Teamworking, psychological safety and compassionate leadership

Professor Michael West CBE
Senior Visiting Fellow, The King's Fund, Professor of Organizational Psychology, Lancaster University, Emeritus Professor, Aston University

Health and social care organisations are made up of teams which are the most important determinant of our daily work–life experience. Teams affect the mental health and wellbeing of staff, determine care quality and should be constant sources of innovation, shaping the environment to ensure effective, high-quality, continually improving and compassionate care.

Achieving good outcomes is dependent on the quality of teamworking and a team climate of psychological safety. Evidence and staff experience indicate the importance of developing psychologically safe environments. Psychological safety describes a team climate characterised by inclusivity, interpersonal trust and mutual respect in which people are comfortable being themselves and expressing their views. Such psychological safety is vital for effectiveness in health and social care. This article outlines some of the key factors in achieving psychological safety.

Shared vision, values and objectives
Having a clear shared vision means that team members are united around an inspiring direction for their work. Ideally, to create a sense of purpose, the vision should be broken down into four to six clear and challenging goals or objectives that are agreed by team members.

Effective and safe teams can reinforce a sense of pride in the team's performance and nurture team identity through rituals, celebrations, humour and narrative. This includes directing attention to how their work makes a positive difference to patients and society.

Reflexivity, learning and innovation
Research in the NHS has shown that learning and innovation occurs in the context of psychological safety rather than in blame cultures where fearfulness can inhibit compassion and prevent learning. Compassionate leaders encourage teams to review and learn both from successes and difficulties. Such leadership should help team members to process negative emotions where necessary, rather than simply emphasising the positive. When team members regularly take time out together to review objectives, strategies and processes (team reflection or 'team reflexivity'), they collectively learn and improve while ensuring personal wellbeing. Reflection or reflexivity can be achieved through regular team away days, meetings, 'after action reviews', debriefs and so on. These can ensure clear shared direction, early detection of problems and corrective action via innovation.

There is consistent evidence from healthcare teams over nearly forty years that identifies the key characteristics of innovative healthcare teams. These include:

— Inspiring vision and clear, agreed, shared, challenging objectives
— High levels of participative safety
— Commitment to excellence
— Practical support for new and improved ways of working
— Inspiring and compassionate leadership
— Diversity of team membership (for example, multidisciplinary, ethnicity, experience).

Frequent, positive contact
Team members feel safer with each other when they meet, interact, chat, share coffee or lunch together and simply engage. Face-to-face contact is the richest form of human contact and is superior to more impoverished forms such as email, telephone or video conferences. The latter have become ubiquitous following the COVID-19 pandemic and experience suggests a need to compensate for the lack of face-to-face contact through what can be described as 'social grooming' (asking questions such as 'How was your weekend?' 'How was the birthday celebration?'). Communicating frequently and in face-to-face meetings develops team trust and effective performance.

Valuing diversity, difference and positive conflict
Teams composed of people with differing professional and demographic backgrounds and diverse knowledge, skills, experience and abilities are more likely to develop and implement quality improvements (or new and improved ways of doing things). This is because they bring differing perspectives to the group. However, high diversity only leads to team innovation when the team feels psychologically safe.

Effective management of diversity and conflict enables team members learn to get on, collaborate, integrate their skills and discover safety. Homogeneity in teams results in pressure to conform whereas diversity encourages the

implementation of constructive and creative approaches to conflict. Team members must see task conflict as a positive – to be worked through and resolved in a climate of mutual respect and support. Team members must work together to ensure that everyone feels comfortable to be honest and open. They must also challenge aggressive or intimidating behaviours and deal effectively with bullying, harassment or discrimination.

Compassionate leaders must focus on ensuring equity and positively and overtly valuing diversity. This can be facilitated by modelling careful listening to others' contributions and ensuring everyone's opinions are valued.

### Mutual support compassion and humility

We all want to feel valued, respected and supported in teams and organisations and to care and be cared for in those contexts. To achieve this sense of belonging we need to work in nurturing teams and in cultures and climates that reinforce the sense of relatedness.

Health and social care jobs are stressful occupations. What helps people to manage that stress is the support, camaraderie, good humour and compassion of colleagues. The support of team members reduces the risk of poor mental health and wellbeing among health and social care staff.

The experience of mutual support and concern builds a sense of belonging and safety. To create the conditions that enable health and social care staff to deliver high-quality care, flourish and stay well, all team members must work together to create positive, supportive, compassionate and cohesive teams in the workplace. That also means supporting each other emotionally, practically and professionally. Indeed, the factor that makes compassion more powerful and mutually fulfilling than empathy alone is the intent to help the other. When team members ask each other 'How can I help you?' it communicates a commitment to mutual support and a deeper sense of mutual affective concern and genuine compassion.

The following figure shows how these elements can nurture a climate of psychological safety.

Psychological safety
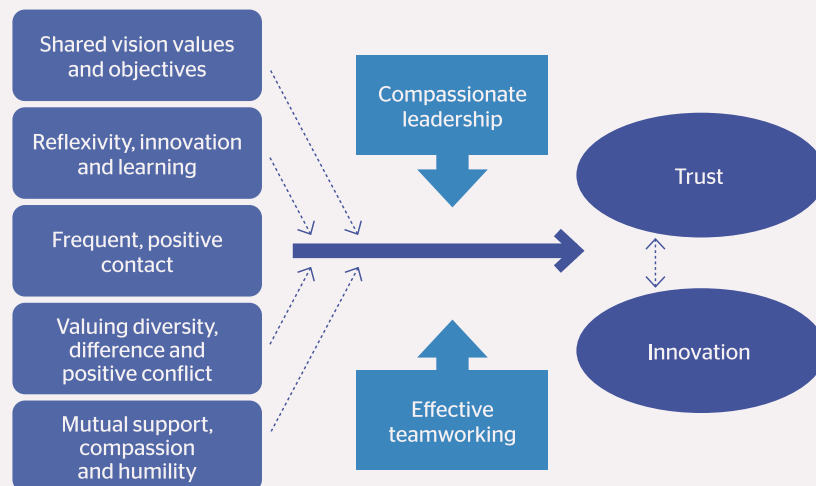
As shown, compassionate leadership is crucial to creating psychological safety and also, therefore, to high-quality care and patient safety. In practice, compassionate leadership involves attending to, understanding, empathising with and helping those we lead.

Attending: The first element of compassionate leadership is 'listening with fascination' and being present with those we lead. Listening is probably the most important skill of leadership.

Understanding: The second component involves leaders appraising the situation those they lead are struggling with to arrive at a measured understanding. Ideally, this should be reached through dialogue with those they lead; this may involve reconciling conflicting perspectives rather than imposing their own understanding.

Empathising: Compassionate leadership requires the ability to feel the distress or frustration of those we lead without being overwhelmed by the emotion.

Helping: The fourth and final component is taking thoughtful and intelligent action to help. Probably the most important task of leaders in healthcare is to help

those they lead to deliver the high-quality, compassionate care they want to provide.

These four elements are particularly relevant in healthcare, where highly skilled and motivated professionals require support rather than direction and enabling rather than controlling interventions.

Conclusion

To meet the challenges of delivering health and social care, compassionate leadership must increasingly meet people's need for belonging and develop and sustain trust. The purpose of compassionate leadership must be to create effective teams and cultures of psychological safety, encouraging health and social care staff to be more collaborative, compassionate and caring. In so doing, compassionate leadership will enable staff to experience joy at work and a sense of fulfilling engagement every day.

Declared interests

Honorary Fellow of Royal College of Physicians and Surgeons of Glasgow, payments for presentations on leadership and culture to NHS organisations.