

**Team-working effectively for  
good staff wellbeing:**  
IAPT Staff Wellbeing Discussion Document

Joint IAPT Staff Wellbeing Strategy Project  
May 2022

The Joint IAPT Staff Wellbeing Strategy Project is a short-term initiative running through 2021-2022 and funded by NHS England. It has been initiated and is facilitated by the four IAPT services based in the Thames Valley (Buckinghamshire, Oxfordshire, Berkshire and Milton Keynes), to develop a Model Staff Wellbeing Strategy for NHS IAPT services.

## Introduction

1. This discussion document summarises a range of recent academic literature, organisational approaches and think pieces about topics relating to effective team-working and staff wellbeing. It has been created to introduce a number of relevant themes and inform the ongoing work of the Thames Valley-wide NHS Joint IAPT Staff Wellbeing Strategy Project. It is part of a suite of discussion documents prepared as 'primers' for the Joint Strategy project.
2. Some of the literature below relates directly to the National Health Service (NHS) in England, and some is about the workplace in general - both in the UK context and wider. Some material reviewed pre-dates the global pandemic and some has been published since and reflects the impact of COVID-19 on the workplace.
3. The purpose of this summary is to bring to the fore a range of commonly referenced topics relevant to team effectiveness and the impact this can have on staff wellbeing in the contemporary workplace, including in the context of remote and hybrid working. It is not intended to be a literature review, but is a summary of relevant material using keyword internet-based searches. Although the themes captured below are dominant in the material reviewed, it remains to be considered which are most relevant to investigate further in the context of staff wellbeing in IAPT (Improving Access to Psychological Therapies) services and identify any gaps. It is not intended to be comprehensive and, to that end, is a conversation starter.
4. Overall, this summary has identified the following themes associated with team-working and staff wellbeing:
  - 8-10 people may be an optimum team size
  - Effective teams embody:
    - effective intra- and inter team communication
    - clear objectives that relate directly to personal tasks and accountability
    - shared decision-making, and
    - a culture of trust
  - Establishing 'shared mental models' can ensure all team members are on the same page
  - High performing teams participate in team-based reflection
  - 2-way communication is the most effective way of maintaining staff engagement
  - Psychological safety at team level is vital for trust and engagement

## Team-working in IAPT

5. A significant amount of available literature on team-working, particularly in healthcare, focuses on multidisciplinary teams, where different professional groups coalesce around shared tasks and objectives. Effective team-working of this kind is shown to be imperative in high-risk healthcare settings where there is a clear evidence-based link between team-working and patient safety. So, what is a team in IAPT and to what extent does the dominant literature reflect what it means to be a team within an IAPT service?
6. Amy Edmondson writing in 1999 highlighted that "*organizations use a variety of types of teams. ... including cross-functional versus single-function, time-limited versus enduring, and manager-*

*led versus self-led*"<sup>1</sup>. The context of the stepped care model employed by IAPT means that 'single-function' or 'uni-professional' working may be more dominant within these services compared to some other parts of healthcare. Uni-professional working was highlighted in 2018 as possessing "*more or less the same training and expertise (such as a team of nurses on an inpatient ward)*" and multidisciplinary working as including "*many different specialisations and [professional] backgrounds*"<sup>2</sup>. It is worth noting that uni-professional working in the IAPT context is not intended to mean lone working, and there is likely to be good professional support within and between uni-professional groups within IAPT services.

7. Uni-professional working in the IAPT context could be described as where the patient normally receives or is guided through care by a single member of a professional group, for a fixed period until, for example, that mode of care has either achieved the desired outcome or an alternative treatment pathway is needed. The patient may be handed over to another practitioner and professional group where a different care step is needed. Some patients may simultaneously benefit from interventions or advice from parallel services, such as those provided by Employment Advisers or via specialist courses of support. This means the inter-professional emphasis in IAPT may be more apparent at points of clinical supervision, case conferences, patient referral and handover, rather than continuous multi-disciplinary working directly with the patient.
8. In addition to the delivery of core clinical services, multidisciplinary teams may be created within IAPT services on an ongoing or time-limited basis to address cross-cutting challenges or time-limited multifunctional issues. This may bring staff from different clinical roles and administrative staff together to work on common tasks. These may or may not be more reflective of the dominant team-working literature (although may not represent all the feature of effective teams, such as 'stability') and are perhaps more akin to project task and finish groups. West in 2021 said "*dropping in and out of teams, or rarely being part of a team with the same team members, undermines the sense of connection, community and belonging*" vital for staff wellbeing and team effectiveness<sup>3</sup>.
9. Furthermore, the rapid expansion of some IAPT services in recent years may mean that what continues to be understood as a 'team' – in terms of size, scale and diversity of roles may previously, and quite reasonably, have described an entire service within a wider mental health service or department. However, as services have grown - and as innovation and creativity in some services has allowed for a greater mix of patient interventions– the service-level may or may not continue to be the best level by which to understand team-working.
10. It is recognised that the sub-structure of any IAPT service may be organised in various ways, that may or may not closely reflect the dominant literature and commentary on team-working. This could be based on shared professional role, common geographic focus, training cohort or other common denominator. The summary below should be considered with the question in mind as to what makes a team effective within IAPT. For the purposes of this discussion document the use

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<sup>1</sup> Edmondson, A., (1999) [Psychological Safety and Learning Behaviour in Work Teams](#). Administrative Science Quarterly

<sup>2</sup> IHLM Press. (2018) [Effective Teamworking in Healthcare](#)

<sup>3</sup> West, M. (2021) [Compassionate Leadership](#). The Swirling Leap Press (p.89)

of the term 'team' is intended to mean the permanent or temporary staff groupings that make up the sub-structure of an IAPT service.

### Team-working and staff wellbeing

11. Effective team working in healthcare is associated with patient safety, good patient outcomes and good staff wellbeing. Professor Michael West has argued that the combined presence of 'meaningful objectives, clear roles and responsibilities, and reflection on team effectiveness' within healthcare teams, can have a positive impact on staff retention, sickness absence and workplace stress<sup>4</sup>. In 2021, he particularly cited his own 2011 research, conducted together with Richter and Dawson, that showed that *"teamworking is associated with lower stress levels among healthcare workers as a result of greater role clarity, social support and being buffered by their teams from negative organisational factors"*<sup>5</sup>.

#### *Understanding teamworking*

12. In 2002, the notable book 'The Five Dysfunctions of a Team' by Patrick Lencioni was published. Lencioni argued that team working fails because teams succumb to one or more predictable factors giving rise to a negative chain of events. He set out how a 'lack of team trust, leads to a fear of conflict, to a lack of commitment, to the avoidance of accountability and ultimately to inattention to results'<sup>6</sup>. Fundamentally, he argued that a lack of openness and vulnerability within team working creates a failure of trust that *"sets the tone for ...dysfunction"*<sup>7</sup>.

