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UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences
School of Health Care Sciences
Department of Nursing Science

EXPLORING CHALLENGES TO TEAMWORK AND STRATEGIES TO ENHANCE TEAMWORK IN THE EMERGENCY DEPARTMENT OF A PRIVATE HOSPITAL IN GAUTENG

By

Mariska Kruger

22048546

Submitted in fulfilment of the requirements for the degree

Magister Curationis (Clinical)

Advanced Medical and Surgical Nursing Science (Trauma and Emergency Nursing)

Supervisor: Dr Celia Filmalter

Co-supervisor: Prof Tanya Heyns

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DEDICATION

To my husband, Juan Kruger. Thank you for standing by me and supporting me through the good and the difficult times. Your unwavering confidence in me during the tough times and your words of encouragement carried me through.

ACKNOWLEDGEMENTS

Firstly, to the Lord in the heavens above, thank you for blessing me with the abilities and strengths to pursue and complete this adventure.

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To the University of Pretoria for allowing me the opportunity to take this journey and finish it with an abundance of new knowledge, that I hope to share.

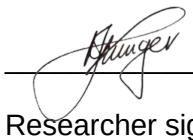
The sense of pride was demonstrated by my parents (Hennie and Nelia Human) and my mother-in-law (Sannie Kruger), who all encouraged me throughout this journey. Most importantly, to my husband (Juan Kruger), without your devoted love and support, this journey would not have been possible. Thank you for your continuous encouragement and assistance.

My sincerest gratitude goes to Nikki Sutherland for critically and professionally editing this manuscript.

DECLARATION

Student Number: 22048546

I, Mariska Kruger, declare that this thesis, titled: **'Exploring challenges to teamwork and strategies to enhance teamwork in the emergency department of a private hospital in Gauteng,'** is my original work and that all sources used or quoted in this research study are indicated and acknowledged using complete references. Furthermore, I declare that this work has not previously, in its entirety or part, been submitted to any university for a degree.



Researcher signature

8/07/2002

Date

Witness signature

8/07/2002

Date

TITLE

STUDENT NUMBER:	22048546
STUDENT:	Mariska Kruger
DEGREE:	Magister Curationis (Clinical) in Health Sciences Advanced Medical and Surgical Nursing Science (Trauma and Emergency Nursing)
DEPARTMENT:	Department of Health Studies
SUPERVISOR:	Dr C Filmalter
CO-SUPERVISOR:	Prof T Heyns

ABSTRACT

Introduction

Effective teamwork in the fast-paced environment of the emergency department is essential to patient safety and staff satisfaction. Patient safety, quality of care and staff satisfaction are directly proportional to the level of teamwork in the emergency department. A shared philosophy and collaboration between healthcare professionals play a vital part in effective teamwork. Maintaining a positive therapeutic relationship is key to ensuring a well-functioning team. Lack of teamwork in the emergency department has damaging effects on patient care and safety, as well as staff satisfaction. The conflict between healthcare professionals is disruptive to the therapeutic environment and teamwork.

Aim and Objectives of the Study

The study aimed was to explore and describe teamwork challenges between healthcare professionals working in the emergency department (ED) of a private hospital by employing the principles of a semi-structured individual interview process. The objectives were to explore and describe the current teamwork challenges in the chosen setting between doctors and nurses and find strategies to overcome challenges.

Research Design and Methods

This study followed a qualitative, descriptive and explorative design to understand and describe the phenomenon of teamwork between healthcare professionals in the selected emergency department. Specifically, the reflective views of the team members regarding the teamwork between doctors and nurses. Set in a private hospital in Gauteng, a sample of five nurses and five doctors from the population of healthcare professionals working in the selected ED, selected by purposive sampling,

participated in this study. Data was collected by employing virtual individual interviews, using a semi-structured questions guide, based on an appreciative inquiry perspective. A deductive data analysis process was used to generate themes with categories and sub-categories.

Findings

The study identified three main themes relevant to the perceptions of teamwork challenges in the specified setting:

Theme 1: Poor team satisfaction.
Theme 2: Lacking team unity.
Theme 3: Ineffective leadership.

Based on these themes, several strategies were suggested by the participants to improve the teamwork in the ED. This demonstrates that healthcare professionals possess the necessary knowledge to identify teamwork challenges within their team and understand attainable strategies to enhance effective teamwork.

Key Terms and Concepts

Appreciative inquiry, Collaboration, Emergency department, Healthcare professionals, Patient safety, Qualitative research, Teamwork, Therapeutic relationships.

LIST OF FIGURES

LIST OF TABLES

LIST OF ANNEXURES

LIST OF ACRONYMS

ED	Emergency Department
ENA	Enrolled Nursing Auxiliary
EN	Enrolled Nurse
ICU	Intensive Care Unit
HPCSA	Health Professions Council of South Africa
RN	Registered Nurse
SANC	South African Nursing Council

Contents

1 ORIENTATION TO THE STUDY

1.1 INTRODUCTION AND BACKGROUND

The emergency department (ED) is a highly demanding environment often requiring swift decisions to be made, founded on mostly incomplete information, and the only way to meet the challenges is through effective teamwork (Grover, Porter and Morphet, 2017:93). The concept of teamwork and what it constitutes has been researched internationally over the past twenty years (Brown(Brown, Ryan, Thorpe, Markle et al., 2015:194), including research on the implementation of improved teamwork strategies (Curtsinger, 2018; Buljac-Samardzic, Dekker-van Doorn & Maynard, 2018; DiMarino 2021; McCulloch, Rathbone & Catchpole, 2011). However, there is limited information related to strategies and support to maintain enhanced teamwork (Vestergaard and Nørgaard, 2018:185). Teamwork is a process through which team members have to collaborate to achieve common goals and tasks (Driskell, Salas and Driskell, 2018:334;335). Due to the unique environment and micro-culture (Rosen, DiazGranados, Dietz, Benishek et al., 2018) of the ED, Grover et al. (2017:93) believe that 'there is much to be gained through further exploration of teamwork practices in the ED environment'. Philosophy and purpose shared by healthcare professionals is a key dimension for teamwork (Brown et al., 2015:199; Xyrichis and Ream, 2008:232), and encouraging team collaboration, especially concerning the value of teamwork of the interdisciplinary healthcare team in the ED.

Healthcare team members that are jointly involved in all aspects of patient care, including history taking, physical examination and evaluation of a patient, and treatment planning, promotes staff satisfaction. When team members feel that their efforts are valued, teamwork is optimised. In the healthcare environment, teamwork tasks directly affect patient safety and quality of care (Rosen et al., 2018:444). Quality of care to patients, decreased costs and optimal patient outcomes may all be related to effective teamwork and person-centred practice (Martin and Ciurzynski, 2015:484; Vestergaard and Nørgaard, 2018:185). Collaborative decision-making is thus crucial to a well-functioning team and patient safety (Rosen et al., 2018:433; Vestergaard and Nørgaard, 2018:185).

Poor collaboration and ineffective teamwork in the ED lead to thousands of deaths annually (Martin and Ciurzynski, 2015:484; Rosen et al., 2018:444). Time is wasted when face-to-face communication is ineffective. The execution of treatment plans is delayed, causing patients to suffer. Team members who are not included in team functions feel undervalued and demoralised, leading to poor staff satisfaction. Barriers to collaboration between members of the health care team have been an

ongoing struggle in the ED (Streeton, Bisbey, O'Neill, Allen et al., 2016:31), causing disagreements and conflict.

Real and perceived disagreements and conflicts must be resolved and managed to maintain a positive therapeutic relationship between doctors and nursing professionals, which is vital to the functioning of teams (Driskell, Salas and Driskell, 2018:339). A positive therapeutic relationship, aka 'healthful relationship' (Cardiff, McCormack and McCance, 2018:3056) is important in improving patient satisfaction and safety, as well as staff satisfaction. There is no clear definition of therapeutic relationships. However, key concepts used to describe this construct include effective communication, trust, and shared decision-making (Wiechula, Conroy, Kitson, Marshall et al., 2016:730;731). Noyce and Simpson (2018) use the following phrases to describe the concept of therapeutic relationships: alliance; feelings and attitudes and how they are expressed; empathy, goal consensus; collaboration; and positive regard for each other are. These descriptions make it easy to see how therapeutic relationships between members of the healthcare team is key to effective teamwork. Person-centred practice plays a vital role in quality care (Dewar and MacBride, 2017:1375), it is at the forefront of national and international policies and practices (Dewar and Nolan, 2013a:1247). The development and implementation of policies that are aimed at enhancing interprofessional collaboration, is dependent on support from the management team (Vestergaard and Nørgaard, 2018:187).

1.2 PROBLEM STATEMENT

Conflict between healthcare professionals in the ED was observed by the researcher to have a distressing effect on the therapeutic environment, which is a vital component of effective teamwork. Low morale and a lack of motivation were also observed, with team members informally verbalising their concerns to each other. Conflict arises when unhealthy relationships exist between healthcare professionals, and conflict resolution is poor (Rosen et al., 2018:444).

Limited information is available on how to develop and sustain 'healthful' relationships within teams, in a rapidly changing environment, such as the ED (Dewar and Nolan, 2013a:1247; Dewar and MacBride, 2017:1376; Cardiff, McCormack and McCance, 2018:3056). Although teamwork may be easier to observe (Driskell, Salas and Driskell, 2018:334), limited literature that explores and describes the facilitation of enhanced teamwork between healthcare professionals is available. Therefore, the researcher conducted explorative semi-structured interviews to inquire about the teamwork concerns in the selected ED.

1.3 RESEARCH QUESTIONS, AIM AND OBJECTIVES

1.3.1 QUESTIONS

The research questions of this study are:

- What are the challenges to teamwork in the specific ED?
- Which strategies can healthcare professionals of the ED generate to enhance teamwork, based on the findings of a qualitative, explorative, and descriptive study?

1.3.2 AIM

The study aims to explore and describe teamwork challenges through reflection and generate potentially achievable strategies to enhance teamwork among healthcare professionals, working in the ED of a private hospital in Gauteng.

1.3.3 OBJECTIVES

Using the principles of the qualitative research method to:

- Explore and describe the existing teamwork challenges in the selected ED.
- Generate strategies to enhance teamwork in the ED between healthcare professionals.

1.4 DEFINITION OF KEY CONCEPTS

The following key concepts are defined for this study:

1.4.1 EMERGENCY DEPARTMENT

The ED is a department in the hospital where healthcare professionals assess and treats patients with minor injuries, major trauma, serious injury and other emergency medical conditions (Pataki, 2015:7). The Department functions 24 hours a day, 7 days a week and 365 days a year. The ED is sometimes also referred to as the casualty unit (NHS, 2014). For the purpose of this study, the ED is thus defined as an acute healthcare facility that provides emergency health care for life-threatening medical, surgical, and traumatic conditions, as well as minor ailments and injuries, at any time.

1.4.2 HEALTHCARE PROFESSIONALS

Healthcare professionals are persons registered with their respective governing bodies, in terms of their respective legislative acts, after completing the necessary requirements from the respected learning institutions. Healthcare professionals are doctors, registered with The Healthcare Professions Council of South Africa (HPCSA), in terms of the Health Professions Act No. 59 of 2007 as amended (SouthAfrica, 2007). Healthcare professionals are also nurses registered with The South African Nursing Council (SANC) in terms of The Nursing Act No. 33 of 2005 (SouthAfrica, 2005). Chapter 2 of the Nursing Act 33 of 2005 classifies according to their qualifications, subject to the specifications of the Act. Regulation 2598 (SouthAfrica, 1984), regulates the Scope of Practice for each nursing qualification.

For this study, healthcare professionals are the professionals who work in the selected emergency department, which include all categories of nurses, as well as doctors. Nurses, including trauma trained and experienced registered nurses (RN), enrolled nurses (EN), and enrolled nursing auxiliaries (ENA), working in the ED of a private hospital in Gauteng, were invited to participate in the study.

1.4.3 TEAMWORK

Teamwork is a process of collaboration between all members of the team, in this case, the healthcare professionals, to reach a common goal and objective, and to maintain a positive therapeutic work environment and the continuance of collaboration (Driskell, Salas and Driskell, 2018:334;339). Similar to this, Xyrichis and Ream (2008:232) also state teamwork to be a process, involving healthcare professionals with common goals, philosophies, and skills that collaborate in the assessment, treatment and evaluation of patients.

For the purpose of this study, teamwork is defined as the collaboration between doctors and nurses of the ED, with the objective of reaching common goals, while sharing common philosophies and skills.

1.4.4 COLLABORATION/INTERPROFESSIONAL COLLABORATION

Collaboration is a process whereby groups of people work together and requires ongoing interaction and negotiation, as well as an understanding of other people's roles (Reeves, Pelone, Harrison, Goldman and Zwarenstein, 2017:7). An ongoing partnership between healthcare professionals of different clinical specialities and services, aka interprofessional collaboration have been linked to the

quality of patient care. (Reeves et al., 2017:186; Vestergaard and Nørgaard, 2018; Schot, Tummers and Noordegraaf, 2020:333).

For the purpose of this study, collaboration is the process in which two or more groups work together, negotiate with each other, and understand each other's roles through interaction. Interprofessional collaboration refers to the interaction and negotiation between groups of healthcare workers of differing professions, such as doctors and nurses.

1.5 CONTEXT

The study was conducted in a private hospital in Gauteng with a 323-bed capacity. Multiple services are provided by this hospital, such as general, orthopaedic, neurological, and oncological surgery, internal medicine, paediatric, oncological medicine, renal dialysis and nephrology. Gynaecology and obstetrics services, chemotherapy and radiation services are also offered. The hospital has a paediatric ward and high care unit, neonatal intensive care unit, a general intensive care unit as well as a specialised intensive care unit, headed by a group of intensivists. There are also two high care units, two medical units, one surgical and one orthopaedic unit, an oncology unit, a renal unit, and a cardiothoracic unit.

The study was conducted in the ED of the hospital. The department has sixteen beds, including two adult resuscitation bays and one paediatric resuscitation bay, and a paediatric room. The unit administers treatment to an average of 1800 – 2000 patients per month. Reasons for seeking medical treatment in the ED range from minor ailments and injuries to major trauma and medical emergencies. Patients present to the unit in their private capacity or by ambulance and referrals from general practitioners in the area. Patients of all ages are treated in the department.

Average staffing ratios (The Hospital Statistics, 2019) show a total of twenty-four nursing staff, of which only fourteen are permanently employed and the rest are agency workers. The doctor's team consists of approximately nine permanently employed doctors and various other doctors doing locum shifts. During an average day shift, two trauma trained RNs, two trauma experienced RNs, two ENs, and one ENA will work with two doctors. During the night shift, there will be an average of one person of each qualification and one doctor on duty.

1.6 PHILOSOPHICAL ASSUMPTIONS

An assumption is the researcher's belief of a principle to be true without evidence (Polit and Beck, 2018b:395). Assumptions influence the researcher's choices concerning the phenomenon to be studied, the research design, and hold explicit expectations on how to undertake the research (King, Horrocks and Brooks, 2018:7).

For this study, the philosophical assumption is based upon pragmatism. Pragmatism has a higher regard for utility over ideology (Padgett, 2016:8) and focuses on the practical and achievable application of knowledge. Knowledge alone, without action, hold less meaning. Although knowledge gained may not be entirely generalisable, it may produce suggestions to solving problems that may play a role in changing observation and perceptions in other settings (Long, McDermott and Meadows, 2018:94). The pragmatist is of meaning that all actions and beliefs are social and that problematic beliefs and possible solutions should actively be explored through inquiry (Morgan, 2014:4047;1051).

An inquiry was made using a semi-structured interview guide during individual interviews to explore aspects of the team that has been effective, and areas that might need change. Pragmatism shares this point of view of highlighting the positive, with the principles of appreciative inquiry (Creswell & Poth, 2018:27).

1.6.1 EPISTEMOLOGICAL ASSUMPTIONS

Epistemology is a philosophical discussion of 'how we know what we know' (Padgett, 2016:6) and how evaluated features are ascertained, or 'how is it studied' (Nkwake and Morrow, 2016:99). Pragmatism has a 'distinct approach to truth, method and meaning' (Frankel Pratt, 2016:512). Pragmatists use a social theory (Frankel Pratt, 2016:513) to consider the implications of their investigations, 'what difference does it make?' (Nkwake and Morrow, 2016:99).

In this study, the researcher aimed to gather knowledge by exploring the phenomenon of teamwork. Exploration aims to attach meaning to features of the phenomenon through interaction with the participants, who shared their views and experiences. The assumption of the researcher was that the knowledge gained from the subjective data of the participants could be used to strengthen positive aspects identified and to describe the effect of knowledge gained from descriptions. The subjective data that the researcher assumed to gather, would include the participants' individual understanding, ideas, and views of teamwork in the unit.

1.6.2 ONTOLOGICAL ASSUMPTIONS

Ontology is concerned with the nature of evaluated features, for example, the outcomes of interventions (Nkwake and Morrow, 2016:99). Ontology addresses the nature of reality and how we view the world (Botma, Greeff, Mulaudzi and Wright, 2010:40). Pragmatism is a flexible form of social ontology (Frankel Pratt, 2016:514), as it allows for a variety of choices of the research methods to be followed and influences all decisions made by the researcher.

The assumption of the researcher is that all experiences have meaning, both positive and negative. Positive aspects of the phenomenon should be highlighted, and potential strategies explored to overcome challenges. Through interaction with the participants, their individual subjective meaning of teamwork, and experiences within the team, was valuable to the aim and objectives of the study. The researcher assumed, and subsequently confirmed by observation, that each participant viewed the phenomenon in a different way, which added value to the collected data.

1.6.3 METHODOLOGICAL ASSUMPTIONS

The methodology defines the specific rules and procedures used by the researcher to generate data and knowledge (Botma et al., 2010). The methodology helps to guide the design of the study, as well as choices of methods, together with justifications for choices (King, Horrocks and Brooks, 2018:7), thus measuring ontology. In line with the pragmatist methodological assumption, qualitative explorative-descriptive research methods will be used to obtain knowledge.

The researcher assumed that the participants would be able to reflect on their experiences within the team and to verbalise their own views of what works, and what they want to see changed. Explorative reflection was aided during individual interviews and the use of a semi-structured interview guide. Once awareness has been created, strategies to overcome challenges will be identified.

1.7 DELINEATION

To delineate is to set the boundaries of the study. This study focused exclusively on the teamwork dynamics between healthcare professionals working in the ED of a single private hospital in Gauteng.

1.8 SIGNIFICANCE AND CONTRIBUTION

In order to deliver safe and high-quality healthcare to the public, especially in a highly demanding environment such as the ED, reliable teamwork and interprofessional collaboration is vital (Rosen et al., 2018:433; Vestergaard and Nørgaard, 2018:185). The knowledge obtained from this study could be used to improve teamwork in the ED, which has been directly linked to patient care and contributes to patient safety (Martin and Ciurzynski, 2015:484; Rosen et al., 2018:444), as well as to staff satisfaction and increased morale of healthcare professionals (Grover, Porter and Morphet, 2017:92; Streeton et al., 2016:31; Reeves et al., 2017:8).

The information gained in this study could have a positive effect on the professional development of healthcare professionals. By becoming aware of challenges in teamwork and interprofessional collaboration, the knowledge gained in this study may be used by the healthcare institution to collaboratively plan strategies to enhance and maintain effective teamwork between healthcare professionals in the ED. The identified enhancement strategies could be used by the organisation to develop structured policies with the aim of enhancing teamwork and interprofessional collaboration (Reeves et al., 2017:7). The study may contribute to education practices as it may emphasise the need for interprofessional education and collaboration programmes, in order to build on effective teamwork from early-onset (Reeves et al., 2017:7).

1.9 RESEARCH DESIGN

In this study, a qualitative, explorative and descriptive design was used to answer the research question. The qualitative approach allowed the researcher to collect information on the phenomenon as it is constructed by the participants, in their own words (Polit and Beck, 2018b) and promoted an understanding of human interaction (Henry, McCarthy, Nannicelli, Seivert and Vozenilek, 2016:704; Gray, Grove and Sutherland, 2017b:252). A qualitative design is an expressive and people-centred design (Ellis, 2016:26).

