# A Framework for the Development of High Performance Teams

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A Framework for the Development of High

Performance Teams


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Director of Study: Professor Chris Fortune
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Wales


February 2016

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Abstract

The UK has experienced a prolonged economic downturn and, as a result, all NHS Trusts operate in a volatile, uncertain, complex, and ambiguous context which is considered to be the modus operandi of teams within this research context.  This context has had a significant impact on staff, patients, and the stakeholders of such organisations. In 2012, 94% of NHS employees self-reported that they belonged to a team. A literature review was conducted to gain insight into 'teams', particularly high performing teams (HPTs), to identify concepts and develop new understanding thereof.

To elicit the lived experience of HPTs, Q methodology has been employed to explore the modus operandi of HPTs within a nationally recognised, high-performing NHS hospital trust. A Q methodology is a mixed method approach that uses both face-to-face interviews and factor analysis to access complex and adaptive environments of dynamic teams. A preliminary study used ten one-hour interviews to develop a concourse of 44 statements that are considered representative of the lived experience of the HPT members. These statements were prioritised in order of importance by each of the 40 participants in the main study as well as a post prioritisation interview and the data was statistically analysed to determine the shared viewpoints.

The findings reveal an initial high level framework of themes that are found to be significant in the modus operandi to HPTs and these include supportive learning systems, shared community, courageous leadership, employment relationship synergy, courageous followership, and improving together. The resultant framework is intended to guide the learning and development of more HPTs within the context of the NHS.

Key words: - High performance team framework, Q methodology

Lastly, I could not have done this without the whole hearted support and love of my special family. My husband Andy with his unending love and unwavering support over the last five years.  My two cherished children who have been amazing throughout this prolonged period of study. Elliott and Sasha have made space at home and in their lives for mummy to do her school work.  Lastly my adored parents – thank you.

*"It is good to have an end to journey toward; but it is the journey that matters, in the end."*

*(Ursula LeGuin, The Left Hand of Darkness)*

Table of Contents

**Table of figures**

# 1. Introduction

## 1.1. Overview

This thesis will follow a conventional thesis chapter structure as seen in Figure 1-1. The introduction (Chapter one), outlines the rationale for the research and its current relevance within the NHS context. The thesis will explore how High Performance Teams (HPTs) operate within the NHS context and will argue that HPTs outperform their competition over an extended period of time; it will also consider the perceptions of the key constituents of HPTs, namely its members, customers and stakeholders (Katzenbach and Smith, 1993; West, 2004; Drucker, 2013). The output from this research will be an initial framework to further develop more HPTs.

| Signpost | Product | Process | Considerations |
|---|---|---|---|
| Chapter 1 | Introduction and context | Overview of the study | Position the study it is context, with the rationale, establish the aims and objectives and research approach |
| Chapter 2 | Literature review | Critical analysis of existing body of knowledge | Legitimise study within the existing body of knowledge and justify progression |
| Chapter 3 | Research design methodology | Epistemological and ontological position | Methodological coherence and review methodological approach with justification |
| Chapter 4 | Data collection and findings | Pilot, preliminary and main study | Systematic data collection, rigour in the application of the mixed methods |
| Chapter 5 | Data analysis and discussion | Generate and interpret results | Mixed Methodology data interpretation |
| Chapter 6 | Conclusions and Recommendations | Develop framework | Considerations, conclusions, limitations and reflections |

Figure 1-1 Thesis structure

Chapter two will provide a literature review that evaluates the existing understanding and knowledge of HPTs. It has been divided into three sections, covering teams, engagement, high performance working and then a final section synthesises the findings on HPTs. The review will build on many previous studies conducted within global health settings as well as business and management academic disciplines and will establish a critical contemporary perspective of HPT. The academic disciplines that are drawn on in the review are varied, with substantial contribution to knowledge coming from humanities, social sciences and specifically health, psychology, sociology and management.

The methodological section (Chapter three) develops the researcher's philosophical position as well as the epistemological and ontological stance. Justification for the research approach and design is given and the research methodology design is reviewed, exploring the link to the research context. The rationale for the selection criteria used for the research context is developed and the selection of the participants within the research is established. The steps taken to ensure validity and reliability of the data collected and the appropriate analytical techniques are reviewed. The main study is found in Chapter four. Further details of this chapter are found lower in this chapter in subsection 1.7, which examines the research approach.

The analysis and discussion chapter five will focus on the answers to the formulated research problem. Factor analysis will be used for in-depth data analysis and has been approached by examining the data in a logical manner, paying attention to theoretical foundations and empirical evidence in the literature. The analytical text is visually accompanied by a number of figures, diagrams, tables and graphs.

Conclusions and recommendations (Chapter six) demonstrate the thorough attempt made to demonstrate that the goal of the thesis is met and the issues raised therein are resolved. The recommendations are concrete, constructive and brief. Limitations of the work are acknowledged and the work ends with a reflection on the learning achieved.

## 1.2. Theoretical foundations: UK Commercial Context

The UK economic downturn has directly impacted on the NHS, and whilst the UK economy is now in recovery, the NHS will face austerity measures for the foreseeable future, predicted to be until 2020. The following acronym has become synonymous in describing the external focused environment and is pertinent to the NHS (Berinato, 2014) as seen in Figure 1.2:

V - Volatile

U - Uncertain

C - Complex

A – Ambiguous



Figure 1-2 Volatile, Uncertain, Ambiguous Complex (VUCA)

Fairhurst and O' Connor (2010) assert that in the last decade, volatility, has been introduced by global competition, harsh economic conditions, continuous innovation and new

technology and as a result there has been organisational restructuring, downsizing and changes in the nature and structure of work. This volatility has created uncertainty, with many organisations and individuals having to cope with higher demands and fewer resources than ever before (Ronald, 2015). People, departments and entire organisations are therefore dealing with complex new challenges that have no obvious precedents and no clear solutions to move organisations and people within them forward. Ambiguity comes in many forms; the boundaries between work and non-work life are increasingly blurred, with internet and mobile technologies enabling employees to work extended hours from any location (CIPD, 2012). Social media exacerbates this ambiguity as rhetoric and reality, and multi-modal communications are overloading employees and their working lives (CIPD, 2012).

As a result of the dynamic, turbulent global VUCA climate, organisations are considering their sustainability and viability. Many are reviewing how they solve problems effectively, efficiently and innovatively. The decision-making of organisations and the individuals within them are being questioned; decision-making is now more prolific, fast paced; whilst expectation mounts that these decisions are well informed, prudent and wise (Ronald *et al.,* 2015).

There is a growing evidence base (Grint, 2013; West, 2014) that HPTs consistently outperform competition over an extended period of time; and outperform the expectations of its key constituents, including customers, stakeholders and members. Wolf (2007) asserts that the VUCA environment can be managed and potentially used to that advantage of the organisation. Wolf (2007) argues that the particular meaning and relevance of VUCA often relates to how people view the conditions under which they make decisions, forward plan, manage risks, foster change and solve problems. Drucker (2013) suggests that the premises of VUCA tend to shape an organisation's capacity to:

- Anticipate issues that shape conditions
- Understand consequences of issues and actions
- Appreciate interdependence of variables
- Prepare for alternative realities and challenges
- Interpret and address relevant opportunities

For most contemporary organisations – business, the NHS, education, government and others – VUCA is a practical code for awareness and readiness. Beyond the simple acronym is a body of knowledge that deals with learning models for VUCA preparedness, anticipation, evolution and intervention (Johansen, 2007).

In order to better equip themselves to address these challenges, leaders are looking to their people for the answers. Noticeably to enable them through this period, there are some observable conditions and patterns emerging:

- Business results are becoming even more dependent on teams performing at exceptional levels (Drucker, 2013).

- Better, more efficient solutions, delivered in record time, require greater breadth of thinking by fully engaged employees (Johansen, 2007).

- Working across boundaries and borders makes diversity of thinking a prerequisite to success and employees must be able and willing to do this (Wolf 2007).

However, problems are emerging regarding the impact of VUCA on employee effectiveness. Firstly, it is likely that both the financial and technological changes in the way we work have meant that employees are enabled and impelled to work harder and longer (Wolf, 2007). Recent surveys (e.g. Towers Watson, 2012, Global Workforce Study) show that employees are more anxious and more worried about their futures than in previous years; employees were found to be working longer hours, taking less time off to recover and experiencing higher levels of stress. Sickness absence was more likely than in previous years and intention to leave the organisation was higher. HPTs, in comparison, manage these factors far better than their counterparts (West, 2004; Drucker, 2013)

## 1.3. UK NHS context

The structure of the UK healthcare model has evolved over time and so have the driving forces to bring about change. There is consensus among eminent social scientists within the NHS context (Darzi, 2008; Grint, 2013; West, 2014) of the five emergent key contributing factors to the current complexity of healthcare in the UK: -

- Funding pressures

- Increased patient expectations and demand

- Healthcare structuring,

- Growing complex health issues

- Employee well-being

Inference can be drawn from these factors that the NHS is in its own VUCA environment. Sutton *et al.* (2011) suggest that proposed cuts within NHS funding may compromise workforce attitudes and behaviour thus introducing volatility, and have the potential to demotivate and disengage employees in the near-term. This volatility could create uncertainty resulting in cognitive dissonance which is the excessive mental stress and discomfort experienced by an individual who holds contradictory beliefs, or values at the same time or is confronted by new information that conflicts with existing beliefs, ideas, or values (Towers and Watson, 2012) leading to ambiguity in the workplace and working conditions. In turn, uncertainty will likely reduce the effectiveness of some teams, so that the focus on team and teamworking to deliver sustainable change is essential.

To add to the impact of the economic downturn, there is at the same time an increased burden placed on existing services. The number of people with complex, chronic illnesses and diseases and / or disabilities is increasing because of demographic and epidemiological transitions i.e. increasing life expectancy, an ageing population (which is applicable for the physically and intellectually disabled) and a low premature mortality respectively (Yukl, 2012; WHO, 2010).

The impact of the austerity measures introduced by the government on the NHS persist, with its funding still in a flat line position as all other costs increase. This equates to continuing cuts, and the increased pressure which existing external services will be put under due to the changing demographic of ill health. These pressures makes this research relevant and timely.

In 2011, The Centre for Workforce Intelligence and Manchester Business School conducted a multidisciplinary study exploring the impact of the recession, recovery and the changing labour market context on the NHS. The study found that recession raises a number of uncertainties in terms of recruitment and retention. Reduced investment in learning and development has resulted in the overall workforce not being upskilled and people leaving the

sector to develop their own prospects.   Labour trends, such as staff turnover and personnel shortage, will make it more difficult to meet NHS further demands (Harrington *et al.,* 1991; Sloane and Zimmerman, 2005; WHO, 2010); therefore optimal use of available resources, especially staff working in teams, is crucial to meet existing demands.  In principle, there has been a relative deterioration in job opportunities and vacancies are going unfilled.  This has been exacerbated by the fact that when vacancies are filled, they are done so by people who are less skilled than was historically the case (Sloane and Zimmerman, 2005; WHO, 2010).

HPTs depend on the careful collaboration and interchange of information between individuals, organisations, occupation groups, multidisciplinary teams and allied health services. Research findings show that ineffective healthcare teams (poorly communicating and poorly collaborating), account for 70% of medical errors (Studdert *et al.,* 2002). The King's Fund 2014 survey found that culture and leadership in the NHS to be of increasing concern.  To contextualise teams within the NHS, 94 per cent of the UK NHS workforce report that they belong to a team.  Only 61 per cent of respondents felt that the quality of leadership of their teams was good or very good – a decrease from 65 per cent in 2013.  This means that one in every three staff consider themselves to experience poor or inadequate leadership.

To conclude, in light of falling public expenditure, the future of the services delivered by the NHS would be bleak if it were not for the prospect of HPTs delivering innovative services to patients. A review of the literature (Plamping *et al.,* 2009; Grint, 2011; Flessig *et al.,* 2006) reveals that without HPTs, the innovation and change that is needed at a local level would not be attainable.  This research identifies what makes teams effective by researching HPTs.

## 1.4.  NHS team working

The Department of Health's business plan 2011-2015 infers that the need for change in the health service is now widely recognised and requires a fundamental change in thinking, practice and delivery of healthcare over the next decade. Effective inter and intra teamworking and collaboration has become increasingly prioritised in healthcare policy both nationally (Darzi, 2008) and internationally (Joint Commission, 2009).

Findings from effective teamwork studies include:

- improved mortality rates in hospitals(West *et al.,* 2011) and
- greater patient satisfaction (West *et al.,* 2011),
- increased patient safety (Firth-Cozens, 2001),
- reduced medical errors (Manser, 2009),
- more effective use of resources (West *et al.,* 2011),
- reduced physician visits and reduced hospitalisation rates (Sommers *et al.,* 2000) and
- more streamlined and cost-effective patient care (Ross *et al.,* 2000).

For the individual employer and employee, teamwork quality in healthcare leads to:

- lower absenteeism and turnover (West *et al.,* 2011),
- more effective use of resources (Manser, 2009), and
- reduced levels of stress (West *et al.*, 2010),
- improved job satisfaction (Buttigieg *et al.,* 2011) and
- improved psychological engagement (Abualrub *et al.,* 2012).

In summary, findings from these eminent scholars have accumulated knowledge that effective teamworking within the NHS is essential.  More information on HPTs would help to establish a greater degree of accuracy on this matter.  If the debate is to move forward, a better understanding of how and why HPTs operate within the NHS setting needs to be developed.

To conclude, the opportunity to turn round a poor performing, disengaged team to become an HPT is an area that would make a valuable contribution to organisational behaviour and management theory as well as to practice.  The past thirty years have seen increasingly rapid advances in the field of social science and improving team performance is achievable for many organisations (West *et al.,* 2011).

## 1.5. Research aims and objectives

Team performance is an active area of investigation in management and learning.  Whilst recognising the prolific use of teamworking recorded within the NHS Staff Survey (NSS 2014), and the risks associated with poorly performing teams, the benefits of effective teamworking

has been established.  Therefore, insights into how to transition teams towards performing more effectively, require further investigation. Exploring HPTs modus operandi within their context would access the lived experience and perception of each team member. These insights can then be used to develop more effective learning and development as well as supportive structures and processes.

In summation, within the NHS, organisational leaders must put in place appropriate systems and procedures and emphasise the valued contribution that HPTs make.  This new environment and way of working, creates a climate in which the culture for HPTs should develop healthily (Grint, 2011; Bevan and Hoo, 2006; Chang, 2007).

The overall aim of the study is to explore the dynamic environments within which HPTs operate and identify influential factors that contribute to them, by extrapolating explanations for their success. To explore this issue, the following research questions are raised:

Table 1-1 Thesis Research Questions

| |
|---|
| • Why do HPTs improve their practice? |
| • How do HPTs continue to improve practice? |
| • How do HPT innovate in a VUCA context? |
| • Explore what could be considered as an initial HPT framework |

The study is both timely and original due to a number of factors:  the dynamic nature of HPTs, the prolonged nature and impact of the economic down turn; and the VUCA environment and the research design in its context. It is the overall intention of this research process to develop a framework for the development of HPTs. To do this, a research design that is conducive to addressing the research aims and questions was required.

The research focus is on HPTs; other higher-level concepts operating more generally at an organisational level, as opposed to a team level, were acknowledged, but are not within the boundary of the study.  An example of this was organisational culture and leadership.  These may impact on, and are taken into account in, the study but are not the key focus.

## 1.6. Research approach

It can be argued that good social research almost inevitably requires the use of both quantitative and qualitative research in order to provide an adequate answer (Greene et al., 2005, 2001; Rocco et al., 2003). Mixed methods offers a third paradigm for social research through the combination of quantitative and qualitative methodologies which are used to create knowledge and are in harmony with the pragmatic philosophy for practice-driven research (Denscombe, 2005; Creswell, 2007; Cameron, 2008; Saunders and Thornhill, 2009). By using a research tool called Q methodology (Q), the modus operandi of a team will be explored.   The research design will measure subjectivity to access the individual lived experiences of a HPT member.  This will be achieved by using an objective research design ensuring subjectivity is made operant through factor structure.

The research approach reflects a typical Q design structure, as can been seen in the research approach in Figure 1.3.  A systematic literature review was conducted which included a diverse body of knowledge that informed the research process.  The approach taken was to examine HPTs by dissecting the term into its constituent parts, then reassembling the body of knowledge in order to identify groupings of concepts and components, in an attempt to make new meanings and where possible to establish new understandings.
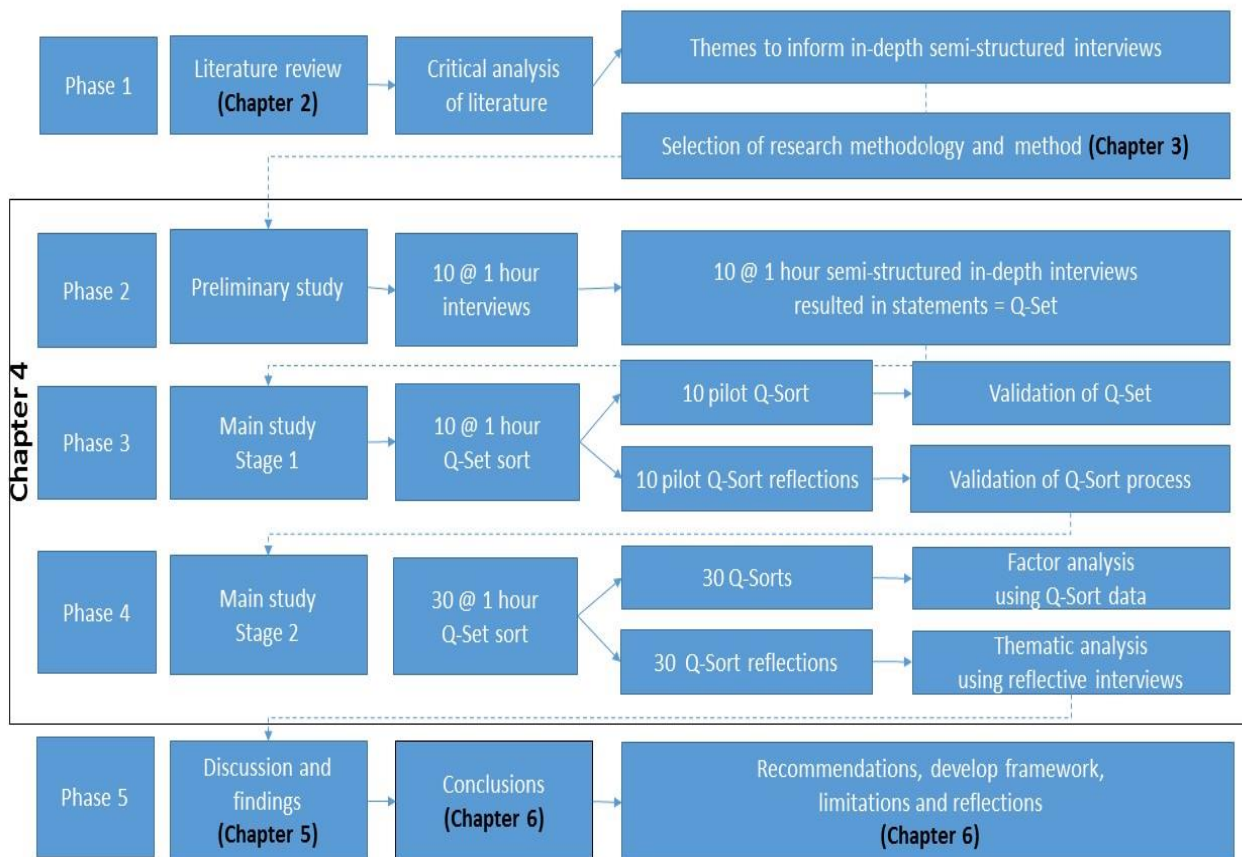
Figure 1-3 Research Design

The research methodology, design and selection are in Chapter three. The philosophical mixed methods research paradigm was used and the pragmatism philosophy influenced the design. A research criteria framework was developed to evaluate research methods. This criteria framework ensured that the appropriate methodology was sufficiently flexible for collecting primary data in the complex team context to answer the research questions. This process resulted in the selection of Q as a research approach, which has not previously been applied to HPTs within the NHS.

The main study is found in Chapter four. The NHS organisation that hosted the research is Liverpool Heart and Chest NHS Trust. This Trust, recognised as one of the top NHS organisations in the country, has won several prestigious national awards including the Health Service Journal (HSJ) Award in 2011 and the title of Best Performing NHS Trust within the UK in 2012. The teams that were nominated to become part of the research sample have also all been nationally recognised and are award-winning in their own right. Therefore, the

data sample is a nationally award-winning organisation with nationally awarded and recognised teams.  This recognition of high performance makes it an ideal context for research related to HPT.

The data analysis and discussion can be found in Chapter five. Factor analysis has been used, firstly to compute a correlation matrix, indicating the degree of similarity between factors. Then the correlation matrix was applied using by-person factor analysis to find the relationships and divergence between the emergent factors and the individuals, thus ensuring that the individual voice and subjective experience emerges.  The implications of the data analysis can be found in the conclusions in Chapter six, along with recommendations and an initial framework for HPTs as well as limitations of the study.  After the end of each chapter, practitioner reflections have been included to demonstrate meaning, understanding, practice implications and any reflexivity that has occurred.

### 1.6.1. Navigation of the hierarchy classification of terms.

To help with the reading of the document a hierarchy of classification of terms has been developed (see Figure 1.4) which includes Chapter signposting to clarify how different classification terms have been used throughout this document and were the transformation of these classifications take place.  For the purposes of this thesis, a concept is the collection of the component parts of each of the main theoretical research areas.  So team, engagement and high performance working (HPW) are all classified as concepts; the amalgamation of thesis three concepts produced the overarching concept of HPT.  This theoretical HPT concept was then used in the preliminary interviews to validate practice. Within this validation process, components were added to and/or retracted from the concept. The data analysis in the preliminary study found in Chapter four, transformed the HPT concept into a set of HPT practice statements known as the Q-Set.  The Q-set is a practice representation of the HPT modus operandi.  This Q-Set was then sorted in to order of importance (Q-Sort) in the main study, to produce 40 individual participants representation of their lived experience of their HPT.  The Q-Sort data was processed using by-person factor analysis which transitioned the individual person perspective (Q-Sort) to factors.  The factors are than rotated, the rotation process involves the production of a factor

array to look for patterns.  A factor array portrays a Q-Sort that exemplifies, as a best fit, the positions of the statements within that factor.  Within this study, eight factors were identified as significant and interpreted which resulted in six themes, and the themes were used as the cornerstones for the initial HPT framework.

| Signpost | Classification | Process | Considerations |
|----------|----------------|---------|----------------|
| Chapter 2 | Components | Literature review | Critical analysis of existing body of knowledge. |
| Chapter 2 | Concept | Aggregation of components | Map and were possible aggregate all components that produce each concept (team, engagement and HPW). |
| Chapter 2 | HPT Concept | Aggregation of concepts | Theoretical aggregation of team, engagement and HPW concepts and components to produce overarching concept. |
| Chapter 4 | Statement Q-Set | Representation of concepts | HPT concept testing in preliminary study, data collection and analysis to produce statements Q-Set used in the Q-Sort. |
| Chapter 5 | Factor | By-person factor analysis | Q-Sort analysed using by-person factors analysis to produce factors, which are rotated to produce factor arrays. |
| Chapter 6 | Themes | Factor array Interpretation | Factor array interpretation produced themes and subthemes mostly, but not all identified from the literature review. |
| Chapter 6 | Initial Framework | Theme Interpretation | Considerations for practice, limitations and reflections. |

Figure 1-4 Hierarchy of classification

### 1.7. Practitioner reflexivity

The interest in this research has evolved from reflecting on the experiences of working worldwide as a programme leader integrating large change programmes to blue chip organisations.  This research project evolved from a practice innovation think tank project that the researcher introduced whilst working as a non-executive director within the NHS acute care sector.  The output of the think tank was 'The Royal Has Talent' replicating the similarly named TV series.  The five-year programme recognised and rewarded HPTs that

have gone above and beyond the expected, and positively contributed significantly to the workforce and/or patient experience. This programme started a Trust wide recognition of contribution and pride in services ethos; in addition, the posters and communication of the programme was a visual reminder of the aspirant continuous improvement culture.

As a researching professional, this study was started at a time when the author's primary role was a non-executive director of one of the largest acute NHS Trusts in the North West.  The research context and the researcher's role and positional power have significance on the research approach and design.  The author's ethos of continuous improvement to practice was instrumental when navigating the philosophical paradigms.

## 2. Literature Review

### 2.1. Overview

This chapter establishes the current issues and debates in the area of HPT and identifies any controversies in the literature and empirical research.  Please refer to Figure 2.1 for the thesis structure, to help signpost the context for this chapter.

| Signpost | Product | Process | Considerations |
|---|---|---|---|
| Chapter 1 | Introduction and context | Overview of the study | Position the study it is context, with the rationale, establish the aims and objectives and research approach |
| Chapter 2 | Literature review | Critical analysis of existing body of knowledge | Legitimise study within the existing body of knowledge and justify progression |
| Chapter 3 | Research design methodology | Epistemological and ontological position | Methodological coherence and review methodological approach with justification |
| Chapter 4 | Data collection and findings | Pilot, preliminary and main study | Systematic data collection, rigour in the application of the mixed methods |
| Chapter 5 | Data analysis and discussion | Generate and interpret results | Mixed Methodology data interpretation |
| Chapter 6 | Conclusions and Recommendations | Develop framework | Considerations, conclusions, limitations and reflections |

Figure 2-1 Thesis structure

### 2.2. Literature review approach

A comprehensive three-stage literature review process using the Levy and Ellis (2006) framework was used to ensure a sufficient breadth and depth of current knowledge to address the research question requirements (Figure 2.2). The review was structured using Levy and Ellis (2006) framework to critically analyse the terms associated with HPT. The review was split into three areas: -

- What do we know about HPTs?

- How do HPTs continue to improve?

- Empirical evidence supporting the development of HPTs within the NHS.

The number of relevant publications varied greatly both within and between the three areas. Key findings that directly affected subsequent research towards the aims and objectives of this thesis are detailed in this chapter's summary.
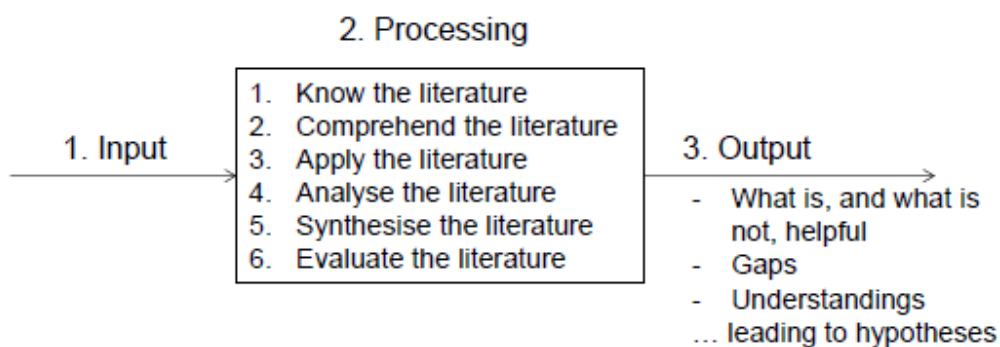


Figure 2-2 Three-stage literature review process.  Levy and Ellis (2006)

## 2.3. The literature review design

For the first research sub-question, an initial literature review was conducted that identified a small number of key authors and their publications (journal papers and academic books). This generated a set of potentially relevant forward and backward citations that were reviewed and which were used to generate the keyword strings used to undertake the main literature review.  Sets of keywords and phrases (and their synonyms) were selected, based in part on the most relevant publications on each concept and its components.  In addition, after initial evaluative literature searches, key 'exclusion words' were identified. This process enabled search logic statements to be identified. Keywords and phrases (and their synonyms) were utilised in several citation databases and search engines. In each concept areas where many publications were amassed, following reading and commentary, the sets of

components  and authors were then pared down to enable more focused citation and keyword searches to be carried out.

For the second part of the literature review, only one relevant article was initially found in the search for 'high performance team continued improvement', despite widening the search and evaluating a wide range of articles and websites. As a result, the search was broken into 'sub-searches' for potential components. At this stage, the literature review process followed that of the first part of the review, except that the range of published materials was extended to include professional magazines.  Subsequently, for the third part of the literature review, the search for material was driven by the outputs of the second part of the literature review.

The research process used a variety of search engines across social science disciplines both nationally and internationally. Bodies of knowledge from education, nursing and medicine supported areas of the work to ensure a thorough review was conducted. The approach taken was to refine the string search to six keywords or phrases, which were: - team, group, high-performance, frequency, quantity, NHS and multi-disciplinary team.

The resources accessed included books, journals, theses, government publications and official statistics, as well as conference and working papers of research in progress. The data sources used included Athens, PsycINFO, Web of Science, EBSCOhost, PubMed and Cochrane databases amongst others. The inclusion criteria used was English research from 1993 onwards, allowing for a twenty-plus year window before the commencement of this thesis.

To help focus the review, other high level concepts, operating more generally at an organisational level (as opposed to a team level) were recognised but are not within the boundary of the study.  An example of this was the study of culture and leadership.  Whilst leadership and culture may have an impact (and are therefore taken into account in the study), they are not the key focus.

## 2.4. Structure of literature review subsections

In the initial design phase of the literature research, identified three emerging concepts (see figure 2.3) which have been used as the subsection headings of the literature review, the final subsection being HPT which is an aggregation of three previous concepts:

**Team + Engagement + High-performance work = High performance team**
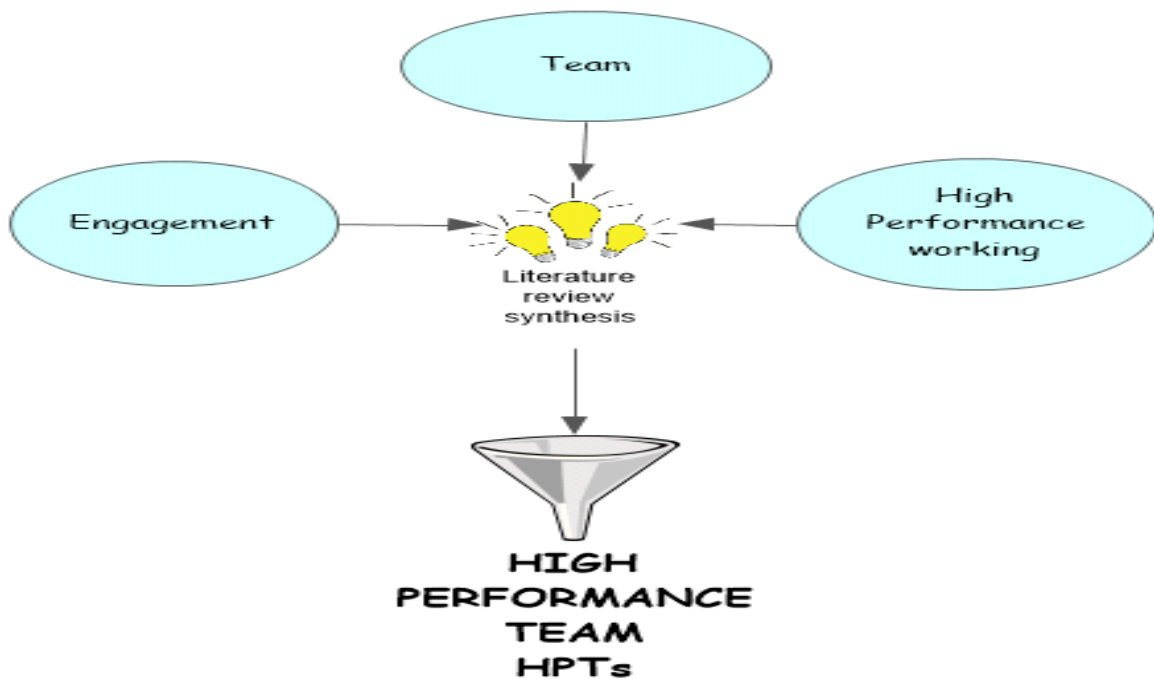


Figure 2-3 Concept Literature review structure

Each subsection required its own data collection strategy, and used the literature review research journey shown in figure 2.4. The emergent components were amalgamated into concepts; then the three concepts of 'team', 'engagement' and 'high performance teams' were further aggregated to produce the HPT subsection 2.5 that ultimately inform the research approach in Chapter three.
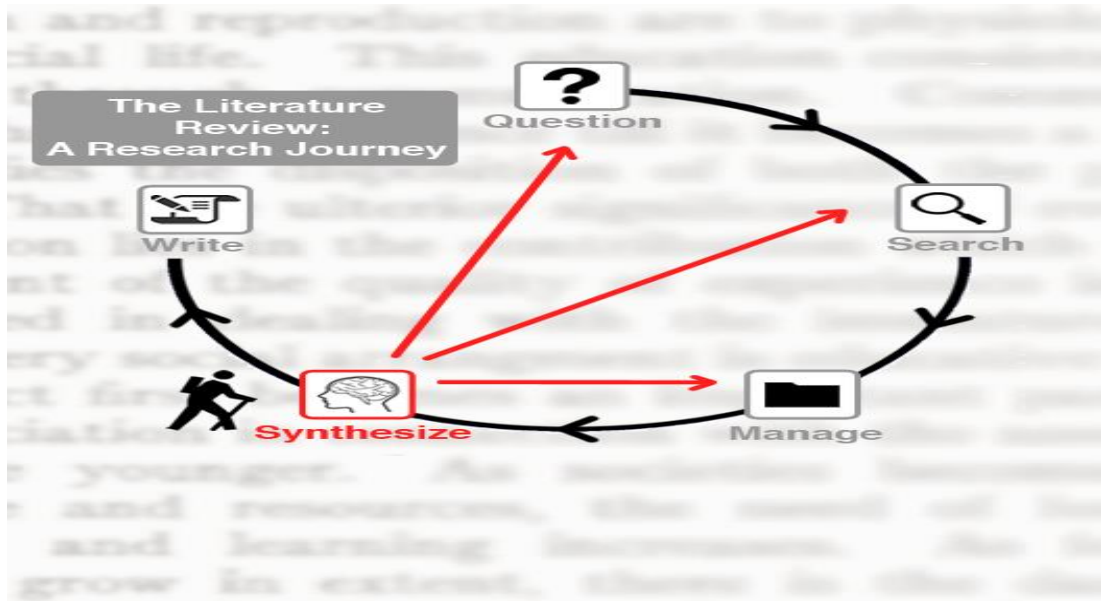
Figure 2-4 Literature review research journey.  Levy and Ellis (2006)

## 2.5. Team

### 2.5.1. Overview

This section explores the meaning of the term 'team', with a focus on effective teams.  It introduces the types of team, their composition and characteristics, and specifically the frameworks used to differentiate teams.  The implications of the frameworks and their application in practice, within the NHS context are considered. The proliferation of individuals who report that they belong to a team within the NHS context and the implications that teamworking has on the NHS VUCA environment is also explored (see figure 2.5). The section then considers the differentiation of teams, and the mediating factors associated with teams, specifically leadership, reflexivity, wisdom, team learning and decision-making.
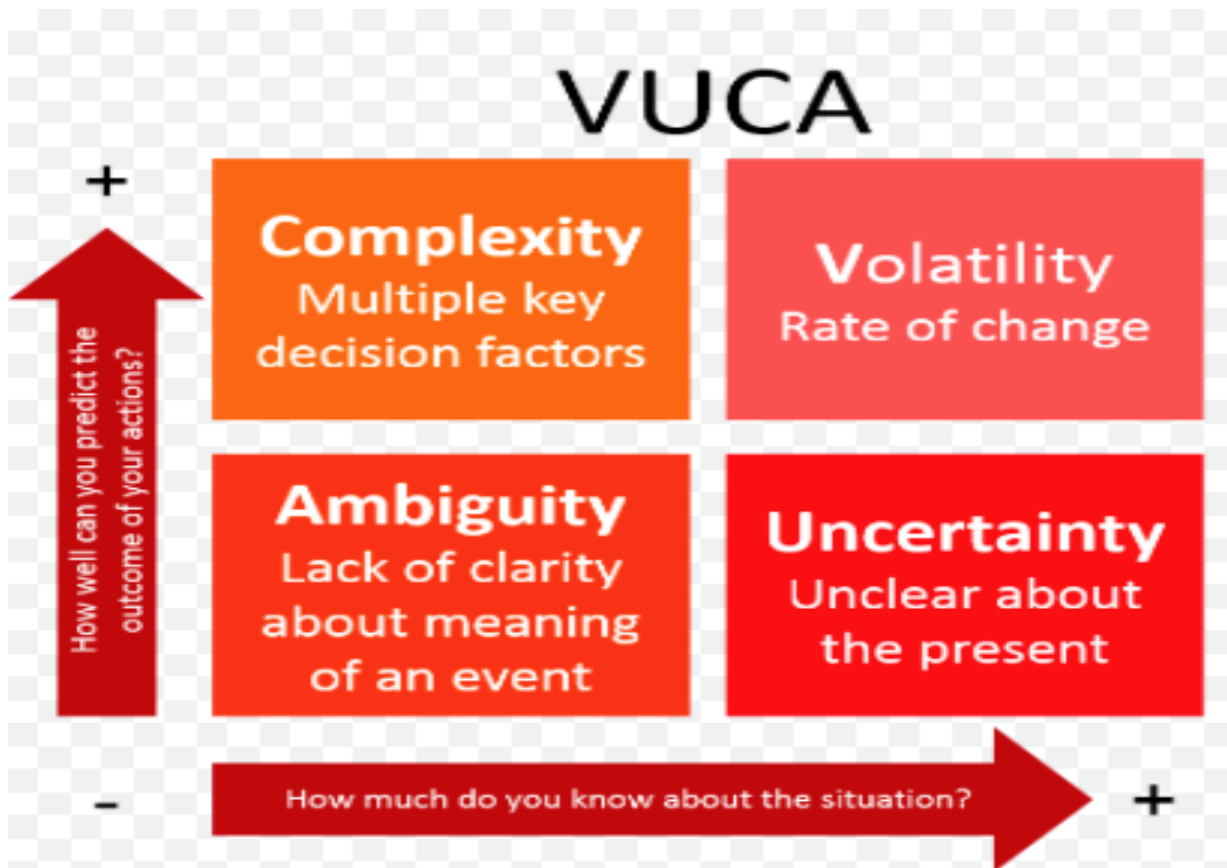
Figure 2-5 Volatile, Uncertain, Ambiguous Complex (VUCA)

### 2.5.2. Teams in the NHS context

The general premise that teamwork will generate outcomes superior to individual work renders the label 'team' appealing and it is therefore assigned to all sorts of groups (Allen and Hecht, 2004; Nurmi, 1996). However, in practice, healthcare teams vary dramatically, both in structure and impact. If placed on an effectiveness continuum, teams would vary from 'exceeding expectations of effectiveness' to 'not meeting expectations and ineffective' or 'superior patient outcomes' to 'damaging patient outcomes' (Care Quality Commission (CQC), 2010). Indeed, not all organisations are suited for team-based work, not all groups are 'teams' and not all teams are effective (West and Lyubovnikova, 2013). Therefore, there may be a problem with the definition of the word 'team'.

Many theorists have attempted to characterise a 'good' team': Hollenbeck *et al.* (2012) describe a team as having three underlying dimensions: teams differ on skill differentiation,

authority differentiation and temporal stability, with effective teams demonstrating a high and appropriate skill set, recognised authority and stability. WHO (2007) asserts that a good team is small in size (optimal size being six to eight), has clearly defined goals, well-balanced skills, a common approach, as well as mutual accountability. For the practitioner, Scholtes *et al.* (2003) argue that for teams to be effective, there is a need for the following: team leaders, team members to acknowledge the leader and demonstrate follower membership, and for the team structure to have a power dimension.

In summary, there are a complex combination of concepts and components, some of which are mediators and influencers, not all of which are specific to the team; some may be external influencers.  There are many different lenses through which to explore teams, so the selection of the research approach needs to be exploratory to be able to contextualise HPTs within the NHS context.

### 2.5.3. Differentiating teams and groups within the NHS

Katzenbach and Smith (1993) developed a team performance categorisation curve (see Figure 2.6).  However, the curve is based on anecdotal experience (albeit broad and expert). More recent studies (West and Lyubovnikova, 2012; West *et al.,* 2012; Cohen and Bailey, 1997) have since validated the categorisation, although their methods did not involve measurement of outcomes.
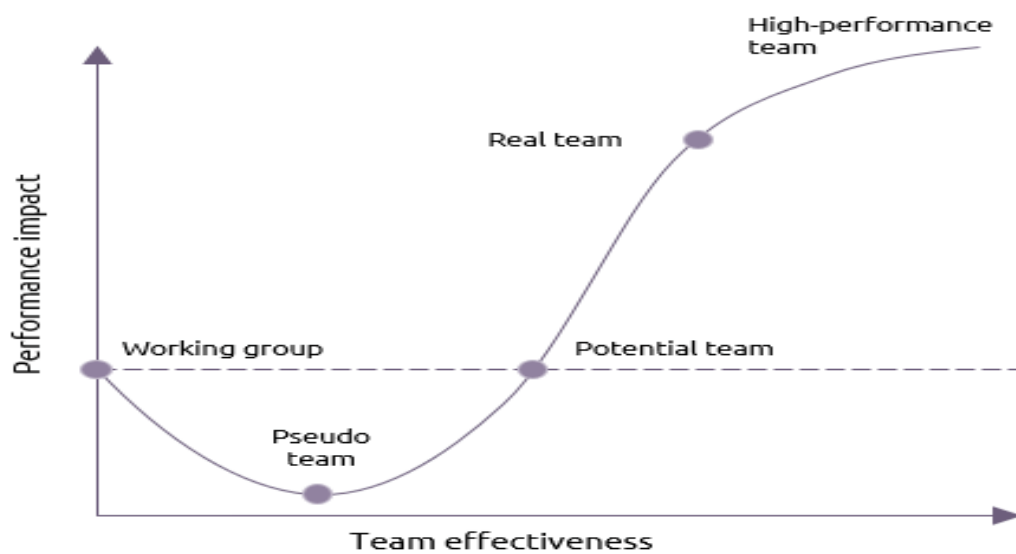
Figure 2-6: Katzenbach and Smith (1993) Team Performance Category Curve

Cohen and Bailey (1997) conducted a ten-year review of the literature on teams between 1986 and 1996 (with 2862 citations since publication). They concurred that the categorisation was the most supported and accurate reflection of 'real teams' in the workplace. Limitations of Cohen and Bailey's (1997) research is that this model does not reflect the temporal nature of teams or the abilities or complexity of roles and individual maturation: in essence, it lacks the dynamic team context.

