

# The team that plays together stays together: the effect of departmental Christmas party attendance on team cohesion within a healthcare setting

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## ABSTRACT

**Objectives** To understand the effect of attendance at departmental Christmas parties on cohesion and teamwork within the healthcare setting.

**Method (design/setting/participants/interventions/outcome measures)** We used the 'Team Development Measure' questionnaire to assess team cohesiveness among healthcare professionals before and after departmental Christmas parties took place. A pooled mean score (PMS) of responses was used to compare between groups.

**Results** There were no significant differences in perceived measures of team cohesion when comparing responses before ( $PMS_{before}=1.86\pm 0.20$ ) and after ( $PMS_{after}=1.91\pm 0.22$ ) the departmental Christmas party ( $p=0.37$ ), nor was there a significant difference when comparing responses from attendees ( $PMS_{before}=1.83\pm 0.23$ ,  $PMS_{after}=1.89\pm 0.24$ ,  $p=0.52$ ) or non-attendees ( $PMS_{before}=1.84\pm 1.47$ ,  $PMS_{after}=1.83\pm 0.15$ ,  $p=0.91$ ). No difference was observed between professional groups ( $PMS_{doctors}=1.85\pm 0.23$ ,  $PMS_{nurses}=1.95\pm 0.18$ ,  $p=0.064$ ).

**Conclusion** Attendance at departmental Christmas parties does not seem to result in improved team cohesion.

## INTRODUCTION

'The family that plays together stays together.'

A Scalpone, 1967<sup>1</sup>

Anecdotal evidence suggests departmental Christmas parties are commonplace among medical institutions in the UK. The expected benefits of Christmas parties to improve staff morale and sense of organisational value have been frequently quoted but there is little in the way of empirical evidence. Indeed, Christmas

## What is already known on this topic?

- Workforce morale in hospitals in the UK is declining, particularly within paediatrics, and attempts to tackle this are required.
- There are no studies investigating the effect of Christmas parties on team cohesion within the healthcare setting.

## What this study adds?

- Departmental Christmas party attendance does not appear to significantly affect measures of team cohesion within the healthcare setting.
- A significant proportion of healthcare workers were unable to attend a departmental Christmas party because they had to work themselves.

parties in the non-health sector have been declining in the past few years, with up to 18% of employees reporting that no Christmas celebration was offered.<sup>2</sup> Appetite from employees to attend is also waning, with 37% of employees deciding not to attend their staff Christmas parties, most commonly because of wanting to keep home and work life separate, or due to other family circumstances.<sup>3</sup>

There have been significant concerns in recent years over the declining morale of the healthcare workforce in the UK, including issues with recruitment, contractual disputes and financial remuneration for medical and nursing staff in the UK National Health Service.<sup>4 5</sup> Paediatrics in particular has seen reductions in workforce among doctors and is recognised as an area of staffing need.<sup>6</sup>

In the absence of an effective policy lever to address these issues, we hypothesise that the departmental Christmas party



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## Review

is an effective adjunct to financial reward systems and may serve to improve clinical outcomes through better team cohesion and morale. We report a prospective multicentre observational study to investigate the effect of a departmental Christmas party on self-reported perception of team morale.

## METHODS

### Study design

We used the 'Team Development Measure' questionnaire (TDMQ) to assess team cohesiveness among healthcare professionals in general paediatric wards at two different London-based hospitals (Evelina London Children's Hospital (ELCH) and Croydon University Hospital (CUH)) both before and after departmental Christmas parties. The TDMQ was designed to measure team functioning and how this might affect clinical outcomes, and has been used previously to measure team development in clinical care settings.<sup>7</sup>

For this study, the wording of some of the questions was edited to ensure that a response of 'strongly disagree' (resulting in a score of 0) was always associated with a negative answer, and a response of 'strongly agree' (resulting in a score of 3) was always associated with a positive answer. This allowed us to average across responses on the questionnaire in order to produce a 'pooled mean score' (PMS) which could be used to compare between groups. Online supplementary appendix 1 shows the full questionnaire sent to participants.

### Settings

ELCH is a tertiary children's specialist hospital with 167 paediatric inpatient beds and several specialist paediatric services. The study was conducted among staff of the 42-bedded general paediatric ward. CUH is a district general hospital with 20 general paediatric inpatient beds and a 28-bedded level 2 special care baby unit.

