Evaluating Teamwork in the Neonatal Intensive Care Unit
A Survey of Providers and Parents

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ABSTRACT
Background: A unified vision of team mission, psychologically safe practice environment, effective communication, and respect among team members are key characteristics of an effective interdisciplinary neonatal intensive care unit (NICU) team.
Purpose: A quality improvement team in a quaternary NICU surveyed parents, physicians, and nurses on perceptions of teamwork to identify opportunities for improvement.
Design/Methods: Parents and healthcare staff (n = 113) completed an anonymous survey from May to July of 2014 to assess team roles and membership, team qualities, shared mission, psychological safety, hierarchy, communications, and conflict awareness. An expert panel assigned questions into one or more characteristics of team intelligence.
Results: Physicians, nurses, and parents perceive their roles and the composition of the healthcare team differently. Most providers reported a shared mission and having a cooperative spirit as their teams' best attributes. While most nurses chose safety as most important, the majority of doctors chose treatment plan. Parents consider tenderness toward their infant, providing medical care and answers to their questions important. All expressed varying concerns about psychological safety, conflict resolution, and miscommunications.
Implications for Practice: This survey identifies strengths and gaps of teamwork in our NICU and provides insight on necessary changes that need to be made to improve collaboration among the interdisciplinary care team including parents.
Implications for Research: This quality improvement report identifies aspects of team care delivery in NICUs that require further study. The concept of team intelligence and its impact on team effectiveness invites in-depth exploration.
Key Words: collaboration, conflict, interdisciplinary team, interprofessional, leadership, neonatal intensive care unit, NICU, parental perspectives, team intelligence, team training, teamwork, trust

The increasing complexity of patients and associated challenges in the neonatal intensive care unit (NICU) makes it difficult for any individual family, provider, or professional group to be able to manage all aspects of neonatal care.[1] Ideal care requires an interdisciplinary collaborative team, working toward the same goals for delivery of safe care and optimal patient outcomes.[1,2] Interdisciplinary NICU care teams may include nurses, nurse practitioners, physicians, respiratory therapists, nutritionists, and developmental specialists such as physical therapists, occupational therapists, psychologists, audiologists, social workers, lactation consultants, speech and language pathologists, and other supportive staff such as clerical staff and environmental services, as well as patient families. Delivering high-quality care to medically complex infants in the NICU requires a cohesive team of people who are able to collaborate and communicate well. Parents are essential members of the team and their opinions and perceptions about team interactions are important influencers of patient outcomes.[3,4]

With continually advancing neonatal care, the need for an expanded family-centered, interprofessional team has become evident.[3,5] Providing the infant and parents with optimal healthcare is dependent on optimizing teamwork.[3] This article reports on and discusses implications of a survey completed by parents and staff on their perception of teamwork in the NICU.

REVIEW OF THE LITERATURE

Teamwork

Business Dictionary[6] defines team as "a group of people with a full set of complementary skills required to complete a task, job or project." *Merriam-Webster Dictionary*[7] has a similar definition and defines teamwork as "work done by several

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associates with each doing a part but all subordinating personal prominence to the efficiency of the whole." J. Richard Hackman[8,9] has elaborated a far more comprehensive concept of teams, which includes interdependence, clear direction, mutual support, stable structure, and solid leadership. A team is a group of people with complementary and overlapping skills efficiently working together with a solid foundation and unified commitment to achieve common goals.[3,8,9]

