10 Good Team Outcomes: The Promise and the Reality

THE PROMISE OF TEAM-BASED ORGANIZATIONS

In a team-based system, a guiding principle is the recognition of the interconnectedness of everyone to everything. This principle demands that the congealed patterns of fragmentation, competition, and reactivity be dissolved in an organization. Instead, new opportunities are taken to connect teamwork, apply creative solutions, and to use intuition (Wilson, 1994). The diversity within cross-functional health care teams creates a new culture of leadership. It is the context in which team outcomes are achieved. In effective teams, there is continual acknowledgment of each other's contributions to the delivery of care, real authority to make changes, and control over health care practices. The freedom to apply these valuable human resources is accompanied by accountability for either actions taken or failure to act (Box 10-1).

- Patient care improves with teams, in the form of value-added service, shorter time to implementation, and quicker application of new knowledge.
- Certain organizational benefits, including greater productivity, more effective use of resources, better problem solving, innovation, and higher-quality decisions, can be expected from team-based systems.

BOX 10-1

Superior Teams

- Maximize use of team resources
- Superior output against all odds
- Leadership focused on teamwork

Team member feelings:

- Inclusion
- Commitment
- Loyalty
- Pride
- Trust

- Most organizations report a 20% to 40% gain in productivity resulting from deep employee involvement (Orsburn et al, 1990).
- Benefits to team members have included authority to do what is right or needed. More personal pride in the quality of services, a feeling of ownership, enhanced collegiality, development of personal leadership, and challenge have been gains for organizational members participating in teams.

WORDS of WISDOM

Teams are not ends unto themselves . . . they are a means to achieve other organizational goals.

THE REALITY OF TEAM-BASED ORGANIZATIONS

Unfortunately, team-based systems fail in many health care organizations. Why? One explanation is that the organization's cultural fabric is significantly challenged, with a new model of empowerment and leadership at the point of service. Team life in health care organizations is difficult because of rivalry, authority, dependency, and leadership issues. Two characteristics of health care cultures limit the success of teams: the use of collegiality to avoid the politics of group life and the dependent nature of organizational relationships.

Collegiality: Blessing or Curse?

Many people involved in the delivery of health care have been taught to act as colleagues. At face value this seems to be a good thing, but collegiality can also be used to avoid the true work of teams. Why does this happen?

Professional socialization teaches people to resist team life, because the emphasis in formal and informal training is on individual rather than group performance. Reward systems at work are similar, recognizing only individual achievement.

Health care workers fear that teams will limit their professional authority, prevent them from exercising their best judgments, dictate what they are to do next, or replace them with less-educated providers. These fears are based on the false belief that if people succumb to working in a team, they will somehow constrain each other through the team's actions.

Consequently, team members are nice to each other, most often when they disagree the most. Under the guise of collegiality, decisions are diluted so as to please everyone and thus have minimum impact. Real differences are avoided for fear of retribution. There is fear about being controlled and, at the same time, a wish to be led by powerful others. People mistakenly believe that they are acting collaboratively and are surprised when they learn differently.

A culture of dysfunctional collegiality is marked by split views of leaders (tyrants or patrons), reward systems that do not acknowledge real differences in performance, teams made up of the weakest people, and an overall sense of drift or uncertainty (Hirschlorn, 1989).

WORDS of WISDOM

As William Faulkner once observed: the past is never dead and buried . . . in fact it is not even past!

Dependence: Our Health Care Legacy

The implementation of team-based systems is made more difficult by the dependent nature of health care organizational culture. What does a culture of dependency look like?

- A cultural context of dependence on rules and "following orders" instead of thinking for oneself.
- Ambivalence between a wish for a democratic culture and demands for all-powerful leaders.
- Aggression is the antithesis of caring and must be inhibited.
- Always meeting the needs of others. Standing apart, blowing your own horn, and self-promotion are not permissible.

If teams are to deliver on their promise, the mutuality of collegial relationships must be enacted as a strength instead of a defense against the politics of organizational life.

