**	**4.6**	2
Are Passionate (A) The Obstetrics Team are passionate about the organisational vision and goals	**Team Member**	2.9	4.3	1.4
	All colleagues	2.4	4.4	2
	Leader	2.4	4.5	2.1
	Stakeholder	2.5	4.3	1.8
Listens curiously (A) The Obstetrics Team listen curiously to ideas and opinions	**Team Member**	2.7	4.5	1.8
	All colleagues	2.2	4.5	2.3
	Leader	2.4	4.5	2.1
	Stakeholder	2.1	4.4	2.3
Shares Resources (A) The Obstetrics Team share resources across the team	**Team Member**	3.3	4.5	1.2
	All colleagues	2.9	4.5	1.6
	Leader	3.3	4.5	1.2
	Stakeholder	2.4	4.6	2.2
Set Realistic Goals (A) The Obstetrics Team set realistic outcome goals	**Team Member**	3	4.5	1.5
	All colleagues	3	4.6	1.6
	Leader	3.1	4.6	1.5
	Stakeholder	2.9	4.6	1.7
Work together (A) The Obstetrics Team work together to achieve goals	**Team Member**	3	4.5	1.5
	All colleagues	2.5	4.7	2.2
	Leader	2.6	4.6	2
	Stakeholder	2.4	4.8	2.4
Look for Improvement Ops (A) The Obstetrics Team look for ways to improve	**Team Member**	3.1	4.6	1.5
	All colleagues	2.7	4.6	1.9
	Leader	3	4.6	1.6
	Stakeholder	2.4	4.7	2.3
Celebrate Successes (A) The Obstetrics Team celebrate successes as a team	**Team Member**	2.8	4.4	1.6
	All colleagues	2.8	4.6	1.8
	Leader	3	4.6	1.6
	Stakeholder	2.4	4.6	2.2

Drives Innovation

Innovation in health is not just for a new product. It includes fundamental changes to business and models of care to achieve people-centred, quality services. A key factor for successful innovation is passionate teams who are willing to challenge the status quo where necessary.

Teams that drive innovation champion the need for improvement, build support for change and positively contribute to spreading innovative practice.

The areas that help teams grow their capability to drive innovation include creativity and innovation, continuous improvement and understanding the process of change acceptance.

		Current performance	Desired performance	Desired improvement (Small → Large)
Average scores for Drives Innovation	**Team Member**	**3.1**	**4.6**	1.5
	All colleagues	**2.7**	**4.6**	1.9
Seek Better Ways (I) The Obstetrics Team look for better ways of doing things	**Team Member**	3.2	4.6	1.4
	All colleagues	2.7	4.6	1.9
	Leader	3	4.8	1.8
	Stakeholder	2.3	4.4	2.1
Adopt Changes (I) The Obstetrics Team adopt changes	**Team Member**	3.2	4.5	1.3
	All colleagues	2.7	4.6	1.9
	Leader	2.9	4.8	1.9
	Stakeholder	2.6	4.6	2
Open to Change (I) The Obstetrics Team are open to change	**Team Member**	2.9	4.5	1.6
	All colleagues	2.5	4.6	2.1
	Leader	2.6	4.8	2.2
	Stakeholder	2.4	4.6	2.2
Eager to Learn (I) The Obstetrics Team are eager to learn	**Team Member**	3.4	4.6	1.2
	All colleagues	2.8	4.7	1.9
	Leader	3.1	4.8	1.7
	Stakeholder	2.4	4.7	2.3
Adjust to Change (I) The Obstetrics Team adjust well to change	**Team Member**	3.1	4.6	1.5
	All colleagues	2.7	4.6	1.9
	Leader	2.9	4.8	1.9
	Stakeholder	2.5	4.5	2

Shapes Systems

Health is a complex evolving system where all the parts, including services, legislation and funding are interconnected. A change in one part has implications for the whole. Teams that are able to recognise patterns of interdependency are able to explain trends and facilitate strategies that achieve maximum benefits and minimise unintended harm or negative consequences.

Teams that shape systems understand and apply systems thinking, engage partners with consumers and communities and build alliances.

		Current performance	Desired performance	Desired improvement (Small — Large)
Average scores for Shapes Systems	**Team Member**	**3.4**	**4.7**	**1.3**
	All colleagues	**3.2**	**4.8**	**1.6**
Follows safety procedures (SS) The Obstetrics Team follow site safety procedures	**Team Member**	**3.7**	**4.7**	**1**
	All colleagues	**3.5**	**4.9**	**1.4**
	Leader	3.6	4.9	1.3
	Stakeholder	3.4	4.9	1.5
Values Staff Safety (SS) The Obstetrics Team treat staff safety as a core value	**Team Member**	**3.2**	**4.7**	**1.5**
	All colleagues	**3.2**	**4.8**	**1.6**
	Leader	3.4	4.8	1.4
	Stakeholder	3.1	4.9	1.8
Values Client Safety (SS) The Obstetrics Team treat client safety as a core value	**Team Member**	**3.6**	**4.8**	**1.2**
	All colleagues	**3.4**	**4.9**	**1.5**
	Leader	3.6	5	1.4
	Stakeholder	3.1	4.9	1.8
Actively Cares (SS) The Obstetrics Team actively care for others	**Team Member**	**3.2**	**4.7**	**1.5**
	All colleagues	**2.9**	**4.8**	**1.9**
	Leader	3.1	4.9	1.8
	Stakeholder	2.7	4.8	2.1
Patients in Decisions (SS) The Obstetrics Team include patients in decision making	**Team Member**	**3.2**	**4.8**	**1.6**
	All colleagues	**3.7**	**4.9**	**1.2**
	Leader	3.8	4.9	1.1
	Stakeholder	3.7	5	1.3
Patient Rapport (SS) The Obstetrics Team effectively build rapport with patients	**Team Member**	**3.4**	**4.8**	**1.4**
	All colleagues	**3.5**	**4.9**	**1.4**
	Leader	3.5	4.9	1.4
	Stakeholder	3.4	4.9	1.5
Works with Other Services (SS) The Obstetrics Team work effectively with other services	**Team Member**	**3.3**	**4.6**	**1.3**
	All colleagues	**2.4**	**4.7**	**2.3**
	Leader	2.4	4.8	2.4
	Stakeholder	2.3	4.7	2.4

National Safety, Health and Quality Health Service Standards

The National Safety and Quality Health Service (NSQHS) Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations.

The NSQHS Standards were developed by the Commission in collaboration with the Australian Government, states and territories, private sector providers, clinical experts, patients, and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. The eight NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health services.