Various teamwork models have been developed that describe components of a successful team such as clarity of roles, shared missions and mental models, effective communications, strategies for conflict resolution, accountability, collaboration, and mutual respect.[8,10,11] The Interprofessional Education Collaborative[10] highlights teamwork as a key competency for interprofessional practice. The group emphasizes a shared mission anchored on a consensus of ethical principles to deliver shared patient-centered and population-focused problem-solving, decision-making, constructive conflict management, and use of process and team improvement methods. The Canadian National Interprofessional Competency Framework describes an approach to effective teamwork that includes a focus on patient-/family-centered care, team functioning, collaborative leadership, role clarity, interprofessional communication, and conflict resolution.[12] Gordon et al[11] introduce the concept of *team intelligence* which is "the active capacity of individual members of a team to learn, teach, communicate, reason, and think together, irrespective of position in any hierarchy, in the service of realizing shared goals and a shared mission." As Gordon et al[11] describe it, team intelligence is predicated on navigating potentially toxic power dynamics, creating a psychologically safe environment, practicing distributed cognition through acknowledgement of individual contributions and deference to frontline authority.[11,13,14] The importance of cognitive frames, shared missions, and mental models—all impact the ability of individuals and teams to be situationally aware and help one another communicate collaboratively. Team dynamics and clinical partnerships between parents and healthcare providers can greatly improve patient outcomes, reduce healthcare errors, provide improved family support, and promote satisfaction among the team and families.[1,3,15,16]

Shared Mission

Effective teams require effective team members. In a survey study by Leggat,[17] healthcare management teams consisting of leaders, managers, and workers rated a menu of organizational skills, team-specific knowledge, personal traits, and motives that they were asked to identify as competencies of effective teamwork. In this particular study, perception of team success was strongest when members displayed a united focus on the organization and demonstrated a common mission.[17] A team with a common purpose and strong mutual commitment becomes more than a collection of individuals.[6] A lack of unified goals and teamwork values can lead to opposing courses of action, breakdown of communication, and conflict.[18]

Power Dynamics, Hierarchy, and Psychological Safety

The presence of a hierarchy or reporting structure affects the attitudes, perceptions, opinions, and actions of care providers that, in turn, has an influence on teamwork, communication, and the quality of the patient care that is delivered. Baker et al[2] suggest that hierarchy can make it more difficult for teams to speak out and question one another.[2,18] Flattening hierarchies, while preserving accountability, creates practices and work environments where team members feel safe to voice concerns, offer opinions, and disagree. This invites open communication to address disagreements between team members. Variable provider mix within the unit, as in the case of transient medical care providers such as rotating physicians and/or the presence of residents, can exacerbate the negative impacts of hierarchy.[18]

Communication and Trust

Interactions between providers can be influenced by how often they work together, their roles, communication styles, personalities, and whether or not they were able to resolve disagreements.[18] Thomas et al[18] described innate and workplace characteristics that influence how providers work together—the former include personal attributes of power, values, flexibility and attitudes about work and the latter involve staffing and other work conditions. Communication was considered to be extremely important and was influenced by practitioner style, the presence of hierarchy, accountability, and sharing of information.

According to the Institute of Medicine,[19] effective team functioning is one of the key principles of providing safe care, with shared goals and open exchange of information being core components. Aydon et al[1] discuss 2 studies in which poor communication contributed to medical errors. In one study of an intensive care unit (ICU), 37% of all healthcare errors were attributed to a breakdown in communication between caregivers. In the other, within a NICU setting, 22% of healthcare errors were related to poor communication, with 8% attributed to ineffective teamwork. Effective teamwork and open communication improve the quality of care being provided and decrease medical errors.[1,18] Thomas et al[18] suggest that open exchange of ideas within teams can improve healthcare beyond error reduction, such as the expectations of patients and families, addressing staffing shortages, and workplace morale.

In summary, the literature highlights important teamwork elements such as sharing a common mission and mental model for execution, ensuring psychological safety so that providers can practice with a questioning attitude without fear of repercussion, open communication and trust, and acknowledgement of individual skills and value to the team. Challenges include applying classroom teamwork training to real-life practice environments.[2] Figure 1 illustrates the key components of teamwork.