13. As the reverse of his dysfunction typology, Lencioni went on to describe an effective or "cohesive" team that comprised the following team features:

1. They trust one another
2. They engage in unfiltered conflict around ideas
3. They commit to decisions and plans of action
4. They hold one another accountable for delivering against those plans
5. They focus on the achievement of collective results<sup>8</sup>.

14. This emphasised the team as a safe space to voice perspectives with honesty and without retribution, and where conflict could be harnessed as a positive force, in order to safely explore different opinions and ideas. Furthermore, it implied a clear shared endeavour where everyone has a defined part to play, and the presence of individual level accountability and collective responsibility for delivery.

15. Professor Michael West has argued that *"an effective team is a group of no more than 8-10 people, who work together to pursue a limited number (5-6) of clear, shared goals"*<sup>9</sup>. Similarly, in 2005, Mickan and Rodger developed the 'Healthy Teams Model' for healthcare environments as a six-element model including purpose, goals, shared leadership, cohesion, and mutual respect<sup>10</sup>. They defined teams as having *"a small number of members with the appropriate mix of expertise to complete a specific task...committed to a meaningful purpose and have achievable*

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<sup>4</sup> Baird, B. et al., (2020) [How to build effective teams in general practice](#). The King's Fund

<sup>5</sup> West, M. (2021) [Compassionate Leadership](#). The Swirling Leap Press (p.93)

<sup>6</sup> Lencioni, P. (2002) [The Five Dysfunctions of a Team](#). Jossey-Bass

<sup>7</sup> Lencioni, P. (2002) [The Five Dysfunctions of a Team](#). Jossey-Bass

<sup>8</sup> Lencioni, P. (2002) [The Five Dysfunctions of a Team](#). Jossey-Bass

<sup>9</sup> West, M. (2021) [Compassionate Leadership](#). The Swirling Leap Press (p.88)

<sup>10</sup> Mickan & Rodger. (2005) [Effective healthcare teams: a model of six characteristics developed from shared perceptions](#). Journal of Interprofessional Care.

*performance goals for which they are held collectively responsible*<sup>11</sup>. Similar to other definitions, they situated teams around multiple participants delivering a shared task with ‘definition and boundaries’ – i.e., distinct from other tasks, in which they all have a stake and responsibility. They highlighted that while team effectiveness has been associated with productivity, ‘team cohesion’ and ‘individual viability’ were also key factors<sup>12</sup>.

16. Again Michael West in his 2021 book ‘Compassionate Leadership’, has described teams in healthcare as *“the most important determinant of...daily work-life experience”*<sup>13</sup>. He pointed to a body of literature linking mental health and staff wellbeing with the daily experience of team working. He said, *“teams are the means by which we deliver care and meet the purposes of health and social care organisations”* and argued that compassionate workplace cultures are *“characterised by compassionate teamwork”*<sup>14</sup>.
17. Schmutz et al. in 2019 investigated the links between team work and clinical performance. They considered that teams comprise two or more people who interact and work inter-dependently, have shared values and goals, share expertise, have clear roles and responsibilities and a ‘discrete lifespan’<sup>15</sup>. They saw ‘teamwork’ as being how members interact with each other and ‘taskwork’ as the substance of individual work within a team. They also differentiated between ‘inter-professional and uni-professional’ teams<sup>16</sup>, and argued that teamwork makes a positive contribution to patient care<sup>17</sup>.

### **Question 1: To what extent do the teams in your service have defined goals and objectives?**

#### *Effective team-working*

18. The existence of a team based on the descriptions highlighted above does not mean the team is inherently effective. A team not only becomes effective based on how it is constructed but on how it functions. In 2015, Google concluded a two-year research project into what makes Google teams effective. Based on 200+ interviews they concluded that *“who is on a team matters less than how the team members interact, structure their work, and view their contributions”*<sup>18</sup>. This research found the following features to be necessary, in Google, to effective team-working: ‘psychological safety; dependability; structure & clarity; meaning of work (of personal importance); impact of work (it matters)’<sup>19</sup>.
19. In 2001, Professor Jenny Firth-Cozens highlighted multiple ways of improving team effectiveness, when investigating the development of a patient safety learning culture in health teams. She suggested ‘regular meetings, good communication, valuing diversity, real participation, and adaptability’<sup>20</sup> make a difference. She went on to emphasise the value of team member

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<sup>11</sup> Mickan & Rodger. (2005) [Effective healthcare teams: a model of six characteristics developed from shared perceptions](#). Journal of Interprofessional Care.

<sup>12</sup> Mickan & Rodger. (2005) [Effective healthcare teams: a model of six characteristics developed from shared perceptions](#). Journal of Interprofessional Care.

<sup>13</sup> West, M. (2021) [Compassionate Leadership](#). The Swirling Leap Press (p.87)

<sup>14</sup> West, M. (2021) [Compassionate Leadership](#). The Swirling Leap Press (p.87)

<sup>15</sup> Schmutz, J. et al. (2019) [How effective is teamwork really? The relationship between teamwork and performance in healthcare teams: a systematic review and meta-analysis](#). BMJOpen

<sup>16</sup> Schmutz, J. et al. (2019) [How effective is teamwork really? The relationship between teamwork and performance in healthcare teams: a systematic review and meta-analysis](#). BMJOpen

<sup>17</sup> Schmutz, J. et al. (2019) [How effective is teamwork really? The relationship between teamwork and performance in healthcare teams: a systematic review and meta-analysis](#). BMJOpen

<sup>18</sup> Rozovsky, J. (2015) [The five keys to a successful Google team](#). Re:Work

<sup>19</sup> Rozovsky, J. (2015) [The five keys to a successful Google team](#). Re:Work

<sup>20</sup> Firth-Cozens, J. (2001) [Cultures for improving patient safety through learning: the role of teamwork](#). Quality in Health Care

participation in decision-making, encouraging innovative solutions to shared problems, and having autonomy to make 'operational decisions'. She said: *"Good teams do not just develop on their own; where team experience is poor, individual competitiveness is a very real alternative"*<sup>21</sup>. This implies that failing teams may breed self-interest, that mitigates against good teamwork. In 2020, The King's Fund published a guide to effective teams in General Practice. In that work, Baird et al. highlighted how *"a set of compelling objectives that your team members share responsibility – and accountability -for achieving, helps to create a sense of shared purpose, trust and collective achievement"*<sup>22</sup>.