The research framework of West and Lyubovnikova (2012) as seen in Table 2.1 differentiates between pseudo and real teams. A *real team* has members who are *interdependent* in achieving their purpose or goals (Hollenbeck *et al.,* 2012; WHO, 2007; King, 2002; Cohen and Bailey, 1997) and hold themselves mutually accountable or responsible (Mickan and Rodger, 2000; Cohen and Bailey, 1997; Manion *et al.,* 1996; Katzenbach and Smith, 1993).

Table 2-1: Characteristics of *Real* and *Pseudo* Teams (West and Lyubovnikova, 2012)

| Pseudo Teams | Characteristics | Real Teams |
|---|---|---|
| Healthcare team members work largely on their own, with little requirement to interact or communicate with each other. | *Inter-dependence* | Healthcare team members work closely together in a tightly coordinated way. |
| The objectives towards which healthcare team members report their team is working are largely disparate and / or unknown. | *Shared Objectives* | Healthcare team members share several common objectives which are clear and agreed upon in the team. |
| Healthcare team members rarely meet together to exchange information and reflect on performance, resulting in little or no innovation in care processes. | *Reflexivity* | Healthcare team members regularly and systematically review their performance and adapt future team objectives and care processes accordingly. |

Task interdependence (Hollenbeck *et al.,* 2012; WHO, 2007; King, 2002) in *real teams* stimulates cohesion and confidence among team members, resulting in improved good decision-making; which in-turn is a requirement for improved patient outcomes and staff wellbeing, and part of the recommendations of the CQC (2012). The category of a real team having shared objectives for which they hold themselves mutually accountable was reasserted by West and Lyubovnikova (2012, p25), although they recognise that the team concept is embedded within a dynamic organisational context and is therefore more complex.

Reflexivity, the third characteristic of *real teams* is defined as the 'extent to which group members overtly reflect upon the group's objectives, strategies and processes, and adapt them to current or anticipated environmental circumstances' (West, 1996, p. 559). Widmer *et al. (*2009) assert that significant characteristics such as trust and diversity in teams promote reflexive practice (see Figure 2.7). However mediating factors such as team stability

or task interdependence may be necessary to allow these characteristics to lead to more reflexivity in teams.
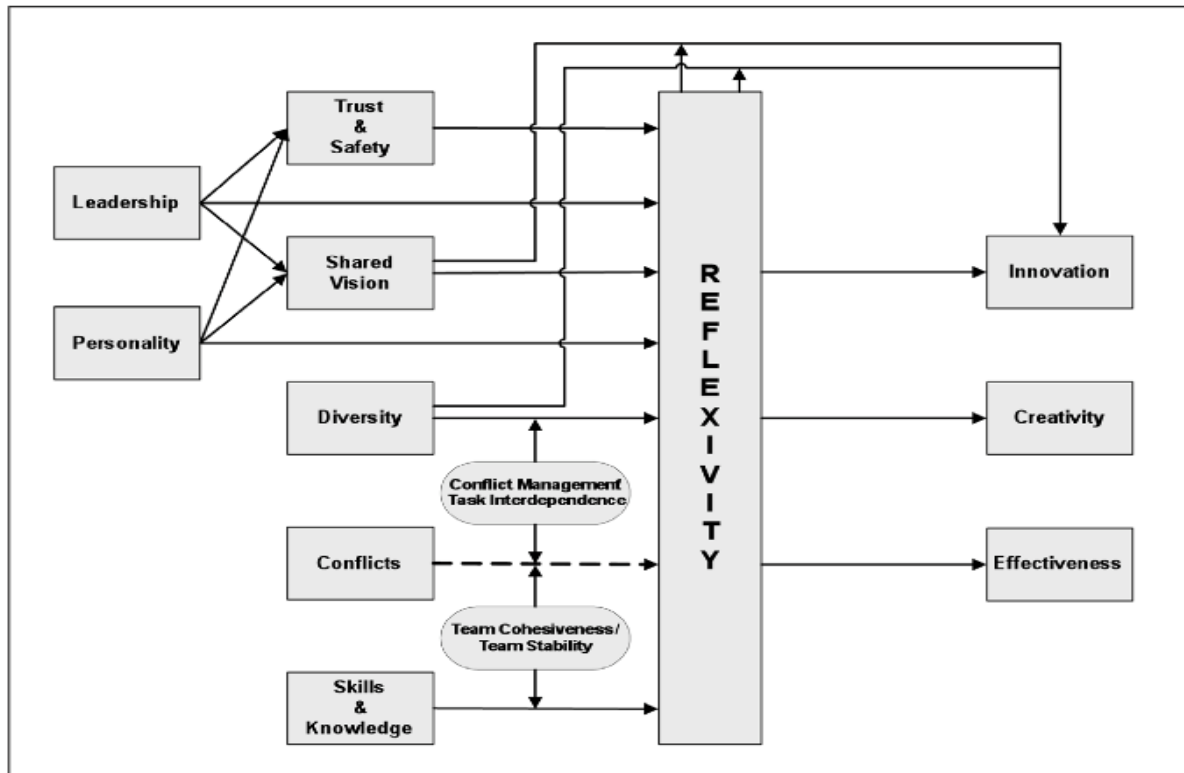


Figure 2-7 Reflexivity Review in Teams. (Widmer *et al.*, 2009)

A constructive atmosphere for group discussion fosters reflexive communication among team members, though the presence of social stressors may inhibit reflexivity (Mickan and Rodger, 2000). Social stressors include conflicts with other team members and supervisors, unfair behaviour and a negative team climate (Dormann and Zapf, 2002). In contrast West and Lyubovnikova (2012) argue the presence of conflicts and crises in a team may trigger reflexive behaviour in an attempt to solve or improve the situation.

In summary these three characteristics: interdependence, shared objectives and reflexivity are all fundamental features of how a real team is defined within the NHS context and will be used to inform the initial preliminary interviews. It is necessary for teams to find the cognitive, social and temporal space to enable them to reflect on the appropriateness of their

objectives, the wisdom of their strategies, the efficiency of their processes and the reality of their changing environment.  Reflection is likely to reveal the discrepancies in the teams' way of working.  It may highlight significant areas of either concern or the potential for change.  Reflection gives the cognitive space to critique past routines or work overload, and, consequently, to define the space and direction of appropriate remedial or innovative action.

To conclude, the components that will influence the initial interviews are categorisation of a *real team* which includes interdependence, shared objectives and reflexivity.  Other components include social processes, roles, functions, skill levels, tenure and temporality, innovation, diversity and conflict, shared knowledge and leadership.

### 2.5.1. Proliferation of effective teams within the NHS

To contextualise the extent to which teamworking impacts on the NHS, 90% of the staff in the CQC study (2010) reported that they worked in a team.  However, only 40% of staff reported that their team had clear shared objectives, worked closely and interdependently and reviewed its effectiveness on a regular basis; thus fulfilling the **real team** category (West and Lyubovnikova, 2012).   The remaining 50% of employees were categorised as belonging to pseudo teams, which not only deviates from theoretical definitions of real teams (West *et al.,* 2012), but can also be associated with potentially detrimental outcomes in practice.  Of significance, members of pseudo teams (CQC, 2010) report witnessing higher levels of errors, incidents and near misses, experience more harassment, bullying and abuse from staff and patients, and report lower levels of well-being and higher stress levels than members of real teams (West and Lyubovnikova, 2013).

In summary, the NHS is reputed to be the fifth largest employer in the world, with a workforce of 1,700,000 people (CQC, 2013), approximately 850, 000 employees are not working in real teams.  The trend for the use of teams within the NHS is growing, and according to the National Staff Survey (NSS) conducted in 2013, over 94% of the employees reported that they are part of a team; this is an increase of 4% or 68,000 more people over a three year period since 2010.  This analysis is corroborated by the CQC (2013) who conducted their own triangulation analysis; the number of people who are identified as not being involved in real teams is growing and underpins the need for this research to focus on

real teams and the practice implications that a framework for the development of high performance teams could have.

To conclude, there is a substantive body of empirical research that demonstrates the detrimental impact of pseudo teamworking on outcomes within the NHS.   Future research into healthcare teams should endeavour to better categorise team samples according to the fundamental characteristics of real teams (West and Lyubovnikova, 2012 because real team characteristics have very often been neglected in research on healthcare teams (Hollenbeck *et al.,* 2012; West and Lyubovnikova, 2013).

The components identified as being significant in this section that will inform the semi-structured interviews are: the significance and proliferation of teams within the NHS; the significance of real teams within the NHS; and the potential contribution real teams could have.

### 2.5.2. Real effective teams within the NHS

Teams are the most prevalent structures within the NHS and teams work in very challenging, difficult and often complex environmental situations (West *et al.,* 2012).  Aritzeta and Alcover (2006) and Hackman (1998) assert that organisational design supports effective teams making a positive contribution, so therefore organisations that use teams to deliver their business, need to consider the design of their organisational structure.  The NHS is inextricably linked to team success (West *et al.,* 2012) and therefore each NHS organisational decision and plan directly impacts on teams.  Therefore strategic plans and decisions made at an organisational level need to support and enable teamworking; therefore we can deduce team context within the NHS is of importance.  This context and the consideration for high performance working practices (HPWP) are explored in subsection 2.4. Some considerations for HPWP are: organisational structure and work process, such as recruitment and selection; reward and recognition; performance and management; retention and progression.

In order for successful, high quality care to be delivered to service users, teamworking must be attractive to compassionate and dedicated people.  Compassion and dedication should be recognised and rewarded as a valued personal trait (West *et al.,* 2012).  To continuously improve care for service users, simplification of bureaucracy releases efforts to invest in

progressive and innovative localised services. In essence, employees have an aptitude and attitude towards enhancing the caring profession.  The opportunity for leader / follower development is pivotal to maximise individual contribution in healthcare teams. Investment in learning and development produces good leadership and supports teams to achieve their potential (West *et al.,* 2012. Targeted interventions can support team improvements and innovation thereby enhancing care for service users.

Prof. Michael West and a team of colleagues at Aston University were co-commissioned in 2011 to analyse team performance and team effectiveness levels using the 2010 annual NHS Staff Survey (NSS.  West *et al.* (2012) used Katzenbach and Smith's (1997) team performance categorisation and Cohen and Bailey's (1997) team effectiveness framework to establish a baseline of team performance and effectiveness within the NHS. Underpinning this research, West *et al.,* (2012) had completed a literature review for the National Institute of Health Research (NIHR) to bring the work on team performance categorisation and teamworking effectiveness up to date.  West *et al.* (2012) concluded that clarity of purpose, good leadership, team composition and processes, promotion of inter-teamworking, reflection and adaption, and holding effective team meetings are all core contributors to effective teams. The breadth, depth and rigour of the NIHR review and the contribution to it by leading experts by inference give this work significance and gravitas.

To conclude, West *et al*. (2012) infer that whilst there are many real teams, mediators within the teams' context need to be supportive and coherent to gain the required results.  There is no easy fix to support teamworking to transition to team effectiveness. Instructing teams to work more effectively does not necessarily bring about systemic change.

The components that were used from this section to influence the initial interviews are:- prevalence of NHS teams, organisational context, organisational structures, HPWP organisational processes, compassionate, dedicated attitude and aptitude and leader/follower development.

### 2.5.3. The dynamic context of effective teams

There have been numerous reviews of research on the effectiveness of teams in the years 2000-2010 (Sundstrom *et al.,* 2000; Kozlowski and Bell, 2003; Salas, *et al.,* 2004; Nielsen *et*

*al.,* 2005; Ilgen *et al.,* 2005; Gil *et al.,* 2005; Kozlowski and Ilgen, 2006; Mathieu *et al.,* 2008; Goodwin *et al.,* 2009).  However, despite some differences between their findings, they show significant similarities and can all be considered to have been based on the Input-Process-Output (IPO) model as shown in Figure 2.8.  The IPO model is representative of the processes occurring in a team's working environment, and not purely focusing on the individual contributors.
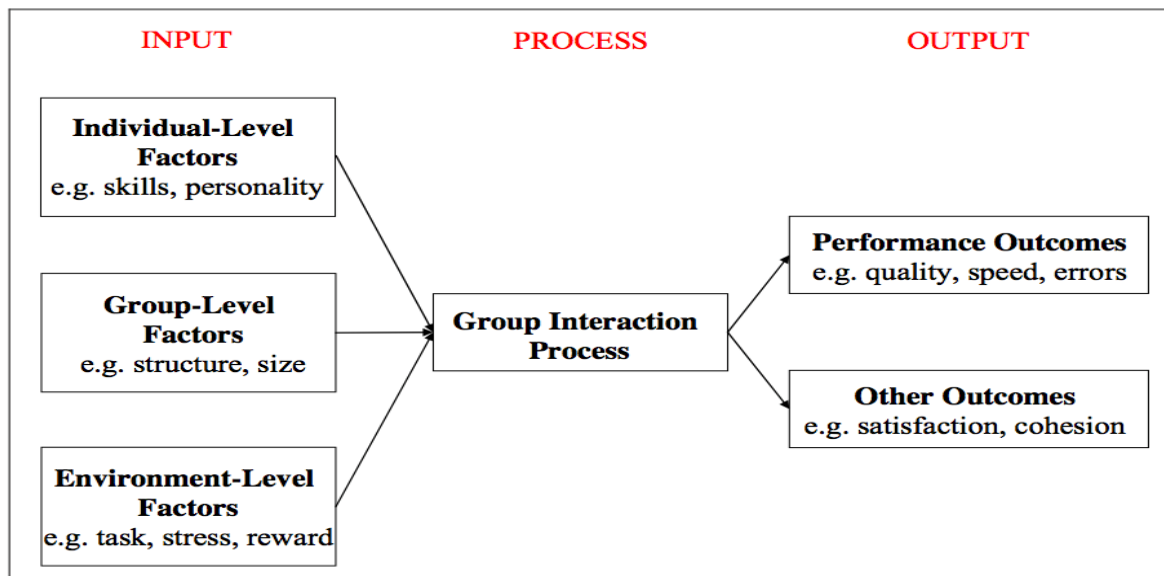


Figure 2-8 Input-Process-Output Model (McGrath, 1964)

Sims *et al.,* (2005) assert a strength of the IPO model shown in Figure 2.8 is that it identifies the composition, structure and processes of teams and the key antecedents to their effectiveness. Likewise, the model considers organisational and situational factors as influencing the structure of the team as a whole, affecting the rest of the variables (input, process and output).  Limitations of the IPO model are that it is static, linear and single-cycle; in addition, it fails to operationalise the dynamic context of teams and the difficulties that some teams experience when nested within organisational contexts, so social stressors are not an inherent feature (DeShon *et al.,* 2004).

The IPO Model of McGrath (1964) does not incorporate the temporal and recursive aspects imposed on teams by development and feedback, and this can overlook the adaptive and

incremental learning processes that necessarily influence their effectiveness (Kozlowski *et al.,* 1999).   The McGrath (1964) model is unitary, simplified and offers an opaque treatment of team processes. Such criticism has led to the emergence in recent years of alternative models that better reflect the functioning of teams as complex, adaptive systems operating in broader contexts (e.g. an organisation).

This broader context or metatheoretical position underpins the taxonomy of team processes of Marks *et al.* (2001) and the multi-goal study of DeShon *et al.* (2004). Kozlowski *et al.* (1999) refer to a theory of compilation and performance, describing inputs, processes, and outcomes and also refer to a time dimension.   Although these models contain differences in specific details regarding the nature of teams, all reflect the underlying notion that teams are temporal, complex, dynamic systems, existing in larger systemic contexts of people, tasks, technologies and settings and acknowledge processes unfolding over time.

Teams do not always provide the diversity of knowledge, attitudes, skills and experience required to generate an innovative response to challenges or perform according to expectations.  They sometimes fail to achieve the high performance expected of them (Sims *et al.,* 2005). Teams, far from being mechanisms for capitalising effectively and satisfactorily on collective effort, turn into complex process and cycles of activities that relentlessly consume the emotional, cognitive and physical energies of their members.  The component of effort and energy have informed this study in the preliminary phase, in the context of feeling, thinking and doing as referred to in the engagement section.

In conclusion, high performing effective teams produce at least as much, if not more, energy as they consume.  The poorer performing or dysfunctional teams can involve individual contributors wasting a great deal of effort to attain their goals, if indeed those goals are known and met at all. The challenge for research and intervention involves the effective integration of the contributions of qualified and expert people that provide added value to both the team and the organisation. The four components, identified as significant in this section, that were used to influence the initial interviews are: -

- Environmental context including people, tasks, technologies, and settings;
- Diversity of knowledge, attitude and skills to include emotional, cognitive and physical;

- Reflexivity to include temporal and recursive aspects imposed on teams by development and feedback;
- Energy and effort expended in team work (thinking, feeling doing).

### 2.5.4. Wisdom and decision making

Salas *et al.* (2009) found that effective teams provide diversity in knowledge, attitudes, skills and experience.  An effective team's integration makes it possible to offer rapid, flexible and innovative responses to problems and challenges (Salas *et al.,* 2009).  Salas *et al*, (2009) therefore argues that supporting improved performance and improving the satisfaction of team members improved team effectiveness. This is the result of what has been called *the* wisdom of crowds: increased capacity for achieving various types of performance made possible by the interaction of team members (Salas *et al.,* 2009). Thus, the success of organisations and the overall production of knowledge depend to a large extent on the effectiveness of teams (Wuchty *et al.,* 2007).

More recently task, team and individual autonomy have received research attention (Kozlowski and Bell, 2003; Kozlowski and Ilgen, 2006) when considering decision-making. This work considered the extent to which a team has the capacity to make decisions on different aspects of its work tasks (methods, schedules, roles, etc.). Individual team autonomy can be viewed as being a spectrum.  A low level of the spectrum of team autonomy implies a team has a task that is highly structured and defined by the organisation, which minimises the need to make collective decisions or manage internal processes. In contrast, at the other end of the spectrum are high levels of team autonomy and individual autonomy within the team.  This implies that team members must collectively make decisions about their work; for example, a complex package of care may be needed for a patient with several co-morbidities in the health sector.

To conclude, team knowledge referred to as wisdom of the crowd, and decision making in teams are mediators that impact team effectiveness.  Team autonomy and individual autonomy within the team decision-making are used in dynamic, complex contexts and are also mediators to real team effectiveness are all components that have informed the initial interviews.

### 2.5.5. Theoretical debates of teams in their context

Team models have been criticised for representing teams as static and linear (Kozlowski and Bell, 2003; Kozlowski and Ilgen, 2006), to redress this imbalance, further models have been developed. The construction, operations, reconstruction and external (CORE) relations model developed by McGrath *et al.* (2000) explains the development of teams over time. The model identifies the basic processes of teams and considers the relations with their context; it has been argued previously that the tenure and temporal nature that teams cohabit is of import so this would be a limitation of the CORE model. The Team Holistic Ecology Dynamic Activity (THEDA) approach developed by Cooke *et al.* (2007), takes the context and dynamics of the context into consideration in an attempt to depict teams as organic organisms that are constantly evolving; the individual personal bias and team role are not recognised within the model, so is a limitation to the CORE model, as the individual and the role have previously been argued as relevant (Kozlowski and Ilgen, 2006).

The CORE and THEDA models can be applied to teams that are diverse in character and context, valuing heterogeneous teams (Mathieu *et al.*, 2008). Both models seek to differentiate process-based perspectives from knowledge-based approaches, so this depicts the shift in teams from a static linear representation to the generation and evolution of a team that is bigger than the individual contributors and is adaptable and complex (Kozlowski and Bell, 2003; Kozlowski and Ilgen, 2006). In essence, they encompass the dynamic context with the teams' complex composition, codifying the holistic nature and attributes of the team.

An alternative to CORE and THEDA (see Figure 2.9) is the Input-Mediator-Output-Input (IMOI) Model developed by Mathieu *et al*. (2008). This model attempts to combine the CORE model and THEDA approach, and therefore is more representative of the critiques of the previous models. Mathieu *et al.* (2008) published their enhanced version of the IPO framework which has inputs-mediators-outcome time-sensitive approach (see Figure 2.9).

**Input-Mediator-Outcome (IMO) Team Effectiveness Framework**
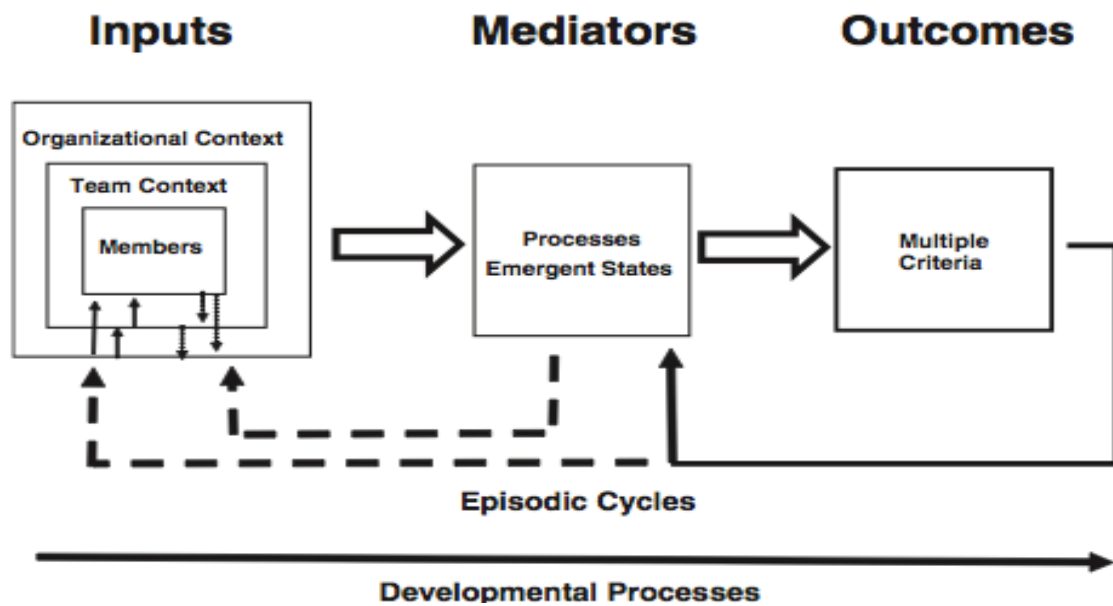
Figure 2-9 Inputs-Mediators-Outcomes, time sensitive approach.  (Mathieu *et al.*, 2008)

An evaluation of the Mathieu *et al.* (2008) IMOI model would suggest that it attempts to represent a dynamic environment as opposed to the IPO's static representation.  It is iterative and has emergent states that have outputs that feedback into the inputs of the team.  It represents the team in its environment with inter and intra dependencies; this again differs from the IPO's linear single cycle representation, although organisational design is an under-researched area (Kozlowski and Bell, 2003; Kozlowski and Ilgen, 2006).  Limitations of the model, as in all previous models, are the mediators that impact teams which are skill differentiation, leadership / followership and tenure of individuals and the team itself (Kozlowski and Bell, 2003; Kozlowski and Ilgen, 2006).

Aritzeta and Alcover (2006) argue that organisational design supports effective teams making a positive contribution and organisations should review their structures to facilitate effective teams.  The creation of structures must facilitate lines of support, communication, consultation, feedback and reward that complement the internal functioning of the team (Aritzeta and Alcover, 2006; Hackman, 1998).

In summary, Mathieu *et al.* (2008) argue that scholars embrace the complexity that surrounds modern team-based organisational design. This lack of understanding and

knowledge appears to have made limited progression in understanding and conceptualisation since 2008.  The body of knowledge in this area has received limited focus, and it is intended that this study will build on this body of knowledge and partially address this gap.

To conclude, the components from this section that influenced the initial interviews were: - dynamic organisational context, team context, inter-team context, complex organisational structure and effective teamworking processes.

### 2.5.6. Multi-dimensional team and learning

Hollenbeck *et al.* (2012) produced a typology of teams (see Figure 2.10), that characterises real teams on three underlying dimension scales: skill differentiation, authority differentiation and temporal stability. Whilst it addresses previous limitations from the work of Mathieu *et al.* (2008), in terms of temporal stability, interestingly it does not consider the nesting of a team in a complex dynamic organisation similar to that found in the NHS team context, so lacks the dynamic iteration of activities and the energy referred to earlier.  The scaling framework pays limited attention to sociological and physiological dimensions. In contrast to other models, a positive critique is the consideration of cognitive innovation evolution using the skill and authority axis.

Skill differentiation in Figure 2.10, in traditional healthcare teams are uni-disciplinary (for example, a hospital ward nursing team), each member holding similar functional knowledge and conducting similar clinical tasks. However, healthcare teams are now increasingly interdisciplinary: members from different functional and clinical backgrounds work towards shared goals in order to fulfil complex and interdependent tasks requiring varying degrees of specialist skills and medical knowledge (Hollenbeck *et al.,* 2012).

Authority differentiation in Figure 2.10 considers the extent to which all team members are involved in team decision-making processes. Healthcare teams with high levels of authority differentiation have clearly allocated leadership roles which tend to be occupied by the member with the most senior status in the team. However, the prevalence of entrenched hierarchies and deep rooted conflict amongst professionals in healthcare (Leape and Berwick, 2005), means that decision making is often faulty, undermining high quality and safe care

(West *et al.,* 2012). Lower authority differentiation gives more equal status to team members supporting more robust discussion (Hollenbeck *et al.,* 2012).

**A Dimensional Scaling Framework for Describing Teams**

Authority differentiation (high)

- Judge-adviser systems
- Hierarchical decision-making teams
- Traditional work teams

Skill differentiation (high)
- X-teams
- Cross-functional teams
- Extreme action teams
- Stable emergent leader teams
- Long-term project teams
- Crews
- Ongoing/ intact teams
- Fully cross-trained teams
- Real teams

Temporal stability (high)

- Student project teams
- Short-term advice groups
- One-shot lab teams
- Rotated leadership teams
- Behavioral teams

(low)    (low)

- Democratic teams (voting)
- Autonomous/ self-managing teams

(low)

**Figure 2-10 Dimensional Scaling Framework (Hollenbeck *et al.,* 2012)**

Temporal stability in Figure 2.10 infers teams maintain the same composition over time. Teams with higher levels of temporal stability have the opportunity to develop effective team processes, given the familiarity that develops between members of the team.  Temporal stability impacted the development of shared mental models and effective interpersonal team processes, which in turn affect care processes (Richardson *et al.,* 2010).  Examples of stable composition could be well-established teams working over many years, which is closely aligned with the teamworking in the NHS context; other teams may be formed temporarily.

In summary, when using team typology as detailed by Hollenbeck *et al.* (2012), West and Lyubovnikova, (2013) found that attention to the structural dimensions of skill differentiation was needed, and that team functioning and performance had causal links to autonomy differentiation and temporal stability. Teamwork and autonomy were highly related and autonomy was associated with increased job satisfaction and more positive perceptions of quality of care. To conclusion, the components used from this section to inform the initial preliminary study were: - skill differentiation, authority differentiation and temporal stability

### 2.5.7. Summation of teams

In this section the critical arguments using the term 'team' have been evaluated, common elements have been combined and, where possible, agreement reached on some dimensions, characteristics and commonly held beliefs. There is recognition that each individual team itself represents a spectrum of individuals with divergence on some aspects of behaviours and performance. The significant arguments have been evaluated and components aggregated (see Figure 2.11).

Hollenbeck *et al.* (2012) recognise that behaviour matures over time along with reflexive practice, and ultimately impacts on the individual's and group's ability to fully contribute to performance and ability to learn and grow. This growth is dependent on trust and improves decision-making of the individual and the team over time. Reflection and reflexivity is a key determinant between pseudo teams and real teams, and temporal stability is a mediator of reflexivity. Wisdom of crowds, which it could be inferred is a result of temporal reflexivity, positively impacts on decision-making, so ultimately impacts on team effectiveness. Hollenbeck *et al.* (2012) assert individual team autonomy and individual autonomy contribute to team learning and so to team wisdom. Ultimately, composition counts and characteristics, knowledge and experience that underpin wisdom, bring about innovation and aspiration.

Interdependence of the complex social system where individuals and the team learn and develop to attain personal and professional competence is enabled by mutually accountability and responsibility for outcomes, underpinned with trust, mutual respect and encouragement. The individual and team contribution are constantly changing. People are in a constant state of flux, and the team's social cohesion can bring about a sense of aligned

efforts and energy towards the team and individual purpose. Social competencies are essential and like other competencies need to be nurtured to flourish. Autonomy has been proven to increase team effectiveness. To enable teams to work, the leader /follower relationships are significant and the authority differentiation impacts on effective team interdependence in achieving shared objectives (Mathieu *et al.*, 2008).

Team context is a manifestation of dynamic complex social processes. A team's context includes roles, functions, tasks, tenure and temporality underpinned by technologies and settings. Team social systems are nested in the intergroup and organisational context, so networks and social capital are encouraged. These social processes support high levels of reflexivity, which improves levels of energy and effort that is expended in teamwork. The teamwork is improved when members are compassionate, are dedicated to their role and each other, and have a positive attitude and aptitude. Organisational context directly impacts team context. Organisations are dynamic, complex environments that have structure autonomy and work processes that have not always been designed to support team and inter teamworking. There are not always effective processes in place to support teamworking.

In conclusion, conceptually, team researchers have converged on a view that teams are complex, adaptive, dynamic systems (McGrath *et al.* 2000). They exist in context as they perform across time, teams and their members continually cycle and recycle. They interact among themselves and with other people and these interactions change the teams, team members and their environments in ways more complex than is captured by simple cause and effect perspectives. The fluctuation of the individual and team has a temporal aspect and reflects the contribution each individual and the whole team make. Individuals respond differently to stimuli and all can be more or less able.

Using the key attributes from the body of knowledge that exists encompassing teams, each subsection has developed components that have been drawn together to make sense from the diverse research lenses as seen in Figure 2.11.
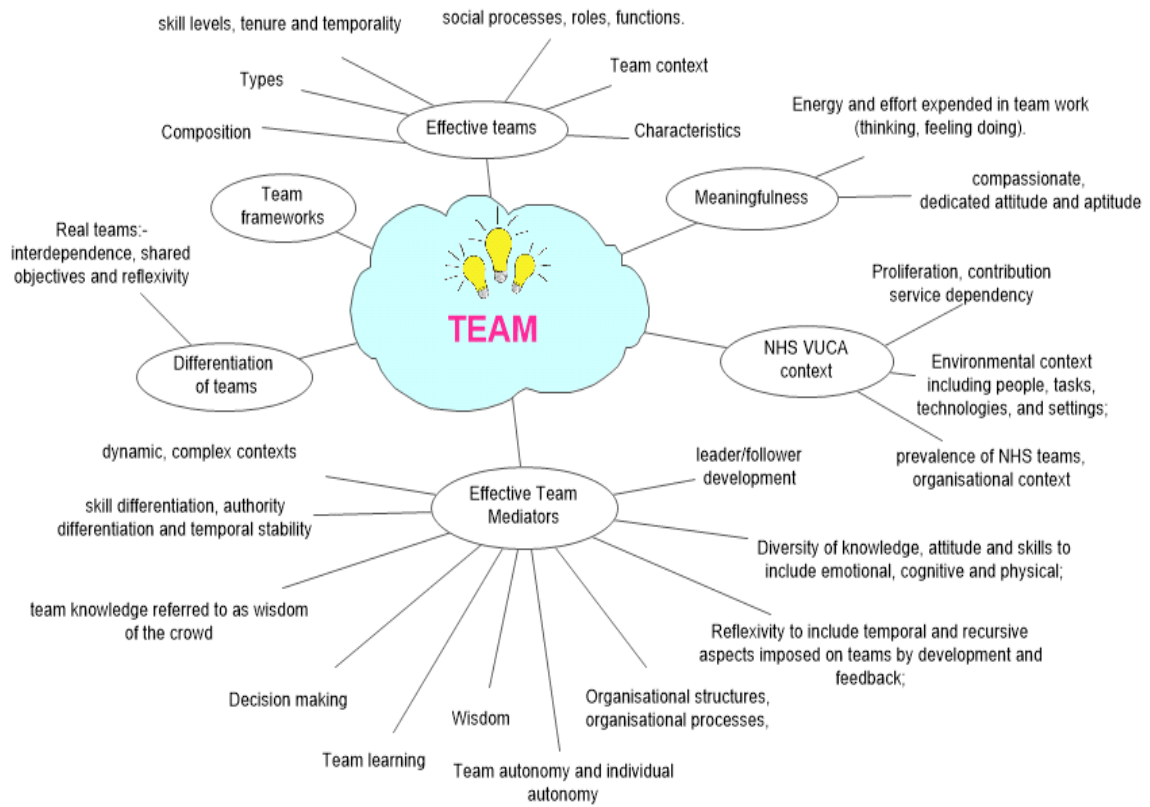
Figure 2-11 Team subsection review

## 2.6. Engagement

### 2.6.1. Overview

This section reviews the origins of engagement as a management concept and explores the impact a positive psychology perspective has in the workplace. The section then reviews what is considered to be the NHS engagement gap and its impact on practice. Within the NHS VUCA environmental context, emotional and transactional employment engagement are reviewed. The sustainability of engagement options are also considered as well as the impact engagement has on the individual, team and organisation. To conclude, mediating factors, specifically leadership, line management, culture, communication and human resource management (HRM) involvement are considered.

### 2.6.2. Engagement in the NHS context

Only 33% of employees in the UK self-report as being engaged in the workplace (Yukl, 2012) ) and the number of strongly engaged motivated employees possibly being lower than 10% (CIPD, 2010). Whilst 66% of employees report being disengaged, unsupported and detached (Towers and Watson, 2012). Within the NHS, the CIPD (2010) infer that the statistics on employment engagement are worse, with 20% of employees self-reporting as being engaged. The difference between the UK workforce as a whole and the NHS workforce is referred to in this thesis as 'the NHS engagement gap'.

Developing a positive engagement environment for individuals and teams within the NHS is important, which substantiates the need for this research to explore engagement within the HPTs (Towers and Watson, 2012). Engagement is a motivational concept that represents the active allocation of personal resources towards the tasks associated within a work role (Breland and Donovan, 2005; Luth and May, 2012). Khan (1990) highlights the self-investment of personal resources in work and the beneficial contribution. Therefore, engagement represents a commonality among physical, emotional, and cognitive energies that individuals bring to their work role (Luth and May 2012).

### 2.6.3. Origins of work engagement

Kahn (1990) a seminal author of work engagement asserts there does not appear to be any reference made to work engagement prior to the insights originated from the research conducted on job burnout by Jackson *et al,* (1986); and then later by Schaufeli *et al.* (1995). Burnout is recognised as a state of exhaustion in which an individual is cynical about occupational values and doubtful about their performance abilities (Maslach *et al.,* 2001). Occupational burnout is typically found within human service professions. Jackson *et al.* (1986) found that high levels of burnout are prevalent within the human services field, including social workers, nurses, teachers, lawyers, engineers, physicians, customer service representatives and police officers. Burnout is due, in part, to the high stress work environment and emotional demands of the job. Ruotsalainen *et al.* (2014) conducted a review of 58 studies that included 7,188 participants. From their findings, they concluded that healthcare workers can suffer from occupational stress, resulting from a lack of skills, low social support at work and organisational and job factors. Ruotsalainen *et al.* (2014) concluded that this may lead to burnout, distress, psychosomatic problems and deterioration in the quality of life and service provision, resulting in detrimental patient experience and higher levels of staff sickness, illness and resignations.

Kahn (1990) used a social psychology perspective and proposed that personal engagement occurs when 'people bring in or leave out their personal selves during work-role performances'. Kahn (1990, p. 692) made reference to psychological states, traits and behaviours as well as their antecedents and outcome, and described personal engagement as the 'the harnessing of organisational members' selves to their work roles'. The outcome of engagement is that employees feel that they have a vested interest in their own, and/or, the company's success and they are willing and motivated to perform to levels that exceed those indicated in their job description (Kahn, 1990; Elgar, 2010; Albrecht, 2010).

Engagement behaviours are defined by the extent to which people employ physical, cognitive and emotional degrees of themselves during work; Kahn (1990) uses the term 'personal engagement' which is expressed as a psychological state. He argues that the authentic expression of self that occurs during employee engagement is psychologically beneficial to

53

the individual (Kahn, 1990); in HRM practice this state would be known as positive employee wellbeing (see section 2.8.5). Conversely, disengaged employees 'uncouple' themselves from their roles, suppressing personal involvement in physical, cognitive and emotional aspects of work (Kahn, 1990; Elgar, 2010; Albrecht, 2010). This disengagement or distancing oneself from the role, function or team can create isolation and separation. It can impact on an individual's and therefore a team's performance. HRM practitioners identify this as negative or poor employee wellbeing and results in poor employee health and wellbeing, poor performance and detrimental organisational outcomes (see section 2.8.6).

The study of work engagement coincided with the emergence of positive psychology (Llorens *et al.,* 2006). Positive psychology is the branch of psychology that uses scientific understanding and effective intervention to aid the achievement of a satisfactory life, as opposed to treating mental illness. When underpinned with positive psychology, engagement is a fulfilling work-related state of mind that is characterised by vigour, dedication, and absorption (Schaufeli *et al*., 2002; Schaufeli and Salanova, 2011). Research also supports the concept that employee engagement is linked to a range of business success factors. These include employee performance and efficiency (Holbeche, 2004; Harter, 2002) and productivity (Maslach, 2001). For instance, 94% of the world's most admired companies believe that engaged employees create competitive advantage (Engage for Success, 2012). Further influencers that are directly correlated to the output of work engagement are:

- customer service and satisfaction (Roberts and Davenport, 2002),
- customer loyalty and profitability (Seijts, 2006),
- employee attendance and retention (Holbeche, 2004; Schaufeli *et al.,* 2006),
- operating income and innovation (Rayton *et al.,* 2012) and
- safety (May *et al.,* 2004; Kahn. 1990).

Many researchers have found positive relationships between work employee engagement and individual performance outcomes (Laffaldano and Muchinsky 1985), individual job satisfaction, mental and physical wellbeing (Lowe, 2012).

To summarise, although 'work engagement' and 'engagement' are used interchangeably and are widely used in management practice and literature, definitions vary widely between

academia and practice. Academic definitions tend to place more emphasis on engagement with roles and tasks and define engagement as a cognitive state (what engagement feels like rather than what it produces): being focused on what you do (thinking), feeling good about yourself in your role and the organisation (feeling), and acting in a way that demonstrates commitment to the organisational values and objectives (acting)' (Lewis *et al.,* 2011, p. 4). Practice orientated definitions of engagement in contrast link to a range of business success factors and employee outcome behaviours, such as 'discretionary effort' and demonstrating commitment to the organisational values and objectives (Holbeche, 2004; Harter, 2002).

To conclude, whilst recognising the differing theoretical and practitioner perspectives, the commonality achieved through this review has resulted in the following components being used to influence the initial interviews: work engagement, personal engagement and employee engagement and business success factors.

### 2.6.4. Positive engagement and motivation

Motivations underpinning positive engagement were researched by the CIPD and Kingston Business School (Gourlay *et al.,* 2012), which resulted in deeper insights into two types of engagement, namely transactional and emotional engagement. Both involve similar behaviours from employees, such as putting in additional effort at work; emotional engagement was demonstrated when employees enjoyed work and identified with the work values; so their motivation was intrinsically linked to organisational values and beliefs.

Emotional engagement correlates with employee wellbeing (Luth and May, 2012) and is therefore seen as being more sustainable and closely aligned to intrinsic motivation, it has a positive influence on discretionary effort and leads to high performance and is perceived as sustainable engagement.  Overcoming the engagement gap in the NHS VUCA climate will improve service provision as emotional engagement is linked to the individual and/or the organisation and higher performance outcomes are evidenced and perceived as sustainable.

Transactional engagement is displaying engaged behaviours because people are interested in reward or are in fear of losing their job/reward, and aligned to extrinsic motivation.  This can positively and/or negatively impact on engagement because the consequences of exerting pressure over a prolonged period of time can negatively impact energy levels that are

changeable overtime within an individual and within the team.  Transactional engagement is seen as being more vulnerable to the VUCA environment and therefore less sustainable.

Gourlay *et al.* (2012) assert that feeling absorbed and energised in work leads to certain behaviours such as applying effort (in-role task effort or discretionary effort).  As a physical state, personal engagement infers that energy can change across situations depending on work context variables.  Some examples of work context variables, which impact on individuals' energy, included interesting meaningful work or having autonomy to organise work activities.  Other examples, when energy could change across situations, could be occurrences that have happened outside work (for example, moving home) or a person's daily disposition (for example, feeling frustrated or alternatively feeling happy) (Kahn, 1990).

Jeve *et al.* (2015, p. 85) argue that engaged behaviours can be viewed as motivated behaviours and can be impacted by individuals and or the team, so have a discretionary element.  An example of discretionary team effort is when people work beyond what is expected in their role due to work enjoyment within a team of highly motivated people. In contrast, trait-like or dispositional motivation is expected to be enduring and to remain relatively stable across different situations (Albrecht, 2012); in practice, dispositional motivated people are those who are consistently enthusiastic in their work.

Kahn (1990) argues that motivation theory and engagement theory are aligned.   He asserts that the alignment of self and role meets personal needs for meaningfulness, safety and availability and therefore is motivational, so the individual is engaged.

There is an overlap of disciplines and theories when attempting to understand engagement and the progress of knowledge stems in disciplines such as psychology, neurology, sociology, management, organisational behaviour etc. Meyer and Gagne´ (2008) proposed that conceptualisations of engagement should be founded in motivation theory to emphasise the importance of a focus for engagement. Therefore, a condition for engagement is a defined work role that provides a focus for engagement.  Work and role development are foci for Human Resource Development (HRD) practitioners, and leads to high performing organisations (Ruona, 1999).