		Current performance	Desired performance	Desired improvement
Average scores for National Safety and Quality Health Service Standards	**Team Member**	**3.5**	**4.8**	1.3
	All colleagues	**3.4**	**4.8**	1.4
Help Patients Feel Safe (St) The Obstetrics Team help patients feel safe	**Team Member**	3.5	4.8	1.3
	All colleagues	3.1	4.8	1.7
	Leader	3.4	5	1.6
	Stakeholder	2.9	4.6	1.7
Seek Feedback (St) The Obstetrics Team seek feedback from patients	**Team Member**	3	4.6	1.6
	All colleagues	3.3	4.8	1.5
	Leader	3.3	4.9	1.6
	Stakeholder	3.4	4.6	1.2
Act on Feedback (St) The Obstetrics Team act on feedback from patients	**Team Member**	3.1	4.7	1.6
	All colleagues	3.3	4.7	1.4
	Leader	3.3	4.9	1.6
	Stakeholder	3.3	4.3	1
Prevent Infections (St) The Obstetrics Team act in ways to prevent infections	**Team Member**	4	4.8	0.8
	All colleagues	3.9	4.9	1
	Leader	4	5	1
	Stakeholder	3.8	4.9	1.1
Inform Patients (St) The Obstetrics Team inform patients of medication use, needs and risks	**Team Member**	3.6	4.8	1.2
	All colleagues	3.6	4.9	1.3
	Leader	3.6	4.9	1.3
	Stakeholder	3.5	4.8	1.3
Prevent Harm (St) The Obstetrics Team prevent harm to patients	**Team Member**	3.7	4.8	1.1
	All colleagues	3.6	4.9	1.3
	Leader	4	5	1
	Stakeholder	3.3	4.9	1.6

Patient Care Consistency (St)	**Team Member**	**2.8**	**4.6**	�	1.8
The Obstetrics Team are on	**All colleagues**	**2.8**	**4.7**		1.9
the same page as each other	Leader	2.9	4.9		2
when it comes to patient care	Stakeholder	2.8	4.6		1.8
Explain blood procedures (St)	**Team Member**	**3.9**	**4.8**		0.9
	All colleagues	**3.6**	**4.9**		1.3
The Obstetrics Team explain blood procedures	Leader	3.9	5		1.1
appropriately to patients	Stakeholder	3.2	4.8		1.6

Results: Culture
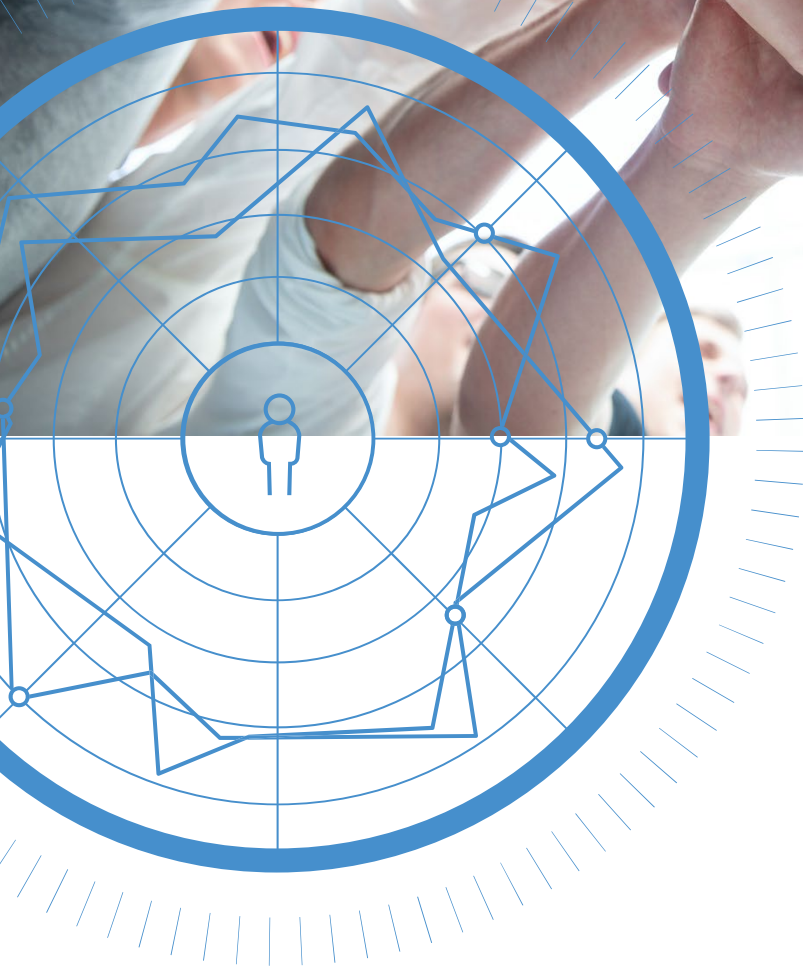
Culture Results

Culture is the entrenched attitudes and opinions shared by a group of people, and the organisations pattern of response to the problems and opportunities it encounters. Generative Culture was first identified by noticing **how groups of people relate to the flow of information** in their work environment. The insight about information flow led to the development of a culture typology which identified three dominant types: Detrimental, Bureaucratic, and Generative (Westrum).

The features of these types are shown in the following table.

Detrimental	Bureaucratic	Generative
Power Oriented	*Rule Oriented*	*Purpose Oriented*
Characterized by low cooperation, blame, hiding incidents. Information is often withheld for personal gain. It is not safe to speak up, especially if doing so might be embarrassing. Messengers are shot, responsibilities are shirked. When things go wrong, a scapegoat is found and punished. There is no real learning from failure.	Focused on positions, hierarchy, span of control. Responsibilities are compartmentalized by departments that seek to preserve their own existence and power. Information must flow through standard channels or procedures, in order to preserve status quo. Messengers are neglected, responsibilities are narrowed. When things go wrong, there is a process to produce retribution. Learning is institutional.	The hallmarks are good information flow, high cooperation and trust, bridging across teams, and conscious inquiry. Psychological safety creates openness, curiosity, care, and systemic learning. There is awareness of the importance of getting the right information to the right people, in the right form at the right time. When things go wrong, people look for a systemic cause and for systemic solutions, a recognition of the interrelated parts of the organization. Messengers are trained.

Eight valid and reliable, quantitative and three qualitative (open text) culture questions were asked to get an insight into shared attitudes and beliefs about the features above, that enable insights into understanding the current mixture of culture typologies in the team.

The Quantitative questions asked were: **In my team;**

1. **Information is actively sought.**
2. **I feel genuinely cared for.**
3. **In my team, new ideas are welcomed.**
4. **Messengers are not punished when they deliver news of failures or other bad news.**
5. **Failure leads to inquiry.**
6. **Responsibilities are shared.**
7. **Cross-functional collaboration is encouraged and rewarded.**
8. **I am motivated to work safely because I care.**

The Qualitative questions asked were:

- What does the team do well?
- What could the team do better?
- Any other feedback?

