

Influence of Teamwork on Healthcare Workers' Performance During Health Crisis: A Case of Kiambu County Referral Hospitals Level IV and V

Damaris Wairimu Muritu^{1*}, Kezia Njoroge², Musa Oluoch¹

¹Kenya Methodist University, PO Box 267-60200, Meru, Kenya

²Liverpool John Moores University, Egerton Court, 2 Rodney Street, Liverpool, Merseyside, L3 5UX, UK

*Correspondence Email: wairimu.muritu@yahoo.com

Abstract

Teamwork during a health crisis plays a critical role in achieving organizational goals: it supports healthcare workers' (HCWs) well-being through perceived organizational support, involves HCWs in idea generation, engagement, and decision-making, and enables innovative problem-solving through effective communication among team members. The main objective of this study was to assess the influence of teamwork on HCWs' performance during a health crisis. The independent variables (IVs) were team communication, teamwork training, collective leadership, and team coordination. The target population was HCWs. The study adopted a descriptive cross-sectional survey design. Simple random and systematic sampling methods were used, and primary data were collected using structured questionnaires and analyzed using SPSS v28. Collective leadership exhibited a positive coefficient of 0.021. Team communication emerged as a significant predictor of team performance, with a positive coefficient of 0.025 and a statistically significant p-value of 0.005. Psychological safety emerged as a significant predictor, with a positive coefficient of 0.014 and a statistically significant p-value of 0.045. Teamwork motivation also showed a positive coefficient of 0.082 but did not attain statistical significance ($p = 0.079$), suggesting that while teamwork motivation had a positive association with team performance, this relationship was not conclusive. R^2 was 0.739, indicating that approximately 73.9% of the variance in team performance was accounted for by the predictor variables in the model. The regression model indicates that the combination of collective leadership, team communication, psychological safety, and teamwork motivation has strong explanatory power for team performance during a health crisis, and the model was statistically significant, as shown by the ANOVA result ($F = 5.514$, $p = 0.026$).

Keywords: *Teamwork, Health crisis, Team communication, Teamwork training, Team leadership, Team coordination.*

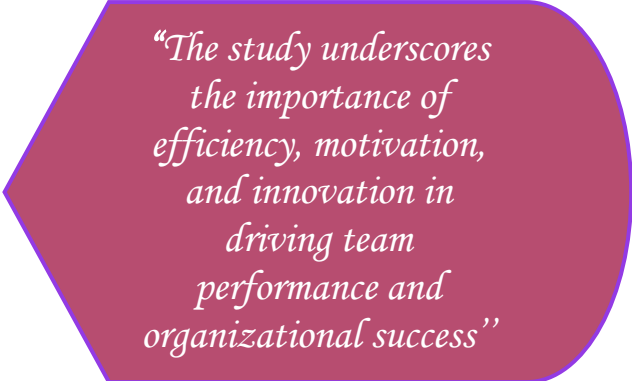
1.0 Introduction

Teamwork during a health crisis, such as the recent COVID-19 pandemic, is essential for achieving organizational goals, as it improves HCWs' well-being through perceived organizational support, leadership, involvement in idea generation, engagement in decision-making, and innovative problem-solving enabled by effective communication among team members. A health crisis can involve a virus such as COVID-19, MERS, or SARS, influenza, or any similar disease or illness (Habich et al., 2020). Health crises require urgent action by relevant authorities to mitigate further spread. They typically originate from natural hazards or a particular locality and can spread globally, as with COVID-19, or regionally, as with MERS and SARS (Newman et al., 2017). Such crises have significant impacts on community health, resulting in loss of life and substantial economic impact. Public health crises or emergencies generally have three main components: the public health problem or emergency itself, health coordination, and alarm/care that is, poor communication of the risks associated with the public health problem to the general population, which can result in social upheaval.

According to Sanyal and Hisam (2020), teamwork is fundamental in all healthcare settings to ensure the safety and quality of patient care, the overall well-being of healthcare workers, and positive financial outcomes for healthcare facilities. In many scenarios, teamwork is difficult because it requires real-time coordination across departments organized by unit, status, or profession (Mayo, 2020). The recent pandemic presented many healthcare organizations and professionals with new challenges to teamwork. To meet the increasing demands on emergency departments and ICUs during the health crisis, many healthcare facilities repurposed areas into triage sections and deployed additional personnel to cope with rising demand; for this to function effectively, teamwork became critical (Schaufeli et al., 2020). Prior research on teams under

pandemic-related stress has identified risk points with the potential to further undermine teamwork, team coordination, and resilience, threatening patient safety during health crises (Tannenbaum et al., 2021; Virtaneva et al., 2021).