An explorative design is applied when limited information is available about a topic, and allows the researcher to address an issue in need of understanding. The researcher used the explorative design to explore teamwork in the ED of the selected hospital, as well as strategies to overcome challenges identified. Therefore, the researcher was in the explorative phase for most of the study (Gray, Grove and Sutherland, 2017b:29).

The descriptive design let the researcher describe and document the phenomenon, as it naturally occurred (Gray, Grove and Sutherland, 2017b:29), and as to how the participants see it (Ellis, 2016:40).

1.10 RESEARCH METHODS

The research method indicates the structure to be followed for the study and the tools used to collect and analyse data, as well as how rigour will be ensured in the study (Ellis, 2016:16). Data generating methods include population, sampling, data collection, data analysis and rigour.

1.10.1 POPULATION AND SAMPLING

For the purpose of this study, the population included all the healthcare professionals involved in any form of patient care in the ED of a private hospital in Gauteng, at the time of the study. These professionals included nurses (both permanently employed and agency workers), and doctors. Students and newly employed personnel were excluded from this study due to their limited time of personal interaction with the healthcare professional team. The population size at the time of the study included twelve RNs, eight ENs, four ENAs and thirteen doctors.

Purposive sampling was used and involved selecting participants who have experiences of the phenomenon to be studied (Ellis, 2016:41) and have in-depth knowledge that is essential for the aim of the study (Gray, Grove and Sutherland, 2017b:265).

1.10.2 DATA COLLECTION AND ORGANISATION

Virtual individual interviews were conducted to collect valuable data and insight into participants' perceptions about the teamwork in the unit, by active inquiry (Ellis, 2016:58; Gray, Grove and Sutherland, 2017b:263). During the individual interviews, participants were encouraged to explore and reflect on their relationships with other team members (Dewar and Cook, 2014b:1259). An explorative semi-structured question guide (See Annexure A) was used to guide the active inquiry.

Active inquiry was facilitated by implementing principles from an appreciative inquiry (AI) perspective. AI principles were adapted to guide participant reflection to focus on 'positive strengths' during the individual interviews (Cooperrider and Godwin, 2012:106). Cooperrider (2012:107) predicts that implementation of the AI principles assists to shift focus from primarily negative, to a more positive ratio, by transforming perceptions and creating upward momentum for innovation. AI principles have previously been successfully applied in studies by researchers aiming to facilitate reflection and

positive change (Dewar and MacBride, 2017; Myers, 2018; Glanz and Heimann, 2019). The principles of AI will be discussed in more detail section 3.3.4.

The researcher reached out to prospective participants, supplying information leaflets and informed consent forms (See Annexure A). Participants who expressed interest in taking part, made appointments for the individual interview sessions, depending on their availability, ensuring that patient care was not affected. Reminders were sent to participants 48 hours prior to each interview.

A total of five nurses and five doctors voluntarily participated in the study. The interviews were conducted virtually via online meeting platforms (MS Teams and Zoom), and only audio recordings were made with the consent of the participants, which were transcribed and analysed thematically to generate themes and sub-themes. Data analysis is a time consuming, and in-depth process of comprehending the collected data, and interpreting the deeper meaning of the data and has several challenges (Polit and Beck, 2018b:277). Member checking was used to validate themes, as diverse perspectives enhance rigour, trustworthiness and transparency (Richards and Hemphill, 2018:226), and creates awareness of the team dynamic.

1.11 ETHICAL CONSIDERATIONS

The researcher conducted the study once ethical approval was obtained from the Faculty of Health Sciences Research Ethics Committee of the University of Pretoria (ANNEXURE C), as well as from the private healthcare institution where the study was done (ANNEXURE D).

The researcher should, at all times, be alert and aware of the ethical principles in research, as all research conducted has the potential risk of having unforeseen ethical implications (Pera and vanTonder, 2020:369). Ethical considerations were developed in response to historical events and can also be described as the requirements for the protection of the participants' human rights, by making unbiased assessments of the potential risk and benefits of the study (Gray, Grove and Sutherland, 2017b:157). The protection of the participants' human rights should be the researcher's primary concern, especially if the research may be to the benefit of the participant (Pera and vanTonder, 2020:369; Brink, vd Walt and v Rensburg, 2017:34). This is especially true in research in healthcare, where the results may improve the quality of life of the participants, within the world of ethical principles (Pera and vanTonder, 2020:369).

The three fundamental ethical principles applicable to research for healthcare are: respect for a person, the principle of beneficence and the principle of justice (Brink, vd Walt and v Rensburg,

2017:34-36). Respect for a person is demonstrated through the protection of a person's right to self-determination, right to privacy, anonymity and confidentiality and the right to fair treatment.

The researcher applied the three fundamental ethical principles mentioned by Brink et al. (2017:34-36), in collaboration with the three concepts of research ethics mentioned by Pera et al. (2020:375-389).

1.11.1 THE PARTICIPANTS

Respect for each participant was demonstrated by presenting each participant with all the relevant information necessary to ensure that the right to self-determination is protected. The participants were free to participate voluntarily in the study and were reminded at the start of each interview, that they reserved the right to withdraw from the study at any time without the fear of resentment. The right to privacy and anonymity was recorded in the informed consent as well as during the interview recordings.

Each participant was reminded that their identities will not be revealed, and that code names will be used for the transcriptions and in the final report. When obtaining consent from each participant, the researcher verbally explained the purpose and methodology of the study and allowed the participants to ask any questions. Each participant received a copy of the signed consent document, which included the contact details of the researcher and supervisors.

1.11.2 THE INSTITUTION

The setting of this study is the ED of a private hospital facility in Gauteng. In addition to receiving approval from the University of Pretoria Research Ethics Committee, the researcher also requested permission from the ethics committee of the private healthcare facility. Permission was granted to the researcher to complete the study, by making all relevant information available to the committee in terms of the purpose, methodology, ethical considerations, and dissemination of the results.

1.11.3 THE SCIENTIFIC INTEGRITY OF THE RESEARCHER

The scientific integrity of the researcher implies that the researcher is truthful and honest (Pera and vanTonder, 2020:383). The researcher aims to build competence in research methods through this educational research study, by limiting the research objectives to make them more manageable (Pera and vanTonder, 2020:383). Through this process, ethical issues were minimised in this study.

During the process of improving competence in the research process, the researcher was guided through the process by competent and experienced supervisors. The research supervisors applied

their knowledge and skills to assist the researcher to structure the topic and purpose of this study, ensuring that it complied with the criteria of a researchable problem.

The researcher guarded against plagiarism and copyright infringements by applying the appropriate citation and referencing skills. Referenced literature was sourced from credible publications, to avoid the use of unsupported and unscientific information.

The fact that the researcher knows the participants of this study, posed the risk of diminished anonymity, and issues of equality and justice (Pera and vanTonder, 2020:386). Although the researcher used purposive sampling of participants, each participant received an invitation to participate, with the reassurance that each participant had the right to exercise their right to autonomy. Each participant was also offered the opportunity to be interviewed by the research supervisor to limit any influence from the researcher. Therefore, the research supervisor assisted to conduct the interviews of at least two of the participants.

The research supervisor was available for assistance throughout the research process, including the data analysis and communication of research findings, ensuring that ethical principles were applied, and the credibility and integrity of the research process were maintained.

1.12 SUMMARY

The study aimed to explore and describe the effects of explorative inquiry on teamwork in the mentioned ED between doctors and nursing professionals working in the unit. Chapter 1 presented the research problem, research gap, research design, and method. Chapter 2 reviews the literature related to teamwork between healthcare professionals in general as well as in the ED. The literature review is followed by an in-depth look at the research design and method, including the ethical considerations, in Chapter 3. Chapter 4 will discuss the findings of the study in detail, followed by the conclusion and recommendations in Chapter 5.

2 LITERATURE REVIEW

2.1 INTRODUCTION

Chapter 1 focussed on providing an orientation to this study. Chapter 2 provides an in-depth literature review and discussion of teamwork. Teamwork is discussed in terms of its definition, the impact of poor teamwork as well as the effects of effective and ineffective teamwork and its relevance in the ED.

2.2 RATIONALE FOR THE LITERATURE REVIEW

The literature review helps to acquire an understanding of the topic discussed, aims to explain what has been studied already in relation to this topic, how the research has been done, what the key issues were and what the identified gaps are (Hart, 2018:1). The literature review help to clarify a particular approach to the topic and the selection of methods (Hart, 2018:1&9). By doing a literature review, written evidence from different standpoints that express certain views on the topic, how it has been researched and the effectiveness of these documents are reviewed and analysed (Hart, 2018:13). The literature review justifies the need to study this particular topic (Hart, 2018:19).

The topic of focus in this literature review is teamwork in the healthcare environment. This literature review will provide information in such a way to facilitate a clear understanding of the concepts of teamwork, and how it relates to healthcare, specifically in the emergency department. The reader should become aware of the impact teamwork has on the healthcare environment and the healthcare worker. This literature review also provides a discussion of the effects of poor or unsatisfactory teamwork, on healthcare and the healthcare worker. The reader will gain an understanding of how teamwork studies have been approached in other relevant studies, the different views on teamwork, and its relevance and effects.

The reader will also gain insight into the concept of the explorative semi-structured interview, and its place in attempting to improve teamwork in the healthcare setting.

2.3 TEAMWORK

Teamwork has been comprehensively researched and documented internationally over the past twenty years. However, teamwork is usually challenging to describe (Driskell, Salas and Driskell, 2018:334; Xyrichis and Ream, 2008:233; Ogbonnaya, Tillman and Gonzalez, 2018:351). Previous studies on the concept of teamwork in healthcare have resulted in 'scattered' evidence due to the variances of these researches, for example, different settings, facilities and functional diversities (Ogbonnaya, Tillman and Gonzalez, 2018:351). This has resulted in the growth of academic interest in teamwork, specifically relating to healthcare teams, especially in the last decade (Weiss and Hoegl, 2015:589, 590; Brown et al., 2015:194), with each study trying to clarify and define the concept of teamwork.

However, as much as the interest in studying teamwork as a concept has steadily increased, there is a lack of studies directed at investigating teamwork processes and strategies (Driskell, Salas and Driskell, 2018:335). Due to the unique culture and complex challenges of the ED, the topic of teamwork practices in the ED has not yet been exhausted (Driskell, Salas and Driskell, 2018:93).

There is no clear definition of teamwork, as each author has generated their own definition for the concept (Driskell, Salas and Driskell, 2018:334; Brown et al., 2015:199; Grover, Porter and Morphet, 2017:92). Various authors have highlighted their opinions that attribute to the definition of teamwork. Table 2.1 shows the ideas that these authors have in common.

Table 2.1 Definition of Teamwork

CONCEPT	(Brown et al., 2015:199)	(Driskell, Salas and Driskell, 2018:335)	(Grover, Porter and Morphet, 2017:92)	(Reeves et al., 2017:7)	(Weiss and Hoegl, 2015:592)	(Xyrichis and Ream, 2008:235)
Integration process of individuals/team members		×		×	×	×
Team members with common goals, objectives, philosophies, and skills	×	×		×	×	×
Process to maintain a positive therapeutic work environment		×				×
Collaboration of individuals to perform shared goals and responsibility	×		×	×	×	×
Shared goals include the assessment, treatment, and evaluation of patients			×			×
An effective strategy to reduce errors, increase efficiency, improve job satisfaction and patient care			×			×

For the purpose of this study, the individuals, in this case, are the healthcare professionals of the ED. Collaboration is the process wherein different groups work together to fulfil a common objective (Reeves et al., 2017:7). Interprofessional collaboration has been identified to be the collaboration of efforts and goals between different professional groups, bringing together a variety of knowledge,

skills and cultures (Reeves et al., 2017:187; Vestergaard and Nørgaard, 2018; Schot, Tummers and Noordegraaf, 2020:333) This implies that teamwork and collaboration go hand-in-hand and that teamwork cannot occur without collaboration.

Driskell, Salas and Driskell (2018) mention that, by nature, humans are social beings who work together in teams to survive and fulfil our basic needs of companionship and belonging. Each team member is an essential part of the puzzle, which, when put together correctly, will perform collaboratively to accomplish specific, goal-directed tasks (Driskell, Salas and Driskell, 2018:334). When putting together this puzzle of team members, it is essential to understand the dynamics of the team as a whole, as this will permit the possibility that positive outcomes from team activities could be enhanced (Driskell, Salas and Driskell, 2018:334).

Teamwork can be viewed as a framework for effectiveness – effectiveness of communication and task performance, influenced by contextual factors, team dynamics and resources used to achieve collaborative outcomes (Driskell, Salas and Driskell, 2018:335; Schot, Tummers and Noordegraaf, 2020:333). At any time where two or more individuals, who are interdependent of one another, implement optimal communication, decision-making and problem-solving skills, and collaboratively perform a task/tasks to achieve a common objective, teamwork has taken place (Driskell, Salas and Driskell, 2018:93; Schot, Tummers and Noordegraaf, 2020:333).

2.3.1 EFFECTIVE TEAMWORK

For teamwork to be effective, Henry et al. (2016:703) highlight five elements as published as the ‘Big five of teamwork’ by Salas, Sims and Burke (2005): ‘team leadership, mutual performance monitoring, backup behaviour, adaptability and team orientation‘.

1. *Team leadership*: the ability to coordinate and synchronise team activities, delegate tasks, maintain knowledge and skills, and maintain a positive environment (Salas, Sims and Burke, 2005:560).
2. *Mutual performance monitoring*: develop common understanding and diffuse differences, identify mistakes, and provide constructive feedback (Salas, Sims and Burke, 2005:560).
3. *Backup behaviour*: the ability to recognise the needs of team members, achieving balance in workload (Salas, Sims and Burke, 2005:560).
4. *Adaptability*: adapting strategy based on changes as they occur, assigning meaning to the changes, and identifying opportunities for improvement (Salas, Sims and Burke, 2005:560).
5. *Team orientation*: consider team members’ behaviour during team interactions, participative goal setting, and praising team input (Salas, Sims and Burke, 2005:561).

Kilner and Sheppard (2010:128) and Martin and Ciurzynski (2015:484) also mention that multiple forms of communication, such as face-to-face, telephonic or written medical records, are all essential to successful teamwork. Thus, one can expect that implementing these elements will result in effective teamwork. The benefits of effective teamwork for the healthcare professional, the morale of the professional, and the expected patient outcomes are discussed in the following sub-headings.

2.3.1.1 EFFECTS OF EFFECTIVE TEAMWORK ON HEALTHCARE PROFESSIONALS

It has been made clear that teams should work together to achieve a common goal. (Brown et al., 2015:199; Driskell, Salas and Driskell, 2018:339). By achieving the common goals of the group through effective teamwork, human error will be reduced and operational efficiency will be increased (Grover, Porter and Morphet, 2017:92). A team that strives to reach a common goal will implement mutual performance management, assisting each other to recognise mistakes and provide each other with constructive feedback to improve quality professional practice, thus protecting the integrity of the professional (Salas, Sims and Burke, 2005:560).

This act of mutual performance evaluation helps to build the leadership abilities of the professional, providing the professional to effectively delegate and coordinate team activities and make use of their knowledge and skill during professional practice (Salas, Sims and Burke, 2005:560) Teamwork improves adaptability, creativity and productivity of the team members through improved communication skills (Xyrichis and Ream, 2008:232; Brown et al., 2015:199) and effective constructive feedback without bias or prejudice (Salas, Sims and Burke, 2005:560). Through effective communication, the needs of the team members can be effectively assessed through clarification of individual roles and responsibilities, to avoid confusion, misunderstandings and misplaced expectations of individual team members (Salas, Sims and Burke, 2005:560).

Effective teamwork depends on role clarity, mutual trust and effective communication between healthcare professionals and has been shown to reduce the incidence of reported workplace injury, illness and violence (Rosen et al., 2018:444). This may be because highly functioning teams tend to have effective conflict management skills which promote healthy therapeutic environments (Driskell, Salas and Driskell, 2018:339), where team members will feel confident to verbalise their fears and frustrations. Effective teamwork between all members of the professional team has a profound impact on healthcare professionals' desired outcomes and strive for job satisfaction (Martin and Ciurzynski, 2015:484; Streeton et al., 2016:31; Valentine, Nembhard and Edmondson, 2015:16), as is evident that increased job satisfaction and reduced stress, will positively impact on quality patient care delivered by healthcare professionals (Martin and Ciurzynski, 2015:484; Rosen et al., 2018:444).

2.3.1.2 MORALE OF THE PROFESSIONALS

Effective leadership and communication skills, cultured through mutual performance evaluation, assist the healthcare professional to develop a common understanding of the similarities and diffuse differences of each other's roles and responsibilities within the team (Salas, Sims and Burke, 2005:560). These key elements of effective teamwork, enforces a sense of support and confidence among the team members, promoting high morale and collaboration of each member of the team (Grover, Porter and Morphet, 2017:96). Team members who are jointly involved in patient care, such as history taking, physical examination of the patient and evaluation of care and treatment planning, tend to enforce a sense of being valued as a team member and promotes staff satisfaction, increasing the team member's level of motivation to participate in team activities (Rosen et al., 2018:444; Xyrichis and Ream, 2008:232).

Literature from healthcare journals summarises how high morale through effective teamwork, can promote and improve the nurses' autonomy, facilitate decision-making skills and collective idea generation, and improve job satisfaction and personnel 'well-being' (Xyrichis and Ream, 2008:234; Ogbonnaya, Tillman and Gonzalez, 2018:476), as a climate of high level, effective teamwork in the unit, will influence staff to feel committed to their work (Rosen et al., 2018:444). An improvement of a sense of ownership to their responsibilities will result in a decreased intent to leave the profession and improve the retention of healthcare professionals (Rosen et al., 2018:444). Effective teamwork helps to achieve a positive therapeutic working relationship between team members and contributes to the continuance of collaboration between healthcare workers (Driskell, Salas and Driskell, 2018:339).

2.3.1.3 EFFECTS OF EFFECTIVE TEAMWORK ON PATIENT OUTCOMES

In the literature, effective teamwork is closely tied to the quality and safety of patient care and favourable clinical patient outcomes (Grover, Porter and Morphet, 2017:92; Rosen et al., 2018:444; Cooper, Cant, Connell, Sims et al., 2016:97). A group that effectively communicates and works collaboratively to achieve a common goal will deliver quality person-centred care (Bayen, Bayen, Moreau, Defebvre et al., 2021:1; Masimula, van der Wath and Coetzee, 2021:1). Person-centred care results in achieving favourable clinical patient and organisational outcomes (Masimula, van der Wath and Coetzee, 2021:1; Dewar and MacBride, 2017:1375). In an area where human error could have devastating effects, such as the ED, effective person-centred care and teamwork are vital to ensure patient safety in healthcare and reduce the occurrence of human error through peer performance evaluation (Grover, Porter and Morphet, 2017:92; Salas, Sims and Burke, 2005:560). Effective

teamwork will eliminate fragmented delivery of care, time wastage and hasty decisions made about patient management options (Kilner and Sheppard, 2010:128).

Ogbonnaya, Tillman and Gonzalez (2018) testify that effective teamwork directly affects patient satisfaction and their likelihood to return to the same facility. Effective teamwork dynamics has been identified as the key to improving quality patient care (Ogbonnaya, Tillman and Gonzalez, 2018:351) and has been linked to a reduction in the rate of errors and patient mortality (Rosen et al., 2018:444). We live in times where the public is becoming more aware of their rights and have come to expect high standards of care when visiting a healthcare facility. A study by Henry et al. (2016) indicated that patients are very aware of the teamwork climate in the unit and that their perceptions affect their confidence in the healthcare professionals and their likelihood to follow through on treatment based on that confidence.

Ogbonnaya, Tillman and Gonzalez (2018) motivate that not only should patients become more involved in the planning of their own health care, but those healthcare workers should allow the patient to become part of the team. Patients perceive the way healthcare personnel communicate with each other, as a direct reflection of how the professionals perceive the patient, suggesting that effective communication skills within the team, will translate into a welcoming message to the patient (Henry et al., 2016:702).