Box 10-2 provides an example from the field. What happened in this example? The reward system in this culture put the burden on those people most strongly committed to patient care, while the rest of the people were uncorrected for failure to participate in problem solving. Committed individuals soon found themselves overburdened. Organizational members overrelied on these people. When they attempted to resolve the staffing problem, they were treated poorly. Such experiences can strike fear and inconsistency in leaders, who then in turn develop an intolerance for mistakes and a strong tendency to blame (Hirsahborn, 1989).

BOX **10-2**

Example from the Field: "Good Nurses"

A team of health care professionals was always willing to work extra hours, even though they were exhausted. They were openly recognized as "good staff," but privately described as being "only out for themselves." Staffing problems had been an issue for at least 6 months. Initially, the team led an attempt to resolve inequities in staffing resources across the patient care division. When all of the team leaders in the division came together in an attempt to resolve the problem, real differences dissipated the cloak of collegiality. Members attacked each other's ideas and then turned on the people who had requested the meeting. There was no interpersonal system for genuine problem solving. Leadership was devalued and real differences were unresolved. The staffing problem continued, and the committed work team had several resignations, including its leader.

WORDS of WISDOM

External control may correct errors . . . but only internal relationships can prevent their occurrence!

Leaders and committed individuals cannot sustain their efforts forever. When this happens, the organization is left without a way to move forward with goal achievement. New leaders replace old ones in a revolving door. Soon no one wants a leadership role.

Cultural characteristics can inhibit teams from addressing the good and the bad in their relationships and prevent the development of the strong interpersonal systems necessary to team success.

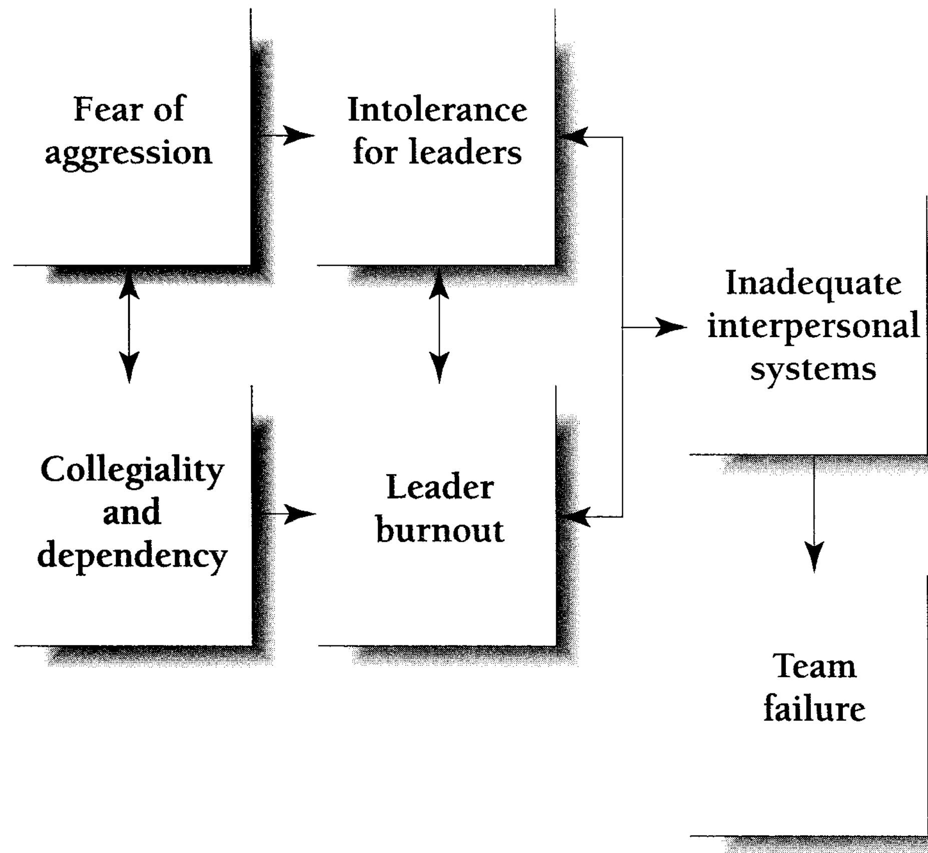
BUILDING CULTURAL INTERVENTIONS

The cultural context of health care organizations can impede the effectiveness of a team-based system, through the reinforcement of several kinds of dysfunctional organizational behaviors. For example, holding on to the view that "we are all one big family" can preclude leaders from taking action to remove incompetent but senior "family members"! The culture simply supports substandard performance.