There is growing recognition of the importance of teamwork in highly dynamic and complex settings such as the modern healthcare context. To combat health crises effectively, teams must actively engage in and adapt to teamwork so they can learn and provide the best possible quality of patient care (Sohrabizadeh et al., 2021). Effective communication within a team involves sharing useful information in a timely manner, which increases awareness of other HCWs' knowledge, builds trust in one another's knowledge and skills, and improves coordination, thereby enhancing teamwork and organizational performance (Dietz et al., 2021). Zajac et al. (2021) assessed approaches to overcoming challenges to teamwork in healthcare and found that key hindrances to effective teamwork including leadership accountability, poor decision-making among team leaders, conflict management, and reflection on progress, coaching, and training affected the quality and safety of patient care during pandemics. Teamwork during a pandemic is paramount to achieving organizational goals, as it improves HCWs' well-being through perceived organizational support, leadership, team interaction, idea generation, participation in decision-making, and innovative problem-solving enabled by effective communication among team members (Kozlowski & Bell, 2018).



"The study underscores the importance of efficiency, motivation, and innovation in driving team performance and organizational success"

In Kiambu County, the various teams created to respond to the health crisis faced considerable work-related pressure. Maintaining high-quality healthcare standards while practicing self-protection despite an inadequate supply of personal protective equipment (PPE) at the time proved difficult, and team communication and coordination encountered various hurdles that reduced overall service delivery to critically ill patients. This contributed to a reported decline in overall teamwork performance of 30%, despite hospital efforts to expand teams in affected departments through additional staff deployment; some of the deployed personnel had no prior experience working in this kind of high-stress, high-risk environment and were neither prepared nor well trained for such situations. Most HCWs assigned as team leaders had not previously held a leadership position. This necessitated an examination of the factors and challenges affecting teamwork cohesion in healthcare facilities during the pandemic, which placed considerable pressure on HCWs to provide quality care and contributed to declines in both teamwork performance and organizational performance. Furthermore, at these facilities, little research had been done to assess the effectiveness of teamwork under stress, to evaluate and anticipate future risk points that could adversely affect teamwork, or to identify what hospital management teams (HMTs) could do to help teams coordinate effectively and maintain resilience while ensuring patient safety during a pandemic. This study therefore aimed to capture the experiences of teamwork during the health crisis at Kiambu Sub-County Hospital and Thika Sub-County Hospital and to explore the factors that contributed to effective team collaboration. The study hypothesized that for

teams to collaborate successfully, factors such as psychological safety, effective team communication, and collective leadership are prerequisite conditions that promote team cohesiveness.

2.0 Materials and Methods

This study adopted a descriptive cross-sectional survey research design, as this design was well suited to collecting, analyzing, and interpreting data on the influence of teamwork on HCWs' performance during a health crisis. The study targeted 542 HCWs working at the two study sites. The study used purposive sampling to select two Sub-County hospitals Kiambu Sub-County Hospital and Thika Sub-County Hospital and adopted Cochran's (1975) formula to compute the sample size, yielding a sample of 225 respondents. Stratified and systematic sampling techniques were used because they reduce bias and give every respondent an equal opportunity of being selected. The study used primary data collected through self-administered structured questionnaires designed to elicit first-hand responses from sampled healthcare workers working in teams at Kiambu Sub-County Hospital and Thika Sub-County Hospital. The collected data were coded and entered into SPSS v28 for analysis. The study used both descriptive and inferential statistics to analyze the responses. To facilitate data collection, the researcher obtained an introduction letter from the university identifying her as a student researcher, and sought ethical approval from the KeMU Scientific and Ethics Review Committee (SERC) and NACOSTI, as well as permission from the hospital management teams at the study sites, before conducting the study.