In contrast, Maslach (2001) concludes that employee engagement is a psychological connection with the performance of work tasks rather than an attitude towards features of the organisation or the job. Jeve *et al.* (2015, p. 85) conclude that 'an engaged employee is fully involved in, enthusiastic about their work and willing to give positive discretionary effort towards the success of the organisation'. Of significance, in research within the NHS, Jeve *et al.* (2015, p. 85) found work engagement lower than the average workforce, with vigour and dedication significantly lower; this was characterised by energy, mental resilience, the willingness to invest one's effort and persistence, as well as a sense of significance, enthusiasm, inspiration, pride, and challenge.

Disengaged employees or employees who are not enabled in their own work or with colleagues or the organisation have an impact at many levels within organisations. Globally, Handa and Gulati (2014) found that nine out of ten workers wanted to take on challenges and were ready to put discretionary effort into their jobs ('going the extra mile'); unfortunately, however, only two out of ten employees reported being enabled to take on challenges that maximised their efforts (Catlette and Hadden, 2008).

In summary, overall engagement levels within the UK are low and within the NHS are disturbingly low. Despite its importance, employee engagement is becoming increasingly fragile and difficult to sustain. Positive engagement is a result of motivated employees and results in optimal employee output (Harter, 2002). Work engagement is the alignment of self and role, and meets personal needs for meaningfulness, safety and availability as well as personal fulfilment. Motivational engagement is associated with positive outcomes of increased wellbeing and decreased burnout; transactional engagement is associated with increased stress, pressure, absenteeism and burnout. When engaged, the employer and employee are connected at the rational, emotional and motivational level (Adyasha, 2013). Personal fulfilment is attained from physical, cognitive and emotional energy alignment and known as emotional engagement.

To conclude, engagement and motivation theorists' studies have been conducted at an individual's self-perception level and there is a gap in empirical research evidence at a group or team level. The components from this section that have influenced the initial preliminary

interviews were: - positive engagement, emotional engagement, work engagement and transactional engagement.

### 2.6.5. Sustainable engagement

In the literature, the words 'work engagement' are used interchangeably with 'role engagement', as are the words 'employee engagement' and 'personal engagement'. To further add to the confusion, 'work engagement' and 'employee engagement' are sometimes used synonymously (Macey and Schneider, 2008). To differentiate, the definition of 'work engagement' is an employee's commitment towards work at an individual level (for example, a nurse caring for a patient). 'Employee engagement' is the engagement process at organisational level (Jeve *et al.,* 2015, p. 85) as shown in the effort expended as a result of being part of an organisational context.

The importance of employee engagement within the NHS was highlighted after the Francis Report (2013), which was the largest public enquiry into failures within the UK NHS. The Robert Francis Report (2013, p. 50) states that the failure in clinical governance at Mid Staffordshire NHS Foundation Trust was caused by 'a lack of clinical engagement'. Palmer (2013) argues that 'ultimately whatever guidance is given by the Department of Health, and whatever initiatives are systemically started at the top (also known as transactional engagement), unless the clinical soil is fertile, the seeds will inevitably fall to stony ground at the Trust level' (Palmer, 2013, p88). Therefore, one could question the transactional engagement intent and subsequent failure as an unworkable approach to addressing the disengaged NHS workforce.

There is a limited body of knowledge in existence within the NHS referring to the study of employee engagement and interventions in the public health sector, (Gilbert, 2010). The studies that have been concluded suggest that engaged staff provide safer patient care. High levels of employee engagement are related to patient-centred care, patient safety culture and the quality of care that is provided (Lowe, 2012). Prins *et al.* (2008) found that the more engaged resident doctors were significantly less likely to make mistakes, which mirrored the findings of the Francis Report (2013). The Kings Fund (2012) independently funded the Dawson and West Review (2012) to research 'Leadership and engagement for improvement

in the NHS'. The review found that engagement has many significant associations with patient satisfaction, mortality, infection rates, annual health check scores, staff absenteeism and turnover. Staff reported more positive engagement experiences within an NHS Trust lead to better outcomes for that trust (Dawson and West, 2012). Furthermore, the Boorman Review of NHS employees' mental health found a strong link between stress and poor NHS performance (Boorman, 2010). Stress and burnout were identified as prevalent in healthcare provision which has a direct impact on NHS performance.

The results of the employee engagement survey undertaken by Gourlay *et al.* (2012) demonstrated that there is a positive argument in support of emotional engagement. Transactional engagement alone has been found to be inadequate for sustainable employment as demonstrated by Gourlay *et al.* (2012) and which supports the proposition that:-

Wellbeing + engagement = sustainability.

Fairhurst and O'Connor (2010) assert that employee engagement and psychological wellbeing work together to improve predicted outcomes of employee performance. Employees who were highly engaged and had high levels of wellbeing were the most productive and happy (Fairhurst and O'Connor, 2010). Juniper *et al.* (2011) assert that wellbeing is 'that part of an employee's overall wellbeing that they perceive to be determined primarily by work and can be influenced by workplace interventions'. Those disengaged, with lower levels of wellbeing, were likely to contribute least to the organisation (Fairhurst and O'Connor, 2010); therefore the following proposition is empirically supported:-

Wellbeing + engagement = productivity + improved outcomes.

Robertson and Birch (2010) found that employee psychological wellbeing is important for sustaining engagement, by enhancing the interactional and emotional relationship between the employee and the organisation. This relationship is reciprocal, with the employee contributing and the employer enabling. If organisations only focus on initiatives that target employees' commitment and 'going the extra mile', without nurturing employee psychological wellbeing, the impact will be limited and unsustainable. Based on the above

discussion, it can be assumed that an inversion of the proposition expounded by Gourlay *et al.* (2012), would be:-

Wellbeing + transactional engagement = unsustainability.

In summary, employee and employer reciprocity result in a sustainable reciprocal employment relationship offering high performance. Transactional engagement alone introduces fragility within long-term viability of the reciprocal employment relationship and denigrates overall performance. Furthermore, emotionally engaged employees can transition to transactional engagement, if put under continually increased high work demands and pressures which the NHS VUCA context. Therefore the combination of the NHS VUCA environment and using transactional engagement alone introduces further fragility and ultimately systemic burnout.

To conclude, positive benefits are derived from engagement. The NHS is charged with safeguarding patients and employees, and using the above analysis, patients' welfare and wellbeing can be derived from positive engagement. The components that have been identified in this section that influenced the initial interviews were: - sustainable engagement, employee and employer reciprocity, employee wellbeing, and patient wellbeing.

### 2.6.6. Team engagement

Kahn (1990) has been the foundation for much engagement research and his framework encompassed the marshalling and deployment of intra-individual resources to the performance of work roles, therefore inferring team engagement (Rich *et al.,* 2010; May *et al.,* 2004). A team's engagement in their work is distinct from, yet positively related to, an individual's work; it has been found that social interactions with each other, the working environment and the social organisational context are mediators for motivation for both the individual and/or group engagement (Maslow, 1954; Alderfer, 1972; Alderfer 1985; May *et al*., 2004; Rich *et al.,* 2010; Luth and May, 2012). Positive inter-individual engagement outcomes result in increased health and wellbeing and reduce stress and employee absenteeism for the team (Hackman and Oldham, 1980; Rich *et al.,* 2010; Luth and May, 2012).

Whilst overall engagement is a relatively stable phenomenon (Jeve *et al.,* 2015), engagement varies between individuals and the individual team members own engagement varies (Schaufeli *et al.,* 2002; Schaufeli *et al.,* 2006; Jeve *et al.,* 2015) and this has a residual impact on the team. Sonnentag *et al. (*2008) indicate that employee engagement levels are subject to moderate day-level average fluctuations, as exemplified in a study across five German healthcare organisations.

Sonnentag *et al.* (2008) found that both engagement while at work and disengagement while away from work were most beneficial for employees' affective states and wellbeing. Known in HRM practice as work-life balance, and when used in reference to a team, develops the notion of team work-life balance. Having a discrete boundary between engagement and non-engagement at work and home respectively is thus healthy and should inform HR policy. In turn, as already discussed in (Section 2.3.4**Error! Reference source not found.**), well-being is n enabling influencer on sustainability of HPTs. In subsection 2.7 how organisation can use high performance working systems which are more likely to engage in supportive people processes using the human resource management (HRM) function will be explored.

In summary, team engagement is positively related to team performance outcomes, including proficiency, adaptability and proactivity (Luth and May, 2012). A team's engagement in their work is distinct from, yet positively related to, an individual's work engagement. Individual and team energy fluctuate on any day and each can impact the other and the optimum performance of the team. An increased understanding of the engagement process at work is particularly valuable given its strong linkage to important attitudinal and behavioural outcomes of teams (Luth and May, 2012; May *et al.,* 2004).

Positive reciprocal employment engagement is good for everyone: the employee, the employer and the customer, which in the case of the NHS is the patient. Quality and quantity of care is substantially improved and the organisation is more stable, sustainable, effective, and likely to innovate whilst improve efficiency and quality. Individual employees are more likely to demonstrate positive organisational citizenship behaviour (OCB), discretionary behaviour and be creative. The individual is more disposed to experience stronger attachment to their role, have less time off work, reduce turnover intentions and have positive mental wellbeing, better work-life balance and reduced stress levels.

HRM could enable pluralist and individualist policies and practice to focus on the individual as a person first, then the individual within the team and ultimately consider the individual within the whole organisation; therefore placing valuing a reciprocal employment relationship (Luth and May, 2012).

To conclude, the components used from this subsection that have influenced the initial preliminary interviews were: team adaptability, proficiency and proactivity, team energy is dynamic, team work-life balance, OCB, quality HRM, employment reciprocity, employee wellbeing, innovation, role and peer attachment.

### 2.6.7. Team leaders' impact on engagement and the team

Predecessors such as leadership, job characteristics and dispositional characteristics influence proximal motivational factors in order to affect job performance (Kanfer, 2008; Barrick *et al.,* 2013; Marchand and Vandenberghe, 2014). Often 'leadership' and 'management' are used synonymously as drivers of employee engagement (Marchand and Vandenberghe, 2014). An engaging manager is pivotal to the success of engaging the workforce (Towers and Perrin, 2008). Accenture's internal research showed that 80 per cent of the variation in engagement levels was attributable to the line manager (McLeod Report, 2009). Good leadership and management are crucial enablers of employee engagement (Alimo-Metcalfe, 2008).

Towers and Perrin, in their 2008 Global Workforce Study of employee views, found that one of the top drivers of engagement was senior management demonstrating a sincere interest in employee wellbeing. At a team level, various reports highlight the team manager as one of the most important influences on engagement (Mcleod and Clarke, 2008; Alfes *et al.,* 2012). It has also been consistently shown that team managers are key to the health and wellbeing of employees. Dame Carol Black's review of the health of Britain's working age population (Black, 2008, p. 59) states that 'good line management can lead to good health, wellbeing and improved performance'. A recent literature review of empirical studies that focused on leaders' impact by Kelloway and Barling (2010, p. 2) states: 'sufficient data have now accumulated to allow the unambiguous conclusion that organisational leadership is related to, and predictive of, health and safety relevant outcomes in employees'.

Using the job demands-resources model to explore the charismatic leadership and creativity of female school principals, Bakker and Xanthopoulou (2013) make a unique contribution to the engagement literature by examining the antecedents and outcomes of engagement. Bakker and Xanthopoulou, (2013) have demonstrated for the first time, a link between engagement, leadership and creativity. Their empirical study included 84 head teachers and 190 of their direct reports, and concluded that personal resources, including the resilience and charismatic leadership style of head teachers are associated with engagement and creative performance of teachers, as rated by the teachers. This supports the employee engagement role that leaders have and their contribution to creativity and innovation. Alimo-Metcalfe (2008), in a three-year study of 46 mental health teams working in the NHS, found that engaged cultures working in teams, predicted high performance and were more important than other variables including competence.  Alimo-Metcalfe (2008) argues that these findings are generalisable to other industry sectors.

Using the research link between engagement, high performance and positive psychology, researchers are actively examining the impact of the construct of psychological capital (PC) in the workplace. PC is comprised of a number of key 'state like' psychological resources, termed the 'HERO' resources: Hope, Efficacy, Resilience and Optimism by Luthan *et al.* (2007). These states have potential impact of leader positivity and the associated behaviours on members of their team.  Luthan *et al. (*2007) have explored this dynamic and assert that leader psychological capital cannot only be significantly related to levels of follower psychological capital, but follower performance.  Luthan *et al.* (2007) suggest that positivity in the workplace can become somewhat 'contagious' through the process of modelling. Bandura (1977) found that leaders can help shape follower attitudes and behaviour by exhibiting strategies that reflect higher levels of key psychological resources (for example, behaviours that reflect resilience and hopefulness.)

Luthan *et al.* (2007) assert that PC goes beyond the traditionally recognised human and social capital, and argues that efficacy (confidence), hope, optimism, and resilience are conceptually and empirically distinct core construct of psychological capital.  In addition to these, Luthan *et al*., (2007) offered other potential positive constructs such as creativity, wisdom, wellbeing, flow, humour, gratitude, forgiveness, emotional intelligence, spirituality,

authenticity, and courage   These are derived from the development of PC and can result in a very substantial return (Luthan *et al.,* 2007) and be developed and sustained for competitive advantage.

In summary, leaders as managers have the unique potential to energise their teams and peers.  With their position, power and collected experiences, they are able to influence work lives and well-being. A leader's view of a challenging situation, including the psychological vantage point or 'mind-set' that they bring to bear upon a problem, affects efficiency and effectiveness of the team. Thus, being able to understand how leader behaviour affects the attitudes and actions of team members, is of primary interest.

It is also beneficial for both employer and employee to encourage leaders to not only strengthen their psychological resources but to outwardly express positivity and provide model behaviours in team environments. This in turn would enhance workplace wellbeing and the achievement of valued outcomes. Those leaders who 'flex their positivity', may indeed have the ability to change the tenor of the workplace.

There are many elements to consider in order to effectively lead a team of individuals and positive psychology can contribute to the enhancement of a team's outlook and performance outcomes and serve as a guide to achieve greater levels of workplace happiness and eventual success. The movement which stresses the identification of what is 'right' within our work lives, advises building on the aspects of our work lives that help us garner strength and flourish, therefore, emphasizing our strengths and the celebration of successes.

To conclude, the threads, concepts and categories that have influenced the research focus have been amalgamated into components that have informed the preliminary interviews which are:

**Leader selection and development.** Organisations can readily assess the psychological resources possessed by candidates who will lead or manage the work of others. Furthermore, training opportunities for leaders can include the development of these resources (resilience and optimism, for example) and the expression of a positive mind-set when interacting with their teams.

**Goal setting.** The leaders with higher levels of psychological resources (such as hope), set more robust or challenging goals — and are highly motivated to accomplish such goals. These leaders are more likely to bend with adversity and deal with failure, in their stride.

**Problem management.** Exhibiting behaviours which express positivity when facing issues and obstacles can be critical. Leaders with stronger psychological resources are more likely to develop alternatives pathways to meet these obstacles — a skill that can be learned by followers.

**Performance feedback.** Leaders can utilise the power of feedback to build needed resources. Pausing to note accomplishments can build confidence, maintain energy and enhance self-efficacy.

**Psychological capital.** The development of psychological capital within organisations should not exclusively focus upon leaders but also on those in varying roles and levels. Employees at all levels, particularly those who interface with multiple employees, have the opportunity to serve as powerful role models.

### 2.6.8. Summation of engagement

Within the critical literature review, teams and engagement overlap in many areas with the emergence of engaged employees who become HPT members at a work and organisational level.   Engagement is complex and immature in its evolution and the survey tools to measure it appear insufficient to fully interpret the information. There is little agreement on a standard set of engagement metrics, leading to a concern with regard to measuring and understanding the size of the engagement gap.
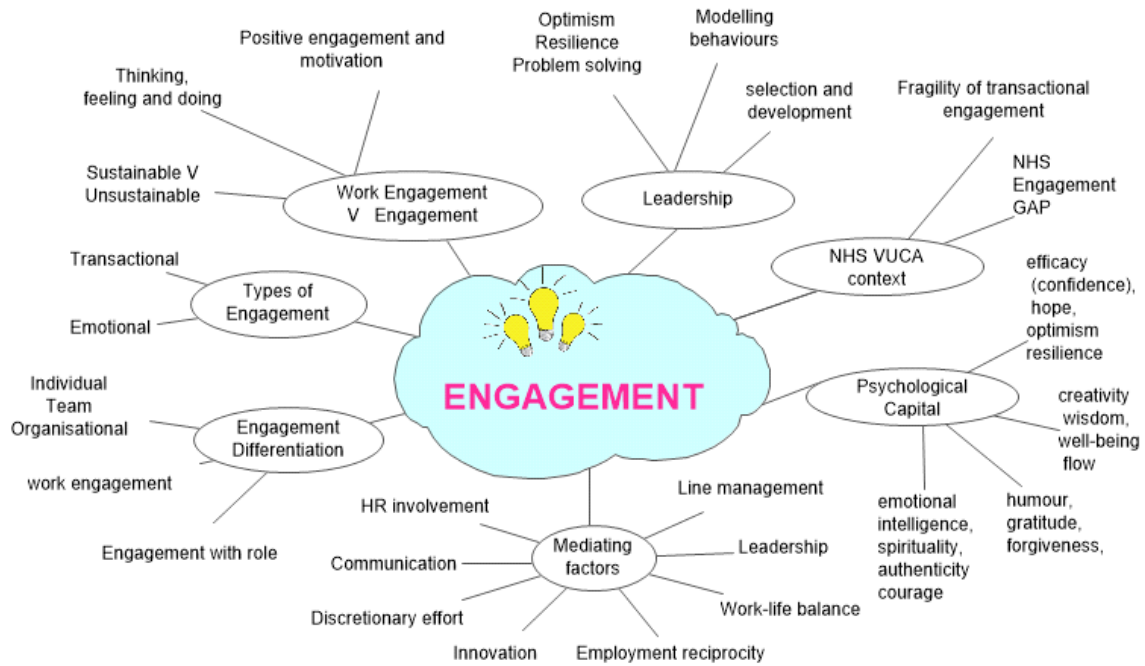
Figure 2-12 Engagement subsection review

The literature surrounding engagement has been evaluated and the findings have implications across all levels from the organisation, down to team and the individual levels. Each set of components that were identified in the subsection have been synthesised to derive meaning from the multiple research lenses (see Figure 2.12).

## 2.7. High performance working (HPW)

### 2.7.1. Overview

This section deliberates on the origins of HPW, as well as the differing types, characteristics and associated mediating factors. Sustainability of HPW in teams is explored, specifically within the VUCA NHS context; and the position of the individual, team and organisation within the aforementioned context is then contemplated.

### 2.7.2. HPW origins

Butler *et al.* (2004) describe HPW as a set of conceptual approaches, which stem from strands of post-Fordist practices. Wood *et al.* (1998) has traced the debate from the use of the term 'high commitment management' by Walton in 1985 through 'high involvement management' in 1986, to the current debate around 'high performance management', or 'high performance organisations'. Butler *et al.* (2004) have proven in their research that 'high performance' has causal mediators such as the context in which the team is working; however, those who are not convinced still prefer the term 'high involvement management' (Butler *et al.* 2004).

Hughes (2008) found that the leadership and management context in which HPW operates within organisations is critical. Macky and Boxall (2007a, 2007b) go further and assert that HPW is the golden thread that links management intentions through management practices and employee responses to high performance organisational outcomes. The UK government (Department of Trade and Industry: DTI, 2013) and UK professional bodies, for example the Chartered Institute of Personnel and Development (CIPD, 2006a, 2006b) have heavily invested in multiple quantitative research projects at an organisational level and concluded that promoting high performance management provides competitive advantage and facilitates the potential to increase productivity both for the nation and organisations (Sung and Ashton, 2005; Holbeche, 2007; Hughes, 2008).

The high performance paradigm has come to be promoted as 'best practice' for employers and organisations (Hughes, 2008), on the grounds that the practices associated with it yield performance levels above those associated with more traditional workplace and employment

relations' practices (CIPD, 2012). By enabling mediators such as motivating workers to develop, share and apply their knowledge and skills more fully, HPW is attainable.  HPW has similar positive implications for the quality of jobs and performance, as previously argued in sections 2.2 and 2.3 and so for the team (Macky and Boxall, 2007a, 2007b).

Within HPW organisations, people can be viewed as a potential source of sustainable competitive advantage and are sometimes referred to as 'human assets' or capital (Becker and Huselid, 1998).  Macky and Boxall (2007a, 2007b) use terms such as high performance work systems (HPWS), intellectual capital, intellectual and social asset and knowledge management, inferring that people are viewed as an investment or considered an asset to be valued, rather than a cost to be minimised (Becker and Huselid, 1998). This suggests a shift from the traditional view that the workforce is a cost base that can be reduced towards a view that people are intellectual assets to be invested in (Becker and Huselid, 1998; Macky and Boxall, 2007a, 2007b). Becker and Huselid (1998) assert that evolution in these views on the role of employees follows on from the demands of rapidly changing product markets and the corresponding decline of command and control organisational structures. However, HPW is still often expressed through approaches that seek to foster commitment and effort, 'more for less', 'the extra mile', '£10 work for £8 pay', without recognition that the quality and experience of work (or good work, argued in subsection 2.2 as employment engagement), needs to be heightened.  There is thus still no reciprocity in the employment relationship. Whilst the employment relationship and engagement are currently recognised as having strategic significance, even in the best-run firms 75 per cent of staff are 'not highly engaged' (DTI, 2013). Progression of the HPW agenda, therefore, is making slow progress; lack of insight into how to harness the creativity and productive power of people is a gap in practice knowledge.

In a study of high performing organisations, Bevan *et al.* (2005) found that cultural norms, leadership and high performance are inextricably intertwined.  These cultural norms included, a distrust of the status quo, valuing quality over quantity, external and internal focus and a sense of pride. It was critically important for leadership devolvement, to allow workers as much control as possible over when, where and how the job is done.  Thus

moving from task focused control and command to a balanced focus on people being autonomous and responsible (Bevan *et al.,* 2005).

There is a current debate addressing the challenge of who is responsible and accountable for generating the high performance culture. Interestingly, Katzenbach and Smith (1993, p. 3) note that 'teams at the top are the most difficult' with 'ingrained individualism' and mostly consider themselves autonomous and empowered.  The more engaged and empowered people are throughout the whole structure of an organisation, the more the appropriately informed decisions are made at the right place and time, so enabling HPT.  Katzenbach and Smith (1993, p. 41) argue that focusing on the creation and maintenance of high performance teams will, in itself, change the wider organisational culture over time; therefore, it can be deduced that cultivating real teams (see subsection 2.2.2) is one of the best ways of upgrading the overall performance ethic of an organisation.  Katzenbach and Smith (1993, p. 210) purport that teams 'contribute so much to major organisational transformations' because of their 'link between performance and behaviour change'. 'Companies with strong performance standards seem to spawn more *real teams* than companies that promote teams per se' (Katzenbach and Smith, 1993, p. 4).

In summary, whilst the origins of high performance stem from post-Fordism, insights into what can be considered high performance are still evolving. High performance working spans individual, teams and organisations and people are being promoted as assets enabling strategic advantage. Many mediators have been recognised as inextricably linked, such as performance working practices, which include whole system engagement, empowerment and autonomy; teams are thus becoming more strategic in the decision making processes. The knowledge generation and sharing (also a mediator) that occurs within the high performance system is being identified as an intellectual and social asset.

As a critique, however, all of the studies referred to within this subsection were conducted at an organisational level and were mostly quantitative, thus offering only limited insights into how HPW occurs in teams and how work practice in teams could change to improve the current situation. With most of the empirical evidence focused at an organisational level and not the team level, there is a gap in knowledge. Further research is needed to understand

how HPW occurs in teams and as a consequence, this research addresses the team level from a mixed methods approach.

To conclude, the components used from this subsection that have influenced the initial preliminary interviews were: - high commitment management, high involvement management, sustainable competitive advantage, reciprocal employment relationship, whole system engagement, empowerment and autonomy, intellectual and social asset.

### 2.7.3. HPW leadership and culture

Based on a sample of 3000 CEOs from US organisations, Gordon (2000, p. 16) asserts that three elements encompass essential traits of a high performance workplace:-

- 'Technology (machinery, software),
- Process (systems, structures) and
- People (knowledge workers)'

Technologies and processes are being replicated worldwide so are little more than threshold competences. What makes the difference is 'knowledge workers capable of working in a fast-paced environment' (Gordon, 2000, p. 18), who are supported and nurtured to adapt and change in a team context that lends itself to autonomy, curiosity and innovation. 'Many highly successful organisations are investing in people on the premise that a highly motivated and skilled workforce is a powerful competitive advantage' (Bolman and Deal, 1997, p. 119). This is further underpinned by Kotter (1990, p133) when he quotes Harper, CEO of ConAgra, setting out his views on their organisational culture, which 'strives for high goals and high standards'. While Gordon (2000) emphasises the role of people in high performance working, Kotter (2001) asserts that high performing organisations are underpinned by a set of beliefs, which define the culture of the organisation. These beliefs were researched amongst the highest performing 200 organisations in the UK, and are rated by their employees as the most relevant beliefs to high performance (see Table 2.2).

Table 2-2 Thriving in high performance (adapted from Kotter, 2011)

| |
|---|
| Want their work to be meaningful |
| Want sense of belonging and identity |
| Want to apply their energy to setting and attaining goals |
| Want autonomy and responsibility |
| Want to be reflexive and adaptive |

Bevan *et al.* (2005) assert that there are macro and micro level leadership issues related to developing HPTs. At a macro level, importantly, Johnson (2002) argues that significant gaps in our understanding remain about the contribution which 'boards as teams' make to high performance organisations.  Whether it is the CEO's responsibility to create the organisational climate in which high performance can flourish or the executive team's responsibility is debatable. The role of top level leadership in high performance organisations therefore remains unclear. However, at a micro-level, in the argument developed for wisdom of the crowd (see section 2.3.4), the potential within the team produces the HPW.  Other mediating factors are then mitigated by the team and its leader.  There is possibly a relationship between the contributions towards HPW from all leadership levels within the organisation.

Bevan *et al.* (2005) argue that organisations which aspire to high performance need to be led by many people, in many positions; the shift in focus is to leadership as a mediator. Leadership is no longer the domain of the CEO or the top level executive team, but all employees (Kotter, 2001).  Developing a fertile high performance culture throughout an organisation needs pockets of high performance pushing upwards from HPTs as well as cascading downwards from the CEO (Moss Kanter, 2011). Thus the HPT leadership can emerge from any level in the structure.

Developing the argument related to organisational structure further, Katzenbach's (1998) research concluded that the difference between a real team effort and a single-leader

working group is the quality of the decision making processes, (empowered, autonomous, localised decision-making, characteristic of HPTs). Engagement of effective decision makers throughout the whole structure of the organisation may therefore positively impact on performance.

Goleman *et al.* (2003) argue that it is the team leader who has the power to establish norms and that setting the right ground rules is common sense but not common practice. The team leader works horizontally, vertically and diagonally to mediate other leaders (Goleman *et al.,* 2003). To further this argument, Moss Kanter (2011) claims that the enabler is decentralisation of power, (so empowerment is at a local micro level). This claim is not new, having been recommended in the literature since 1976 (Handy, 1976). Decentralisation of power and local decision-making for HPW have emerged in chapters on teams and engagement (sections 2.2 and 2.3), further reinforcing their relevance to HPW.

It has been argued in subsections 2.2 and 2.3 that reciprocity in employment relationship is essential for HPTs. Bolman and Deal (1997) researched top performing organisations and aligned them to the leadership styles found. Leaders created the climate for staff to reach the best answer themselves and displayed high levels of trust. They were clear about where they wanted their organisation to go, and good at inspiring their people to reach the goals. Thus, leaders of HPTs were building reciprocal employee relationships. Furthermore, the Talent Foundation, (2001, section 05) found that people who worked for top performing organisations knew that their managers and team leaders took an interest in them as individuals. The employees were encouraged to build strong relationships with other employees. These studies therefore suggest that the employment relationship occurs at an individual, team and whole organisation level and that strong trust relationships are a mediator for HPW.

HPW leadership practices are thus underpinned by reciprocity in the employment relationship, enabling empowerment, trust and support throughout all structures. Through this, individuals are encouraged to be courageous and wise, whilst engaging in meaningful work and focused on the shared objectives which generates an output of HPW culture, rather than HPW intricacies and complexities being inputs. This review is strongly aligned to Thomson (2002), who challenges business leaders' thinking and asserts that culture cannot

be changed. Thompson (2002) argues that an organisation's culture, or what people think, feel and believe, is the output of any process, not the input. The central argument of Beech *et al.* (2001) is that culture is not something that organisations have; it is what they are.

In summary, HPW has been appraised as needing to exist at a micro level (team)  and enabled at a macro level (board) irrelevant of the organisation's structure; leaders' mind-sets throughout organisational structures matter and belief in HPW as an output needs to be embedded in actions, deeds and stories, not reside in policies and handbooks. Management cannot stand outside culture and change it to one that is HPW; all their pronouncements and actions are an expression of the culture of which they are part (Beech *et al.,* 2001). The implications are that the mediators lead to superior results, so therefore mediators need to be researched further rather than the culture they produce.

To conclude, a number of components have emerged, linking HPW with effective teams, and these have been used to inform on the preliminary interview design.  These were: belonging, meaningful, autonomy, reciprocal employment relationship, responsibility, empowerment and dissemination of responsibility. Intra and inter relationship implications are pertinent, as are effective structures so that employees reach the best answers themselves and ultimately good leadership working horizontally, vertically and diagonally.

### 2.7.4. High performance working system (HPWS) practices

Glover and Butler (2012) argue that despite a lack of consensus about the precise formulation of HPWS, the work of Godard (2004) is often used as a standard reference point for describing the broad characteristics of HPWS and forms a useful touchstone as it helps to locate the potential involvement of the Human Resources (HR) function. Godard (2004) asserts that HPWS are conceptualised as comprising three basic components:-

1. Opportunity for substantive participation in decisions;

2.  Training and selection policies to guarantee an appropriately skilled workforce;

3. Appropriate incentives (including extrinsic and intrinsic incentives).

These purportedly create the climate for increases in discretionary effort, especially where employees 'have a vested interest in the long-term performance of the organisation'

(Godard, 2004, p. 43) and feed into improved organisational performance and economic gains. Each of the three basic components (participation, training and incentives) can be conceptualised and enacted within the human resource management (HRM) domain as HPWS practices, and as such, there is an expectation that the HR function is involved in a number of ways.

However, a wide variety of practices have been associated with the high performance paradigm, to which Godard (2004) does not refer, which are categorised as alternative work practices and high-commitment employment practices.

'Alternative work practices that have been identified include:

- Alternative job design practices, including work teams (autonomous or non-autonomous)
- Job enrichment, job rotation and related reforms; and
- Formal participatory practices, including quality circles or problem-solving groups, team briefings and joint steering committees.'

(Becker and Gerhart, 1996, p. 785).

Of these practices, Becker and Gerhart (1996) conclude that work teams were most central to the high performance paradigm.  High commitment employment practices identified in the literature (Kochan and Osterman 1994; Pfeffer 1998) include:

- Sophisticated selection and training, emphasising values and human relations skills as well as knowledge skills;

- Behaviour-based appraisal and advancement criteria;

- Contingent pay systems, especially pay-for-knowledge, group bonuses and profit sharing;

- Job security;

- Above-market pay and benefits;

- Grievance systems.

Although the first four of these high commitment practices may be largely unique to the high performance paradigm, the remainder largely represent traditional HR practices and hence are not. However, proponents of the high performance paradigm argue that both sets of practices are critical to the effectiveness of HPWS (Kochan and Osterman 1994; Pfeffer 1998).

Lepak and Snell (2002) assert that even organisations that rely on human capital as a source of competitive advantage, ultimately require the productive behaviours underpinned by the high performance motivators to implement their strategies. A fundamental source of those productive behaviours, both in terms of the initial recruitment, development and motivation, is the HRM system (Schuler and MacMillan, 1984; Jackson *et al.,* 1989; Bailey, 1993; Pfeffer, 1994; Huselid and Becker, 2002).

A number of investigations analysing the strategic influence of the HRM system to measure valued employee behaviours have proved inconclusive, (Wood, 1995; Wood and Albanese, 1995; Patterson *et al.*, 1997; Guest and Conway, 1998; Wood and de Menezes, 1998; Wood *et al.*, 1998; Huselid and Becker, 2002; Guest *et al.,* 2000a, 2000b, 2003; Purcell *et al.,* 2003). However, what is recognized in the literature is that for HRM systems to create sustained competitive advantage, they must be difficult to imitate and the potential to imitate HRM systems (Huselid and Becker, 2012) to generate a strategic impact is, therefore, a current area of strategic HRM research. Collis and Montgomery (1995) in their seminal work, describe two features of a strategic resource that enhance inimitability and that characterise HPWS, which are path dependency and causal ambiguity.

- Path dependency characterises resources that are developed over time such that learning and experience provide a cumulative 'first mover' advantage. A competitor cannot simply purchase an equivalent resource from the market and 'catch-up'.
- Causal ambiguity reflects policies that are easily understood in concept, but in practice require numerous and subtle interrelationships that are not readily observed by those outside the organisation. An example is the challenge of aligning HR policies with the firm's strategy and integration within management practice (Lengnick-Hall and Lengnick-Hall, 1988; Lado and Wilson, 1994).

The conceptual HPWS literature focuses on two questions, namely:

1. By what mechanism does a HPWS affect an organisation's performance?

2. How can these systems represent a source of sustained value creation, rather than simply a locus of cost control?

(Amit and Shoemaker, 1993; Lado and Wilson, 1994; Hirsch *et al.,* 2004)

The behavioural perspective describes how the HRM system creates new organisational capabilities (Jackson *et al*., 1989), which addresses the first question. The resource-based view emphasises the attributes required for these capabilities to generate competitive advantage, addressing the second question.  Huselid and Becker (1997) provide empirical evidence of complementarities within the HRM system. Their research also demonstrates alignment of the HR strategy with appropriate business strategies and goals, providing a theoretical rationale for a positive link between HR and organisational performance (Hirsch *et al.,* 2004). These findings are supported by Amit and Shoemaker (1993), who developed the concept of strategic assets: 'the set of difficult to trade and imitate, scarce, appropriable, and specialized resources and capabilities that bestow the firm's competitive advantage' (Amit and Shoemaker, 1993, p. 36).

Thus, unlike more traditional 'personnel' activities, for example recruitment and grievance procedures, the organisational HPWS mechanism affects performance and has a strategic impact on sustained value creation. This interpretation is also consistent with research emphasis on 'core competencies' developed by Hamel and Prahalad (1994), who argue that core competence or people-embodied skills are reflected in the difference between the book value of assets (Tobin's q) and the true market value.

$$Q \text{ Ratio} = \frac{\text{Total Market Value of Firm}}{\text{Total Asset Value}}$$

HR strategies that successfully develop and implement a coordinated HPWS, develop 'invisible assets' that both create value and are difficult to imitate (Huselid and Becker, 1997). These invisible asset values are maximised when they are so embedded in the operational HPWS that they enhance the organisation's capabilities. A reciprocal employment relationship, therefore, benefits all involved aspects of HR practice, both traditional, contemporary and strategic.

In conclusion, a number of components have emerged related to HPWS within HPTs, which have been used to inform the preliminary interview design. These include:
- Path dependency using reflexivity and reciprocity and causal ambiguity.

- Sophisticated selection and training, emphasising values and human relations skills as well as knowledge skills.

- Behaviour-based appraisal and advancement criteria, contingent pay systems and job security.

- Alternative HRM practices including job design practices and work team autonomy, job enrichment, job rotation.

- Formal participatory practices, including quality circles or problem-solving groups, team briefings and joint steering committees.

### 2.7.5. HPW support

The concepts that employees are 'strategic assets' and that HR strategies of successful organisations should not be easily imitated by competitors have motivated the focus on complementarities (Milgrom and Roberts, 1995), 'bundles' (MacDuffie, 1995; Arthur, 1994; Ichniowski *et al.,* 1994) and HRM systems (Delery and Doty, 1996; Huselid, 1995; Jackson and Schuler, 1995) rather than the individual HR policies and practices that characterise much of the traditional HR literature. Milgrom and Roberts (1995) argue for both the internal (within the HR management system) and external (within organisational competitive strategy) alignment of a HR management system. In their view, complementarities or synergies related to HR management practices, are possible when an internally consistent and externally aligned system of HRM practices is adopted. Persuasive empirical tests of these propositions are the taxonomies of 'high performance' bundles of HR practices in auto and steel plants (Arthur, 1994; Ichniowski, *et al*., 1994; MacDuffie, 1995). These researchers conclude that 'high performance' complementary bundles have a consistently more positive effect on unit performance than more 'traditional' HR bundles (Arthur, 1994; Ichniowski, *et al*., 1994; Huselid, 1995; Jackson and Schuler, 1995; MacDuffie, 1995; Milgrom and Roberts, 1995; Delery and Doty, 1996)

Studies have explored the relationship between the use of HR bundles of practice and financial success (Ichniowski, 1990; Huselid, 1995a; Huselid and Becker, 1996a and 1996b; Tamkin, 2003) and these studies all report positive correlations. These bundled HR practices nested throughout an organisation thus offer longevity and resilience. However, the types of

HR bundles identified as leading to more success, was not a focus of these studies. Additionally, the choice of bundled HR practices varied across the studies and were only described at an organisational level. They are therefore more general HR practices than those described in studies that focus at the team, group or division level in a single industry. An example would be the 16 HR practices recommended by Pfeffer (1994). These include selective hiring, high pay, pay-performance linkages, employee ownership, information sharing, empowerment, emphasis on team structures and training and promotion from within, amongst others (Ichniowski, 1990; Huselid, 1995a; Huselid and Becker, 1996a, 1996b).

Ashton and Sung (2002) also assert that when the HR practices work in synergy, this can support HPWS; however, these practices need to be embedded over time, and then improved and refined, which again takes more time, as there are no quick wins.

The unique aspect of HPWS is also stated by Ashton and Sung (2002, p. 101), in that:

> '... the division of labour is organised to ensure that all employees are in a position to contribute towards the overall performance of the organisation...management is no longer the sole repository of knowledge... and also means that they [the workers] must acquire the social and problem-solving skills required for the management of production, in addition to the technical skills required for their immediate work tasks. This generates the conditions not just for higher levels of learning and skill formation, but for learning to become a continuous process.'

Many of the characteristics and attributes mentioned within this quote reflect the employment relationship reciprocity, also discussed under 'Team Engagement' (in section 2.3.6), and so will inform on the preliminary interview components identified so far.

Reviews of 'bundles' of HR practices have sought to find which practices are most often included. It has been argued by Bosalie and Dietz (2003) that practices relating to employee development and training, participation and empowerment, information sharing, and compensation systems are most often combined. An evolving understanding of HPWS suggests that HR bundles generally focus on high skill requirements, discretion at work, teamworking and incentives enhancing organisational commitment (Batt, 2002; Delaney and

Huselid, 1996). Guest (2012) argues that HR practices associated with high performance should be recognised as established best practice (see Table 2.3).

Table 2-3 Practices associated with high performing HRM.  Guest (2012)

| | | |
|---|---|---|
| Realistic job previews | Regular appraisals | Flexible job descriptions |
| Use of psychometric tests for selection | Regular multi-source feedback on performance | Presence of work-improvement teams |
| Well-developed induction training | Individual performance-related pay | Presence of problem-solving groups |
| Provision of extensive training for experienced employees | Information provided on the business plan | Information provided on the firm's performance targets |
| Multi-skilling | No compulsory redundancies | Profit related bonuses |
| Commitment to single status | Avoidance of voluntary redundancies | Harmonised holiday entitlement |

However, a more comprehensive coverage of best practices related to HPW, which includes the employee relationship reciprocity as well as HR bundles, is reported by the CIPD (2012), although the underpinning work was not peer reviewed but is directly related to current professional practice (see Table 2.4).

Table 2-4 Framework to enhance HPW (CIPD, 2012)

| |
|---|
| A vision based on increasing customer value by differentiating an organisation's products or services and moving towards the customisation of its offering to the needs of individual customers. |
| Leadership from the top and throughout the organisation to create momentum. |
| Decentralised, devolved decision making by those closest to the customer, to constantly renew and improve the offer to customers; development of people's capabilities at all levels with emphasis on self-management, team capabilities and project-based activity. |
| Support systems and culture which include performance operations and people management processes, aligned to organisational objectives to build trust, enthusiasm and commitment to the direction taken by the organisation. |
| Fair treatment for those within the organisation and those who leave, and engagement with the needs of the community outside the organisation – an important component of trust and commitment-based relationships both within and outside the organisation. |

Pil and MacDuffie (1996) suggest five key practices arising from their work on car manufacturing: online work teams, employee involvement practices, problem-solving groups, job rotation, suggestion programmes and decentralisation of quality efforts. Ashton and Sung (2002) have reduced all of these various lists down to four dimensions (Table 2.5).

| |
|---|
| Employee involvement and autonomy in decision-making (the use of self-managed work teams and multi-skilling which provides the employee with the opportunity to develop teamworking and improve localised decision-making skills). |
| Support for employee performance (appraisal systems, mentoring, coaching). |
| Rewards for performance (individual and group-based performance pay). |
| Sharing of information and knowledge (communication of information to all employees). |

Whilst much focus in the literature has been on best practices and dimensions of HPW, the sustainability of HPW has not received any significant research, for example on employee-employer relationship impact and HPWS failure.  Whilst the UK government aspiration is that organisations become high performing, minimal guidance and support is being offered by the government to develop HPW practices that facilitate high performance organisational outputs.  (Sung and Ashton, 2005; CIPD, 2006a and 2006b; DTI, 2007; Holbeche, 2007; Hughes, 2008). There remains limited empirical evidence to help understand the impact and complexity of employer-worker relationships which may underpin the potential or failure of developing HPW.  Whilst the HPW considers 'bundles of practices', which may include strategies for employment relationships and HR practice bundles (Ashton and Sung, 2005), it lacks details in terms of the underpinning features of employment relationships within the wider economy. Macky and Boxall (2007a and 2007b) assert that high performance is achieved through the links that run from management intentions through management practices and employee responses to organisational outcomes; therefore these links remain critical (Hughes, 2008).