It is evident from the literature that effective teamwork has a profound favourable impact on healthcare workers, the patients and the morale of the unit. It is clear that effective teamwork should be strived for in all areas of healthcare.

2.3.2 INEFFECTIVE TEAMWORK

No one individual can by themselves ensure safe, quality care for patients or singlehandedly protect any patient from potential harm, despite high levels of independence of skilled professionals (Rosen et al., 2018:444). Barriers or challenges to teamwork include lack of communication, hierarchy levels and poor collaboration (Weaver, Hernandez and Olson, 2017:50; Wong, Gang, Szyld and Mahoney, 2016; Rosen et al., 2018:444). Professional groups with different cultures and values have conflicting views on the best approach for patient care and treatment, which is a contributing factor to teamwork challenges (Schot, Tummers and Noordegraaf, 2020:335).

Ineffective and lack of communication is the leading cause of ineffective teamwork, and thus patient error (Weaver, Hernandez and Olson, 2017:50; Wong et al., 2016:117) Hierarchy levels between healthcare professionals have been identified as a contributing factor to poor communication and

collaboration of team members, causing poor coordination of patient care in an inherently interdependent and complex healthcare delivery system (Rosen et al., 2018:444; Streeton et al., 2016:31). Professional hierarchy inhibits teamwork because individuals may avoid confrontation for fear of embarrassment or upsetting their 'senior' team member (Valentine, Nembhard and Edmondson, 2015:16).

2.3.3 EFFECTS OF INEFFECTIVE TEAMWORK ON HEALTHCARE PROFESSIONAL COLLABORATION

Ineffective teamwork between healthcare professionals means poor collaboration. In previous studies, doctors have been found to have a negative perception of teamwork, as they felt it was an excuse for nurses to be subordinate (Xyrichis and Ream, 2008:234). This statement relates to the perception of hierarchy levels held by some healthcare professionals. Ineffective teamwork has been linked to high levels of fatigue and burnout among staff and healthcare professionals involved in medical errors have a higher risk of suffering from burnout and depression (Rosen et al., 2018:445). Ineffective functioning teams find it harder to rectify the root cause of a problem due to poor conflict management skills which can cause disagreements and unhealthy working environments (Driskell, Salas and Driskell, 2018:339)

2.3.4 EFFECTS OF INEFFECTIVE TEAMWORK ON THE MORALE OF THE PROFESSIONALS

Ineffective teamwork in the unit impairs job satisfaction, effectively causing low staff morale and motivation (Grover, Porter and Morphet, 2017:92). Dysfunctional groups find it more difficult to maintain positive relations and cooperative behaviour, which negatively influences team morale (Driskell, Salas and Driskell, 2018:339)

2.3.5 EFFECTS OF INEFFECTIVE TEAMWORK ON PATIENT OUTCOMES

Teamwork between healthcare professionals has been directly linked to the quality of care delivered to patients and identifies fragmented delivery of care. Unnecessary time delays by repetition of history taking and hasty decisions also contribute to medical errors (Rosen et al., 2018:433;434; Reeves et al., 2017:7; Valentine, Nembhard and Edmondson, 2015:16; Kilner and Sheppard, 2010:128). Ineffective teamwork is the cause of medical errors, such as medications errors, inappropriate therapies and delays in treatment (Rosen et al., 2018:434; Reeves et al., 2017:7). As many as 70 % of medical errors are a result of ineffective teamwork and poor communication (Streeton et al., 2016:31; Xyrichis and Ream, 2008:233).

Simply put, ineffective teamwork has negative consequences for patients, such as poor quality of care and patient safety, and leaves the door open for malpractice suits (Valentine, Nembhard and Edmondson, 2015:16; Cooper et al., 2016:97; Rosen et al., 2018:444). Patients are less likely to follow through with treatment if they lack trust and confidence in the healthcare team based on their perception of poor team performance (Henry et al., 2016:712). Ineffective teamwork has been shown to have a bigger influence on poor patient outcomes than lack of clinical skills (Weaver, Hernandez and Olson, 2017:50).

Literature makes it evident that poor teamwork is demonstrated through poor or lack of communication and collaboration between team members. Literature also proves that ineffective teamwork can have devastating effects on healthcare workers, the morale of the unit and especially the patient.

2.4 RELEVANCE OF TEAMWORK IN THE ED

The emergency department (ED) is a unique, rapid-paced, unpredictable and highly demanding environment (Grover, Porter and Morphet, 2017:93). The high functioning ED relies heavily on teams of healthcare professionals to collaboratively perform shared objectives in delivering care to the injured and acutely ill patient (Grover, Porter and Morphet, 2017:92; Weaver, Hernandez and Olson, 2017:50; Driskell, Salas and Driskell, 2018:334;335).

'Teamwork is essential for ED functionality to achieve its core business efficiently and effectively' (Grover, Porter and Morphet, 2017:92). The core/fundamental function of the ED is to provide an essential, and often life-saving service to the acutely ill or injured patients. The ED is a highly demanding and stressful environment that requires rapid decision making, sometimes with incomplete information. Decisions made in the ED can mean the difference between life and death for any patient needing treatment. Healthcare professionals in the ED face challenges every day that will affect the quality of care provided to their patients, who are acutely ill or injured. To face these challenges effectively, a healthy therapeutic environment with an effective teamwork climate needs to exist in the ED (Grover, Porter and Morphet, 2017:93; Driskell, Salas and Driskell, 2018:339).

Team members need to be able to trust each other and communicate efficiently in order to deliver high quality and safe person-centred patient care (Rosen et al., 2018:444; Weaver, Hernandez and Olson, 2017:50; Walton, Hogden, Long, Johnson and Greenfield, 2021:1). All healthcare professionals should be able to collaborate to achieve common goals in order to provide safe and quality care to their patients and reduce the risk of harm to their patients (Brown et al., 2015:199;

Driskell, Salas and Driskell, 2018:335; Grover, Porter and Morphet, 2017:92; Reeves et al., 2017:7; Weiss and Hoegl, 2015:592; Xyrichis and Ream, 2008:235)

2.5 SUSTAINING EFFECTIVE TEAMWORK

There is no shortage of research on strategies to improve teamwork among healthcare workers (Curtsinger, 2018; Buljac-Samardzic, Dekker-van Doorn and Maynard, 2018; DiMarino and Tina, 2021; McCulloch, Rathbone and Catchpole, 2011). Even though the results of the team training strategies have been shown to improve the perception of teamwork and collaboration among team members (DiMarino and Tina, 2021:6; Lacerenza, Marlow, Tannenbaum and Salas, 2018:517), the results of these strategies are not sustained when a direction is not available (Frykman, von Thiele Schwarz, Athlin, Hasson and Mazzocato, 2017:64). Harvey, Freeman, Wright, Bath et al. (2019) indicate that team training needs to be provided every six months to improve the sustainability of teamwork strategies.

Effective teamwork requires ongoing effective and reliable communication skills to ensure the message is clearly understood, and the receiver listens and accepts the value of the message (Al-Araidah, Al Theeb, Bader and Mandahawi, 2018:351). Explorative inquiry stimulates the ongoing consideration for what works well and how to communicate and interact effectively (Dewar and MacBride, 2017:1375). Exploration through inquiry has the ability to change the way we think about reflection and change the focus to positivity, instead of being a training programme that needs recurrent implementation to maintain sustainability (Dewar and Nolan, 2013b:1249). It has also been suggested that role clarification and committed managerial support, each plays a key role in the sustainability of teamwork and collaboration (Vestergaard and Nørgaard, 2018:191).

Positive disruption and curiosity facilitate motivation for fundamental collaborative change in policies and in practice (Sharp, Dewar, Barrie and Meyer, 2018:223; Clouder and King, 2015:2), by placing focus on and celebrating the positive (Dewar and MacBride, 2017:1375; Dewar and Nolan, 2013b:1249). Through inquiry, relationships and reflective attitudes are given life, which is necessary when planning a problem-solving approach (Sharp et al., 2018:223).

Changing the social system of problem-solving approaches to assisting people to address and solve their own problems, is guided by inquiry, by facilitating reflection on past experiences, bringing value in the processing of new knowledge and allowing the challenging of ‘predetermined ideas’ (Adamson and Dewar, 2015:155; Sharp et al., 2018:223, 225; Myers, 2018:45).

Collaboration between team members who share common goals and philosophies and culture of compassionate care is brought about by inquiry and reflexive questioning (Dewar and Cook, 2014a:1258).

Although there is a wealth of knowledge on human interactions and effective communication, it is still unclear how to support people to work within this framework in everyday practice (Dewar and MacBride, 2017:1376). Even while participants commit to the process of inquiry, it can be challenging to apply new knowledge and theory to practice, where performance rating, hierarchical structures, punitive cultures and task-oriented culture still dominate (Adamson and Dewar, 2015:161; Dewar and Cook, 2014a:1264).

This is especially true in an organisation where team members are not supported to raise and express their feelings and perceptions about certain events or where team members fear judgement and victimisation if they do (Myers, 2018:46). Frykman et al. (2017) report about challenges to sustaining teamwork strategies once managerial support falls back, and the re-accumulation of barriers due to lack of resources for effective problem-solving. This creates the need to investigate strategies to sustain teamwork strategies once accepted by a group of team members.

2.5.1 UTILISATION OF EXPLORATIVE INQUIRY IN HEALTHCARE

Inquiry methodology highlights reflection as a new and efficient way of learning, by using stories about experiences and events to develop knowledge, skill and confidence that aid nurses to provide quality care within the practice (Adamson and Dewar, 2015:155). Reflection can be used as a strategy to rethink and challenge the way things used to be done (Adamson and Dewar, 2015:155; Cooperrider and Godwin, 2012:39; Glanz and Heimann, 2019:353), in an effort to yield positive, sustainable change (Sharp et al., 2018:223; Dewar and Cook, 2014a:1259), for example, the implementation of evidence-based practice.

The challenge in implementing a new way of doing or behaving is to achieve sustainability (Frykman et al., 2017:64). Explorative discussion guides team members to understand human responses, which helps to plan and deliver quality care (Adamson and Dewar, 2015:156). This type of learning experience can encourage the team members' awareness of their own personal values and behaviour, and the use of real scenarios can help team members to relate to one another (Adamson and Dewar, 2015:160). This mind shift in the way team members communicate, through the continuous implementation of the inquiry as a new way of life, will enhance the sustainability of enhanced teamwork (Al-Araidah et al., 2018:351; Dewar and Nolan, 2013b:1249)

A workplace culture of person-centred care and healthful relationships is shown not only to improve quality patient care, but also staff wellbeing and morale, and family satisfaction (Filmalter, van Eeden, McCormack, Coetzee et al., 2015:2; Cardiff, McCormack and McCance, 2018:3056). The explorative enquiry aims to improve high-quality patient care and job satisfaction. However, staff have confessed that they are not interested in quality improvement programmes as presented by management due to their 'top-down' approach and that the staff involved were not consulted on their needs (Filmalter et al., 2015:2).

Thus, it can be said that for a quality improvement programme to be efficient, a 'bottom-up' approach (Filmalter et al., 2015:2) allows participants to voice their own feelings and ideas without fear of judgement or prejudice should be attempted. This is exactly what the explorative semi-structured interview intends to do, by creating a safe environment for reflection through skilled human interaction (Dewar and Nolan, 2013b:1249; Dewar and MacBride, 2017:1376; Glanz and Heimann, 2019:353). Reflection complements the idea of facilitating staff to solve their own concerns, instead of telling them how to fix them (Adamson and Dewar, 2015:155; Sharp et al., 2018:225; Myers, 2018:45).

2.6 SUMMARY

This literature review provided an in-depth look into what teamwork is and a complex definition of this concept due to the wide range of its characteristics. This chapter has provided an in-depth look into the benefits of effective teamwork, focussing on the benefits on patients' and healthcare professionals' outcomes. It has been made clear that the benefits of effective teamwork outweigh the disadvantages of ineffective teamwork in the healthcare environment. Effective teamwork between healthcare workers affects how healthcare workers deliver care to their patients due to increased job satisfaction and morale in the unit. Thus, it is evident that effective teamwork between healthcare workers directly correlates to quality patient care.

The same can also be said about the opposite. Ineffective teamwork between healthcare workers is directly related to poor job satisfaction, low morale in the unit and poor-quality patient care. Thus, when striving to maintain high levels of quality patient care, any attempt should be made to maintain high morale in the unit by ensuring effective teamwork between healthcare workers. The ED is an especially sensitive area to delivering quality patient care and suffering from challenges to teamwork between healthcare workers, due to its high-demand and stressful environment.

This literature review also mentions how the explorative semi-structured interview may aid to achieve the aims and objectives of this study, as it is based on the reflection of human interaction and relationships and exploring strategies to maintain effective teamwork.

Chapter 3 will focus on the specific methodology used to lead this study and how the explorative semi-structured interview guide will be implemented to collect data. Chapter 3 explains in detail how the researcher plans to document and analyse the collected data for this study.

3 RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter 2 discussed the theoretical underpinning on which this study is based. Chapter 3 aims to discuss the research design and research methods used to address the research question in more detail. This study followed a qualitative, explorative and descriptive design to reach the aim and objectives of the study. The research method is discussed in terms of the population, sampling, data collection and data analysis.

3.2 AIM OF THE STUDY

The overall aim of the study was to explore and describe the challenges to effective teamwork between nurses and doctors working in the ED of a private hospital in Gauteng. A qualitative, explorative descriptive approach, with a reflective perspective, was utilised to facilitate individual interview discussions. Strategies to enhance teamwork were explored to overcome the identified challenges.

3.3 RESEARCH DESIGN

The research design, or overall plan, is guided by the research question and problem statement (Polit and Beck, 2018a:416; Botma et al., 2010). The design provides structure to the selection of methods and decisions to be made throughout the study. The purpose of the study, and the relevant ethical considerations, provides guidance when selecting the most appropriate research design. In this study, a qualitative, explorative, and descriptive design was utilised. Each of these will be discussed in more detail in sections 3.3.1 to 3.3.3.

3.3.1 QUALITATIVE RESEARCH DESIGN

Qualitative research is used when little is known about the 'inside' perspectives of a certain topic (Padgett, 2012:16). A qualitative research design begins with an assumption, then makes use of a theoretical framework of inquiry to research a problem that needs to be explored (Creswell and Poth, 2018:42). A qualitative design allows the researcher to collect information about a phenomenon as it is demonstrated by the participants, in their own words (Polit and Beck, 2018a) and the final report illustrates and corroborates the participants' opinions and contributions (Creswell and Poth, 2018:43). A qualitative design is an expressive and people-centred design (Ellis, 2016:26) and it promotes an understanding of human interaction (Henry et al., 2016:704; Gray, Grove and Sutherland, 2017a:252).

Qualitative research is flexible, emerging and evolving as the researcher learns and make ongoing decisions about their data (Polit and Beck, 2018a:183). This design is holistic, seeking a detailed understanding of the phenomenon from the perspective of the individual (Polit and Beck, 2018a:184; Creswell and Poth, 2018:45).

Understanding a phenomenon (teamwork) can be enhanced by identifying themes of behaviours from the qualitative findings (Henry et al., 2016:704; Joffe, 2012:209). Smythe and Spence (2012:13) suggest that healthcare workers often need to know and understand the realities they face, more often than how individuals of the healthcare profession interact with each other. A qualitative research design allowed the researcher to gain an understanding of the participants' views of the teamwork challenges within the selected ED and attach meaning to interactions as witnessed. Feelings, behaviours, thoughts, and insights were explored, through inquiry and reflection, in individual interviews. The views from the participants assisted the researcher to construct descriptive data.

3.3.2 EXPLORATIVE DESIGN

An explorative design is used when limited information is available about a topic, and allows the researcher to address an issue in need of further understanding. Maintaining the aim and objectives of this study, the researcher selected this design to explore teamwork in the ED of the designated hospital, as well as exploring strategies to overcome challenges of teamwork. Therefore, the researcher was in the explorative phase of the study during data collection (Gray, Grove and Sutherland, 2017a:29). Participants' perceptions were explored through a reflective outlook.

3.3.3 DESCRIPTIVE DESIGN

The descriptive design lets the researcher describe and document an observed phenomenon, as it occurs naturally (Gray, Grove and Sutherland, 2017a:29; Brink, vd Walt and v Rensburg, 2017:112) and as the participants perceive and experience it (Ellis, 2016:40; Polit and Beck, 2018a:187). Information for a descriptive design is gathered through interviews with representatives from the study population (Brink, vd Walt and v Rensburg, 2017:113). This is especially useful when there are multiple variables affecting the phenomenon, and may assist with the conceptualisation of these variables (Gray, Grove and Sutherland, 2017b:29). The experiences include 'hearing, seeing, believing, feeling, remembering, deciding and evaluating' (Polit and Beck, 2018a:187).

The researcher analysed the information by extracting significant contributions and categorising statements, by conceptualising the variables, before describing the phenomenon (Polit and Beck, 2018a:188). By conceptualising the variables related to teamwork in the ED, the researcher aims to

develop theories of the identified challenges within the existing practice, to rationalise judgements and to determine what others have done in similar situations (Brink, vd Walt and v Rensburg, 2017:112).

Descriptive qualitative studies have no claim to one specific methodology and do not fit one particular strategy, but rather presents a comprehensive summary of the phenomenon in everyday language (Polit and Beck, 2018a:191). In a qualitative study, data is gathered through naturalistic inquiry (Polit and Beck, 2018a:191), which has also been referred to as 'interpretive description' by Thorne (Polit and Beck, 2018a:191).

3.3.4 APPRECIATIVE INQUIRY (AI) PERSPECTIVE

Cooperrider (2018:8) quoted the Dalai Lama's impression of AI:

> *'Appreciative Inquiry, as I'm learning it, supports our altruistic nature, our compassion for others, including more secure and positive states where people express more tolerance and greater willingness to help one another … it diminishes our destructive emotions; the moment you think of others, your mind widens.'*

The researcher drew inspiration from the appreciative inquiry (AI) perspective design provided by David Cooperrider and Suresh Srivastva. The method is guided by five fundamental principles that expand the notion of appreciation, which help people to 'deepen inquiry, explore values, acknowledge and express emotion without dispute or judgement, articulate tacit knowledge and give voice to things previously thought to be 'unsayable' (Sharp, Dewar and Barrie, 2018:223; Glanz and Heimann, 2019:355). This innovative way of exploring and reflecting can result in 'positive disruption' and a significant shift in the team's paradigm and focus (Sharp, Dewar and Barrie, 2018:223; Woodfield, Woods and Shepherd, 2017:1). The five fundamental principles of AI include:

1. *The constructionist principle*: people create and construct their own realities, and therefore they are able to create new realities through collaboration and questioning.
2. *The principle of simultaneity*: for change to occur, there needs to be inquiry, and through inquiry change is stimulated. Therefor the two concepts cannot be separated from each other.
3. *The poetic principle*: focus is on the positive perspective that team members contribute to the 'story' of their team.
4. *The anticipatory principle*: team members should have an ideal of what they envision effective teamwork should be, then they should be motivated to work toward that vision.
5. *The positive principle*: active inquire should focus on what works well, the positive effects when it works well, the positive vision of the future and previous positive experiences that would contribute to positive change.

   (Glanz and Heimann, 2019:355)

AI facilitated reflection should thus stimulate positive reflection in order to understand strengths of the team and all its members, and how these strengths can be utilised to facilitate positive change, instead of only providing a temporary solution to a problem (Glanz and Heimann, 2019:355)Providing the participants with the opportunity to voice their ideas and feelings, as well as their concerns, generates a feeling of appreciation and empowerment (Streubert and Carpenter, 2011:37). The AI design is based on human interaction, it is person-centred and it 'supports skilled human interaction' (Dewar and MacBride, 2017:1377; Myers, 2018:43). AI allows for reflection on past experiences, as well as for 'predetermined ideas to be challenged' (Adamson and Dewar, 2015:155; Glanz and Heimann, 2019:353). AI has successfully been utilised to facilitate and sustain positive change and focus-shift to 'what works well' in health and education sectors (Woodfield, Woods and Shepherd, 2017).

