

<b>School/Department:</b>	Erasmus School of Health Policy & Management (ESHPM) at Erasmus University Rotterdam (EUR)
<b>Project Title:</b>	<b>QUALITY AND SAFETY OF CARE IN CHINESE HOSPITALS THROUGH TEAM PERFORMANCE</b>
<b>Abstract:</b>	<p><b>BACKGROUND</b></p> <p>Teamwork is essential for providing care and therefore prominent in health care organizations, such as hospitals. A lack of teamwork is often identified as a primary point of vulnerability for quality and safety of care (Kohn et al. 1999; Manser 2009). The well-known publication of “To Err is Human: Building a Safer Health System” concluded that effective teamwork and better communication between caregivers could have prevented half of the hospitalized patients that were harmed by the care received and patient that died as result of medical errors (in the USA). “To promote effective team functioning” became one of the five principles to create safe hospital systems (Kohn et al. 1999). Since the publication of this report, <b>a lot of research on teamwork has been conducted in hospitals, however primarily in Western countries.</b> In The Netherlands, we have been conducting extensive research on teams in hospitals, but also in home care, youth care, long-term care, and nursing homes (Buljac-Samardzic et al. 2011;2012;2015; de Korne et al. 2012; Wauben et al. 2011a; 2011b).</p> <p>An extensive amount of literature aims to provide insight into explaining factors for team performance. The frameworks of Lemieux-Charles and McGuire (2006), Mickan and Rodger (2000) and Buljac-Samardzic (2012) provide an overview of the main factors influencing team performance in health care. There is consensus that team processes are leading influencing factors for team performance. For example, research has shown that team learning, team reflection, communication, and psychological safety are important factors that distinguish highly performing teams from those that perform less. Those frameworks also point out that team processes are affected by context characteristics at individual (e.g. attitudes, commitment), team (e.g. team size, task interdependence), organizational (e.g. organizational climate,</p>

	<p>leadership, hierarchy), and country level (e.g. collectivism, power distance, uncertainty avoidance). Although the importance of context is repeatedly acknowledged in research on teamwork, <b>most of current scientific understanding is based on Western (Anglo-Saxon) evidence, with little attention for contextual factors.</b></p> <p>Given the relevance of contextual factors, the validity of present scientific understanding in team factors that influence the quality and safety of care for the Chinese context is therefore questionable. Conversely, evidence from the Chinese context is scarce. Hence, there is little scientific understanding of teamwork practices to promote quality and safety in Chinese hospitals. Nevertheless, Chinese hospitals are currently actively implementing Western best practices to promote quality and safety of care. There is therefore <b>a need to advance understanding of the impact of the contextual factors coming into play in Chinese hospitals on the effectiveness of these Western best practices.</b> This holds especially true for teamwork and communication oriented practices which so importantly depend on context (in particular organizational culture) and are often seen as the key to quality and safety of care.</p> <p>Hofstede (2001; 2010) identifies <b>important cultural differences between China and the Western countries that are most likely to influence the implementation and effectiveness of best practices related to teamwork and communication.</b> Many Western countries have individualistic working cultures and relatively low power distance. In China, conversely, the organizational culture is collectivist with a high power distance. Compared to Western practices, one might therefore argue that in Chinese hospitals, team members may be oriented more towards the collective good and team performance, but might find it difficult to engage in the open-minded and critical discussion, as is needed to improve team performance (Tjosvold et al. 2004). Similar differences come into play for team leadership, where the Chinese context is likely to require different, more hierarchical, styles to be effective, when compared to existing scientific Western evidence.</p> <p><b>AIM</b></p> <p>There is little to no evidence that show how hospital teams in China perform and how this (might) differ from the western way of looking at teams. To fill this void in the literature, and contribute to building</p>
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