To further this line of argument in support of employee engagement, various studies have found that adoption of single practices of employee engagement do not deliver the same improvement of results. For example Katz, Kochan and Keefe (1987) report that organisations that adopted team-based working without implementing other working practice changes

performed worse than those which had not. In addition, Ichniowski and Shaw (1995) and Wood *et al.,* (1998) found that the adoption of single practices did not improve productivity and was sometimes associated with decline.  Therefore a holistic approach to employee engagement is needed, more aligned to reciprocal employment relationships, so that a two-way engagement partnership is achieved to progress the development of more HPTs.

To conclude, in reviewing the work of these seminal authors, there are a number of concepts that can be aggregated together under three headings and will influence the preliminary interviews.  These are:-

- High involvement practices that aim to create opportunities for engagement: practice examples could be responsibility for your own work quality, job rotation within and/or between teams, semi-autonomous teams, problem-solving teams, continuous-improvement teams, team briefings, staff suggestion schemes and attitude surveys.
- HR practices to build skill levels, motivation and ability: some practice examples of this could be formal recruitment interviews, performance or competency tests, psychometric tests, shared ownership schemes, personal development plans, training, competence-based pay, team rewards, incentive pay.
- HR employment relationship practices focusing on developing holistic dyadic relationships built on trust, loyalty and identity within the organisation: practices here encompass single status, formal grievance procedures, formal salary reviews and social gatherings.

### 2.7.6. Human resource development (HRD) practice

As argued in section 2.3, engagement theory asserts that more engaged employees will perform better in their jobs (Halbesleben and Wheeler 2008; Bakker 2004; Salanova *et al.,* 2003; Harter *et al.,* 2002; Schaufeli *et al.,* 2002).  Recent developments within the engagement literature have contributed to understanding the influence of engagement on a range of positive outcomes, including individual performance (Alfes *et al.,* 2010; Bakker and Xanthopoulou, 2009) and reduced turnover intentions (Hallberg and Schaufeli 2006).

Discretionary behaviours go beyond formal job description and are performed by the employee as a result of personal choice to go above and beyond that which is an enforceable requirement of the job description and positively contribute to overall organisational effectiveness and positive organisational functioning (Organ 1988). Rich *et al.* (2010) argue that Organisational Citizenship Behaviour (OCB) is an outcome of engagement since the engaged state encompasses positive affect and motivates beneficial behaviours (Kahn, 1990; 1992). Kahn (1992) proposes that employees engaged in their work are likely to be more willing to initiate OCB because of their involvement in a positive cycle of input and rewarding outcomes and Rich *et al., (*2011) assert that OCBs are relevant to supportive HRD practice.

To achieve a higher performing workforce, HRD practitioners have an impetus to explore theoretical models to improve employee engagement and organisational performance (Shuck *et al.,* 2011; Swanson 2001). High engagement represents high levels of emotional and cognitive activity and has been associated with positive emotional and mental wellbeing (Hallberg and Schaufeli, 2006; Schaufeli and Bakker, 2004; Sonnentag, 2003). Kahn (1990) suggests that, based on norms of reciprocity, high levels of engagement will raise effort, motivation and performance when it is believed that individuals will receive valued rewards resulting in high levels of presence at work. In contrast, the lack of engagement could lead to psychological and behavioural withdrawal from work, supporting the need for good HRD practitioners (Shuck *et al.,* 2011). Juniper (2012) found the quality of an organisation's HRM was a leading indicator of its growth and sustainability, which adds to the consolidated view that HRD practice and policy should be enabling factors and positively mediate employee contribution.

In order to improve the reciprocal employment relationship, as argued in section 2.3.5, HRD practice and policy can be developed (Shuck and Reio 2011; Shuck and Wollard, 2010). MacLeod and Clarke (2012) performed a review of engagement for the UK Government (2012) and found that strongly performing companies believed that their recent growth was built on transforming their HRM approach to the workforce using sophisticated emotional engagement models (Juniper 2012).

In summary, the impact of introducing HPW practices on people and processes is significant; whilst managers, leaders, team members and HRM can enforce transactional engagement in

the short term, evidence is unequivocal that transactional engagement is not a sustainable strategic solution and introduces fragility in organisations that are susceptible to market conditions similar to the VUCA NHS environment.  HRM practice and policy need to enable both transactional and emotional / personal engagement.  There is not one solution to bring about engagement, as the inputs are complex and dynamic, and need to be considered from a pluralist and individualistic perspective. The output of this research is a framework to support learning and development of HPTs from a HRD perspective.

To conclude, a number of components that have emerged, linking HPD with HPTs, and have been used to inform on the preliminary interview design.

- Transactional engagement is unsustainable over the longer term
- Emotional engagement introduces resilience to NHS VUCA context
- HRD influences high emotional and cognitive engagement, reciprocity norms, presence at work, positive work outcomes
- Positive work and employee engagement using a positive psychology foundation
- HRD practice and policy

### 2.7.7.Summation of HPW

The NHS would reap huge benefits from the expansion of HPTs, enabling the health services to cope with increasing demands, whilst still operating effectively in light of the reduction in funding that is expected.  Furthermore, increasing the number of HPTs will result in more innovative care, and better patient outcomes, whilst improving the cost effectiveness of health care provision (Darzi, 2008).

Therefore, in this section, the literature surrounding HPW has been reviewed to consider the historical context of HPW, and then progressed to encompass how HPW is used and considered in practice.  The impact of HPW is considered in the context of work processes and policy.  HPW from an HRM perspective has been explored as well as how HRM can differentiate their offering to match the organisational culture and composition, by bundling HR practices.  The opportunity for HRD has been considered with many positive contributions identified that could underpin HPWS.

It has been argued that competitive advantage and a high value working proposition can be achieved through HPWS, which can be introduced through reciprocal employment engagement  and supported by the HRM/HRD practitioners.  The traditional resource-based view of people as costs, and the hierarchical model of rules and procedures discourage high performance and therefore disable HPTs from performing at their best.  In conclusion, HPW has been argued to be an output with a complex dynamic mixture of mediators as depicted in Figure 2.13
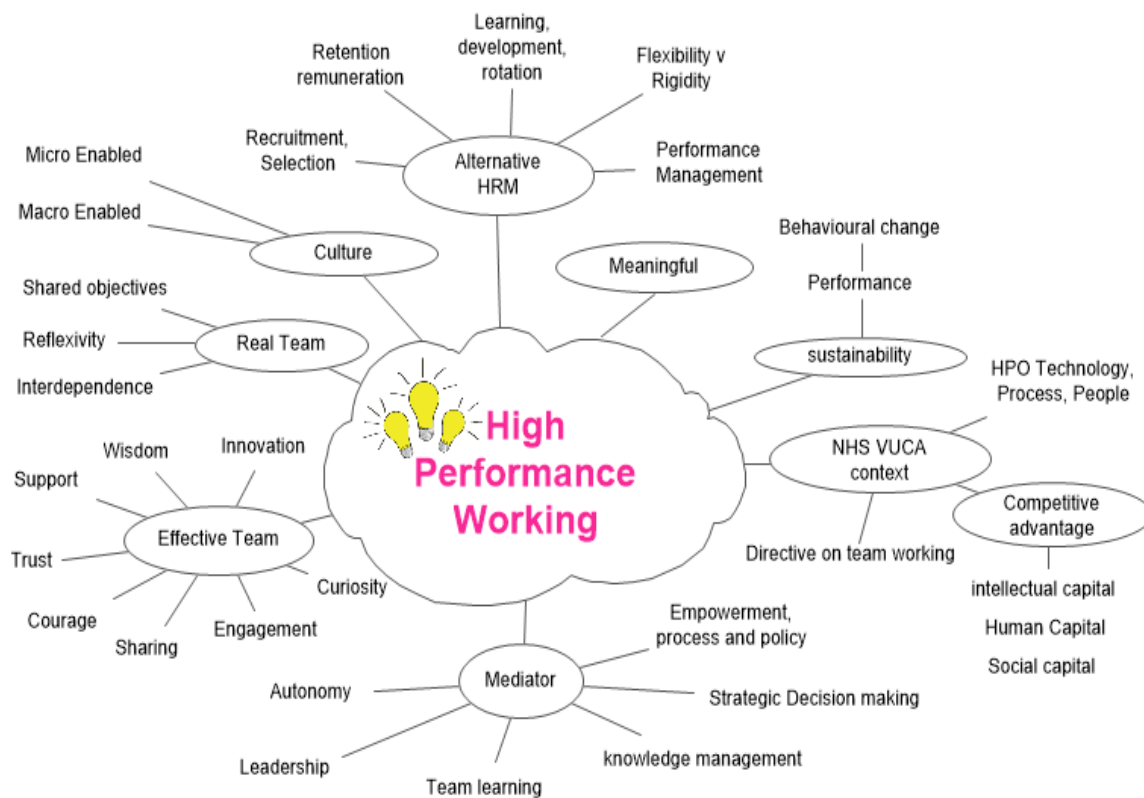


Figure 2-13 Literature review of High Performance Working.

## 2.8. HPT Synthesis

### 2.8.1. Overview

Good, well-functioning teams create something greater than the sum of the individual contributions (Andreatta, 2010; Nurmi, 1996). To meet the increasing demand on patient centred care and services and the increasing complexity of patient conditions, teams have become pivotal. Complexities within the working environment are putting more stresses and pressure on teams to maintain a continuous and consistently high level of performance, which is then anticipated to underpin the whole organisation's success (Erhardt, 2011). Ineffective teams are evidenced as unsustainable in terms of their own welfare, that of the patients and the organisation within which they operate. Therefore, this literature review has explored key concepts, teams, engagement and HPW and their components which have emerged from research. In this section, these concepts will be synthesised and amalgamated to draw out meaning and understanding of contributions to HPTs.

### 2.8.2. HPT Replication: tacit and explicit contributions

HPTs have emerged as a major source of competitive advantage within the NHS, linked to tacit knowledge and practices, exceptionality and evolution, evidenced by numerous studies (Keroack *et al.*, 2007); and has been argued throughout this literature review. Despite the plausibility of these arguments, relatively few studies have provided empirical insights into how the HPTs develop and manage the 'know how' (tacit) and 'how do they' (explicit) knowledge and practices of the teams and whether there is an interplay between organisational context, knowledge, learning and teaching as observed by West *et al.* (2011); these questions are posed by this thesis.

A large proportion of the existing literature is concerned with the ontological debate about the observable behaviour, nature and characteristics of the team and promotes particular approaches, which have resulted in universal panaceas (West *et al.,* 2011). Developing the notion of 'the team' has produced articles and books dealing with issues from a prescriptive standpoint. Often with quantitative empirical bias, many of the assertions and contributions from this body of literature confidently define the 'team' as a kind of economic asset or

commodity, or as a purely cognitive phenomenon. The emphasis of this research suggests that the tacit knowledge of the team can somehow be converted or transferred to explicit knowledge and then be passed on to others through learning and development. However, due to team characteristics, such as their complex dynamic nature and changing temporal stability, such a conversion from tacit to explicit knowledge would be extremely difficult, hindering HPT replication.

### 2.8.3. HPT justification

Collins (2001) suggests that HPTs that are disciplined and hard-working are essential in order to move organisations from good to great. Erhardt (2011) asserts that when there is high performance teamwork, the outputs are outstanding, and this high performance mostly correlates with engaged employees. The study of Keroack *et al.* (2007) concluded that successful teams were passionate about improving quality, safety and service, and had a hands-on style, leveraging a competitive advantage to improve consumer experience; so far arguments have been made in support of all of these assertions.

The world's top-performing companies place their focus and philosophy on engaging their workforces through their team structures (Grint, 2010) and they understand HPTs are a force that drives improved business outcomes. There is a significant body of knowledge supporting the symbiotic relationship (reciprocity) between teamworking and leadership; together these are critical elements in organisational performance (Grint, 2010; Keroack *et al.,* 2007). Grint (2010) found that the world's top-performing health organisations understand that teams are a force that drives improved health outcomes and the reciprocal employment relationship is a mediator for success (Grint, 2006).

High levels of effective teamworking and employee engagement are more productive, innovative, efficient, customer-focused, safer, and more likely to withstand temptations to leave the organisation than teams with only transactionally engaged members (Bevan and Hoo, 2006; Grint, 2006; Keroack *at al.,* 2007; Grint, 2010; Grint, 2011). The reciprocal employment relationship at a team level and organisational level has been found to promote wellbeing and is a mediator for success.

Wellbeing + engagement = sustainability

Wellbeing + engagement = productivity + improved outcomes.

Wellbeing + transactional engagement = unsustainability

This led to Lord Darzi introducing the Health and Social Care Act (2012) to initiate whole system quality improvement alignments, with one of the recognised enablers being to support the formation of HPTs.

Seminal work of Lewin (1947) found that in the best organisations, team work and employee engagement transcend a human resources initiative; it is the way that these organisations do business. Whilst some of the research findings have been long standing, with much quantitative empirical evidence, questions are still unanswered about what happens that is of significance within the dynamics of the team. How HPTs adapt to complex challenges and thrive within the VUCA environment still needs to be identified and these questions are addressed by this thesis.

In summary, HPTs appear to be an output with a complex dynamic mixture of inputs. The rule culture, based on a hierarchical model of rules and procedures appears to discourage high performance. The fundamental mechanism that does seem to be vitally important in creating high performance in organisations HPT practices.

To conclude, there is an established evidence base that shows that competitive advantage and high value working propositions can be realised by HPTs within the NHS context.  The NHS would reap huge benefits from the expansion of HPTs, enabling the health services to cope with the increasing service demands, whilst operating effectively within the constraints of the expected reduction in funding.  Increasing the number of HPTs could result in more innovative care, and better patient outcomes, whilst improving the cost effectiveness of health care provision (Darzi, 2008).

### 2.8.4. Overarching concept of HPT

Research on HPTs in organisational contexts is moving in the direction of increased complexity, from quantitative to qualitative approaches in order to explore a richer more in-depth understanding.  However, further qualitative research is needed to match

developments in the conceptual domain. Figure 2.14 is an amalgamation of teams, engagement and HPW and is a summary the findings identified from the critical literature review.
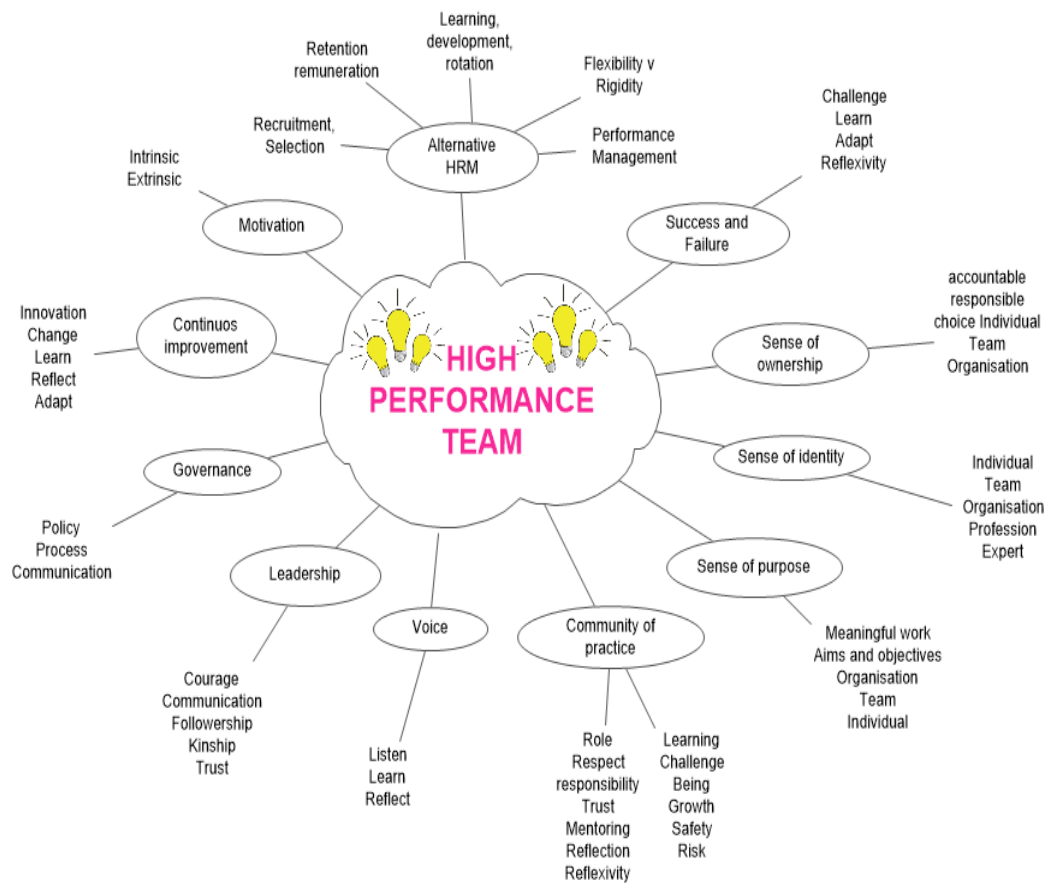


Figure 2-14 Framework used to commence HPW preliminary interviews.

### 2.8.5. Limitations of literature review

The literature that will not be covered within this study as it is outside the boundaries of the research aims and objectives are:-

For the purpose of this research the main bodies of knowledge will draw from existing NHS research and the fields of management and leadership.  Leadership theories were not the focus of this study and are not disputed.  Leadership in this search is limited to acknowledging its presence within HPTs and recognition of its value.

Organisational theories, looking at the historic context of structures and performance were limited to those whose main research focus was teams. Whilst organisation structures and performance are of interest, the whole organisation and its performance is not being researched, so therefore only the microcosm of literature on effective and high performing teams was used.

This research explores positive engagement; it does not cover negative engagement which could exist within other well performing teams in the same organisational context. An example of this could be the withholding of information or knowledge.

### 2.8.6. Practitioner reflexivity

This thesis attempts to shift from questions of *what* predicts team effectiveness and sustainability to more complex questions regarding *why* some teams are more effective than others. From the outset, affective, cognitive and behavioural mediational processes have been considered pertinent to the *why* question.

The literature review has attempted to draw together and make sense of historic studies that have origins in both qualitative and quantitative constructs. However, throughout this review, it has been difficult to draw resources together that have similar emerging components, so the effort has been somewhat fragmented and non-cumulative. This in part is due to a proliferation of constructs with indistinct boundaries at the conceptual level and item overlap between measures of constructs at the level of individual studies. Also, whilst there is convergence in some areas, there is divergence in others, and thus helped build a much richer image of the holistic terrain. Reflecting on the review process, of surprise is the limited progress made in some areas of high performance. There appears to be a lack of inter-disciplinary convergence of knowledge and research is over-reliant on quantitative studies. As a result, there has been limited progress in acquiring an in-depth qualitative understanding of *how* and *why*.

The aims of the study and outcomes from the holistic programme of becoming a researching professional have helped with the appraisal of others' works, both academic and professional and the importance placed an all the core aspects of the published works, rather than the

91

abstract and conclusion.  Whilst the writing-up phase has been slower, the deliberations and structure have gained in importance.

The literature review, however, has proved a worthwhile journey; it has challenged some existing beliefs and understandings that were no longer the case and out-dated.  As a result of this, a theoretical definition of HPTs has been developed. The approach taken in this thesis has recognised issues related to keeping the individual whole within the team, whilst considering the complexities of environment, structure, process and the community of practitioners, identity, governance and power. This definition may evolve with this research. As many components as possible from the definition were used to inform the preliminary semi-structured interview design.

To add rigour to this phase of the literature research, four publications have been presented: two at British Academy of Management Doctorial Colloquiums and Conferences, and two at British Marketing Academy Doctoral Colloquiums.  In addition, publications have been presented at three research methodology conferences, as well as other professional research events, to add rigour to the literature review process.

# 3. Methodology and Methods

This chapter explains the rationale behind the methodology underpinning the research. Consideration is given to the pragmatist philosophical perspective in use for the thesis, before justifying the choice of method and associated data collection tools. The chapter concludes with reflection on the learning achieved and its impact on the future professional development of the author.

## 3.1. Overview

Prior to the selection of the methodology, a review of the worldview of philosophical researchers was conducted; these were then mapped to the research question and context, then exclusions and inclusions refined. To aid this process, a research design framework was developed to support the evaluation (see Figure 3.1)
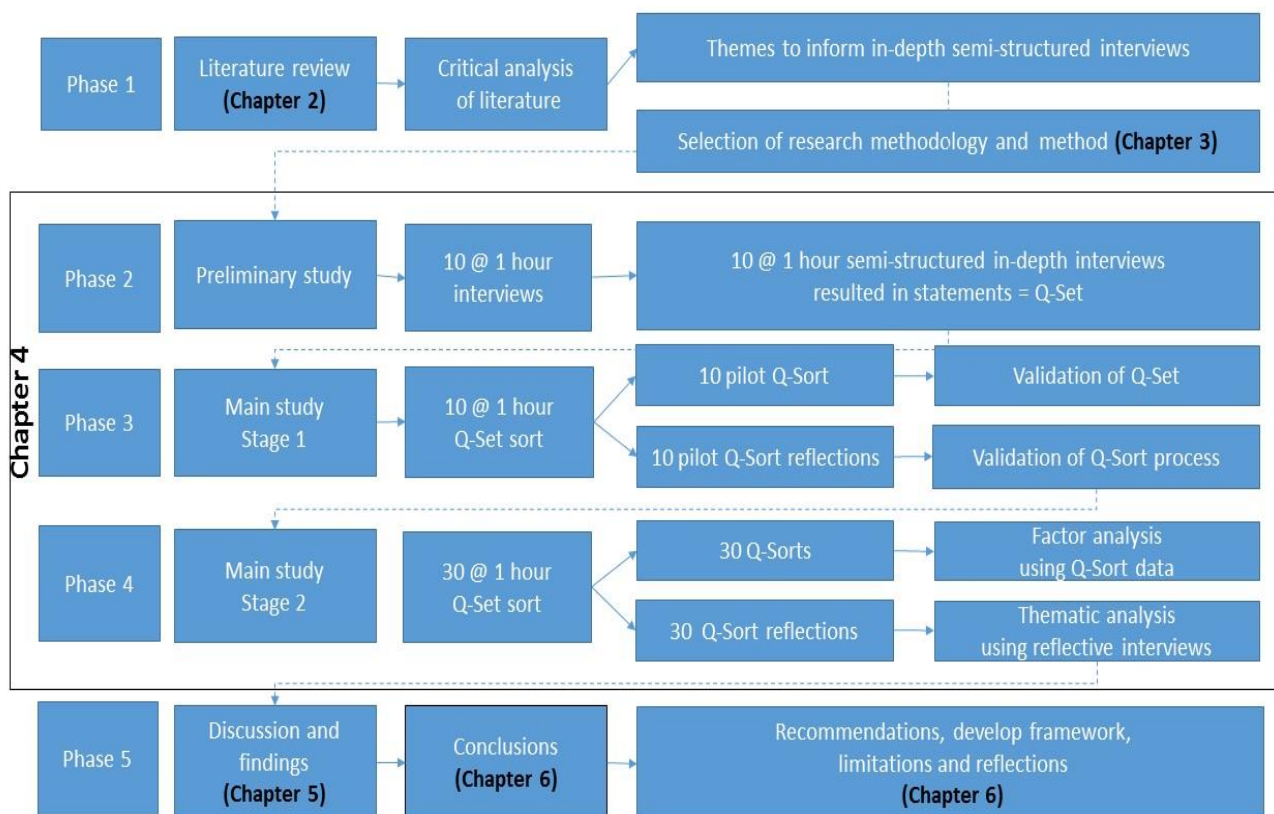


Figure 3-1 Research design

An in-depth review took place of the pragmatists' mixed methods approach with the rationale for the selection. The philosophical worldviews of post-positivist, constructivist, transformative and pragmatist (see Figure 3.2) are reviewed and then selected based on best-fit.

Historically, the positivist paradigm (linked with quantitative methodologies) was the dominant approach (1950s to mid-1970s). However, this changed as the constructivist research paradigm (linked with qualitative methodologies) became more established as a viable alternative (mid-1970s to 1990s). The emergence of mixed methods, from the 1990s onwards, aligned itself to transformative and pragmatic research paradigms. We now have three methodological or research approaches, with quantitative, qualitative, and mixed methods research all thriving and coexisting (Creswell, 2007; Johnson *et al.*, 2007, Tashakkori and Teddlie, 2003).
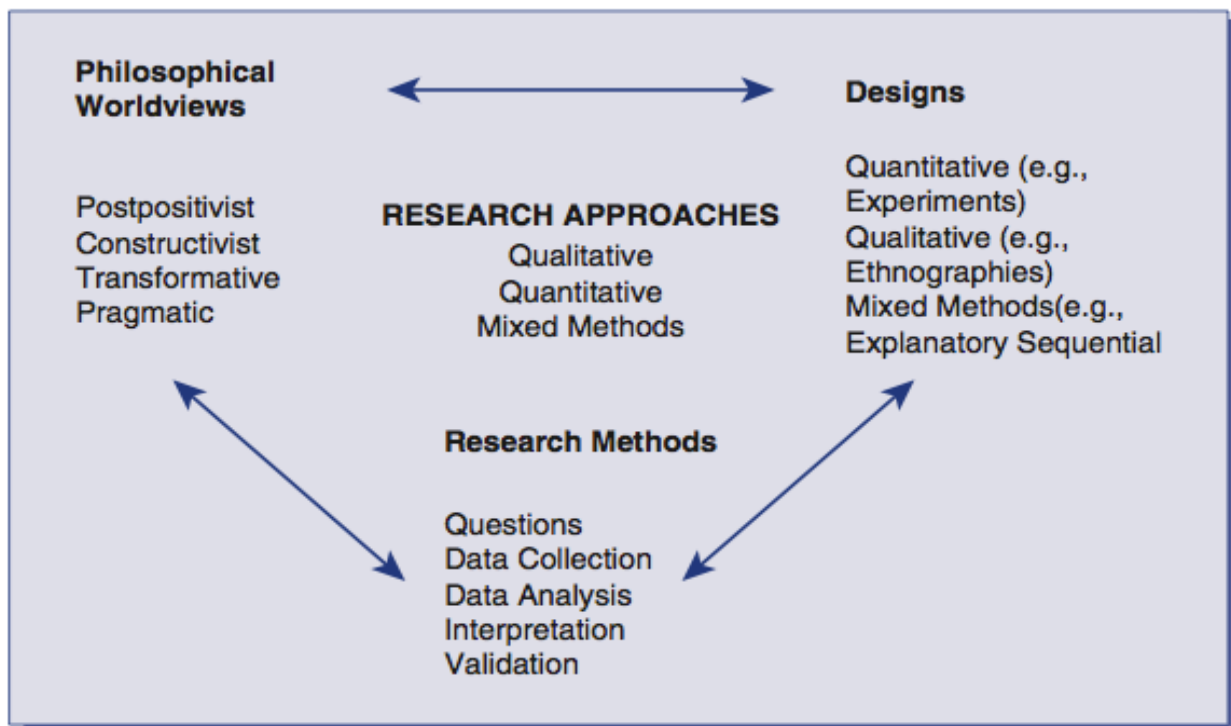


Figure 3-2 A framework for research - The interconnection of worldviews, design and research methods (Creswell *et al.*, 2007).

## 3.2. Research paradigm review

The post-positivist approach supports the notion that knowledge is conjectural and absolute truth can never be found. Thus, evidence established in research is always imperfect and fallible.  **The** researcher makes claims and then refines or abandons some of them for other claims more strongly warranted. Most quantitative research, for example, starts with the test of a theory.  It holds that data, evidence and rational considerations shape knowledge. In practice, the researcher collects information on instruments based on measures completed by the participants or by observations recorded by the researcher.

Positivist research seeks to develop relevant and true statements; ones that can serve to explain the situation of concern or that describe the causal relationships of interest. In quantitative studies, researchers advance the relationship among variables and pose this in terms of questions or hypotheses.  Being objective is an essential aspect of competent inquiry; researchers must examine methods and conclusions for bias. For example, standard of validity and reliability are important in quantitative research.

The constructivist stance holds that human beings construct meanings as they engage with the world that they are interpreting. Qualitative researchers tend to use open-ended questions so that the participants can share their views; they believe that humans engage with their world and make sense of it based on their historical and social perspectives. Constructivism infers that we are all born into a world of meaning bestowed upon us by our culture. Thus, qualitative researchers seek to understand the context or setting of the participants by visiting this context and gathering information personally. The researcher also interprets what they find, and form an interpretation shaped by their own experiences and background. The process of qualitative research is largely inductive; the inquirer generates meaning from the data collected in the field.

The transformative worldview places central importance on the study of lives and experiences of diverse groups that have traditionally been marginalised. The aspect of special interest for these diverse groups is how their lives have been constrained by oppressors and the strategies that they use to resist, challenge, and subvert these constraints.  In studying these distinct groups, the research focuses on inequities based on gender, race, ethnicity,

disability, sexual orientation, and socioeconomic class that result in asymmetric power relationships.  The research in the transformative worldview links political and social action to these inequities, exploring belief systems and why the problems of oppression, domination, and power relationships exist.

The researcher developed a research design and method criteria (see Table 3.1) to support the evaluation of the research worldviews against the research aim. This evaluation process of worldviews helped clarify and thus remove which of the best met the research approach. From the table below it can be seen that post-positivism, constructivism and transformative methods did not meet a number of the researchers' design and method criteria.  All three mentioned worldviews, whilst having their own merits, could support the dynamic complex environment of the NHS within which HPTs operate, whilst recognize the individual within the study.  To gain access to the richness of conversations and practices in a meaningful way, participants excluded others.

Table 3-1 Research design and method criteria for HPT assessment

| Criteria that paradigm needs to address. | Post-positivist | Constructivist | Transformative |
|---|---|---|---|
| Appropriately address the research questions and be consistent with the aims of the study, as well as with the researcher's ontological and epistemological position. | No | | |
| Address the contextual issues of the ambiguous nature of, and complexity existing in, HPTs. | No | | |
| Bring clarity and structure to complex, multi-faceted discourses and social constructions. | No | No | No |
| Provide a vehicle for collating a large number of viewpoints. | | No | |
| Ensure that each individual voice is heard and is equally valued in the data gathering and analysis process. | No | | |
| Minimise the potential power dynamic between participant and researcher. | | No | No |
| Provide distance for the researcher, to allow the participants' voices to be dominant, without undue researcher-influence in the data gathering and analysis process. | | No | No |

| | | | |
|---|---|---|---|
| Be exploratory in nature, without imposing a priori assumptions or hypotheses. | No | | |

The focus of the pragmatist mixed methods worldview (see Table 3.2) focus is to ensure that there is a tangible practice-based impact of research, and this view helped define the author's methodological position for this work. This worldview offers a research approach that can be triangulated from both a qualitative and quantitative position to enable breadth of understanding as well as depth of understanding within a single study.

Table 3-2 Mixed methods focus (adapted from Creswell *et al.,* 2007)

| Quantitative Methods | Mixed Methods | Qualitative Methods |
|---|---|---|
| Pre-determined | Both predetermined and emerging methods | Emerging methods |
| Instrument-based questions | Both open and closed ended questions | Open-ended questions |
| Performance data, attitude data, observational data etc. | Multiple forms of data drawing on all possibilities | Interview data, observation data, document data and audio-visual data |
| Statistical analysis | Statistical and text analysis | Text and image analysis |
| Statistical interpretation | Across database interpretation | Themes, patterns interpretation |
| Experimental designs | Convergent | Narrative |
| Non-experimental designs such as surveys | Explanatory sequential | Phenomenology, case study |
| | Exploratory sequential | Grounded theory |
| | Transformative, embedded, or multiphase | Ethnographies |

Pragmatism as a worldview arises out of actions, situations and consequences rather than antecedent conditions (as in post-positivism). Instead of focusing on methods, pragmatic

researchers emphasise the nature of the research problem and use all approaches available to understand the issue (Rossman and Wilson, 1985). There has been a concern with applications of pragmatism that researchers aim to find 'what works' and solutions to problems without consideration of integration of different methods being used (Patton, 1990; Creswell *et al.* 2007). The research design used for this thesis has addressed this concern by identifying a well-tested and accepted mixed methodology research tool that is fully integrated in its qualitative and quantitative approach known as q methodology (see section 3.6 for justification).

| Postpositivism | Constructivism |
|---|---|
| • Determination<br>• Reductionism<br>• Empirical observation and measurement<br>• Theory verification | • Understanding<br>• Multiple participant meanings<br>• Social and historical construction<br>• Theory generation |
| **Transformative** | **Pragmatism** |
| • Political<br>• Power and justice oriented<br>• Collaborative<br>• Change-oriented | • Consequences of actions<br>• Problem-centered<br>• Pluralistic<br>• Real-world practice oriented |

Figure 3-3 Philosophical worldviews (Extract from Creswell *et al.*, 2007).

Pragmatism is viewed as the philosophical partner for the mixed methods approach. Individual researchers have a freedom of choice. In this way, researchers are free to choose the methods, techniques and procedures of research that best meet their needs and purposes (Creswell, 2007; Morgan, 2007). Pragmatism is based on a set of assumptions about knowledge and enquiry need, in order to access knowledge through a combination of philosophies, thus will combine qualitative and quantitative research designs (Creswell, 2007; Johnson and Onwuegbuzie, 2004; Maxcy, 2003; Rallis and Rossman, 2003). The pragmatist researcher looks to the 'what' and 'how', based on the intended impact and purposes (Creswell, 2007; Morgan 2007). A summation of the mixed methods application has been provided in Table 3.3.

Before the emergence of the mixed methods paradigm, there were examples of researchers combining their methods. The Hawthorne experiments provide a classic example, dating from the 1920s and 30s (Roethlisburger and Dickson, 1939; Mayo, 1933 as found in Watts and Stenner, 2013). Even the Chicago School studies of the same era, conventionally associated with qualitative case study research, were not averse to the use of quantitative data as a complement to the qualitative material (Hammersley, 1989; Harvey, 1987). Underlying forms of the mixed methods research position can be traced back throughout the last century through the works of symbolic interactionists such as Dewey, Mead, Blumer and Goffman (Cherryholmes, 1992; Maxcy, 2003) and there are aspects of pragmatism involved in grounded theory, ethnomethodology, conversational analysis and discourse analysis of people such as Glaser and Strauss, Garfinkel, Cicourel and Foucault (Rorty, 1982, 1991; Guignon, 1991).

Pragmatism is sometimes treated as a new orthodoxy built on the belief that it is allowable and desirable to mix methods from different paradigms of research (Creswell et al., 2007). It can be argued that good social research will almost inevitably require the use of both quantitative and qualitative research in order to provide an adequate answer (Greene et al., 2005, 2001; Rocco et al., 2003). Mixed methods offer a third paradigm for social research through the combination of quantitative and qualitative methodologies that are used to procreate knowledge and are in harmony with the pragmatism philosophy for practice-driven research (Denscombe, 2005; Creswell, 2007; Cameron, 2008; Saunders and Thornhill, 2009). The integration of the two approaches in mixed methods research is illustrated in Table 3.3. Johnson and Onwuegbuzie (2004, p. 14) argue that mixed methods research is a 'research paradigm whose time has come'. Cameron and Miller (2007) use the metaphor of the phoenix to illustrate the emergence of mixed methods as the third methodological movement, arising from the ashes of the paradigm wars. Cameron (2008) takes this analogy further by asking whether the phoenix has landed in terms of research conducted within management research.

Table 3-3 Integration of quantitative and qualitative approaches in mixed methods research (Creswell et al., 2007)

| Quantitative Methods | Mixed Methods | Qualitative Methods |
|---|---|---|
| Pre-determined | Both predetermined and emerging methods | Emerging methods |
| Instrument based questions | Both open- and closed-ended questions | Open-ended questions |
| Performance data, attitude data, observational data, and census data | Multiple forms of data drawing on all possibilities | Interview data, observation data, document data, and audiovisual data |
| Statistical analysis | Statistical and text analysis | Text and image analysis |
| Statistical interpretation | Across databases interpretation | Themes, patterns interpretation |

With the need to understand complex and adaptive systems that recognise the individual and their behaviours and contribution impact, as well as team evolution and organisational culture, research paradigms have been challenged and as a result mixed methods have become of interest to a wider research group (Creswell, 2007). When quantitative and qualitative approaches are compared, there is a propensity to reduce and simplify the approaches to the former as being hypothetic–deductive and dealing with numbers and the latter being inductive and dealing with words (Brannen, 2005). This is exemplified in the simplified illustration of a multidimensional continuum between the two extreme post-positivist and constructivist paradigms, in Table 3.4. The truth is more nuanced than this because the two research traditions having different goals. Adaptive behaviours in complex environments such as HPTs are notoriously difficult to explore so do not lend themselves easily to quantification. Teams are messy and their modus operandi is difficult to access, therefore qualification is limited as the team is dynamic and complex. Thus an alternative approach is needed and therefore mixed methods can be justified from a pragmatism stance, as a mixture of methods can be used and then both combined will be used to interpret the messy modus operandi.

| Quantitative Extreme (Post-positivist) | | Qualitative Extreme (Constructivist) |
|---|---|---|
| Objective purpose | ←——————————→ | Subjective purpose |
| Explanatory | ←——————————→ | Exploratory |
| Numeric data | ←——————————→ | Narrative data |
| Structured/close-ended | ←——————————→ | Open-ended |
| Statistical analysis | ←——————————→ | Thematic analysis |
| Probability sample | ←——————————→ | Purposive sample |
| Deductive inference | ←——————————→ | Inductive inference |
| Value neutral | ←——————————→ | Value rich |

Creswell and Plano Clark (2007, p. 5) provide a definition of mixed methods as:-

> Mixed methods research is a research design with philosophical assumptions as well as methods of inquiry. As a methodology, it involves philosophical assumptions that guide the direction of the collection and analysis of data and the mixture of qualitative and quantitative data in a single study or series of studies. Its central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone.

It is important to note the difference between mixed methods and multiple methods. Leech

*et al.* (2008) describe the differences as:

> Mixed methodologies are distinguished from multiple methodologies, wherein mixed methodologies refer to approaches in which quantitative and qualitative research techniques are integrated into a single study, whereas multiple methodologies refer to approaches in which more than one research method or data collection and analysis technique (including two or more methods within the same paradigm) is used to address research questions.

The purpose of mixed methods research is to meet the notional need of a paradigm that can be sufficiently flexible, permeable and multi-layered to reflect the reality of social research in the 21st century. It has evolved to the point where it is 'increasingly articulated, attached to research practice, and recognised as the third major research approach or research paradigm' (Johnson *et al.*, 2007, p. 112).

In conclusion, it has been argued that elements of quantitative and qualitative philosophies that are at odds when data analysis and sense making takes place as inevitably. To reduce this fragmentation or inconsistency, a robust research design strategy was required that was fit for the purpose of its deployment. The approach adopted, which addresses the ambiguity and complexity within NHS HPTs, is pragmatism, which offers the holistic alternative of mixed methods as the underpinning research design. Pragmatism is not committed to any one system of philosophy or reality, allowing inquirers to draw liberally from both quantitative and qualitative assumptions when they engage in their research.

### 3.3. Pragmatist epistemological stance

Each paradigm has an *epistemology*, a set of assumptions about the relationship between the 'knower' and the 'known'. It is worth noting that the term epistemology is derived from the ancient Greek verb 'epistame', which means to know something very well; and to have internalised something by experiencing it, denoting a close relationship between the knower and the known (Cameron, 2008). The epistemology design perspective of pragmatism is based on a way of thinking / doing that leads to pragmatic solutions. In section 2.5 of the literature review the argument has been made that whilst there has been a plethora of quantifying studies researching effective teams, there was a recognised gap in research to qualify what is happening within HPTs that are different from other teams; and so to access this richness, a number of quantitative research design methods were excluded from the research process. These were survey, non-interview based collection methods and prescribed methods of data collection which could not explore context or individual lived experience.

It is important within the pragmatist paradigm that the researcher has the opportunity to remain objective and detached, as far as is possible from the research participants when data gathering and analysis take place. To mitigate the heuristic effect, whereby the validity of the research data is influenced by the emotional reactions that it elicits in the researcher (Lilienfield *et al.*, 2011), the research design has attempted to ensure a level of researcher and participant independence. However, it has been previously argued that a researcher can never be entirely immune to this effect (Saunders and Thornhill, 2007). Within this thesis, the

researcher has made a conscious consideration to 'reduce the reliance on introspections' (Pronin *et al.,* 2004, p. 783) by including practitioners' reflections at the end of each chapter to acknowledge and minimise this risk. For the above reasons, a number of qualitative research design methods were excluded, namely narrative-based approaches, discourse analysis, action research and participatory action research.

## 3.4. Ontological perspective

'The pragmatist mandate of science is not to find truth or reality, the existence of which are perpetually in dispute, but to facilitate human problem-solving' (Luth and May, 2012, p. 884). Ontology refers to the nature of knowledge and reality.  The ontology of pragmatism states that reality is the practical effect of ideas.  For this reason, an appropriate method has been selected that mixes the participants' thoughts and ideas into a semi-structured interview process. This process can be replicated to elicit the ideas of all participants in an attempt to make sense of 'how' HPTs operate.  All of the participants' realities will then be quantifiably analysed using factor analysis to gain insight into each participants' voice.  The intention of this design is to construct a reality that is the HPTs' natural context, eliciting how things really are and how things really work for each team member.

Teddlie and Tashakkori (2010, p. 5) define the methodology of mixed methods as:

> The broad inquiry logic that guides the selection of specific methods and that is informed by conceptual positions common to mixed methods practitioners (e.g., the rejection of 'either-or' choices at all levels of the research process.

Ramela and Newman (2012) developed the three paradigm table continuum (see Table 3.5) in an effort to visually represent mixed methods and the known similarities and differences between the quantitative and qualitative paradigms. The Q research design selected for use in this study has then been overlaid on to this continuum in an attempt to depict its position in the worldview paradigms.

