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Getting Started with Teams

*Ideas must work through the brains and arms of people
or they are no better than dreams.*

Ralph Waldo Emerson

THE BASIC COMPONENTS OF TEAM BUILDING

Health care teams are different, both in the nature of the groups and the content of their work. Because patients depend specifically on the knowledge, understanding, and interface of all team members in their progress along the continuum of care, the knowledge, relationships, and integration of the activities of the team become critical in providing health care services. Therefore the construction of the team is an important process that should be approached carefully and critically.

Many kinds of teams can be constructed, including quality teams, project teams, goal teams, process teams, and improvement teams; however, almost all effective teams have common elements. The focus of this chapter will be on the health care team at the point of service. The health care component is specifically identified because of the nature of the service provided.

THE FOUNDATION OF ALL TEAMS

Every team has basic components and constructs that define it. Every team must undergo certain processes to build the activities associated with the



WORDS of WISDOM

There are all kinds of teams, but they all have common characteristics that are central to their success. Forget these elements and you have no team.



BOX 3-1

Elements for an Effective Team

There are common elements in the construction of an effective team. These must be the focus of development at the outset of setting up the team:

- Purpose
- Goals
- Roles
- Relationships
- Activities and functions
- Coordination and leadership

Every team is simply the aggregation of the skills, talents, and behaviors of its participants. It is critical that the roles of all team members be clear and understood at the outset. It is ambiguity around role that can create the largest number of difficulties.

team (Box 3-1). The following elements are essential to the construction of any team and should be a part of the work of leadership in initiating activities around teams.

Essential Elements for Team Construction***Purpose***

Every team must have a purpose for its existence and a direction to its work. In clinical teams, the purpose is to organize differentiated and distributed practitioners around a common goal with common processes associated with delivering patient care. Therefore the purpose of the team is to configure the workers in a meaningful way to support the delivery of patient care.

Goals

Every team, subsequent to defining its purpose, has specific goals that fulfill that purpose. The goal of clinical teams is to configure providers in a unique arrangement around patient processes to meet the demands of patient care. These goals specifically enumerate the character and content of the role of the team and ultimately its members.

Roles

Every clinical team has members whose role best ensures that the functions and activities of the team will be carried out consistent with its purposes. No two teams are alike. The service that is provided, the patient population that is served, and the various players that make up the team create the unique character of the team. Each individual role, when joined with all roles, creates the team framework that ensures the team meets its purposes and the needs of those it serves. Each individual role must be clearly defined within its own context, as well as in relationship to the aggregated roles of all members of the team. Role clarity becomes one of the basic requisites of an effective team.

In health care teams focus on accountability becomes a critical part of the expectation of individual roles. Each team member is accountable for some specific outcome. Other team members depend on the proper performance of the roles, functions, activities, and responsibilities associated with a team member's accountability for their work to be successful. As with all teams, it is the aggregated function of team members converging their efforts that creates the foundation for successful team outcomes. Clear roles is one of the centerpieces of building effective teams.

Relationships

No team can operate successfully or be sustained without a clear set of relationships and an effective interaction between team members. The effectiveness of team roles is not achieved by accident. The studied, well defined, clearly integrated process of relationship building and ensuring the maintenance of good relationships is an ongoing, functional part of teams. Clinical teams require a special focus on relationships because much of the work that is involved depends on the contribution of each team member to the process of delivering patient care services for a range of patients with a number of other providers (Box 3-2). Each role depends on the proficiency, effectiveness, and relatedness of other roles on the team. Building solid, open, honest, and meaningful relationships becomes a critical part of sustaining the team's activities and building the trust necessary for the work of the team to be effective. The expectation of both the patient and the organization around teams is that the outcomes of the teams are consistently achieved and maintained. Therefore it is the expectation of the team that the relationships necessary to continue to focus on appropriate team outcomes be consistently and continuously configured in a way that advances the work of the team and meets the obligation of the team for its outcomes.

Teams depend on the kind of relationship the members are able to establish with each other. It is critical to the team's life that issues of personality, behavior, and style be on the agenda and discussed if congruence is to be present in the team.