### *Shared mental models*

20. How teams think collectively and understand themselves also has an impact on effectiveness. Weller in 2014 reflected on the wider ranging academic literature on teamworking to highlight how shared mental models, mutual respect and trust, and 'closed-loop communication' are foundations of effective teams<sup>23</sup>. In the context of team working, shared mental models are the interpretations, assumptions, behaviours and knowledge held in common by team members. Closed-loop communication is where a receiver of communication messages confirms what they understand to be the messages and the sender confirms the message was received correctly. In team settings this style of clarify-confirm communication establishes correct interpretation and understanding. Where mental models are positive they can make for effective team working. However, it stands to reason, where they are negative they could give rise to team dysfunction. It is possible that within an IAPT service different teams may have different mental models.
21. Shared mental models, as set out by Mathieu et al, *"allow team members to draw on their own well-structured knowledge as a basis for selecting actions that are consistent and coordinated with those of their teammates"*<sup>24</sup>. That is, a set of shared values that can be relied upon as a means of understanding, engaging and predicting team interactions. They went on to highlight four types of shared mental model relating to 'technology; the task; team interactions; and team knowledge, preferences and attitudes' etc<sup>25</sup>. In a nutshell this could be described as a common understanding of 'what makes us tick'.
22. Similarly, Baker et al. in 2006 said *"to work effectively together, team members must possess specific knowledge, skills, and attitudes (KSAs), such as the skill in monitoring each other's performance, knowledge of their own and teammate's task responsibilities, and a positive disposition toward working in a team."*<sup>26</sup> They went on to say that: *"simply installing a team structure does not automatically ensure it will operate effectively. Teamwork is not an automatic consequence of co-locating people together and depends on a willingness to cooperate for a shared goal"*<sup>27</sup>. Drawing upon Salas, Sims and Klein from 2004, they described team effectiveness in terms of a clear common purpose, compensating for each other, having mutual understanding, communicating and adapting, and having trust<sup>28</sup>.
23. A study in 2018 from Australia explored the stress-inducing impact of organisational change in healthcare and whether new nursing teams created during times of wider change experienced

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<sup>21</sup> Firth-Cozens, J. (2001) [Cultures for improving patient safety through learning: the role of teamwork](#). Quality in Health Care

<sup>22</sup> Baird, B. et al., (2020) [How to build effective teams in general practice](#). The King's Fund

<sup>23</sup> Weller et. al. (2014) [Teams, tribes and patient safety: overcoming barriers to effective teamwork in healthcare](#). Postgraduate Medical Journal

<sup>24</sup> Mathieu et. al. (2000) [The Influence of Shared Mental Models on Team Process and Performance](#). Journal of Applied Psychology

<sup>25</sup> Mathieu et. al. (2000) [The Influence of Shared Mental Models on Team Process and Performance](#). Journal of Applied Psychology

<sup>26</sup> Baker et al. (2006) [Teamwork as an Essential Component of High-Reliability Organizations](#). Health Research and Educational Trust

<sup>27</sup> Baker et al. (2006) [Teamwork as an Essential Component of High-Reliability Organizations](#). Health Research and Educational Trust

<sup>28</sup> Baker et al. (2006) [Teamwork as an Essential Component of High-Reliability Organizations](#). Health Research and Educational Trust

higher levels of “change fatigue” compared to existing teams<sup>29</sup>. It was expected that “lack of social support in a new team” would show less effective teamwork and higher change fatigue than established teams. In fact, the reverse was found to be the case, where newly formed teams were more adaptable and able to cope with wider institutional change. The finding was suggested as potentially due to the formation of new working practices and mental models in the new team<sup>30</sup>, rather than shoehorning long-standing old-team practices into wider institutional change - that could be more stress and fatigue inducing. The study used the ‘Change Fatigue Management Scale’ as a validated measure of change fatigue. This could imply that the skills of adaptability and flexibility are important skills in responding to change and in managing stress in highly changeable and dynamic workplace settings.

#### *Team-based reflection*

24. In 2017, the Royal College of Physicians produced a suite of materials on effective teams in healthcare, that was particularly focused on medical teams. They set out the model of ‘team dynamics’ and distinguished between “resilient teams” - which embody ‘high task and social reflexivity’ (i.e., reflect actively and regularly on both technical performance and social interactions), and ‘dysfunctional teams’ – which have both ‘low social and task reflexivity’<sup>31</sup>. Meanwhile, ‘driven’ teams have ‘high task reflexivity but low social reflexivity’, and complacent teams have ‘high social reflexivity but low task reflexivity’<sup>32</sup>. In that model, they argued that teams that regularly reflect together on the delivery of their respective tasks and on how they work together to achieve those tasks have higher ‘effectiveness, wellbeing and innovation’<sup>33</sup>.

#### *Models of team-working*

25. In his book ‘Compassionate Leadership’, West sets out a list of factors that represent good practice in teamworking. He refers to this as being “a stable ‘home team’”<sup>34</sup>, that includes:

- A space to discuss challenges, difficulties and frustrations,
- Clarification of roles and responsibilities,
- A sense of belonging and social support,
- Involvement in quality improvement,
- Peer coaching and mentoring<sup>35</sup>.

26. Other models of effective team-working include the GRPI Model comprising ‘goals, roles, procedures, and interpersonal relationships’<sup>36</sup>, where goals are clearly defined, individual responsibilities and accountabilities are clearly assigned, ‘well-defined procedures’ support work activity including ‘communication and decision-making’, and there is a “commitment to communication, trust and respect” through inter-personal communication<sup>37</sup>. While the Katzenbach and Smith model comprises personal growth, collective work product, and performance results<sup>38</sup>. That is where “the progress of each individual in the team is important to

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<sup>29</sup> Camilleri, Cope & Murray. (2018) [Change fatigue: The frontline nursing experience of large-scale organisational change and the influence of teamwork](#). Journal of Nurse Management

<sup>30</sup> Camilleri, Cope & Murray. (2018) [Change fatigue: The frontline nursing experience of large-scale organisational change and the influence of teamwork](#). Journal of Nurse Management

<sup>31</sup> Royal College of Physicians website. (2017) [Improving teams in healthcare, 4: team development](#). Royal College of Physicians

<sup>32</sup> Royal College of Physicians website. (2017) [Improving teams in healthcare, 4: team development](#). Royal College of Physicians

<sup>33</sup> Royal College of Physicians website. (2017) [Improving teams in healthcare, 4: team development](#). Royal College of Physicians

<sup>34</sup> West, M. (2021) [Compassionate Leadership](#). The Swirling Leap Press (p.91)

<sup>35</sup> West, M. (2021) [Compassionate Leadership](#). The Swirling Leap Press (p.91)

<sup>36</sup> Indeed Editorial Team. (2021) [9 Popular Models for Highly Effective Teams](#). Indeed

