

Woodlands Health

Background

Woodlands Health is a 1,000-bed hospital in Singapore that started its planning in 2014, progressively hiring staff and setting up services in preparation for opening in 2023. While getting established, the hospital has encountered several challenges.

First, without a staging site for hospital operations, staff have been nested in nearly all public hospitals throughout Singapore and have not had the opportunity to work together as intact teams. Work processes, identity, culture, and behavioral norms have been heavily dependent on the current sites within which staff are currently working. It is therefore a continuous challenge for Woodlands Health to form an identity and culture of its own. Second, Woodlands Health was called upon to establish community treatment facilities as a COVID-19 response to increase health care capacity. This resulted in rapid changes in team membership, roles, and work sites. Third, teams are navigating significantly delayed hospital opening timelines.

Against the background of these ever-dynamic challenges, the hospital's focus on organizational health and joy in work for a thriving workforce remained sharp, with the full support of senior leadership. Woodlands Health joined the IHI Joy in Work Results-Oriented Learning Network to support the organization in these efforts.

IHI Joy in Work Results-Oriented Learning Network

The IHI Joy in Work Results-Oriented Learning Network is a collaborative of pioneer institutions committed to supporting workforce well-being and improving overall quality of care for staff and patients. IHI strives for a future free of health inequities. Our bold vision is that everyone has the best care and health possible. Realizing this vision requires a focus on attending to the joy of the health care workforce. The Joy in Work Results-Oriented Learning Network allows us to combat burnout at pace and at scale; provide improvement methods and tools for testing our way to solutions; create a learning system across organizations; and disseminate results and lessons learned. Learn more at ihi.org/JoyResults.

Approach

In 2018, Woodlands Health (WH) created a framework to drive identity formation and enhance joy in work, with the aim of creating an environment in which leaders can learn and practice collective leadership in order to develop an engaged and empowered workforce.

The hospital identified three goals, shaped by conversations with staff, about the culture they hoped to see in the future WH: align meaning and purpose, develop psychological safety and trust, and encourage participative management. WH then strategized to develop skills in individual staff and leaders to enable collective leadership and to engage in team conversations. These interventions are informed by data gathered through employee pulse surveys, a short set of questions sent to employees on a regular basis to continuously gather feedback and measure progress.

In order to develop skills to enable collective leadership, WH leveraged preceding work done by the National Healthcare Group, the health care cluster in which WH is a member. The hospital created a curriculum that enabled individuals (intrapersonal) and teams (interpersonal) to have greater individual awareness, enhance collaboration, and distribute power through collective leadership. The curriculum was introduced to leadership and senior staff across all family groups and further distilled for junior staff to better contextualize the skills to their work settings. Bite-sized content was incorporated into the WH orientation program and service training. The hospital further enabled the application of these skills by curating a reference toolkit for team leaders. The WH Organization Development team was at hand to coach and assist in the process.

Team conversations took on two forms: programmatic and emerging, which WH coined as purpose-designed. WH began working with willing teams to co-create team conversations around topics such as why they made the choice to join WH, what brings meaning to the work they do, specific requests they may have, the challenges they face and their offers to work through the challenges together. Requests made to the organization were then surfaced to WH leadership and a closed loop was created with the respective team leader. Check-ins with the team leader occurred every three to six months to review progress and assess the need for further team conversations.

As WH engaged with teams longitudinally, it became clear that their needs and challenges evolved. Team sizes were growing rapidly, the dynamics in nesting sites changed, and WH development requirements grew. In addition, the impact of COVID-19 operations and opening delays led to new emerging needs. With this in mind, WH began to purpose-design team conversations to address specific team needs. The case example below describes how conversations for one WH team evolved over time.

Case Example

The Woodlands Health Allied Health Rehabilitation team consists of physiotherapists, occupational therapists, speech therapists, podiatrists, and therapy assistants. The team progressively hired and grew from a total of approximately 30 in 2018 to more than 100 team members in 2022. Because of the continued nesting requirements, this team was dispersed across three hospitals in Singapore.