BOX 3-2

Characteristics of Clinical Teams

Clinical teams are unique and have special characteristics:

1. Their focus is on the patient rather than the team.
2. The outcomes of work are less easy to measure.
3. Each team member has his or her own disciplinary considerations.
4. The team's goal is to get the patient to rely less on the team.

The clinical team's work is defined by the culture and circumstances of each patient it serves. There is no standard operating procedure that does not have to be modified in some way to meet the unique needs of each patient. That is what makes clinical teams different.

Leadership is not management in team-based systems. Most leadership must now be provided by clinicians at the point-of-service. There is a growing demand for real staff leaders.

Activities and functions

All teams, of course, have specific activities that must be accomplished for the team's work to get done. The negotiated and expected components of individual roles must converge in way that meets the team's needs and ensures that the purposes and the outcomes of the team are achieved. Each team member has a set of activities and functions that will be necessary to the performance of his or her role. Each of these activities and functions must be configured in a way that supports, facilitates, yet does not duplicate the role of others. To get to that level of efficiency, a good deal of dialogue will be undertaken to assure that there is a clarity around the various functions and activities each of the members of the team will perform. Of course, there are issues of competence, skill, appropriateness, distribution, and other elements of individual functions and activities that must be negotiated between the players. In multidisciplinary care teams it becomes increasingly important to determine which provider will undertake what activities. This is so because some providers are able to perform many of the same activities and, through development and refocusing of activities and functions, may even be cross-trained to perform activities not previously considered a part of their role. All of the issues associated with this should be clarified by the participants from the team to make sure that there is a good fit between and among the various functions and activities of each member of the team.

Coordination and leadership

All teams need to have a clear sense of direction and have an obligation to fulfill the purposes to which they were constructed. Therefore the team efforts and activities need to be coordinated and some leadership needs to be provided in a way that helps the team focus on its own issues, as well as its concerns around productivity, performance, expectation, evaluation, conflict, and the maintaining of outcomes. Even in the arena of self-managed work teams the coordination and integration of activities becomes an important part of the effectiveness and sustenance of the individual team. Although leadership and coordination in self-directed work teams may not

always be undertaken by the same individual, various activities around team effectiveness will require certain lead functions consistent with the team role (Team Tip 3-1). For example, the collection of data, evaluation of process, coordination of team dynamics, meeting processes, conflict resolution, and performance evaluation all require some level of coordination and leadership. Each team, of course, will have to work out for itself based on the approach to building teams as to how that leadership is provided. In some teams that leadership is designated and defined by the organization. In some it is identified by the team. In others it is coordinated and rotated among the various members of the team based on skill, role, and expectation. It is critical that all of the issues around team leadership be identified as early in the process of building teams as possible.

PITFALLS TO AVOID WHEN INITIATING TEAMS

There is a lot of mythology and fable around the issue of building effective teams. Although there is much work and literature on effective team building over time in the implementation of team approaches, some indicators of effectiveness and ineffectiveness have emerged. Through the past decade and a half in the team-building process those elements that work and those that do not have been identified. The initiation of teams should require a careful study of the risks involved in team-based approaches and critical process and considerations developed around those elements that work and those that do not. Some of the critical risks should be considered at the outset.

Team Fables

Fable one: team members always feel committed to implementing a team process

This fable states a myth that is most dangerous. Most people in the clinical frame of reference, while they have worked with each other, have not necessarily worked with each other in a team framework. Working in the same place, in the same department, and with the same patients does not



TEAM TIP

3.1

Team Leadership Needs

Leaders always need data to lead.

In team leadership the needs are:

- *Rules of behavior*
- *Patient information*
- *Financial data*
- *Clinical protocols*
- *Clinical roles of members*
- *Work assignment patterns*
- *Support systems*

Fables about teams and team building abound. The truth about team formation is often not so much what people desire but what they do. People may want successful teams, but they may not want to make the changes or do the work that is required.



WORDS of WISDOM

Working with others is a learned skill. No matter how we know other team members, working in the context of team requires a higher level of interaction and relationship. Building that relationship will be work!