Role of Parents in NICU Teamwork

Including parents as active members of the healthcare delivery team requires an understanding of the health experience from their perspective. A systemic review of literature over a 10-year period done by Obeidat et al[20] explored parental experiences and perspectives during their infants' NICU hospitalization. Findings of the review revealed that parents experience a wide variety of emotions during this time including such feelings as guilt, anxiety, stress, depression, and loss of control. When communication occurred more openly and caregivers took a more active role in the daily care of their infant, they reported feeling more comfortable with the care being provided and experienced improved bonding with their child.[20,21] A family-centered, team approach is necessary for quality care of a NICU infant.[3,4] Active participation of parents as members of the care team is important to families during this critical time to reduce parent stress and to promote positive patient outcomes.[3,4,20-22]

Aim: this is a current state assessment of healthcare provider and parental perspectives on key teamwork domains that directly influence the care of sick infants and teamwork improvement opportunities in the NICU at an urban major teaching hospital in the northeastern United States.

SURVEY DESIGN/METHODS

A quality improvement NICU team, composed of physicians, nurses, and family members, constructed a survey to assess perception of teamwork in 5 domains: shared mission, power dynamics and hierarchy, psychological safety, communication, and trust. These domains are consistent with teamwork models that were reviewed from the literature.[10-14]

In addition, a panel of 3 experts in quality improvement and teamwork assigned each survey question to one or more attributes of team intelligence: shared mental model, power dynamics, psychological safety, situational awareness, distributed cognition, helping, and effective communication.[11]

The questions were developed following a review of the literature regarding teamwork characteristics and were refined by a review team composed of physicians, nurses, survey methodologists, and a quality improvement advisor with expertise in teamwork. This refinement included readability for nonmedical participants such as family members and elicited various response types including multiple-choice, free-text, and 5-point Likert scale. As part of a quality improvement project, this state assessment work was considered by members of the Institutional Review Panel to satisfy institutional policy for non-human subject research by assuring anonymity.

FIGURE 1

Components of effective teamwork.

Healthcare providers and parents in an urban level IV NICU were notified that an anonymous survey was being distributed in the NICU to examine teamwork, that participation was voluntary, and each was invited to consider participating. Research assistants who had no relationship or personal knowledge of healthcare providers or families approached staff (nurses, nurse practitioners, physicians, social workers, and respiratory therapists) and parents to complete the anonymous 15- and 17-question survey, respectively, over a period of 3 consecutive months in 2014. The completed surveys were collected, data were entered into an online database, and descriptive statistics were generated.

RESULTS

Survey responses were received from 113 participants including parents (n = 40), attending physicians (n = 20), and nurses (n = 53).

Respondent Characteristics

Sixty-five percent of parent respondents had one or more other children. Seventy percent of the parents lived more than 60 minutes away from the hospital and 55% slept away from home, at the bedside or in a hospital sleep room. Of the parents surveyed (n = 40), approximately 68% had neonates in the NICU with stays ranging from 2 weeks to 6 months. Five of the parents surveyed (12.5%) had children in the NICU for greater than 6 months and 8 participants (20%) had NICU stays less than 2 weeks.

Healthcare providers were all employees of the NICU. When asked for reasons about why they chose their occupation, nurses respectively identified an interest in children (75%) and medicine (79%) while physicians stated those reasons as 50% and 90%, respectively. When asked about *highest* job satisfiers, nurses

and physicians selected working with patients (90% and 75%, respectively). Physicians and nurses also selected working with peers (45% and 15%, respectively) and teaching (55% and 25%, respectively).

Team Role and Membership

Eighty percent of physicians and 42% of nurses defined their role as leaders. By contrast, 40% of physicians and 68% of nurses defined their role as listeners. Physicians and nurses also differed in whom they considered as part of the team. While more than 85% of physicians and nurses included themselves, parents, nutritionists, and respiratory therapists as part of the team, 98% of nurses also included social workers, child life specialists, occupational/physical/speech and language therapists, case manager, unit clerks, and hospital chaplains. In comparable reports, physicians (73%) and nurses (71%) considered themselves as the most essential member of the team. Parents ranked nurses as the most important members of the team, followed by physicians, themselves, and respiratory therapists. Figure 2 depicts nurse and physician opinions on what member roles make up a NICU care team.