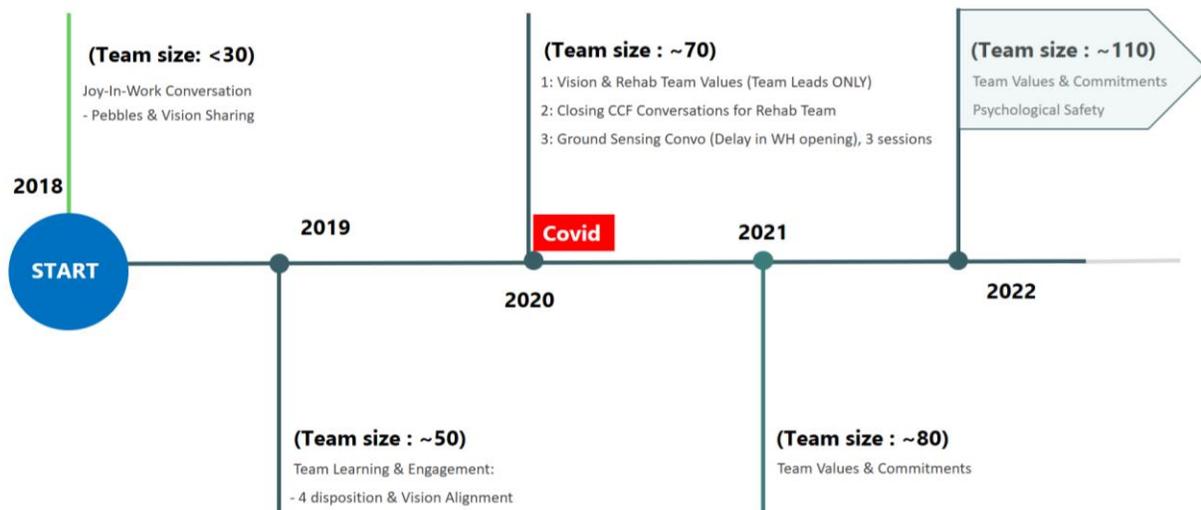
WH's partnership with this team began in 2018, when the focus was to articulate the team's vision, why the team chose to join WH, the challenges they were experiencing, and their offers and requests to work through these challenges. The second team conversation in 2019 focused

on aligning the team’s vision with the larger department, onboarding new members, and learning elements of collective leadership tools, for example, the Trust model. The third team conversation in 2020 sharpened the focus on the values the team wanted to embody and having an open conversation about what the announcement of campus opening delays meant to each team member. Highlights of the Allied Health Rehabilitation team conversations appear in the quotes below, and the growth of the team is shown in Figure 1.

“In the early part of the Rehab department’s development, we already decided we want a model of interprofessional collaboration across physiotherapy, occupational therapy, speech therapy, as well as podiatry. This is different from some of the nesting sites’ models of working. Hence, we need to bridge that gap and form our own identity. Also, over time, the numbers in our department grew and we have new leadership coming in. So, we needed to do more of these conversations to keep the team together. It helps a lot that these conversations are like a dipstick into how our staff are feeling and what we can work on. The key is that if the culture is positive, then people will want to come to this workplace. We can prevent issues that arise from interpersonal unhappiness, which can result in staff leaving.” –Chief, Rehabilitation

“Health care teams that work well together often have the courage to hold difficult conversations. They also actively provide support to one another, seeing each other as human beings, not just work colleagues. Since we don’t usually acquire skills such as team development and relationship building in the traditional tertiary education system, intentionally focusing on such topics has been an enlightening process for me since the time I first joined WH. It is quite exciting to learn and apply mental models such as the different dispositions (warrior, king/queen, jester, friend), and trust building (connecting at the head level, heart level, and gut level). This gives us the common language to describe behaviors that are important to understand and address as a team.” –Principal Physiotherapist

Figure 1. Woodlands Health Rehabilitation Department Team Conversations Journey



By 2021, the team had grown to 80 staff and were increasingly functioning as teamlets (i.e., two- to three-person teams within the larger team). Leadership recognized the need for clarifying how they would work across these teamlets to synergize as a larger team, specifically to clarify the aspects of a collaborative culture to which a commitment was required. The output from this team conversation resulted in a set of statements that each teamlet lead then brought back to their individual teams for dissemination and, more crucially, for collective commitment (see Figure 2).