Glanz (2019:356) supports the notion that the AI 4-D cycle is a useful tool to examine the current dynamics of the team as a whole, or may be adjusted to focus on particular aspects of priority. The original phases of the 4-D cycle include

1. *Discovery*: facilitated discussion to reflect on each team member's perceptions of the team dynamics and of their fellow team members, as well as their values that underpin their perceptions.
2. *Dream*: team members share their ideal vision of effective teamwork, how it could be achieved and also how their own personal growth would contribute to the envisioned change.
3. *Design*: action plans are generated to facilitate the strategies that was agreed on in the dream phase.
4. *Destiny*: implementation methods to facilitate the actions plans of the design phase are discussed in more detail, to ensure that these plans align with the collaborative goals of the team.

   (Glanz and Heimann, 2019:356)

The semi-structured interview guide used in this study, represents an adaptive version of the AI 4-D cycle, based on the discover and design phases. The researcher only reflected the 'discovery' and 'design' phases of the 4-D cycle in the alignment of the semi-structured question guide, as these phases represented the aim of the study. The remaining phases of the 4-D cycle were outside of the scope of the aims of this study. However, further research may be recommended that would continue with and include the 'dream' and 'design' phases.

By adopting selected principles of the AI design, the researcher aimed to voice the thoughts, feelings, and concerns of the participants in order to explore and understand the challenges to effective teamwork in the designated setting.

3.4 RESEARCH METHODS

The research method indicates the structure and overall process of implementation followed for the study and the tools used to collect and analyse the data, who was involved in the study, as well as how rigour was ensured (Ellis, 2016:16). Data generation methods included: population, sampling, data collection, data analysis and rigour. Each of these will be discussed in Sections 3.4.1 to 3.6.

3.4.1 TARGET POPULATION

The target population refers to the entire group of interest in this study (Polit and Beck, 2018a:162), individuals with common characteristics and who meet the inclusion criteria or relevance to the study (Polit and Beck, 2018a:413). Inclusion criteria include factors: such as a willingness to participate, prior knowledge of the phenomenon, ability to reflect and receptiveness to focus groups. The target population should represent the phenomenon that the researcher is interested in (Polit and Beck, 2018a:162).

The target population of this study included healthcare professionals involved in any form of patient care in the ED of a private hospital in Gauteng. These professionals included nurses (permanently employed and agency workers) and doctors. Sampling and data collection will be discussed in sections 3.4.2 – 3.4.3.9.

3.4.2 SAMPLING AND SAMPLE SIZE

Data is collected from a subset of the population, a selected group of participants, but not the entire population group (Gerrish and Laey, 2006:25). Sampling is a strategy used to specify the criteria for eligible participants to the study (Polit and Beck, 2018a:199). To establish these criteria, the researcher asks questions such as: who would be an information-rich data source? Who should I talk to in order to maximise my understanding of the phenomenon? (Polit and Beck, 2018a:199). Sampling in a qualitative study is usually emergent (Polit and Beck, 2018a:199).

Sampling sizes are based on inclusion and exclusion criteria boundaries (Padgett, 2012:74). There are no exact rules to choosing sample size, however, the researcher should avoid sacrificing the depth of information from interviews for the number of participants (Padgett, 2012:75).

When selecting a type of qualitative sampling method, the researcher should select a method that will produce participants who are knowledgeable, articulate, reflective and willing to talk with the researcher (Polit and Beck, 2018a:199). For this reason, qualitative researchers use non-probability sampling methods, such as purposive sampling, when the participants are deliberately chosen to participate in the study (Polit and Beck, 2018a:200).

For the purpose of this study, the sample group included healthcare professionals involved in any form of patient care in the ED of a private hospital in Gauteng, at the time of the study. These professionals included nurses (permanently employed and agency workers), and doctors, who are currently part of the healthcare team of that department. Liamputtong (2011;50) suggest that purposive sampling is best suited to interview/discussion methodology. Students and newly employed personnel were excluded from this study due to their limited exposure to personal interaction with the healthcare professional team. The expected population for this included twelve RNs, eight ENs, four ENA's and thirteen doctors.

Purposive sampling involved selecting participants who have experiences of the phenomenon studied (Ellis, 2016:41) and have in-depth knowledge that was needed for the aim of the study (Gray, Grove and Sutherland, 2017b:265). Therefore, purposive sampling was utilised for this study, by inviting volunteers who are working in the selected setting at the time of the study.

The researcher approached potential participants who matched the inclusion criteria, individually to obtain informed consent to participate in this study. The researcher did not face any challenges in obtaining informed consent for participation, however, they experienced challenges in scheduling meeting times for interviews due to the current pandemic crises. The pandemic crisis of COVID-19 resulted in radical legislations such as social distancing, and laws against gatherings. These new legislations challenged the researcher to implement adjustments to this study to protect the health and safety of all participants.

The sampling method of this study was not adjusted, but reaching each participant for data collection was negatively affected. Technological communication methods had to be implemented, which limited the sample size of participants, to a total of only ten participants, due to the access and affordability of this technology. Lack of commitment of some of the participants was also identified by the researcher, which limited the sample size. The researcher had collected a total of fourteen signed informed consent forms. Only one person of the target group declined the invitation to participate in the study due to the fear of resentment. Of the fourteen participants that indicated willingness to participate, four participants did not honour their appointment times. However, their decision to withdraw consent was respected by the researcher.

However, having to alter methods of data collection made it easier to set appointment times with willing participants that were the most suitable to each participant and the researcher. Interview days and times included weekends and weekdays, which did not interfere with the duty times of either party.

3.4.3 GAINING ACCESS AND PREPARING THE ENVIRONMENT

Gaining access was achieved by obtaining approvals form:

1. The Faculty of Health Sciences Research Ethics Committee of the University of Pretoria
2. The Research Ethics Committee of [redacted] Healthcare Private Group
3. The hospital management team of the designated facility was used for the study.

Access was enhanced by the fact that the researcher is a qualified emergency and trauma registered nurse with five years' experience in the ED of the designated facility, and is currently an educator of the Emergency Nursing Post Basic Course offered by the private group. This was beneficial as it ensured that the researcher was well known in the setting.

Potential participants that met the inclusion criteria, were approached directly. Once ethical approval was obtained (Annexure B), the target group was given a brief overview of the intended study during a scheduled meeting. Information leaflets regarding the study were handed to all eligible participants, and they were allowed to ask questions to clarify the nature of the study and avoid any misunderstandings. Informed consent forms were handed to intended participants, which were

3.4.4 DATA COLLECTION

Data collection is the systematic method of collecting precise and relevant data and recording information in order to achieve the aim of exploring and describing the challenges of effective teamwork, between nurses and doctors working in the ED (Polit and Beck, 2018a:52; Gray, Grove and Sutherland, 2017b). Qualitative designs are usually emergent by nature, and data collection strategies may change while in the field (Polit and Beck, 2018a:54).

The emergent nature of the qualitative design was beneficial to the researcher to cope with the challenges caused by the COVID-19 pandemic and its restrictions. One-to-one person interviews and focus group discussions are the primary sources of data in qualitative interviews, as it allows interaction with the source of the information that is fundamental to the aim of the study (Botma et al., 2010:205). The data collection method used, will be discussed in sections 3.4.4.1 to 3.4.4.4.

3.4.4.1 Interviews

Interviews are a dialogue with participants to answer a research question, therefore, the researcher must ensure the most appropriate technique is selected to reach this aim (Streubert and Carpenter, 2011:33). The researcher needs to realise that the outcome of the interview will not necessarily be what the researcher was hoping to hear, but rather that it will reflect the perceptions of the participants about certain events or phenomena (Streubert and Carpenter, 2011:35). Therefore, the researcher goes

through an ongoing process of self-reflection during the data collection process, which strongly influences the choice of data collection strategy (Streubert and Carpenter, 2011:34).

Interviews are the most common choice of data collection strategy, as it is an opportunity to have an explorative and reflective conversation with a participant where the participant has the platform to describe their views, experiences and feeling about a specific phenomenon they have experienced (Botma et al., 2010:206; Streubert and Carpenter, 2011:34). Conducting an interview creates an opportunity for the researcher to establish a social bond with the interviewee (Botma et al., 2010:205). However, the researcher must make an informed decision between three types of interviews – the standardised/structured interview, the semistandard/semi-structured interview, and lastly the unstandardised/ unstructured interview (Streubert and Carpenter, 2011:34).

For this study, the researcher chose the semi-structured interview approach, as it is the most flexible and provides an opportunity for 'storytelling' by the participants (Streubert and Carpenter, 2011:34).

3.4.4.2 Semi-Structured Interviews

The purpose of the interview is to present ideas to the participants and stimulate the way they think about a certain concept. This process is made possible by implementing a semi-structured interview guide during the interview (Botma et al., 2010:205). This method is very useful to paint a detailed picture of the phenomenon from the participant's viewpoint, based on their beliefs, perceptions and memories of their own experiences (Botma et al., 2010:208).

The semi-structured interview guide allows the interviewer to follow up with questions with probing statements, allowing exploration of interesting concepts or emerging topics during the interview (Botma et al., 2010:208). The limited amount of open-ended questions that should form part of the interview guide, helps the researcher to focus on the goal of the interview when compiling the interview guide (Botma et al., 2010:209).

3.4.4.3 Ethics in Individual Interviews

Confidentiality is based on the principle of respect for autonomy (Liamputtong, 2011:25). Based on this, each individual interview commenced with an outline of the rules, by asking the participants to respect and maintain confidentiality, by not mentioning any names of their peers as part of their answers. Participants were also reminded that by signing the informed consent, they also agreed to keep the identities of other participants confidential, as well as give consent to audio record the interview.

The researcher maintained the privacy of each participant by turning off the camera function during MS Teams and Zoom recordings, and not using the participant's real name, alternatively making use of an alias.

3.4.4.4 Criticism of Interviews

The quality of information gathered from the interview is largely dependent on the ability of the interviewer to establish a trusting relationship with the participant (Botma et al., 2010:205). Without establishing rapport with the participant the researcher runs the risk of gathering incomplete information (Botma et al., 2010:205).

An interviewer who is successful in establishing rapport with the participant has the ability to gather large amounts of data, even if the interview was brief, data that will take a long time to analyse and code (Botma et al., 2010:205). This implies that the interviewer should have the necessary knowledge, skill and experience to conduct the interview successfully, and not just anyone will be qualified to lead the participant to divulge information freely, or gather quality and useful information (Botma et al., 2010:205).

The interviewer must have the skill and ability not only to phrase the semi-structured questions as to not impose the researcher's own feelings and ideas on the participant but also to truly hear what the participant is saying and to interpret the message accurately (Botma et al., 2010:206). The interviewer should then have knowledge of communication skills similar to that of a psychologist, using strategies like paraphrasing, reflecting, clarifying and probing (Botma et al., 2010:206). Due to the lack of experience in conducting interviews, the researcher was assisted by the supervisor in leading the first two interviews. Observation of the supervisor-led interviews provided the researcher with the opportunity to learn by example and use the same skills in conducting most of the interviews.

Liamputtong (2011:36) argues people with shared attributes, lived experiences and objectives are more likely to openly talk about their experiences and the meaning and understanding that they have attached to their experiences. This may be attributed to the fact they feel understood by their peers due to their shared experiences (Liamputtong, 2011:36). During one-to-one interviews, the participant will not experience this peer support to feel comfortable to voice their feelings and concerns freely. The one-to-one interview also limits the insight into the group dynamics, as the participant is not prompted by peers to tell a story (Liamputtong, 2011:4-5).

It is also important for the researcher to be aware of the common pitfalls of interviewing, such as interrupting and how the interviewer reacts to the responses, as this might cause the participant to feel uncomfortable and hinder the collection of quality data (Botma et al., 2010:206).

3.4.5 SEMI-STRUCTURED INTERVIEWS FROM AN APPRECIATIVE PERSPECTIVE

Two of the appreciative principles were adopted to design the semi-structured interview guide used for the individual interviews (Cooperrider, 2018:8) Table 3.1 illustrates the application of the selected appreciative principles in this study.

Table 3.1 Application of the AI Principles

AI Principles	Questions from the semi-structured interview guide
Discover (Appreciate what is)	Please share an experience/scenario you have witnessed, related to teamwork between doctors and nurses in the unit. How did this experience make you feel? How do you think doctors/nurses are perceived in the unit? Tell me more about the decision-making process in the unit between doctors and nurses. Please share a positive experience regarding teamwork between doctors and nurses in the unit. How are accountability and responsibility shared in the unit?
Design (Co-construct what should be)	How do you think these positive experiences can be built on?

The explorative semi-structured interview may be used to facilitate change and development, through its focus on reflection and a new way to conceptualise the 'problem' in a more positive way (Woodfield, Woods and Shepherd, 2017:1; Glanz and Heimann, 2019:353). Deep self-reflection from the participants is necessary to gain an accurate description and understanding of the teamwork dynamics in the unit (Glanz and Heimann, 2019:355).

Figure 3.1 Appreciative Inquiry (Woodfield, Woods and Shepard, 2017:2)

Figure 3.1 Describes Appreciative inquiry – asset-based versus deficit-based inquiry (Woodfield, Woods and Shepherd, 2017:2) However, using the existing problem (Ineffective teamwork) as the undertone of this study, there is the risk that participants will tend to focus on the negative aspects (deficit-based focus), instead of appreciating what works (asset-based focus) (Glanz and Heimann, 2019:355; Woodfield, Woods and Shepherd, 2017:1).

To keep the focus of the interview in a positive light, the researcher made use of appropriate probing and follow-up questions. Some of these questions included:

- Tell me more about …?
- Why is that important to you?
- How does that affect you / the team?

3.4.5.1 PREPARING FOR THE INTERVIEW

Apart from gaining access and ethical approval, the researcher adopted the appreciative perspective in setting the semi-structured questions for the interview guide. The researcher assumed the question guide would enable the participants to explore their own perspectives and appreciate others' perspectives. The interview guide was initially structured to be used during the focus group discussions but was adaptable to be used during the individual interviews, without implementing any changes.

The researcher aimed to explore how healthcare workers in the specific ED setting perceive teamwork in the unit. By using open-ended questions, the participants were given the opportunity to add meaning to their responses by fully describing their perceptions of the teamwork challenges and experiences in the ED (Streubert and Carpenter, 2011:35). Some of the questions included in the question guide were:

- How do you think nurses are perceived in the unit?
- How do you think doctors are perceived in the unit?
- Please share a positive experience regarding teamwork between doctors and nurses in the unit.

The full interview guide is included in the Informed consent document: Annexure A.

Due to limitations as reflected in section 3.7, the researcher had to take advantage of the evolving characteristics of the qualitative research design, by implementing minimal adaptations to the data collection method. Due to the necessary adaptation in the data collection method, the researcher had to disregard previously obtained consent from participants and replace it with the revised informed consent forms.

Participants were approached individually and in person to obtain informed consent. At the same time, the date and time were discussed to conduct the individual interview with each participant. Each participant was informed of the method of digital meetings, which would also be used as a method of data collection, as the online meeting platform allowed for the recording of the interview. Zoom and Microsoft Teams were used according to the available internet connectivity of each participant. The discussed appointment times were confirmed by creating online meeting calendar invites, at times when patient care would not be interrupted and suited to the daily responsibilities of both the participant and the researcher. When an interview is conducted at the convenience of the participant, the data is likely to be rich and comprehensive, as the participant will feel more comfortable (Streubert and Carpenter, 2011:36). Participants were sent reminders of the appointments 48 hours prior to each respective individual interview.

As part of the preparation for the individual interviews, the researcher had to ensure an awareness of the social and cultural context of the phenomenon to be inquired. The interviewer should be aware of the influences of values and beliefs on what is heard versus what is said (Streubert and Carpenter,

2011:35). The researcher was in a fortunate position where rapport has already been built with the participants, as the researcher was a previous colleague to all the participants, with a good professional relationship history.

3.4.5.2 CONDUCTING THE INDIVIDUAL INTERVIEW

The researcher cautioned against the assumption that what the participants were saying in words, is a true reflection of the meaning the participant has attached to the event (Streubert and Carpenter, 2011:35). It is therefore important to establish a trusting relationship with the participant, to help guard against the participant only giving answers that they think to be 'socially acceptable' (Streubert and Carpenter, 2011:35). Trust is gained by assuring the participants that their information and responses will remain private and confidential, and conveying a shared interest in the participant's ideas and concerns (Streubert and Carpenter, 2011:35;37).

Adaptation to comply with COVID-19 regulations resulted in the researcher conducting online, audio recorded individual interviews. Each individual interview commenced by greeting and welcoming the participant and requesting each participant not to refer to specific names during the interview. Each participant was reminded of the purpose and agenda of the study, as well as verbally confirmed that the participant is taking part in the study voluntarily. Participants were reminded that the audio of the session was being recorded while the video function has been disabled to protect their privacy and that they were free to withdraw from the study at any time.

During each interview, the participants were asked the same questions from the question guide, which was made available to them by 'sharing' the semi-structured interview on the screen (Zoom and MS Teams function). The interviewer used probing questions to clarify statements as needed. The individual interview was concluded by summarising the events of the session, and participants were thanked for their participation. The researcher listened for emerging themes, and used probing questions to elicit data, should the participant's story not contain data vital to the aim of the study.

The researcher was faced with the challenge of concluding the study within the time specified in the proposal of this study due to COVID-19 pandemic lockdown restrictions. Therefore, additional time to complete the study had to be requested from the ethics committee, which was granted by the Ethics Committee of the University of Pretoria. The additional feedback groups session as specified in the proposal for this study had to be substituted by presenting the question of suggested strategies to enhance teamwork between healthcare professionals, during each l interview. This was achieved by exploring action plans to enhance positive emerging themes. The disadvantage of adjusting the data collecting strategy is that the opportunity to create awareness of the team dynamics was limited.

The individual interviews were timed for personal reference. Total interview times ranged from approximately eleven (11) to thirty-five (35) minutes per interview. The researcher was previously a part of the healthcare team of the chosen setting and therefore had already established a rapport with each participant. However, due to the researcher's limited experience with conducting individual interviews, the researcher was assisted by the supervisor to conduct two of the interviews with the doctors, while the researcher was present. This created the opportunity to gain experience and collect field notes.

All other interviews were conducted by the researcher, using the semi-structured interview guide, as well as probing questions where needed to elicit deeper explanations from participants where the researcher believed clarity or more detail was needed. The researcher used communication techniques such as paraphrasing and active listening during each interview, as well as clarifying any uncertainties. The semi-structured interview guide led participants to reflect on their experiences within the healthcare team, which provided rich information.

Results from individual interview sessions will be explained in more detail in Chapter 4 of this report.

3.4.6 POST INDIVIDUAL INTERVIEW PROCEDURES

After every individual interview session, the audio recordings were saved to a digital cloud to ensure data was not lost and later transcribed verbatim by the researcher. The verbatim transcriptions are critical for the preparation of data analysis, as it represents the overall experiences related to the topic being studied (Botma et al., 2010:214). The themes were generated using digital programming and structured in table form for presentation in Chapter 4 of this report. The identified themes were presented to the participants to ensure credibility, and their inputs were incorporated to refine the final report.

3.5 DATA ANALYSIS

Analysis of qualitative data is a process of drawing conclusions based on the researcher's intuition, experiences and cognition, in order to recognise 'discerning patterns' from the evidence (Streubert and Carpenter, 2011:44; Botma et al., 2010:220). Deciphering patterns is a 'hands-on', complex and 'mysterious' process that requires absolute commitment from the researcher to reading, intuiting, analysing and synthesising data (Streubert and Carpenter, 2011:45; Botma et al., 2010:221). This dynamic process may be daunting to neophyte researchers who rely on guidance from mentors and supervisors, to improve their analytical skills, which should already start from the time that data collection begins (Streubert and Carpenter, 2011:46; Botma et al., 2010:220). The researcher should keep the aim of the research topic in mind while analysing the data, as it has a direct influence on the intensity and depth of the analysing process (Botma et al., 2010:221).

Generally, in qualitative research, analysed data is grouped and described as themes, with categories and sub-categories. This is the preferred method when the researcher aims to analyse and describe significant statements and attach meaning to the participants' experiences of a specific phenomenon (Botma et al., 2010:222).

