

SHared Identity Project (SHIP): Using Social Identity Theory to Enhance Team

Belonging and Improve Patient Care.

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Introduction

Team belonging can increase resilience, particularly when facing challenges (Haslam *et al.*, 2016). Belonging and identity have been shown to play an important role in wellbeing (Haslam *et al.*, 2018). Group cohesion can also influence team functioning, through a context of shared values and an understanding of shared team goals and behaviours (Fransen *et al.*, 2020).

Within NHS Highland there is an awareness that staff are exhibiting signs of burnout, impacting on staff retention and team functioning. This project is taking a social identity approach to develop team cohesion and support to increase the wellbeing of team members and the functioning of the team.

Aim

To deliver a social identity programme to enhance the wellbeing of staff and to increase the effectiveness of a ward within NHS Highland.

Method

Design: Quantitative data gathered using a repeated measures design. Qualitative data gathered through open response questions to explore the impact of the training, analysed using thematic analysis (Braun & Clarke, 2021).

Sample: Staff (n=40) from a ward in Raigmore plus senior nurses and clinical educators from medical division. Staff were given time off site to attend the training which was part of their working day.

Measures: 4 item measure of Social Identification, Self-reported motivation to engage in identity leadership, 3 item measure of Team goal clarity and 14 item Warwick-Edinburgh Mental Well-being Scale.

Ethics: Ethics approval granted via UHI Ethics committee and consent gained before the training commenced.

Procedure: 5 x sessions with sessions repeated so all staff could attend.

Session overview: University of Queensland SIGN 5R 2022

Readying Why does 'we' matter? Understanding the value of groups for leadership and ways to harness this.

Reflecting Who are we? Using social identity mapping to identify followers' important group memberships as a basis for connection and growth.

Representing What are we about and what do we want to be? Clarifying reliability-related group values, norms and aspirations.

Realising How do we become what we want to be? Developing strategies to embed reliability-related activity as aspects of group identity.

Reinforcing How can we be better? Ensuring that ongoing identity leadership supports high reliability and health.

Results:

Pre-post training no sig. diff. was found in team identification $t(15)=-.744$, $p=0.234$, self-reported motivation to engage in social identity leadership $t(15)=-1.586$, $p=0.067$, team goal clarity $t(15)=-1.1$, $p=0.144$, or for wellbeing $t(16)=.173$, $p=0.433$. There were higher average scores for team identity, self-reported motivation to engage in social identity leadership and for team goal clarity after the training.

Qualitative Results: Key Themes:

Reflection on Self and Others:

"makes people in the team appear more multifaceted and human seeing them without their professional hat on."

"Made me realise what makes me me and what is important to me and the same for others in the team."

Stronger Social Identity:

"The training has helped us all be more mindful of how we turn up to work and making sure our own moods don't bring down the morale on the ward."

"I feel my shared social identity has been strengthened."

Open Discussion:

"Develop same vision. Communicate the issues within the team that was hindering progress."

"Learnt that you need to be open and honest"

Effective Patient Care:

"It helps us work better as a team and to be effective"

"Should improve the standard of patient care."

Output

Outputs included clarified team vision, values and behaviours and a list of actions to help realise the vision developed by the team.

Our Shared Vision:

To build a well-respected, supportive and compassionate team that we are proud to be a part of which delivers excellent care.

Our Shared Values:

Teamwork: communication, connection, support, trust, security, consideration, effective prioritisation.

Compassion: kindness, nurturing, appreciate others, fairness, emotional intelligence/empathy.

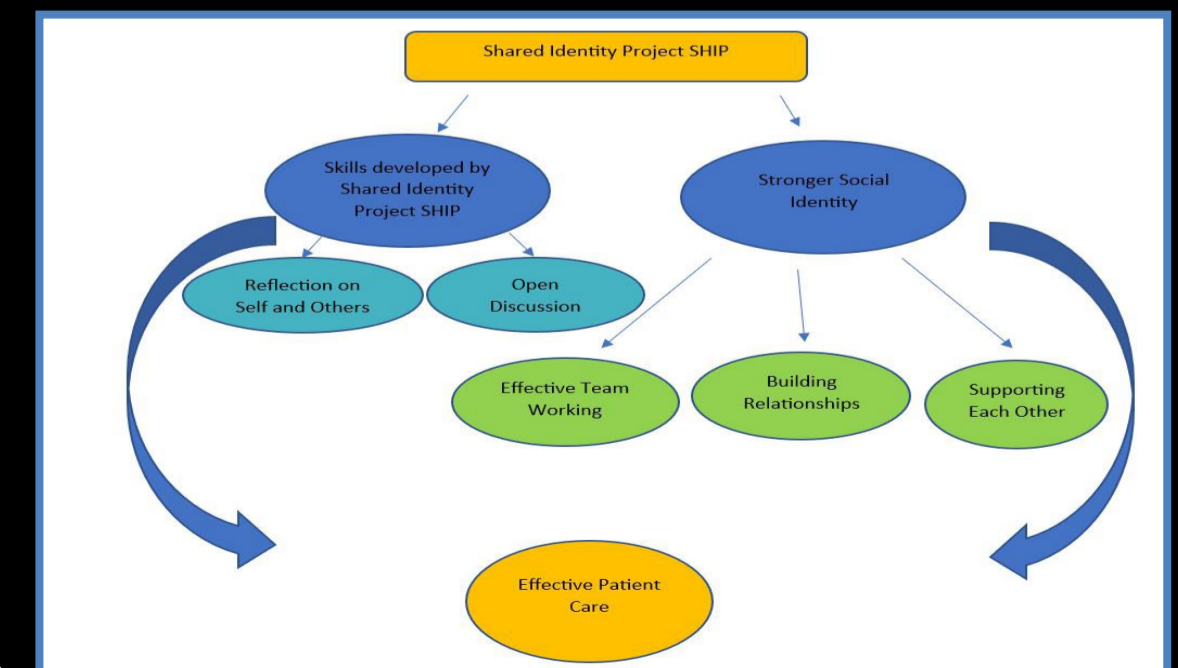
Integrity: accountability, dignity, honesty, morality, ethics, trust, professionalism.

Respect: for each other, everyone's opinions count, consideration of others, upholding equality and diversity.

Passion: pride in what we do and commitment to delivering high quality, holistic patient-centred care.

Discussion

Non-significant quantitative results may be a function of the small sample size and the fact the T2 survey was administered immediately following the final trouble shooting session. The themes of *reflection on self and others* & *open discussion* emphasised skills developed in the training. The themes of *stronger social identity* & *effective patient care* explored the benefits of enhanced belonging within the team.



References

Braun, V., & Clarke, V. (2021). *Thematic Analysis: A Practical Guide*. Sage Publishing, Fransen, K., Haslam, S. A., Steffens, N. K., Peters, K., Mallett, C. J., Mertens, N., & Boen, F. (2020). All for us and us for all: Introducing the 5R Shared Leadership Program. *Psychology of Sport and Exercise*, 51, 101762., Haslam, C., Cruwys, T., Haslam, S. A., Dingle, G., & Chang, M. X. L. (2016). Groups 4 Health: Evidence that a social-identity intervention that builds and strengthens social group membership improves mental health. *Journal of affective disorders*, 194, 188-195., Haslam, S. A., McMahon, C., Cruwys, T., Haslam, C., Jetten, J., & Steffens, N. K. (2018). Social cure, what social cure? The propensity to underestimate the importance of social factors for health. *Social Science & Medicine*, 198, 14-21