Table 3-5 Paradigm continuum (Tashakkori and Teddile, 2009; Ramela and Newman, 2012)

| Quantitative Extreme (Post-positivist) | Mixed/Other | | Qualitative Extreme (Constructivist) |
|---|---|---|---|
| Objective purpose | | Q | Subjective purpose |
| Explanatory | Q | | Exploratory |
| Numeric data | Q | | Narrative data |
| Structured/close-ended | Q | | Open-ended |
| Statistical analysis | Q | | Thematic analysis |
| Probability sample | Q (sample is items) | | Purposive sample |
| Deductive inference | Q (uses abductive reasoning) | | Inductive inference |
| Value neutral | Q | | Value rich |

Q's position on most of the continuums is at the centre, clearly positioning it as a mixed method. The exception is Q's position towards the qualitative side of the continuum related to the research purpose. The purpose of Q studies is to measure subjectivity although it does so objectively, because subjectivity is made operant through factor structure (Stephenson, 1953).

## 3.5. Methodological stance and justification

The aim of the research is to explore the modus operandi of HPTs; whilst other higher-level concepts operating more generally at an organisational level, as opposed to a team level, were acknowledged, for example organisational leadership, organisational structure, and organisational culture.  Whilst their existence is recognised, they are not the focus of this study so not considered generally to be within the boundary of the study.  These concepts may impact on this study and are taken into account within the study but are not the key focus.

The literature review chapter consolidates the original concepts, which guided the semi-structured interview process within the preliminary phase of the study in section 4.4. The research design and method criteria used by the researcher to ensure that the selected

method met the requirements of the study was completed (Table 3.6); and Q met and exceeded all these requirements, justifying its use for this.

Table 3-6 Research design and method criteria for HPTs

| Criteria | Q methodology |
|---|---|
| Appropriately address the research questions and be consistent with the aims of the study, as well as with the researcher's ontological and epistemological position. | Yes |
| Address the contextual issues of the ambiguous nature and complexity existing in HPTs. | Yes |
| Bring clarity and structure to complex, multi-faceted discourses and social constructions. | Yes |
| Provide a vehicle for collating a large number of viewpoints. | Yes |
| Ensure that each individual voice is heard and is equally valued in the data gathering and analysis process. | Yes |
| Minimise the potential power dynamic between participant and researcher. | Yes |
| Provide distance for the researcher, to allow the participants' voices to be dominant, without undue researcher-influence in the data gathering and analysis process. | Yes |
| Be exploratory in nature, without imposing a priori assumptions or hypotheses. | Yes |

Q balances the quantitative and softer qualitative approaches, giving the opportunity to incorporate qualitative methods with a combined strand of quantitative logic and the associated hypothetico-deductive methods.  Preece and Fortune (2014) argue that Q is well

established in social science disciplines of psychology, health sciences and education and it is an unusual integrated mixed methods research approach within the management discipline that gives quantitative measures to qualitative questions. Whilst Stenner *et al*. (2004) assert it is a qualiquantological approach, using the worldview framework of Creswell *et al.* (2007) (Figure 3.2).

## 3.6. Q methodology design

Although Q was introduced about 75 years ago (Stephenson, 1935 as found in Watts and Stenner, 2013), it is still relatively novel in some social science disciplines and rare in team-based research.  However, the method has gained in popularity (Stainton Rogers, 1995*;* Eccleston *et al.,* 1997; Stenner *et al.,* 2000);  16 studies within the business and management sector have been published in peer reviewed journals within a seven year period (Risdon *et al.,* 2003; Ryan and Zerwic, 2004; Cross, 2005; Watts, 2005; Stenner *et al.,* 2006; Bryant *et al.,* 2006; Baker, 2006; Van Exel *et al.,* 2005; Tielen *et al.,* 2008; Kreuger *et al.,* 2008; Boot *et al.,* 2009; Cramm *et al.,* 2009; 2010; Jedeloo *et al.,* 2010; Wallenburg *et al.,* 2010).

### 3.6.1. Q Philosophy, epistemology and ontology

The epistemological foundations of Q lie with Stephenson's interest in subjectivity, revealing mathematically the way in which study participants classify themselves, rather than a classification based on definitions laid down by the researcher.   Qualitative research methods have been criticised for being influenced by researchers' prior understandings and views and for also being impressionistic and subjective (Bryman, 2004; Polit and Beck, 2004). Researchers can systematically study qualitative aspects of human subjectivity, in this way reducing the interference of the researcher's preconceptions. Subjectivity of the participants' 'lived experience' is of specific interest in Q, in order to gain access to otherwise inaccessible information from a statistical stance.

Q methodology seeks explanation and explores subjectivity; it uses narrative data to capture the broad range of representations in relation to a specific area of inquiry (Brown, 1980).  In Q, the participant's subjective viewpoint is known as his or her self-reference on a topic. A

key aim is to ensure that this self-reference is preserved rather than compromised by the researcher's reference concerning the research issue (McKeown and Thomas, 1988).

As a result of its reliance on Factor Analysis (FA), Q is associated with quantitative methods which render it a 'highly unusual research method' (Watts and Stenner, 2005, p. 69). However, its originator, William Stephenson (who was originally a colleague of Cattell, Spearman and Thurstone, the pioneers of the British factorist tradition), developed Q in direct opposition to the positivist assumptions underpinning traditional correlational research (denoted by 'R', the symbol used for correlation coefficients). Stephenson developed Q in response to concerns that correlation and factor analysis of scale responses do not lead to a taxonomy of behaviour as was commonly thought, but to a taxonomy of tests. Stephenson was interested in the lived experience, so Q engages the attention of the qualitative researcher interested in more than just measurement (Stephenson, 1953 as found in Watts and Stenner, 2013). Although now seen as firmly connected with qualitative methodologies, Stephenson's articulation of Q was seen at the time as heretical, especially as he had originally worked within the realm of psychometrics and psychological testing.

The underlying analytic principles in Q differ markedly from traditional correlational matrix analysis, whereby tests are applied to a sample of people; instead, Q applies persons to a sample of statements. In Q, it will be the people, or, more accurately, their action upon a sampling of elements, that will be correlated and subsequently factored (Stainton Rogers, 1995, p. 179). The structure and stages of Q assist in the process of abduction by:-

> Q does not impose meaning a priori, but asks participants to decide what is meaningful and hence what does (and does not) have value or significance from their perspective.

(Watts and Stenner, 2005a, p. 76).

Q uses methods of impression (as opposed to objective methods of expression) to discover the subjective meaning or significance that items have for respondents. The results produce an in-depth portrayal of the patterns of subjective perspectives which prevail in a given situation (Steelman and Maguire, 1999). The subjective experience of the people taking part is where the power and integrity in Q prevails. As Barker (2008, p. 919) contends, it is this ability to access 'significance to me' or individual's subjectivity that mirrors Q's departure from positivist inquiry. In essence, the method employs a by-person factor analysis in order

to identify groups of participants who make sense of (and who hence Q-Sort) a pool of items in comparable ways.

## 3.7. Q Research design stages and structure

### 3.7.1. Abductive reasoning

The design of Q research relies on abductive reasoning rather than inductive or deductive reasoning. Abductive reasoning involves logical inference that leads to an explanatory hypothesis. Abduction involves the exploration of observed phenomena, which are to be regarded as clues rather than 'truths' to be proven or falsified (Pierce, 1958). Johnson and Gray (2010) state that although some consider abductive reasoning as a type of inductive reasoning, others believe it is a separate type of reasoning, arriving at the best explanation possible.

### 3.7.2. The concourse

In this research, the 'concourse' is defined as the participant data on HPTs; these data (a comprehensive list of items compiled about HPTs using the participants' terms, capturing the broad range of representations) can be informed by many things including the research participants, published literature and any other source of knowledge or other stimuli, for example, pictures, music or video clips. Brown (1993, p. 94) suggests a concourse should incorporate 'virtually all manifestations of human life, as expressed in the lingua franca of shared culture'.

### 3.7.3. Producing the Q-Set

The ensuing Q-Set (known as a Q sample) is developed through theming, filtering and sampling of the concourse. The goal of the Q-Set is to provide a condensed version of the concourse (between 40 and 80 statements is usual) without losing any of the comprehension in terms of content and representativeness (Van Excel and de Graaf, 2005). The Q-Set for this project was elicited from the ten, one-hour preliminary interviews; these were informed by the extensive literature review in Chapter two. The Q-Set consists of a series of numbered statements written on cards. It is acknowledged that the Q-Set 'can never really be complete,

as there is always something else that might be potentially said' (Watts and Stenner, 2005, p. 76). It must contain a representative condensation of information:-

> …the main concern in a Q methodological context is not the Q set itself (which is, in any event, not considered to possess any specific meaning prior to the sorting process), but the relative likes and dislikes, meanings, interpretations and overall understandings which inform the participants' engagement with the Q set.

(Watts and Stenner, 2005a, p. 76).

The Q-Set statements are not considered to be absolute 'facts' and, prior to the sorting process, are deemed to be equal in value; hence they are ascribed meaning by the participants and given value and significance, depending upon their subjective experience, understanding and interpretation of the statements (Watts and Stenner, 2005b).

### 3.7.4. The Q-Sort

The Q-Set comprises qualitative data, yet as Stephenson (1953) states, the sorting provides quantitative data. This Q-Set sort procedure is described as: 'the technical means whereby data are obtained for factoring' (Brown, 1980, p. 17). It involves individual participants having to rank their statements by placing them on a grid.  As such, a completed Q-Sort registers a participant's subjective viewpoint. The grid design usually reflects a quasi-normal distribution, but not exclusively so (Brown, 1993). The design of the grid is specific to each project and can have an unbalanced or balanced design, such as those in accordance with the experimental design principles developed by Fisher (Fisher, 1935, cited from Brown, 2010; Stephenson, 1953).  The actual structure is of limited importance (Stephenson, 1953; Brown, 2010).  The grid designed for this research project can be seen in Chapter four, Figure 4.6, which shows compulsory fixed distribution grid, where only one statement can be placed in each cell. The horizontal scales are only described in words from most to least (left to right) whereas these are assigned numerical values for the factor analysis. The vertical scale has no significance. Stephenson (1983) concluded that there is an infinite amount of variation in terms of the possible statement distribution from participants, but equally that there are always fewer viewpoints than persons:

> 'It would be remarkable if any two sorts, from different persons, were exactly alike; and unlikely that all will be totally different. It is the purpose of factor theory to determine which

distributions, if any, are approximately alike, on the theory that they have the same 'eigenwerken', the same 'characteristic value, the same feeling'

(Stephenson, 1983, p. 78).

This suggests, therefore, that the same statement can represent different meanings (or constructions) for different participants, thus reinforcing the focus upon individual subjectivity within the method (Brown, 1993), whilst recognising that similar viewpoints can be shared between participants.

The process of sorting the numbered statements (or other stimuli) can be considered an active, dynamic activity (Watts and Stenner, 2005a) and as such, the reading, handling and placing of the cards has been seen to be an innovative, engaging and enjoyable experience (McKenzie et al., 2011). The structured process, consequently, renders Q an appropriate vehicle for employing:

> multi-participant format... deployed in order to explore (and to make sense of) highly complex and socially contested concepts and subject matters, from the point of view of the group of participants involved... In so doing it [Q methodology] has more than demonstrated its 'sense-making' capacity and ability to find qualitative 'order' even in domains where variability and disparity seem initially to have prevailed.

(Watts and Stenner, 2005a, p. 73).

Q, therefore, has been seen to bring clarity, coherence and structure to complex and socially contested arenas (Stainton Rogers, 1995), including research in subject areas which could be considered controversial or sensitive (Ellingsen et al., 2011). Examples of this sensitivity can be found in subsection 3.6.1.

The power dynamic between the participant and researcher is potentially reduced in this process because the participants make sense of their sort experience by reflecting on their finished grid. To achieve this, each participant was given an opportunity to further reflect on and review their sort, which gave them complete control over the final configuration. Interviewees, who were surprised to be interviewed and felt marginalised (e.g. the award-winning hygiene specialist HPT members), were encouraged to voice their views autonomously through this process.

### 3.7.5. Analysing the data using Factor Analysis

Q could be considered a unique methodology in that it is able to support data which are representative of both individual and shared viewpoints, which Watts and Stenner (2013) (2009) describe as accommodating both the 'constructivist' (individual self-reference) and 'constructionist' (social bodies-of-knowledge) approaches (Watts and Stenner (2013). Participants in Q studies are in control of the classification process. A factor cannot emerge unless participants sort items to enable its emergence (Kitzinger, 1999, p. 267). The analysis process can be viewed as a gestalt procedure, with the data interpreted as a whole to assist in establishing the links between the individual Q-Sorts and the extent to which they represent the emerging factors (Watts and Stenner, 2005a). All participants are equal and there is no dominance of any one voice. This procedure is described in more detail in Chapter four.

Q uses factor analyses; by-person factor analysis is used on completed Q-Sort to determine the extent to which individual Q-Sorts correlate highly with one another and therefore can be considered to have a 'family resemblance' (Brown, 1993), known as a 'factor'. The number of factors extracted from the data, and the way in which these are interpreted and described, are a matter of judgement and dependent upon the individual researcher.   However, this interpretation will be influenced by the researcher's philosophical leaning (Stainton Rogers, 1995, p. 191) as well as statistical and theoretical processes.

### 3.8. Research selection rationale

A summation of the past research (Grint, 2011; Bevan and Hood, 2006; Chan *et al.,* 2006) suggests a priority shift to explore for greater insight into how HPTs operate within the NHS context by using more flexible research designs that adapt to the research context. This research is contextualised within a complex NHS Trust; it is underpinned with the current academic and practice debates relating to HPTs. This knowledge and the context of the research has informed the research deign; thus generating deeper and richer insights, using a mixture of qualitative and quantitative approaches.

In summary, the rationale for selecting Q as the most appropriate research tool is seen in Table 3.7.

**Table 3-7 Researchers evaluation of Q methodology's suitability for this research**

| |
|---|
| Q adapts to the research criteria (see Table 3.6). |
| Q is exploratory and abductive so offers potential insights and explanations. |
| Q is sympathetic to the author's philosophical, ontological and epistemological position. |
| The methodology addresses the ambiguity and dynamic complexity within which HPTs operate. |
| All voices within HPTs contribute and are equal |
| The power balance between the researcher and the participants is minimised. |
| The use of concourse in the Q-Set ensures that the participants' own words reflect their view and interpretation of their reality. |
| The condensed Q-Set is capable of presenting ambiguity, complexity, multi-faceted discourse and social constructions in a 'user-friendly' way. |

If alternative research paradigms are used, the research aims would be difficult, if not impossible to achieve. The Q methodology brought independence in that participants sort the statements themselves, without the need for researcher input. Q methodology offers an innovative approach to qualitative analysis through a 'quantification of patterned subjectivities' (Shemmings, 2006, p147).

Q uses factor analysis, which does need an acceptable level of mathematical complexity and understanding to ensure data architecture is correct and the researcher can interpret the findings; though the operation of the methodology does not require any in-depth mathematical knowledge in order to develop interpretations of the data obtained through the Q-Sort. Q is useful for finding 'points of view' existent on a particular topic, and allows for the subtle differences to be highlighted as well as the major differences to be seen. The DOS software used was not user friendly though it is free and there are handbooks and guidance available for its use and it has been proven.

## 3.9. Practitioner reflexivity

The process of writing reflections, for the researcher and practitioner, gives strategic space and distance from the data collection, analysis and interpretation in the research process.

This study was started in 2010, at a time when the researcher was a non-executive director of one of the largest acute NHS Trusts in the North West, where HPTs were pivotal in changing practice. The research context and the researcher's role and positional power have significance on the selection choice for the research approach and design. An ethos of continuous improvement was instrumental when navigating the philosophical paradigms towards one of pragmatist mixed methodology.

This journey started from a quantitative post-positivist paradigm and then moved across the worldviews to a qualitative constructivist paradigm and ended advocating mixed methods. The original design was based around quantitative approaches, moving to qualitative narrative and discourse analysis, and then to a practitioner focus on qualitative participatory action research design (feasible at the time, as the researcher worked alongside HPTs). Reflection on researcher bias and objectivity, however, directed the research process, shifting the design to a mixed methods paradigm in order to introduce objectivity, whilst valuing both qualitative and quantitative data.

Developing the research paradigm criteria has helped focus thoughts and insights developed over this prolonged period of study, and has been instrumental in understanding worldviews and their application to problem-solving. Adopting the pragmatist mixed methods philosophical position has pushed personal boundaries and research knowledge accumulation and developed a more empathic understanding of how research approaches are unique to the problem to be solved. Luth and May (2012, p. 884) assert that 'The mandate of science is not to find truth or reality, the existence of which are perpetually in dispute, but to facilitate human problem-solving'.

## 4. Preliminary and main study stage 1 and 2

### 4.1. Overview

The previous chapter outlined the typical structure and deployment of the principles of Q methodology.  This can be summarised as:

- Identify the participants' viewpoints: P-Set
- Develop the whole representation of the topic: Concourse
- Undertake synthesis of the concourse into a set of representative statements: Q-Set
- Carry out individuals' representations of the topic: Q-Sort
- Conclude with analysis to identify families' of similarities: Factor Analysis

This chapter details phases two, three and four of the process illustrated in Figure 4-1 Research design framework. The chapter gives a detailed account of how each of the processes above was conducted.  It explores the methodological decision points and any learning points.  An overview of the study approach and ethical considerations are firstly explored. The preliminary study is then reported, followed by details on how the preliminary study informed refinements to the stage 1 main study and how both the preliminary and stage 1 main study informed the stage 2 main study. The data collection methods of the preliminary and main study findings are then presented.
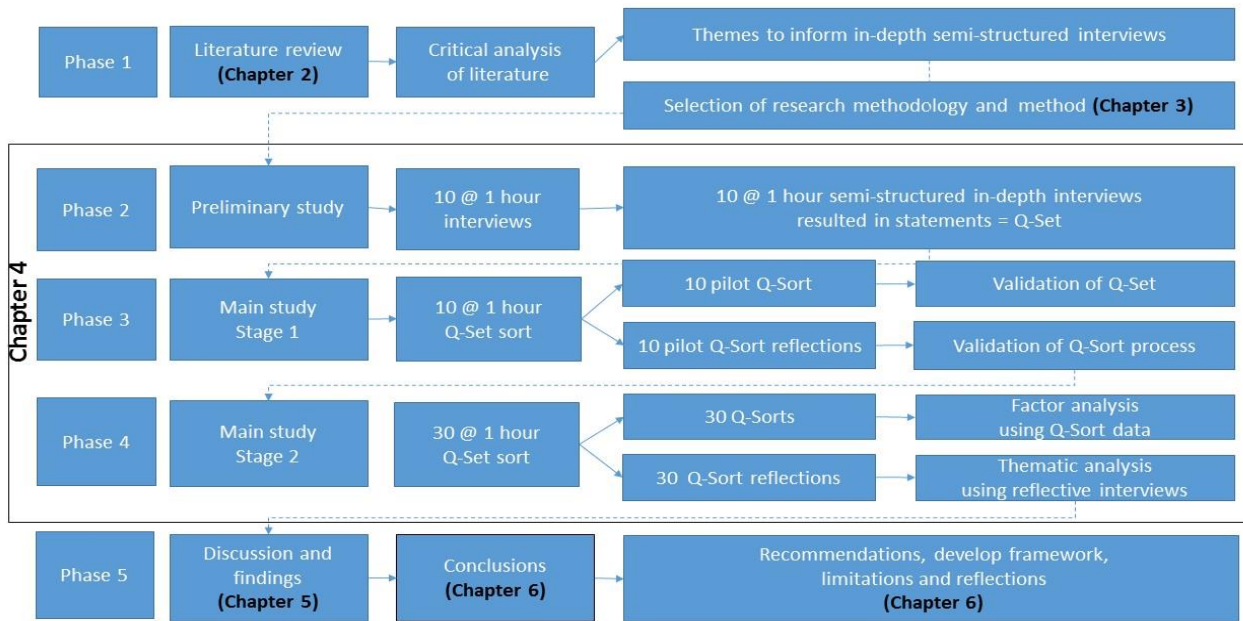
Figure 4-1 Research design framework

## 4.2. Overarching research framework and ethical considerations

The study was carried out with NHS ethical approval through NHS Integrated Research Application System (IRAS) and with the approval of Glyndŵr University Research Ethical Standards Committee (GRESC). The approved ethical stance was fully integrated throughout the design and enactment of the research.

All potential participants were informed that the research was part of a professional doctorate; they were given an information sheet, recruitment sheet and consent forms at least two weeks prior to the interviews taking place and participation was voluntary.

All participants were given the following guidance:-

- a reminder of who the researcher was and why the research was there (drawing attention to the introductory letter and consent forms),

- a reminder that their consent could be withdrawn at any time during the process and that confidentiality would be maintained,

- a reminder that all of their information would be assignment a code name, for the purposes of identifying individual Q-Sorts and their identities would be anonymised.

116

Their reactions and emotional responses were continually monitored with appropriate support mechanisms in place, should they be required. All participants agreed to an audio recording of their interviews and all audio recordings were transcribed, comprising 50 hours of interviews. Participants also consented to the Q-Sorts being photographed.

The researcher attended the NHS Trust on a total of 15 occasions to ensure that participants were not inconvenienced and could be seen at appropriate times. Consideration was given to any potential risks to participants; for example, a participant disagreed with some of the Q statements due to her personal circumstances, which she disclosed in the interview; every effort has been made to protect the anonymity of this participant. All data were kept in a secure location. The Director of Research and Development within the NHS Trust was the sponsor of the research and the Research Coordinator was the identified gatekeeper within the Trust. Participants' personal details were kept by the gatekeeper and not necessarily collected by the researcher. This helped to protect anonymity of participants who did not wish to be identified in the interviews.

### 4.3. Participants (P-Set) Selection process N=40

A relatively small sample is needed for Q methodology, which differs from other survey methods. The decision to include 40 participants in the study was based on the findings of Brown (1980). In Q methodology, as long as a factor has emerged, adding additional participants to the analysis will not improve validity or reliability of factors (Brown, 1980; Stenner et al., 2008). The aim of Q methodology is to illustrate the existence of a particular shared viewpoint (Watts and Stenner, 2005).

For this study, a nationally recognised high performing NHS Trust was selected and upon discussion with research experts and the Chair of the NHS Trust, it was deemed that five teams would be representative with 40 participants drawn from across the teams. Rigorous team selection criteria were used(Watts and Stenner, 2005): the teams needed to be nationally recognised for winning multiple awards within the last five years, thus demonstrating long-term commitment to high performance and high standards, as recognised by peers and leaders, both internal and external to the Trust. Diversity in the range of teams was introduced to ensure that the research participants were representative

of HPTs within its organisation context.  The Chair of the Trust, along with two executives, identified five high performing teams that represented a range of different HPT types. The selected teams offered different services, such as domiciliary services, theatre services, day care teams, 24-hour teams and support teams.

Selection criteria for individual participants ensured that there was a cross section from all grades, across the five teams.  Participants were purposively selected to ensure a diverse representative data set. From these 40 participants, ten were purposively selected again to represent all grades; these individuals were invited for the initial one hour semi-structured preliminary interview to gather the initial concourse. The participants were considered to comprise a purposive, homogenous sample (Stenner and Stainton Rogers, 2004) in that they were regarded as all having personal investment in HPTs.

## 4.4. Preliminary study and results

### 4.4.1. Data collection of concourse

Concourse collection used data from the literature review and from the semi-structured interviews to develop the concourse. This provided some triangulation to help counter threats to validity (Robson, 2002).  Triangulation is a powerful technique that facilitates validation of data through cross-verification from two or more sources. In particular, it refers to the application and combination of several research methodologies in the study of the same phenomenon. This approach was therefore adopted to elicit a holistic perspective of participants' lived experiences and perceptions of HPTs.

The components from the literature review (section 2.5) are presented in Figure 4.2 and informed the original 10 semi-structured preliminary interviews, providing structure and consistency.

Learning, development, rotation

Retention remuneration

Flexibility v Rigidity

Recruitment, Selection

Performance Management

Challenge Learn Adapt Reflexivity

Intrinsic Extrinsic

Alternative HRM

Motivation

Success and Failure

accountable responsible choice Individual Team Organisation

Innovation Change Learn Reflect Adapt

Continuos improvement

HIGH PERFORMANCE TEAM

Sense of ownership

Sense of identity

Individual Team Organisation Profession Expert

Governance

Sense of purpose

Policy Process Communication

Leadership

Voice

Community of practice

Meaningful work Aims and objectives Organisation Team Individual

Courage Communication Followership Kinship Trust

Listen Learn Reflect

Role Respect responsibility Trust Mentoring Reflection Reflexivity

Learning Challenge Being Growth Safety Risk

Figure 4-2 Framework used to commence HPW preliminary interviews (derived from literature review)

A flexible, semi-structured interview technique, well-suited to small scale studies was used for data collection, allowing participants the freedom to describe experiences and express views and perceptions without imposing pre-existing notions on the research setting (Patton, 2002). Questions for the semi-structured interviews were devised from the literature review and tested, usually starting with, 'In your opinion…?' or 'What is your experience of …?' A comprehensive concourse from participants' perceptions of the lived experience as a member of the HPTs was collected and audio recordings and transcriptions were made. The data from the 10 one hour interviews were analysed using the principles of the thematic analysis framework presented by Clarke et al., (2005) (see Figure 4.3). This process validated the original theoretical data set; some of the wording nuances were refined so the terms were 'user-friendly', reflecting practice.

| Phase | Description of the process |
|-------|---------------------------|
| 1. Familiarising yourself with your data: | Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas. |
| 2. Generating initial codes: | Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code. |
| 3. Searching for themes: | Collating codes into potential themes, gathering all data relevant to each potential theme. |
| 4. Reviewing themes: | Checking in the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis. |
| 5. Defining and naming themes: | Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme. |
| 6. Producing the report: | The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis. |

Figure 4-3 Thematic analysis framework. (Clarke, Burns and Burgoyne, 2005)

Abductive reasoning was applied to the thematic analysis and involves logical inference that leads to an explanatory hypothesis. Abduction involves the exploration of observed phenomena, which are to be regarded as clues rather than 'truths' to be proven or falsified (Pierce, 1958). Johnson and Gray (2010) state that although some consider abductive reasoning as a type of inductive reasoning, others believe that it is a separate type of reasoning, arriving at the best explanation possible.

### 4.4.2. Analysis and findings

Following these preliminary interviews, the components were validated and expanded (Figure 4.4). The majority of the components were validated (see thumbs-up).  One component (alternative HRM practices) was not validated, although this component was left in the concourse, because the literature suggests it is pertinent for success in high performing organisations.  Two additional components were also added (see light bulb) to the literature pictorial representation.  The refinement of the concourse process used thematic analysis design principles to map the concourse from the preliminary interviews to

120

the components from the literature, and so the additional two components were added to the discourse.
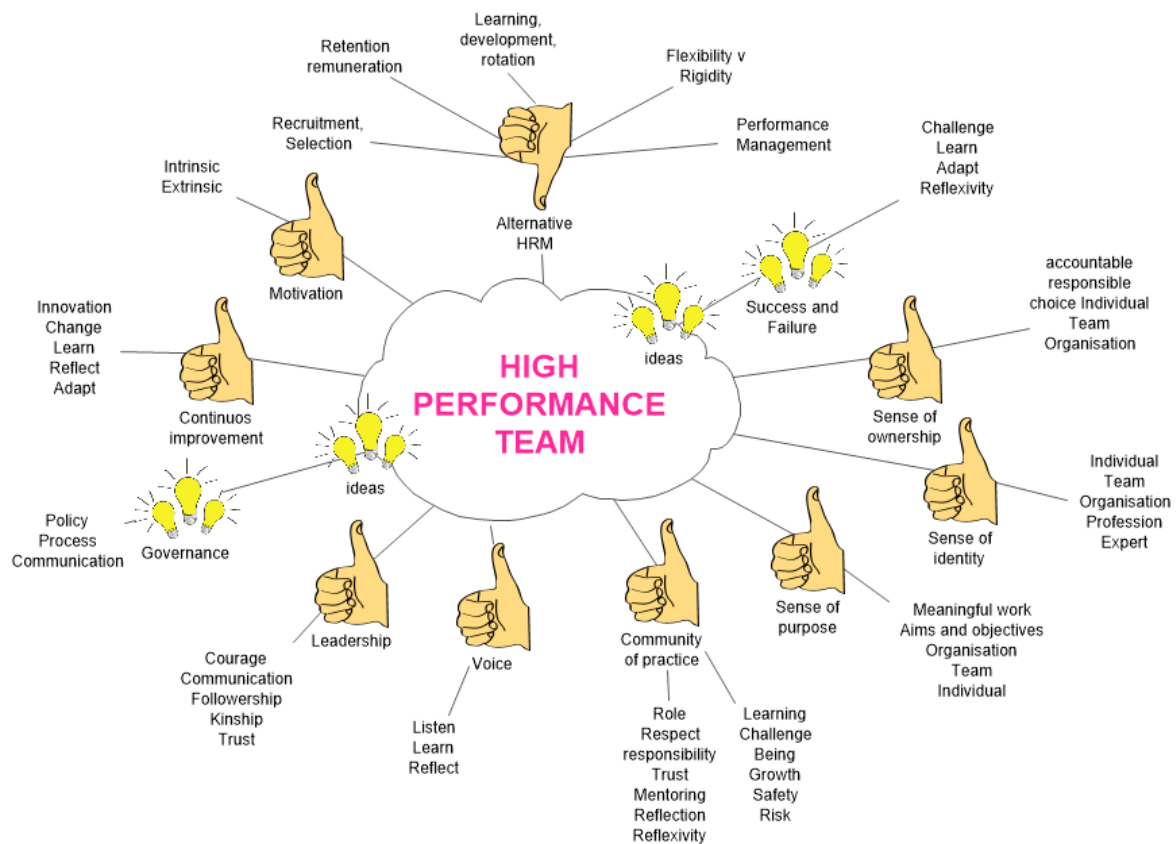


Figure 4-4 Preliminary interview concourse validation

From this preliminary study (a sample interview can be seen in appendix 9.5), new components were grouped (see light bulbs) that had not emerged from the literature review. An iterative literature review was conducted to explore how and why these new concepts operationalise HPTs and incorporated this wider understanding of practice. The result led to an aggregation of concepts with multiple components (see the process followed in Figure 4.5). This analysis phase of the 10 one hour preliminary interviews used thematic analysis principles to group similar and divergent components. These groupings were converted into a Q-Set by using the participants' own words to generate statements as explained in the following section. Following these preliminary interviews, some minor amendments were made to the statement S-Set. Stephenson asserts that meaning begins to emerge as the participant engages with the statements in the Q sorting task (Stephenson, 1953).

121
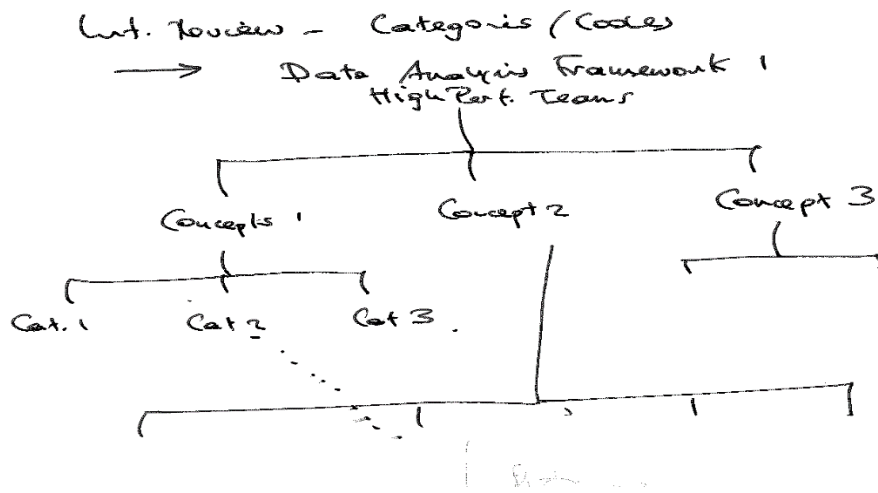
Figure 4-5 Depiction of iterative thematic analysis process that informed Q-Set

The participants' own words from the preliminary study were used to convert the theoretical concepts and components and generated a Q-Set. Some statement design considerations, adapted from Watts and Stenner (2012), helped reduce the number of statements:-

- Ensure only one key proposition to improve clarity
- Balance the wording and remove stereotyping
- Include statements which give a broad representation of the theoretical concepts and components emerging (team, engagement, HPW and HPT).

Additional filtering took place in order to reduce the number of statements, and this process was further informed by a special interest group at a Q methodology researcher's event at the Academy of Marketing (2014).

### 4.4.3. Statement selection: Q-Set

In Q, the exact number of statements is not pre-determined; the subject matter concourse drives the number, participant group and its size (Watts and Stenner, 2012). Using a range of 40-80 statements is cited as standard (Stainton Rogers, 1995). Statements that were included gave a broad representation of the three emerging areas in the concourse (teams, engagement, HPW). In Q, the final Q-Set can be considered robust providing that statements 'contain a representative condensation of information' (Watts and Stenner, 2005a, p. 75) and that, 'when used together as a Q-Set, represent the subject matter comprehensively as a whole' (Watts and Stenner, 2012, p. 80). The process reduced the preliminary Q-Set to 53

statements which were used for the five initial Q-Sort interviews, with the original preliminary participants. The interviewees were asked whether the statements were representative of their interview, and to check that:

- there was only one key proposition per statement to improve clarity

- the wording was balanced without stereotyping

- statements were included which gave a broad representation of the theoretical concepts emerging (team, engagement, HPW and HPT).

- similar components were consolidated

- the statement array represented the full concourse

- statements were appropriately worded

As a result of the initial preliminary Q-Sort validation process, the final Q-Set was reduced to 44 statements (see appendix 0). In total, nine statements were removed because they were perceived as either duplicating other statements, or too similar to be able to prioritise, or superfluous. The wording of six further statements was slightly modified to ensure representation of the concourse.

## 4.5. Main study stage 1

The Q-Set identified in the preliminary study was used in stage 1 and 2 of the main studies. Before the Q-Sort took place, demographic details were recorded and the participants' role details were collected. This is an additional layer of qualitative information to aid factor interpretation (see Chapter five).

The pre-sort interview consisted of collecting demographic and background details, such as: gender, age, type of team, education, years employed at the current organisation and years active in the current job description. Additional role related questions were:-

1. How did you (the participant) come to your current role?
2. In the next two to three years do you (the participant) think that you may change jobs or leave your team or the organisation?

All 40 participants were asked these role related questions and the responses from the pre-sort interviews have been consolidated for the preliminary, stage 1 and stage 2 main studies

(and can be found in the main study findings section 4.6.3). To complete the Q-Sort, clear instructions and a demonstration of the sorting procedure are essential for participants to represent their perspectives accurately (Dennis, 1988). The researcher is responsible for observing fatigue in the participants and ensuring that they are not rushed through the sorting process, which might compromise reliability and validity. Also, to avoid inter-rater discrepancies in the data collection process, only one researcher collected data (Polit, 1996).

Q-Sort can use a variety of foci for responses. However, 'Agreement' was selected as the subjective area of interest (Denzine, 1998), in order to help identify what participants agreed on as their subjective experience of HPTs. Participants were invited to read all Q statement cards and place them in one of four piles (see Table 4.1), with the instruction 'In your opinion, to what extent does the statement represent your team?' Each participant sort is treated as the variables in Q; therefore within this research, 40 participants performed a large number of tests by relating all 44 statements to each other (Brown, 1980; Cross, 2005).

Table 4-1: Task1.  Make four piles of cards using the following headings

| 1.  Most important | 2.  Important |
|---|---|
| 3.  Neutral  / unsure | 4.  Least important |

Participants were asked to reread the statements from pile one, and then sort them in order from most to least important and then to place them on a blank grid in order of importance until all statements were sorted.

Once completed, participants were asked to review their choices and to change any cards they felt were not placed according to their viewpoint, given that the final grid should represent their viewpoint from 'most agree' to 'least agree' from right to left.

A participant's final Q-Sort was then recorded on a blank grid.   The grid design and distribution range have little impact on the statistical outcome (Stephenson, 1953).  A forced distribution (or fixed grid) was chosen in this study score range from -6 to +6 to ease the

practical process of encouraging participants to rank statements in relation to one another, using a relatively flat distribution with fewer items placed at either end (in the 'most agree important' and 'least important' columns).  The forced distribution grid has been shown to allow participants who are knowledgeable in the subject area, and who may have strongly held views, greater discrimination between statements (Van Exel and de Graaf, 2005). The shape or 'kurtosis' of the distribution of statements within a grid is arbitrary, however, as it does not affect statistical analysis (Brown, 1993), nor the reliability of the data gathered, given that the finalised grid represents statements ranked relative to one another, regardless of the distribution shape (McKeown and Thomas, 1988).

The Q-Set was identical for each participant and consisted of 44 different statements written on rectangular cards of the same size. Each statement was numbered 1-44 for the purposes of identification.  Each of the Q-Sorts was completed face to face with the researcher and followed the same procedure and condition of instruction.

When asked to place the cards into four piles, the majority of participants agreed strongly with nearly all of the cards and did not want to place their cards in a box labelled 'least important'.  Participant two, crossed out the words 'least important' and wrote 'important' on the grid before sorting any.  This gave the sorter autonomy and she retained control. All of the sort grids with the prioritised list of Q-Cards were photographed as a data record to aid in the analysis after the interviews.
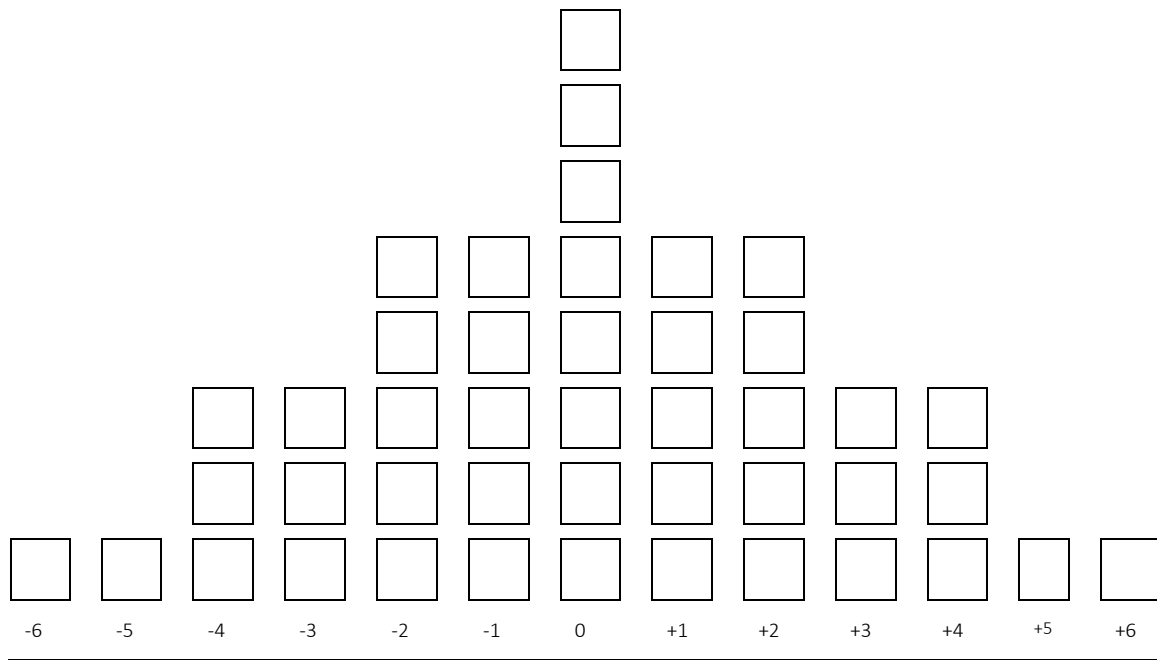
Figure 4-6 Q-Sort Grid distribution

**Least Important**                                                    **Most Important**

The participants then placed their statements on to the grid (Figure 4.6). Only a pre-determined number of cards can be placed in each cell of the blank grid, producing a forced distribution (Brown, 1980). This forced distribution was one of the most challenging parts of the sort process and will be discussed further (see section 4.6).

After the sort process, a 15-minute open-ended, semi-structured reflective interview followed in order to collect further qualitative data to add richness to, and support the interpretation of, the factor analysis findings (an example of a typical post sort interview transcription can be seen in appendix 9.6). The post-sort interview provided insight into the way each participant sorted the Q-Set. Interview questions regarding the rationale for choosing particular aspects as 'most important' or 'least important' were chosen to enhance the validity of the Q-Sort, based upon the recommendation of Dennis (1988). Questions were chosen to validate and to add richness to the analysis (Fink, 1995). All 40 participant responses from the pre-sort interviews have been consolidated for preliminary, stage 1 main study and stage 2 main study and can be found in the main study findings (4.6.3).

126

The following post-sort questions were asked:

3. How did you decide on the three most important and the three least important statements?
4. How did you find the sort process?
5. Was anything missing or would you add anything?

These findings were consolidated with all participants' responses and have been reported in subsection 4.6., along with any further comments that participants made whilst they were conducting the Q-Sort. These additional measures were carried out in order to provide an additional layer of qualitative information to aid factor interpretation (see Chapter five).

## 4.6. Main study stage 2 and results

In the main study stage 2, the participants followed the same three-stage process used in the main study stage 1, and the findings will be outlined following each step of the process (see appendix 9.2), which in summary are:

Step 1. Before the Q-Sort took place, demographic details were recorded.

The participants were also asked role related questions:

1. How did you (the participant) come to your current role?
2. In the next 2 to 3 years do you (the participant) think that you may change jobs or leave your team or the organisation?

Step 2. The Q-Sort was conducted with clear instructions using 'Agreement' as the subjective area of interest.

a. Participants were invited to read all Q statement cards and place them in one of four piles (most important, important, neutral, and least important). The sentence 'In your opinion, to what extent does the statement represent your team?' was used to focus the participant's sort.
b. Participants were asked to reread the statements from the pile and sort them from most to least important.

c. Participants were asked to place the 44 statements on a blank grid.

Step 3. A 15-minute open-ended, semi-structured reflective interview

Questions asked after the sort were:

1. How did you decide on the three most important and the three least important statements?

2. How did you find the sort process?

3. Was anything missing or would you add anything?

The data analysis and discussion, including the Q-Sort data, factor analysis, factor extraction and interpretation are discussed in Chapter five.