3.0 Results and Discussions

Table 1

Socio-Demographic Data

Category		Fr	%
Age band	20–30 years	26	11.8
	31–40 years	70	31.7
	41–50 years	108	48.9

Category		Fr	%
Gender	> 50 years	17	7.7
	Male	69	31.2
	Female	152	68.8
Education level	College Diploma	51	23.1
	Higher Diploma	123	55.7
	University Degree	39	17.6
	Postgraduate Degree	8	3.6
Years at the facility	Less than 1 year	64	29.0
	Between 1–5 years	122	55.2
	Between 6–10 years	35	15.8

The study cohort comprised individuals across various age brackets, demonstrating diverse representation. Most respondents were aged 41–50 years (48.9%), while those aged 31–40 years constituted 31.7%. Females represented the majority of the sample (68.8%), while males accounted for 31.2%. The majority held Higher Diplomas (55.7%), followed by College Diplomas (23.1%). The largest segment had 1–5 years of tenure at the facility (55.2%), while those with 6–

10 years of tenure made up 15.8%. This distribution ensured representation from both seasoned employees and relatively newer entrants, offering insight into the evolution of practices and dynamics within the organization over time.

Teamwork Performance

The study used a Likert scale to assess various statements pertaining to teamwork performance in the health facility.

Table 2
Teamwork Performance

Statement	SA Fr	[%]	A Fr	[%]	N Fr	[%]	D Fr	[%]	Mean	SD
Efficient work										
My team and the team leader are well involved in planning and organizing on the treatment and care of patients and other patients	38	17.2	125	56.6	52	23.5	6	2.7	3.882	.7101
Every team member functions to achieve common goals	80	36.2	131	59.3	10	4.5			4.317	0.555
My team is very effective and efficient at achieving goals set	74	33.5	134	60.6	13	5.9			4.276	0.565
Trust exists among team members and this leads to higher performance	81	36.7	133	60.2	7	3.2			4.335	0.536
Working as a team increases efficiency of each team member	80	36.2	138	62.4	3	1.4			4.348	0.505
Team motivation										
Teamwork improves participation, confidence and skills development	77	34.8	140	63.3	4	1.8			4.330	0.548

Statement	SA Fr	[%]	A Fr	[%]	N Fr	[%]	D Fr	[%]	Mean	SD
The team's purpose is clear, with objectives, goals, and priorities well defined	16	7.2	147	66.5	58	26.2			3.810	1.032

There was a positive perception of the team's efficiency and effectiveness: more than half of respondents (56.6%) believed that the team and team leader were well involved in planning and organizing tasks ($M = 3.882$, $SD = .7101$). There was recognition that every team member functions to achieve common goals ($M = 4.317$, $SD = .555$). Motivated teams are more likely to actively participate in and contribute to organizational success; a majority (63.3%) agreed that teamwork improves participation, confidence, and skills development, with a mean score of 4.330. There was also acknowledgment that the team's purpose is clear, with well-defined objectives, goals, and priorities, although there is room for improvement in this area ($M = 3.810$, $SD = 1.032$).

These findings resonate with Sohrabizadeh et al. (2021), who argued that healthcare workers

should work in teams to provide effective, professional care to patients and victims during disasters and other serious health crises, while Beneria et al. (2020) similarly found that leadership, communication, and situational awareness contribute to effective teamwork during health crises. The study also concurs with Jones et al. (2017), whose findings suggest that teamwork has a strong, positive influence on healthcare workers' occupational performance.

Collective Leadership

This section assesses the influence of collective leadership on healthcare workers' performance during a healthcare crisis at Kiambu County Referral Hospitals Level IV and V, as shown in Table 3.

Table 3
Collective Leadership

Statement	SA Fr	[%]	A Fr	[%]	N Fr	[%]	D Fr	[%]	Mean	SD
My team and the team leader are well involved in planning and organizing on the treatment and care of patients and other patients	85	38.5	106	48.0	26	11.8	4	1.8	4.231	0.724
My team and the team leader are well involved in problem solving and other tasks assigned to the team	72	32.6	113	51.1	27	12.2	9	4.1	4.122	0.774
There is support and consideration among my team and the team leader	62	28.1	144	65.2	15	6.8			4.213	0.552
Our team leaders encourage development and mentoring as well as coaching	46	20.8	140	63.3	35	15.8			4.050	0.605
Our team leaders encourage skills acquisition and exchanging	65	29.4	138	62.4	17	7.7	1	.5	4.208	0.589

Statement	SA Fr	[%]	A Fr	[%]	N Fr	[%]	D Fr	[%]	Mean	SD
career-related advice in order to accomplish common goals										
Members in the team can “step up” and carry out team-leader functions in order to attain team objectives	60	27.1	144	65.2	17	7.7			4.195	0.559

Decisiveness within the team and its leadership structure is crucial for effective planning and problem-solving. The data indicate strong involvement of both the team and the team leader in these aspects, with a majority of respondents (38.5% and 32.6%, respectively) expressing agreement. Connectedness among team members and with leadership fosters a supportive, collaborative work environment: a significant proportion of respondents (65.2%) reported feeling supported and considered within the team, indicating a culture of empathy and collaboration. There is also recognition that team leaders actively encourage development, mentoring, and coaching, further enhancing connectedness and professional growth. These findings, with mean scores of 4.213 and 4.050 respectively, reflect a high level of perceived connectedness and support within the team.