<sup>37</sup> Indeed Editorial Team. (2021) [9 Popular Models for Highly Effective Teams](#). Indeed

<sup>38</sup> Indeed Editorial Team. (2021) [9 Popular Models for Highly Effective Teams](#). Indeed



*keep employees motivated, productive and satisfied with their career progress”, there are clear team deliverables and success can be measured, and performance is a “vital aim” with recognition of “elimination of waste”<sup>39</sup>.*

27. In 2021, Zajac et al. developed a framework for effective teamwork in healthcare based on a wide-ranging team effectiveness literature. They described team effectiveness as based on ‘results, functioning, and viability’ and therefore a “*combination of what the team is able to accomplish being (results [or] outcomes), how teams function...and whether the team believes they would be able to continue successfully working together in the future (viability)*”<sup>40</sup>. They set out their effectiveness model as comprising how ‘teams feel, what they do, and how they think combined with psychological safety and trust and adaptability and resilience’<sup>41</sup>. Teams for them therefore had a shared value of teamwork, cared for each other, continuously learned, managed conflict, shaped decision-making and exchanged information, developed shared mental models and reflected on progress<sup>42</sup>. In this light, teamwork is not solely an organisational construct but is collectively valued by team members as an engine of both delivery and of engagement in their work.

28. All of these theories and models variously emphasise effective teams as embodying:

- effective intra- and inter team communication;
- clear objectives that relate directly to personal tasks and accountability;
- shared decision-making; and
- a culture of trust.

**Question 2: Consider the structure of your IAPT service, what factors enable effective teamworking at present for you and what factors may inhibit that?**

### **Multigenerational teams**

29. Some organisations, particularly in the commercial sector, are beginning to perceive that different generations of staff, in terms of age group, may have different expectations about the workplace. This view presupposes that by understanding such presumed baseline expectations, organisations can develop approaches that more closely chime with the dominant values and attitudes held by staff by age group. This is a point of view that entirely segments workers by age. It implies that staff expectations of work are shaped by the wider life experiences and dominant social norms and values associated with ‘their generation’.

30. Immense care needs to be taken in following this generalised line of thinking, to avoid making stereotypical assumptions, that may or may not be borne out by evidence, about how particular staff members behave and think. At worst it may over-amplify the relevance of age, risks unfair bias and mitigates against the important themes within this Joint IAPT Staff Wellbeing Project, such as compassionate leadership, inclusivity and belonging that value staff members as individuals. Indeed, the OECD has commented on the risks of using generational or age labels to guide work practices. They point to “*evidence that workers of all ages are much more alike in*

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<sup>39</sup> Indeed Editorial Team. (2021) [9 Popular Models for Highly Effective Teams](#). Indeed

<sup>40</sup> Zajac et. al. (2021) [Overcoming challenges to teamwork in healthcare: A team effectiveness framework and evidence-based guidance](#). Frontiers in Communication

<sup>41</sup> Zajac et. al. (2021) [Overcoming challenges to teamwork in healthcare: A team effectiveness framework and evidence-based guidance](#). Frontiers in Communication

<sup>42</sup> Zajac et. al. (2021) [Overcoming challenges to teamwork in healthcare: A team effectiveness framework and evidence-based guidance](#). Frontiers in Communication

*their attitudes to work, and broadly value the same things. Furthermore, there is compelling evidence that employers who respond positively to the changing individual needs of employees improve their success in attracting, motivating and retaining workers”*.<sup>43</sup>

31. Writing in the Harvard Business Review in 2021, Emma Waldman wrote: *“The problem is that age stereotypes go a step too far in assuming that every person has reacted to the milestones of their generation in the same ways. They are assumptions, often false, and can make workers feel siloed and judged before they even step into the office... A 2017 study published found that, “employees threatened by age-based stereotypes concerning work performance are less able to commit to their current job, less oriented toward long-term professional goals, and are ultimately less adjusted psychologically.”*<sup>44</sup> While The Law Society in 2022 commented that seeing a team as *“multi-individual”* rather than multi-generational is preferable, *“knowing that everyone has their story; that everyone has something going on for them that might influence their approach to their working life, priorities, aspirations and interests, and that those factors can change over time”*<sup>45</sup>.

32. However, it may be worth briefly summarising some perspectives on this generational way of conceptualising the workplace, to appreciate how it may affect the functioning of teams. Emma Waldman also wrote in this respect that: *“The sad truth is that age gaps between managers ... and their team members can hinder our mutual respect for one another. When we fundamentally can’t relate to someone due to generational gaps, we often resort to using harmful stereotypes and blame solvable problems on each other instead of working to understand — and value — the differences that distance us.”*<sup>46</sup>

33. An NHS webinar held in 2021 on multigenerational workforces set out the following age-related typology, although other descriptors of these generalised characteristics are also presented by others:

- Baby boomers: 1946-1964  
Characteristics - Team Orientated, Optimistic, Formal, Strong Work, Ethic, Used to Hierarchical Structures, Emotional Wisdom
- Generation X: 1965 – 1980  
Characteristics - Self Reliant, Ambitious, Hard Working, Cynical, Informal, Resourceful
- Millennials: 1981 – 1997  
Characteristics - Feedback Orientated, Community Orientated, Realistic, Flexible, Multi-tasking
- Generation Z: 1998- present  
Characteristics - Globally Orientated, Socially Progressive, Extremely Tech Savvy, Environmentally Aware<sup>47</sup>

34. The NatWest Bank has commented how the ‘millennial generation’ will dominate the workplace by 2025 in comprising 75% of the workforce, and by which time there will be *“up to five generations working side by side”*<sup>48</sup>. Some other commentators have perceived this as a challenge where different values and perceptions may clash. For example, the Work Psychology Group in 2020 set out the potential challenges faced by a mix of generations such as around

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<sup>43</sup> OECD website. (2020) [Promoting an Age-Inclusive Workforce : Living, Learning and Earning Longer](#). OECD

<sup>44</sup> Waldman, E. (2021) [How to Manage a Multi-Generational Team](#). Harvard Business Review

<sup>45</sup> Warhurst, E. (2022) [Six tips for managing multi-generational teams](#). The Law Society

<sup>46</sup> Waldman, E. (2021) [How to Manage a Multi-Generational Team](#). Harvard Business Review

<sup>47</sup> NHS England (2021) [Understanding multigenerational teams: How to be flexible and thrive](#)

<sup>48</sup> NatWest website (2022) [Managing age diversity in the workplace](#). NatWest

technology and communication with *“Millennials and (especially) Generation Z [being] brought up with technology, us[ing] it with ease and embrac[ing] ongoing developments...[around] rewards and recognition [with] the younger generations ...often been told that they can do anything they want, that everything is possible [and] expect rapid career progression....and personal development expect[ing] more individual support and attention from their manager.”*<sup>49</sup>