### 4.6.1. Step 1: Findings from demographic and role interview

Gender: 92%: 8% female to male gender split

Age: 17% less than 30; 26% 30-40; 25% 40-50; 18% 50-60; 14% over 60

Job grade: grade 3 (for example junior administration) to grade 9 (management) were represented in the study.

Teams represented in the study: domiciliary services, theatre services, day care teams, 24-hour teams and support teams

Education: A mixture of formal academic qualifications, informal in-house qualifications and professional awarding body recognition. The majority of participants all reported having full, on-going access to either supervision / coaching / peer to peer support. All referred to quality circles / reviews of practice as common and most used their team and leader to further develop. There was no obvious emergent patterns of education from the data of informal learning. There was a pattern of formal qualifications found within the data which linked directly to the grade structure.

Of note: all team leaders had received leadership education, mostly from the North West Leadership Academy and all said that it had made a valuable contribution to how they behave and perform in their role.

<u>Years employed at the current organisation</u>:  5% less than 2 years; 46% 2-5 years; 32% 5-10 years; and 17% more than 10 years.  So overall, a relatively stable group.

<u>Role related questions:</u>

1.  <u>How did you (the participant) come to your current role?</u>

42% said that they had either been approached or encouraged to apply for their post (this included both internal and external advertisements).

27% said that they had seen the post advertised internally / externally and were attracted to the team and / or its reputation.

The remaining 31% had either family and/or friends who worked at the Trust or had applied to an external advert and were attracted to the organisation.

The recruitment and selection practices in place appeared adequate for this group, though there is no reference made to any HR bundles as argued in section 2.4.5 when referring to high performance working.

2.  <u>In the next 2 to 3 years do you (the participant) think that you may change jobs or leave your team or the organisation?</u>

One participant said that they intended to leave the organisation and six inferred that they may retire but had no definite plans. The remainder of the participation group said they had no intention to leave the organisation.

### 4.6.2. Step 2: Findings from Q-Sort discussions.

<u>Pile sorting exercise (see instructions in appendix 9.2).</u>

The participants (n=40) took their time and fully engaged with the Q-Sort exercise.

In total, 26 participants did not create a 'least important' pile.  Their general consensus was that all of the cards were of importance and this should not be diminished by a pile called 'least important'.

When asked to place the cards into four piles, the majority of participants did not want to divide the cards into four piles as they felt the whole Q-Set were 'most important'; the general view of over 30 participants was that there was no 'least important', they were all important.

Participant two crossed out the words 'least important' and wrote 'important' on the grid, before sorting any cards (further findings can be seen in subsection 4.6). This gave the sorter autonomy and she retained control.

Participant 20 commented: 'I am struggling with some personal difficulties, as I have had a long period of absence, and it is really difficult to fit back into this fast pressure environment after stepping out of it. This session is helping me reflect on why I'm struggling'.

Participant 38 commented: 'I have resigned this week and this exercise is tough, I think I can see why I have been struggling here for a while'.

## Grid sort: Placing the card in a preformed grid.

18 participants did not like placing their cards on the grid. They saw it as a hindrance.

Eight participants did not use the grid. Their statements were represented in a linear form.

Eight participants, however, found it difficult to rank the items within the constraints of the forced distribution; participants said they would prefer to create a linear list of priorities.

All of the sort grids with the prioritised list of Q-Cards were photographed as a data record, to aid in the analysis after the interviews.

## Discussion whilst the sort was taking place.

Participant four comment: 'Thank you for this. I just take this for granted. Now I am thinking about it, there is loads we can do with it.'

Participant seven comment: 'Thank you for giving me the time to do this. It has given me some space to think about this stuff.'

Participant nine comment: 'This team stuff is really heavy and complicated. It has just grown to be part of me over years.'

Participant 17 comment: 'This has really got me thinking about why a recent problem has come about and I think I can see why.'

Participant 33 comment: 'When you look at this array of statements, you realise just how complicated teams are. They seem much easier when you are in them.'

### 4.6.3. Step 3: Findings from interview post-sort.

In this final stage after the sort, the participants had time to reflect on the sort process and on their own perception of the team in the visual representation that they had generated.

Post-sort questions asked were:

3. How did you decide on the three most important and the three least important statements?
4. How did you find the sort process?
5. Was anything missing or would you add anything?


Question 3 findings:-How did you decide on the three most important and the three least important statements?

Participant three comment: 'I looked for our story in three statements. It was more difficult to decide on the least important as they all were.'

Participant eight comment: 'I could have chosen the top 10 easier than the top three.' 'I wanted it to embrace the team as a whole, which is difficult.'

Participant 11 comment: 'There was no least important; they were all important. My top three could be the majority of the cards. It is difficult to say simply.'

Participant 15 comment: 'The top three painted the picture; the bottom three were much tougher to choose, as I thought any of them could have been in the top grouping. I didn't like having to choose the least; I would have changed the words to say all important.'

Participant 18 comment: 'I really enjoyed the experience of the sort and then reviewing the most and least; it helps you focus on what is important to me.'

Participant 23 comment: 'It has really got me thinking about the team and how it's different from other teams.   It just is you can feel it; you just know it; it's why I like working here.'

Participant 30 comment: 'The top three are why I like coming in to work; in fact all of them are why I like coming in to work; it gives me the buzz I need.'

Participant 33 comment: 'When you see it laid out in front of you, it's crazy how much is going on at once and what it must be like to make it all work.'

Participant 36 comment: 'This is why I get a buzz out of my job. I love this complex messy leadership job.'

**Of note:**  the research time was valued and the level of engagement and reflection exceeded expectations.  The group overall struggled with narrowing the focus of the activity to the three most and three least important and wanted to encompass a wider selection.  As mentioned from the pile sort, the majority of the group had not created a 'least important' pile so had conducted a linear sort and then placed this on the grid.


Question 4 findings: How did you find the sort process?

Seven participants said that it was 'hard work', 'tiring' and 'takes loads of head space' or similar.

17 participants said 'thank you' for being able to take part and reflect on their team and their role.

**Of note**: all the team leaders said that the 'thinking time,' 'reflecting on how their team operated' and using the Q process to 'explore ways of improving their teams' were helpful. Out of the team leaders, participant one commented 'I feel I understand how the whole team works now', and 'I understand some of the leavers better'; participant seven commented: 'now I see why I keep the rules simple'.  Participant 14 and 36 commented:  'I really enjoy thinking about this bigger stuff'.  This means that this exercise has had a reciprocal element and that the exercise in itself has positively influenced practice.

**Of note:**  one participant struggled to complete the interview and the sort.  Participant 38 intended leaving the organisation and felt unable to contribute in a meaningful constructive

132

manner; whilst they wanted to be included in the study, they said that the interview and sort had helped them rationalise their choice for leaving their team and the organisation. This means that whilst the participant had decided to leave, this process had helped them come to terms with their decision and helped them move on in terms of decision-making.

This interaction and reflection on practice, demonstrated the value of strategic thinking and reflection space, and the reciprocal nature that Q offers in practice-based research.

Questions 5 findings: Was anything missing or would you add anything?

All the participants, without exception, thought that the Q-Sort items were comprehensive and complete, and could not think of any additional items to add.

Four participants thought that two of the items were similar, and were guided to use their own interpretation within the sort, which they did.

Participant seven comment: 'I just really enjoy my job, it makes getting out of bed easy.'

Participant 10 comment: 'My team makes me tick, it gives me the energy I need.'

Participant 11 comment: 'We all make this work together. It helps that we work as friends'

Participant 15 comment: 'We are what are we because of each other.'

Participant 21 comment: 'I can just get on with what needs to be done, when it needs to be done, and if I am struggling, I know I can get help. '

Participant 25 comment: 'I can't imagine working anywhere else, or wanting to.'

Participant 29 comment: 'It's all of us pulling together that makes the difference, which includes my boss'.

This question generated no further data to the Q-Set, which confirmed that this iterative approach to gathering and validating the statement concourse had been thorough and comprehensive and the data were representative of all perspectives. The process also generated some holistic observations of the teams' modus operandi.

## 4.7. Summation

This section has outlined the process of data collection and documented the findings using Q in detail and given a systematic description of the way in which the data within this study has been collected, reported and described, including a brief reflection upon the way in which the data interpretations were verified with the participants.  The following chapter will focus on the results and the analysis process used to aid the interpretation and review and discuss the implications of what has been reported.

The participants actively engaged in both the HPT concept and Q which reinforced their contribution and the dependability and legitimacy of the findings. Participants who gave feedback indicated that the Q-Set helped them see the bigger picture which was thought-provoking and more complex than perhaps previously considered.  The sorting process encouraged them to ponder all these aspects relative to each other carefully. In addition, participants said they found it gratifying to see the result of their effort in front of them after finishing the Q sort, and most participants were interested in the overall results of the study and suggested they would discuss the emerging viewpoints within their teams. Given the results, this would suggest that exploring perceptions of individual team members has additional practice based value over and above that of questionnaires for example that measure team effectiveness as a whole.

## 4.8. Practitioner reflexivity

The interpretation process brings the researcher's subjective experiences, social constructions, prior knowledge, preconceptions and potential biases more acutely into focus, as both the statistical and qualitative data serve as clues that are open to interpretation.

The professional and philosophical research journey to pragmatism migrating through quantitative and qualitative worldviews to mixed methods has been outlined previously in Chapter three and four.  The research methodology aim was to 'hear' the participants' 'voice' and let the 'data speak', therefore gaining access to lived experiences of the modus operandi within an HPT.

Q attempts a scientific focus into an individual's self-reference, using mixed methods in a structured way, which is rare. Projecting self-reference in a dynamic, complex HPT setting and retaining the individual as a whole, whilst being able to helicopter above the activity of HPT has been very difficult to achieve.

The majority of participants found the experience intensive and tiring and commented on the process getting them to 'think' and gave them 'time to reflect' on what they take as 'the norm'. The Q-Sort created really helpful 'space' to consider what was happening in the team. A participant, who disclosed they were leaving the organisation, found this process very difficult to work through. They said the sort process had crystallised the reasons why they were leaving the organisation and that the process had helped them come to terms with their decision. They inferred that this process had reduced their own frustration and anger with the organisation and their team. Whilst this was a challenging interview, and they did not complete their sort, they said they would like the interview discourse to be included within the study to add richness to the framework and the process.

To get from the start of the process to the end whilst maintaining the integrity of the process has been a significant undertaking, as there are no allowable shortcuts. Whilst the methodology adds depth, rigour and reliability, it took a huge amount of resources to complete a mixed methods study as the combination of both worldviews needed to be triangulated effectively. This approach would be beneficial to a team based research project in order to distribute the workload, and allow in-depth debate.

The diagnosis of Irlen's syndrome and dyslexia of the researcher mid-way through the research process brought about a significant crisis of confidence that inevitably resulted in slow progression. This required an adjustment of the pace of the work and rereading, annotating the majority of the bibliography and other resources for a second time, whilst making copious notes and audio summaries, to help progression. The use of visual representations of information and data has been used throughout the thesis to improve the translation of information process. To aid recall and gain clarity, the recordings of interviews and photographing of sort grids, as well as the typed transcripts have been essential, both from a practitioner's perspective and from a dyslexia perspective. The three different media, visual, auditory and type face support recall and triangulation of understanding to gain

135

insight; this overcame some of the recognised dyslexia traits of problematic short term memory and sequencing and aided the position of objectivity as it gave distance between the action and its understanding.

## 5. Data analysis and discussion

### 5.1. Overview

Watts and Stenner (2012) assert that a Q-Study involves three methodological transitions within the process of data analysis. The first of these is the transition from Q-Sorts to by-person factors; the second transition is from factor to factor arrays; the final transition is from factor arrays to factor interpretation.

The overall approach taken to analyse the data was to use the dedicated software package PQMethod 2.11 as suggested by Schmolck and Atkinson (2002).  Factor analysis is the associated analysis approach (Watts and Stenner, 2012) and it will show similarities and dissimilarities between participants' sorting of the statements which is also known as by-person factor analysis.  It considers the holistic picture of the way in which the statements were sorted (ranked) and it is this complete sorting of statements that is analysed, resulting in factors being assigned eigenvalues. Participants with similar rankings of statements, load significantly on the same factor as each other, revealing a pattern of statements that express their subjective views (Plummer, 2012). The factor analysis process revealed the number of participants who reflect the sorting of statements that are common to each factor. In simple terms, if several people have similar views (having placed their statements in similar positions on the Q-grid) then they will all load on the same factor.  Factor array prepares the data to reveal their structure in readiness for qualitative factor interpretation (Brown, 1991).

### 5.2. Transition 1: By-person factor analysis

To approach the first transition, each Q-Sort is entered individually into a dedicated computer program, in this study PQMethod 2.11, Schmolck (2002) was used.  Using the Q-grid design (Figure 4.6) a numerical value was ascribed from -6 to +6 to each statement, depending upon its position within the grid of every sort.  Each completed Q-Sort is then inter-correlated, through the process of by- person (or by Q-Sort) factor analysis, to determine the level of agreement or disagreement between the placement of each card on the sort (Q-Sort one with two, one with three, one with four etc.), producing a correlation matrix. This is possible because the variables within by-person factor analysis consist of the

individual Q-Sorts.  This inter-correlation is conducted at a statistical level, to correlate the way in which individual Q-Sorts cluster together within a sort, and so can be seen to belong to a similar family or factor (i.e. a similar viewpoint).  The by-person factor analysis before any rotation identifies the underlying factor structure of the Q-Sorts.   Eigenvalues ($\lambda$s) indicate the amount of variance explained by each factor and can be seen in Table 5.1.  It is accepted practice to only retain factors with $\lambda$s values higher than one (Watts and Stenner, 2012; Tabachnick and Fidell, 2012). Each and every sort process represents a potentially unique and meaningful viewpoint that might legitimately be adopted by an individual Q-Sort.  The extracted eigenvalue factors defined have represented the more distinguished combination of viewpoints.

Table 5-1 Initial eigenvalues and total variance explained before rotation

| Total Factor Variance Explained | | | |
|---|---|---|---|
| | Initial Eigenvalues | | |
| Factor | Total | Variance % | Cumulative % |
| 1 | 6.4 | 14.7 | 14.7 |
| 2 | 4.4 | 10.2 | 24.9 |
| 3 | 3.5 | 8.0 | 32.9 |
| 4 | 3.2 | 7.2 | 40.2 |
| 5 | 2.8 | 6.3 | 46.6 |
| 6 | 2.5 | 5.7 | 52.5 |
| 7 | 2.1 | 4.9 | 57.3 |
| 8 | 2.1 | 4.8 | 62.1 |
| 9 | 1.9 | 4.4 | 66.6 |
| 10 | 1.7 | 4.0 | 70.6 |
| 11 | 1.7 | 3.8 | 74.5 |
| 12 | 1.4 | 3.1 | 77.7 |
| 13 | 1.3 | 2.9 | 80.6 |
| 14 | 1.1 | 2.5 | 83.1 |
| 15 | 1.0 | 2.2 | 85.4 |

From the initial analysis, a total of 15 factors were retained that had an eigenvalue of one or more; these 15 factors accounted for 85% of the total cumulative variability.  It is usual to keep factors that are representative of approximately 70% of the study (Watts and Stenner, 2012) prior to the rotation of factors.  In this study, the first six factors account for 52.5% of the variance, after that there is a smoothing effect of the $\lambda$ range from 2.1 to 1 accounting for nine factors and 33% of the cumulative variance.  Using the guidance of Watts and

Stenner (2012), 15 factors were retained because they had $\lambda$s values higher than one. The first six to eight factors, as expected, account for more than half of the accumulated variance. The inference drawn is that the Q-Set is well represented of the complex and dynamic operational environment of the HPT. The concept of HPTs is made up of a complex grouping of concepts and components which is substantiated in the results of the literature review in section 2.5. This demonstrates Q-Sets adaptability to represent a complex dynamic environment from a group of individuals' perceptions.

## 5.3. Transition 2: Factor to factor array

Watts and Stenner (2012) assert that the second transition within data analysis is from by-person factor to factor arrays. This process involves the production of a factor array, in which the program provides a weighted average of all the factors that correlate (or load) highly with that factor. A factor array, therefore, portrays a Q-Sort that exemplifies, as a best fit, the positions of the statements within that factor. Centroid factor analysis (CFA) was used for factor extraction and rotation as opposed to the alternative Principal Components Analysis (PCA), because this method is considered the favoured choice of Q methodologists (Stainton Rogers, 1995). Factor extraction refers to the way in which factors emerge from the correlation matrix (the patterns of similarity or difference between each Q-Sort with every other Q-Sort).

In statistical terms, the complete matrix represents all viewpoints within the data; therefore 100% of the meaning and variability within the data. In Q this is termed the study variance (McKeown and Thomas, 1988). Theoretically these data can be grouped into 'segments of subjectivity' (Stephenson, 1953) in an infinite number of ways, rather like slicing a cake into multiple pieces (Watts and Stenner, 2012). The choice of how many segments (or factors) to extract and interpret is usually dependent upon certain statistical and theoretical guidelines:

- Factors should only be retained with an eigenvalue greater than 1.00 (Brown, 1980)
- Factors should have at least two Q-Sorts which load upon it alone (Watts and Stenner, 2005a)

- Q-Sort should be considered significant in terms of loading upon a factor based on the statistical calculation p<0.01 = 2.58 (1/√number of statements) (Brown, 1980; Watts and Stenner, 2012). Within the context of this study, the level of significance was initially calculated, therefore, as 0.39 (2.58 (1/√44) = 0.39).
- Factors should capture as much of the study variance (range and variability of viewpoints) as possible, with a combined variance of over 40% across factors considered to be a sound solution (Watts and Stenner, 2005a).

Through this process a number of factors were extracted. Prior to the rotation, the first factor or component accounted for 14.7% of total variance, the second for 10.2%, and the third for 8.0% up to the fifteenth for 2.3% (Table 5.1). However, after the rotation, factor one accounted for 10.5% of total variance, which is a reduction from the pre-rotation eigenvalue of 14.7%. The second factor accounted for 6.3%, the third for 6.3% and the fifteenth for 3.9% (see Table 5.2). These findings show that, on average, the factors have relatively similar and uniform percentages of total variance before and after the rotation. Dominant factors normally occur only for the first one or two factors, which explain relatively large amounts of variance (especially factor one), whereas subsequent factors (third, fourth, etc.) explain only small amounts of variance.

Table 5-2 Eigenvalues and total variance explained after the rotation

| Total Variance Explained | | | |
|---|---|---|---|
| | Rotation Sums of Squared Loadings | | |
| Factor | Total | Variance % | Cumulative % |
| 1 | 4.6 | 10.5 | 10.5 |
| 2 | 2.8 | 6.3 | 16.9 |
| 3 | 2.7 | 6.3 | 23.2 |
| 4 | 2.7 | 6.2 | 29.5 |
| 5 | 2.7 | 6.1 | 35.6 |
| 6 | 2.5 | 5.8 | 41.5 |
| 7 | 2.5 | 5.8 | 47.3 |
| 8 | 2.5 | 5.7 | 53.1 |
| 9 | 2.3 | 5.2 | 58.4 |
| 10 | 2.2 | 5.1 | 63.5 |
| 11 | 2.0 | 4.7 | 68.3 |
| 12 | 2.0 | 4.7 | 73.0 |
| 13 | 2.0 | 4.6 | 77.6 |
| 14 | 1.7 | 3.9 | 81.6 |
| 15 | 1.7 | 3.9 | 85.5 |

Hence, in terms of λ magnitude, this finding produces relatively uniform λs of successive factors, in which after factor one the λs do not drop off drastically. It is noticeable again that factor one is clearly dominant, with 10.5% variance, and the following seven factors (in almost equal measure) including factor one account for 53.1% of the cumulative variance (with only 0.6% variance difference between factors two and eight).
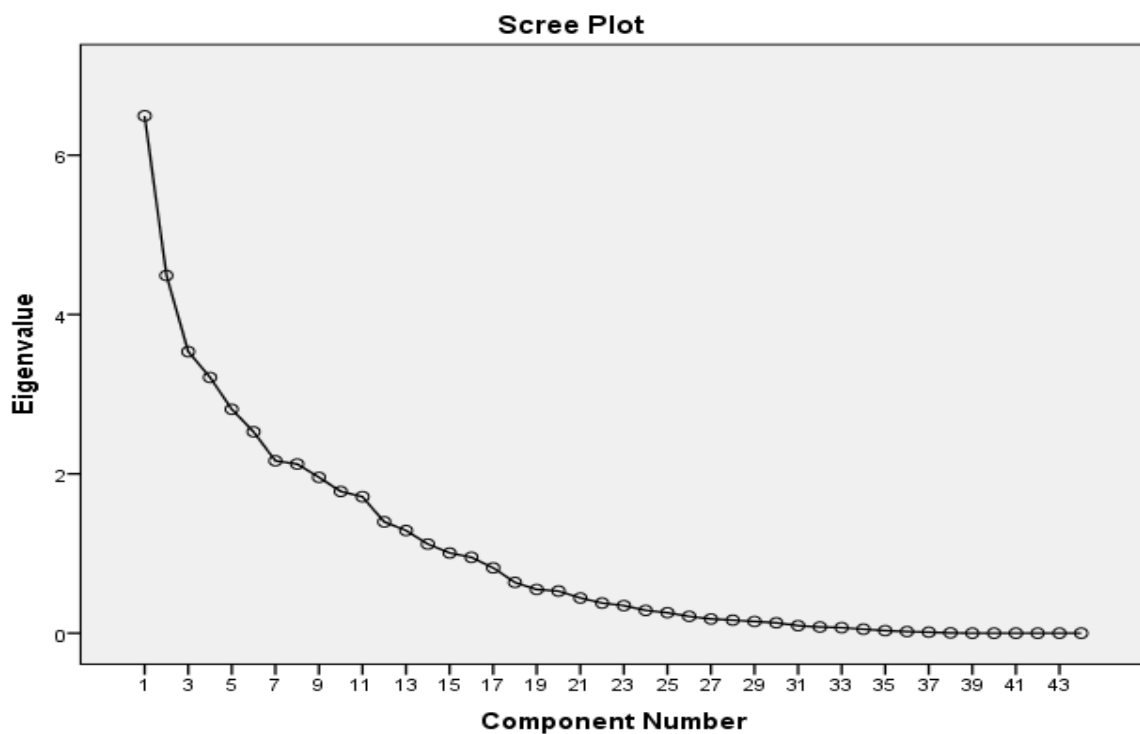


Figure 5-1 Scree plot of by-person factor correlation after Varimax rotation

The scree plot in Figure 5.1 was described in the literature (Child, 2006) as a useful way of establishing how many factors should be retained in an analysis. On closer examination, it reveals that the interpretation is somewhat difficult since the plot does not curvature significantly. Using the guidance of Watts and Stenner (2005a), over 40% across factors is considered to be a sound solution. Accordingly, using this guidance, eight factors were empirically retained, accounting for a total cumulative variance of 53%. Factors six, seven and eight all had the same eigenvalue of 2.55 and had they been excluded, the first five factors would have accounted for a total cumulative variance of 35.7% which does not meet the guidance of 40% (Watts and Stenner, 2005a). Once the extraction of factors had been

implemented, the 'communalities' can be seen in Table 5.3 which indicates the size and direction of each loading after the rotation.

Table 5-3 Communalities after using Varimax rotation

| Statement Number | Factors | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 26 | .826 | | | | | | | |
| 18 | .714 | | | | | | | |
| 7 | .675 | | | | | | | |
| 2 | .657 | | | | | | | .542 | |
| 39 | .607 | | | | | | | |
| 33 | .606 | | | | | | | |
| 16 | .603 | | | | | | | |
| 19 | .495 | | | | | | | |
| 42 | | .818 | | | | | | |
| 29 | | .711 | | | | | | |
| 9 | | .689 | | | | | | |
| 41 | | .568 | | | | | | |
| 38 | | .491 | | | | | | |
| 8 | | | .730 | | | | | |
| 13 | | | .711 | | | | | |
| 43 | | | .581 | | | | | |
| 36 | | | .497 | | | | | |
| 6 | | | | .913 | | | | |
| 12 | | | | .702 | | | | |
| 27 | | | | .693 | | | | |
| 44 | | | | .500 | | | | |
| 11 | | | | | .865 | | | |
| 25 | | | | | .719 | | | |
| 4 | .429 | | | | .526 | | | |
| 31 | | | | | .473 | | | |
| 40 | | | | | .434 | | | |
| 28 | | | | | | .766 | | |
| 32 | | | | | | .760 | | |
| 24 | | | | | | .668 | | |
| 35 | | | | | | | .914 | |
| 22 | | | | | | | .578 | |
| 30 | | | | | | | .450 | .524 |
| 23 | | | | | | | | .855 |
| 15 | | | | | | | | .601 |
| 17 | | .407 | | | | | | .411 |

The eight significant factors carry underlying clusters (or communalities) as indicated by their shared variances and summarized in Table 5.4 below. For example, factor one groups Q-Set statement numbers 26, 18, 7, 2, 39, 33, 16 and 19, while factor two clusters Q-Set statements 42, 29, 9, 41, 38 and 17, and so forth. These clusters (or communalities) are used to explore factor interpretation.

Table 5-4 Underlying structures of factor 1 to 8

| Factors | Statement clusters (or communalities) |
|---------|---------------------------------------|
| 1 | 26, 18, 7, 2, 39, 33, 16 and 19 |
| 2 | 42, 29, 9, 41, 38 and 17 |
| 3 | 8, 13, 43, 36 and 44 |
| 4 | 6, 12, 27, 11, 25 and 4 |
| 5 | 11, 25, 4, 31 and 40 |
| 6 | 28, 32 and 24 |
| 7 | 2, 35, 22 and 30 |
| 8 | 23, 15, 30 and 17 |

The findings reveal that factor one underlying statement numbers 26, 18, 7, 2, 39, 33, 16 and 19 measure a 'common phenomenon or shared perception' clustered jointly. A similar analogy can inductively explain factors two to eight.

## Internal consistency using Cronbach's alpha

In order to measure internal consistency, that is, how closely related a set of statements are as a group, Cronbach's alpha ($\alpha$) coefficient was employed. Cronbach's $\alpha$ reliability coefficient normally ranges between 0 and one. The rule of thumb is that the closer Cronbach's $\alpha$ coefficient is to one, the better the internal consistency of the items in the scale (George and Mallery, 2003). Furthermore, George and Mallery (2003) provided the following rules of thumb (seeTable 5-5). The findings indicate that Cronbach's $\alpha$ coefficient was found to be 0.753, which is considered acceptable. Thus, the statements used in the Q-Set can be considered reliable for achieving internal consistency.

Table 5-5 Cronbach's coefficient: rule of thumb

| | |
|---|---|
| $\alpha > 0.9$ | Excellent |
| $\alpha > 0.8$ | Good |
| $\alpha > 0.7$ | Acceptable |
| $\alpha > 0.6$ | Questionable |
| $\alpha > 0.5$ | Poor |
| $\alpha < 0.5$ | Unacceptable |

## 5.4. Transition 3: factor array to factor interpretation

The final transition is from factor arrays to factor interpretation. This final process involves the researcher examining the factor array and interpreting the pattern or configuration of statements within the grid at a qualitative level (Plummer, 2012). The interpretation process brings the researcher's subjective experiences, social constructions, prior knowledge, preconceptions and potential biases more acutely into focus, as both the statistical and qualitative data serve as clues that are open to interpretation (Watts and Stenner, 2012, p. 88).

> The individual items and their inter-relationships within a particular array then serve as the Q methodologist's signs or clues. These must be traced back to a clear understanding of the overall view point, which explains or makes sense of the configuration. (...) We simply need to grasp the 'nature of the beast' that has just passed by, something which can be achieved through close attention to the impression they have left, and by means of interpretation.

Watts and Stenner (2012, p. 88)

Brown (1991, p. 13) asserts that 'the statistical and mathematical aspect of Q serves primarily to prepare the data to reveal their structure in readiness for qualitative factor interpretation'. It is through the combination of both statistical and interpretive analysis, therefore, that a holistic picture of the data can begin to emerge as the researcher interprets the factor arrays with the aim of providing a plausible explanation for the appearance of the factor, by describing and highlighting aspects of the viewpoint being presented. Q thus utilises both quantitative and qualitative methods to analyse and interpret phenomenon.

The following subsection will give the findings for each of the eight retained factors, recognising that factor one accounted for 10.5% of the variance, whilst the other seven hold similar weight (between 2.7 and 2.3) and account for 43% of the variance (see Table 5.2).

## 5.5. Factor one array interpretation



We are aware of our boundaries and clear of our expertise, though will go beyond these to give the patient a good experience.

We have access to and actively learn from our wider networks. We actively build these networks.

Our team knows what needs to be done, how it needs to be done and by when.

The organisation's leadership supports us if we need to access learning which is essential.

Our team always aims to go above and beyond what is the organisation's expectations.

Becoming an expert is essential in our team.

My positive sense of well-being is as a result of being part of my team.

We all "pull our weight" in this team - is shows mutual respect.

Factor 1 Interpretation

Figure 5-2 Factor one statements array

The eight statements seen in Figure 5.2 make up factor one array, which represents 10.5% of the study variance. It is usual to interpret 40% of the variance this factor is significant using guidance from Stenner and Watts (2012). Thus it can be inferred that a significant number of participants created a similar statement pattern in their Q-Sort; therefore this array of statements has prevalence within the P-Set.

The statements can be amalgamated under the theme of supportive team learning and include the learning team, the expert team, and the emotionally intelligent team.

### 5.5.1. The learning Team

HPT members are capable of working in a fast-paced environment and contribute in full. They are supported and nurtured to adapt and change in a team context that lends itself to autonomy, curiosity and innovation (Gordon, 2000, p. 18). Team autonomy and individual autonomy contribute to team learning and so to team wisdom as argued in subsection 2.2.4. Reflexivity in HPTs by team members is the norm. They regularly and systematically reflect

146

on their performance, learn and adapt to improve future practice and process (King, 2002; WHO, 2007; Hollenbeck *et al.,* 2012). As argued in section 2.2.7, *wisdom of the crowd* is a result of temporal reflexivity and positively impacts on decision-making. Therefore, team composition counts, and the sharing of knowledge and experience reflectively underpins wisdom, which in turn brings about innovation. The opportunity for leader / follower development is pivotal to maximise an individual's learning and contribution in an HPT.

### 5.5.2. The expert team

There are a grouping of statements in this factor that focus on continuous learning, peer-to-peer support, development and an expertise ethos and consistent high levels of performance. It has been argued in subsection 2.2.6 that the tenure and temporal nature that teams cohabit are of importance to the capacity of the team to learn and develop over time. People are in a constant state of flux, and the team's social cohesion can bring about a sense of aligned efforts to learn and energy towards the team and individual purpose. This social cohesion is regarded as an asset, and along with the HPT's knowledge and learning (intellectual asset), the team develops expertise. An effective team's integration makes it possible to offer rapid, flexible and innovative responses to problems and challenges (Salas *et al.,* 2009); therefore, social cohesion contributes to learning and expertise.

It has been argued in subsection 2.2.6 that sustaining continuous and consistently high levels of performance arguably delivers competitive advantage and a high value work proposition. To further this argument, Moss Kanter (2011) argued for decentralisation of power; enabling good, well-functioning teams to create something greater than the sum of the individual contributions (Andreatta, 2010; Nurmi, 1996). Empowerment, autonomy and localised decision-making, as well as knowledge management and team learning, have all been argued to be HPW mediators.

### 5.5.3. The emotionally intelligent team

There is an array of statements that infers that emotional intelligence is part of the unsaid modus operandi of the team members. Goleman *et al.* (2003) argue emotional intelligence connotes awareness of the interpersonal dynamics occurring, at any given moment, between

and among the individuals within a contextual relationship, in this instance the HPT. The ability to sense, translate and communicate these nuances and dynamics is critical for the reduction and/or elimination of hidden agendas, underlying biases and unspoken prejudices. In this sense, the HPT member's relationship management skills become paramount (Conole, 2002). The use of emotional intelligence permits a timely and authentic discussion of 'what is not being said but is being experienced'. The question, often asked after the fact, 'Why didn't I say something right then instead of stewing about it and letting it fester?' epitomises the inefficiency resulting from a lack of emotional intelligence. As with confrontation, the use of immediacy challenges the individual's ability to use sensitivity, self-awareness and self-management as 'tools of action'.

To summarise, this factor is a culmination of the HPT commitment to learning and development that is sustainable. Continuous improvement is an embedded ethos of HPTs as is the development of individual's to negotiate and manage team dynamics whilst maintaining authenticity of the individual and the cohesion of the team.

## 5.6. Factor two array interpretation



Learning opportunities and training are made available when needed and make a difference to me, the patient and how I feel about the organisation.

There is a high level of trust within our team.

We confidently use the governance arrangement to engage in continuous improvements.

We are encouraged to aspire and innovate within the team.

We actively innovate and are confident in managing the associated risk to improve our service.

We stay motivated by continually improving - Change is our norm and is nurtured.

FACTOR 2

INTERPRETATION

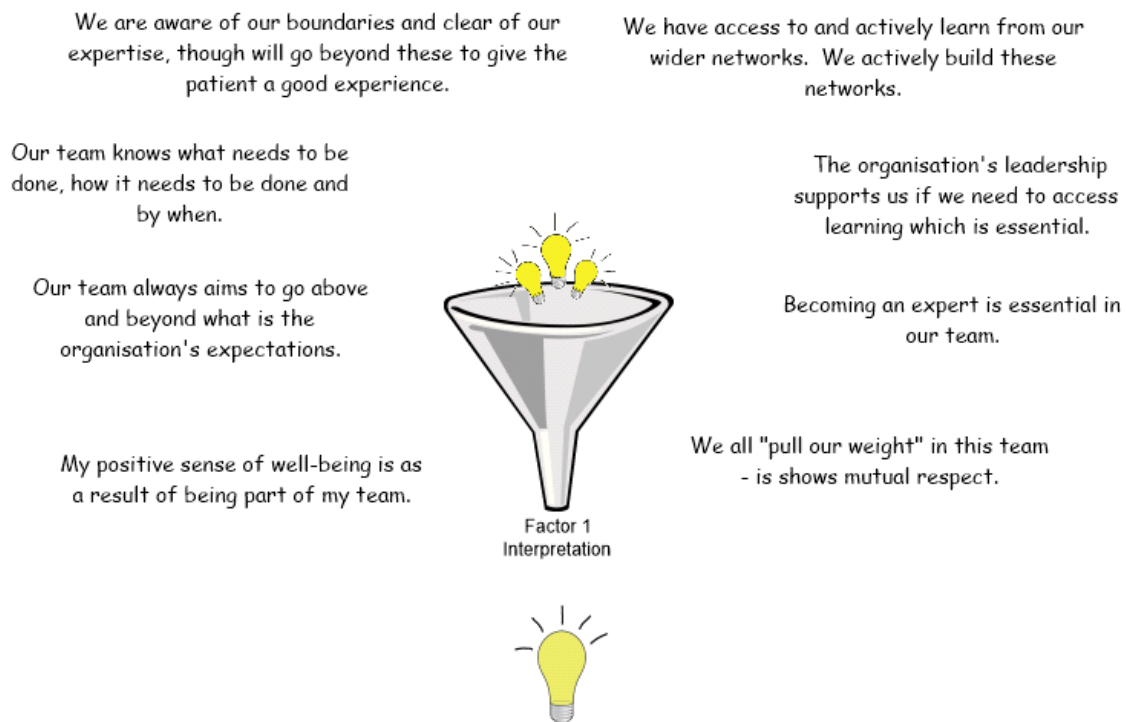Figure 5-3 Factor two statement array

The six statements in Figure 5.3 make up factor two array, which represents 6.3% of the study variance and 16.8% of the cumulative variance.  As it is usual to interpret 40% of the variance, this factor is significant, using the guidance from Stenner and Watts (2012).  This is recognised as being distinguished and its presence, whilst not as significant as factor one, is still important.

The statements can be themed around shared community; this is formed by four subthemes which are:-

- Organisational citizenship behaviour
- Discretionary behaviour
- Patient wellbeing results from employee wellbeing
- Improvement and innovation through risk and strategic governance

These four subthemes are constellated around shared belonging, supportive continuous learning teams and innovation.

### 5.6.1. Organisational citizenship behaviour (OCB)

There are a grouping of statements that are associated with belonging, community, positive engagement and discretionary effort.  This is supportive of the concept of OCB which suggests that HPTs voluntary commitment is above and beyond that which is their contractual task. HPT members who display OCB are more disposed to experience stronger attachment to their role, have less time off work, have reduced turnover intentions and have positive mental well-being, better work-life balance and reduced stress levels. Rich *et al.* (2010) argue that OCB is an outcome of positive engagement which is good for everyone: - the employee, the employer and the patient.  Through positive engagement the quality and quantity of care is substantially improved, the organisation is more stable, sustainable, effective, and likely to innovate whilst improve efficiency and quality.

### 5.6.2. Discretionary behaviour

Positive discretionary behaviours arising from OCB (Rich *et al.* 2010) are those that go beyond the formal job description requirements, and are performed by the employee as a result of personal choice.  Thus HPT discretionary behaviours positively contribute to the overall

organisational effectiveness and organisational functioning (Organ, 1988). Kahn (1992) asserts that engaged employees are likely to be more willing to initiate positive discretionary behaviours because of their involvement in a positive cycle of input and rewarding outcomes.

### 5.6.3. Patient wellbeing results from employee wellbeing

The focus of a collection of the statements is the balance between positive patient well-being and positive employee well-being and engagement.  In order for successful, high quality care to be delivered to service users, teamworking must be attractive to compassionate and dedicated people.  Compassion and dedication should be recognised and rewarded as a valued personal trait (West *et al.,* 2012).  Effective teamworking and employee engagement are more productive, innovative, efficient, customer-focused and safer.  Good patient-centred care, patient safety culture and the quality of care are a result of good employment engagement (Lowe, 2012).  Grint (2010) found that the world's top-performing health organisations understand that teams are a force that drives improved health outcomes and the reciprocal employment relationship within the organisation is pivotal.

### 5.6.4. Innovation using strategic governance

There is an array of statements that can be interpreted as creating positive attitude towards risk management and the strategic use of governance.  This area of knowledge did not emerge from the theory or the stage one main study interviews, though has become evident through this array analysis, and is associated with HPTs (Luth and May, 2012).

The feature of improvement and innovation through risk and strategic governance will be considered further in Chapter six as it is recognised as emergent knowledge that contributes to both theory and practice and is an area for be proposed for future research.

In summation, the NHS would reap huge benefits from the expansion of HPTs, enabling the health services to cope with increasing demands, whilst still operating in a VUCA context (see subsection 2.3.4).  Furthermore, increasing the number of HPTs will result in more innovative care, and better patient outcomes, whilst improving the cost effectiveness of health care provision (Darzi, 2008).

## 5.7. Factor three array interpretation

Learning opportunities and training are made available when needed and make a difference to me, the patient and how I feel about the organisation

We actively learn from each other. Coaching and mentoring inter- and intra-team are common practice and an essential component for continuous improvement.

Team leaders actively encourage us to contribute; - working together is core to our team.

I feel energised by my job and enjoy being part of the team. There is a high level of trust within our team.

Learning is actively encouraged by our managers and their managers.

FACTOR 3
INTERPRETATION

Figure 5-4 Factor three statement array

The five statements as seen in Figure 5.4, for factor three array represent 6.3% of the study variance and 23.2% of the cumulative variance. As it is usual to interpret 40% of the variance, this factor is significant using the guidance from Stenner and Watts (2012). This is recognised as being distinguished and its presence holds equal significance to factor two.

In factor one, a similar notion was identified of supportive learning system. In this factor, supportive leadership encourages supportive team learning and knowledge exchange to evolve and flourish. The nuance on the HPT member has slightly shifted from courageous followership to learned and wise courageous follower. The statements are themed around supportive learning system which is also the identified theme of factor one. There is a shift to knowhow and the subthemes include team learning and knowledge management (innovation through divergence).

### 5.7.1. Team learning

It has been argued in subsection 2.2.6 that team-based social cohesion develops trust and nurtures learning, and learning reveals itself in many guises. All members of the team are

151

involved in learning and development, and all members are supported in many different ways.  Within this developmental learning space, managers are seen as equal partners of the learning community.

There is a very broad array of learning opportunities open to HPT members.  The spectrum of learning opportunities recorded from the participants in section 4.6.3 included informal approaches, such as, peer-to-peer reflexive practice, shadowing, coaching and mentoring. There are some semi-formal opportunities such as team incident reviews, team briefings and learning circles, regular team meetings set aside dedicated time to shared learning and team development.  The more formal learning opportunities include expert networks, regional and national conferences and external learning programmes.  All of these learning opportunities result in a cascade learning and development effect across the HPT; this enhances knowledge sharing therefore takes place (King, 2002; Hollenbeck *et al.,* 2012).

With this supportive learning environment progressive leadership practice and positive engagement are vital.  The continuous improvement philosophy of learning and reflective practices is achieved, encouraging courageous followers and learners to be established within the team.  It is argued this then results in continuous improvement and innovation, as HPT members as learners are constantly revitalised and re-energised through these informal and formal learning process.

### 5.7.2. Knowledge management (innovation through divergence)

HPT learning brings about knowledge management to maximise an organisations' ability to solve problems.   Other qualities that are critical to successful innovation are courage, curiosity, integrity, empathy, and drive (Johansen, 2007).  Successful innovation relies on people, and people have different cognitive approaches for assimilating data and solving problems, known as cognitive difference (Garvin and Roberto, 2001).   Innovation takes place when different ideas, perceptions and ways of processing and judging information collide. Coward and Gamble (2008) assert that some people prefer to work together to solve a problem; others like to gather and process information by themselves.  Abstract thinkers need to learn about something before they experience it; for experiential people, it is just the opposite (Coward and Gamble, 2008).  Whilst this knowledge sharing is taking place the

cognitive differences are often subtle; people do not naturally appreciate the significance of them. Salas *et al. (*2009) found that effective teams provide diversity in knowledge, attitudes, skills and experience.  The success of organisations and the overall production of knowledge depends to a large extent on the effectiveness of teams (Wuchty *et al.,* 2007).