3.5.1 THEMATIC DATA ANALYSIS

When analysing the data of an explorative semi-structured interview, the researcher does not only look to attach meaning to the facts but rather aims to understand what was said, as well as paying attention to how it was said; what was the real message the participant was trying to convey and what was the researcher trying to hear (Streubert and Carpenter, 2011:35; Evans and Lewis, 2018:3). Analysing the transcribed data of the semi-structured interviews aims to reduce the details of the collected information, and reconstruct it all in a manageable format, making it easy for the reader to read and understand (Botma et al., 2010:221). This process involves the affective and cognitive process of deciding which themes are of importance to accurately and comprehensively describe the experience or phenomena that was explored (Joffe, 2012:2).

Themes are subjective patterns of regularly occurring explicit and implicit content and the meaning attached to that data (Joffe, 2012:209; Botma et al., 2010:223; Evans and Lewis, 2018:3). The researcher analysing the data of a qualitative study, uses both deductive and inductive sets of themes to increase the quality of a qualitative study – considering the researcher's preconceived categories derived from reflection on theories in the literature, yet also remaining open to categories that emerge during the data analysis process (Joffe, 2012:3; Evans and Lewis, 2018:5). Using semi-structured interviews in a qualitative study is effective for exploring subjective data of people's experiences regarding teamwork in the ED between doctors and nurses, and therefore, a thematic analysis would be the most fitting method of data analysis to add meaning to the participant's realities (Evans and Lewis, 2018:2).

The researcher used a thematic data analysis approach by clustering similar ideas in units with similar structural meanings which emerged from the collected data (Streubert and Carpenter, 2011:46; Evans and Lewis, 2018:4). The researcher aims to give meaning to the participants' experience as a whole by generating themes of the recurrent data, in order to produce a rich report in a way that the reader will understand (Streubert and Carpenter, 2011:47).

The researcher used an electronic analysis system (Quirkos Software). *'Quirkos makes exploring qualitative data visual and engaging, with a unique flexible interface that's easy to learn'* (Quirkos, 2021). Quirkos brings data to life with colour coded bubble themes. Text from transcriptions is imported from word or PDF documents and allows the researcher to drag and drop text to correlating theme bubble, as well as allowing the researcher to attach annotations. The coding shows in real-time, making

filtering of sources easy. Data is stored safely on the Quirkos Cloud as well as on the researcher's electronic device, making for easy access at any time or place.

3.6 TRUSTWORTHINESS

In a qualitative study, the researcher has the responsibility to ensure that the participants' stories are told truthfully and accurately (Streubert and Carpenter, 2011:48). Trustworthiness in qualitative research is similar to the concepts of reliability and validity in quantitative research; it is the actions required to enhance the quality of the study and the reporting of its findings (Botma et al., 2010:230).

In an attempt to ensure rigour, the researcher should consider the following operational techniques to support the trustworthiness of the collected data and the analysis of that data: credibility, transferability, dependability and confirmability, and authenticity (Streubert and Carpenter, 2011:48; Botma et al., 2010).

3.6.1 CREDIBILITY

Credibility/truth-value refers to the actions taken by the researcher to ensure that the final report is a true reflection of the participants' experiences (Streubert and Carpenter, 2011:48; Botma et al., 2010:233). This is achieved by prolonged engagement with the data, participants and the topic of the research (teamwork), or to do member checking, by presenting the analysed themes in follow-up meetings, to the participants for verification of their ideas (Streubert and Carpenter, 2011:48; Botma et al., 2010:231). However, the researcher should guard against being over-reliant on the results of the member checking feedback, as it has the risk of compromising the significance of the study (Streubert and Carpenter, 2011:48).

As a novice researcher, the supervisor conducted the first two interviews while the researcher observed the strategies used to conduct the interview credibly. This allowed the researcher to gain knowledge of the interview process. The rest of the interviews were conducted by the researcher; however, transcriptions from the audio recording of each interview were verified by the supervisor as an expert in the field. Throughout all the interviews, the researcher used probing questions to explore different views from each question.

After analysis of the emerging themes, the researcher briefed each participant on the resulting themes and categories. Each participant was given the opportunity to confirm or critique the summarised thematic report compiled by the researcher. The input of each participant was incorporated to ensure the trustworthiness of the thematic report.

The truthfulness of the study was ensured by audio recordings after obtaining informed consent, as well feedback provided to the participant on the themes that emerged (member checking) (Polit and Beck, 2018b:300). The researcher briefed each participant on the resulting themes and categories for the opportunity to confirm or critique the summarised thematic report compiled by the researcher. Individually scheduled follow-up meetings with each participant provided the opportunity for member checking without the risk of biased feedback.

3.6.2 TRANSFERABILITY

This refers to the degree to which another researcher, would be able to utilise the data in a different context, or to which degree the results of this study could be generalised to a larger population, relevant to this study (Botma et al., 2010:233). Transferability is determined by the comprehensive description of all relevant detail – all the rationalised actions were taken during this study, and the description of the data that allows the reader to judge whether the information applies to external audiences (Streubert and Carpenter, 2011:49; Botma et al., 2010:234). It implies the applicability of the study in similar settings (Polit and Beck, 2018b:296) and that other researchers will find meaning in the study findings. Although the setting of this study is in a specific facility in Gauteng, transferability will be ensured by giving a dense description of the study and its findings to assist other researchers to replicate the study in other settings.

Although this study was limited to the emergency department of a specific private hospital in Gauteng, the acquired knowledge in the context of the teamwork between healthcare professionals could be relevant in similar settings and participants. A comprehensive and rich description of the context, data collection and analysis was compiled by the researcher to assist other researchers to replicate the study in other hospitals (Botma et al., 2010:231).

3.6.3 DEPENDABILITY

This implies that the research findings will be constant even at another time and in different conditions and participants (Polit and Beck, 2018b:296). Dependability (consistency) can be enhanced by the researcher ensuring that the research method followed throughout the study allows for the research question to be answered and that all data is well documented and described.

For the researcher to demonstrate dependability of the analysed data, the researcher first has to prove credibility; therefore dependability is dependent on credibility as a triangulation method to show dependability of the results (Streubert and Carpenter, 2011:49).

To demonstrate the dependability of the study, the reader should be able to follow the thought and decision-making process of the researcher. Therefore, the context of the study should be described in as much detail as possible, to serve as an audit trail if necessary (Streubert and Carpenter, 2011:49). Active involvement of the research supervisor to verify analysed data helped to achieve the dependability of this study.

3.6.4 CONFIRMABILITY

Implies that the findings correlate to the actual evidence collected during the study (Polit and Beck, 2018b:296). Confirmability was ensured by obtaining guidance and support from the researcher's supervisors as an expert in the field.

This is one of the more difficult criteria of trustworthiness to document, as it involves a written demonstration of the researcher's thought process that led to the documented conclusions (Streubert and Carpenter, 2011:49). Even two people who followed the same research process in the same setting, will not necessarily agree on the same conclusions, as each researcher will not immerse themselves in the data in the same way. Therefore, a saturation of data is essential to ensure confirmability (Streubert and Carpenter, 2011:49).

The saturation of this study was achieved when similar repeating themes and categories became evident to the researcher through active listening and paying attention to the responses from the participants, such as low levels of staff satisfaction and poor collaboration. The identified themes from the data analysis will be discussed in more detail in Chapter 4. The researcher also had to implement reflectivity to ensure confirmability, by reflecting on thoughts, feelings and perceptions about the research topic, and acknowledging the researcher's own beliefs, in order to stay open-minded to the data (Streubert and Carpenter, 2011:27).

3.6.5 AUTHENTICITY

Refers to the extent to which a researcher can show a range of different realities, fairly and faithfully (Polit and Beck, 2018b:296). Authenticity is ensured by attempting to convey the feeling of the participants' experiences as they feel it and giving a true report of the participants' views.

To ensure authenticity of this study, the researcher will display verbatim responses from the participants and attempt to display accurate and true interpretations of their responses. Participant responses will be authenticated by implementing member checking (Richards and Hemphill, 2018:226) after data analysis was completed.

3.7 REFLECTION ON RESEARCH PROCESS

Before data collection could begin, the country found itself in a pandemic due to an outbreak of the Coronavirus, now commonly known as the COVID-19 outbreak. Due to this outbreak, the country was placed on lockdown, which severely limited free movement and access, including to healthcare facilities. Personal contact was restricted due to social distancing regulations, which made focus group discussions challenging, even after informed consent had already been obtained from participants.

The researcher was faced with the challenge of collecting data while maintaining the safety of each participant. The option of using advanced communication technology, such as Zoom and Microsoft Teams as online meeting platforms, had to be explored.

Although this technology was available to the researcher, the challenge of accessibility to the participants had to be considered, as well as timing for focus groups to meet at the same time. Due to the severity of the COVID-19 pandemic outbreak, all available healthcare personnel were working at full capacity, resulting in the participants not being able to manage time effectively to attend focus group discussions. For this reason, the researcher had to adapt the data collection strategy to individual interviews via online meeting platforms, to ensure that each participant was provided with a fair chance to participate in their contribution to this study.

The advantage of using the available online meeting platforms provided the ability to audio record the session while maintaining the confidentiality of each participant by turning off the camera function of the selected device in use. Participants were able to register themselves under an alias name during the recorded session.

3.8 SUMMARY

Chapter 3 provided an in-depth discussion of the aim of this research study and the methodology applied to reach the objectives. This chapter also provided an overview of how the researcher actively applied the ethical principles of healthcare research to maintain the integrity of the study and the researcher. Chapter 4 will provide an in-depth discussion of the findings of this study, including a literature control to support the research findings.

4 RESEARCH FINDINGS, DISCUSSION AND INTERPRETATION

4.1 INTRODUCTION

Chapter 3 provided a detailed review of the research methodology and design used for this study. Chapter 4 describes, interprets, and discusses the data gathered from the individual semi-structured interviews with the members of the healthcare professionals' team from the selected ED. Healthcare professionals who participated in this study included five nurses and five doctors. Participants were between the ages of 27 – 55 of different ethnic and cultural backgrounds, and their years of experience in the ED range from one year to more than ten years.

This chapter will highlight perceptions of teamwork by the healthcare professionals, challenges identified to effective teamwork, and suggested strategies that would help enhance teamwork in the ED between doctors and nurses. The discussion of results will be done in relation to literature and the interpretation of data.

4.2 OVERVIEW OF THEMES

A thematic analysis approach (Joffe, 2012) was used to analyse the collected data of ten semi-structured interviews, related to teamwork between doctors and nurses in the ED of the private hospital in Gauteng. The data was collected via virtual individual interviews with participants who volunteered to take part in the study, after obtaining informed consent. During the semi-structured interviews, the following questions, indicated in Table 4.1, were asked:

Table 4.1 Questions of the semi-structured interview guide

Question 1:	**Please share an experience/scenario you have witnessed, related to teamwork between doctors and nurses in the unit.**
Question 2:	How did this experience make you feel?
Question 3:	Tell me more about decision-making processes in the unit between doctors and nurses in the unit.
Question 4:	How do you think nurses are being perceived in the unit?
Question 5:	How do you think doctors are being perceived in the unit?
Question 6:	Please share a positive experience regarding teamwork between doctors and nurses in the unit.
Question 7:	How do you think (these) positive experiences can be built on?
Question 8:	How are accountability and responsibility shared in the unit?

Three main themes were identified namely:

Theme 1: Poor team satisfaction

Theme 2: Lacking team unity

Theme 3: Ineffective leadership.

Table 4.2. provides an overview of the themes, categories, and sub-categories identified.

Table 4.2 Overview of themes, categories, and sub-categories

Themes	Categories	Sub-categories
Theme 1: Poor team satisfaction	Motivation	Active participation Appreciative outlook Fair division of work Healthful relationships
Theme 2: Lacking team unity	Role responsibility and accountability	Role clarification Individual acceptance of responsibility and accountability Shared responsibility and accountability
	Collaboration	Shared decision making Mutual goal orientated
	Group cohesiveness	Effective communication Supportiveness Acceptance Valuing
Theme 3: Ineffective leadership	Role modelling	Representativeness Promote communication Personal integrity Result driven style
	Effective team leading	Affective positioning Managing the team Debriefing

Supporting data of each of the three identified themes will be demonstrated in sections 4.3 to 4.5, with the categories and sub-categories. The data will be discussed in relation to the available literature.

4.3 THEME 1 – POOR TEAM SATISFACTION

During the individual interviews, participants reflected on their perceptions of teamwork efficacy and its effect on the team. The majority of participants identified that satisfaction within the team is affected by the efficiency of teamwork between its members, or the lack thereof as evident by the following quotations:

'…remember, when you feel unappreciated you feel as if your efforts aren't being seen, and you will not do as we normally do… '

'…I don't want to work here any longer. I don't. It is easier to leave …'

'… felt like I want to leave casualty, …'

'…I'm very negative about the situation in the unit…'

'…it made me feel very angry and negative…'

Specific attributing factors were highlighted by the participants that contribute to the current level of team satisfaction. The category of Motivation was identified under the theme of poor team satisfaction.

4.3.1 CATEGORY – MOTIVATION

The promotion and maintenance of motivation is important for team satisfaction but seems to be deficient as evident by the participant responses quoted in the paragraphs below.

Low levels of staff satisfaction as a result of poor teamwork, is one of many effects of ineffective teamwork and has a direct negative effect on the morale and motivation of the entire unit (DiMarino and Tina, 2021:9; Grover, Porter and Morphet, 2017:92; Ogbonnaya, Tillman and Gonzalez, 2018:2).

> *'…Because I think the morale of the nursing staff is very low…' (Nurse 3)*
>
> *'And everyone turned out to be severely demotivated, very negative' (Nurse 2)*
>
> *'It discourages us, number one, and number two, we feel unappreciated' (Nurse 6)*

An effective healthful relationship within the work environment, based on a person-centred approach, fosters a culture of mutual respect and understanding (Cardiff, McCormack and McCance, 2018:56).

> *'I feel that the nurses are just there to be the skivvy for the doctors' (Nurse 2)*
>
> *'… at the end of the day feeling that you don't know what you're doing. Whereas you did know what you were doing but someone else made you feel otherwise.' (Dr. 4)*

Team members experience their work as having purpose and meaning if they experience effective teamwork (Al-Araidah et al., 2018:351). In a literature review by Curtsinger (2018:2), on the topic of effective teamwork, she retrieved approximately twenty-six studies that referenced the contribution of a therapeutic, professional environment on job satisfaction and its ability to encourage retention of staff. Curtsinger's study (2018:6). concluded that efforts to enhance the therapeutic working environment had a direct effect on the strength of teamwork.

> *'It gives them a push in the right direction, it makes people feel like, we feel like we are, we are noticed and we are at least appreciated. It gives us a bit of a motivation.' (Nurse 6)*

The sub-categories for the theme poor team satisfaction and category of motivation included the degree of active participation of each team member; the perception of being appreciated; the fairness in the division of the workload; and the perception of the working environment. These sub-categories are supported by the following statements, listed in Table 4.3.

Table 4.3 Participant quotations in support of the sub-categories on Theme 1

Degree of active participation	*'Because they (the doctors) get their say, and the nurses got no say.' (Nurse 1)* *'So, you are saying there was feedback given in a meeting, but there wasn't equal participation in the meeting?' (Nurse 1)* *'because at this stage, it is 'I'm too scared…' or 'this one is not doing that, so I'm not gonna take the file', you're not taking the file, so I'm not taking the file'. It is like people are too scared to work.' (Nurse 3)* *'So, instead of 'there's a file, bring the patient in' (someone giving an order), it's 'come guys, let take this file, let's do this patient, let's sort the patient, so that we can move on' (Nurse 3)*
Perception of appreciation	*' … some of the doctor doesn't care actually how they give the orders today nurses, and how they speak to the nurses.' (Nurse 1)* *'So even if it is staff that has very high qualifications, because he does not know them, he always treats them as though they're idiots.' (Nurse 2)* *'I'm a shift leader, so I make a decision on where I'd like to place a patient, surely they shouldn't query me the whole time. Why am I in that position? It means that my qualification and my knowledge is insignificant.' (Nurse 2)* *'…and then they (nurses) are perceived as just being the cleaners of the patient. The bedpan cleaner, the linen remover, the bed cleaner.' (Dr. 4)* *'It is never just a "oh, thank you".' (Nurse 2)* *'it gives them a push in the right direction, it makes people feel like, we feel like we are, we are noticed and we are at least appreciated. It gives us a bit of a motivation.' (Nurse 6)* *'And afterwards then that doctor came back and then said, you know um, well done guys, you did well. And then didn't look for critical mistakes' (Nurse 1)* *'And I also think they enjoy working with you a bit more if you tell them, "listen, job well done", "we worked well on this", "we did good on this", or "you performed well on this". It makes them eager,' (Dr. 1)* *'It's important because it makes you want to work harder, it makes you want to be at work, and it makes you feel appreciated.' (Nurse 6)*
Fairness of work division	*'if the doctors are going to start to see actually that the nurses are overloaded…' (Nurse 1)* *'that staff actually feel like there's extra load loaded on top of them.' (Nurse 1)*

	'You've got five staff members and you just have to just run that resus. and it doesn't being looked into that.' (Nurse 1) *'Or there's other procedures also that is actually the doctor's responsibility to be done. So the nurses also feels then that they got a lot of work.' (Nurse 1)* *'I could also add that there is unfair preferential treatment towards only certain staff members within the nursing team, which adds to a breakdown in teamwork.' (Nurse 3)*
	'I felt like I want to leave casualty, you know. It's a very uncomfortable environment. I'm sure that patients could pick it up.' (Nurse 1) *'…it made the whole team actually feel uncomfortable because the whole team could feel the tension…' (Nurse 1)* *'We actually have a look to see who is on duty, then you allocate yourself so that you're out of their eye…' (Nurse 2)* *'your values become compromised …' (Dr. 4)*

The quotations listed in Table 4.3 demonstrate the overall negative perspective of the majority of the participants. The sub-categories of Theme 1 also indicated the identifiedchallenges to effective teamwork in the specific setting. These challenges include the lack of participation in team activities, a lack of demonstrating or perception of appreciation of team members, the unfair and ambiguous duty allocations and an unwelcoming and uncomfortable working environment.

Collaboration among team members positively impacts effective teamwork, as it improves team and job satisfaction of the team members (Ogbonnaya, Tillman and Gonzalez, 2018:2). Enhanced team satisfaction has been reported to have a positive impact on quality patient care (Al-Araidah et al., 2018; Kilner and Sheppard, 2010:127). Professional growth through effective teamwork, results in reduced stress and medical errors, therefore enhancing team performance and team satisfaction (Al-Araidah et al., 2018:354). Buljac et al. (2018:354) strengthen this statement, indicating that enhanced teamwork plays a vital role in establishing a therapeutic working environment as motivation for team members.

4.3.2 SUGGESTIONS TO ENHANCE SATISFACTION

Recommendations made to improve team satisfaction is based on the specific responses from the participants, in response to question number 7 of the semi-structured interview guide: How do you think (these) positive experiences can be built on?

a) Facilitate active participation in all relevant activities within the team, including team building and patient care goals.

'So it's nice where doctors and nurses can make decisions together, and it's more just a confirming: 'yes this is what we're doing' and we are all on the same page, it really works well.' (Dr. 3)

'It's gonna have to start by the doctors. It's gonna involve the nursing staff with management and not push them aside and also hear from the nursing staff what their needs are.' (Nurse 1)

'make the nurses more active involved with the meetings of the doctors. To build up a relationship.' (Nurse 1)

b) Demonstrate appreciation for participation in activities and goals that have been accomplished successfully.

'They need to respect us and even our decision.' (Nurse 4)

'Also remember, when you feel unappreciated you feel as if your efforts aren't being seen, and you will not do as much we normally do.' (Nurse 6)

'I think positive re-enforcement is the most important, you know.' (Dr. 1)

c) Ensure the fair, clear and appropriate allocation of duties to prevent team members becoming overburdened and suffer from burnout.