### The intervention

The intervention in both settings was a seasonal paediatric departmental social gathering—the 'Christmas Party'. Several key elements were prospectively identified to ensure a degree of concordance between the two sites, including the provision of food, drink,

music and dancing. It was not possible to mandate or prespecify the precise dosage or delivery schedule for each of these elements. The paediatric departmental Christmas parties at both sites were organised by the teams themselves and held in local establishments. We were unable to obtain a grant to fund the 'interventions' at either site.

### Study population and data collection

The TDMQ was administered to staff members working on the general paediatric ward at ELCH and the Special Care Baby Unit, a neonatal unit providing level 2 care at CUH, approximately 2 weeks before and 1 week after the intervention. Data were also collected about individual responders' intentions regarding Christmas party attendance (before) and whether or not they actually went (after), along with information about job title/role and reasons for non-attendance (if applicable). Questionnaire responses were pseudonymised using unique participant identifiers. Responses were collated into groups according to attendance or non-attendance. Before and after responses were then linked for those subjects who had completed both questionnaires, and the analysis repeated for this subgroup.

Unfortunately, no participants gave consent for real-time, in situ ethnographic analysis during the interventions themselves. However, implied consent was obtained through the completion and return of the questionnaires.

### Outcome measure

The primary outcome measure was the PMS on the TDMQ before and after the intervention.

### Patient and public involvement

Patients and public were not involved in the conception, implementation or analysis of findings. The rationale for this approach is available from the authors on request, but should be self-evident.

### Statistical analysis

Statistical analysis was performed using GraphPad Prism software (V.6.0, GraphPad Software, La Jolla, USA).

**Table 1** Demographics of those participating in the study

Cohort	Doctors	Nurses	Other	Preparty questionnaires completed	Postparty questionnaires completed	Attendees	Non-attendees
CUH	10	3	0	13	13	8	5
ELCH	12	12	2	21	17	15	11
Total	22	15	2*	34	30	23	16†

\*Other: 1× healthcare assistant, 1×not stated.

†Reasons given for non-attendance included: working (n=9); prior plans (n=5); away on holiday (n=1); don't feel like part of the team (n=1).

CUH, Croydon University Hospital; ELCH, Evelina London Children's Hospital.

## RESULTS

A total of 64 questionnaires were completed from 39 individual participants. Of these, 25 participants completed *both* the before and after questionnaires. [Table 1](#) shows further demographics of the participants.

### Changes in team cohesion before and after the departmental Christmas party: all responders

The PMS ( $\pm$ SD) score for all responders ( $n=34$ ) for the questionnaire *before* the Christmas party was 1.86 ( $\pm 0.20$ ) (95% CI 1.79 to 1.93). The PMS ( $\pm$ SD) score for all responders ( $n=30$ ) for the questionnaire *after* the Christmas party was 1.91 ( $\pm 0.218$ ) (95% CI 1.83 to 1.99). The difference between these two groups was not significant ( $p=0.37$ ).

### Changes in team cohesion among responders who completed both the before and after questionnaires

Twenty-five responders completed both the before and after questionnaires. The PMS ( $\pm$ SD) for the *before* questionnaire was 1.84 ( $\pm 0.21$ ) (95% CI 1.75 to 1.92). The PMS ( $\pm$ SD) for the *after* questionnaire was 1.87 ( $\pm 0.22$ ) (95% CI 1.78 to 1.96). The difference between these two groups was not significant ( $p=0.57$ ).

### Changes in team cohesion for those who attended

The PMS ( $\pm$ SD) for those who completed both the before and after questionnaires and *did* attend the departmental Christmas party ( $n=18$ ) was 1.83 ( $\pm 0.23$ ) (95% CI 1.72 to 1.95) before the party and 1.89 ( $\pm 0.24$ ) (95% CI 1.77 to 2.01) afterwards. While the PMS was higher after the Christmas party for this cohort than before, the difference between the two scores was not significant ( $p=0.52$ ).

### Changes in team cohesion for those who did not attend

The PMS ( $\pm$ SD) for those who completed both the before and after questionnaires and *did not* attend the departmental Christmas party ( $n=7$ ) was 1.84 ( $\pm 1.47$ ) (95% CI 1.71 to 1.98) before the party and 1.83 ( $\pm 0.15$ ) (95% CI 1.70 to 1.97) afterwards. While the PMS was lower after the Christmas party for this cohort, the difference between the before and after scores was not significant ( $p=0.91$ ).

