

HPT Leadership and Trust Discussion

High Performance Team Leadership Pyramid



Building Trust in the team:

In a system constantly under threat of overload, it is easy to overestimate the ability of resources including human resources to cope with surges in demand.

Adding to the confusion is the 'appearance' of coping.

This illusion is aided by the phoenix nature of our work environment, because each day we start afresh, the previous day relegated unquestioned and unreviewed to the past.

There is, however, a price to pay.

Sustainability, do-ability and coping do not happen without effort, without strategic intervention, without the foresight to plan for them to happen.

Decision making algorithms which respect the physical boundaries of infrastructure, equipment and time resources and which also respect the performance boundaries of the humans embedded in the system are necessary to build trust in operating theatre personnel.

Being able to trust that leaders will make sound and humanistic decisions on their behalf leaves clinicians free and capable of performing well the clinical interface with better outcomes, better compliance to best practice and better engagement.

As workload trends towards being overwhelming, the two choices are: to resource it; or constrain it.

Dissolving obstructions and fear behaviours in the members of the team:

Obstructions:

Clearing obstructions and barriers to flow improves systems of work, and improves the ability of clinicians to indulge in positive safety and quality behaviours.

Optimised Systems Processes:

The way we do the things we do is important.

In its formal format, it forms the very reason and basis of our policies and procedures, and is the glue that fits our care platform together.

In its informal format, it is the custom and practice, the learned behaviours which may include workarounds and local (and often privileged and protected) knowledge.

These unwritten rules are particular to context and contribute significantly to stress.

Optimising and simplifying systems processes increases the likelihood that the workload will be do-able and sustainable, and that it will rely less on individual staff members' coping mechanisms.

Human Factor Ergonomics:

The traffic flows and movements by which we accomplish a task are important.

Confused or convoluted movements decrease effectiveness and sometimes increase the potential for workplace injury.

Fear behaviours:

Fear behaviours equal avoidance and reactivity.

Fear may come from uncertainty or from perceived threat.

Inadequate investment in education and training leads to avoidance behaviours with respect to specific and challenging tasks.

Threat to perceived authority leads to heightened emotional reactivity which becomes destructive to the creation of safety and quality in a team.

People naturally avoid putting themselves in a position of fear.

Therefore, it is possible that clinicians will disengage from an opportunity to advocate on behalf of themselves or their patients if it means speaking up to someone with a reputation for defensive fear behaviours such as 'lashing out'.

Building Resilience in the Team:

In order to build a longitudinally sustainable high performance team, complete with all the quality and safety benefits with arise from such engagement, it is important to build skill, capacity and succession.

In the end, you should be able to drop an average person into a great system, and expect them, even from the outset, to perform at a high level.

High performance teams do not happen without effort.

High performance teams do not continue without continued investment.

But the benefits, despite the significant immaterial investment in trust, clearing obstacles to practice and building resilience far, far outweigh the costs, and extend to the organisation, the patient and the person.