When teams are implemented in a culture that fiercely maintains collegiality and devalues independence, real issues rarely surface. Passion about anything is limited, so as to protect people's vulnerability. Caution in action is the watchword. Outcome achievement is diminished.

Leaders must assist team members to understand that the capacity for successful outcomes means that members respect each other's contributions and can trust one another to be honest. In effective teams, members do not feel pressured to always have the "right" answer. They can depend on one another to use their skill and knowledge effectively.

The decline of many team-based systems can be linked to adhering to a strong culture that was appropriate in the past but is now out of sync with the team environment. Be sure to conduct an honest cultural assessment before the implementation of a team-based system. This process will assist organizational members in identifying those aspects of the health care culture that could limit team success. Through focus group discus-



sions, team meetings, or interviews, people can identify the degree of fit between a team-based approach and the current culture. When the features of an organization's culture are well understood, reward systems can be fashioned that fit the desired culture. (See Cultural Assessment Tool at the end of this chapter.)

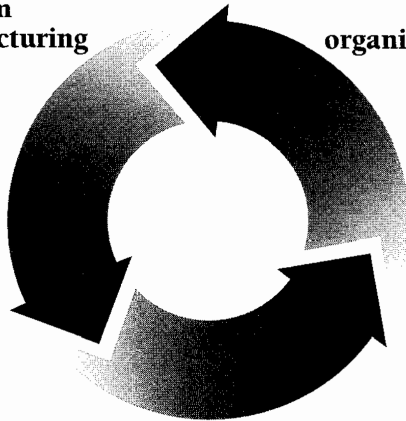
WORDS of WISDOM

The greatest challenge in team-based systems is finding champions willing to pursue the vision and deal with the ramifications of politics and culture.

TEAMTIP 10.1

What Every Team Must Do

- *Develop the team.*
- *Document performance.*
- *Support strong team leaders.*
- *Maintain positive group dynamics.*
- *Reward team outcomes.*



TRAP-PROOFING YOUR TEAMS

To develop teams in such a way that they produce value-added outcomes is a major challenge. From the time a team is chartered, there must be purposeful actions to avoid the team traps of failure to invest in team development, inadequate performance measurement, deficient team leadership, and dysfunctional team dynamics (Team Tip 10-1).

TEAM DEVELOPMENT

Team leaders have an enormous accountability for understanding and facilitating team development. All teams move through three developmental cycles. Each demands a different performance from leaders, and each has its own distinct set of predictable outcomes (Greene, 1995).

Cycle 1

Team structuring occurs early in a team's life. This cycle entails all of the behaviors team members enact to define their collective relationships as a team. People are challenged to understand what it means to be a member of a work team. They are not just a group of passive workers asked to give "input" but a team assigned serious organizational accountabilities, with high expectations for performance.

People reveal many ways of integrating personal definitions of work with expectations for team success. Some members may silently watch the leader in an attempt to identify which behaviors are acceptable. Others form alliances with subgroups. These may or may not be helpful. Still others test the water and assert themselves. As the team progresses through this team infrastructure cycle, people become more secure as they discover what they are supposed to do and start doing it. Team structuring is an intense experiential learning cycle that produces clarity of team purpose and work processes.

Team member behaviors include the following:

- Testing each other and articulating definitions of the team's work
- Identifying which people have influence and control

- Asking for suggestions and feedback
- Establishing ground rules via accountability contracts
- Settling on work methods
- Identifying opportunities for shared leadership vs. individual leadership
- Testing to see how much of the team issues the leader will own.