Team Qualities

When asked to identify and rank various team qualities, physicians ranked shared mission, purpose, and values highest while nurses ranked effective communication highest. Both groups ranked collaborative environment, with trust and respect, team competency and commitment high. Interestingly, both groups ranked "effective and positive conflict management" as lowest importance. To parents the most important traits are tenderness toward the infant, giving medical care, and good explanations and answers. Figure 3 illustrates the qualities that physicians and nurses valued in other team members.

FIGURE 2

Team Membership:
Who do you consider to be part of your team?

Team membership.
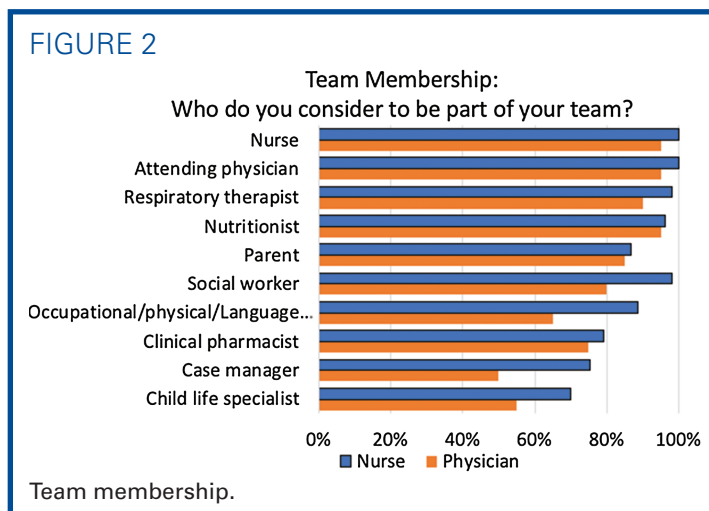
Shared Mission

More than 90% of physicians and nurses either agreed or strongly agreed with the statement that they were passionate about their work. A shared mission and spirit of cooperation were ranked most frequently as the most important attribute of their team by physicians and nurses. Parents (75%) responded that they usually or always shared the same goals with the care team. Direct patient care was ranked most important by 65% of physicians and 51% of nurses. Acting as a leader was ranked first by 24% of physicians, but only 2% of nurses felt "leading" was of importance. The primary concern for physicians was the medical treatment plan (70%) while safety was the primary concern for nurses (68%). In ranking safety, nurses considered it to be a top priority (36%) while physicians ranked it lower (6%).

Hierarchy and Psychological Safety

When asked whom they felt most comfortable with, physicians selected themselves as a group over nurses, 85% versus 45% of the time, whereas nurses selected themselves over physicians, 19% versus 92%. All physicians reported presence of a workplace hierarchy. For physicians, 61% ascribed such hierarchy to be beneficial, while 39% considered it as neutral or detrimental. Nurses felt that a strong team hierarchy existed (92%) and while 47% felt it was beneficial, 48% felt neutral about it or that it was detrimental. While 89% of nurses trusted that all team members would carry out their jobs correctly, and to the best of their abilities, only 65% of physicians felt the same way. In a demonstration of psychological safety, parents felt most comfortable approaching doctors, nurses, social workers, and chaplains.

Communication and Conflicts

While more than 95% of physicians and nurses felt they had influence over the team, 65% of physicians

and 55% of nurses reported having had conflict with other team members. Miscommunication was reported as the highest source of frustration by 50% of physicians and 32% of nurses. When asked in the survey about feedback from a superior, nurses and physicians felt they did not get feedback on their work often enough (Figure 4). Twenty-nine percent of parents responded that they had sometimes or often observed conflict between team members. Parents either agreed or strongly agreed (75%) with the statements that "the team listened to what you have to say and is very responsive" and "the team answered all of your questions fully and clearly." Some parents (30%) felt that team members often "toned down" the severity of the infant's condition when talking with them. The majority families felt the team was skilled, responsive, and communicated well.