Everyone brings something different to the team. Members should not expect that they will easily accommodate the behaviors and talents of others. Adaptation processes will be necessary to create comfort with personal and work style differences.

guarantee that people are working in teams. Building a team-based construct for undertaking clinical work is different from simply doing clinical work with other people. Also, one should not be deluded into believing that people really want to work as teams. Most people do not know how to work within the context of teams. It is a learned skill. Given time, a good implementation process, and a carefully constructed approach to team building, they will learn. However, team construction should not be initiated with the belief that people are able to or even want to operate effectively as team members.

Fable two: all team members are created equal

This is perhaps one of the most dangerous considerations in building teams. Team members come to the role of team interaction believing different things about the contribution, interaction, and relationship of other members in the team. Therefore there are some real concerns around the issues of equity, balance, and involvement of members in a team. The physician clearly comes to the team with a different perception than does the respiratory therapist. The nurse comes with a different understanding of her or his role than does the physical therapist or nutritionist. Each member comes with a set of insights, precepts, and levels of understanding regarding his or her role in the function of the team that must be clarified and ascertained at the outset. Much of the developmental processes associated with the team will be working through the inequity of perception or role that people bring to the team process.

Fable three: people can reach agreement on their issues of concern

Perhaps one of the most difficult components of building effective teams is decision making and creating consensus around meaningful decision making. Many people do not know how to make good group decisions. They do not understand the process of consensus building or recognize that consensus can be obtained through the use of appropriate techniques and methodology. However, knowing these techniques will be critical to

the effectiveness of decision making on the team. Learning the processes will be important to the success of the team in its own problem solving. However, this learning is a process, and therefore much effort must be devoted to the activities associated with building skill, insight, and ability around techniques and methodology.

Fable four: team members will use critical thinking to resolve problems and issues

One of the most disheartening processes of team building is the recognition that the team members do not necessarily exhibit the skills they are assumed to have. Analytical, objective, deductive, or reductive processes are not often used in the process of doing work. Much of the skill that is reflected in the rendering of patient services is intuitive, a reflection of the talents and skills obtained over time that are almost second nature to the practitioner. In team-based activities, these processes must be made visible to other team members in logical and organized ways. This is not necessarily exciting work, nor is it easy to do in a way that can transfer to others the skill and insights around the activities carried out by an individual team member. However, as difficult as this process may be, it is an important part of the functional activities of the team. Therefore developing the skills necessary to articulate functions, activities, practices, and priorities; translating these skills in language that can be understood by team members; and implementing processes that have logic, analysis, and rationale will become an important part of the team construction process.

Fable five: people will set their emotions aside in the interest of the team

It is an ideal expectation that people are able to balance their emotions against the requirements of the team, but this usually does not happen at the outset. Again, such balance is a learned skill and requires some focus and developmental activity on the part of the team. Team facilitation should include a studied and careful dialogue around the issue of emotion,

Finding common ground is not simple work. However, once practice with good methodology bears fruit it can become easy and routine. Faithfulness to the process will be necessary to maintain good skills and high levels of consensus.

Skill development is the continuous work of the team. Like the rest of the organization, team members are perceptual learners. Assumptions should never be made about critical thinking skills. There is always more to learn in refining critical problem-solving skills.

Team members bring all their strengths and flaws into the team with them. Working to build good relationships means dealing with the whole package as it is.

Each of us develop our patterns of behavior over the years of our lives. It is a false expectation that we always know why we do what we do. Careful and caring attention to addressing the habits and rituals of others is important to building community. Good technique and method can make the process work and create an effective framework for addressing delicate personal issues affecting team function.

feeling, expression, and team membership. It must be remembered that it is people who make up teams and that individuals on teams bring with them all of the elements and processes that define them as individuals. Simply becoming a member of the team does not shift the individual characteristics and behaviors that people bring to the team. Discussing the implications of the feelings, emotions, relationships, and sense of membership on the team is a part of the process of building a team; therefore it should be a part of the initial work of building teams.