These findings align with Wu et al. (2018), who found that collective or shared leadership and

group behavioural processes including problem-solving, decision-making, team satisfaction, team cognition, and creativity are positively linked, and with De Brún et al. (2019), who found that internal team environment factors such as social support and shared purpose were antecedents positively related to shared and collective leadership in healthcare, which in turn positively influenced teamwork. The findings also concur with Schaufeli et al. (2020), who argued that engagement and motivation are key ingredients enabling healthcare professionals to invest their own resources and energy into their job duties when they are “work engaged.”

Team Communication

This section examines the influence of team communication on healthcare workers’ performance during a healthcare crisis at Kiambu County Referral Hospitals Level IV and V, with Table 4 highlighting the responses on team communication.

Table 4
Team Communication

Statement	SA Fr	[%]	A Fr	[%]	N Fr	[%]	D Fr	[%]	Mean	SD
Timely communication										
My team and the team leader encourage open communication on operations	55	24.9	155	70.1	11	5.0			4.199	0.5100
There is a clear channel of communication between team members	43	19.5	150	67.9	27	12.2	1	.5	4.063	0.576
I can communicate my opinions about work issues with my team leader	12	5.4	125	56.6	68	30.8	16	7.2	3.601	0.703

Statement	SA Fr	[%]	A Fr	[%]	N Fr	[%]	D Fr	[%]	Mean	SD
My team and team leader share information promptly	9	4.1	117	52.9	76	34.4	19	8.6	3.524	0.710
Reflective communication										
My team uses structures like handoff guides and closed-loop communication	11	5.0	120	54.3	77	34.8	13	5.9	3.583	0.679
My team uses debriefs to identify issues and make necessary adjustments	8	3.6	119	53.8	77	34.8	17	7.7	3.533	0.690

Effective communication is key to fostering collaboration and productivity. The data suggest a positive perception of communication practices within the team and with team leaders. A majority (70.1%) believe that their team and team leader encourage open communication about operations, indicating a culture of transparency and accessibility, and most (67.9%) perceived a clear channel of communication between team members, facilitating seamless information flow. These findings, with mean scores of 4.199 and 4.063 respectively, reflect a high level of satisfaction with timely communication practices.

Reflective communication involves the use of structured approaches to identify and address issues within the team. While there is room for improvement, a notable proportion of respondents (54.3%) reported using structures to enhance communication effectiveness, and there was recognition of the value of debriefs in identifying

issues and making necessary adjustments, with mean scores of 3.583 and 3.533 respectively, indicating moderate satisfaction with reflective communication practices. The study concurs with Pentas (2022), who found communication to be a key foundation of inter-professional collaboration between medical and other personnel, and with Jordan et al. (2022), who found that effective team communication was paramount to operations in successful crisis response, while Chemali et al. (2022) similarly found that strengthening teamwork was paramount to improving healthcare workers' performance and resilience during the pandemic. The study also concurs with Zajac et al. (2021) that hindrances to effective teamwork relate to leadership accountability, poor decision-making among team leaders, conflict management, and reflection, consistent with Weller et al. (2014), who highlighted structured interventions for overcoming barriers to effective teamwork in healthcare.

Correlation Matrix

Table 5
Correlation Matrix

		TP	CL	TC
TP	Rho	1	.802*	.832*
	p value		.017	.014
CL	Rho	.802*	1	.215**
	p value	.017		.001
TC	Rho	.832*	.215**	1
	p value	.014	.001	

* Correlation is significant at the 0.05 level (2-tailed). ** Correlation is significant at the 0.01 level (2-tailed). Key: TP = Team Performance, CL = Collective Leadership, TC = Team Communication.

TP shows significant positive correlations with CL ($\rho = 0.802$, $p = 0.017$) and TC ($\rho = 0.832$, $p = 0.014$), indicating that higher levels of collective leadership and effective team communication are associated with better team performance. TP was also positively correlated with psychological safety (PS) ($\rho = 0.709$, $p = 0.025$), suggesting that

teams with higher psychological safety tend to exhibit better performance. However, the correlation between TP and teamwork motivation (TWM) was relatively weak and not statistically significant ($\rho = 0.195$, $p = 0.087$), implying that teamwork motivation may not directly affect team performance in this context.