Quantitative Results

A ten-point scale was used when asking the question: *"How would you rate the current workplace culture of your organisation? "*

1 = Worst Workplace Culture - unhappy staff, no communication, lots of conflict, no relationships, poor teamwork

10 = Best Workplace Culture - happy and motivated staff, open communication, fantastic teamwork and great leadership

Staff Culture Score	4.86

1	2	3	4	5	6	7	8	9	10

Work Workplace
Culture

Best Workplace
Culture
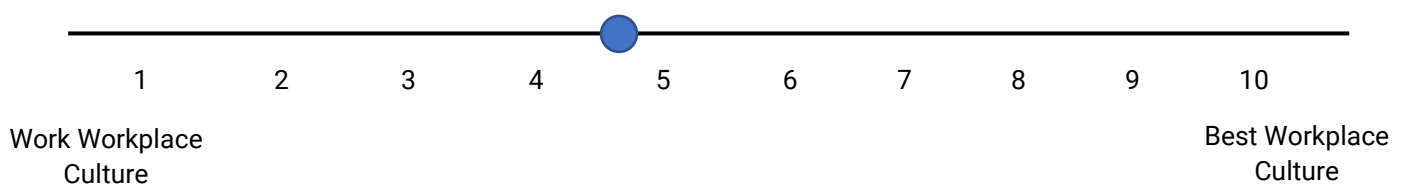
Insights into what contributed to this score are explored in the Qualitative Analysis section.

Each team member was asked to reflect key elements of culture. The results are shown below.

Team Culture

Statement							
In my team, information is actively sought				17%	50%	17%	17%
In my team, I feel genuinely cared for		33%		17%	17%	17%	17%
In my team, new ideas are welcomed		17%			67%		17%
In my team, messengers are not punished when they deliver news of failures or other bad news				17%	17%	50%	17%
In my team, failure leads to enquiry				17%	33%	17%	17%	17%
In my team, responsibilities are shared		17%	50%		17%		17%
In my team, cross-functional collaboration is encouraged and rewarded		17%	33%		33%		17%
In my team, I am motivated to work safely because I care				17%	17%	50%	17%

■ Strongly Disagree   ■ Disagree   ■ Somewhat Disagree   ■ Neither Agree or Disagree   ■ Somewhat Agree   ■ Agree   ■ Strongly Agree

Percentages <5% are not shown

The highest performing questions

Levels of agreement for the following questions were:

- 67% feel they are motivated to work safely because they care.
- 67% feel that messengers are not punished when delivering news of failures or other bad news.

Lower performing questions

- Just 17% felt genuinely cared for. This item also had the highest levels of strongly disagree (33%).
- 67% of the team either disagree or strongly disagree that responsibilities are shared.
- Only 17% agreed that cross-functional collaboration is encouraged or rewarded. This item had 40% of the team strongly disagreeing or disagreeing.

Analysis of Culture Typology

As outlined earlier, there are three culture typologies: Detrimental, Bureaucratic and Generative.

Generative Culture is not an end state, or a state of perfection where things do not go wrong, but rather it is a way of working together, learning, being curious and purposeful, and continually getting better at detecting and addressing hazards. Generative Culture needs to be cultivated and cared for.

Both Detrimental and Bureaucratic cultures are detrimental to psychological safety and team performance, but to different degrees.

The Detrimental culture is seen as 'individual focussed' where a person's desire to stay safe (mentally, physically, socially or psychologically) may inadvertently put others and achievement of goals at risk. For example, not speaking up when a hazard is spotted in order to not be seen to challenge or embarrass a teammate, leaves that teammate exposed to risk.

Bureaucratic culture is seen as having certain characteristics that inhibit performance and some that are more supportive. For example, "best practices" might be stored in the information system that is collated or developed by a particular function. If the nature of that work lends itself to a 'police state,' the culture will be less open information sharing.

However, if that work is done with a customer focus in mind, it can be supportive of the free flow of information and better coordination. For this reason, we see the Bureaucratic culture as having two poles, one that tends toward Detrimental and one that tends toward Generative. This is a point of leverage for developing toward a high performing culture.

Teams and organisations often have elements that represent the three typologies and the challenge is to identify what is holding back the growth and sustainability of Generative culture.

For this Team we see the proportion of each typology currently present shown in the graph below. This view is based on the quantitative results.

Also below is a summary of the elements present, that contribute to each typology as expressed by participants. These recognise both what is working for and holding back additional performance results.

Generative culture creates safer, higher performing people, teams and organisations.

Culture Typology

Bureaucratic Negative 46%

Bureaucratic Positive 17%

Detrimental 21%

Generative 17%
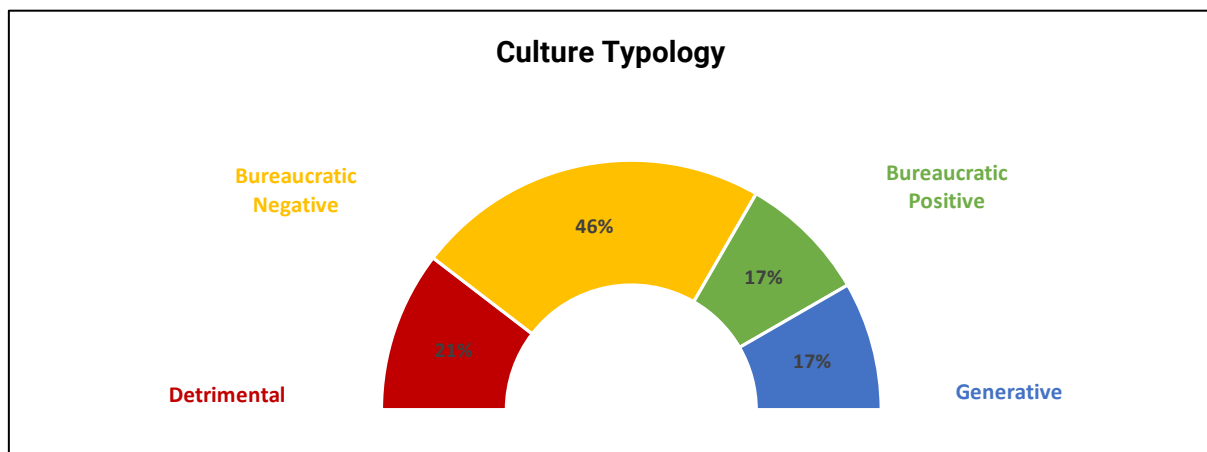
TEAM: Culture Typology

Team members we asked **"How do we do things around here?"** and themes from the answers to this question help to understand further how the typologies are experienced.

Positive feedback themes reflect the Bureaucratic Positive and Generative Typologies in the Graphic above. The comments that are negative or neutral in nature reflect the Negative Bureaucratic and Detrimental Typologies in the graphic above.

Comments reflecting the Detrimental and Bureaucratic Negative typologies included poor teamwork, not feeling safe to speak up, or heard when do, conflict in front on patient and families and poor communication, feeling time poor and work management practices could be better was also mentioned. This was slightly balanced by some comments indicating that members felt trusted to do their job by peers within their discipline.

Further information on themes is outlined in the Qualitative Analysis section.

Qualitative Analysis

Team members were asked to provide answers to the following open text or qualitative questions:

1. Describe the way 'we' do things in this team (e.g., make decisions, organise work, communicate with each other)
2. How do people behave to 'fit in' and 'get ahead' in this organisation?
3. What changes in this organisation could make things more effective and safe?