Fable six: each of us know why we do what we do

One of the mysteries of relationships is recognizing that people bring different meaning, value, and insights to their activity and their relationships. Some of that is done unconsciously. Therefore the impact of an individual's behavior on another may not be discerned by the individual because of the normalcy of the behavior to the originating party and the lack of insight around the unique impact it might have on another person. We all make assumptions about our behaviors. We all behave in ways that we do not necessarily consciously consider in advance of the behavior. Clearly, however, these behaviors can have an impact on others who are assessing the impact of our behaviors on them. There must be space in team development where these unconscious processes, activities, behaviors, and notions have a way of being worked out, identified, and laid on the table in a way that is meaningful to the participants. The discernment process makes obvious those things that may be of concern to others while they may not necessarily be a part of our conscious and individual awareness. Dialogue between team members does the most to create the milieu for dealing with these differences.

Fable seven: people really want to work together

The truth is that people do not necessarily want or know how to work together. Most of the work in the past has been individually assigned work to each member of the group. Such group work is not the same as team-

work. Recognizing that the constructs of teams and that the elements of work in relationship to building teams is different from simply working in groups becomes a critical part of the team-building process. People do not necessarily know how teamwork operates—how to become an integrated, tightly fitted, continuous, and synergistic member of a team. Although synergy may be the outcome of good teamwork, it is not achieved quickly, nor is it effected easily. The achievement of synergy can only come over time. Building toward it will require careful, day-to-day relationship and interaction building work using continuous methods and skills that can result in effective relationships. Assuming that this is possible without doing the necessary work will not result in an effective and cohesive team.

Fable eight: teams will grow naturally

The truth is, teams do not grow naturally. Teams are not consistently continuous and contiguous processes to develop. Teams, like much of life, grow intermittently, with pushes and pulls, ups and downs, flurries of activity and periods of dormancy. The incremental and intermittent processes associated with team development represent the highly variable nature of relationships that often exist between individuals and in groups. Therefore it should not be expected that the team process and its development will flow in a seamless, continuous process through concerted and integrated activities. Like all human dynamics, there will be a series of processes, functions, and activities that will emerge at different rates depending on the maturity, character, and issues with which the team is concerned. It should be anticipated that there will be varying degrees of intensity within the process of team building that will affect the rate and the pace of constructing effective teams.

Fable nine: trust building is an important part of team building

The truth is, trust is not something that can be built. Trust is actually evidence of what is already in place. Trust is the visible representation of the work already done in building relationships between team members and

Not everyone is comfortable or even knows how to work in teams. Some people have always “gone it alone.” Building opportunity to manage in one’s own space will need to be balanced against the requirements of team performance. Seeking this balance will require some experimentation with team and personal boundary setting.

The process of working together has always been an expectation of work. The techniques of working together have not always been available. To make it happen the techniques must be applied and reinforced.

Trust is not something anyone can create. Trust is evidence of what is already in place. If there is an effective, well-functioning team with confidence and good relationships, trust will always be present.

In the past we have been great at focusing on good process. It is only recently that outcome measurement has become a critical part of our work. It will require new learning and a change in focus to become good at achieving and replicating consistent outcomes.

creating effectiveness around teams. Therefore trust is evidence rather than circumstance. We cannot build trust; we can only undertake the activities that result in a sense of trust between and among the members. It is important to recognize that building the elements that will result in trust is a continuous and ongoing process that never stops. Trust can be broken through one major breach of relationship or through a series of minor breaks in the relationships between and among team members. The constant effort of a team is not so much in building trust but in generating relationships, processes, and methodologies that get at those issues on which trust depends: strong relationships, the ability to problem solve, skill in dealing with individual performance issues, and the group's ability to consistently obtain group outcomes. Attention to each of these will be critical to the maintenance of trust and the advancing of the group's collective identity.

Fable ten: group members will continuously focus on the outcomes to which their work is directed

Group members will not always focus on the outcomes to which their work is directed. Indeed, sometimes group members will not be clear about what those activities are that facilitate continuous outcome. A part of the functional work of the team is to determine consistently what outcomes are of value and how work can be directed toward consistently obtaining those outcomes. Evaluating outcome (and the requirements necessary to obtain it) is one of the purposes of a team. Outcomes change when performance expectations are adjusted. When specific outcomes have been obtained for a long period of time, it may be a sign that it is time to change the outcome, raise the standard, or advance the expectation. Each of these conditions and circumstances has an influence on the value, purpose, and meaning of the work of the team and therefore must be continually refocused and reemphasized as a part of the evaluative process of teams. It often occurs in the workplace that people get so tied up in their activities and functions that they often forget the purpose of those processes. When the work becomes an end in itself, the purpose and meaning of the work

are often lost. Reacquainting team members with such purposes and outcomes helps reaffirm and firmly establish the meaning and value to which individual work and teamwork is directed.