35. Meanwhile, writing in *People Management* in 2020, in the context of remote working, Carina Paine Schofield, wrote: *“If not managed carefully, home working could actually serve to highlight these [age] differences and cause tension in teams. Older employees may find it frustrating, for example, that younger colleagues are reluctant to pick up the phone and sort an issue out. Equally, younger employees may feel their work-life balance is under threat in a remote environment where there is an expectation (perceived or otherwise) that they will be available and instantly responsive”*<sup>50</sup>. While Microsoft has highlighted how, *“Cam Marston, a leading expert on generational change and its impact on the workplace and marketplace, tells us that the key to creating a robust and motivated multi-generational team is “understanding workplace preferences that are unique to each generation and figuring out how to make each group happy and productive in the ways they work”*<sup>51</sup>. They went on to point to some observable trends among ‘Generation X’ staff that *“If your work culture doesn’t fit them, Gen Xers can feel like they aren’t thriving, leading to an uninspired worker. ...Takeaways. Give them an opportunity for involvement. In addition, Marston says that offering good “pay and responsibility, and flexible scheduling to allow for child-care issues” is also important”*<sup>52</sup>.

36. The Centre for Better Ageing has furthermore set out five actions to be an age-friendly employer: 1. Be flexible about flexible working; 2. Hire age positively; 3. Ensure everyone has the health support they need; 4. Encourage career development at all ages; and 5. Create an age-positive culture<sup>53</sup>. They have also highlighted from their own research that 92% of 18–34 year olds want to work flexibly and 88% of 35-54 year olds<sup>54</sup>.

### **Effective communication within and between teams**

37. As highlighted further above, effective communication is an important facet of what makes teams function effectively. Indeed, in 2020 the Chartered Management Institute (CMI) published research showing that *“effective communication skills are the most valued managerial trait”* particularly during the COVID-19 pandemic, with 95% of respondents to their survey supporting this view<sup>55</sup>. A range of other research and commentary indicates a link between job satisfaction, trust and communication generally, as well as the positive links between some certain approaches to inter-personal communication such as civility or psychological safety and staff wellbeing.

38. In 2021 the CIPD highlighted how *“Communication is a critical part of employee engagement, which in turn promotes better performance, employee retention and wellbeing”*<sup>56</sup>. They pointed to the importance of ‘clear, consistent and regular internal messaging’ particularly in work

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<sup>49</sup> Work Psychology Group website. (2020) [How a multigenerational workforce can help your organisation to succeed](#). Work Psychology Group

<sup>50</sup> Paine Schofield, C. (2020) [How to manage multigenerational teams working from home](#). *People Management*

<sup>51</sup> Microsoft 365 Team (2019) [Collaboration, Communication Key to Successful Multi-Generational, Multi-Cultural Workplaces](#). Microsoft

<sup>52</sup> Microsoft 365 Team (2019) [Collaboration, Communication Key to Successful Multi-Generational, Multi-Cultural Workplaces](#). Microsoft

<sup>53</sup> NHS England (2021) [Understanding multigenerational teams: How to be flexible and thrive](#)

<sup>54</sup> NHS England (2021) [Understanding multigenerational teams: How to be flexible and thrive](#)

<sup>55</sup> CMI website. (2020) [Management transformed: Managing a marathon crisis](#)

<sup>56</sup> CIPD website. 92021) [Employee communication](#). CIPD

contexts of perpetual change and flexible working<sup>57</sup>. Similarly, the CMI reflected in 2020 how *“communication, listening, providing clear direction, and the ability to motivate staff are all seen to become even more central to creating a high-quality working environment”*<sup>58</sup>.

39. The most effective and constructive approach to communication in the workplace is ‘two-way’. That means there is an active feedback loop from information sent or conveyed, and received by the intended audience. This applies to all forms of communication – whether between two individuals, within or between teams, or across or between large organisations. It means there is room for people to speak up, ask questions, discuss and consider, and respond. Not all communication is two-way. One-way communication, such as transmitting factual information or instruction, is perfectly valid. However, a predominance of unnecessarily one-way communication in a workplace setting may rapidly diminish staff engagement and empowerment. Indeed, the UK Government Communication Service’s internal communications guide has highlighted that communication should *“do more than broadcast”*<sup>59</sup>.
40. Similarly, effective (one or two-way) communication results in the conveyed messages being received by the relevant audiences as intended by the sender. This can be denoted by the way in which recipients respond to the communication, such as if they take the expected action or demonstrate a correct understanding. Ultimately for communication to have taken place it must be received by an individual or groups of individuals. It is only effective if the recipients literally ‘get the message’ in practice and in substance, as intended. Health Education England in London has said: *“Good communication is a two-way street; we need to ensure that the person we have said something to has understood it as we intended it to be understood and that involves checking with them”*<sup>60</sup>.
41. Often distortions can occur within the communication loop (the journey from sender to recipient leading to an outcome) that renders it less effective. These may arise from factors emanating from the sender, the recipient, or as a result of intermediate interference along the way - often described as ‘noise’<sup>61</sup>. A 2019 Forbes article on internal communication and employee engagement, for example, commented that poor communication can involve ‘lack of clear direction’ from managers, not asking the ‘right questions’ and ‘allowing emotions’ to distort messages<sup>62</sup>. While writing in 2010 about research into communication by US school administrators, Lunenburg highlighted seven ways communication can break down. These were: *“lack of sincerity; lack of empathy; self-perception; role perception; mode of communication; quality of communication; and environmental conditioning”*<sup>63</sup>.