Team leader goals this cycle include the following:

- Equalize participation levels
- Reinforce accountability contract and team norms
- Modify individual behaviors to team behaviors without inhibiting individual effort
- Apply team performance measures to evaluate accountability
- Delineate contracts, equity of participation, and definitions of teamwork and commitment

Cycle 2

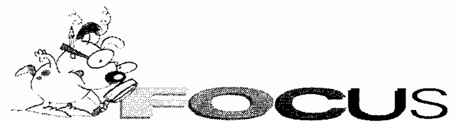
Team development is the second cycle. Leadership is established and rules of conduct formalized. The team develops and tests a variety of work processes. Some will be incorporated into formal team processes and some will fail miserably. Important outcomes of this cycle are the identification and application of effective team systems in the process of outcome achievement.

Team member behaviors include the following:

- Immersion in the work of the team
- Increased confidence in team charter
- Strong team orientation
- Unconditional regard for each other
- Resistance to the addition of new members or change in leadership
- Practicing new methods of problem solving and goals achievement

Team leader goals this cycle include the following:

- Develop strong decision-making, conflict-resolution, consensus-building, and feedback methods.



Elements of a Developed Team

- *People choose to be on the team.*
- *People own their actions.*
- *There is a stated commitment to the team.*
- *There is room for both individual and team goals.*
- *Communication is action oriented:*

To the person who is able to act
To move the team forward

- *Formal processes exist for accomplishing the team's work.*

- Monitor and intervene in dependent team relationships or dysfunctional collegiality.
- Document outcomes.
- Apply performance measures.

Cycle 3

Team optimization is that cluster of activities which clearly reflect that the team is well developed and able to effectively contribute to organizational goals. It can take up to 5 years to create optimized teams! The outcomes of this cycle are formal acceptance of teams as the "norm" for the organization, continuous improvement, and value-added outcomes.

Team member behaviors include the following:

- Team risk taking and significant challenges to the organization's status quo
- Actual outcome achievement
- Momentum and excitement about the team's contributions to organizational goals
- Pride in team membership
- Clarity in understanding what it means to work as a team as opposed to ways of working in the past
- Coaching new teams

Team leader goals this cycle include the following:

- Sustaining team ownership of process, product, and outcomes
- Application of performance measures to document real outcomes
- Communication of team outcomes to stakeholders
- Continuous learning
- Balancing dialogue, advocacy, and inquiry in team interactions (Convey, 1994)

Interactions among team members while engaged in work are most effective when they are characterized by dialogue, advocacy, and inquiry. The team leader's job is to ensure that no one pattern of interaction dominates the work processes employed by the team. Dialogue is the capac-

ity to listen carefully to another person's point of view to fully understand that person. This is different from mentally preparing a response. Advocacy is the practice of persuasion and influencing the team to take a particular position. Inquiry is asking thoughtful and critical questions in exploring an issue. Effective team communications balance these interactions. Ineffective teams allow members to delay or obstruct decision making by overreliance on advocacy or inquiry. For example, team members who assume the ever popular "devil's advocate" role can stall team movement for quite some time!

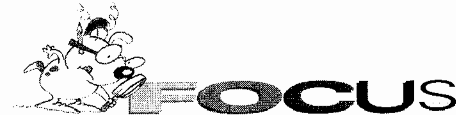
PERFORMANCE MEASUREMENT

Team performance levels must be measured to maximize team performance. A multitude of instruments are available to team leaders interested in developing a compendium of performance measurement tools (see Tool Chest). Each method contributes in its own unique way to the facilitation of effective teams.

Information collected from team performance measures can be used to do the following:

- Document how crucial the work of the team is to the organization
- Validate accomplishments and team growth, which motivates and stimulates greater team momentum
- Identify cultural drivers and barriers to movement through the team development cycle
- Diagnose team problems and test effects of interventions
- Clarify strategies, tactics, or new directions for problem solving

Several issues must be considered before embarking on a team performance process. First, what kinds of teams will you be evaluating? Many people have difficulty describing just what kinds of team are operating in their organization. Remember, different teams have different structures, member composition, and accountabilities. Can you really compare the performance of a project team with a multidisciplinary patient care team? Differences must be acknowledged before measurement.



Team Player Competencies

- *Rational problem-solving skills*
- *Interpersonal skills:*
  Respect
  Mutuality
- *Value for learning*
- *Action orientation*
- *Strong volunteerism*
- *Self-direction*
- *Effective delegation*

Second, most health care employees have not been held accountable for team behaviors. Have you defined what it means to be a team player? (Your team charter should have helped you with this work.) What are the competencies that teams must demonstrate in their daily work?