### Comparison of team cohesion as reported by doctors and nurses

The PMS ( $\pm$ SD) for all completed questionnaires (ie, both preparty and postparty) from doctors who participated in the study ( $n=40$ ) was 1.85 ( $\pm 0.23$ ) (95% CI 1.78 to 1.92). The PMS ( $\pm$ SD) for all completed questionnaires (ie, both preparty and postparty) from nurses who participated in the study ( $n=21$ ) was 1.95 ( $\pm 0.18$ ) (95% CI 1.87 to 2.04). While the PMS was higher for nurses than for doctors, the difference between the two groups was not significant ( $p=0.064$ ).

## DISCUSSION

To our knowledge, this is the first study to investigate the relationship between staff Christmas parties and changes in team cohesion in the medical setting. Although there was a trend towards an improvement in team cohesion among paediatric clinical staff following a Christmas party, this did not reach statistical significance, either as a cohort or an individual basis. No significant difference was observed between professional groups.

There was a negative trend in the perception of team cohesion after the party among those subjects who did not attend. A lower average score on the TDMQ might be expected among those with no interest in attending a staff Christmas party; however, this result persisted even when only looking at those who completed both before and after questionnaires. It is possible that this may be due to a feeling of being 'left out'. This effect may have been exaggerated among the high proportion of staff unable to attend due to work commitments (23%) who had the choice of not attending. Further formal qualitative analysis is required to explore this effect.

### Strengths and limitations of study

The study population was relatively small. We encountered significant difficulties with study recruitment due to planned staff absence during the holiday season. Contacting participants at the 1-week follow-up questionnaire was also challenging, and future studies should factor in the ability of Christmas party participants to regain full cognitive function within the follow-up period. Any similar effect on the study authors themselves, while possible, was deemed by internal review to be highly unlikely.

The pragmatic decision to deliver a naturalistic rather than standardised intervention no doubt impacted on our ability to interpret the results. However, it was not possible to deliver identical interventions, nor did we believe this was a realistic reflection of their use in vivo. We mandated the inclusion of standardised components (food, drink, music and dancing) as a pragmatic means to increase uniformity among the two interventions. However, it is likely that any effect of any of these components would be dose related, and the dose-effect relationship is likely to be non-linear. Future studies should include the analysis of potential interaction effects between each component variable.

We did not account for all factors relating to the nature of the participants. Without the use of functional MRI, we were also unable to account for the presence or otherwise of the 'Christmas Spirit' neuronal network in individual participants.<sup>8</sup> No time allowances were made for how long respondents had been a part of the team. The presence of senior staff during the intervention itself may have reduced any positive effect size, and follow-up studies might consider staff

seniority as an exclusion criterion (from participation in the intervention, rather than its funding, naturally).

ELCH and CUH are located in demographically distinct areas. Future studies might also attempt to account for environmental factors such as area demography, or multilevel random effects modelling for dependent factors such as cost per person, or party venue quality (eg, 'Scores on the Doors'<sup>9</sup>). Further studies might consider a cluster randomised controlled design—although we foresee significant challenges with adherence to study protocol among those departments randomised to the non-intervention arm.

## CONCLUSION

We have been unable to find evidence from this study that attending a staff Christmas party results in an improved perception of team cohesion within a healthcare setting. Findings should be interpreted with caution, and future studies should take into account methodological flaws outlined above in order to minimise Heterogeneity versus Uniformity in Medical Bayesian Unidirectional Geostatistical ('HUMBUG') bias.

**Contributors** DC designed the study, planned and performed the data analyses, and wrote and revised the manuscript. HT collected data and wrote and revised the manuscript. MG-N collected data and revised the manuscript. RC initiated and designed the study, supervised data collection and analyses, and wrote and revised the manuscript. RC is the guarantor. All authors have full access to data (including statistical reports and tables) in the study and can take responsibility for the integrity of the data and the accuracy of the data analysis.

**Disclaimer** The guarantor affirms that the manuscript is an honest, accurate and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

**Competing interests** None declared.

**Ethics approval** This study did not involve patient data or care, and was deemed a service evaluation/improvement project with corresponding analysis; therefore institutional ethics approval was not required.

**Provenance and peer review** Not commissioned; internally peer reviewed.

**Data sharing statement** Full data from the study are available from the authors upon request.

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