Based on the themes that emerged from their responses to the questions, the following conclusions were made around 'what's working,' and 'what's missing or could be better.'

What's working about our current team culture?

1. Commitment to Purpose

The wider obstetrics team reported being highly committed to providing quality care. This clear theme was reported through the qualitative feedback time and time again.

> For example:
>
> *"I love my job and where I work is my community. My children were born here, and it is not just a job for me."*
>
> *"Maternity staff at XX are extremely positive and work hard to provide good care to women and their families."*
>
> *"Midwifes are great advocates for the patients and strive to achieve a safe outcome."*
>
> *"The obstetrics team deliver a great service to the community."*

2. Strong Intradepartmental Unity/Teamwork (within some teams)

Many respondents from the Midwifery team reported having excellent working relationships within the Midwifery team.

> For example:
>
> *"Midwives are a great team together."*
>
> *"Midwives work well as a team and back each other. We are well prepared for emergencies."*

A moderate theme indicating that working relationships across the "sub-teams" were improving, was also reported.

For example:

"The collaboration between midwifes and medical staff is steadily improving as roles become clearer and personnel has been increased."

"We have a great group of RMO's and some amazing Registrars, who are great communicators and will listen to what the woman wants and include them in decisions."

"Some of our doctors are brilliant."

3. Some improvements experienced due to recent leadership efforts

A moderate number of raters reported the theme that some leaders were making an incredible effort under very challenging circumstances.

For example:

"Leaders are making more of an effort recently. Everyone seems to be treated more equally now and there's more of an effort to be open about things."

"Some leaders are working over and above to keep the unit safe and prevent harm coming to patients."

What's missing from our current team culture? What could be better?

1. Multidisciplinary Team Cohesiveness
Relationships

The overwhelmingly clear theme reported throughout the qualitative data referred to a toxic and dysfunctional relationship between the multidisciplinary teams.

The primary division is between the Midwifery team and the Medical team and in particular the Obstetricians. This appears to relate to quite differing views of what equates to quality care. The Midwifery team consistently refer to advocating for "woman-centred care" vs "medical-centred care."

They indicate a clear preference for a "natural birth." The Obstetricians are viewed as having a preference for "Medical Interventions such as a C/S" and view this procedure as less risky once certain clinical indicators appear. These contrasting views create significant tension between the two professional groups.

For example:

> "I feel there is a big gap between medical and midwifery staff in terms of informed consent including thorough explanation of the risks and benefits of procedures."

> "I feel the midwives are not listened to, not taken seriously, and feel sometimes they cannot advocate for their patient."

> "Midwives advocate for these women and can be met with conflict from the obstetric team when a woman 'refuses' to follow a plan that was not made with the woman in the first place."

> "Some obstetricians will allow a more woman focussed care, whereas others are 'deliver her by 5pm or I'll do a caesarean on her!'"

> "Midwives exhaust themselves protecting a woman's rights and her body from unnecessary medical interventions."

Model of Care

A moderate number of raters reported the theme that the model of care within the department was a contributing factor to the divisive and dysfunctional working relationships across teams.

For example:

> "Until every speciality that participates in a significant proportion of Obstetric care (especially clinicians who are involved when the patient requires interventional care) are given a seat at the table, we will not become the high performing team that we want to be."

> "The key problem with the department is the cultural divide between the midwifery care model and the obstetric medical model. A patient cannot be admitted to a public hospital with being under a consultant of any specialty; however in obstetrics a model has evolved where the patient can spend hours in a hospital bed and not see a medical officer. The evolution of this model and the problems associated with it are the responsibility of the executive who have failed to galvanise the obstetric team members into a team. What has been fostered is a division approach to patient care with the expectant mother being either a midwifery patient or an obstetric medical patient. Lost has been the outcome for the infant. This has led to a fracturing in the department with a lack of cohesion and poor patient outcomes."

> "The new pathway written based on months of research unfortunately does not get followed because the junior doctors do not know the pathway. This is because they have not been taught it because the obstetricians do not teach it. The midwives have been trained well and follow it to their best ability but being a multidisciplinary pathway, it requires everyone's input."

Styles

The Obstetric Consultant group were described by other 'rater groups' as being incredibly challenging to work with.

For example:

"The Obstetric Consultants regularly argue/bully/put down individuals in front of other team members."

"Obstetricians don't listen to other professionals, 'it's my way or the highway.'"

"Ob Consultants speak down to us, are derogatory, and rude."

"The Ob Cons aren't interested in collaborating. They often don't turn up to simulations."

"We are made to feel subservient."

Clinical Practice

The Midwifery team reported a strong theme that raised concerns about the clinical practice of *some* of the Obstetricians and Registrars.

For example:

"They frequently refuse to attend the hospital in times of urgent care when requested by the CM."

"Majority of the time the consultants sit in their office and don't attend triage when called because the Reg is busy attending to all the other issues in the hospital they are made to consult for."

"The obstetric consultant's lack of involvement with writing / practicing simulation pathways for patients with COVID led to unnecessary stress for many staff."

"The obstetricians and registrars do not follow policy or guidelines but set plans to what suits them without consulting and discussing with the woman or her family."

"I feel that the standard of senior obstetric cover could potentially put patients at harm and put midwives in an unsafe work environment. An example of this is the hiring of Obstetric registrars in the department. The registrar is usually the only person acting at this level to cover obstetrics and gynaecology for the entire hospital, which is an immense workload."

2. Psychological Safety

Psychologically 'unsafe' Environment

A strong theme reported an extremely low sense of psychological safety. Instead, the culture was reported as a "Toxic, Blame" culture that was "emotionally exhausting and very stressful."

For example:

"The atmosphere is threatening and toxic."

"I feel scared to come to work and make a mistake because I know that management will not protect me."

"There is a clear gulf between the three craft groups with an extremely high degree of mistrust and dysfunction."

"Midwives are blamed for poor outcomes that have occurred and the Dr's have had no repercussions at all for doing the harm to pt's and babies."

"The Registrars are so scared of the consultants."

"It often feels our most junior doctors are "used and abused", without the support they require from their seniors."

"There is lack of transparency at administration level thus leading to lack of trust."

"There is an ingrained culture of blame which has destroyed all sense of teamwork across the various disciplines."

"There is a culture of fear among clinicians that is causing defensive frame of mind."

"Many a time I have come on shift anxious about what I am about to walk into. We have to just 'deal and get on with it' far too often and it is the patients and our mental health that suffers. No-one wants to come to work when such morale exists."