#### *A crucial role for teams*

42. Fitzpatrick and Valskov, in their 2014 book ‘Internal Communication: A manual for practitioners’, set out the crucial role of line-managers in promoting good internal communications within a team structure and how vital it is to staff engagement and organisational success. They also saw good communication via line-managers as an *“essential conduit for trust between an employee and their organisation”*<sup>64</sup>. They highlighted how *“getting managers to do a great job of*

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<sup>57</sup> CIPD website. 92021) [Employee communication](#). CIPD

<sup>58</sup> CMI website. (2020) [Management transformed: Managing a marathon crisis](#)

<sup>59</sup> UK Civil Service website. [Engaging employees through internal communications](#). Government Communication Service

<sup>60</sup> Health Education England website. [Personal and professional effectiveness e-module – Section 5: Communication](#). Health Education England London

<sup>61</sup> An example of noise in communication can be found [here](#) from Oxford university Press

<sup>62</sup> Cowie, K. (2019) [Internal communication tactics that drive employee engagement](#). Forbes

<sup>63</sup> Lunenburg, F.C. (2010) [Communication: The process, barriers, and improving effectiveness](#). Schooling

<sup>64</sup> Fitzpatrick L. & Valskov, K. (2014) [Internal Communications: A manual for practitioners](#). CIPR/Kogan Page (p118)

*communicating ...helps build commitment and engagement, drive performance and support change. But get it wrong and the damage to trust can be devastating”<sup>65</sup>.*

43. The authors particularly pointed to a lack of training and understanding, often at the line-manager level, as to what makes communication effective and how it is achieved, in a way that is so pivotal to organisational outcomes<sup>66</sup>. They set out that what gets in the way of good communication in “*driving [staff] engagement*” is a lack of role-modelling from others, as well as a range of other factors paraphrased here as:

- context: lack of understanding how work plans fit into an overall vision;
- lack of buy-in: line-managers disagree with messaging or substance;
- disengagement: they don’t perceive their job as being a communicator;
- confidence: don’t feel skilled in communication;
- time: don’t or can’t prioritise good communication;
- dislocation: nobody is invested in their communication role<sup>67</sup>.

44. This implies that good internal communication that cascades, or flows, effectively between and within teams isn’t the responsibility of a select few, but is everyone’s responsibility – with a particular emphasis on staff in team leader and line manager positions. It could be argued that where there is no critical mass of effective communication behaviour of this kind, there may be insufficient role-modelling to really embed and continuously reinforce good communication skills and behaviours within an organisational structure.

45. To Fitzpatrick and Valskov, good line-manager communication ‘focuses on their team and what they need; translates messages into something meaningful for their team; listens and understands differing points of view; and is authentic in what they are communicating’.<sup>68</sup> Finally, from these authors, they pointed out how communication is not solely about words, but how the words are delivered. This relates to body language and the tone of voice used (orally or in writing), and the need to be alert to these factors in yourself and others. They highlighted the need for line-managers to ‘provide time, show respect and understanding towards staff, provide honest answer, and give staff a voice – including feeding back staff views’. They warned against communicating in a way that displays defensive behaviours, being evasive and “*passing the buck*”<sup>69</sup>.

### **Question 3: What could your service do to continuously improve 2-way communication at the team level, via line-managers/middle-management?**

#### *Practical two-way communication*

46. Baird et al., in 2020, in their work with The King’s Fund on effective teams in general practice, also highlighted the importance of “*the quality of communication and ‘dialogue’ within teams*”<sup>70</sup>. In “*breakthrough conversations*” for The King’s Fund they developed a list of communication techniques and forums to aid, what they described as, “*generative dialogue*” - essentially a form of two-way communication that generates productive outputs, such as:

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<sup>65</sup> Fitzpatrick L. & Valskov, K. (2014) [Internal Communications: A manual for practitioners](#). CIPR/Kogan Page (p118)

<sup>66</sup> Fitzpatrick L. & Valskov, K. (2014) [Internal Communications: A manual for practitioners](#). CIPR/Kogan Page (p115)

<sup>67</sup> Fitzpatrick L. & Valskov, K. (2014) [Internal Communications: A manual for practitioners](#). CIPR/Kogan Page (p118)

<sup>68</sup> Fitzpatrick L. & Valskov, K. (2014) [Internal Communications: A manual for practitioners](#). CIPR/Kogan Page (p123)

<sup>69</sup> Fitzpatrick L. & Valskov, K. (2014) [Internal Communications: A manual for practitioners](#). CIPR/Kogan Page (p118)

<sup>70</sup> Baird, B. et al., (2020) [How to build effective teams in general practice](#). The King’s Fund

- Huddles – “short frequent check-ins”
- Clinical supervision – one-to-one, group or peer supervision
- Effective information-sharing systems - easy mechanisms to access and share information
- Safe spaces for reflection<sup>71</sup>.

47. Weller et al. in 2014 had previously developed a seven-point plan for communication in “effective healthcare teams”<sup>72</sup>, including defining inclusive teams – with collaborative goals, creating democratic teams – with open communication, and supporting teamwork with policies and procedures – that encourages information sharing<sup>73</sup>. Meanwhile, in guidance published by the Royal College of Physicians in 2017 on team communication, directed towards medical practitioners, they highlighted barriers to effective communication as including ‘fear of failure, team instability, stress and fatigue, and a perceived hierarchy’<sup>74</sup>. That is where, for example, a fear of being wrong limits the willingness of staff to speak up, where working relationships within teams change frequently so are not grounded in mutual understanding, and where team members feel intimidated in speaking up by a sense of organisational hierarchy<sup>75</sup>. Indeed, Clapper in 2019 also noted how hierarchies in healthcare can be “steep, vary in levels, or be relatively flat”<sup>76</sup>, yet can encourage speaking up and respectful conversation or can give rise to ‘shame and blame’ or ‘fear and intimidation’<sup>77</sup>.

48. The Royal College of Physicians also advised a number of practical approaches to improving team communication, in the healthcare setting. These were by ‘listening attentively, inviting opinions from those who haven’t spoken, having awareness of body language and showing mutual respect’<sup>78</sup>. While the CIPD in 2021 described multiple communication success factors as including: ‘building a shared sense of purpose; receiving attention and support from senior leaders; driving a genuine dialogue; and using a range of channels and tools’<sup>79</sup>. They affirmed that effective two-way communication “supports...employee engagement, as individuals feel listened to and valued”<sup>80</sup>. The CMI in 2020, particularly in the context of the COVID-19 pandemic, recommended maintaining personal connections in the (remote or hybrid) workplace through regular communication, such as in one to ones and team catch ups, and understanding individual communication preferences within a team – recognising that some people will embrace communicating digitally differently<sup>81</sup>.