'If you've got a good team of nurses that you have worked with previously, my experience has been that they understand how you do things, and you gel quite well as a team. So everybody knows exactly what's expected of them.' (Dr. 1)

'It's almost as if you go into this automatic mode with your team and everybody knows what's expected of them.' (Dr. 1)

'So, if the allocation of duties can be communicated to the team, then I think the day will also go easier.' (Dr. 4)

d) Actively implement strategies to build a conducive environment for enhanced teamwork and team satisfaction, such as demonstrating mutual respect; manage interpersonal and personality issues; encourage active learning.

'Sometimes you'll hear the doctors talking to you like screaming and you just like you want to tell them "you can't scream at me like this," I'm also human being.' (Nurse 4)

'the people that are now getting sort of the negative feedback. They're not happy. They, the attitudes are not positive, obviously, and it's, it's difficult to come to work or something like that hanging over your head.' (Dr. 5)

'They're also very negative about students in the unit. And I just think students' needs to learn. Everybody needs to learn. They have to have the opportunity to learn.' (Nurse 3)

'I think it's a personal thing. You know who's well with what, who you can ask for, and it ends up not wasting time.' (Dr. 2)

'think our doctors and our unit are perceived on a personal basis. I think the nursing staff has already made up their opinions about what they think of who.' (Dr. 2)

'So, for instance, if there is a resus, call the student into the resus, even if they just stand and observe and not actively be part of the resus. So that they can see how it operates, so that they Learn how it's done. The same with the junior staff members.' (Nurse 3)

'I think that everybody needs a learning opportunity. There's never, never enough growth. You can grow every day, it doesn't matter how much knowledge you have, you can still grow. And I think that is good to relay that growth to the younger generation.' (Nurse 3)

4.4 THEME 2 – LACKING TEAM UNITY

The theme of team unity originated from the participants' references to the perceptions of role clarification, involvement in decision making, sharing of responsibilities and accountability, a feeling of acceptance within the team and the degree of support received in recognition of their value to the team.

Humans are fundamentally social beings, with a need to belong that drives how they interact within groups and band together to solve problems and achieve shared goals (Driskell, Salas and Driskell, 2018:335). Teamwork has been defined in this study as the collaboration of individuals that strive to achieve a common goal. In order to achieve this common goal effectively, team members should not be in competition with each other, but rather collaborate in an effort to meet the requirement of achieving their goals (Bayen et al., 2021:1).

The categories within this theme were identified as role responsibility and accountability, collaboration and group cohesion. These categories will be supported with the relevant quotations of the participants.

4.4.1 CATEGORY – ROLE RESPONSIBILITY AND ACCOUNTABILITY

The majority of those interviewed indicated that a major factor contributing to ineffective teamwork is the unwillingness to accept responsibility for actions and the shifting of blame. This is evident in the following participant statements:

'because the doctors would like to blame the nursing staff and the nursing staff would like to blame the doctors.' (Nurse 3)

'I don't think anybody wants to take the accountability and responsibility for their actions.' (Nurse 3)

'So the responsibility and the accountability of the situation was shoved from this one to this one, to the next to the next. Instead of standing up and saying, "okay I was there, this is what I have done, this is what I did".' (Nurse 3)

'Well the team, they feel that they're thrown under the bus. They're thrown under the bus whenever there is a complaint, the doctors would turn around and say that it's not us.' (Nurse 2)

'So, in terms of accountability everyone first blames the nursing staff, and I've really noticed that a lot.' (Dr. 4)

'We (doctors) don't really have anything to do with the accountability with the nurses because of all of the nursing managers. So everything complaint wise or whatever the case may be, gets referred to the nursing management.' (Dr. 1)

'Doctors, we take accountability for our own actions. Whereas the nursing staff, they are held up to their own standards by their own unit manager.' (Dr.2)

The majority of the participants also agreed that unclear role descriptions of team members have a negative impact on the shifting of blame, as well as the way in which accountability for actions and decisions is accepted. This notion is supported by the following participant statements:

'And that was brilliant because, again, knowing your role in a team makes a resus situation, for instance, extremely easy' (Dr. 4)

'… it was a good experience because everybody mobilized to help, and, you know, everyone sort of knew what their roles were and the resus started going quite smoothly,' (Dr. 5)

'But lot of doctors actually doesn't realise,… they don't know what a scope of practise mean among the nurses.' (Nurse 1)

'Because they never asked first "can she do it?" before giving her that responsibility.' (Nurse 1)

'So you don't know, but maybe it's just because they not they not really actually like trained to do that yet,' (Dr. 3)

'And I think some doctors have had bad experiences with nursing staff members not knowing what the actual role is, and then they are perceived as just being the cleaners of the patient.' (Dr. 4)

'Not very well. I sort of do, but in terms of each grading, no, I would be lying if I said I really do understand that properly.' (Dr. 5)

By understanding the scope of practice of members of the healthcare team, teamwork is more effective (Brown et al., 2015:199). Brown et al. (2015:199) refers to literature that supports the thinking that team members need to re-evaluate how they perceive their own importance within the team, and rather reflect on the contribution of their other team members. However, this can only be accomplished by exploring and understanding the role clarifications of different role-players, and Brown et al. (2015:199) suggest that the management team plays a better promotional role in bringing this teaching to light.

4.4.2 CATEGORY – COLLABORATION

The participants of this study have identified the breakdown in collaboration as a barrier to effective teamwork. Poor collaboration has been witnessed by the participants as a general lack of shared decision making within the unit, due to divided goals and objectives. The low level of collaboration stood out as a clear priority for most of the participants, evident by the researcher identifying the following quotations relating to this category:

'… lot of times in doctors make their own decisions before discussing actually with the nurses …' (Nurse 1)

'So the decision-making in teamwork between doctors and, um, emergency nurses and doctors, I would say is poor.' (Nurse 1)

'So, actually, doctors and nurses must come agree upon things that's been discussed in a meeting. They mustn't say they want this, or this about the nurses, but there never came an agreement about the nurses and doctors. So there must an agreement,' (Nurse 1)

'Negative teamwork is here the doctors will exclude nurses from decisions that are made, vital decisions, that will influence, the working conditions, …' (Nurse 3)

'there is no interaction between the doctors and the nurses.' (Nurse 2)

'Some doctors prefer to actually make the decisions themselves, and don't actually include nursing stuff in their decisions.' (Dr. 2)

'A couple of doctors have come in and tried to change it according to how they wanted. But I don't think anyone has asked the nursing staff, you know, what do they find is easier because running around looking for equipment isn't a nice experience, especially when they is an emergency.' (Dr. 4)

Teams that share common goals and objectives reflect a strong sense of collaboration when they are able to come together to ensure those goals and objectives are reached (Brown et al., 2015:199; Ogbonnaya, Tillman and Gonzalez, 2018:2). Demonstrating strong leadership to guide the team toward reaching their collective goal, goes a long way to enhance collaboration between team members (Brown et al., 2015:201; Curtsinger, 2018:1). Buljac et al. (2018:353) highlight the importance of the collaboration of team members from different disciplines to create an effective partnership within healthcare teams.

Benefits of collaborating to reach shared objectives may be direct or indirect, implying that humans are complex beings with the ability to establish relationships that may be for the good of the team (direct reciprocation) or only to benefit social standing within the team (indirect reciprocation) (Driskell, Salas and Driskell, 2018:335). Collaboration is improved by collaborating to solve problems and share the

decision-making process, with the aim of reaching a shared objective by the team (Ogbonnaya, Tillman and Gonzalez, 2018:2).

4.4.3 CATEGORY – GROUP COHESIVENESS

A lack of group cohesiveness has been identified as a barrier to teamwork in the selected setting. Participants have contributed this barrier to ineffective communication, and a poor sense of supportiveness, acceptance and feeling valued, not only within the team but also by the management group of the setting hospital. Table 4.4 demonstrates some of the quotations that the researcher identified to support this claim:

Table 4.4 Participant quotations in support of sub-categories of Theme 2

Effective communication	*'… you can communicate that they've done a good job, everyone feels so much better.' (Dr .4)* *'We had doctors of hospital A had this meeting. And then after a week after that, then the minutes been given thought to the unit manager. And it doesn't even get discussed properly.' (Nurse 1)* *'There is not always clear communication or relaying of situations or whatever from the more senior staff members.' (Nurse 3)* *'Because, once again they don't listen.' (Nurse 3)* *'We don't feel free to speak to them (doctors) and they don't feel necessary to speak to us they go to the matrons.' (Nurse 2)* *'So there was a bit of miscommunication and I think, because of this miscommunication between the doctors, it relate back to the nursing team and I think that was very, like, not unacceptable.' (Dr. 4)*
Supportiveness	*'the practice owner went to the matron and told her how useless the nursing staff are…' (Nurse 2)* *'So if you willing to put up the drip, if you willing to do a backslap, if you willing to do stiches, you must take the wrap for it.' (Nurse 2)* *'But, when there is a complaint about it, they haul out their doctor's notes, and say, 'oh, I didn't do it, the nurse did.' (Nurse 2)* *'And that actually make them burnout because a lot of responsibilities given to them.' (Nurse 1)*

	'If the doctors that does see that the work is too much for the nurses, at least just go speak up by management on behalf of the nurses, and say 'listen A&E is running at a higher risk.' (Nurse 1) *'So if they just go and they speak up by management on behalf of the A&E.' (Nurse 1)* *'So, to be supported. So you know there is someone. A doctor in the A&E. so that you know what ever happens, the team as the doctors will be there for the nurses.' (Nurse 1)* *'Because um, they (management) always just listen to the doctors.' (Nurse 1)* *'I know there is a little bit of animosity, like I said previously, among staff members.' (Nurse 3)* *'But no one will say she was helping us inside. You know, we don't cover each other, …' (Nurse 4)*
Acceptance	*'I mean, my nurses is my family, my work family, so my work friends.' (Dr. 1)* *'there are some of us (nurses) that also would like our opinions to be heard.' (Nurse 6)* *'So there's a big communication gap. And I don't know if what the reason is for that, if they feel that they don't get satisfaction, if they speak to us, or if they go to someone higher than that's going to maybe change the attitude of the nurses, …'(Nurse 2)* *'There is no discussion. They won't say, for instance, with the COVID epidemic, they don't ask 'Okay, do you guys think …?' (Nurse 3)* *'They will never ask for your input,' 'The nurses don't have any input.' (Nurse 2)* *'Because they (the doctors) get their say, and the nurses got no say.' (Nurse 1)* *'…any student that comes into the unit, is never good enough for him (doctor)' (Nurse 2)* *'The staff feel 'why do they wat to partake in something like that, if they're not recognised in any case.' (Nurse 2)*
Valuing	*'… it makes you want to be at work, and it make you feel appreciated. ' (Nurse 6)*

	'So, their guidance is very often appreciated.' (Dr. 1) *'Your value becomes compromised, and also when communication is bad, it becomes personal instead of professional, and I think that also relates to a bad experience because it makes you feel inept, …' (Dr. 4)* *'… that some doctors, actually they really taking advantage of the nurses.' (Nurse 1)* *'They (nurses) are sometimes at a lower hierarchy as the cleaners sometimes.' (Dr. 4)* *'… it discourages us, number one, and number two, we feel unappreciated,' (Nurse 6)* *'… it just makes me feel as if I'm a doormat to everyone. Useless.' (Nurse 6)* *'Because currently it only feels as though we there to fulfil their (doctors) needs as their slaves.' (Nurse 2)* *'… where they have a Registered Nurse that's doing triage, and they (doctors) will always question her decision on what colour coding the patient is…everything you do, they question.' (Nurse 2)*

Findings of a needs analysis done by DiMarino (2021:9) identified poor communication as a contributing factor to poor teamwork, resulting in poor team cohesiveness. A strong hierarchy structure within the team can cause a barrier to effective communication and inhibit a sense of value and acceptance of the opinion for a team member at the bottom of the hierarchy structure (Green, Oeppen, Smith and Brennan, 2017:449).

Bayen et al. (2021:2) has reported that cohesive communication within the healthcare team has noticeable positive effects on the coordination of quality patient care, but that communication is increasingly complicated as the number of team members increases. So, group cohesiveness is directly proportional to the number of team members, especially if there is an evident lack of guidance (Bayen et al., 2021:1).

Lyubovnikova, West, Dawson & and West (2018:2) concluded a study focussing on the importance of support for teamwork, making specific reference to how failed supportiveness impacts teamwork in the healthcare environment. This includes actual support offered by the organisation, as well as how team members perceive the level of support they receive, the latter having a more influential effect on team outcomes (Lyubovnikova et al., 2018:31; Ogbonnaya, Tillman and Gonzalez, 2018:2).

Walton et al. (2018:1) support the findings that effective communication, feeling valued within the team, and having a clear understanding of the roles and responsibilities of each team member, add to positive experiences of effective teamwork.

4.4.4 SUGGESTIONS TO ENHANCE TEAM UNITY

In response to question 7 of the semi-structured interview, the participants shared their input on possible strategies for team unity. Recommendations from the researcher are based on these responses.

a) Initiate informal monthly meetings between doctors and nurses, with the goal of: allowing equal opportunities for sharing ideas in a safe environment; clarify roles; review team expectations and goals; discuss frustrations and problem-solving strategies; and collaboratively review complaints:

'And I've asked previously, shouldn't we be having mortality and morbidity meetings with the doctors in the different private practices regarding certain events that have happened? So even in the emergency department if there was a mortality, or if there was a severe morbidity. When are we actually going to have the doctors and the nursing staff members sitting in that meeting and figuring out how we can improve stuff. And that hasn't happened.' (Dr. 4)

'… if it is once a month, you know, like having a meeting, the A&E doctors with the nurses. Not just with management and then put it on a piece of paper, … '(Nurse 1)

'… make the nurses more active involved with the meetings of the doctors. To build up a relationship '(Nurse 1)

'It's gonna have to start by the doctors. It's gonna involve the nursing staff with management and not push them aside and also hear from the nursing staff what their needs are. ' (Nurse 1)

'Negative teamwork is where the doctors will exclude nurses from decisions that are made, vital decisions, that will influence, the working conditions,' (Nurse 3)

'… because otherwise I'm going to perceive the Enrolled nursing assistant as the most stupid person in the unit, because she's not helping me the way I'm supposed to. So, I think there's a general misnomer or a general feel that, nurses are just there to, you know, babysit the patient ' (Dr. 4)

… 'it's important for communication to be two ways. So it's got to be between the doctor and the nurses. So they've also got to communicate what they feel back to us. If there is no communication, no one actually knows what's going on and then that's just assumptions, I guess.' (Dr. 5)

'If doctor said, "I'm not happy with this nurse" and then they call the manager and then we talk. Before we take it up front (higher management), we discuss here (in the unit) and say: "you know we're not happy with this, and this how can we improve this?".' (Nurse 4)

'Actually to make like a big meeting once a month, where all that … Because all the people that forms part of the team in A&E. But must not just be shift leaders. I would say one person of each rank, a ENA a EN and a RN and

the unit manager. Because that's the whole team, not just a shift leader. So everybody must put their input in and say how they feel.' (Nurse 1)

'But I feel they should be somewhere meeting where the nursing staff and the doctors can sit down and do a structured meeting. And 'these are the issues let's resolve them' before it goes to the matron and the hospital manager and things like that.' (Nurse 2)

'Sometimes you'll hear the doctors talking to you like screaming and you just like you want to tell them 'you can't scream at me like this', I'm also human being.' (Nurse 1)

'So, actually, doctors and nurses must come agree upon things that's been discussed in a meeting. They mustn't say they want this, or this about the nurses, but there never came a agreement about the nurses and doctors. So there must an agreement.' (Nurse 1)

'Had we all thought about the patient first and not our egos first …' (Dr. 4)

'… no one is keeping the doctors accountable in private except for when the patient sues or if there's an HPCSA complaint. And by that time, it's too late, we have to be able to hold people accountable, early enough. ' (Dr. 4)

'I don't think there is a lot of accountability by the doctors.' (Nurse 2)

'… most of the accountability with regards to the nurses, whether it's from patient complaint, or whatever the case may be is managed by the nursing management, we're (doctors) not really all that involved in it. ' (Dr. 1)

'I mean, definitely I think it would be better if everyone could handle it (complaints) together, ' (Dr. 5)

b) Simulate monthly mock resuscitation scenarios, in order to correlate theoretical expectations and role clarifications, with practical realities; and enforce competency and confidence in the team and individuals.

'We never do case scenarios where we will have a mock resus (resuscitation), where everyone can be shown what is your responsibility. ' (Nurse 2)

'So, I think there should be more interaction. We should have more mock scenarios where we can interact and evaluate afterwards. So that we (nurses) understand what the doctors want and that they understand what our role is. ' (Nurse 2)

'… during the resuscitation everybody … So once your doctor stays calm and treat your nurses with respect, then definitely all the nurses is gonna, everybody's work together. ' (Nurse 1)

'I also think that with the newer guys, in-service sort of training, is maybe a good idea. To actually run through cases and scenarios with these nurses, so that they get a bit more settled how it's done and what we expect of them. ' (Dr. 1)

'… it was a good experience because everybody mobilized to help, and, you know, everyone sort of knew what their roles were and the resus started going quite smoothly. ' (Dr. 5)

c) Provide positive/constructive feedback where applicable to enhance the perception of value and acceptance.

'So I think positive re-enforcement when a job is well performed is indicated, and very often neglected. ' (Dr. 1)

'… give gratitude or paise when it's performed the correct way. ' (Dr. 1)

'So the way that I've been doing it for, for example with resuses (resuscitations) is, afterwards, whether it's failed or not, I'll tell the nurses involved, "listen well done, I am impressed by how you did this, this went well" or "next time we need to make sure that we have this and this in order so that we can do it better." ' (Dr. 1)

d) Communicate daily duty allocation with the entire healthcare team to avoid confusion.

'And it was amazing, because immediately I had five nurses, not one nurse, and all the others hiding away from the resus. I had five nurses coming immediately knowing, this one was going to put up monitors, this one is going to put up a drip, this one is going to get the resus equipment ready. This one is going to get my drugs and the other one taking orders from me. And that was brilliant because, again, knowing your role in a team makes a resus situation, for instance, extremely easy.' (Dr. 4)

'I made sure that before my day started, I knew which nurse was responsible for what. So which nurse was responsible for dealing out the drug which nurse was responsible for checking the drug cupboards or checking the emergency trolley, which nurse was responsible for whatever. And having, or knowing that, I think would be a positive contribution. ' (Dr. 4)

'So, if the allocation of duties can be communicated to the team, then I think the day will also go easier. Because if I also know who's responsible for seeing the follow up patients, who is responsible for outing me in the resus room, who is helping me with the procedure room. I think that's more organized, and you don't have to stress about stuff, you didn't have to run around looking for stuff.' (Dr. 4)

'you don't want to go asking every single nurse in the unit, "who is responsible for helping me with the wound dressing," "who is going to collect everything I need to do the procedure".' (Dr. 4)

4.5 THEME 3 – INEFFECTIVE LEADERSHIP

The theme of leadership was generated by considering the identification of role modelling and effective team leading, as categories. Role modelling and strong team leading were mostly referred to by the nursing staff, as a topic of importance to them, as far as effective teamwork. The participants related it to the fact that teamwork is not only of concern between the doctors and nurses of the ED but that it has led to ineffective teamwork between the nursing team members, effectively due to a lack of leadership and managerial support.

The use of an effective leadership style, such as a task-oriented leader, with favourable interpersonal communication skills and well developed critical thinking skills, has been documented as having a positive outcome on staff performance and team satisfaction (Al-Araidah et al., 2018:351; Brown et al., 2015:199). This may be attributed to the realisation that teams rely on communication that is trustworthy, clear and provides direction. Leadership involves role modelling foundational skills of how effective communication and interaction helps to create a working environment that is favourable and positively influences teamwork (Al-Araidah et al., 2018:351; DiMarino and Tina, 2021:8).