Third, there are special considerations to be addressed when measuring the performance of cross-functional teams. Diversity in membership certainly facilitates comprehensive decision making and parallels the multidisciplinary nature of health care delivery. Because members will differ in educational preparation, life stage, and professional orientation, they will develop at different rates. Interpretation of team performance must take into consider that team members will vary significantly in their strengths and weaknesses.

Finally, in this age of health care report cards, recognize that some team performance measures will be attacked as "soft" and unmeasureable. One cannot "count" human behavior. Keep in mind that while quantification methods do document some team outcomes, qualitative performance measures help you to precisely describe why or why not you got where you needed to be (Greene, 1995).

Performance Measure Checklist

Teams struggle with documenting their performance. They may attempt to identify outcomes that are unrealistic for their stage of development. They may be unclear about what kinds of teams are being evaluated. This checklist will help teams determine the best approach to performance measurement by helping teams understand just what they are measuring and why.

Type of team

- What kind of team are you evaluating? A project team? A work team? A CQI team?
- What work products are expected from the kind of team you are evaluating?

Team player competencies

- What behaviors do you expect to see enacted by team members?
- What changes in workforce behaviors are you expecting as the result of this team's work?
- What is it like to work on this team?
- How similar or different are the members of this team? How does this affect our performance?

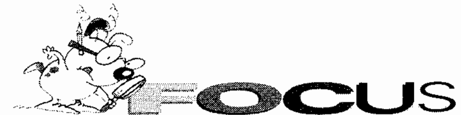
Team development

- What is our developmental stage?
- What outcomes should we expect from our work at this stage of our team's development?

Four Types of Performance Measures

Milestones

Milestones are points of demarcation in a process, representing the completion of a specific cluster of team activity producing an outcome at a certain point in time. They can boost team morale and inspire action, particularly during times of difficult transition. Milestone measurement must be sequenced well, with points far enough apart that achievements are clearly present or absent.



Team Performance Measures

- *Milestone*
- *Rating systems*
- *Peer review*
- *Self-assessment*

Rating systems

Rating systems are basically charts completed at the end of designated times, such as quarterly team evaluation sessions. They are also a part of workshops designed to strengthen team performance. The rating systems identify positive team characteristics that ensure potent team outcomes. Team members, a team observer, or an outside facilitator typically use such instruments to provide feedback on the efficiency of team work processes.

When teams are properly led and properly monitored, they can make potent contributions to organizational goals and tackle major obstacles along the way.

Peer review

Peer review occurs when team members evaluate each other's performance and provide feedback and recommendations. Typically these methods are found in the structure of reports by task force leaders or subgroups reporting to the team. The need to provide a structure for such reports is commonly overlooked, which diminishes the performance measurement value of this method. The focus of evaluation must be on the quality of the work performed, the comprehensiveness of the work, and the involvement of key stakeholders in recommendation development. (See *Peer Review: Task Force Recommendation to Team* at the end of this chapter.)

Self-assessment

Self-assessment methods are largely developmental tools. Their application facilitates evaluation of team dynamics. Their completion by team members provides opportunities for people to voice concerns about team competency, clarify the work, and select strategies for strengthening team operations. The developmental cycles of a team, tools appropriate to that cycle, and a list of performance measure tools found at the end of this chapter are summarized in Table 10-1.

TABLE **10-1**

Performance Measurement Tools and Developmental Cycle

DEVELOPMENTAL CYCLE	PERFORMANCE MEASUREMENT METHOD	SAMPLE TOOLS
Team Building	• Self-assessments	• Building team commitment • What do we expect?
Team Development	• Behavioral exercises • Rating systems • Peer reviews	• Focusing on conflict • Task force report
Team Optimization	• Milestones • Peer review	• Implementation methodology

TEAM LEADERSHIP

The performance of the team leader is a critical factor in the success of teams. Much has been written about the team leader (Porter-O'Grady and Wilson, 1995). All the descriptions have one key theme in common: the leader ensures a balance between team task and process.