3. Strong Leadership and Effective Co-ordination/Resourcing of Department

A strong theme reported issues about staffing/workload levels, inadequate performance management, inadequate training/development and safety concerns related to decisions about bypass.
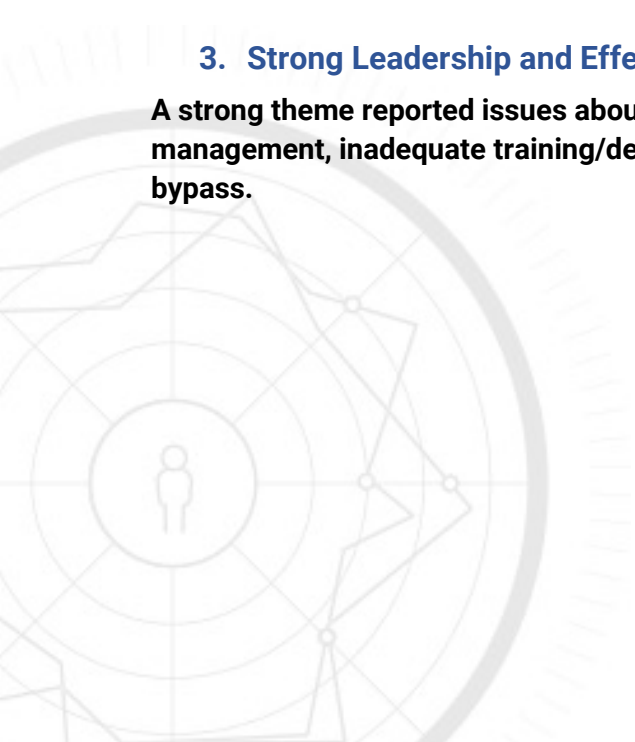
Staffing/Workloads

Adequacy of staffing levels and ability to handle workloads was described by many of the raters.

For example:

"We are always understaffed with a growing number of presentations and acuity."

"There's increasing workload, expectations, acuity of patients and no increase in staff to accommodate this. It's unsafe for staff and patients."

"It is difficult to organise the work as there is often understaffing and midwives on the ward have to have 5 or 6 patients (and their babies) each. Likewise the doctors appear to be flat out and not have enough time for each woman because they are covering all areas (gynae, labour ward, ward, caesareans)."

"Staffing is based on numbers not acuity."

"Our staffing levels almost always feels unsafe, babies on the ward need to be considered in our patient loads."

"Staff morale is quite low, it's been busy and we are burnt out. Leave requests get declined and we sometimes work with unsafe staffing levels."

"It is a clear observation that micromanagement is the working principle. Managers with little or no experience in the specialty make big decisions disregarding the views of the specialists in the discipline."

Performance Management

The view that performance of staff, management of poor behaviours and not acting on 'what is known' was another clear theme within the leadership theme.

For example:

"It appears Drs can't do anything wrong even though the MW's complete datixs and emails sent It is all swept under the carpet by the management in each area."

"Clinical incidences are discussed behind closed doors without the involvement of ALL senior clinicians and team members involved."

"The obstetric consultant's lack of involvement with writing / practicing simulation pathways for patients with COVID led to unnecessary stress for many staff. This was due to gaps/unanswered questions in the pathway. Regular unanswered emails by consultants had a knock-on effect to the many stakeholders involved when maternity patients go to theatre. Even though the obstetricians were informed that we needed early / senior decision making as well as their presence to increase staff numbers in COVID scenarios they answered that they would only come in from home if there was an obstetric need not for the multiple reasons that would decrease risk to patient/ staff. This had to be escalated to the executive and even still the consultants will not give a straight answer when questioned as to their plan in this scenario."

"Executive have a status quo attitude, which will not bring any improvement in organisation."

"The biggest problem we have is that senior management know about how dysfunctional, toxic and unsafe our department is and they don't seem to do anything about it. The divisive and disrespectful behaviour keeps on happening."

"The evolution of this model and the problems associated with it are the responsibility of the executive who have failed to galvanise the obstetric team members into a team."

"The fact that the executive have allowed for this to go on for so long is not right."

Teaching/Team time

Time and approach towards teaching others, and spending time as a team was also mentioned.

For example:

"There is no protected teaching time and administration thinks it's waste of time. Teachings during lunch time are ineffective."

"Similarly there is no provision of protected teaching time for doctors despite RANZCOG recommendations."

"There is a monthly meeting involving the consultants, senior midwifery management and executive but this is not fed back to the team."

"We never celebrate successes and very rarely discuss goals and outcomes as a full team."

Bypass Concerns

Effectiveness of decision making around the need to 'Bypass' patients was raised, particularly as it relates to patient and staff safety.

For example:

"A few weeks ago, we had NO beds on the ward, 2 pts had to stay in labour overnight as we had nowhere to put them, and we still had 2 ladies coming in for booked sections (with no beds for them). They ended up going to theatre from assessment trolleys, and were still waiting for proper allocated rooms when they came back from theatre, and management STILL did not want to put us on bypass. (They did eventually) But It's just plain dangerous."

"Staffing levels and skill mix is an ongoing concern for midwifery staff. Leaving junior staff to coordinate is both unsafe and unfair. Having multiple staff members concerns about acuity and staffing levels be dismissed by the after hours manager because the executive team "will not approve" bypass even when the staffing levels are below that of the ANF recommendations makes the staff that are working feel both unsafe and fearful that they will miss something purely due to them being over stretched."

"If we need to go on bypass and decisions are being made on the unit's behalf by others, maybe those others should come to the unit to see if the unit is safe to go on bypass or not."

"There is a lot of pressure from the executive on the unity and micromanagement so that decisions like bypass cannot be made without approval of an executive......I think it should be a clinical judgement by DNM/MUM and consultant,(at most HOD)"

Describe the way "we" do things in this organisation?
(e.g. make decisions, organise work, communicate with each other).

1. Conforming Culture

The overwhelmingly clear theme was to be "compliant."

> For example:
>
> *"I think you 'fit in' by quietly and compliantly doing your job and by not making constructive criticism or questioning processes/decisions."*
>
> *"Comply with the wishes of a select few doctors and agree to all of their plans even if not evidence based."*
>
> *"Just shut up and get on."*
>
> *"Abide by all rules and not challenge any obstetric decisions you will go far."*
>
> *"Tow the line."*
>
> *"Keep quiet and keep your head down."*

What would make this organisation more effective and safe?

1. Improved Relationships

By far the greatest change suggestion was the desire to improve relationships by removing the blame culture that currently exists amongst the members of the Obstetrics Team.

> For example:
>
> *"The relationships between the Midwives and the Doctors and the Consultants must improve."*
>
> *"Respect each persons' expertise and knowledge."*
>
> *"Expand relationships with other key 'team' members such as Ward Clerks and PCA's they are often under pressure and are vital to the smooth operation of service and safety to our stakeholders."*
>
> *"Open lines of communication between ALL members."*

2. Improved Structure and Patient Pathway

The current model of care and therefore structure creates divide between the Obstetrics Team.

> For example:
>
> *"There is no collaboration"* Instead we need *"multidisciplinary team cohesiveness."*
>
> *"We should run no fault methods of exploring and learning from past mistakes or issues."*

> "We must work more collaboratively; and Clinical decisions made collaboratively with consideration for policy and procedure."

3. Improved Leadership

It would appear from the comments made throughout the qualitative data that leadership at multiple levels and areas could be improved.

For example:

"Consultants are not held accountable".