4.5.1 CATEGORY – ROLE MODELLING

A lack of clear role modelling was identified as a specific challenge to effective teamwork between doctors and nurses of the unit, but also within the nursing team. These were identified as team members that display unfavourable and unprofessional behaviour in view of the rest of the team. This impacts negatively on teamwork. Inappropriate role modelling implies failed representativeness, absent promotion of communication and the failure to display personal integrity. This view is supported by the following quotations from participants:

Table 4.5 Participant quotations in support of the sub-categories of theme 3

Representativeness	*'I don't. It's easier to leave and look for something that is decent, that to stay and listen to the same comments, the same response from the management every day. ' (Nurse 2)* *'And I don't know if what the reason is for that, if they feel that they don't get satisfaction, if they speak to us, or if they go to someone higher than that's going to maybe change the attitude of the nurses,' (Nurse 2)* *'If the doctors that does see that the work is too much for the nurses, at least just go speak up by management on behalf of the nurses, and say 'listen A&E is running at a higher risk.' (Nurse 1)* *'So if they just go and they speak up by management on behalf of the A&E…' (Nurse 1)*
Promotion of communication	*'And then after a week after that, then the minutes been given thought to the unit manager. And it doesn't even get discussed properly.' (Nurse 1)* *'There is not always clear communication or relaying of situations or whatever from the more senior staff members.' (Nurse 3)* *'And if you're not approachable. Then, for me that's very negative because people can't come and ask you questions.' (Dr. 5)*

	'We don't feel free to speak to them (doctors) and they don't feel necessary to speak to us they go to the matrons.' (Nurse 2) *'But the way he is talking to us. He can just try to talk to us Like human being.' (Nurse 4)* *'… also where the nurses are discussed with management before doctors actually try and solve a problem with the nurses themselves.' (Nurse 3)*
Personal integrity	*'And these are the ones that you actually, after a while start to ignore. They (nurses) don't take positive criticism, they always have back-chatty answer. And they actually oppositional to be part of the team.' (Dr. 2)* *'… the few stragglers that hide away, they actually more keep to themselves.' (Dr. 2)* *'I mean, you're sort of isolating yourself from the whole team and that's, that's not really going to be effective.' (Dr. 5)* *'… and also when communication is bad, it becomes personal instead of professional, …' (Dr. 4)* *'… that the doctor was disrespectful, shouting, screaming at, um, at me as a nursing sister.' (Nurse 1)* *'… turned into a temper tantrum by the doctor, because he felt he did not have enough staff with him.' (Nurse 2)* *'Now he started shouting at me. So he was "vloeking".' (Nurse 4)*

Role modelling of effective leadership and problem-solving skills, lead the team to develop collaborative goals and objectives within the team, as well as the ability to overcome changes without disrupting the team cohesiveness (Brown et al., 2015:199). This is especially important in an environment where the multidisciplinary team consists of team members with various levels of education and experience, as this will challenge communication and cohesiveness within the team (DiMarino and Tina, 2021:8). The application of effective communication skills is needed to build on the team's resilience in the challenging environment of the ED (Grover, Porter and Morphet, 2017:92; Kilner and Sheppard, 2010:127).

Effective role modelling of strategic conflict management and adaptation to change plays a crucial part in establishing leadership within the team (Brown et al., 2015:199; Green et al., 2017:450). The role modelling of strong leadership and communication has been identified as such and an integral contribution to enhanced teamwork, that the American Heart Foundation and the European

Resuscitation Council has insisted that leadership training should be included in the advanced cardiac life support (ACLS) and the paediatric life support training programmes (Cooper et al., 2016:98).

4.5.2 CATEGORY – EFFECTIVE TEAM LEADING

The inability to effectively lead a team negatively affects teamwork. Participants mentioned the perception of preferential treatment toward certain nursing team members by nursing leaders, which resulted in a feeling of animosity within the nursing team. Participants also mentioned that their leaders fail to support and protect their values and needs within the team.

The participants identified barriers to teamwork as the inability of a leader within the team to implement effective positioning (active implementation of leadership skills and engagement with the team), managing the team and utilising debriefing. The following quotations confirm this statement:

Table 4.6 describes participant quotations in support of the sub-categories of Theme 3: Effective team leading.

Table 4.6 Participant quotation in support of the sub-categories of theme 3

Effective positioning	*'I've also seen that leadership does not, or isn't conducted in the way that it should be.' (Nurse 3)* *'And then after a week after that, then the minutes been given thought to the unit manager. And it doesn't even get discussed properly.' (Nurse 1)* *'There is not always clear communication or relaying of situations or whatever from the more senior staff members.' (Nurse 3)* *'They're also very negative about students in the unit. And I just think students needs to learn. Everybody needs to learn. They have to have the opportunity to learn.' (Nurse 3)* *'…our views are taking into account, and like always being dictated to and a certain somebody else not hearing what you also have to say.' (Nurse 6)* *'They are like 'you're wasting my time, get out of my way, I've got work to do.' And I think that is wrong.' (Nurse 3)*
Managing the team	*'If there is complaints, we (nurses) got to our manager, and it doesn't go any further than that. If there's a complaint from the doctors' side, they go to the matron, they never go to the unit manager.' (Nurse 2)* *'And the manager will allow them, or management is another thing.' (Nurse 4)* *'I don't know if it like a power game that the nurses are playing among each other, …' (Nurse 3)* *'It's the doctors and *Anne (the unit manager), and that's that.' (Nurse 6)*

	'... most of the accountability with regards to the nurses, whether it's from patient complaint, or whatever the case may be is managed by the nursing management, we're not really all that involved in it.' (Dr. 1)
Debriefing	*'… because you don't always have time off the resus to sit and debrief for off an hour because you have 10 other patients that now waiting because of the resus.' (Dr. 1)*

Findings of the study by Al-Araidah et al. (2018:354) and Walton et al. (2021:1) reveals similar findings, indicating that team members perceive a lack of leadership and empowerment of staff, greatly contributes to ineffective teamwork.

This is supported by Grover et al. (2017:92), who states that supportive leadership is a critical element and that teamwork will fail without it. As much as a hierarchy structure negatively influence team cohesion, a flat hierarchy structure may have equally devastating effects on teamwork, as those in positions of power may lack the assertiveness to actively lead and manage their team (Green et al., 2017:450).

Brown et al. (2021:199) explain that teamwork and team building progression is supported when strong leadership skills are implemented. The same study by Brown et al. (2015:200) also perceives that team members with a higher ranking has a certain responsibility toward demonstrating leadership. Curtsinger (2018:1) raised the point that the ability to implement strong leadership skills will create a sense of trust in the leader and the effectiveness of the team itself, as well as add value to the professional development of the members of the healthcare team.

4.5.3 SUGGESTIONS TO IMPROVE LEADERSHIP

Through the data analysis process, the researcher concluded that the team of healthcare professionals in the ED will benefit from strong leadership skills. Participative leadership skills should be encouraged in all team members, not only those who hold a higher / management position in the team.

a) Keep the relationship between team members professional, instead of involving personal biases.

'Instead of it becoming something more personal. I think they would have been a better experience.' (Dr. 4)

'… what I've learned is just to not take everything personally because you end up hurting yourself.' (Nurse 4)

'So if we can have, leave personal feelings.' (Nurse 4)

'… think our doctors and our unit are perceived on a personal basis. I think the nursing staff has already made up their opinions about what they think of who.' (Dr. 2)

b) Leadership can be achieved by anyone in the team with adequate knowledge and skill. Therefore, ensure that team members are actively involved in keeping knowledge up to

date and implementing evidence-based practice, to improve trust, confidence, and competence.

'So once your doctor stays calm and treat your nurses with respect, then definitely all the nurses is gonna, everybody's work together.' (Nurse 1)

'If you've got a chance to teach somebody a certain skill or, something about medicines or any something like that, I think it needs to be in service kind of training, like they say, but patients appropriate.' (Dr. 2)

'So there's definitely things that they (nurses) do more often than us, that we can always learn from them. And each nurse has got their own speciality, … So there's always space for everybody to learn something new.' (Dr. 2)

c) Encourage open communication and sharing of ideas and needs between team members, without fear of resentment.

'… communication is probably the most important thing so you know if you see something happening you communicate it.' (Dr. 5)

'And it made me feel good. At least through us communicating with one another and helping the patient together.' (Nurse 6)

'I think I've got a good enough relationship with most of them that they quite keen on giving an input in my decision-making process.' (Dr. 1)

'… especially from the guys that has quite a bit of experience, you should listen when they talk, …' (Dr. 1)

'I think it's with regards to taking the time to actually engage with your nursing staff, which very few doctors do.' (Dr. 1)

'… supposedly the doctors with the highest qualification. I feel years of experience counts a bit more sometimes in the decision.' (Dr. 4)

'Because if you have a positive leader, that involves everybody, you gonna have a positive team.' (Nurse 3)

'Definitely. I've definitely seen it, where people have felt like they're being targeted and unnecessarily.' (Dr. 5)

'also where the nurses are discussed with management before doctors actually try and solve a problem with the nurses themselves …' (Nurse 3)

'… if you don't communicate what you want, it's not gonna happen.' (Dr. 5)

d) Encourage debriefing session to share positive and constructive feedback to all team members.

'And then when you have the debrief afterwards, and you can communicate that they've done a good job, everyone feels so much better. And you can actually go home knowing that you did the best for the patient.' (Dr. 4)

'And also to get like counsellors for the nurses in between.' (Nurse 1)

'And then also making sure like the, the debriefing also helps like, 'Where can we improve as a team?' (Dr. 3)

'And then also having regular debriefs.' (Dr. 4)

'So having debrief sessions, so that we can figure out what is, what is our weaknesses, what are our strengths and what we can work on and have in service training organized around that, …' (Dr. 4)

e) Assertive team leaders should support the needs of team members with weaker leadership skills.

'The only thing is that it must start from the manager. The manager must be fair and assertive and tell the doctor 'you're not gonna treat my staff like this.' (Nurse 4)

'So if they just go and they speak up by management on behalf of the A&E.' (Nurse 1)

'So, the main thing is for them stand up and speak up for the nurses.' (Nurse 1)

'The only thing is that it must start from the manager. The manager must be fair and assertive and tell the doctor 'you're not gonna treat my staff like this.' (Nurse 4)

4.6 SUMMARY

Chapter 4 has delivered an in-depth discussion and interpretation of the themes and sub-themes generated from the data analysis process. The discussion was supported by literature findings. The themes and sub-themes highlighted the perceptions of the participants related to the challenges to teamwork in the ED, as well as suggestions to enhance teamwork.

Chapter 5 will provide summaries of the findings of the study, conclusions drawn by the researcher, as well as briefly discuss the limitations experienced during the study. Chapter 5 will provide an overview of the recommendations for enhanced teamwork between doctors and nurses of the ED as well as recommendations for further studies related to the topic.

5 FINDINGS SUMMARY, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

Chapter 4 provided a detailed discussion and analysis of the data gathered from the individual semi-structured interviews with the members of the healthcare professionals team from the selected ED. It described the perceptions of the healthcare team regarding challenges to effective teamwork, and suggested strategies that would help enhance teamwork in the ED between doctors and nurses. Chapter 5 will describe the summarised conclusions of this study, highlighting the limitations experienced during the study and ultimately emphasising the implications for practice and education, based on the findings.

5.2 AIM AND DATA COLLECTION

The study aimed to explore and describe teamwork challenges and generate potentially achievable strategies to enhance teamwork among healthcare professionals, working in the ED of a private hospital in Gauteng. These challenges and suggested strategies were discussed in Chapter 4. The researcher explored and described the perceptions of the team to teamwork challenges in the setting ED and strategies to enhance teamwork as indicated by the participants, using a semi-structured interview guide designed from an appreciative perspective.

5.3 FINDINGS SUMMARY

A thematic analysis approach identified three main themes based on the participants' perceptions of teamwork: **Theme 1:** Poor team satisfaction; **Theme 2:** Lacking team unity; and **Theme 3:** Ineffective leadership. The categories and sub-categories of each theme were discussed in more detail in Chapter 4. These three themes will guide the conclusion discussions, together with the recommendations to enhance the effectiveness of each theme, in sections 5.3.1 to 5.4.

5.3.1 THEME 1: POOR TEAM SATISFACTION

The participants' reflection of the current teamwork dynamics in the ED, identified that team/staff satisfaction is directly affected by the efficacy of how the team functions. As teamwork declines, so do team satisfaction, which was made evident by the degree of motivation the team members felt to take part in team activities.

Additional contributing factors to the motivation of team members include the perception of how actively each team member participates in all the activities of the ED, such as patient care, decision making and team building. Other factors relate to the perception of being appreciated as a team member and the fairness in the division of the workload. Finally, the perception of the working environment, whether therapeutic or not, was identified to affect motivation to be part of the team.

The assumption is thus that team satisfaction is directly proportional to the collaboration of team members, as well as the professional growth of each team member. The assumption is based on the perception of the participants that increased team and job satisfaction positively influence stress, resulting in a more positive and therapeutic work environment.

5.3.1.1 MOTIVATION

Motivation is the driving force for team members to actively take part in team activities and experience satisfaction from those activities. Unequal or lack of participation in team activities negatively influences the morale of team members, resulting in poor outcomes of those activities. Team members perceive this lack of participation as poor support for each other within the team and add to creating a poor work environment.

For the work environment to be motivational and therapeutic, it needs to have purpose and meaning. A work environment without purpose and meaning results in a lack of motivation to show up and bring your best. This means that team members should actively strive to improve their work environment to have a direct effect on the strength of teamwork.

How effectively team members implement efforts to improve the internal and external motivation to be part of the team, will directly influence individual and team satisfaction. These efforts include simple actions, such as the degree of participation in activities and duties, the fair and equal division of workload between team members, and finally demonstrating appreciation, not only for actual duties performed but for the worth each member brings to the team as a whole.

5.3.2 THEME 2: LACKING TEAM UNITY

Team unity refers to the understanding team members have of each other's roles and responsibilities within the team, as well as their limitations concerning legislation and regulation. Team unity also refers to the level of involvement of all team members to actively take part in decisions that will affect the whole team, how each team member accepts accountability for their actions, and finally how appreciation is demonstrated.

As humans exist as social beings, there is a need to feel welcomed and valued. How we, as humans, interact with each other is central to how we survive. Humans survive by solving problems and achieving goals. When teams collaborate to solve problems and reach shared goals, teamwork is effortless. In comparison to this, when humans are in constant competition with each other, problems tend to grow, and goals will not be achieved. If humans lived like this, it would mean the end of civilisation, and eventually life. Solving problems effectively and achieving common goals, is largely dependent on effective communication between team members. Therefore, communications skills should not be overlooked.

5.3.2.1 ROLE RESPONSIBILITY AND ACCOUNTABILITY

This study identified a high degree of blame-shifting within the team of the ED of the setting hospital. It is the perception of the team members that responsibility and accountability for acts and omissions are not recognised and adds significantly to ineffective teamwork in the unit.

This study also brought to light that team members fail to understand each other's roles and responsibilities within the team, which can lead to confusion and agitation. Participants believe that failure to understand the roles and responsibilities of each team member contributes to the blame-shifting culture that has developed in the unit.

A conscious effort to understand and recognise not only the roles but also the abilities and limits to the responsibility of each team member contributes to more effective teamwork between team members. Team members are also urged to be less focused on their contribution to the team, but rather pay more attention to the value that each team member brings to the team. This can be made possible by actively exploring the role and scope of practice clarification of each team member. The active involvement of the management team to facilitate this teaching opportunity will promote effective communication between team members.

5.3.2.2 COLLABORATION

Poor collaboration has been witnessed by the participants in this study as the failure to share decision-making over factors that will directly influence the entire unit. The participants attributed this barrier to teamwork to a division in the unit's goals and objectives. Feedback from the participants highlighted the low levels of collaboration as the main factor affecting the ability of the unit to work together as a team.

The ability to align the goals and objectives of the team requires strong leadership, especially where a team is composed of team members with different skills and knowledge, from different areas of speciality. However, the successful collaboration may have direct and indirect reciprocal benefits to the

team as a whole, as well as the individual team members. This may attribute to the fact that a wider spectrum of solutions may be offered to solve a problem faster and with fewer side effects.

5.3.2.3 GROUP COHESIVENESS

The inability to communicate effectively within the team, as well as the poor perception of supportiveness and feeling valued, has been identified by the participants as major barriers to teamwork in the specific ED unit. The participants extended this perception of poor supportiveness to the management team of the hospital in their feedback during the appreciative inquiry interviews. Organisational support for teamwork will directly affect the cohesiveness of the team.

Participants mentioned that some team members still hold true to the old belief of the hierarchy structure that used to exist between doctors and nurses. The participants perceive that this belief in the hierarchy structure negatively affects the ability to create group cohesiveness. This type of team dynamic does not support the approachability of team members, nor does it promote communication.

Participants perceive those team members who feature at the lower end of the hierarchy structure, such as nurses, the opinions of such individuals are not valued, especially if there is a lack of guidance and support from leaders and the organisation. This phenomenon acts as a challenge to effective teamwork as it takes away from the positive experiences within the team activities. Participants reflected that a clear aftereffect of the lack of team unity is the resultant inter-team conflict, such as the conflict that has arisen within the nursing team.

5.3.3 THEME 3: INEFFECTIVE LEADERSHIP

Participants made strong references to the poor quality of leadership not only by the expected leaders of the ED team but also by the management team of the hospital of the setting for this study. A general perception of the participants alluded to the conflict that resulted within the nursing team, as a side effect of ineffective leadership. The participants attributed this to a need for stronger role modelling of how teams should be led. Stronger leadership within the nursing team would result in a unified nursing team, as well as lead to more effective communication within the healthcare professional team.

It was evident from the feedback received during the appreciative inquiry interviews, that the leadership styles witnessed by the team members, is not task-orientated, but rather orientated toward personal gain. Team members who were expected to be team leaders do not role model critical thinking and problem-solving skills, but instead, strive for personal satisfaction at the expense of team satisfaction. Participants reflected on the lack of trust in the expected team leaders to offer support and guidance toward effective teamwork.

5.3.3.1 ROLE MODELLING

Unprofessional behaviour witnessed by the participants within the team, lead to a breakdown of respect, trustworthiness, and representativeness of good role modelling. The witnessed unprofessional behaviour created a barrier to effective communication being promoted within the healthcare team.

Together with the failure to promote communication within the team, the poor display of personal integrity by some team members is reflected on as poor role modelling and barriers to teamwork by the participants.

Participants expect team leaders to role model collaborative problem-solving skills that would lead the team in overcoming change effectively, without disrupting the team cohesiveness. This may be more difficult where a team consists of members from different schools of thought and with different levels of training and experience, in a fast-paced and unpredictable environment, such as the ED. For this reason, participants yearn for a leader that can role model conflict management skills and the ability to adapt to change.

5.3.3.2 EFFECTIVE TEAM LEADING

The perception of unfair advancements of some team members, lead to a breakdown in trust in the leadership skills of higher-ranking team members. Participants perceived these unfair advantages as unprofessional and a poor example of role modelling, which failed to represent the entire team. This could be attributed to the absenteeism of promotion of communication within the team.

Animosity within the healthcare team was reported by the participants, as a result of the perception of unfair preferential treatments of selected team members. Participants reflected that this perception of failed effective positioning created the belief that the values and needs of the team are not a priority with all members of the healthcare team and add to the barriers of effective teamwork in the unit. Some participants perceived that a total lack of assertiveness and responsibility toward team leading, by persons in management positions, is responsible for failed effective positioning.

The healthcare team has thus far failed to utilise effective debriefing, to lead the team in identifying areas of concern, as well as to use the opportunity to brainstorm solutions to problems. Debriefing is perceived by the participants as a time-wasting activity, especially in the active and high demand ED.

5.4 RECOMMENDATIONS / SUGGESTED STRATEGIES

5.4.1 IMPRVED TEAM SATISFACTION

The recommendations made here are based on the suggestions made by participants during the Design phase of the AI. These recommendations will have implications for practice, the healthcare facility management and education, and are based on the suggested strategies for improved team satisfaction and motivation.

a) Healthcare facility management and team leaders should facilitate active participation in all relevant activities within the team, including team building and patient care goals.
b) All stakeholders should demonstrate appreciation for participation in activities and goals that have been reached successfully.
c) Team leaders should ensure the fair, clear and appropriate allocation of duties to prevent team members from becoming overburdened and suffering from burnout.
d) All stakeholders should actively implement strategies to build a conducive environment for enhanced teamwork and team satisfaction, such as demonstrating mutual respect; managing interpersonal and personality issues; encouraging active learning.