Figure 2. Woodlands Health Rehabilitation Department Team Commitment Statements (2021)

To enable the Team Attributes, the following Team commitment statements are made:

1. I will consider your opinions and choices, seeking clarification when in doubt.
2. I will recognise and seek my colleague's professional input for holistic patient care.
3. I will have confidence in the decisions made by my colleagues.
4. I will uphold confidentiality of personal and professional conversations unless safety is compromised.
5. I will commit to work in synergy with my team towards a common objective.
6. I will withhold judgement during sharing of viewpoints.
7. I will choose the right mode of communication to ensure understanding.
8. I will speak to you personally when I require an immediate response.
9. I will use innovative modes of interprofessional teaching to share skills and knowledge.
10. I will make use of every learning opportunity to further improve my clinical practice.



A check-in in October 2022 showed that the Rehabilitation team experienced these commitments with one another most of the time (see Figure 3).

Figure 3. Extent to Which Rehabilitation Team Commitments Are Experienced (October 2022)

How much are you experiencing these commitment with each other in your team?

(1 = Not at all; 5 = All the time)

	Mean score (nearest 1 d.p.)
1. I will consider your opinions and choices, seeking clarification when in doubt.	4.4
2. I will recognise and seek my colleague's professional input for holistic patient care.	4.5
3. I will have confidence in the decisions made by my colleagues.	4.1
4. I will uphold confidentiality of personal and professional conversations unless safety is compromised.	4.7
5. I will commit to work in synergy with my team towards a common objective.	4.5
6. I will withhold judgement during sharing of viewpoints.	3.9
7. I will choose the right mode of communication to ensure understanding.	4.3
8. I will speak to you personally when I require an immediate response.	4.3
9. I will use innovative modes of interprofessional teaching to share skills and knowledge.	3.8
10. I will make use of every learning opportunity to further improve my clinical practice.	4.4

Min score = 3.8
Max score = 4.7



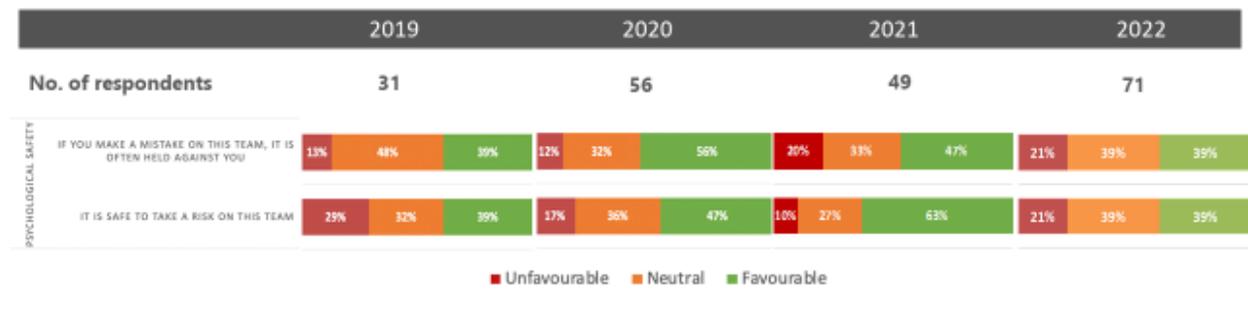
At this point in time in 2022, a key milestone on the horizon was the hospital opening. A review of the staff pulse survey showed that aspects of psychological safety, although gradually shifting over time, demonstrated the slowest improvement. With leadership support, Woodlands Health co-developed a team conversation with the Allied Health Rehabilitation full team to explore where their teamlets were in the continuum of psychological safety and specific behaviors they could adopt to improve the level of psychological safety. For instance, the Podiatry teamlet identified inclusion safety as an area they would like to work on, as they had little to no opportunities to gather as a teamlet because team members were split across two sites, with limited opportunities to get to know or work with one another. As such, the Podiatry teamlet presented a request to leadership to be rotated to the same nesting site while they made commitments to facilitate common experiences with each other.