"Staff Development Midwives need to increase their support and learning to new midwives as there is concern that they are being thrown into the deep end quite often and as a result burning out."

Management that is *"Cognisant with the nuances of managing staff; rather than dictating and micromanaging."*

"Career Progression and staff development opportunities."

"Executive have a status quo attitude, which will not bring any improvement in organisation."

4. Improved Processes for Better Patient Outcomes

A recurring theme throughout the feedback were suggestions on how processes and practices could be changed for safer outcomes for women and their babies.

For example:

"Always 2 triage midwives across all shifts including weekends, particularly Sunday late shift. Currently on a Sunday there is only 1 Midwife after 17.30 left to do all inductions and any other activity on her own until night shift commences."

"Have a consultant closer than 20mins away from hospital after hours."

"Staffing ratios – better support for junior staff or new starts to the ward."

"Staffing levels feel unsafe, consultants/doctors are unavailable frequently."

"Better staff to patient ratios not based on nursing hours which change depending on the patients' acuity. Babies aren't counted as patients and should be as antenatal care is demanding."

"Care is being compromised as the load for post-natal staff is too high."

"Include women in decision making- inform, be transparent and give them choice... Informed consent with women- educating them on risks/benefits of all procedures and let them make a choice."

"When in By-Pass we need dedicated midwives who don't get pulled."

"Allow casuals to work 7 hours and agency 6.5hours to allow adequate handover- vital aspect of safe patient care."

Mental health and fatigue levels of midwives. *"Emotional support after an event"*

Having all members within the multidisciplinary team integrating and implementing the new pathway into practice. *"The junior doctors don't know it as they have not been taught by the obstetricians".*

Results: Impact

Impact - Psychological Safety & Engagement

The relationship between psychological safety in a team environment and a team's safety performance is significant.

Psychological safety is a key measure of a team's culture and that of a Generative Culture, thus we have embedded its characteristics into the four factors (as assessed in the Capability section). Psychology safety is also an outcome of the development of the four factors and a good measure of a team's working environment, so we include it in our assessment of impact to indicate how well leaders and teams are progressing in their journey toward high performance.

Employee engagement is the emotional commitment an employee has to their organisation and its goals (Forbes, 2012). While employee satisfaction is a component of engagement, it is not simply how 'happy' they feel at work or how 'satisfied' an employee is because a very satisfied or happy employee may not go the extra mile.

Psychological Safety

Team psychological safety is defined as "a shared belief that the team is safe for interpersonal risk taking and will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes." (Edmondson, 1999). It's important to recognise here that team psychological safety is not the same as group cohesiveness, as cohesiveness can reduce willingness to disagree and challenges others' views.

As Figure 1 below shows, team psychological safety is a social condition in which members feel (1) included, (2) safe to learn, (3) safe to contribute, and (4) safe to challenge the status-quo – all without fear of being humiliated or punished in some way.
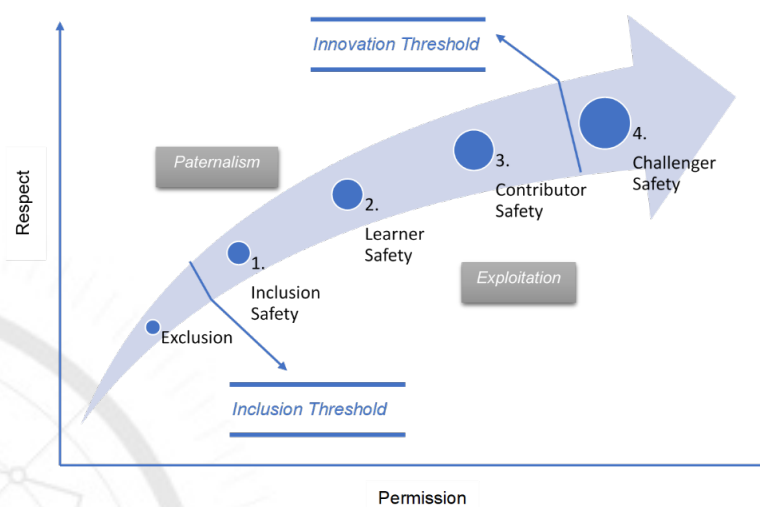
Figure 1: The four stages of psychological safety (Clarke, 2020)

Participants were asked to rate their level of agreement with the seven psychological safety questions. The results are shown below.

Psychological Safety

Question	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
If I make a mistake in this team, it is not held against me.*				50%	17%	17%	17%
Members of this team are able to bring up problems and tough issues.	17%	17%		17%	17%	17%	17%
People on this team do not reject others for being different.*	33%	33%		17%			17%
It is safe to take an educated risk in this team.				67%	17%	17%	
It is not difficult to ask other members of this team for help.*	17%				33%	33%	17%
No one on this team would deliberately act in a way that undermines my efforts.	17%		17%	33%		17%	17%
Working with members of this team, my unique skills and talents are valued and utilised.	17%	17%		17%	17%		33%

■ Strongly Disagree   ■ Disagree   ■ Slightly Disagree   ■ Neutral   ■ Slightly Agree   ■ Agree   ■ Strongly Agree

Percentages <5% are not shown

*Question was negatively worded in the survey and has been reversed and reworded in the report

Top Areas
- 47% of the team felt their unique skills and talents are valued and recognised.
- 47% of the team believe it is not difficult to ask other members of this team for help.

Opportunity Areas
- 66% of team members disagree or strongly disagree that 'people on this team do not reject others for being different.
- Only 34% of team members believe that if they make a mistake on this team, it is not held against them.
- Only 34% of team members agree or strongly agree that members of the team are able to bring up problems and tough issues.

Summary Analysis

The results indicated that there is a large proportion of the group who feel a moderate risk to their psychological safety within the team as demonstrated in the Opportunity Areas where scores are between less than 50%.

The results indicate team members are most likely to work independently in the absence of a strong connection and sense of safety between team members.

Due to these underlying themes, staff may behave in ways that may put their (and others) safety at risk by avoiding asking for help or raising concerns. They may also avoid putting themselves into the spotlight by not raising ideas and concerns, follow policies and practices, thus stifling collaboration, innovation, creativity, and a diversity of thought. Team potential is being limited by poor interpersonal relationships.

Impact – Organisational View

This section of the survey assesses the level of engagement staff feel with the Organisation. Participants were asked to rate their level of agreement to these statements in relation to the larger organisation. The results are shown below.