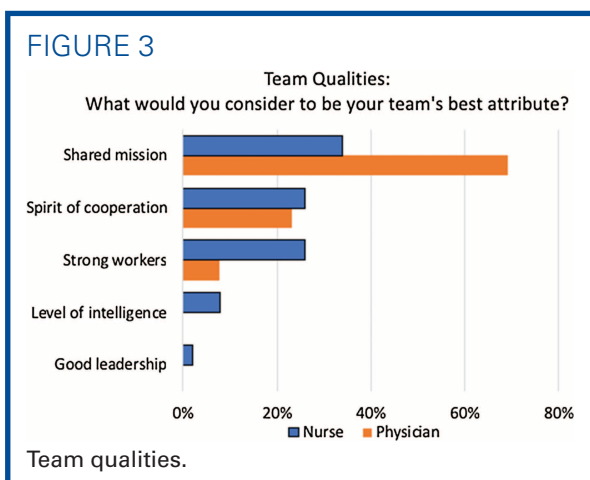### Questions and Team Intelligence Characteristics

A median of 4 team intelligence attributes was assigned to questions of the provider survey, while the parent survey had a median of 3 attributes. Attributes such as power dynamics and psychological safety were frequently assigned together, and those receiving the highest number of question assignments were power dynamics, psychological safety, and shared mission or mental model.
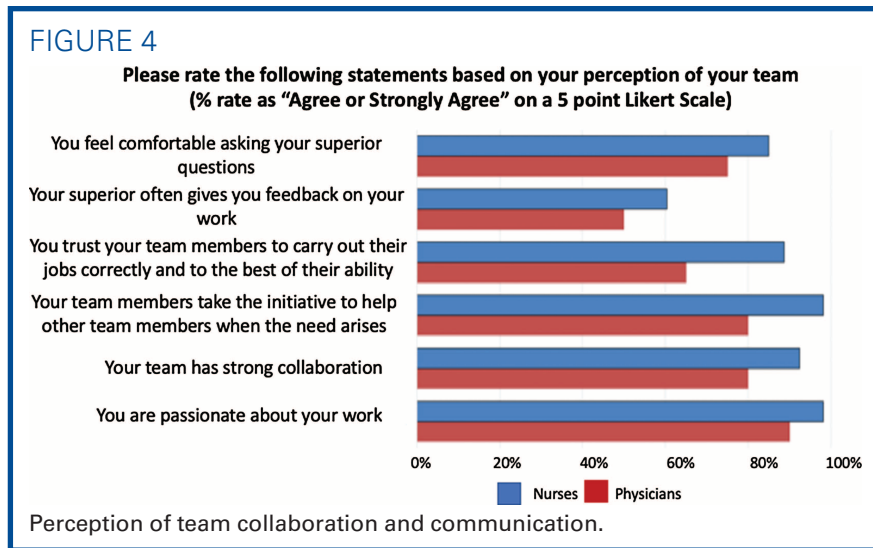
DISCUSSION

Findings from this report suggest that the practice of teamwork requires, as a first step, a keen awareness of similarities and differences among stakeholder perceptions on the goals, roles, and priorities of the team. Once aware, team leaders face the challenge of synergizing differences, leveraging common ground, and turning disagreements into opportunities to understand different perspectives and test a priori assumptions to complete the overall mission of the team. Team intelligence reflects how effectively this can be accomplished. The teamwork strengths and gaps uncovered in this survey can be examined in the context of how they impact the collaborative intelligence of the NICU team. As defined by Gordon et al,[11] team intelligence is the ability of individual team members to come together and learn, teach, communicate with each other, reason, think, plan, and act together, regardless of positional hierarchy. In healthcare, maximizing team intelligence is a critical driver for optimal patient outcomes.