5.4.2 ENHANCED TEAM UNITY

The implications to practice, the healthcare facility management and education are based on the suggested strategies to enhance team unity by the participants of this study.

a) Healthcare facility management and team leaders should initiate informal monthly meetings between doctors and nurses, with the goal of:
    - Allowing equal opportunity to share ideas and needs in a safe environment and create an opportunity for shared decision-making.
    - Clarify roles and responsibilities within the team.
    - Review team and individual expectations.
    - Discuss frustrations and implement an effective problem-solving strategy.
    - Collaboratively set goals and outcomes.
    - Collaboratively review customer complaints and share equal responsibility and accountability in the process of resolving the problem.

b) Team leaders should lead monthly simulated mock resuscitation scenarios, to correlate theoretical expectations and role clarifications, with practical realities; and enforce competency and confidence in the team and individuals.

c) All stakeholders should provide positive/constructive feedback where applicable to enhance the perception of value and acceptance.

d) Healthcare professional team leaders should communicate daily duty allocation with the entire healthcare team to avoid confusion.

5.4.3 EFFECTIVE LEADERSHIP

Through the data analysis process, the researcher concluded that the team of healthcare professionals in the ED will benefit from strong leadership skills. Leadership skills should be encouraged in all team members, not only those who hold a higher/management position within the team. The suggested strategies to enhance team leadership will have the following implications to practice, the healthcare facility management and education within the healthcare profession:

a) All stakeholders should keep the relationship between team members professional, instead of involving personal biases.

b) Participative leadership can be achieved by anyone in the team with adequate knowledge and skill. Therefore, ensure that team members are actively involved in keeping knowledge up to date and implementing evidence-based practice, to improve trust, confidence, and competence.

c) Team leaders should encourage open communication and sharing of ideas and needs between team members, without fear of resentment.

d) Team leaders and healthcare facility management should encourage debriefing sessions to share positive and constructive feedback to all team members.

e) Assertive team leaders should understand and support the needs of team members with weaker leadership skills.

5.5 LIMITATIONS

5.5.1 THE RESEARCH PROCESS

At the outset of this study, the researcher proposed to use focus groups interviews, guided by the Caring Conversations framework, for data collection. However, during the data collection phase of the study, the country found itself in the clutches of the COVID-19 pandemic. As a result, the country was placed on hard lockdown, meaning no gatherings of any kind were permitted. The lockdown regulations also put severe restrictions on the free movement of people, making travelling to the ED setting difficult.

As an alternative to a physical gathering, the researcher considered hosting the focus groups virtually, making use of online meeting platforms. However, with the increased demand for healthcare workers to assist with patient care, it was a challenge to arrange a meeting time for the focus groups that suited all the participants that volunteered for this study.

The final decision was made to substitute the focus groups, for individual interviews to collect data. This prevented the researcher from using the Caring Conversations framework. However, the Caring Conversations framework is an extension of the appreciative inquiry model. This created the opportunity to continue the individual interviews with minimal adjustments to the original proposal for this study. Performing individual interviews via virtual meeting platforms, provided a safe meeting space in light of the COVID-19 lockdown restrictions, as well as allowing more flexibility in scheduling meeting times.

The study was limited to one private hospital ED. The inclusion criteria for the study sample were aimed at nurses and doctors of the ED, that have working experience in the setting and within the healthcare team. Members from the rest of the multidisciplinary team were excluded.

5.5.2 THE DATA COLLECTION

The researcher had collected fourteen signed consent forms from volunteers to participants in the study, however, four participants did not complete the data collection phase. Some technical issues were experienced by the participants during the individual interviews, as it was their first experience with using these platforms.

As much as the intention of the interviews were aimed at an appreciative viewpoint, it became evident to the researcher that overwhelmingly negative perception by the participants hindered their ability to fully realise and appreciate what ‘worked well.’ Instead, some participants focussed purely on their negative perceptions, as their negative experiences had influenced their perceptions of reality and dampened their motivation.

'I think it's because I'm negative. No, I can't think of anything quite positive right now.' (Nurse 2)
'I'm very negative about the situation in the unit…' (Nurse 3)
'Everyone was very negative…' (Nurse 2)

It is the perception of the researcher that the doctors of the healthcare team within the specific setting, are not aware of the degree of dissatisfaction shared by the nursing staff. The researcher is led to consider the Hawthorn effect of some participants during the interviews. The Hawthorn effect has been documented by Myers and Newman (2007:5) as a common pitfall of interviews in qualitative research. The Hawthorn effect implies that the participant will alter their behaviour and answers, in a positive light, or to suit the environment in response to their awareness of being observed (Sujatha, Reddy & Pathak 2019:26996).

Some team members still hold true to the hierarchy structure between healthcare team members. In addition, a lack of assertiveness from team members in managerial positions limited participation in this study. This also contributes to the degree of ineffective teamwork that was reported by the participants.

5.6 RECOMMENDATIONS FOR FURTHER RESEARCH

During the data analysis process of extracting themes from the participant's responses, the researcher noted a distinct discord between the perceptions of the nurses and the doctors. It became apparent that the majority of the negative perceptions were shared by the nurses of the healthcare team of the specific ED setting. The researcher recommends an inquiry to establish the underlying reasoning for this discord in perceptions.

Responses from participants during the data collection phase have identified that participants seem to have a good understanding of strategies that may be implemented to enhance teamwork between doctors and nurses. This is evident in the quotations visible in the recommendations made in section 4.3.5. The question is then, what factors influence the failure to implement these strategies?

A deeper look into each team member's attitude and behaviour that may contribute to ineffective teamwork, or even have a damaging effect on the workplace culture, may be needed, to fully understand the reluctance to actively implement strategies to enhance teamwork (Green et al. 2017:449). The effect and sustainability of assertiveness training may be beneficial to contribute to enhanced acceptance and valuing within the team.

Evident by the quotations of the participants, it appears that the hospital management team of the research setting is biased towards the ED doctors as clients of the hospital. This adds to the division between doctors and nurses in the ED, as both parties should deserve equal respect as stakeholders

in the Company. Further research may identify the underlying reason for the division in the support shown by the hospital management group.

5.7 CONCLUSION TO THE STUDY

The ED is a highly demanding, unique and fast-paced environment, that requires effective collaboration, unity, and leadership, to promote effective teamwork between members of the healthcare team. When teamwork fails in this environment, quality patient care and team satisfaction suffer. Frustration as a result of ineffective teamwork drives skilled healthcare professionals to leave the ED or the organisation in search of greater job satisfaction. The turnover of staff leaves the remaining staff to suffer the consequences of increased frustration levels and increased workloads.

The researcher used a qualitative, explorative-descriptive approach to explore the perceptions of barriers to teamwork, by the healthcare team. A semi-structured interview guide from an appreciative perspective was used to guide an inquiry to collect data, including recommended strategies to overcome the barriers to teamwork in the specific setting.

Poor team satisfaction, lacking team unity and ineffective leadership were identified as the three main themes related to challenges to teamwork. The participants contributed to a wide range of recommended strategies to enhance teamwork; however, it left the researcher wondering why these strategies have not been implemented up to date, or have previous attempts failed? This question is included with several other opportunities identified for further studies on the topic of teamwork between healthcare professionals.

6 REFERENCES

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7 ANNEXURES

ANNEXURE A – INFORMED CONSENT FORM

PARTICIPANT'S INFORMATION AND INFORMED CONSENT DOCUMENT FOR A

INDIVIDUAL STRUCTURED AND FOCUS GROUP SEMI-STRUCTURED INTERVIEW RESEARCH STUDY

Study title: EXPLORING CHALLENGES TO TEAMWORK AND STRATEGIES TO ENHANCE TEAMWORK IN THE EMERGENCY DEPARTMENT OF A PRIVATE HOSPITAL IN GAUTENG

Principal Investigator: Mariska Kruger

Supervisor: Dr Celia Filmalter, Prof Tanya Heyns,

Institution: University of Pretoria

DAYTIME AND AFTER-HOURS TELEPHONE NUMBER(S):

Daytime number/s: 0837477301

Afterhours number: 0837477301

Date and time of informed consent discussion:

			:	
date	month	year	Time	

Dear Prospective Participant

Dear Mr. / Mrs. / Dr.

1) INTRODUCTION

You are invited to volunteer for a research study. I am doing this research for Magister degree purposes at the University of Pretoria. This document provides you with information to help you decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this document, do not hesitate to ask the investigator. You should not agree to take part unless you are completely happy about what we will be discussing during the focus group discussion.

2) THE NATURE AND PURPOSE OF THIS STUDY

The aim of this study is to explore and describe teamwork challenges between healthcare professionals working in the emergency department of a private hospital, by employing the principles of caring conversations.

Part of the study will be an individual structured interview. The individual interviews will be arranged at a time that is convenient to you and will take place via an online video call platform. The individual interview is aimed at gathering data on perceived challenges to teamwork in the emergency department.

3) EXPLANATION OF PROCEDURES AND WHAT WILL BE EXPECTED FROM PARTICIPANTS

If you agree to participate, you will be asked to participate in an individual interview session of approximately 30 – 40 minutes. You and the other participants will be asked some questions on your opinion about your views of the existing teamwork challenges in the ED, and how any challenges can be resolved.

With your permission, the discussions will be recorded during the inline video call to ensure that no information is missed.

4) RISKS AND DISCOMFORTS INVOLVED

We do not think that taking part in the study will cause any physical or emotional discomfort or risk.
You do not have to share any knowledge you are not comfortable with.
If the questions feel too personal or make you uncomfortable, you do not have to answer them.

5) POSSIBLE BENEFITS OF THIS STUDY

You will not benefit directly by being part of this study. But your participation is important for us to better understand teamwork between doctors and nurses in the ED.
The information you give may help the researcher improve teamwork between healthcare professionals in the ED in order to deliver safe and high-quality healthcare to the public, and improve staff satisfaction through improved collaboration between team members of the ED healthcare professionals.

6) COMPENSATION

You will not be paid to take part in the study. There are no costs involved for you to be part of the study.

7) VOLUNTARY PARTICIPATION

The decision to take part in the study is yours and yours alone. You do not have to take part if you do not want to. You can also stop at any time during the interview without giving a reason. If you refuse to take part in the study, this will not affect you in any way.

8) ETHICAL APPROVAL

This study was submitted to the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria, Medical Campus, Tswelopele Building, Level 4-59, telephone numbers 012 356 3084 / 012 356 3085 and written approval has been given by that

committee. This study was also submitted to the Research Ethics committee of the Life Healthcare Group, and written approval was given by that committee.

The study will follow the Declaration of Helsinki (last update: October 2013), which guides healthcare researchers on how to do research in people. The researcher can give you a copy of the Declaration if you wish to read it.

9) INFORMATION ON WHO TO CONTACT

If you have any questions concerning this study, you should contact:

Ethics Committee University of Pretoria 012 356 3084

The researcher Mariska Kruger 0837477301

Research supervisor Dr Filmalter 082 957 5458

10) CONFIDENTIALITY

We will not record your name anywhere and no one will be able to connect you to the answers you give. Your answers will be linked to a fictitious code number or a pseudonym (another name) and we will refer to you in this way in the data, any publication, report or other research output. All records from this study will be regarded as confidential. Results will be published in medical journals or presented at conferences in such a way that it will not possible for people to know that you were part of the study.

The records from your participation may be reviewed by people responsible for making sure that research is done properly, including members of the Research Ethics Committee. All of these people are required to keep your identity confidential. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

All hard copy information will be kept in a locked facility at Faculty of Health Sciences, Department of Nursing at the University of Pretoria, for a minimum of 10 years and only the research team will have access to this information.

Although all participants of this study will be requested to keep the discussion confidential, the researcher cannot guarantee that they will do so. I therefore request that you do not disclose any information of a very personal or sensitive nature.

11) CONSENT TO PARTICIPATE IN THIS STUDY

- I confirm that the person requesting my consent to take part in this study has told me about the nature and process, any risks or discomforts, and the benefits of the study.
- I have also received, read and understood the above written information about the study.
- I have had adequate time to ask questions and I have no objections to participate in this study.
- I am aware that the information obtained in the study, including personal details, will be anonymously processed and presented in the reporting of results.
- I understand that I will not be penalized in any way should I wish to discontinue with the study and my withdrawal will not affect my treatment and care.
- I am participating willingly.
- I have received a signed copy of this informed consent agreement.

Participant's name (Please print)	Date
Participant's signature	Date
Researcher's name (Please print)	Date
Researcher's signature	Date

ANNEXURE B – DATA COLLECTION INSTRUMENT

INTERVIEW GUIDE

Keeping in mind the current state of teamwork between doctors and nurses in the ED, would you please share the following information with me?

1. **Please share an experience/scenario you have witnessed, related to teamwork between doctors and nurses in the unit**
2. **How did this experience make you feel?**
3. **Tell me more about decision-making processes in the unit between doctors and nurses in the unit.**
4. **How do you think nurses are perceived in the unit?**
5. **How do you think doctors are perceived in the unit?**
6. **Please share a positive experience regarding teamwork between doctors and nurses in the unit.**
7. **How do you think these positive experiences can be built on?**
8. **How is accountability and responsibility shared in the unit?**

Questions to probe further will include:

- Can you tell me more?
- Why is that important to you?
- How does that affect you?
- How does that affect the team?

Thank you for your participation.

Your inputs are valued and appreciated.

ANNEXURE C1 – ETHICAL APPROVAL FROM UNIVERSITY OF PRETORIA RESEARCH ETHICS COMMITTEE 2020

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

www.up.ac.za

Faculty of Health Sciences
School of Health Care Sciences
Room 3-75. HW Snyman North
University of Pretoria,
Private Bag X323
ARCADIA
0007
Tel: 012 356-3233
Joyce.mothabeng@up.ac.za

19 February 2020

Faculty Ethics Committee

Faculty of Health Sciences

University of Pretoria

To whom it may concern,

Evaluation of a protocol for the following student:

Student Kruger M - Department of Nursing Science (MNur); student number: 22048546

Title: Exploring challenges to teamwork and strategies to enhance teamwork in the emergency department of a private hospital in Gauteng

This letter serves to confirm that the above mentioned protocol was discussed by the Postgraduate Committee of the School of Health Care Sciences during the meeting of 12 February 2020.The proposal was accepted with minor changes, and the corrections were effected. It is hereby referred to your committee for ethical clearance.

Sincerely yours,

Professor DJ Mothabeng

Chairperson: Research and postgraduate committee

School of Health Care Sciences

ANNEXURE C2 – ETHICAL APPROVAL FROM UNIVERSITY OF PRETORIA RESEARCH ETHICS COMMITTEE 2021

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences

Institution: The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002567, Approved dd 22 May 2002 and Expires 03/20/2022.
- IORG #: IORG0001762 OMB No. 0990-0279 Approved for use through February 28, 2022 and Expires: 03/04/2023.

Faculty of Health Sciences **Research Ethics Committee**

13 May 2021

Approval Certificate
Annual Renewal

Dear Mrs M Kruger

Ethics Reference No.: 105/2020
Title: EXPLORING CHALLENGES TO TEAMWORK AND STRATEGIES TO ENHANCE TEAMWORK IN THE EMERGENCY DEPARTMENT OF A PRIVATE HOSPITAL IN GAUTENG

The **Annual Renewal** as supported by documents received between 2021-04-21 and 2021-05-12 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2021-05-12 as resolved by its quorate meeting.

Please note the following about your ethics approval:

- Renewal of ethics approval is valid for 1 year, subsequent annual renewal will become due on 2022-05-13.
- Please remember to use your protocol number (105/2020) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

Ethics approval is subject to the following:

- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

On behalf of the FHS REC, Dr R Sommers
MBChB, MMed (Int), MPharmMed, PhD
Deputy Chairperson *of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria*

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health)

Research Ethics Committee
Room 4-60, Level 4, Tswelopele Building
University of Pretoria, Private Bag x323
Gezina 0031, South Africa
Tel +27 (0)12 356 3084
Email: deepeka.behari@up.ac.za
www.up.ac.za

Fakulteit Gesondheidswetenskappe
Lefapha la Disaense tša Maphelo

ANNEXURE D – PRIVATE HOSPITAL GROUP APPROVAL

[redacted] [redacted]

National Health Research Ethics Committee registration: REC 251015-048

REF: 30072020/2

30 July 2020

Dear Mariska Kruger

RE: APPLICATION TO CONDUCT RESEARCH

Title of study: Exploring Challenges to Teamwork and Strategies to Enhance Teamwork in the Emergency Department of a Private Hospital in Gauteng

The Health Research Ethics Committee o[redacted] Group hereby grants permission with no conditions for your study to be conducted at [redacted]

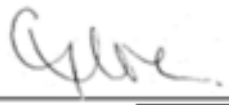
Due to COVID-19, access to [redacted]ospitals, offices and staff may be restricted. Please contact the Hospital Manager at the facility/ facilities prior to beginning your research, and ensure that you have made appropriate arrangements to carry out your study in a manner which ensures your safety, that of your participants, and both [redacted]patients and staff. The Hospital Manager may refuse to allow your research to take place until the COVID-19 pandemic has resolved. Please pay careful attention to points 5, 6 and 7 below.

1. If patient or institutional confidentiality is breached, [redacted]e is entitled to withdraw this permission immediately. The Company reserves the right to take legal action against you, should Life Healthcare feel that this is warranted.
2. An electronic copy of the research report or compiled results, in the case of a clinical trial, must be submitted to the [redacted]Research Ethics Committee on completion of the project or trial. This copy of the research report, and any publications which may develop from it will be placed on the Company's Gateway research page for reference purposes. The researcher is required to make these documents available in PDF format.
3. No direct reference may be made to [redacted] its subsidiaries or any of its facilities or institutions in the research report or any publications thereafter. The Company and its facilities, patients and staff must be de-identified in the study, and remain so for any other studies which may utilise this information. Any abstracts submitted or presentations given which will utilise the results of any research done in a [redacted]e facility, must comply with the same conditions.
4. Research being done for educational purposes must be completed within the time allotted by the higher education institution. If the research is being done in an individual capacity by an employee of the [redacted] Group, the research must be conducted within one year of permission being given by the Company, OR must be completed in the proposed time period specified in the approved proposal. Permission may be withdrawn if the research extends beyond the approved time period.
5. [redacted]will not take responsibility for any unforeseen circumstances within its institutions which may materially change the context and potential outcomes of a student's research. Should this occur, the student will be required to approach their Higher Learning institution for guidance around alternatives.

[redacted]Group Proprietary Limited
Reg. no. 2003/024367/07 Registered address Oxford Manor, 21 Chaplin Road, Bovo 2196, Private Bag X13, Northlands 2116

6. [redacted] will not be liable for any costs incurred during or related to this study.
7. In cases where a researcher is found to be guilty of misconduct, or in contravention of any national or international legislation or [redacted] policies or guidelines, permission to continue with the research will be withdrawn immediately pending investigation. In the case of student research, the higher education institution under which the researcher is registered will be notified. In the case of a clinical trial, The South African Health Products Regulatory Authority (SAPHRA) will be notified, as well as the trial sponsor and any other necessary parties.

Yours sincerely,



On behalf of the [redacted]
Health Research Ethics Committee

ANNEXURE E – EDITOR'S LETTER

N Sutherland
21 Aero Rd
Valhalla
0185

January 2022

I, Nicolette Sutherland (ID 740711 0250 081), hereby confirm that I have edited the proposal to engage in the presentation of the master's thesis noted below. The utmost care will be taken to ensure that the Final Document is free of spelling and grammatical errors, however, the accuracy of the final work remains the responsibility of the author.

Author: Mariska Kruger

Title: Exploring Challenges to teamwork and strategies to enhance teamwork in the emergency department of a private hospital in Gauteng

The edit includes the following:

- Spelling
- Vocabulary
- Punctuation
- Grammar
- Consistency in terminology, numbering, font style.
- Sentence construction
- Suggestions for text with unclear meaning
- Logic: Relevance, clarity, and consistency
- Checking the list of references against in-text sources.

Nicolette Sutherland
082 453 1469
Nikkisuth40@gmail.com