Although these risks do not identify all of the areas of concern around the development of teams, they highlight some of the main issues around creating effective teams. Other risks must be identified as well, around the role of facilitation, leadership activities and functions, team perceptions and commitment, decision-making processes and techniques, and a host of other issues that are a part of the functional activities associated with building effective teams. As with most of these activities, team building becomes a constant and consistent process and requires a widely variable degree of intensity and attention depending on the issues, the maturity, and the conditions that affect the kind and character of the work of the team.

THE PRIMARY PHASES OF TEAM BUILDING

Teams, like any other dynamic in life, have specific phases through which they move on the way to maturity and continuity. Primary phases of team development indicate the specific changes that the team goes through as it becomes more fully integrated and functional.

Focus on Purpose

In the beginning phase the team focuses essentially on its purpose, the establishment of parameters and guidelines for movement toward the process of being a team. In this phase the first steps relate specifically to structuring the goals, direction, purpose, and meaning of the team as a fundamental part of its first-stage activities.

In creating the direction for the team, some of the first activities relate to outlining the steps and processes associated with becoming a team. Initially the team's purpose must be articulated in a way that each member can understand (Box 3-3). Out of that particular direction must come a focus on looking at the specific elements of the team that give it meaning and form. Questions related to those activities include the following:

Building team-based organizations is a high-risk activity. Although people may have worked together, they may not have a relationship with each other around mutual expectations. To build that relationship takes time and work.

BOX 3-3

Constructing Purpose

- Keep the purpose simple.
- Make sure the purpose meets the mission of the system.
- Ensure that the purpose is clear to all who read it.
- Make sure the purpose gives clear direction.
- Ensure that the purpose reflects the meaning behind the activities it directs.

The team's purpose should always be clear and simple. The participants should avoid high-sounding terminology and devise a clear and simple message supporting their work and goals.



TEAM TIP

3.2

Constructing Priorities

Team members, to be thorough, often construct more priorities than they will ever be able to address. There should be no more than three to five priorities around which work activities will be centered. This ensures that the goals can actually be accomplished.

Each team member must make a contribution to the work of the team. Each should be clear about what that is. In teams everyone is responsible for achieving the teams outcomes. Goals are therefore personal commitments to the team's work.

- What contribution to the activities of the organization will the team make?
- How will the team focus on the functions of patient care?
- What is different about working as a team rather than as individuals?

Once these and related questions are asked, the team's purpose should be clearly drafted and outlined as a foundation for determining the team's work. Once the purpose has been clearly articulated, the team members can begin to establish a foundation on which they will build their own activities. This becomes a critical subset of the work the team has in undertaking formation of the initial steps of becoming an integrated work group.

Developing Goals and Priorities

As the team begins to understand its purpose and the direction that it has in the organization, it now must be clear about what specific objectives or goals will fulfill its purposes. The team has chosen the direction that it will take and has outlined clearly in its purpose what its meaning is and its value in the organizational system. Now the team must be clear about what its actions and activities will be based on as a way of giving direction and focus to the team (Team Tip 3-2).

Questions that relate specifically to obtaining focus should form the center of the activities of the team in its goal-defining function—questions around individual team member contribution, specific and defined goals and direction for the organization, processes associated with reaching those goals, measurable elements that outline the identifiers around the goals, a clearer set of indications that give form to those goals, and a clearer understanding of the team's central commitment to obtaining the goals and direction that it has established. Each of these elements forms the foundation for the processes related to team building and the activities that evidence the initial stage of team construction. Clearly, involved in all of these will be issues around the team's identification with each other, commitment to the process of building teams, resolution of differences, identification of conflicts, and other things that might give evidence of some initial challenges affecting the team's ability to take form or set direction.