Team Qualities

The findings in our survey demonstrate that both physicians and nurses value trust and respect in a collaborative work environment with competent and committed team members. Valuing trust and collaboration, did not, however, necessarily lead to

FIGURE 3

Team Qualities:
What would you consider to be your team's best attribute?

Team qualities.

FIGURE 4

Please rate the following statements based on your perception of your team (% rate as "Agree or Strongly Agree" on a 5 point Likert Scale)

Perception of team collaboration and communication.

trust and collaboration. While there are similarities in what the 2 groups considered to be important qualities of a team, the 2 groups had differences in what they considered to be the most important element of teamwork, which warrants further investigation. Our finding that physicians ranked a shared mission as the most important element of teamwork and nurses ranked effective communication demonstrates key principles of effective teams. Team qualities valued by families included tenderness toward their infant, quality medical care, and giving good rationales for interventions and answers to questions, no matter how trivial. Understanding how families fully integrate as team members remains an area of future inquiry.
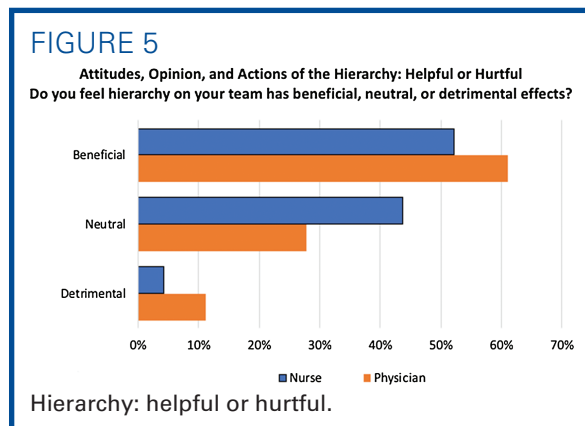
Perception of Team Role, Hierarchy, and Psychological Safety

The finding that most physicians defined their role as leaders (80%) versus nurses (42%) likely reflects an operational hierarchy that exists within this clinical team. While reporting structures can be influenced by perceptions about ultimate responsibility for the patient's care plan, hierarchy, liability, and accountability concerns, the potential negative impact on psychological safety cannot be underestimated. This suggests that designated, formal leaders, as well as situational leaders in team experiences, are required to actively ensure that team members have the means and comfort to voice their opinions. Figure 5 shows nurse versus physician opinion on presence of hierarchies and the perception of impact on the team.

Discordance is demonstrated in nurses rating cooperation as a "best" team attribute more often than physicians showing a preference for consulting with nursing peers. Nurses (89%) appear to be more trusting than physicians (65%) that "all team members would carry out their jobs correctly and to the best of their abilities." They were more inclusive of

other team members such as nonclinical staff members, which may indicate their broader awareness of each team member's essential role in overall patient care. Interestingly, almost 25% of physicians were uncomfortable with asking questions that "they feel they should know the answers." A shared mental model that overcomes reporting structure hierarchies and invites multiple perspectives and sources of knowledge facilitates a safer environment to operate with a questioning attitude.

A psychologically unsafe environment hampers trust among team members. In describing how others work together, Paul Santagata,[23] a Google executive, relates that "there's no team without trust." Some key steps described by Santagata[23] to increase psychological safety in teams are to approach conflict as a collaborator as opposed to an adversary, speak person to person, anticipate reactions and plan countermoves, replace blame with curiosity, ask for feedback on delivery of information, and measure psychological safety by periodically asking staff, "how confident are you that you won't receive retaliation or criticism if you admit an error or

FIGURE 5

Attitudes, Opinion, and Actions of the Hierarchy: Helpful or Hurtful
Do you feel hierarchy on your team has beneficial, neutral, or detrimental effects?

