

Resilience in Australian Healthcare: Analysing Team Factors for Adaptive Capacity

Maree Saba, Tanja Schroeder, Janet Long, Samantha Spanos, Elle Leask, Louise Ellis

Australian Institute of Health Innovation, Macquarie University, Sydney Australia

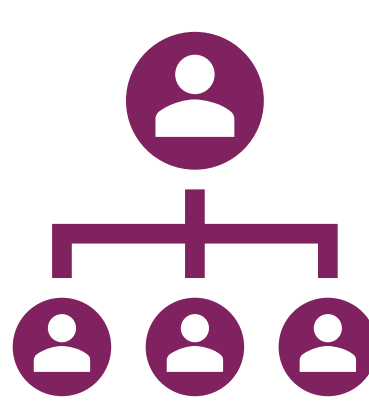
INTRODUCTION

Resilient healthcare represents a transformative shift in healthcare systems, emphasising their **capacity to adapt their functioning and sustain high-quality care** despite expected or unexpected challenges or conditions.

This concept has gained prominence over the past decade. It diverges from traditional safety paradigms by **equally valuing the analysis of successes alongside errors**.

AIM

This study identified how variability and changes within **teams, organisations, and national healthcare systems** enable or hinder the adaptive capacity of hospital teams within two Australian hospitals.



METHODS

- A comparative case study design was used to investigate the factors that hinder or enable team adaptive capacity in two settings: one public and one private hospital.
- The study focused on four team types from each hospital:

Structural	Ward-based, multidisciplinary teams (e.g., Aged Care)
Hybrid	Permanent and rotating members (e.g., ED)
Responsive	Teams for time-limited emergencies (e.g., ICU)
Coordinating	Teams facilitate workflow across units (e.g., Bed Management)

- Data collection occurred from March to November 2023. Observations and semi-structured interviews were conducted.
- Data were analysed utilising a combination of inductive and deductive coding according to the Concepts for Applying Resilience Engineering (CARE) model¹ and Hollnagel’s framework of resilience potentials.²

RESULTS

Several significant factors were identified as enabling or hindering adaptive capacity:

Technology & Resources

- Essential for efficiency & organisational processes
- Advanced technology integration (Structural)
- Communication tools (Responsive & Hybrid)
- Electronic patient management systems (Coordinating)

“We use various systems; we’re constantly switching between systems to monitor presentations and incoming patients from other hospitals”
Coordinating Team, Hospital 1



Roles, Procedures, & Work

- Well-defined roles & procedures supported team cohesion & adaptability
- Daily huddles (Hybrid & Coordinating)
- Strategic & proactive team organisation e.g., two-member teamwork (Structural & Responsive)
- Preparedness for change facilitated by structures for monitoring work (Hybrid)

“We have daily huddles at the start of a shift and a lot of the information is communicated through that, and a lot of changes as well. Which I think is really good and people do implement it as well”
Hybrid Team, Hospital 1



Staff Competence & Knowledge

- Important aspects of a team’s capacity to adequately adapt
- Common knowledge of pressures allowed for sufficient preparation
- Need to upskill staff (Hybrid & Responsive) & reliance on skilled members
- Emphasis on autonomy and empowering staff to make independent decisions

“We want them to be as independent as possible to make their decision, as we know that the staff nurses are more than capable of solving issues”
Responsive Team, Hospital 2



Team Culture & Relational Factors

- Fundamental for adaptive capacity
- Team members of all team types actively supported each other
- Internal support systems fostered relational factors & promoted overall wellbeing within teams (Structural)
- Effective communication & absence of hierarchy enabled collaboration (Hybrid & Coordinating)

“The support that staff get from their colleagues is really the biggest support that they have. And I think those formal and informal debriefs like Code Lavender, and all the other peer interactions”
Structural Team, Hospital 1



CONCLUSION

This study contributes insights into how team skills, organisational and system factors hinder or enable adaptive capacity within hospital teams of two Australian hospitals.

The four identified factors contribute to an understanding of how to enhance the capacity of hospital teams and explores how macro-level and meso-level structures can effectively reinforce adaptive capacity.

REFERENCES

- Anderson J et al. Implementing resilience engineering in healthcare quality improvement: CARE model feasibility study. Pilot Feasibility Stud. 2016.
- Hollnagel E. Safety-II in practice: developing resilience potentials: Taylor & Francis; 2017.



CONTACT INFORMATION

Ms Maree Saba
Research Assistant
Macquarie University
Email: maree.saba@mq.edu.au