Cognitive difference needs a mechanism to pool divergent thinking.  This pooling or emergence of divergent thought is part of the HPT modus operandi, and often takes place in facilitated environments such as team meetings.  Successful growth of ideas, in turn, often requires collaboration among various team members who see the world in inherently different ways.  Ashton and Sung (2002) assert that a supportive team environment uses their collaborative approach to support creative problem solving leading to innovation.  As a result, in HPTs, conflict is a constructive and productive process among people who innately understand one another; as a result disputes do not become personal and the creative process is enhanced.

Thus it is argued that the lack of innovation in other teams could be due to a lack of challenge and divergent thinking so there is limited knowledge sharing taking place.  Managers who dislike or are not confident mediating conflict or who value only their own approach fall victim to the comfortable clone syndrome, surrounding themselves with people who think alike and who share similar interests and training.   In order to encourage creative abrasion, different approaches are required so that ideas are allowed to rub together in productive ways this process would be enhanced by having a diffuse group that is open to outside ideas, willing to test out alternatives and more sensitive to conflicting data(Janis, 1982).  It is argued that HPTs follow the findings of Janis (1982) and innovation is accomplished because the whole team, irrespective of roles and responsibilities, work synergistically to transform their teams' service.

## 5.8. Factor four array interpretation



I gain confidence from being a discipline expert in my field within my team.

Credibility of our team's service comes from us maintaining high levels of expertise.

Hard work and integrity are equally important in our team.

We feel we have a good level of control within our day-to-day work.

The team is much bigger than the individuals within it.

The sense of belonging I get from my team is really important.

FACTOR 4 INTERPRETATION

Figure 5-5 Factor four statement array

The six statements as seen Figure 5.5 represent 6.2% of the study variance, which in turn represents 29.5% of the cumulative variance.   As it is usual to interpret 40% of the variance, this factor is significant and is recognised as being distinguished (Stenner and Watts, 2012) and its presence holds similar significance to factors two and three.  The statements can be themed around getting better together, the subthemes are HPT synergy and team congruence which are closely allied to factor one. Supportive learning teams; it is no surprise that there is overlap in themes, which is akin to the overlap found in the core concepts in Chapter two.

### 5.8.1. HPT synergy

HPTs produce effective outcomes, generate a productive work environment and create synergy (Salas et al., 2000; Zwarenstein and Reeves, 2000; Lawford, 2003; Saunders, 2009). Synergy is the creation of a whole that is greater than the simple sum of its parts. The term synergy comes from the Greek word synergia from synergos, meaning working together. Aubrey (2005) and Salas *et al.* (2000), assert that effective team performance or synergy

among a group is by nature elusive and dynamic, fleeting and possibly even mystical as it lacks a prescriptive process that suggests that synergy cannot be manufactured.  In contrast, there is an argument that strategic thought related to coordinating individual efforts to maximise skills and expertise will create synergy, which implies that synergy can be manufactured (Wolfe *et al.,* 2005; Kerr, 2010; Larson, 2010). A further alternative is that cooperation among team members provides the impetus behind synergy and that internal competitiveness among workers drives performance (Porter, 1996; Sewell, 2005).

Regardless of whether synergy is reflective of cooperation or a competitive drive, synergy has become synonymous with high performance and success (Witgers and Scalan, 2015). Therefore, it is argued, that HPT achieve synergy and can thus transform working relationships, improve working conditions, strengthen the commitment and engagement  of the employee to the teams aims and purpose and improve performance (Salas *et al.,* 2000; Weiss *et al.*, 2002; Lawford, 2003; Larson, 2010).  To support synergistic teamworking, consideration should be given to recruitment and retention strategies, learning and development and performance management frameworks in order to understand team dynamics and consider synergy as an optimal outcome of HPTs.

### 5.8.2. Team congruence

The organisational leadership and team brings about employee cognitive congruence.  The world's top-performing companies place their focus and philosophy on engaging their workforces through their team structures (Grint, 2010).   The team structure and composition is therefore of paramount importance as is the relational environment in which the team operates.  There is a significant body of knowledge supporting the symbiotic relationship (reciprocity) between teamworking and leadership (Grint, 2010; Keroack *et al.,* 2007); together these are critical elements in HPTs.  It is further argued that the symbiotic relationship is a mediator to positive patient outcomes (Grint, 2006).  Goleman *et al.* (2003) argue that it is the team leader who has the power to establish norms and that setting the right ground rules is 'common sense but not common practice'; therefore the supportive leadership inherent in the HPT encourages individual contribution and an environment that maximises collaboration.  Congruence ensues from collaborative support and is a balance of

155

high performance and fair-mindedness.  Kellerman (2007) found that investment in learning and development produces good leadership, and good leadership in turn supports good followership.   Good leadership and good followership congruence therefore are critical for HPTs and their members in order to achieve their potential (West *et al.,* 2012).

## 5.9. Factor five array interpretation

It is important that we understand how we contribute to the patient, the team and our organisation and the local health system.

I am in my element in my job - that is really important, it gives me lots of energy.

Credibility of our team's service comes from us maintaining high levels of expertise.

The sense of belonging I get from my team is really important.

Hard work and integrity are equally important in our team.

FACTOR 5

INTERPRETATION

Figure 5-6 Factor five statement array

The five statements as seen in Figure 5.6 factor five array represent 6.1% of the study variance, which represents 35.6% of the cumulative variance.   As it is usual to interpret 40% of the variance, this factor is significant and is recognised as being distinguished (Stenner and Watts, 2012) and its presence holds similar significance to factors two, three and four.  The statements are themed as employment relationship synergy. This theme emerged in several of the factors, though is most dominant here, and the subthemes are positive practices and positive engagement.

### 5.9.1. Positive practices

From this array of statements, the subtheme of positive practices encompasses encapsulate HPT members and include:- caring, compassionate, supportive team members who

demonstrate forgiveness, respect, and integrity as well as gratitude and inspiration (Cameron *et al*, 2011). These are all components that were identified in Chapter two under the three core concepts of team, engagement and HPW. The evolution of positive practices is based on positive psychology, which has been previously argued in subsection 2.3.2. When analysing this statement array and the data collected within the preliminary interviews in section 4.4.2, it was consistently found that members of HPTs care for, are interested in, and maintain responsibility for one another as friends. Team members provide mutual support, demonstrating kindness and compassion when others are struggling. Team members avoid blame and forgive mistakes. Members treat one another with respect and express appreciation for each another. They trust one another and maintain integrity. The meaningfulness of the team's responsibilities is emphasised, and people are elevated and renewed by their work. All of these practices converge around three notions of positive practice, which are positive deviant performance, affirmation bias and virtuousness (Cameron *et al*, 2011).

Positive deviance, extends beyond achieving effectiveness or ordinary success in that it represents 'intentional behaviours that depart from the norm of a reference group in honourable ways' (Spreitzer and Sonenshein, 2003, p. 209). Affirmative bias focuses on strengths, capabilities and possibilities rather than on problems, threats, and weakness. This focus emphasises positive energy, climate, relationships, communication, and meaning in organisations (Baker, 2000; Cameron, 2008a), as well as the value embedded in obstacles and challenges (Losada and Heaphy, 2004; Weick, 2003). Virtuousness in positive practice, is based on a eudemonic assumption that an inclination exists in all human systems towards goodness for its intrinsic value (Cameron, Bright, and Caza, 2004; Peterson and Seligman, 2004). Whereas debate has occurred regarding what constitutes goodness, all societies and cultures possess traits that they deem virtuous or that represent the highest aspirations of humankind (Comte-Sponville, 2001; Peterson and Seligman, 2004). As evidenced using the statement array and the interview data, it is argued that HPTs epitomise positive practice in their modus operandi.

### 5.9.2. Positive engagement

In this statement array, positive engagement was prominent. HPT members appear motivated, engaged and focused on opportunities that positively contribute to and improve their groups' situation, which ultimately supports the notion of positive engagement (Harter, 2002). As previously argued in section 2.3.4, work engagement is the alignment of self and role, and meets personal needs for meaningfulness, safety and availability as well as personal fulfilment. Motivational engagement is associated with positive outcomes of increased wellbeing and decreased burnout. When positively engaged, the HPT members are connected at a rational, emotional and motivational level (Adyasha, 2013). Personal fulfilment is attained from physical, cognitive and emotional energy alignment which reinforces the teams positive practices.

It is argued that HPTs are positively engaged and therefore have an increased understanding of positive work practices and the engagement process at work is particularly valuable given its strong linkage to important attitudinal and behavioural outcomes (Luth and May, 2012; May *et al.,* 2004). Positive engagement is good for everyone: the employee, the employer and the patient. Quality and quantity of care is substantially improved and the organisation is more stable, sustainable, effective and likely to innovate whilst also improving efficiency and quality. Positive engagement therefore clearly enhances both the HPT and the organisation, as individual employees are more likely to demonstrate positive organisational citizenship behaviour (OCB), discretionary behaviour and be creative and innovative. The individual is more disposed to experience stronger attachment to their role, have less time off work, reduce turnover intentions and have positive mental well-being, better work-life balance and reduced stress levels.

## 5.10.    Factor six array interpretation



My positive sense of well-being is a result of being part of my team

Challenge within the team is a healthy part of the decision making process

We are clear and comfortable that we know how to achieve our targets and indicators
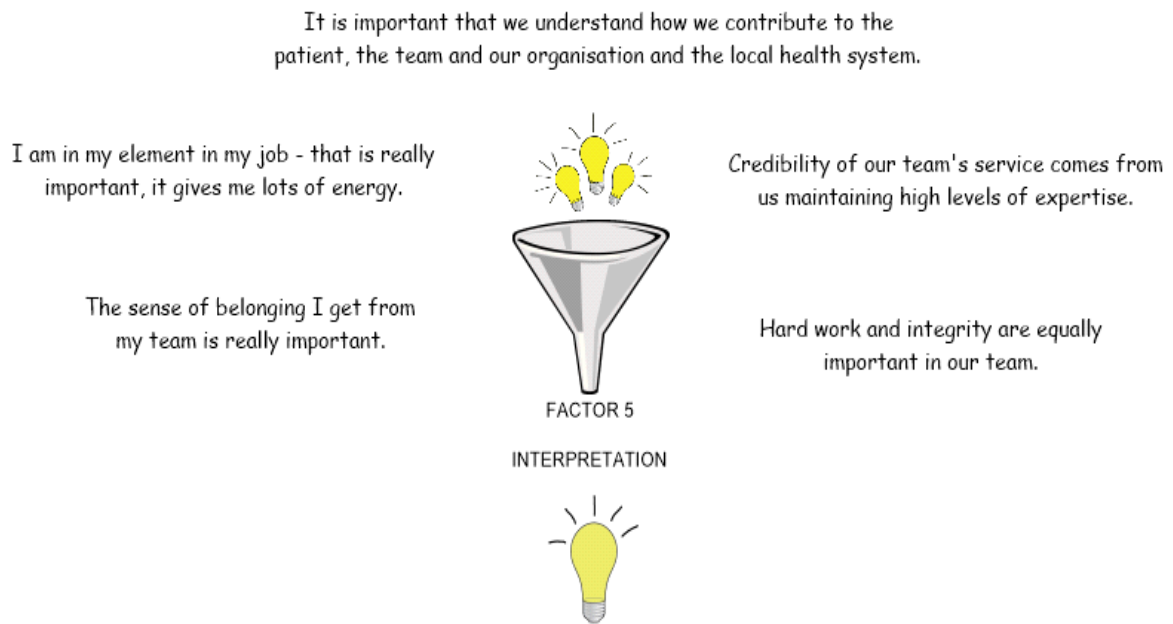
FACTOR 6

INTERPRETATION

Figure 5-7 Factor six statement array

The three statements as seen in Figure 5.7 factor six array represent 5.8% of the study variance, which represents 41.5% of the cumulative variance.  As it is usual to interpret 40% of the variance, this factor is significant and is recognised as being distinguished (Stenner and Watts, 2012) and its presence holds similar significance to factors two, three, four and five. The statements are themed around courageous followership

### 5.10.1.  Courageous followership

From the analysis of the statement array, the combination of statements refer to HPT members making changes, being confident to challenge and having the courage to innovate. Whilst each individual continually strives for improvement, these cited examples are all recognised practices of courageous followership (Yukl, 2012).  The research findings of Yukl (2012), infer that courageous followers do not wait for permission and, if needed, they will openly ask for forgiveness after their courageous event.  The HPT member is well placed to develop their own capability and capacity, as devolved management supports autonomy and localised decision making in a HPW context.

159

The courageous followers within HPTs move away from the Fordism principle of deskilling and micro management, towards upskilling and independent autonomy, learning through reflection and becoming wise decision-makers as inferred by factor one, ultimately resulting in their learning leading to expertise. A courageous follower is more than just a responder to the leader; they can be recognised as a leader in different places in the organisational dyad (Storey *et al*., 2010).

Storey (2011) found that change in culture can occur at any point in the organisation, when an individual can understand their own power to effect change.  The courageous follower can display or develop the skills to effectively improve service provision and their own individual contribution.  Storey *et al.* (2010) suggest that the courageous follower could be the defining factor between mediocre and successful HPTs.  Creative, energetic and committed individuals who see their leaders failing to take the actions needed to create a new culture become somewhat cynical and alienated, depriving the organisation of the vitality it needs to continually improve or reinvent itself.  When considering the concept of courageous followers in HPTs, the courageous followers may in fact replicate their leaders' courage.

In summation, it is argued that HPT members are courageous followers, and gain their strength from a combination of courage, devolved power and localised decision making opportunity (Yukl, 2012). HPTs value courage and power and use their social and emotional capital to build strong reciprocal relationships.  The quality of participation in an organisation is directly related to the degree of courage and skill in interpersonal dynamics that are already in existence or developing within the teams (Yukl, 2012).

## 5.11.     Factor seven array interpretation



We support each other through adversity because we care for our team.

I am in my element in my job; that is really important it gives me lots of energy.

My team identity is a source of great pride.

Positive recognition is common within our team.
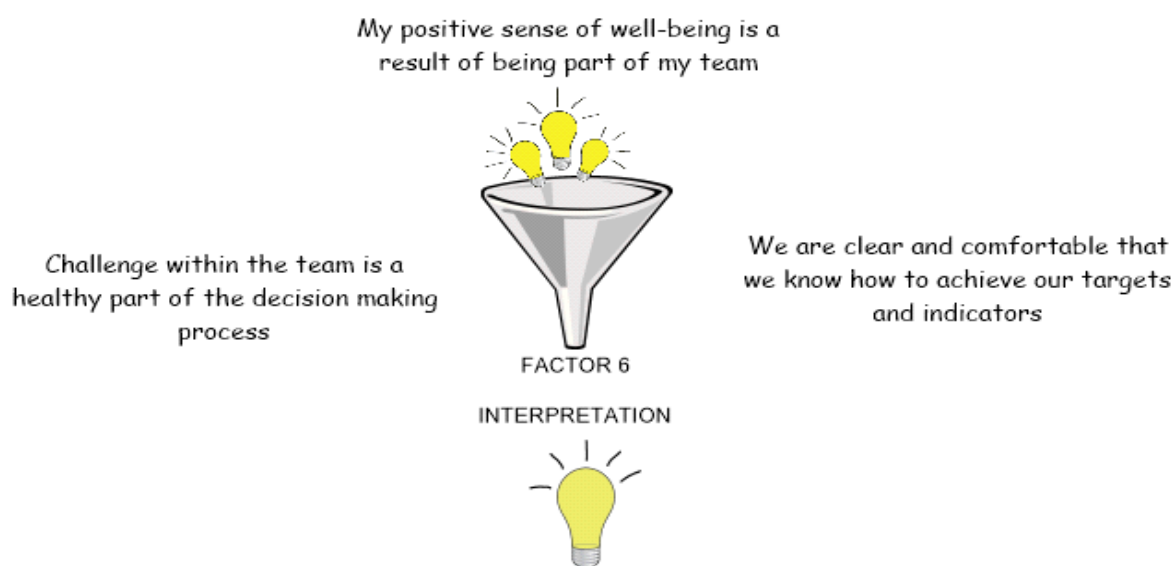
FACTOR 7

INTERPRETATION

Figure 5-8 Factor seven statement array

The four statements as seen in Figure 5.8 in factor seven array represent 5.8% of the study variance, which represents 47.3% of the cumulative variance.  As it is usual to interpret 40% of the variance, this factor is significant using the guidance from Stenner and Watts (2012).  Whilst the next two factors go beyond the 40% variance, they were retained within this study as they are producing further arrays that are statistically significant.  Whilst factors seven and eight take the cumulative variance over the 40% variance guidance, within the cohort of factors six, seven and eight there is only 0.1 % variance between their rotated eigenvalues, so all have been retained within this analysis and discussion as these two additional factors divulge other aspects of HPT that have not previously emerged.  The statements are themed on getting better together, which is aligned to factor four and include subthemes of identity and the HPTs evolving identity becoming an expert.

### 5.11.1. Identity

Within this factor, there is a strong emphasis on the identity of the team as well as the identity of the team members which naturally have a symbiotic relationship.  The team and its members are equally striving to become experts, so the inference is that identity, as a construct within HPTs, is moving over time from good to great and that the HPT identity shift has a value associated with it, as does the individual identity as a member of the team.

Debates continue as to whether identities are stable, fixed and secure, or evolutionally adaptive, malleable or even perpetually fluid and shifting. Social psychologists suggest that people in organisations require 'a relatively secure and stable' understanding of their selves in order to function effectively (Ashforth and Kreiner, 1999, p.  417). Yet there is increasing recognition that, while self-concepts may exhibit continuity, there is also scope for flexibility provided by a suppler 'working self-concept', which permits dynamic responses to changeable situations (Markus and Nurius 1986; Markus and Wurf 1987).

For most social psychologists, selves are constructed from a relatively stable set of meanings which change only gradually.  However, identities (work, role, professional, familial) can be acquired, lost, switched or modified much more quickly, and perhaps instantaneously as contexts and preferences alter. Fundamental change in self-concept is generally regarded as possible, but it will show itself under the guise of an evolutionary process that occurs gradually through negotiated adaptation, such as in the case of career transitions (Pratt et al. 2006).

The substantial literature on socialisation in organisations demonstrates that incomers are able to flex, modify and adapt existing identities in order to survive.  It also shows how these self-evolutionary processes are shaped by socialisation tactics (Van Maanen and Schein 1979); or by processes of conversion (Kanter 1972), often over periods of many months or years. In contrast, other mostly European research, has shown how identity work is always or often ongoing, and that identities are inherently dynamic constructions. In their analysis of policing identities in the UK, Thomas and Davies (2005) continually emphasise their crafted nature. Other scholars have shown that the identities of hospital clinicians (Doolin, 2002),

nurses (Currie et al. 2010) and first-line supervisors (Down and Reveley, 2009) are perpetually open and available to be renegotiated.

### 5.11.1. Expert identity

The HPT members aspire to expertise as raised in factor one, the team's identity is then associated with expertise, which further develops the HPTs social and intellectual capital. Much of this is the result of what has been called the wisdom of crowds: increased capacity for achieving various types of performance made possible by the interaction of team members and continuous learning (Salas *et al.,* 2009).

Therefore, it is argued that the identity of HPTs is meaningful, and has social kudos or capital, and that their identity has shifted to one of expertise and excellence.  However, although identity work has a temporal dimension (Yukl, 2012), limited explicit 'theorizing about time in identity research is relatively rare' (Pratt, 2012, p.  28). This mirrors the general observation of Goodman *et al.* (2001, p.  507) that: 'Given the different manifestations of time in organisational life, there is surprisingly little research on time in this setting'. The concept that identities provide people with a sense of temporal coherence has as yet received limited scholarly attention (Alvesson, 2010).

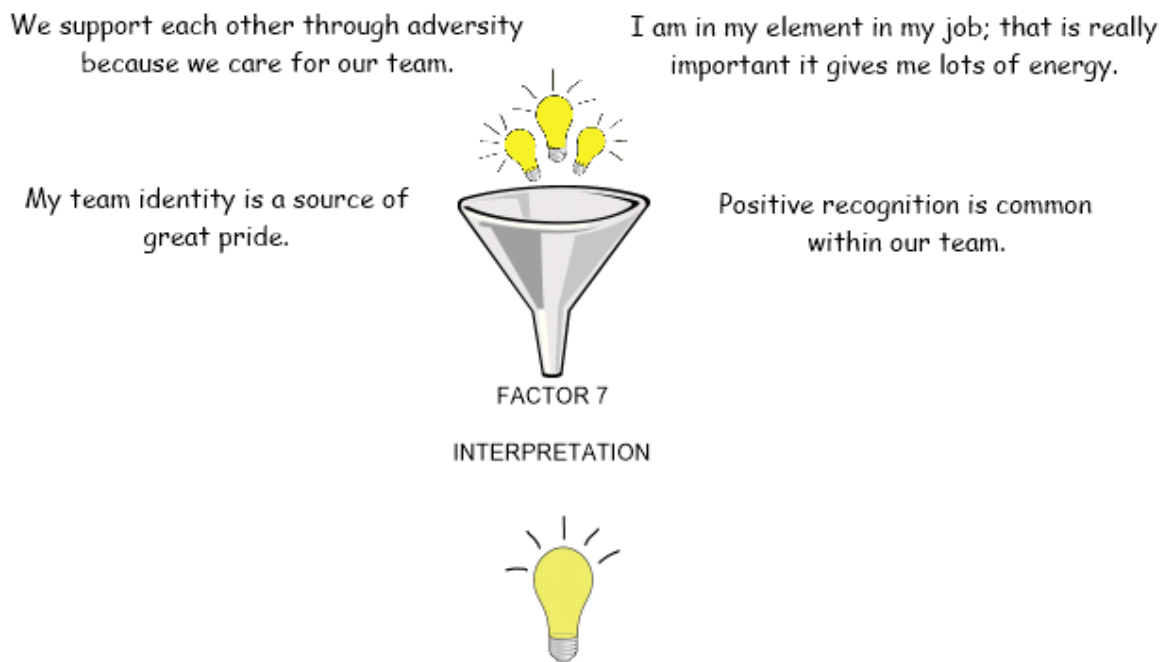## 5.12.    Factor eight array interpretation
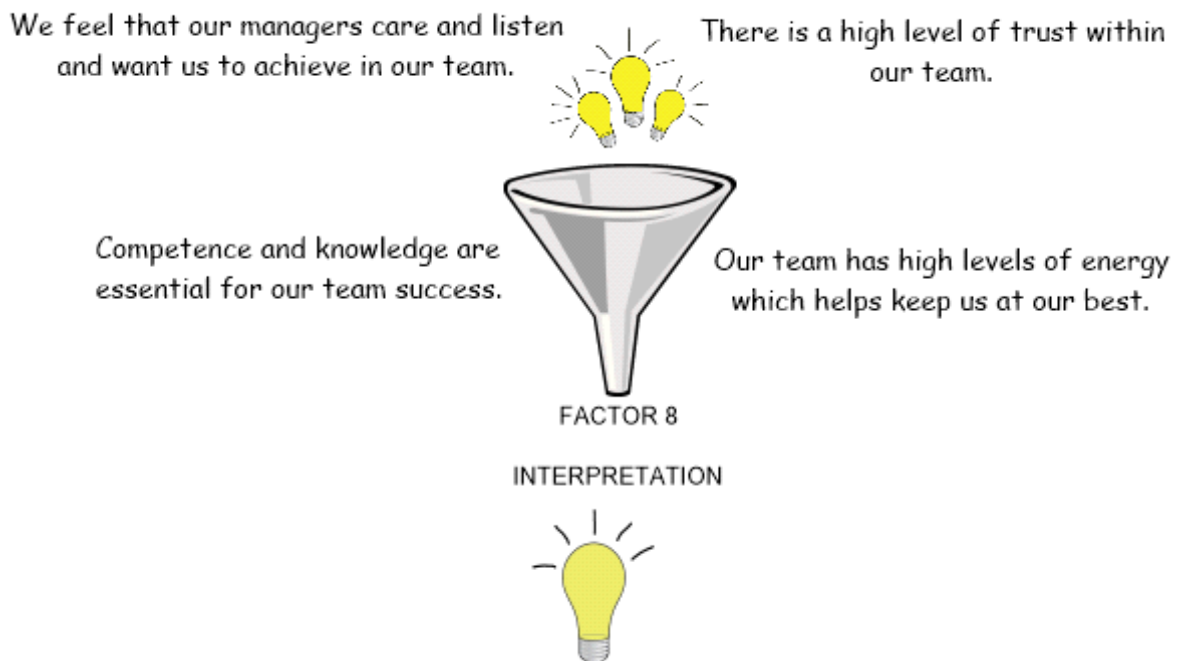


Figure 5-9 Factor eight statement array

The four statements as seen in Figure 5.9 in factor eight array, represent 5.7% of the study variance, which represents 53.1% of the cumulative variance. As it is usual to interpret 40% of the variance, this factor is not necessarily of significance using the guidance from Stenner and Watts (2012).  Whilst factors seven and eight go beyond the 40% variance, they were retained within this study because they produce further arrays that divulge other aspects of HPTs that have not previously emerged and also support the insights needed to address the research aims and questions.  In addition, there is only 0.1 % variance from factors six, seven and eight.

The statements theme is courageous leadership and the subthemes that make the theme are wisdom of the crowd (team learning) and courageous leaders and shapers

### 5.12.1.  Wisdom of the crowd - team learning

Hollenbeck *et al.* (2012) assert that the learning team has a positive impact on both the individual and the team; referring to it as wisdom of the crowds, another positive benefit is

164

that it will engender a collegiate community of practitioners.  As behaviours mature over time, along with reflexive practice, the ability to fully contribute improves for both the individual and the team.

The positive impact of reflexivity, personal growth and learning that happens over time was seen to have high levels of importance and all participants made reference to open access learning opportunities; some of these learning opportunities were very creatively generated. Participant 16 approached several providers of dressing cover supplies and requested a ½ day training session so that the participant could obtain sufficient insight into the subject of dressings in order to become an expert, and this underpinned one of this particular team's awards.

Continuous, embedded reflexive practise brings about diversity in knowledge, attitudes, skills and experience, and results in organic metamorphosis.  Team members interact among themselves and with other colleagues and these interactions change the teams, the team members, and the environments in which they operate in ways more complex than is captured by simple cause and effect perspectives.  Individuals respond differently to stimuli and all can be more or less able.

HPTs differentiate themselves from other teams by offering rapid, flexible and innovative responses to problems and challenges, as the team has the aptitude to change form and function, in order to reflect the team's shared objectives; this is peculiar to HPTs and is known as organic metamorphosis.  It has been argued in section 2.5.4 and 2.6.7 that the mediator recognised as pivotal for these environmental and practice components to be successful is good leadership.  The leadership to support the learning team needs to be enabling and supportive (Luth and May, 2012; May *et al.,* 2004).

### 5.12.2.  Courageous leaders and shapers

Supportive enabling leadership is regarded highly within the HPTs, and has been a subtheme in many of the factors; it is further corroborated from anecdotal interview evidence in section 4.6.3.  Good leadership within HPTs is associated with clarity in communication of aims and objectives; a positive working environment that values trust, autonomy, localised decision-making; and independence, that facilitates learning and growing together, which is

further supported by Yukl (2012). The emphasis within the focus of the statement is on the reciprocity of a leadership and followership relationship. The thread that connects leaders to people and people to purpose epitomises HPT leaders; thus inferring that team synergy is the norm within the HPW, and that the leadership focus is one of mutuality, autonomy and respect (Yukl, 2012). The teams cohesion engenders sustainable emotional engagement that develops emotional resilience within the individuals and the team (Mathieu *et al*., 2008).

Cohen and Bailey (1997) assert that a leader should be focused primarily on the team's internal processes that occur within the team boundary. Faraj and Yan (2009) state that the team leadership function should have a balanced perspective and emphasise an external perspective. The distinct roles and boundary activities that team leaders initiate and perform in order to promote team effectiveness are coming under deeper scrutiny. Druskat and Wheeler (2003), along with Mathieu *et al*., (2008), suggest that good leaders enable good followers and that they should share their role and responsibilities, as well as their decision-making and autonomy throughout their teams. It is argued that leadership in HPTs enables good followership, and striving further to enable courageous followership.

Yukl (2012) classified leadership activities into four categories by which effective leaders identify the specific activities that are relevant to the situation. This involves task-oriented activities (e.g. clarifying goals and monitoring progress), relations-oriented activities (e.g. supporting and empowering employees), change-oriented activities (e.g. encouraging innovation and facilitating learning), and external activities (e.g. networking, representing and boundary spanning). Research findings from factors one, two three, five and eight corroborate Yukl's (2012) leadership activities classification.

The findings of Druscat and Wheeler (2003) are corroborated by this research, as four participants in the preliminary study in Section 4.4.2 referred to their leaders as managing the whole system well, not just their team system.

Using the participant responses from this research, the leaders of the HPTs could be recognised as being transformational leaders. This assertion is based on the seminal work of Goleman (1995) developed a transformational leadership framework for leaders whose

approach demonstrates a great level of self-awareness and emotional intelligence, namely the following behaviours;

- Shows integrity
- Sets clear goals
- Clearly communicates a vision
- Sets a good example
- Expects the best from the team
- Encourages
- Supports
- Recognises good work and people
- Provides stimulating work
- Helps people see beyond their self-interests and focus more on team interests and needs
- Inspires

Leadership must be exercised across shifts 24/7 and reach to every individual: good practice can be destroyed by one person who fails to see themselves as able to exercise leadership, as required to promote organisational change, or who leaves something undone or unsaid because someone else is supposed to be in charge.

Turnbull, 2011

In summary, outstanding leaders are focused on performance but not at the cost of people; as leaders, they are there to enable others and when necessary 'move out of the way of progress' to achieve great performance (Luth and May, 2012).  Recognising when to move out of the way or stepping aside when needed demonstrates the leaders' confidence and capacity to devolve their leadership demonstrating courage and wisdom.  All of the teams involved within this study are multi-award winning, and all awards have been received by the team, inclusive of the leader.  HPT leaders do not seek the limelight for themselves but challenge, stretch and champion others, giving HPT members the space and support to excel (Luth and May, 2012).  This supportive, courageous leadership approach evidenced within all of the HPTs enables and encourages others to become the best team contributor that they can be which is highly regarded HPTs members.

## 5.13.    Concluding comments

Although there were several statements that did not become apparent from the factor rotation, these were recognised within the data set as important.  All the statements were

valid and have been recognised as part of the whole modus operandi. This is quite usual in a Q study, and confirms that the concourse is broad and representative of many diverse perspectives, as opposed to narrowly focusing on just a few.

When HPW practices were introduced to the participants, they were discounted on the grounds that there were no HPW practices used within this NHS Trust.  As an outcome of the analysis of the concourse, HPW had limited representation.  One interpretation of the HPW practices being removed from the concourse could reflect the lack of HPW practices that are used within the Trust; this may result in a limited number of HPTs. Had HPW practices been present within the Trust, there could have been more HPTs.  As the situation regarding HPW is unknown, this is perceived as a research gap, even though this is outside the boundaries of this study.

This chapter identified eight factors as significant and from those, six themes emerged, each theme having its own sub-themes as seen in Table 5.6.  Factor 1 (see section 5.5) and 3 (see section 5.7) were amalgamated to represent supportive learning systems as the statement array supported a balanced presentation of this title by representing a merger of supportive and knowledge exchange to evolve and flourish and learned wise courageous follower represented by a shift to implicit knowhow.  The 'getting better together' section theme was a merger of Factor 4 (see section 5.8) and 7 (see section 5.11), as there is a symbiosis of the identity of the team as well as the identity of the team members.   The expert identity as a construct within HPTs, is moving over time from good to great and that the HPT identity shift has a value associated with it, as does the individual identity as a member of the team.

Table 5-6 Factor interpretation to 6 Emergent Themes

| Factor | 6 Themes (2 merged factors) | Subthemes |
|---|---|---|
| 1 | 1.   Supportive learning system (see also factor 3) | The learning team The expert team The emotionally intelligent team |

| 2 | 2.  Shared community | Organisational citizenship |
|---|---|---|
| | | Discretionary behaviour |
| | | Patient Wellbeing |
| | | Innovation through governance |
| 3 | Supportive learning system (see also factor 1) | Team learning Knowledge management |
| 4 | 3.  Getting better together (see factor 7) | Synergy Congruence |
| 5 | 4.  Employment relationship synergy | Positive practices Positive engagement |
| 6 | 5.  Courageous followership | Courageous followership |
| 7 | Getting better together (see factor 4) | Identity Team Expertise identity |
| 8 | 6.  Courageous leadership | Wisdom of the crowds Courageous leaders as shapers |

## 5.14.    Practitioner reflexivity

The interpretation process brings the researcher's subjective experiences, social constructions, prior knowledge, preconceptions and potential biases more acutely into focus. Both the statistical and qualitative data serve as clues that are open to exploration and interpretation.

The professional and philosophical research journey to pragmatism, migrating through quantitative and qualitative worldviews to mixed methods, has been outlined previously in Chapters three and four.  The research methodology aim was to 'hear' the participants' 'voice' and let the data 'speak', therefore gaining access to lived experiences of the modus operandi within an HPT.  By using this structured mixing method, there have been gains in

breadth and depth of understanding and corroboration from both quantitative and qualitative research and data; whilst offsetting the weaknesses inherent to using each approach by itself. Another advantageous characteristic of conducting mixed methods research is the possibility of triangulation to examine the same phenomenon by approaching it from different vantage points using different techniques.

Q attempts a scientific focus into an individual's self-reference, using mixed methods in a structured way, which is rare. Projecting self-reference in a dynamic, complex HPT setting and retaining the individual as a whole, whilst being able to helicopter above the activity of HPT has been very difficult to achieve.

The majority of participants found the experience intensive and tiring and commented on the process getting them to 'think' and gave them 'time to reflect' on what they take as 'the norm'. The Q-Sort created really helpful 'space' on what was happening in the team. A participant who disclosed they were leaving the organisation found this process very difficult to work though. They said the sort process had crystallised why they were leaving the organisation and that the process had helped them come to terms with their decision. They inferred that this process had reduced their own frustration and anger with the organisation and their team. Whilst this was a challenging interview, and they did not complete their sort, they said they would like the interview discourse to be included within the study to add richness to the framework and the process.

To get from the start of the process to the end whilst maintaining the integrity of the process has been a significant undertaking, as there are no allowable shortcuts. Whilst the mixed methods study adds depth, rigour and reliability, the research design was complex and took a huge amount of resource to complete as the combination of both world views needed to be triangulated effectively. This approach would be beneficial to a team-based research project to distribute the workload, and allow in-depth debate.

The researchers Irlen's syndrome and dyslexia required a slowing of the pace and rereading the majority of the bibliography over again, whilst making copious notes and audio summaries, to aid progression. To aid recall and gain clarity, the recordings of interviews and photographing of sort grids, as well as the typed transcripts have been essential, both from a

practitioner's perspective and from a dyslexia perspective.  The three different media, visual, auditory and type face support recall and triangulation of understanding to gain insight; this overcame some of the recognised Irlen's and dyslexia traits of visual distortions,  problematic short term memory and sequencing and aided the position of objectivity as it  provided distance between the action and its understanding.

## 6. Conclusions and recommendations

### 6.1. Overview

This chapter will begin by briefly revisiting the context, aims and purpose of the study, followed by a reminder of the research questions. Each of the research questions will be addressed in turn. The discussion will appraise the suitability of Q methodology in light of the study's results and will also reflect upon the research findings in terms of the implications for professional practice. Finally, conclusions will be drawn which will include highlighting the limitations of the study, as well as suggesting areas for further research.

The aim of the study was to explore the modus operandi of HPTs within the NHS that are outperforming their counterparts, whilst operating within the VUCA environment. The general theoretical literature on this subject and specifically in the context of HPTs used three concepts to draw upon, those being teams, engagement and HPW. These concepts were amalgamated into an overarching concept of HPT.

The research approach was to gain each team member's perception of the lived experience within a HPT. From this position, groupings of viewpoints were identified as significant to develop a deeper understanding of HPTs. The results from this research were used to develop an initial team framework that can be used in practice to support the development of further HPTs. The literature identified a gap in knowledge, and advised further qualitative approaches were needed to gain a deeper understanding of the HPT modus operandi. In addition, the research design approach using Q had not previously been used to explore HPTs within the NHS.

With 94% of 1.3 million NHS employees self-reported as belonging to a team, team working is the prolific structure used within the NHS to get work done. However, only 40% of staff reported that their team had clear shared objectives, worked closely and interdependently and reviewed its effectiveness on a regular basis, which are the measures introduced to identify real team working within the NHS.

The research questions to address the aim are in Table 6.1:

Table 6-1 Thesis Research Questions

| |
|---|
| • Why do HPTs improve their practice? |
| • How do HPTs continue to improve practice? |
| • How do HPTs innovate in a VUCA context? |
| • Explore a an initial framework for HPTs |

These research questions will be addressed consecutively in section 6.2 through to 6.6 and the conclusions drawn from the wider literature, the research analysis and discussions will be presented.

## 6.2. The pursuit of continuous improvement in HPTs

This first research question explores how HPTs improve their own practice; consideration will be given to the literature review's arguments already made in Chapter two and draw on the findings, analysis and discussion from Chapters four and five.  Continuous improvement was a consistent subtheme throughout the majority of factors.

Engagement is a motivational concept that represents the active allocation and self-investment of personal resources towards the tasks associated within the work environment, as well as the beneficial contribution. Motivation is intrinsically linked to team values and beliefs, having a positive influence on discretionary effort, which leads to high performance. Trait-like or dispositional motivation within HPTs is enduring and remains relatively stable across different situations.  This type of motivation is also perceived as engagement that is sustainable, counterbalancing the VUCA context.  Predecessors, such as leadership, job characteristics and dispositional characteristics influence motivation and therefore affect performance.

It has been established that engagement represents a commonality amongst the individuals' physical, emotional and cognitive energies brought to their work role and, based on norms of reciprocity, high levels of engagement will raise effort.  Positive engagement has been argued to be good for everyone:  the employee, the employer and the patient.  As a result of positive engagement, quality and quantity of care is substantially improved and the organisation is

more stable, sustainable, effective, and likely to innovate whilst improving efficiency and quality; thus positive engagement has been argued to be a mediator for continuous improvement within HPTs.

An engaged manager/leader is pivotal to the success of engaging the team.  The symbiotic relationship (reciprocity) between teamworking and leadership is proven as critical to organisational performance.  By setting the right ground rules 'common sense becomes common practice'.   Well-devolved management and predictable devolved leadership promotes trust, support, curiosity, autonomy, decision-making and fairness.  Supportive, courageous team leadership brings about cognitive congruence within the team and ensures collaborative support and full contribution of each HPT member.

As represented as dominant in factor eight, supportive leadership is conducive to high performance practices. The leader works both horizontally, vertically and diagonally to mediate their team members and other leaders creating a harmonising effect.  The behaviours demonstrated by the courageous leader and follower support and empower positive intervention outcomes.  Harmonisation ensures that the whole team is continually prepared for their work and can evolve learning practices to accommodate their changing context.  Thus the learning environment within HPTs is mitigating and managing the VUCA context of the team.

It has been argued that supportive leadership develops courageous followership. Courageous followers are empowered, autonomous, localised decision-makers who are reflective and who will develop their own expertise.   They are confident enough to challenge, have the courage to bring about change and the wisdom and expertise to innovate, whilst striving for their own continuous personal improvement.

HPTs value courage and power and use their social and emotional capital to build strong reciprocal relationships.  Social competencies are essential and need to be nurtured in order to flourish.  Team members that demonstrate strong social skills, know how to communicate effectively and can convince people to support a cause.  With talented and effective leaders and courageous followers within an organisation, employee well-being, performance and productivity of the team will improve.

The interaction between supportive, courageous leaders, courageous followers, reciprocal employment relationships and motivation in HPT working has been established. Furthermore, whilst HPT practice is being established, there is a shift over time in the identity of the team to one of high performance which then continues the cycle to one of continuous performance.

## 6.3. Continuous improvement in HPTs

This foci of the second question explores why HPTs continue to improve their own practice. Again, consideration will be given to the arguments of the literature review already made in Chapter two and will draw on the findings, analysis and discussion from Chapters four and five. As mentioned in section 6.2, continuous improvement was a consistent subtheme.

It has been established that HPTs are engaged, motivated and strive for continuous improvement, recognised in factor one and three as the theme of supportive learning systems. The context of how HPTs encompass supportive, courageous leaders and courageous followers has been considered and how the identity of the team then shifts over time to that of an HPT. Using the supportive learning theme and the subthemes that focus on learning, practice and process, an emergent pattern has developed showing that HPTs constantly learn and are considered a learning community; they are continually revitalised and re-energised through a diverse repertoire of informal and formal learning processes.

Learning takes place when team members are supported and nurtured to adapt and change. The team context lends itself to curiosity, autonomy, localised decision-making and confidence to challenge in order to bring about change. Therefore, team composition counts, and the sharing of knowledge and experience reflectively underpins wisdom. Managed risk-taking is encouraged within the team-learning context, leading to innovation within the services undertaken; which in turn results in the use of strategic governance.

Whilst all learning opportunities are valued, the most consistent shared learning within the HPT is that of reflexivity. Temporal reflexivity is the norm. HPTs regularly and systematically reflect on their performance, with both success and failure seen as learning opportunities; they then adapt and improve future practice and process. Over time, reflexivity becomes an embedded 'common practice', knowledge sharing and knowledge creation evolves into

expertise, and this process results in wise decision-making and wisdom, which is ultimately shared.   This temporal wisdom then translates into good and best practice and supports the team identity shift to one that is of expertise and excellence.

The theme of employment relationship synergy and the subthemes of positive practices and positive engagement within teams have been established as mediators of team learning and development.  There is a shift in focus from outputs, such as the achievement of targets, to inputs such as shared learning and the employment relationship.   HPTs comprise of caring, compassionate, supportive team members who demonstrate forgiveness, respect, integrity, gratitude and inspiration.  HPT members care for, are interested in, and maintain responsibility for one another as friends.  Team members provide support for one another, including kindness and compassion when others are struggling; they avoid blame and forgive mistakes.   Mutual respect and appreciation is shown and they trust one another, always maintaining integrity.  The meaningfulness of the work is emphasised and team members are elevated and renewed by the work.