Another example was the Physiotherapy teamlet, which primarily focused on creating learner safety. Behaviors such as destigmatizing failure by checking in and proactively offering help to junior team members, and giving encouragement when team members meet with challenges to ensure they do not feel alone, were highlighted as areas for commitment and action.

“Because health care is so complex, particularly for a junior [team member] who has just come into the system straight from school, they often struggle. The gap between school and professional clinical practice is already quite wide. If we don’t address some of these issues surrounding psychological safety, they will struggle even more. The inexperience and the very high standards they are held to can cause them to struggle. So, at the very least, we want to create a culture where they feel like they are at least able to open up and ask questions.”
 –Chief, Rehabilitation

Woodlands Health noted that while the larger Allied Health Rehabilitation team saw an exponential increase in team membership since its formation, the team was able to maintain a consistent level of psychological safety as measured by the joy in work pulse survey data collected over four years (see Figure 4).

Figure 4. Rehabilitation Team Joy in Work Pulse Survey Results on Psychological Safety (2019–2022)



The WH Rehabilitation team's sustained psychological safety is also evidenced by the anecdotes that follow.

"One of our principal physiotherapists, who has four physiotherapists nested in another hospital reporting to her... was nurturing and had a real interest in staff development. She would meet up with the staff to have dinner, to discuss and troubleshoot problems. If there is a particular area of improvement the staff is struggling with, she would even conduct one-to-one coaching. In fact, how she created safety by making herself available to let her staff tap on her for help was so impressive that one of the seniors that was employed by that nested hospital noticed it and actually chose to join WH herself. We also have another senior staff who teaches part-time at the local university on their Masters in Speech Therapy program, and she likewise is able to attract students to join WH as they like her teaching as well as nurturing style."

—Chief, Rehabilitation

"It is heartwarming to see how the seniors are sincerely concerned about their juniors, and know the progress and development of each staff, especially in a demanding work environment like health care. This builds trust, where staff will be willing to work more closely as a team. I believe it also helps with staff retention, which is a common problem across local institutions. The priority that the leadership gives to this team and relationship building work is critical."