49. Health Education England in London furthermore provided suggestions for effective two-way communication behaviours. These included: ‘asking open questions, treating the other person/people as equal to you; avoiding making assumptions, rather seek to clarify; recognise

<sup>71</sup> Baird, B. et al., (2020) [How to build effective teams in general practice](#). The King’s Fund

<sup>72</sup> Weller et. al. (2014) [Teams, tribes and patient safety: overcoming barriers to effective teamwork in healthcare](#). Postgraduate Medical Journal

<sup>73</sup> Weller et. al. (2014) [Teams, tribes and patient safety: overcoming barriers to effective teamwork in healthcare](#). Postgraduate Medical Journal

<sup>74</sup> Royal College of Physicians website. (2017) [Improving teams in healthcare: Resource 3 – Team communication](#). Royal College of Physicians

<sup>75</sup> Royal College of Physicians website. (2017) [Improving teams in healthcare: Resource 3 – Team communication](#). Royal College of Physicians

<sup>76</sup> Clapper, T. (2019) [Team STEPPS is an effective tool to level the hierarchy in healthcare communication by empowering all stakeholders](#). Journal of Healthcare Communication

<sup>77</sup> Clapper, T. (2019) [Team STEPPS is an effective tool to level the hierarchy in healthcare communication by empowering all stakeholders](#). Journal of Healthcare Communication

<sup>78</sup> Royal College of Physicians website. (2017) [Improving teams in healthcare: Resource 3 – Team communication](#). Royal College of Physicians

<sup>79</sup> CIPD website. 92021) [Employee communication](#). CIPD

<sup>80</sup> CIPD website. 92021) [Employee communication](#). CIPD

<sup>81</sup> CMI website. (2020) [Management transformed: Managing a marathon crisis](#)



that others are doing their best, avoid trying to take over or fix things for others'<sup>82</sup>. Dan Matthews writing in 2021 for the Institute of Internal Communication highlighted that *“communication in the workplace is one of the most significant ways to drive employee engagement...”*<sup>83</sup>. He advocated providing timely information – so not unnecessarily holding back information that affects staff and providing staff feedback – such as performance or opportunities<sup>84</sup>. Similarly, NHS England has compiled a list of tips for good communication. These included not drowning people in too much information; using communication to steer action not just telling – it is *“a conversation not a megaphone”*; and if you know what you want people to do just tell them simply<sup>85</sup>. They also highlighted how awareness raising communication should be accompanied or followed with a ‘solution and reassurance’ for staff<sup>86</sup>.

### *Communication to build trust and engagement*

50. The MacLeod Report conducted for the UK Government in 2009 on staff engagement, found that the organisations with the strongest workplace engagement demonstrated four ‘enablers’ in practice. These were:

- Strategic narrative – a strong narrative about what the organisation stands for and where it is heading
- Employee voice – staff can speak up, challenge status quo and are listened to
- Engaging managers – where managers understand and effectively play their role in communications cascade
- Integrity – leaders authentically model shared values<sup>87 88</sup>.

The same report went on to identify ‘four board inhibitors’ to effective staff engagement – including that despite leaders emphasising good engagement if this is not followed through at the managerial level *“the organisational culture is unable to deliver engagement”*<sup>89</sup>.

51. Times of change require effective communication and can make a difference as to how staff adapt to something new. The Forbes Human Resources Council in 2021 considered communication, particularly during times of change. They highlighted how staff need to know why change or other developments matters to them and that communication messages should be framed towards *“What’s in it for me?”* from the staff perspective. They said: *“always pivot to helping your employees understand, adapt to and adopt change by showcasing how it benefits them”*, facilitate open discussion about how changes will impact staff and what will not change<sup>90</sup>.

52. In 2021, the University of Florida, published their research into supervisory communication (i.e., line-manager) during the COVID-19 pandemic and the impact on staff trust<sup>91</sup>. They saw employee trust as something that emerges overtime arising from ‘effective supervisory communication

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<sup>82</sup> Health Education England website. [Personal and professional effectiveness e-module – Section 5: Communication](#). Health Education England London

<sup>83</sup> Matthews, D. (2021) [How internal communications can improve employee engagement](#). Institute of Internal Communication

<sup>84</sup> Matthews, D. (2021) [How internal communications can improve employee engagement](#). Institute of Internal Communication

<sup>85</sup> NHS England website. (2015) [Communication: Cross cutting theme for patient safety](#). NHS England

<sup>86</sup> NHS England website. (2015) [Communication: Cross cutting theme for patient safety](#). NHS England

<sup>87</sup> LGA website. [Employee engagement: The importance of effective internal communication and engagement during change](#). Local Government Association

<sup>88</sup> Engage for Success (2009) [Engaging for Success](#). BIS Report. Department for Business Innovation and Skills

<sup>89</sup> Engage for Success. (2009) [Engage for Success: Chapter 3 – The Barriers to engagement/Chapter 4: Enablers of engagement](#). Engage for Success

<sup>90</sup> Forbes website. (2021) [11 ways to effectively communicate with employees when your company’s constantly changing](#). Forbes Human Resources Council

<sup>91</sup> Men, Qin, Jin. (2021) [Fostering employee trust via effective supervisory communication during the COVID-19 pandemic: Through the lens of motivating language theory](#). International Journal of Business Communication.

encompassing motivational language and meeting the psychological needs of staff<sup>92</sup>. Drawing on the 2015 work of Mayfield they considered supervisor communication through the lens of ‘motivation language theory’ where “*meaning-making language is used by supervisors to assist employees in interpreting organisational culture and values*”<sup>93</sup>. They pointed to previous research that showed a link between job satisfaction and the use of inspirational and motivational language.

53. In their own study of full-time employees in a selection of US organisations they found that during the pandemic staff trust in leaders and supervisors increased where language used was ‘meaning-making’, ‘empathetic’ or ‘direction-giving’<sup>94</sup>. They argued that ‘meaning-making language’ helped employees to ‘understand the meaningfulness of their work and provided a connectedness to their organisation’ this could relate to the shared values, norms and purposes of the services; that ‘empathetic language shows concern, care and appreciation’; and ‘direction-giving language clarifies tasks and expectations’ in a way that is transparent and adequate<sup>95</sup>. This use of language clearly needs to be authentic and appropriate in the context of any given situation, but this research demonstrates the value of being intentional in choice of language, tone and communication style. In this light, it could be argued to support a compassionate leadership approach (see: Leading for Good Staff Wellbeing Discussion Document) because it requires attending to and understanding others, in order to engage with others in a way that positively enhances (through trust building) the working relationship.

54. There could also be lessons for continuing remote and hybrid working from this research, and in a similar context PWC has identified areas for action in the context of remote working that can build trust and facilitate good communication between managers and their staff. They recommended “*showing compassion and being transparent in every interaction*”; that managers ‘keep 3 personal standards’ in their behaviour towards staff ‘e.g. too many people at meetings or overuse of emails; giving team members confidence in taking on responsibility; and praising and thanking team members frequently ideally every day and ask staff how they would like to celebrate successes’<sup>96</sup>.