Hierarchy: helpful or hurtful.

make a mistake?"[23] Teamwork is abandoned when team members are silenced or intimidated about speaking up because of fear of embarrassment, judgment, or detrimental consequences. Interestingly, physicians and nurses proportionately rated their comfort in asking questions and the frequency of receiving feedback, suggesting that more feedback is desired.

Communication and Conflicts

Our survey found that the overall majority of physicians and nurses felt that they had influence over the team; however, conflict among team members was not uncommon with miscommunication being the highest source of frustration. Despite staff reporting the presence of conflict with resultant frustration, conflict management was ranked of minimal importance by both groups. When we discussed the findings of this inconsistency, many staff were unclear as to what conflict management was. They did not see the importance of learning conflict management skills and did not have time to attend "the course," felt it was a "waste of time," or "perceived it as an opportunity to reprimand." One third of parents observed conflict between team members. However, frequently, parents did not see the same amount of team conflict as nurses and physicians reported, which probably indicates the team's ability to successfully present a unified front to families.

Acknowledging conflict among team members and developing team processes for addressing conflict is essential in order to overcome associated barriers to care. Challenging hierarchies, ensuring psychological safety so that people feel free to speak out, and providing mechanisms and tools for providing feedback are potential methods that can minimize conflict or constructively address it when it occurs. Most families felt the team shared similar goals among each other. Approximately half of the respondents suggested that the team had downplayed illness severity, which may indicate the need for additional training on how to communicate difficult information and integration of parents as team members. Parents reported that having an active role in team communication and decision-making was very valuable. Our findings demonstrate that team member and parent perceptions can shape caregiver interactions and satisfaction, as well as career fulfillment for providers. These findings are consistent with the literature and demonstrate that clear communication and conflict resolution are key components of teamwork.[3]

To address communication and conflict concerns, healthcare can learn from the approaches to enhance teamwork and safety that have been used in other industries, such as the commercial airline industry, which has been the most effective in implementing teamwork training and helping people learn how to develop team intelligence.[11,24,25] Crew Resource Management (CRM), developed by the commercial airline industry, is used to improve air safety where human errors can have devastating consequences.[11,24,25] A key focus of CRM is team communication that aims to habituate through practice, using techniques such as repeating what is heard, holding information-sharing huddles, having debriefs, and utilizing assertive statement steps.

Importance of Integrating Caregivers Into the Care Team

Parents had similar goals to care team providers, unifying the teams' purpose in a shared mission. Creating a shared mission and mental model that will energize the team is a foundational cornerstone of teamwork.[3,17,18] Patricia Thompson[26] introduces 4 steps to creating a team vision: clarity about the goal, "dream big" by setting challenging goals, communicate purpose of that goal, and determining strategic goals. A team vision goal without input from the infant's main advocate, the caregiver, would be amiss.

By spending time in the NICU on the receiving end of healthcare, parents endure the psychological stress associated with disruption of the typical newborn experience.[4,26-28] The associated stress of early separation of mother and infant can result in long-term impact on parental confidence, infant survival and well-being as well as development of the parent–infant relationship.[4,20,28,29] Healthcare providers have an important role in helping parents adjust to the stress and strain of having an infant in the NICU.[20,27,28] Literature supports parent participation as members of the care team in a family-centered approach is important to reduce parent stress and to promote positive patient outcomes.[3,4,21] In our survey, parents included themselves as members of the team, but considered themselves to be less important than healthcare providers. Nearly 20% of nurses and physicians did not consider parents to be team members, suggesting the need for education and conversations about who constitutes the team and team training on how to include parents into the care team.

