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| <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> |

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|  | <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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|  | <p>evidence based Chinese best practices, this research will focus on the following research questions:</p> <ol style="list-style-type: none"> <li>1. <b>What is known from the literature about team performance in Chinese hospitals?</b> Through a systematic literature review, an overview will be presented of all academic research on what influences teamwork in Chinese hospitals and how it could be improved in this specific setting. We expect that the number of article will be minimal, but very relevant to have a clear and detailed picture on what is already known.</li> <li>2. <b>What are important contextual factors that influence team performance in Chinese hospitals?</b> Through interviews and observational research, a framework will be constructed of the most important factors. This framework will provide insights in difference between the Chinese setting and the well-established frameworks based on Western studies.</li> <li>3. <b>What are important team factors for the implementation and effectiveness of team-based best practices on quality and safety of care in Chinese hospitals?</b> Based on the framework constructed in this research and the literature, a Delphi study will be conducted to answer this question.</li> <li>4. <b>How do factors at team and organizational level relate to team performance in Chinese hospitals?</b> Hypothesized relationships between factors and performance will be tested through experiments in which best practices (related to teamwork and communication) are being implemented and evaluated.</li> </ol> |
| <p><b>Requirements of candidate:</b></p> | <p><b>Background:</b> We are looking for a PhD candidate who is interested in in unraveling how teams function in the hospital setting and has the following expertise and experience:</p> <ol style="list-style-type: none"> <li>1. <b>Master degree:</b> You have a master degree in a relevant field, such as Health Sciences, Psychology, Sociology, Public or Business Administration, HR Studies, from a leading University in China or overseas.</li> <li>2. <b>English:</b> You have good speaking as well as good writing</li> </ol>  |

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|                                | <p>skills in English <i>and</i> Chinese.</p> <ol style="list-style-type: none"> <li>You have good skills and experience with doing empirical research.</li> <li>You are motivated to conduct research in the health care field.</li> <li><b>EUR requirement:</b> IELTS: 7.0, TOEFL: 100</li> </ol>   |
| <b>Supervisor information:</b> | <p><b>Prof. dr. Joris J. van de Klundert</b><br/> Email address: vandeklundert@eshpm.nl<br/> Personal website: <a href="http://www.linkedin.com/in/joris-van-de-klundert">www.linkedin.com/in/joris-van-de-klundert</a><br/> <a href="http://www.researchgate.net/profile/Joris_Van_De_Klundert">www.researchgate.net/profile/Joris_Van_De_Klundert</a><br/> Recent publication list:</p> <ul style="list-style-type: none"> <li>□ Stolk-Vos, A. C., van de Klundert, J. J., Maijers, N., Zijlmans, B. L., &amp; Busschbach, J. J. (2017). Multi-stakeholder perspectives in defining health-services quality in cataract care. <i>International Journal for Quality in Health Care</i>, 1-7.</li> <li>□ van Noort, O., Schotanus, F., van der Klundert, J., &amp; Telgen, J. (2017). Explaining regional variation in home care use by demand and supply variables. <i>Health Policy</i>.</li> <li>□ Xiao, G., van Jaarsveld, W., Dong, M., &amp; van de Klundert, J. (2017). Models, algorithms and performance analysis for adaptive operating room scheduling. <i>International Journal of Production Research</i>, 1-25.</li> <li>□ Otte-Trojel, T., Rundall, T. G., de Bont, A., &amp; van de Klundert, J. (2017). Can relational coordination help inter-organizational networks overcome challenges to coordination in patient portals?. <i>International Journal of Healthcare Management</i>, 10(2), 75-83.</li> <li>□ Xiao, G., van Jaarsveld, W., Dong, M., &amp; Van De Klundert, J. (2016). Stochastic programming analysis and solutions to schedule overcrowded operating rooms in China. <i>Computers &amp; Operations Research</i>, 74, 78-91.</li> <li>□ van de Klundert, J. (2016). Healthcare Analytics: Big Data, Little Evidence. In <i>Optimization Challenges in Complex, Networked and Risky Systems</i> (pp. 307-328). INFORMS.</li> <li>□ van Ineveld, M., van Oostrum, J., Vermeulen, R., Steenhoek, A., &amp; van de Klundert, J. (2016). Productivity and quality of Dutch hospitals during system reform. <i>Health care management science</i>, 19(3), 279-290.</li> <li>□ de Vries, H., Wagelmans, A. P., Hasker, E., Lumbala, C., Lutumba, P., de Vlas, S. J., &amp; van de Klundert, J. (2016). Forecasting human African trypanosomiasis prevalences from population screening data using continuous time models. <i>PLoS computational biology</i>, 12(9), e1005103.</li> <li>□ Gile, P. P., Van De Klundert, J., &amp; Van De Broek, J. (2015). The link</li> </ul> |

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