Regression Model

Table 6

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.859 ^a	.739	.691	.01169

a. Predictors: (Constant), Collective Leadership, Team Communication, Psychological Safety, Teamwork Motivation

Table 7

Analysis of Variance

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	118.320	14	12.080	5.514	.026 ^b
Residual	874.133	216	14.047		
Total	992.452	230			

a. Dependent Variable: Team Performance

b. Predictors: (Constant), Collective Leadership, Team Communication, Psychological Safety, Teamwork Motivation

Table 8

Regression Coefficients

Model	B	Std. Error	Beta	t	Sig.
(Constant)	38.881	4.153		9.363	.000
Collective Leadership	.021	.084	.018	5.253	.080
Team Communication	.025	.066	.027	6.379	.005

a. Dependent Variable: Team Performance

R was reported as 0.859, suggesting that approximately 85.9% of the variance in team performance can be explained by the predictor variables collectively; R^2 was 0.739, indicating that close to 73.9% of the variance in team performance is accounted for by the model. The regression model suggests that the combination of collective leadership, team communication, psychological safety, and teamwork motivation has strong explanatory power for team performance during a health crisis, and the model

was statistically significant, as shown by the ANOVA result ($F = 5.514$, $p = 0.026$).

The regression analysis provides insight into the factors influencing team performance among HCWs during a health crisis. Among the predictor variables examined collective leadership, team communication, psychological safety, and teamwork motivation the analysis reveals distinct patterns of influence on team performance. The collective leadership coefficient is positive (0.021), indicating that an increase in collective leadership is associated with a positive change in

team performance. The team communication coefficient is positive (0.025) and statistically significant ($p = 0.005$), suggesting that team communication has a significant positive effect on team performance. Psychological safety was also a significant predictor ($\beta = 0.014$, $p = 0.045$), and teamwork motivation showed a positive but non-significant coefficient ($\beta = 0.082$, $p = 0.079$).

4.0 Conclusions

The study underscores the importance of efficiency, motivation, and innovation in driving team performance and organizational success. By prioritizing effective work processes, fostering a motivating work environment, and promoting a culture of innovation, health facilities can enhance their teams' effectiveness and adaptability. Through clarifying objectives and fostering a shared commitment to innovation, teams can align their efforts more effectively and drive continuous improvement; by addressing areas for improvement and building on existing strengths, teams can position themselves for long-term success in a competitive landscape. The study highlights the importance of decisive leadership, connectedness, and shared goals in driving team effectiveness and cohesion. Collective leadership showed a positive coefficient, though this was not statistically significant.

Collective leadership encompasses the shared leadership behaviours and practices exhibited by team members, emphasizing collaboration, shared decision-making, and a focus on collective goals. Team communication emerged as a significant predictor of team performance, with a positive coefficient, underscoring the critical role of effective communication within teams in facilitating better performance outcomes. Strong communication channels foster clarity, coordination, and collaboration among team members, enabling them to work cohesively towards common objectives. Effective

communication and mutual understanding are foundational elements of high-performing teams.

The regression analysis underscored the critical importance of team communication and psychological safety as significant predictors of team performance, while collective leadership and teamwork motivation showed positive but non-significant associations with team performance. These findings offer actionable insights for organizations seeking to enhance team effectiveness through interventions aimed at improving communication dynamics and fostering a psychologically safe and motivating work environment.

5.0 Recommendations

Structured communication approaches, such as debriefs and role-clarification exercises, should be prioritized so that teams can enhance their effectiveness and cohesion. Fostering an environment of openness and transparency can further strengthen communication channels and mutual understanding, ultimately supporting organizational success. Support and recognition initiatives should be maintained and, where possible, expanded, as continuing to prioritize them can further enhance employee engagement, satisfaction, and overall performance. Additionally, addressing areas for improvement such as advocating for employees and fostering a culture of psychological safety can contribute to a more cohesive and productive team dynamic. Healthcare facilities should foster a culture of proactive decision-making, support, and collaboration so that teams can enhance their performance and achieve organizational objectives more efficiently. Moreover, by empowering team members to take on leadership roles and promoting skill development, team leaders can cultivate a dynamic, resilient workforce capable of adapting to evolving challenges and opportunities.

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