Novel Tool Used for Measuring Team Resilience Among Caregivers in a Hospital Setting: Resilient Team Traits Identified

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Novel Tool Used for Measuring Team Resilience Among Caregivers in a Hospital Setting: Resilient Team Traits Identified

Tiara Benson, MSIO, BSN, CMSRN, MaFe Chase, BSN, & Amanda Miles, BSN, RN, MA April 2022

Background

Resilience is “the acquired ability to recover, adapt, and grow from stress” (Wu et. al., 2013).

Healthcare workers frequently are exposed to death and suffering while managing critical situations and multiple priorities. These obstacles have a psychological impact, however, caregivers are not often trained in or given the tools needed to build resilience in the face of these challenges.

- Burnout, moral injury, substance use, and suicide have increased since the pandemic started (WSHA, 2020).

Individual versus Team Resilience

While strategies for enhancing resilience of individuals are prevalent, caregivers are still experiencing emotional distress. Since care is delivered in a team setting, we look to team resilience as a strategy to help caregivers thrive despite challenging circumstances.

The Washington State Healthcare Association (WSHA) (2020) and the American Association of Critical Care Nurses (AACN) (2020) published work on building team resilience. While strategies for enhancing resilience of individuals are needed to build resilience in the face of these challenges.

Purpose

- Trial a novel tool to measure and help build and maintain resilience among caregivers in a hospital setting while facing multiple challenges or changes.
- Understand traits that are common among a team who could be defined as “highly resilient.”

Methods

The team resilience assessment tool consists of five domains.

1. Foundation: behaviors and attitudes underpin the unit.
2. Structure: shared views of workflow, expectations, roles and accountability.
3. Atmosphere: department culture and behaviors.
5. Maintenance: planned, scheduled cycles of process improvement.

Teammates were invited to complete the team resilience assessment anonymously five times. The first was to establish a baseline. Caregivers also completed the assessment at 1, 3, 5, and 7 months later, respectively. Results were analyzed during the four cycles, after which unit charge nurses used the results to analyze, brainstorm, and develop interventions to improve department-specific interventions. These interventions were devoted to recognizing individuals who uphold professional practice, encouraging self-care, team building, and supporting and uplifting teammates.

Results

- Twenty-one med-surg caregivers completed the initial assessment. At repeat assessments taken one, three, five, and seven months later, a total of 12 (15%), 11 (14%), 26 (33%), and 12 (15%) caregivers participated, respectively.
- The table below shows that resilience scores maintained or improved in most domains while the pandemic was ongoing, even while the team underwent multiple changes.
- While the sample was too small to measure statistical significance, the monitoring of the resilience scores was clinically significant as it assisted the direction of unit interventions.

<table>
<thead>
<tr>
<th>Domain</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation</td>
<td>3.77</td>
<td>4.02</td>
<td>4.07</td>
<td>3.73</td>
</tr>
<tr>
<td>Structure</td>
<td>3.64</td>
<td>3.64</td>
<td>3.64</td>
<td>3.57</td>
</tr>
<tr>
<td>Atmosphere</td>
<td>3.56</td>
<td>3.56</td>
<td>3.56</td>
<td>3.56</td>
</tr>
<tr>
<td>Community</td>
<td>3.56</td>
<td>3.56</td>
<td>3.56</td>
<td>3.56</td>
</tr>
<tr>
<td>Maintenance</td>
<td>3.63</td>
<td>3.63</td>
<td>3.63</td>
<td>3.76</td>
</tr>
</tbody>
</table>

The table below shows the traits which averaged the highest scores throughout the study.

<table>
<thead>
<tr>
<th>Trait</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Act with integrity and professionalism</td>
<td>4.00</td>
</tr>
<tr>
<td>Demonstrate a strong sense of team ownership and engagement</td>
<td>4.00</td>
</tr>
<tr>
<td>Work together like a well-oiled machine</td>
<td>4.00</td>
</tr>
<tr>
<td>Inoculate Misuse of information into actions</td>
<td>4.00</td>
</tr>
<tr>
<td>Create an environment for patient healing</td>
<td>4.00</td>
</tr>
<tr>
<td>Create a positive team atmosphere</td>
<td>4.00</td>
</tr>
<tr>
<td>Incorporate evidence-based practices</td>
<td>4.00</td>
</tr>
<tr>
<td>Utilize crucial conversations and state of command when needed</td>
<td>4.00</td>
</tr>
</tbody>
</table>

Discussion

During this study, challenges such as the Delta COVID surge, staffing and supply shortages, practice and leadership changes ensued. Even so, the team either maintained or improved most of their domain scores (maintained homeostasis).

The charge nurses were engaged and had organizational support, which encouraged their participation. The use of this tool provided feedback for their intervention planning.

In a previous study the Unit Partnership Council (UPC) had led the team resilience work and saw a notable increase in their team’s resilience. It is unclear if the leadership of the UPC enlisted greater team engagement than the charge nurses.

A potential limitation was an Institutional Review Board (IRB) requirement to minimize leadership promotion of the survey to avoid coercion. However, we believe that the tool would be more effective for building team resilience if leaders are actively engaged with the caregivers regardless of their title.

Next steps: partner with nursing leadership and shared governance to utilize the tool across multiple specialties. IRB request to study the engagement of the team alongside the tool. More studies are needed to compare and validate the tool and understand which characteristics highly resilient teams tend to demonstrate most strongly.

Conclusion

Highly resilient teams are needed to withstand the ongoing challenges that are seen among caregivers in the hospital setting. Real time data should be used to make decisions that will impact the team’s resilience. Additionally, knowledge of resilient team traits and team resilience measurement tools should be imbedded into the unit infrastructure and utilized in collaboration with non formal and formal department leadership to anticipate, mitigate, and navigate continuous changes and challenges.

Early indications are that this tool is beneficial and expanded trials are needed to establish reliability and validity.

References

Potential characteristics possessed by highly resilient teams have been identified: "acting with integrity and professionalism," "Understanding Roles," "Using HRO tools for patient safety, sharing safety concerns, and near misses," and "demonstrating a strong sense of team ownership and engagement."