—Senior Physiotherapist

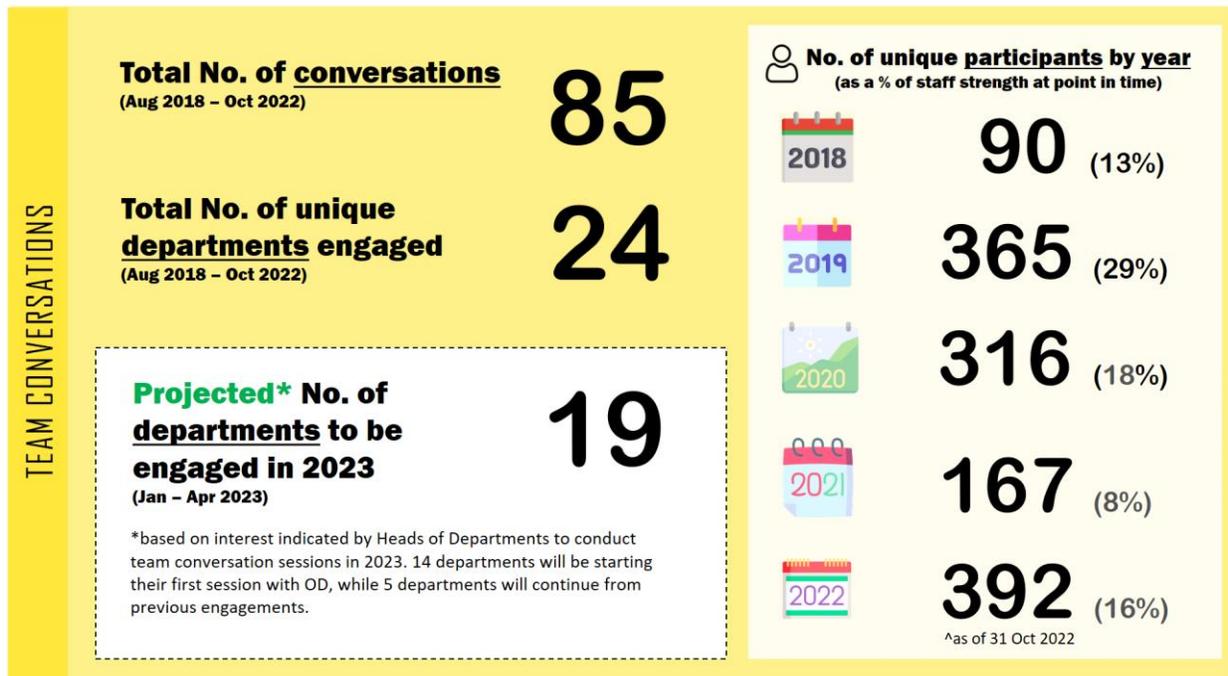
The Allied Health Rehabilitation team's successful journey can be attributed to the team's leadership, who believed in and remained fully committed to not only team excellence, but also team health and the team's shared vision. With leadership's support, teamlet leads embraced this agenda with similar tenacity. Over time, Rehabilitation team conversations were increasingly co-developed with teamlet leads, which contrasts with the earlier approach of the WH Organization Development team being the primary designer of interventions. The pulse surveys demonstrated crucial data points for conversation starters.

Outcomes

Woodlands Health recognized the importance of collecting data to monitor and gauge progress in its efforts to drive toward its three goals. WH tracked various outcomes of programmatic and purpose-designed conversations.

Data collected on programmatic conversations include the number of team conversations held per year, number of departments involved in at least one team conversation, number of staff who participated in a team conversation, and penetration. Figure 5 shows a dashboard of the data collected. It is heartening to note that the four years of work resulted in all WH staff being introduced to and applying common mental models at work and in interactions, despite continuing to be nested at various sites, and high interest among leaders in team conversations leading up to the campus opening in 2023.

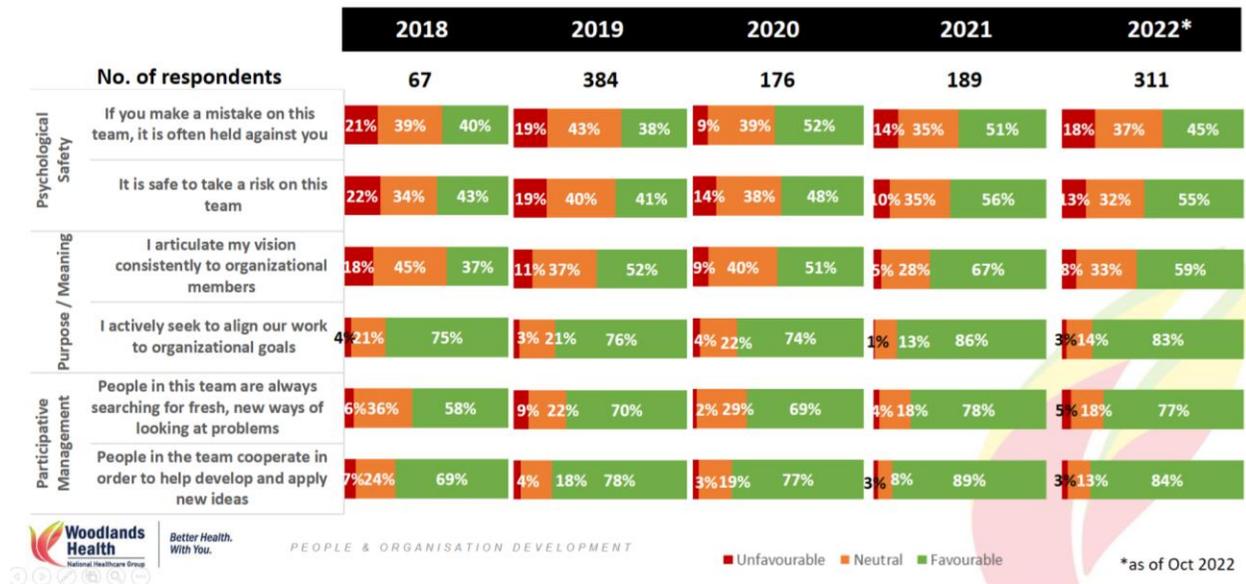
Figure 5. Woodlands Health Data Dashboard: Team Conversations (August 2018–October 2022)