To support high performance, there needs to be work processes in place that are infused with positive practices, enhancing an effective governance framework.  Within HPTs, work processes are seen as an operating framework and the governance framework is the assurance that high standards are being maintained.  To innovate services and bring about change, there are good levels of understanding of the assurance and governance arrangements and confidence in the use and management of them.  Governance arrangements have a strategic use, as well as performing an assurance role (as opposed to a policing role); it is perceived as a strategic tool that develops with practice, rather than hindering the system.

So to conclude, continuous improvement is maintained within the HPT context through the interaction of employment relationship synergy, supportive leadership and courageous followership, using practice and policy to continually revitalise and improve performance. Good leadership and good followership are critical for HPTs to achieve their potential.   The opportunity for leader / follower development is pivotal in order to maximise an individual's contribution in a HPT.

## 6.4. The innovation of HPTs in a VUCA context

It has been established in Chapter one and two that NHS trusts are scrutinising their sustainability and viability as a result of the dynamic, turbulent VUCA climate. The NHS is charged with safeguarding welfare and well-being of both the patients and employees. Healthcare within the UK VUCA environment is impacted by: -

- Funding pressures
- Increased patient expectations and demand
- Healthcare structuring
- Growing complex health issues
- Well-being of the workforce

The austerity measures within the NHS persist and pressures to improve performance increase.

The seminal work of Lewin (1947), found that in the best organisations, teamwork and employee engagement transcend a human resources initiative, it was their modus operandi. It has been established that HPTs consistently outperform competition over an extended period of time and, in addition, the VUCA environment can be managed and potentially used to an organisation's advantage.

Sustainable employee and patient well-being connects with positive employment engagement, which in turn supports high performance and all were identified as themes and subthemes from this research. HPTs report that positive emotional engagement is significant in their modus operandi, and that it is closely aligned to intrinsic motivation and has a positive influence on discretionary effort and leads to high performance. Transactional engagement, which is not prevalent in HPTs, is seen as being more vulnerable within the VUCA environment and therefore less sustainable. In comparison to emotional engagement, transactional engagement introduces fragility and denigrates overall performance.

The premises of VUCA appear to shape a HPTs capacity to:

- Anticipate issues that shape conditions
- Understand consequences of issues and actions

- Appreciate interdependence of variables

- Prepare for alternative realities and challenges

- Interpret and address relevant opportunities

VUCA often relates to how people view the conditions under which they make decisions, plan forward, manage risks, foster change and solve problems, and HPTs manage these conditions effectively. HPTs are well positioned to outperform their competitors in a VUCA environment for the following reasons:

- Business results are more dependent on teams performing at exceptional levels
- Improved, more efficient solutions, delivered in record time, require greater breadth of thinking by fully engaged employees

- Working across boundaries and borders makes diversity of thinking a pre-requisite to success and employees must be able and willing to do this

Johansen (2007) argues that VUCA is a practical code for awareness and readiness. Beyond the simple acronym, there is a body of knowledge that deals with learning models for VUCA preparedness, anticipation, evolution and intervention. It is argued that the supportive, continuous learning environment within HPTs equips the team members to deal with the VUCA environment. They are continually prepared for their working operation and can anticipate changes, constantly evolving through an array of learning practices and supportive reflexive practice improvements. The courageous leader's and follower's behaviours are supportive and empower positive intervention outcomes. Therefore, the learning environment within HPTs is mitigating and managing the VUCA context of the team.

## 6.5. HPTs initial framework

The approach taken to establish the HPT framework was to establish the theoretical concepts and components within Chapter two to develop an overarching concept of HPT (see Figure 6.1 for the categorisation hierarchy).

| Signpost | Classification | Process | Considerations |
|---|---|---|---|
| Chapter 2 | Components | Literature review | Critical analysis of existing body of knowledge. |
| Chapter 2 | Concept | Aggregation of components | Map and were possible aggregate all components that produce each concept (team, engagement and HPW). |
| Chapter 2 | HPT Concept | Aggregation of concepts | Theoretical aggregation of team, engagement and HPW concepts and components to produce overarching concept. |
| Chapter 4 | Statement Q-Set | Representation of concepts | HPT concept testing in preliminary study, data collection and analysis to produce statements Q-Set used in the Q-Sort. |
| Chapter 5 | Factor | By-person factor analysis | Q-Sort analysed using by-person factors analysis to produce factors, which are rotated to produce factor arrays. |
| Chapter 6 | Themes | Factor array Interpretation | Factor array interpretation produced themes and subthemes mostly, but not all identified from the literature review. |
| Chapter 6 | Initial Framework | Theme Interpretation | Considerations for practice, limitations and reflections. |

Figure 6-1 Hierarchy of classification

The overarching HPT concept was used to inform the preliminary study. This study produced a concourse of the modus operandi within a HPT which included 44 statements. These statements were sorted by 40 participants to establish subjective meaning of each individual's perception of their lived experience. The sorts were analysed using by-person factor analysis which produced factors, and these factors were then rotated to produce factor arrays. Eight significant factor arrays were interpreted and six emergent themes evolved. These themes have developed new meaning from their translation. Whilst each theme has an established theoretic empirical evidence base. When assimilated together, they form the HPT framework which offers an original contribution to knowledge, as these themes have not been assembled together previously to represent a HPT (see Figure 6.2).

As a result of the study, which includes the comprehensive literature review in chapter two, the practice research in chapter four, the analysis and interpretation in chapter five, and the initial HPT framework developed for Chapter six; the following definition of HPTs has been developed which is an amalgamation of themes, subthemes, concepts and components. It is based on the HPTs in the context of the Trust the research took place in: -

HPTs are complex, adaptive, dynamic, people-centric, learning systems embracing ambiguity, diversity and welcoming change, whilst prizing their essence, identity and boundaries.  They perform at levels of excellence and innovation beyond those of comparable systems.   HPTs can be distinguished by:

- clear, well-understood common and individual purposes
- meaningful roles and clear team and individual identity and agency
- integrated, supportive teamwork and team learning to achieve tasks
- courageous, wise leadership that promotes trust, support, curiosity, and encourages devolved autonomy, learning and decision-making
- judicious followership that is adaptable
- cyclical, shared reflexivity, which builds competence, confidence and esteem, and commits to wise continual improvement
- highly engaged individuals, interacting with each other and the organisation, which results in high levels of energy, motivation and commitment
- members who are ambassadors and develop intra- and inter-team learning, knowledge sharing and relationships

This definition is offered as an original contribution to practice to support the further development of HPTs; it sits alongside the initial HPT framework to establish the boundaries of any further research.  The definition, however, may be relevant to other NHS Trusts because the organisation appears comparable, although no scientific studies (comparisons) are available to confirm this. This definition may also be relevant for other settings, though further validation would be recommended.

HIGH PERFORMANCE TEAM

Supportive learning teams
- Knowledge management
- Team Learning
  - Challenge
  - Adapt
  - Reflexivity
  - Learn from Success and Failure
- Wisdom of the crowds
- The learning team
- The expert team
- The emotionally intelligent team
- Continuous improvement
- Innovation through governance policy, and process
- Identity → Team Expertise Identity
- Listen
- Learn
- Reflect
- Celebrate
- Reinforce and engage

Shared community
- Organisational citizenship
  - Pride
  - Commitment
  - Loyalty
  - Emotional engagement
- Discretionary behaviour
- Well-being
- Improved health
  - Identity and sense of belonging. Enjoyment energy. Drive. Patient focus

Courageous Followership
- Role, Respect, Responsibility
- Learning, Challenge, Growth, Safety, Risk
- Trust, Mentoring, Reflection, Reflexivity
- Decentralised Decision Making, Autonomy, Responsibility, Respect, Trust

Supportive employment relationship
- Positive practices
  - Care, Compassion, Considerate, Encourage, Acknowledge
- Positive engagement
  - Individual, Team, Organisation, Profession, Expert

Getting better together
- Team synergy
- Team congruence

Supportive Courageous Leadership
- Courage
- Communication
- Followership
- Kinship
- Trust
- Empathy
- Advocate
- Communication
- Lead with authenticity
- Meaningful work
- Purposeful aims and meaningful objectives
- Organisation
- Team
- Individual
- Care

Figure 6-2 Initial HPT Framework

182
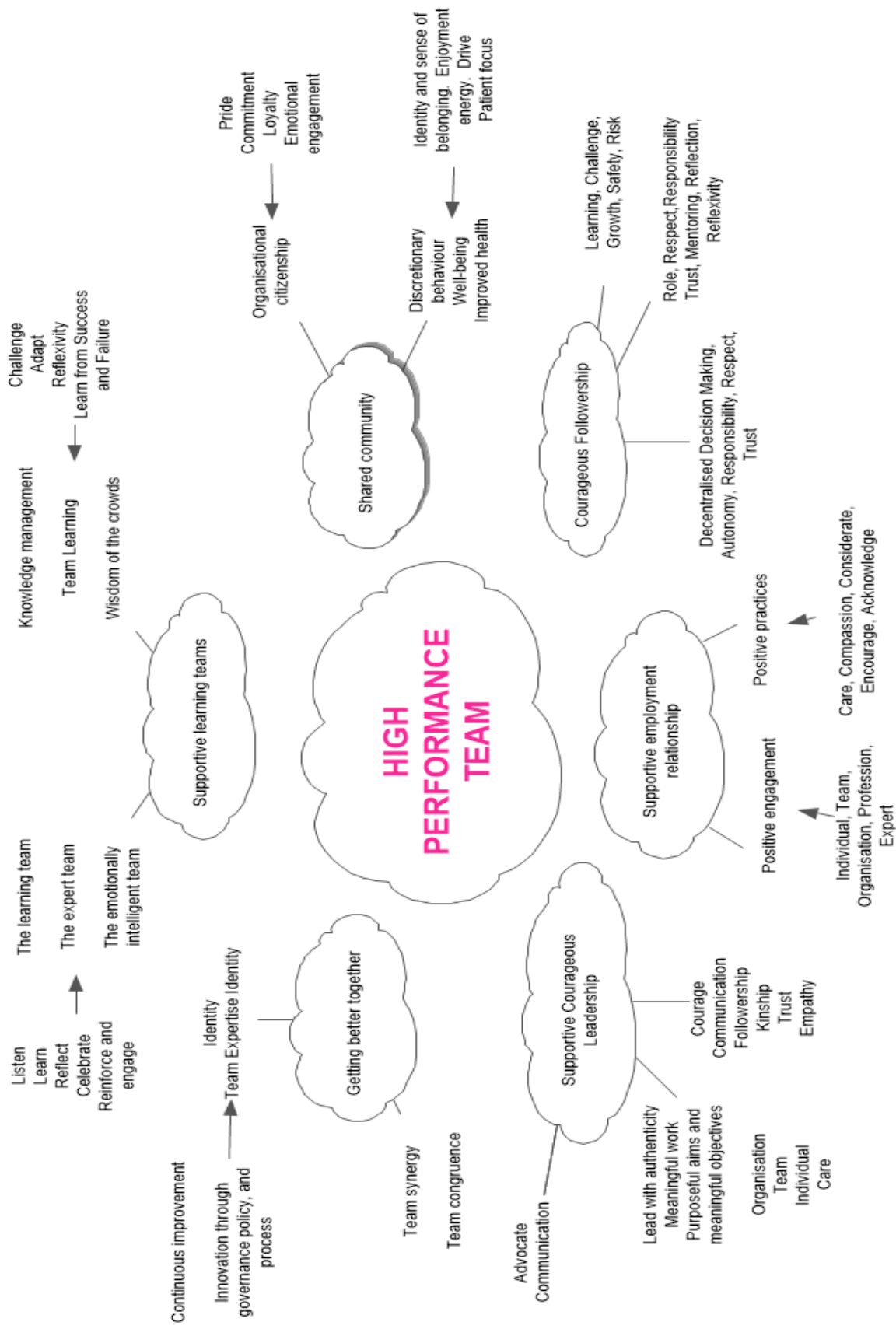
## 6.6. Q methodology as a research tool

HPTs operate in dynamic and multi-dimensional social constructions with many levels of ambiguity, so a criteria requirements list of the research approach was developed (see section 3.5).  Q was used as a vehicle to bring clarity and structure to a complex social arena and it has fulfilled the aims and requirements within this study, as laid out in

Table 3-7 of the selection criteria of the research method. As an abductive methodology, it has allowed the data collection and analysis to be exploratory without imposing a priori assumptions, and has given structure and form to a complex and ambiguous subject area.

The Q-Sort activity has given participants the opportunity to be active in the data gathering and analysis process, and all have noted that the process of sorting the statements has been a reflective, thought-provoking, innovative and interactive exercise. Of significance in this study is that Q has given an equal weighting to all the voices of the participants. As Brown (2006) points out:

> The methodological task consists of devising procedures that serve to amplify and clarify preferences that have been unintentionally marginalised, as well as reveal those marginalised individuals who hold them, so that the effects of marginalisation can be examined and intentionally added to the social discussion.

(Brown, 2006, p. 362).

Q has allowed the voices of the participants to speak, with the minimum amount of researcher influence or bias, and has thus been effective in reducing the power dynamic between researcher and participant.

The data analysis process within Q has meant that a holistic picture of the evidence is presented. The entire configuration and pattern of each Q-Sort is analysed and interpreted, allowing meaningful comparisons to be made within and between viewpoints. At the same time, the process by which the factors are extracted, analysed and interpreted means that majority viewpoints do not dominate and that minority voices are equally heard. It is important to note that these minority voices are just as important and relevant to the results and discussion as all the other factors, despite having fewer participants expressing them.

## 6.7. Limitations of the study

The concourse was predominantly informed from the literature review conducted in Chapter two and included: - team, engagement, HPW and HPTs. The pilot interviews were designed to explore the concepts and components and collate any new emergent components. It is

unlikely, but still possible, that relevant HPT components may have been missed for HPTs within the NHS context.

Whilst HPW practices had a moderate representation within this study concourse, further research would be needed to establish what impact the lack of HPW practices was having within the Trust.  As suggested in section 5.13, this may be limiting the number of HPTs, or an alternative viewpoint could be that they are not needed within this specific context; both the alternatives are unknown so this is a limitation of this study and a perceived research gap.

The study was conducted within a single organisation. The initial framework may be considered representative of HPTs in this organisation; though generalisation of the results to other settings and subsectors must proceed with caution.

Q is a small-sample methodology, and has been used in this study to describe a population of viewpoints, not a population of people (Plumber, 2012).  These findings, however, may be relevant to other NHS trusts because the organisation seems homogenous throughout, although no scientific studies (comparisons) are available to confirm this. These findings may also be relevant for other settings.

## 6.8. Recommendations for further research

From this research, there are a number of subthemes that have emerged that would benefit from further studies and exploratory research.  Firstly, there was a clear established link argued between high performance organisations and high performance working practice.  After the analysis of the concourse collection within this study, HPW had limited representation within this research.  One interpretation of the HPW practices being removed from the concourse could be the lack of HPW practices within the organisation's context and thus could be limiting the number of HPTs.  Therefore, had HPW practices been present within the Trust, there could have been more HPTs.  Therefore, as the situation regarding HPW practice within this context is unknown, this is perceived as a research gap within the context of the NHS Trust where the research took place, and it is recommended that HPW practise be explored within the Trust.

HPW extents to individuals, teams and organisations and is being promoted as a strategic competitive advantage and asset by the UK government (DTI, 2003). The knowledge generation and sharing that occurs within the high performance system is being identified as an intellectual and social asset that needs to be fostered. However, as the majority of empirical studies are focused at an organisation level and not a team level, there is a gap in knowledge, and further research is needed to explore how HPW occurs in teams.

The sustainability of HPW has not received any significant research in areas such as employee-employer relationship impact or the failure of HPW. There remains limited empirical evidence to understand the impact and complexity of employer-worker relationships that underpin the potential or failure of adopting HPW within the wider economy; therefore, there is a gap in knowledge about the economic impact.

Identity emerged as a subtheme from factor seven in section 5.11 and was also characterised in other factors. Identity evolved from HPT practice, producing social capital. Individual identity has social kudos or capital, and over time team identity has shifted to one of the expert team. However, although identity work has a temporal dimension (Yukl, 2012), limited explicit 'theorising about time in identity research is relatively rare' (Pratt, 2012, p. 28) and so is theorising the identity of HPTs and their impact. This is further corroborated by Goodman *et al.* (2001, p. 507) who asserts '…given the different manifestations of time in organisational life, there is surprisingly little research on time in this setting'. The notion that identities provide people with a sense of temporal coherence has received limited scholarly attention (Alvesson, 2010), as has the notion that HPT identity provide people with a sense of temporal coherence.

Lastly, the study of improvement and innovation through taking management risk and the use of strategic governance to develop high performance is recognised as an emergent subtheme. Minimal research has been undertaken into the knowledge that contributes to both theory and practice in its association with HPTs and this under researched area will be proposed for future investigation.

## 6.9. Final practitioner reflexivity

The stimulus for this research was driven both from personal and professional experience to explore the lived experience of being part of a HPT; this was done by adopting an exploratory approach, listening to the viewpoints of different individuals who are all part of a complex and dynamic team setting. Valuing each voice equally, regardless of the role they hold or the position within the team has been imperative.

Upon reflection of the whole research journey, the original aims of this research have been met by utilising the research approach. The use of Q has helped to bring structure and clarity to a complex and multi-faceted arena and has given team members an opportunity to use an innovative and interactive process (Q-Sorting) to register their viewpoints in a holistic and comprehensive manner. The way in which this study was designed and conducted helped to reduce the power dynamic between the researcher and the participants, and in so doing has hopefully given the team members a feeling that their viewpoints were sought, valued and important. It is possible that the focus upon shared viewpoints between the participants may have potentially minimised and diluted the impact of their respective individual voices and experiences. It could be argued that a 'collective voice' should not be regarded as any less 'powerful' than an individual's and may, in fact, have greater impact in terms of the potential implications for policy and practice.

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# 9. Appendices

## 9.1. Glossary of Q methodology terms

| Methodology Term | Definition |
|---|---|
| Concourse | A collection of items about a topic, gathered from a variety of sources |
| Condition of instruction | The instructions given to each participant (for consistency) prior to starting the Q sort |
| Correlation (inter-correlation) | The statistical comparison of one person's Q sort with another person's Q sort to determine the level of similarity or difference |
| Distribution grid | The grid produces a shape of quasinormal distribution (bell shaped curve) into which the participants sort the statements |
| Factor | A viewpoint that can be considered to be part of the same 'family resemblance', represented by participants whose Q sorts are similar |
| Factor array | The viewpoint of the participants loading onto a factor in relation to the position of all items placed on the grid |
| Fixed grid/fixed distribution | Where the participants have a forced choice in terms of the position of the statements within the grid |
| Kurtosis | The shape of the distribution grid in terms of how flat or steep the curve |
| Operant | Behaviours which can be seen to interact, and have a relationship with the environment |
| P-Set | The participants in the study |
| Q-Set | The list of statements in the Q sort activity |
| Q-Sort | Data which is gathered when participants sort the statements into the distribution grid |
| Variance | The degree to which a Q sort, factor or study can be said to hold something in common |

# Your high performing team experience.

**Task 1.** Make four piles of cards.

Please read all of the cards and place them into 4 separate piles.

Please do this be reading the following sentence:-

In your opinion, to what extent does this statement represent your team?

| |
|---|
| 1. Most important |
| 2. Important |
| 3. Neutral/ undecided |
| 4. Least important |

When you have completed task 1

**Task 2.** Prioritise the pile in order of importance.

Please reread the statements from pile 1 and sort the statements into your own order of importance, from most important first. Complete this task for all piles.

**Task 3. Grid sort**

Please place the sorted cards on to the grid in order of importance until all statements are placed on all available slots on the grid.

**JULIA– 2nd March 2014.**

D - So Julia, could I ask you to take a good look at this diagram that is representative of the components of a high performing team.  Today I would like to talk through all of them and listen to your experiences and views on each to get a better understanding of what is the essence of your high performing teams.  So if we could look at each area that would be good, and you can add in whatever you like.  So if it is alright, can I just lead the conversation and you can take it where you want?

J – Yes.

D –Can we explore what your perception is of your sense of purpose, what do you feel are your aims and objectives and what is your understanding of what you are about – is it clear, vague – where are you?

J – As a team or individually?

D – The team, and you really.

J – Ok.  So, in terms of aims and objectives, obviously, personally, there are the annual personal development reviews, so that obviously provides me with clear objectives for me to follow along and talking with my manager about what I would like to achieve within the year.  Some of them are personal, and some of them are service driven because we are a commission service, we have very specific sets of KPIs that we need to meet so obviously from that point of view, it looks at things like – time of discharge of a patient – how long it takes them to get picked up.  I am trying to think of other ones.  As a team, we work really closely so they are shared, understand and we work towards them.

D – Do you consider your aims and objectives are clear, or are the ambiguous?

J – Yeah, historically I have been with the service, as it has been transferred over Trusts as well, and it was very high quality service in the old Trust and so it was one of my personal qualities, despite there being a lot more pressure going from 70 patients a year to over 200, trying to provide the higher quality service to make it the best it can be, for the patients as well.

D – So in your experience, we have talked about your aims and objectives and really, one is you started off from this has to be right, this has to be your best every time – it doesn't matter how we upscale it.  And that is your personal aim?

J – Yeah.

D – And is that from a patient perspective or from your service perspective?

J – From a patient experience view you obviously look at the experience of the patient to make sure they have a positive experience of the service and the changes we have been through in the past, over the last 4 – 5 years to go from a small PSTD to a wider community strength team with not really very much additional resources and just kind of juggling the finances around.   The aim has been really, the patient experience to be equal too what we had previously and not be negatively affected and patient outcomes as well, we want to still be achieving the high outcomes equal to what they were previously and also equal to what other service providers provide.  Ideally, we would like to provide the Gold standard, but obviously we will see what is what.

D – That is interesting, can I just summarise what I thought I heard? Sense of purpose in your perception you are saying what you have to set out to achieve is set, but you are actually striving to outdo and score above them?

J – Sort of myself, I don't want to come to work and just do the bare minimum when I can do more.

D – So we will reflect on that – so if that is your intent, what is your purpose, do you feel that is actually being achieved?

J – I would say 99% of the time, well, the majority of the time apart from factors that affect us like sickness because we are a small team: we have recruited more members but we are small team.  Definitely the patients receive as a high a quality service as possible in our area – as they do in other areas. Actually, I would say patients report to us, this is what they do and they rate their patient experience as really positive.  I would say most of the time I really happy with what we are doing, but obviously with time and pressure, when you reflect on it, if things could have been a bit more right, and you could have done things differently, you

may have been able to do a little better, but that is one of the things with life isn't it – you are never going to get everything perfect and what would be the point in working if you did?

D – Yes, is it your aspiration and the aspiration of the team.

J – Yes on both counts, to help you move forward and to develop the service.

D – Right could I ask what is it that motivates you – is it just intrinsically in the need to do well or is it externally – is it that it is actually good to be seen to be doing well?

J – I think definitely – internally, I want to feel like I am developing.  I have worked in teams in the past where there has been a member of staff who is amazing but might as well not be because they are not able to share that skill, or push things forward and I would hope that I can continue to push things forward and I am probably my own worse critic as well – extrinsically there are a lot more opportunities in this Trust than in other Trusts I have worked in.  The kind of self-promotion actually, I mean team promotion, you are encouraged to participate in research and to put your ideas forward so it is extrinsically, but there is a drive there from the Trust and other members of the team.  Similar to myself the team want to provide the best service for the patient and I think that is quite common with therapy teams, you become a therapist because you want to help people.

D – Can we explore your perception of innovation?

J - We are constantly looking at ways to innovate.  We have got here, but what can we do next, and looking on like that, is very important that the system enables it

D - From a sense of identity, how important is it for you to be recognised as an expert -where do you get your sense of agency so that you feel actually, I am in the right job.

J – Actually, I suppose, from a patient perspective feedback in terms of patient satisfaction and also outcomes because we get involved with people who have been discharged from hospital, and from day one, they cannot stand and hopefully a couple of months down the line, they will be on their feet.  I did a case study of a gentleman who had a very dense stroke – when he came out of hospital he was barely standing.  He had had a lot of very intense therapy, over 150 sessions and he has pretty much now got full movement apart from his hand which he is starting to use it and so I feel like I am doing my job right there.

D – Why is it important to actually make a difference!

J – Yeah- it is what we do – and we do our very best, all of the time

D – Can we explore expertise and your own sense of who you are and your contribution?

J – I think are team is very close. Of course, we have our ups and downs, everybody does, but if somebody is having an issue, and this is just from my point of view, a while ago, an issue was raised with a patients wife which was something I have never experienced before, she just didn't take to me which, I am not saying that every patient loves me, but, she was saying horrible things about me to my other team members, but other authorities as well, like the Stroke Association, and that knocked my confidence and made me feel, 'oh gosh what have I done' and the rest of my team rallied around to help build my confidence back up again. So now I have got a situation where I have got a colleague who was in the situation that I was in, so we are doing the same for her. I suppose really in terms of identity, I did a module, a Leadership module, within the Trust and there was a pre and post 360 degree feedback so I got quite a lot of feedback there really and some nice comments from people.

D – Could we explore education, development and learning, what have you received here in your role and has made a positive impact to you?

J – The Leadership module was very, very useful because clinically I have been doing my job in this post for nearly 8 years, which is quite frightening, and clinically I have developed quite a lot from a band 5 to a band 7 and my neuro skills, like everyone, there is always room for improvement, but it was more my Leadership skills – this was never something I applied for, it was just thrust upon me when people left so I ended up inheriting the role so the skills I have either picked up along the way. The Trust provide the Leadership module and then there is also joint supervision of a colleague from a different Trust because there isn't anyone like me over here and then obviously there are opportunities for Master's modules and non-clinical stuff. I have been looking at the CPD audit from HPC so that has been quite a good way for me to reflect on all of the opportunities, educationally this isn't always formal courses, it can be situations I haven't been in before, like disciplinarians and capabilities and getting support from colleagues who have been through that before.

D – And you think that Peer learning has really helped you?

J – Yeah definitely.  When you are in a situation you can look at the policy and weigh it up, but it can be a bit frightening, especially things that are serious like capability, because if you mess up, that could affect the whole outcome and bias things, so definitely working with Peers, I am the only physio, there is only one of us really and we all learn from each other. So, if you put me in with somebody who has only worked with a physio team holistically, I think I could manage better which is good.

D – So coming back to community of practitioners, in your experience how does it work – you are a team of experts in different areas and you need to share knowledge, how does that work in this team?

J – Obviously, we meet regularly with our RMDTs in terms of looking at patients and look at where we are based at the moment, we all kind of hit base every day so if there are patient concerns, for example, if I am concerned about a patients speech, I can liaise directly with the speech and language therapist. What is good as well, is that we try to arrange joint visits so we can see what is going on and then with our RMDTs we look at goals for patients rather than for physio having 'I want to walk' make it trans-disciplinary because at the end of the day, the patients goal is not 'I want to get my leg stronger' it is 'I want to be able to walk to the shop' so joint visits as well help.

D – You refer to the patient is a whole so the service has to be a whole.  Have I understood correctly?

J – Yeah

D- You don't appear to be dividing the patients' needs up in a clinical model, it is more a social model?

J – Yes definitely. With some stroke patients, who come back into the community, their lives will be very different but not necessarily bad.  We have the rehab assistants and I want to say they are generic, but they are not generic because I feel that is doing them a disservice, but they are not discipline specific, they work across and towards the goal.  They might do some speech stuff and some physio stuff at the same time and from a patient perspective, I think this makes more sense than having one person to come and do this and one person to come

and do that. Also, I think that it is maximising the amount of time that that patient is with the therapist.

D – Right can we move on to reflection – do you actually have time built in within your team to reflect and see how you are doing and what you could be doing better – what happens with that?

J – Yeah, I mean, we don't just have a specific time with our RMDT, we will talk about what is going well and what isn't between the disciplines as with each patient case, if things are going as well as they need to be, we will always brainstorm for ideas. We have assistance and we can progress people on without our immediately say so. You are almost reflecting on a daily basis as you see people, although, it is not a sit down and reflect.

D –So tacit knowledge, you have explained how you do things here, in your experience of this is how we do things here – how is it shared?

J – We are all working across disciplines – we are aware of our own responsibilities and we try not to let the lines blur too much because obviously between physio and OT there will be big overlaps, but then we will both have expertise in different things – recognising what is out of your scope and not just muddling along is important. I think our team is pretty good at that.

D – One of the things that is interesting about this conversation is that you are very aware of CPD. You mentioned looking at CPD, what was that – what did you do – was it a module?

J – No it is because I was being audited, you know, for renewing your registration. Basically I was one of the lucky few to be selected, but no actually, it has been really good because it has given me a chance to put everything together and reflect on the past couple of years. Being the only physio in the team and also leading the team means that I haven't done any Masters' modules for the past couple of years and also holidays and sickness has been a bit of an issue for us. So I haven't necessarily felt like I can ask for the time to be released one or two days to do that from a patient perspective. So I was a bit worried when they first asked me to do it, but looking back, and not just at what I have achieved, but what the team had achieved, it's fine.

D - So moving onto success, how do you perceive success and how would you define success?

J – Obviously from a service perspective it is that the outcomes are achieved and the team has been quite successful, some of the outcomes that we thought were unachievable from day one, have been achieved. I don't really know how sometimes, but hey. Individually, have I done the best I can – looking at patients satisfaction and what is very difficult is that psychologically we need to work with people because not everybody or all parts of people will get better. If somebody has had a stroke we might be saying, we know your arm hasn't got better, and we will just try and flip it around and look at different perspectives, just if I know that I have done everything I can for that person, also making sure I consult with other people to make sure I know I have done everything I can. Does that sound....?

D – Can I clarify, are you saying that you value your peer to peer relationships and just a debate going on really, helps you to feel better.

J - Yes, everybody's perception of success is very different,

D- So coming back to a defining success how do you?

J - Literally patient by patient and you feel like they have gone, or achieved as much as they can.

D – So what does that look like?

J – Yes, for me to feel like that, the patients don't always agree because from day one, they might be fixed on getting back to normal, but if they have had a huge stroke, that just isn't going to happen. If the damage to the brain has been so extensive, it just can't recover so it is really me knowing I have done everything I can, and it will be good if they good recognise that, but they have been through a traumatic event so you can't always get that. And I mean, from a team perspective, the team number one, it has to be the team sticking together to provide the best care with the resources that we have.

D – That is a really interesting, because it leads us quite naturally into the area of individual and group voice. In your experience do you feel that you are being listened to by colleagues, peers and managers and how is the voice within the team – wherever you are, band 4 or band 7?

J – Yeah definitely.  If there are things we need to look at changing, from a managerial support view, as long as we can justify what we are doing then generally we will be supported within the service.  We generally agree on how things should be done because I have a co-leader: we don't necessarily always agree so then we just need to hash it out to get to a happy medium, which can be one of the things having two people of the same grade doing the same thing, but obviously, we always respect each other's opinions and I would like to think that other people within the team would recognise that I do that for them as well.  We have had instances where people have come in from other services and have made other suggestions, and we just know that they are not going to work for us, but again, it is about ensuring that that person knows we have listened to them.  This has led to me being accused in the past of not being very good with change which I wouldn't agree with at all. I would say, that they were the ones who weren't good with change, but I would like to think that from a listening point of view, we do listen to each other and we will try things for a couple of months, and if it doesn't work try something else.

D – So for you, in your experience is there a good level of integrity and your voice is heard?

J – Yes to both.

D – One of the things that comes out in the research is this concept of having a formal leader, but they are now recognising that courageous followers are the ones on the ground actually doing the work.  Having these followers is essential.  In your perception how would you see that leader/followership working out here?

J – I suppose from my point of view, the Leadership might come up with the ideas, but not necessarily that because that might not be from the followers point of view, I suppose it might be dependent on what level the Leadership is at – I mean, if it was a person who was one level above me, they might have service level experience and leadership experience, but they might not have experience working in this service so as a follower on the ground, you might come up with some ideas to help improve what they are saying.  So, one of our new things is, a 7 day service and they have said ' go away and tell me how this is going to work' and we will feed back and they will approve and then it will be cascaded back down to us, if that makes sense.  For me, as a leader in this team, I do feel like you have to lead by example

239

and there are always ideas.  I am just trying to think of an example – one thing for us was the Health and Social Care Review which is completed for patients at regular intervals, and one of my jobs in the early days was to do that and analyse it, and then the followers would have to do what you have suggested and then the followers would feedback to you and you would feedback to them, if that makes sense.  You have always got to be listening to people because if something is not working, you have got to be open to hear that, before it completely fails.

D – In your experience do you have courageous followers in your team?

J – I would say there are people who are very proactive and would provide feedback and people who again, similarly, everyone has the same mission to provide the best service and if somebody doesn't feel like they are being used to their full potential, they would again feed that back.

D – In your perception is the leadership style command and control – or is there a good level of support and feedback?

J – It is kind of ' this is what we want to do, this is how we are going to try it, let's have a go and see what works, do feedback to us, between myself and my colleague, we are two band 7s and then there is a band 6. Yesterday we were looking at changing our MBT, well, not changing it, but we are finding that the meetings are getting longer and longer and when you come out you are just exhausted and maybe it is not the best use of time and so the band 6 came up with some ideas and the three of us sat and looked at it, and we thought, maybe we will do that, but not do that.  And so we said, let's just see how it goes over the next couple of months, I mean, if you change something and it doesn't work, at least you have tried, you haven't failed, it just hasn't worked.

D – Is there a level of courage there and people would voice concerns?

J – Yes, there are people who aren't very good with change and it takes them a while to come on board and sometimes you have to be a bit stricter with them and say, 'look, stop stressing, don't worry it won't be as bad as you think.'  You are always going to have different people and different personalities within a team.

D – In your experience how do you manage challenge?

J - Yes, that's life, but bringing that level of challenge in is quite important – there is a level of challenge and you are saying it is healthy at this level both within a team environment which brings about change and innovation.

D – In your experience how is failure perceived here?

J – From a personal perspective, I am not particularly great at dealing with it so what I do is reflect on it to see what I would do differently if a similar situation came up in the future, and treat it as a learning experience because things aren't always going to go your way. Sometimes it happens like that because it is supposed to happen like that. Similarly in a team perspective we have done the same really: I wouldn't say we have had a massive failure, it is just small things.

D – Yes, it is about how you recover -what I am trying explore, is the level of resilience.

J – I think we are pretty resilient as a service.  If something happens, we look at it, learn from it where we can, and move on.

D – What is your experience of learning from failure and learning from examples?

J – Failure is an opportunity to grow as a person and a team, we don't hit people hard with failure, and they beat themselves up anyway.  We learn, forgive and move on.

D- What is your experience is your working experience with governance here?

J – I suppose we do use the governance process and we move through systems so if there is a complaint we use the process to help, and that helps you reflect as well.  If there is an incident the incident form talks you through and helps you reflect on what you could have done differently and you need those processes to help you come out with your own answer without relying on your manager.

D – Do you see it more as your friend?

J – Yes.  It can be long winded and a pain, but it is there to protect you and your team.  If you didn't have that process and something happened and you didn't have anything documented, people could be making more of it so it is a protection.

D – So for you, it helps manage your risk and enable improvements – you don't see it disabling anything?

J – Not in my experience, no: possibly if you ask somebody higher up, it may be a different answer.

D – What is your experience of being valued within the team?

J – If somebody puts a suggestion in, if it has been successful or even a rehab system if somebody has done a lot with a patient then we will get them to feedback, and get a patient story out of it so that everybody knows what they have done.  I think from a managerial point of view, downwards, you will always get a, thanks.

D- Recognition is important. Behaviour and traits – if someone was to describe your behaviour and traits, what would they say?

J – Hopefully, approachable, hardworking, driven friendly, potentially slightly not controlling, but I like to get things done.

D – What would patients say?

J – Definitely caring, I try to do my best for them, considerate - this is really hard I hate doing things like this.   It is just linking me with my practise really, and that goes in line with what I have just said so it fits in with innovation and what I have said about success.

D – In you perception what is your sense of wellbeing, what is it like when you are at work?

J – Generally ok, I am happy when I feel like I am doing a good job.  Sometimes there are pressures which you can't do anything about like sickness or a lot of pressure from above and that comes from being the only physio, especially when you are trying to lead as well. You are just juggling balls, running around a room trying to catch them and knowing you are not going to.  Usually it is when I go home I realise I have done a good job. Then there are other days when I do feel quite stressed when it is something that is due to occur, because sometimes I am a bit of a worrier.

D – In your perception is there a link to your conscientiousness?

J – Yes, because if there are pinch points around people being off, that would create pressure.

D - So energy wise if 0 –no energy – 10 maximum – where would you see yourself in work?

J – Generally an 8, but if I am in a situation where I can't see the woods for the trees, it may go down to a 4 or 5, but I would not ever say it would go to 0.

D – Yes: and at home?

J – I would probably say similar.  Sometimes, I might say lower because I need to chill out when I'm at home.

D – Ok, so the next one is about decision making - how does it work and happen what is your view?

J – Well often, from a team perspective, we will look at the desired outcomes and expectations as a team and look to see what will work.

D – What is your experience of cohesive in the group?

J – Yes, it works well, but then if it is just me outside of work I can be very negative at times, but as long as I can just a decision, if I am at work, at a certain point in time, I mean normally we will try and get a couple of us to make sure everything has been considered, especially if it is service changing, because you don't want to do it on a whim and then go back a few steps.

D – So for you it is a positive experience – it is part of our fabric and part of our group?

J – Yes.

D – So how does the team puzzle fit together?

J - Yes, it is about linking your jigsaw puzzle – integrity is important, getting things done in time and this links to behaviour – it would be abnormal not to worry about those things so you put extra pressure on yourself to make sure they get done, because you have such a clear sense of purpose.  Expertise is very important, even when you get to a boundary, you will go and seek others advice from a colleague.  So a network is very important and a vacuum could create a high level of stress. This is why if you can have your educational

opportunities bedded in, that makes your network stronger as you will feed into other contacts.  So they are just things to think about.

D - In your opinion how does HR support the team? That could be recruitment, retention, performance management, learning and development?

J – We don't need them that much, we do most people things ourselves, so I wouldn't like to say

D- Julia, can I ask you to take a minute and reflect is there anything missing from this picture of what is going on in your team?

J – No, there is nothing, the picture is great, it has got all of the messy things in an easy to see way

D - Thanks so much Julia that is great.

## 9.4. Typical sample of post interview transcript

Statement of Michelle.

D – Thanks Michelle, so now you have the whole set of statements in front of you I wanted to explore your experience of doing this?

M – Difficult. How complicated teams are! Everything is important, it doesn't fit nicely into a continuum.

D – Your smiling is that is good?

M – Yes! Because I think they are all important and you have got the word 'least'.

D – What would you replace the word least with?

M – I don't know.

D – Would you like it removed?

M – Yes because it makes it look like it is not important.

D – So if we remove that are you comfortable now?

M – Yes.

D – So when you were doing this, what were you thinking about?

M – Patient drive, initially, our team are very patient focused and that is why we are in the service and we do what we do, so, initially I was separating them into 3 little groups to see if the top group had too much in but it was really hard to separate, because what drives us is the patient quality of care – are we making them better and the patients experience.

D – What did you learn about yourself and your team whilst you were doing this?

M – Probably more about the team.

D – So the patient and the team are the bigger things?

M – Yes and how I feel so maybe I should have put them lower down. When I am looking at it now, although I am happy, that is not one of the important driving factors for me, personally, as long as I am happy, I don't have to be ecstatic all the time as long as the patients are happy.

D – And this comes back to motivators – is it your experience people are intrinsically motivated by being part of a high performing team?

M – I like the self-achievement as well, I like to feel like I have made a bit of a different as well.

D – So what was going through your mind when you were doing this?

M – I know how complex a team is but I am surprised how difficult it was to bring out the important factors and weigh it up with the patients trust in the service, against one of the others because they are equal – It is just difficult.

D – We are exploring what is going on in these teams and if you were in another team how you would feel and why is it going on if you had a different team experience?

M – I think that rather than it being a hierarchy – it is more of a continuum – it like a cycle, you have to have all these things for your team to work so rather than order of importance, it is what is the thing that sticks out to us and so if you had us all in a room, the same ones would crop up, I would say.

D - So what is missing do you think?

M – There has to be a fun aspect – you have got to enjoy your work so it is all about pride and feeling comfortable with the people you are working with – you have got the trust factor, but it is about that as well and the support. One of them does touch on that.  It is about coming in and feeling quite settled –like I can come in and take my shoes off and feel relaxed around the people I work with and have a good chat about things you have done and if they think it is right.  I suppose some of that is covered in there.
We do have a really good team and we do have a laugh as well and I think that makes us enjoy what we are doing more. Though I can see some would find it really stressful as an outsider looking in.

D – You mentioned stress, can you explore that further?

M – Yeah I mean lots of us have come from quite senior positions on wards so you have that experience behind you, I came from a senior position to somewhere where the bands are the

same and it did take quite a lot of settling in at first.  That is where is comes down to competence and getting into that mode and the expert in what you do and becoming that.

D - Could I ask how you prioritised your top three and bottom three?

M – Patient focus first - I put the expert lower down, I mean we are expert nurses but you can't be expert on everything and that is where you need the team to come into play, so it depends on your background.

D – that is an interesting observation, can I just confirm my interpretation of what you have just said? The patient the team and then me,

M- Yes, and so this is why if you do a continuum people can cop out, and I know this is difficult but it does force you to think about things and think actually without that we aren't the thing we aspire to be.

D- Is there anything you would do differently or explore more?

M – Oh it's fine honestly. I think a lot of it is around striving for more as well and credibility and we are an award winning service and we are just doing our jobs we aren't doing anything special, but there is a focus on awards at the moment they are encouraging us to go for the awards, I don't know, I think my self-confidence probably, maybe but... some people will get that from shadowing, from courses, from networks and so it is different for everybody, everyone has a different fuel, so if you are putting the patient first and then the team so it might not be your go to place so you may have to instigate more learning than you are comfortable with, but it can become a competitive advantage within the team and it can become more than a ' nice to have' and become essential.

D – What is your experience of maintain your position,

M - This is a very competitive environment with some very competitive people. We are competitive, the best is the place to be.  There is good completion out there

D - Thank you very much.