Team Training

Teamwork in high-risk settings is essential to provide the best care and improve coordination and communication among the healthcare team.[2] In accordance with the Agency for Healthcare Research and Quality goals, institutions of healthcare should be highly reliable organizations and team training is key. Training programs for healthcare staff is necessary and should provide guidance on establishing effective communication among the team and families. This type of training must be supported at the

institutional level to be successful and sustainable. The Institute of Medicine[19] states that healthcare organizations must promote effective team functioning to create a safer system of healthcare delivery and considers promotion of teamwork a key principle.[1,19] One performance measure of teamwork is the quality and effectiveness by which members of the team can accomplish goals consistently over time. Team intelligence is neither the cumulative intelligence quotient of each team member nor social or emotional intelligence. It involves sharing a common mission, to coach and be coached by each other being accountable for the team's collective performance, recognize and utilize each other's unique contributions and to openly communicate with each other.[6,11] Intelligent teams are able to prioritize team goals for optimal outcomes.[11]

CONCLUSIONS

Components of effective teams are demonstrated in the NICU and can be further examined through the concept of team intelligence, which reflects the practice of teamwork. Specific aspects of teamwork are interdependent within a team to habituate individual behaviors for effective team collaboration and processes. Collective endeavors in ensuring a shared mission, psychological safety, effective communication, and the promotion of trust, help teams to achieve team goals and optimize outcomes. A collaborative culture and purposeful teamwork with parents as critical members of the team are essential to provide high-quality care in the NICU setting. Differences in teamwork perceptions between healthcare professionals and parents of neonates represent areas for further investigation that can improve care delivery. Future directions include

sharing findings with clinical care team members and parents in focus groups, which may be helpful to understand perception gaps in determining and implementing interventions to strengthen team capacity and skill.

LIMITATIONS

This is a report from a single center with a limited number of participants, which may not represent the majority of NICUs within the United States. There may have been selection bias in those participating versus those who declined. The findings of this report have not been adjusted for other potential confounders. The survey questions remain to be a validated measure of teamwork. Despite these limitations, the findings highlight differences in how nurses and physicians perceive their role, team compositions, team goals, and attributes. This requires further discussion and evaluation of teamwork in our NICU and finding potential opportunities for improvement.

IMPLICATIONS FOR PRACTICE

Similarities and differences on how teamwork is perceived among parents, physicians, and nurses provide insight on how teams function in a busy quaternary NICU. This survey identifies strengths and gaps of teamwork in our NICU and provides insight on necessary changes that need to be made to improve collaboration among the interdisciplinary care team including parents. Opportunities for improvement include a safer environment for differing views, alignment of mission and mental models, appreciation for each team member's unique contribution, conflict resolution, and better communication.

Summary of Recommendations for Practice and Research	
What we know:	• Effective teamwork in the NICU is critical to deliver high-quality patient care. • Parents are essential members of the team and commonly experience psychological stress and role strain while caring for their infant in the NICU. Open communication from the medical providers, inclusion in decision-making as a team member and participation, in care has been shown to reduce this stress. • Important characteristics of an effective interdisciplinary team include a unified team mission, considerations of hierarchy, psychologically safety respect, and trust among team members.
What needs to be studied:	• Teamwork strategies to improve collaboration among NICU care team members. • Underlying drivers of perception of teamwork among nurse and physicians. • Perception of trust among team members within a NICU interdisciplinary team.
What we can do today:	• Develop, reenforce, and communicate team goals with the aim of aligning team members toward a shared mission. • Collaborate with families as team members to reduce stress and improve patient care and outcomes. • Implement team training programs to improve collaboration and communication, overcome hierarchical barriers, and provide tools and structures for teamwork. • Develop strategies to acknowledge and redirect conflict in transformative and helpful ways.

Strengths include maintaining a shared mental model and collaborative goals. There needs to be more inclusion of parents in overall daily planning and care of NICU infants. This includes scheduling family meetings with other vital nonphysician team members and incorporating psychosocial evaluations to help define stress and burden of having a sick infant in the neonatal ICU. Improving teamwork and including parents as team members are critical for effective NICU care. As well, healthcare providers may enhance interprofessional skills and behaviors through awareness and further training. Our findings can inform ongoing improvements in collaborative team care in the NICU.

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