### Psychological safety in teams

55. Reitz and Higgins, writing in People Management in 2019, highlighted that people are more likely to speak up if they feel it is safe to, however despite good intentions there are certain unspoken features of some interactions that create invisible barriers<sup>97</sup>. They advocated that people in positions of power must recognise that ‘power can be scary’ and may inherently cause people to be intimidated to speak up. There is a role for people in positions of power and authority to avoid using language and labels towards others (such as job bands) that reinforce such a perception. They also comment that in non-verbal communication can send messages about

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<sup>92</sup> Men, Qin, Jin. (2021) [Fostering employee trust via effective supervisory communication during the COVID-19 pandemic: Through the lens of motivating language theory](#). International Journal of Business Communication

<sup>93</sup> Men, Qin, Jin. (2021) [Fostering employee trust via effective supervisory communication during the COVID-19 pandemic: Through the lens of motivating language theory](#). International Journal of Business Communication

<sup>94</sup> Men, Qin, Jin. (2021) [Fostering employee trust via effective supervisory communication during the COVID-19 pandemic: Through the lens of motivating language theory](#). International Journal of Business Communication

<sup>95</sup> Men, Qin, Jin. (2021) [Fostering employee trust via effective supervisory communication during the COVID-19 pandemic: Through the lens of motivating language theory](#). International Journal of Business Communication

<sup>96</sup> PWC website. (2020) [100% Remote: Managing Teams Working From Home A guide to sustaining effective team working in the new normal](#). PWC

<sup>97</sup> Reitz & Higgins. (2019) [Helping silenced staff find their voice at work](#). People Management



whether it is safe to speak up and to be conscious of body language, as well as after encouraging contributions to respond compassionately<sup>98</sup>.

56. Furthermore, a range of research suggests the team level is crucial to embedding psychological safety across organisations (See: Belonging and Staff Wellbeing Discussion Document). A common definition of psychological safety from Professor Amy Edmondson is: *“the belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes”*<sup>99</sup>. Psychological safety is associated with staff wellbeing because it can both enhance and be derived from trust that can be a buffer against stress<sup>100</sup>, and it also promotes collaboration and cultivates a culture of inclusion and belonging<sup>101</sup>.

57. O’Donovan and McAuliffe in their systematic review of psychological safety in healthcare teams, said *“when teams are psychologically safe, they have a shared belief that they can take interpersonal risks, such as speaking up, asking questions and sharing ideas”*. Overall, they found seven team-level factors associated with enabling psychological safety. These were:

- Leader (team leader) behaviour integrity
- Inclusiveness
- Change-oriented leadership
- Leader (team leader) support
- Peer support
- Familiarity of leaders (team leaders)
- Familiarity of team members<sup>102</sup>.

58. This highlights the importance of team leaders authentically and intentionally supporting staff to speak up, and responding to them in a supportive manner. Similarly, listening to staff and facilitating open conversations between team members, as well as cultivating positive interpersonal relationships that enhances familiarity between team members creating a basis for psychologically safe conversations. Hence, there is a role for the team leader to be an enabler and facilitator of behaviours that support psychological safety.

59. The Centre for Creative Leadership (CCL) in the USA has collected extensive insights and resources to aid the growth of workplace psychological safety. Drawing upon the work Dr Timothy Clark, author of ‘The 4 Stages of Psychological Safety: Defining the Path to Inclusion and Innovation’<sup>103</sup>, they set out four stages to the development of psychological safety:

Stage 1 – Inclusion Safety: Safe to be yourself and are accepted for who you are.

Stage 2 – Learner Safety: Safe to exchange in the learning process, by asking questions, giving and receiving feedback, experimenting, and making mistakes.

Stage 3 – Contributor Safety: Safe to use your skills and abilities to make a meaningful contribution.

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<sup>98</sup> Reitz & Higgins. (2019) [Helping silenced staff find their voice at work](#). People Management

<sup>99</sup> Psychological Safety website. [History, theory and application](#).

<sup>100</sup> Hebles, M et al. (2022) [Stress and turnover intentions within healthcare teams: The mediating role of psychological safety, and the moderating effect of COVID-19 worry and supervisor support](#). Frontiers in Psychology

<sup>101</sup> Hunt, D.F. et al., (2021) [Enhancing psychological safety in mental health services](#). International Journal of Mental Health Systems

<sup>102</sup> O’Donovan & McAuliffe. (2020) [A systematic review of factor that enable psychological safety in healthcare teams](#). Internal Journal for Quality in Health Care

<sup>103</sup> NHS Horizons website (2021) [A practical guide to the art of psychological safety in the real world of health and care](#). NHS Horizons

Stage 4 – Challenger Safety: Safe to speak up and challenge the status quo when you think there's an opportunity to change or improve.<sup>104</sup>

60. The CCL went on to set out the factors that need to be in place, according to their work, for psychological safety to be present. These are: 'making psychological safety an explicit priority' – so intentionally pursuing psychological safety in how the service and individual teams conduct themselves; 'actively facilitating everyone to speak up' – so creating an environment that takes opportunities for teams to be curious, open and encouraging towards each other's point of view; 'establishing norms for how failure is handled' – that is, learning lessons and avoiding blame; 'creating space, and time, for new ideas' to be surfaced and embracing new ideas; and 'embracing productive conflict' – promoting dialogue and debate, and permitting constructive disagreement, where different points of view can be shared<sup>105</sup>.

61. Put an alternative way, the NHS Horizons 2021 guide to psychological safety highlighted the signs that psychological safety is present within teams. This is when staff are not afraid to:

- Ask questions
- Take risks
- Share ideas
- Speak their mind
- Admit mistakes
- Raise concerns<sup>106</sup>

62. Finally, Microsoft has set out suggestions of how to practically create psychological safety within teams. These include for example reflecting on those you work with as being "*Just Like Me,*" by remembering that:

*"This person has beliefs, perspectives, and opinions, just like me.*

*This person has hopes, anxieties, and vulnerabilities, just like me.*

*This person has friends, family, and perhaps children who love them, just like me.*

*This person wants to feel respected, appreciated, and competent, just like me.*

*This person wishes for peace, joy, and happiness, just like me"*<sup>107</sup>.

They also advocated replacing attitudes of blame with curiosity, adopting a learning attitude towards others without presuming they are right or wrong. This, they highlighted, could be done by asking open questions to learn more about the perspective of others – which might not always mean you agree, but you may come to better understand. In this light, they suggested 'engaging in exploration'<sup>108</sup>. Understanding of this nature is also core facet of compassionate leadership.

**Question 4: To what extent are the four stages of psychological safety in evidence in teams within your service?**

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<sup>104</sup> CCL website. [Why a Psychologically Safe Work Environment Matters & How to Foster It](#). Centre for Creative Leadership

<sup>105</sup> CCL website. [Why a Psychologically Safe Work Environment Matters & How to Foster It](#). Centre for Creative Leadership

<sup>106</sup> NHS Horizons website. (2021) [A practical guide to the art of psychological safety in the real world of health and care](#). NHS Horizons

<sup>107</sup> Microsoft website. [High-performing teams need psychological safety: Here's how to create it](#). Microsoft Workplace Insights

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