Team Leader as Task Master

Eliminates cross-functional barriers and excessive procedure
Patient centered
Outcomes driven
Technical skills: leadership (mission and values); project management; communication, facilitation, training, consulting, and problem solving

Team Leader as Interpersonal System Manager

Empowers the team
Teacher and counselor
Listeners not tellers
Open, honest, and worthy of trust
Establishes fair work processes
See mistakes as learning opportunities

TEAM DYNAMICS

A keystone to team effectiveness is the nature of team member interactions in relationship to their task and performance charter. While much has been written about team dynamics, some issues are particularly important to consider for health care teams: conflict management methods, understanding the principles of consensus decision making, and applying organizational discipline.

WORDS of WISDOM

When people's interests are involved and they are given influence and opportunity . . . they will commit to find the time to solve the problem!

What Kind of Conflict Does Your Team Have?

Conflict is a natural part of team process. It is what makes team decision making so effective in the first place! Effective teams know how to manage their conflict so that it produces a positive contribution. Less effective teams hide behind collegiality and ignore conflict altogether or allow it to produce outcomes that inhibit success. Two types of team conflict are common: C-type, or cognitive conflict; and A-type, or animosity-based conflict (Amason et al, 1995).

C-type conflicts, or cognitive disputes, improve team effectiveness

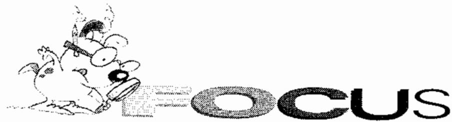
C-type conflicts arise when teams focus on issues of substance. Team members naturally bring different ideas, opinions, and perspectives to the table. This type of conflict requires teams to focus attention on unconscious assumptions underlying a particular issue. Conflict exposes such conjectures and fosters an exploration of alternative ideas.

C-type conflict fosters acceptance of the final decision by all of the team members because of enhanced understanding of other people's point of view. Frank discussions, integration of multiple perspectives, and the exploration of differences provides the foundation for team "buy-in" for the final decision.

A-type conflicts are animosity based and get in the way of success

A-type conflict undermines team effectiveness by blocking interpersonal effectiveness. The team climate is riddled with cynicism, distrust, and avoidance. The quality of decisions declines because commitment to the team is eroded. People are simply not willing to engage in the type of discussions necessary for successful team action.

People who are distrustful, hostile, or cynical are unlikely to support decisions made by the team. If a decision should be made, team members do not understand it or each other's point of view. They undermine implementation efforts and distance themselves from the team's decision. People



Steps in Managing Conflict

1. *Stay focused on the main conflict.*
2. *Think outside the box.*
3. *Make communication safe.*
4. *Integrate everyone's knowledge.*

who have experienced potent A-type conflict usually reduce their participation in future meetings or resign from the team.

How to manage "C" while not getting trapped in "A"*

- *Focused activity.* Stick closely to the task at hand. Do not allow side-tracking, hidden agendas or trivial disputes to delay resolution. Prepare for conflict. Teams comfortable with conflict get right to the point. (See *Four Tips for Managing Conflict in Work Teams* at end of this chapter.)
- *Think outside the box.* Think beyond the normal options. Teams possess the potential to integrate the strongest thoughts, knowledge, and experiences of their members.
- *Safe communication.* Speak freely and challenge viewpoints. Communication in teams should be free of censorship, anger, resentment, or retribution.
- *Integration.* Make the fullest use of team members. Avoid unequal participation because the end result may be the opinions of the strongest or most vocal members. Seek out the feedback of less verbal members and moderate those who are the most vocal.

Blame: A Conflict Generator

More than any other dynamic, blame has the power to stop a team in its tracks. Health care professionals are naturally error averse. This attitude is essential to matters of patient care but deadly in any other kind of work because there is no room for error. Whenever something goes wrong, there is always the search for a guilty party. Once that person or group has been discovered and labeled, the anxiety about the problem is diminished and the problem is believed to be solved. When it surfaces later, this conflict cycle repeats itself. Blame rarely enhances our understanding of the prob-

*Amason AC, Hochwater WA, Thompson KR, Harrison AN: Conflict: an important dimension to successful management teams, *Organizational Dynamics*, 24(2):20-36, 1995.