WH crafted an anonymous six-item pulse survey with two questions each on psychological safety, meaning and purpose, and participative management. The survey was administered to new staff during orientation and again when staff participated in team conversations. The same survey was also administered to randomly selected WH employees who did not have any prior team conversations as a control group. WH tracks global changes in pulse survey scores over time to monitor progress (see Figure 6).

Cumulative data across the organization has demonstrated positive shifts in all three domains measured: psychological safety, meaning and purpose, and participative management. Similar patterns were observed in teams that have engaged in multiple team conversations. WH noted that measurements related to psychological safety were significantly slower to improve compared to the other two domains.

Figure 6. Woodlands Health Aggregated Joy in Work Pulse Survey Results (2018–2022)



Challenges

Woodlands Health experienced several challenges in its endeavors to improve joy in work and organizational health.

- The absence of a staging site for staff necessitated building culture and leading teams in a very different way.
- As hiring happened concurrently with team development, the hospital needed to find ways to include aspects of team conversations in team onboarding processes. The evolving needs of teams demanded a highly flexible approach to team conversations.
- The COVID-19 pandemic also presented significant barriers for teams: not being able to meet in person (thus a modular team approach was adopted nationally), managing pandemic-related workload, and maintaining predetermined goals.
- Not all teams embraced the idea of team conversations when this concept was first introduced. WH worked initially to implement team conversations with willing teams and then identified opportunities to highlight the benefits of such conversations using various platforms to socialize other leaders to the concept.

Lessons Learned

WH is uniquely positioned to explore new ways of delivering health care, including shifting the perspective on how to take care of the workforce. A key strength in the hospital’s efforts was engaging in the work needed to systematically care for its workforce as early as six years prior

to the official opening of WH, and adopting a flexible approach to absorb changing needs with progressive milestones.

To accomplish this, WH adopted a simultaneous educational and intervention-based strategy to ensure that the teams engaged with these new skills applied them in a cognizant manner. With this approach, WH endeavored to ensure that, with time and guidance, teams became self-sufficient in designing their own future conversations, thereby ensuring sustainability.

A data-informed foundation was fundamental in keeping the work tightly related to team needs. WH also created a meaningful team conversation starter on the missing elements in the approach and how best to reach their aspirational state. Tracking team cumulative data year-on-year is a useful way to conduct a large-scale check-in on other elements that the system needs to address.

Next Steps

Woodlands Health plans to implement an organization-wide campaign on psychological safety: first, to socialize teams to the concept of what it is, and then to highlight why it is important and how teams can then create it. For teams that continue to engage with Organization Development longitudinally, purpose-designed conversations will include interventions on how to develop higher levels of psychological safety.

WH also plans to refine pulse survey questions to capture a greater degree of clarity on which aspects of psychological safety need more work to inform interventions that teams can test. The hospital will continue to emphasize all three goals – meaning and purpose, participative management, and psychological safety – as Woodlands Health’s way of working to enable its model of care at various levels.