Impact - Organisational

Statement	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree	Engagement Score
I have the opportunity to develop my skills at this organisation	17%	17%		17%	17%	17%	17%	33%
I see my medium term future working within this organisation				33%		50%	17%	67%
I understand how my role contributes to this organisation achieving its goals	17%			17%	17%	33%	17%	50%
I have ideas on how to improve the organisation				17%		67%	17%	83%
My ideas on how to improve the organisation are listened to	17%	17%		17%	33%		17%	17%
I feel proud working for this organisation	17%			17%	33%	17%	17%	33%
I would recommend this organisation to a friend or family member as a good place to work	17%	17%		33%	17%		17%	17%
I speak positively about this organisation outside of work	17%			33%	17%	17%	17%	33%
I feel valued at this organisation	33%		17%		33%		17%	17%
I am satisfied with my current employer	17%		17%	17%		33%	17%	50%
I feel a strong connection with the Vision and/or Mission of this organisation	17%		17%	50%			17%	17%
								38%

Legend: ■ Strongly Disagree ■ Disagree ■ Slightly Disagree ■ Neutral ■ Slightly Agree ■ Agree ■ Strongly Agree

Percentages <5% are not shown

Engagement score is the sum of the 'Strongly Agree' and 'Agree' responses

Top Areas

- 83% of the team have ideas on how to improve the organisation.
- 67% of the team see their medium term future working within the organisation.

Opportunity Areas

Four items had just 17% of team members strongly agreeing:

- Their ideas on how to improve the organisation are listened to.
- Feel valued by the organisation.
- Feel a strong connection to with the Vision and/or Mission of the organisation.
- Would recommend this organisation to friends and family as a good place to work.

Summary Analysis

The results indicated that team members have ideas on how to improve the organisation, however, feel ideas are not listened to, likely contributing to low levels of feeling valued. While there is a moderate level of pride felt as a result of working for the organisation, this does not translate to recommending it to friends or family members as a good place to work.

There is some opportunity to greater connect team members to organisation vision and/or mission, provide opportunities to develop skills and provide mechanisms and a safe environment for ideas to be shared and listened to as a means to increase their sense of value. When staff feel valued, they're more likely to remain loyal to the organisation, have increased job satisfaction, engage in safety behaviours, help others more, and improve performance.

Impact - Team View

This section of the survey assesses the level of engagement staff felt within their TEAM. Participants were asked to rate their level of agreement to these statements in relation to their working team, the results are shown below.

Impact - Team

Statement	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree	Engagement Score
I am supported to progress my career	17%	33%				33%	17%	50%
I feel fully included as a member of my team	17%	17%		17%		33%	17%	50%
I feel trusted to do my job	17%		17%			50%	17%	67%
I feel encouraged to use my skills and knowledge at work	17%			17%	17%	33%	17%	50%
I feel satisfied when I am at work	17%		17%	17%	17%	17%	17%	33%
I feel the effort I put in is equal to the reward I take out	17%	17%		17%		33%	17%	50%
I feel motivated to work hard	17%		33%		17%	17%	17%	33%
I am committed to our team's current plan	17%			33%	17%	17%	17%	33%
I understand what is expected of me in my role	17%				17%	50%	17%	67%
In my team good work is recognised	17%		17%	17%		33%	17%	50%
								48%

■ Strongly Disagree   ■ Disagree   ■ Slightly Disagree   ■ Neutral   ■ Slightly Agree   ■ Agree   ■ Strongly Agree

Percentages <5% are not shown

Engagement score is the sum of the 'Strongly Agree' and 'Agree' responses

Top Areas
- 67% of the team clearly understand what is expected of them at work.
- 67% of the team feel trusted to do their job.

Opportunity Areas
- 50% of the team do not feel motivated to work hard.
- 50% of the team do not feel supported to progress their career.
- Just 33% are committed to the team's current plan.
- Only 50% of the team believe the effort they put in is equal to the reward they take out and that good work is recognised.

Summary Analysis

Overall engagement was consistently low across both the organisational level and team level.

While team members generally understand what is expected of them in their role and feel trusted to do their job, motivation and satisfaction are low.

Reward, recognition and opportunities to progress career and grow skills were clearly identified as a key factors to improve employee engagement both within the team and organisation. Studies show that for every piece of criticism that an employee receives (constructive or not), they need at least 6 instances of positive reinforcement to promote growth (Losada & Heaphy, 2004). This combined with training opportunities or succession planning may lead staff to feel more valued, more engaged, and more committed to the organisation.

