Delivering health care is a hugely complex organizational accomplishment that depends on effective communication, coordination, and teamwork. This study by Wong et al\textsuperscript{1} evaluated an important and deceptively simple intervention to improve communication and teamwork in perioperative care: the use of surgical caps labeled with people’s names and roles. Wong et al\textsuperscript{1} found that the use of labeled surgical caps was associated with physicians reporting increases in how often they were called by their name (preintervention: 39%; 95% CI, 32%-46%; postintervention: 86%; 95% CI, 81%-91%; \(P \textless .001\)) and decreases in how often their role was mistaken (preintervention: 52%; 95% CI, 45%-59%; postintervention: 15%; 95% CI, 10%-20%; \(P \textless .001\)), along with substantial improvements in perceived teamwork and sense of connection with other team members. This study provides support for a practical way of enhancing communication and teamwork.\textsuperscript{1} More fundamentally, it poses broader implications regarding the importance of role recognition and interprofessional coordination in teams, the value of open communication within and between different groups, and the challenges of designing and implementing new interventions to improve complex sociocultural processes.\textsuperscript{1}

**Roles, Relations, and Reliability**

A core principle of effective teamwork is the need to maintain a shared understanding of the roles and competencies within a team and to carefully manage those resources.\textsuperscript{2} Having an appreciation of one-another’s roles and the interconnections between those roles is the basis of highly reliable organizational performance.\textsuperscript{3} Therefore, one of the baseline findings from the study by Wong et al\textsuperscript{1} is particularly striking and resonates with the wider literature: prior to the introduction of labeled caps, most participants (52% of participants) reported that they often had their role mistaken when working in perioperative areas. Most participants (66% of participants) also reported that they felt uncomfortable talking to team members when they did not know their names or roles.\textsuperscript{1} Routinely confronting such regular social confusion, ambiguity, and discomfort may not in itself represent one of the most serious threats to the safety of care, but these role confusions introduce a source of avoidable disruption, persistent ambiguity, and cognitive burden into an already challenging arena. This burden is also, as Wong et al\textsuperscript{1} indicate, likely to fall inequitably on different groups—particularly women and members of underrepresented racial and ethnic minority groups. These repeated disruptions to reliable social interrelation within teams echo the range of other minor disruptions that are known to litter and unnecessarily complicate the everyday tasks of health care, with studies indicating that clinical processes, such as having access to appropriate records or having correct equipment available, operate at approximately 80% reliability.\textsuperscript{4} These microlevel social and technical processes are the building blocks for high-performing teams and high-reliability organizing; although in busy and pressured health care systems, they are sometimes easily discounted as trivial. One wider implication of the study by Wong et al\textsuperscript{1} is reinforcing the importance and value of paying careful and sustained attention to these microlevel sources of team performance and organizational reliability.
Professionals, Power, and Patients

Interprofessional working is the bedrock of health care, yet some of the most significant and persistent issues in patient safety are challenges associated with interprofessional communication. This can take the form of a reluctance to speak up or voice concerns due to fears of reputational or other professional consequences, which may be amplified by power imbalances that exist—or are perceived to exist—between different professional groups or levels of seniority. Other safety-critical industries, such as aviation, make significant efforts to reduce authority gradients that can hamper open communication, including an emphasis on the use of first names. This is a practice that has been highlighted by England’s health regulator, the Care Quality Commission, as a useful way of empowering people to speak up. Therefore, strategies that better enable health care team members to address colleagues by name deserve much closer attention and support from health care leaders, policymakers, and regulators, particularly given the findings reported by Wong et al that indicate the considerable improvements in reported experiences of teamwork and connection to fellow team members associated with this intervention. One related issue of note in the study by Wong et al is the low postimplementation response rate of nonphysician staff (8%), which limited the study’s analytical focus to physicians. This low response rate may indicate, as Wong et al hypothesize, localized issues, such as staff turnover or lack of available time for survey completion; however, there may also be differences in the effects of name use or role-recognition associated with labeled caps, and the experience of nonphysicians warrants further attention. Moreover, some of the most important members of health care teams are patients and their families. Patients were largely outside of the scope of this study, with its specific focus on the perioperative setting. But the importance of enabling patients to be active and empowered participants in their own care, including, at the most basic level, being cognizant of who is providing what care and when, remains an issue of critical concern. Relatively straightforward ways of ensuring that patients know the names and roles of people caring for them, such as clearly labeled caps, point to important opportunities for improving patient involvement.

Interventions, Implementation, and Improvement

Developing interventions to improve teamwork and enhance communication necessarily involves engaging with and intervening in complex social, organizational, and cultural practices. This is challenging work, and, as Wong et al indicate, no single intervention can be expected to entirely solve a complex sociocultural problem. Indeed, the introduction and evaluation of even seemingly simple objects, such as labeled surgical caps, represent a complex sociocultural intervention that is potentially disrupting long-established and highly nuanced social norms and professional relations. While a detailed exploration of these issues was clearly beyond the scope of the study by Wong et al, these issues appear to have been carefully engaged with through decisions to make the use of labeled caps voluntary rather than mandatory; by drawing on focus groups to standardize role terminology and determine the scope of preferred names (e.g., allowing nicknames); by identifying and accommodating practical issues, such as the importance of personal style and color preference; and by working to build institutional support for and commitment to the program. All of these things are crucial in the implementation of any intervention and, indeed, become part of the broader intervention itself. This is particularly the case when the target of an intervention is primarily professional practice itself, as is the case when the issues at stake center on communicative practices and teamwork. Accordingly, the study by Wong et al subtly reinforces the point that those seeking to improve teamwork and communication across health care and those who study such efforts need to engage systematically with the people who shape institutional structures, manage organizational contexts, and determine financial resources, even when the specific interventions themselves are as deceptively simple as a labeled cap.
The Need to Develop Evidence and Practice

This study by Wong et al.\(^1\) illustrates the value of building an evidence base around practical and tangible interventions that can contribute to improved communication and the way professionals interact and work together. This is the case even (and perhaps particularly) when those interventions are seemingly simple, low-cost, and straightforward, such as the introduction of labeled surgical caps. There is an ongoing and critical need for rigorous, organizationally embedded and contextually sensitive work that aims to understand and improve processes of communication, coordination, and teamwork across all areas of health care.

ARTICLE INFORMATION
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