Results: Summary

Summary

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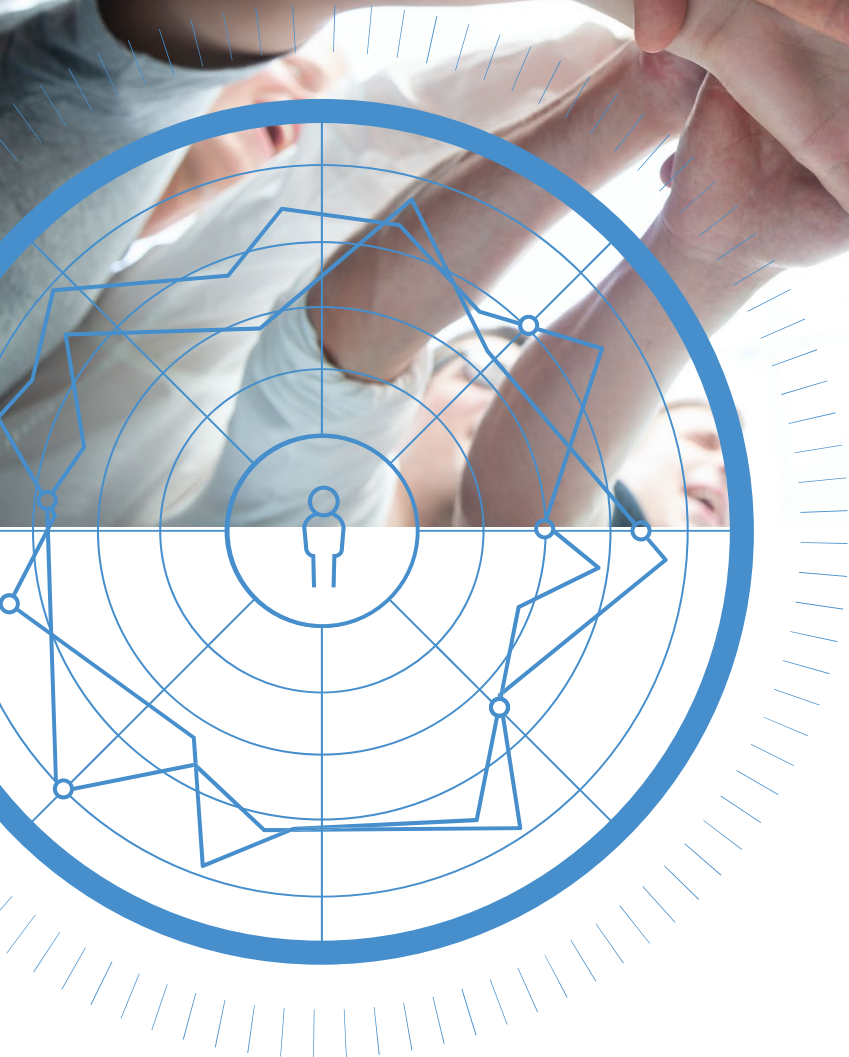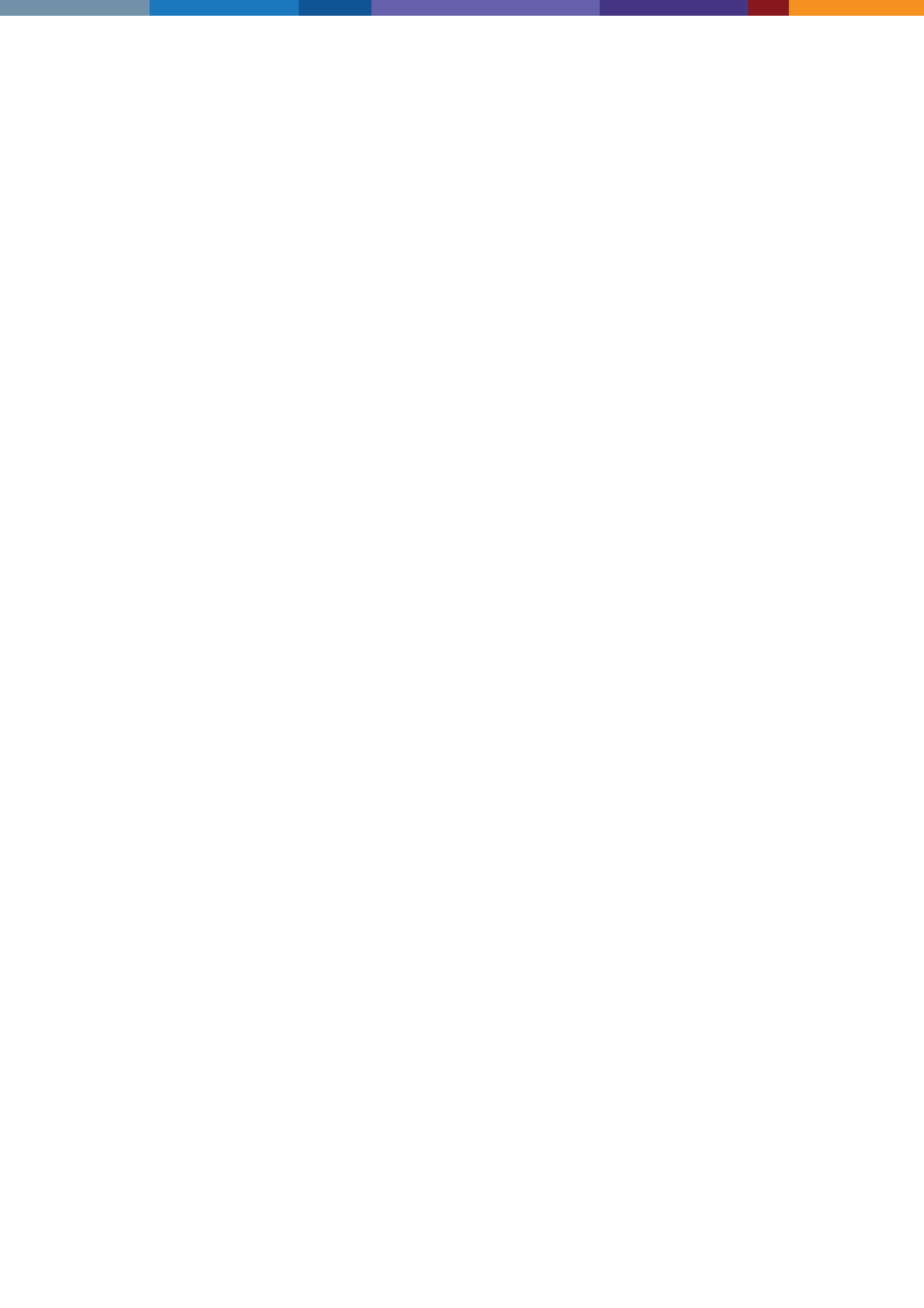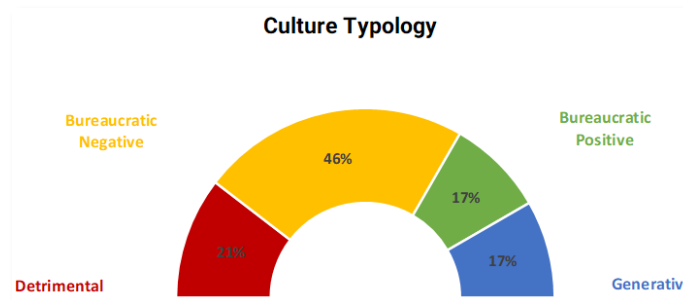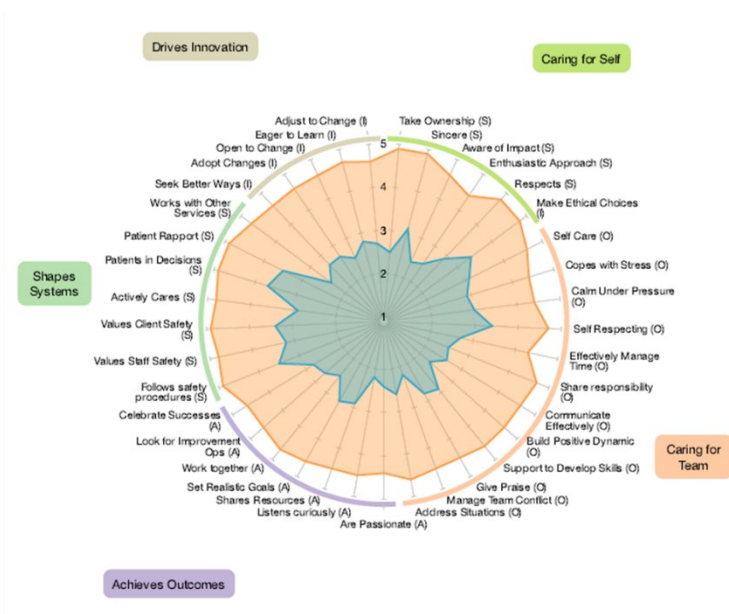
Team and leadership capability impacts culture, culture impacts outcomes such as engagement, psychological safety and team performance. HISCA has gathered insights into the Obstetrics Team's levers for change. The next step is to use these insights to create a change. How will you do this?

Capability → **Culture** → **Outcomes**

Committed and purpose driven teams, with a strong desire for improved outcomes for staff and patients.

Culture Typology — Bureaucratic Negative, Bureaucratic Positive, Detrimental, Generative: 46%, 17%, 21%, 17%

Psychological Safety

- Poor relationships between team members.
- Self-preservation - team members are unable to raise concerns, learn from mistakes, and be themselves.
- Avoid putting themselves into the spotlight – don't speak up, follow all policies and practices, thus limiting team safety and performance, stifling innovation & diverse thought.

Engagement

- Team have ideas on how to improve the organisations and want improved relationships and connection to the organisations mission/vision.
- There is a strong desire for greater recognition to increase feelings of value.

Gaps in takes ownership, build positive dynamic, listens curiously, manages team conflict and works with other services.

Low multidisciplinary team cohesiveness, low psychological safety, different perspectives on models of care, lack of learning and teaching, compliance culture.

Low levels of feeling trusted, supported and listened to.

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