

Effective teams need a shared purpose. Building teams requires a teaming strategy to ensure all members are clear about their role and the team's purpose

TEAM BUILDING PART 1 OF 3

How to build effective teams in healthcare

In this article...

- **Building an effective healthy team with a common purpose**
- **Understanding your team's dynamics**
- **Forming a team strategy with Adair's model of team building**

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Abstract:

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In healthcare, good team building is where all team members understand, believe in and work towards the shared purpose of caring and working for patients. This sense of common purpose should never be assumed. Team leaders should talk about it at every opportunity and ensure all team members are working towards it in their day-to-day work. All teams move through different stages of development, but are at their most productive where there is openness and trust, with members working to their own strengths. Team leaders should develop a "teaming strategy" to plan how people will act and work together, including effective use of communication technology to help them make better use of face-to-face time.

Many nurses who become ward sisters or team leaders are not offered leadership development, and are left to muddle along without even being pointed to evidence available on effective team leadership. This three-part series explores that evidence, and how to apply it to healthcare practice to ensure teams flourish and deliver the best care and services to patients. This first article considers how to build an effective, healthy team.

Understand team boundaries

Not all people who work together are a team. Adair defines a team as a group of people bound together by a common purpose who perform interdependent tasks (Adair, 2009). Team members rely on each other to carry out and complete the work, with different tasks allocated to different members.

The more individualised the task structure, the more the leader needs to focus on the shared purpose of the team. In healthcare, good team building happens where all team members understand, believe in and work towards the shared purpose of caring and working for patients.

Where health professionals work in multidisciplinary teams it is not always clear where team boundaries should be drawn. West and Lyubovnikova (2012) refer to "pseudo teams" – groups who may have some interdependence of tasks, but are managed by different leaders and may have different professional goals. The notion of core and non-core teams can help clarify team boundaries. The core team is the group of staff led directly by the manager, while the non-core or wider multidisciplinary team includes other groups or professions responsible for the same patients (Fig 1, page 18). This series considers issues relating to the core team.

Be clear about the team purpose

The purpose of a team can seem so self-evident it is often overlooked. However, this common purpose is what binds team members together, and should never be assumed. Team leaders should talk about

5 key points

1 Teamwork needs constant attention; annual appraisals and team away days are not enough

2 There needs to be a good understanding of team boundaries and the difference between the core team and wider multidisciplinary team

3 Team leaders must ensure members are working to a common purpose. This shared purpose must never be assumed, but should be revisited constantly

4 A good teaming strategy should make effective use of communication technology such as social media to allow better use of face-to-face time

5 Individual wellbeing is linked to the wellbeing of the team; teams are most productive where there is openness and trust and members can work to their own strengths

the team purpose at every opportunity, in particular how it links to the individual purpose of each team member.

Individual purpose is about why we do what we do; why we are drawn to be a nurse, a healthcare assistant or other healthcare worker. It is about our energy, what matters to us, and what makes us who we are. Reflecting on these questions is important in teams. Our sense of purpose is one of five things humans need to flourish (Seligman, 2011):

- » Positive emotional experiences;
- » Engagement in something that matters to us;
- » Positive relationships;
- » Meaning and purpose;
- » Achievement.

In great organisations and teams there is an alignment between individual and team purpose; put simply, we are at our best when doing what we love.

Team dynamics

Fifty years ago Tuckman proposed a model of team development that is still influential today (Tuckman, 1965). He suggested teams move through four stages: forming, storming, norming and performing (Box 1). Originally, the model was linear, but we now see it as a cycle. The performing stage is the most productive, but when developing your team you should remember this is not a place you reach and stay at forever. It requires hard work, and many challenges we face in clinical life can move us away from performing. These include:

- » The promotion of a respected leader;
- » Fast service expansion requiring a number of new staff to be recruited at

BOX 1. STAGES TEAMS MOVE THROUGH

These stages are cyclical as teams continue to evolve

Forming: polite but untrusting, avoiding controversy. At this stage little progress is made.

Storming: blame and frustration, poor listening, challenging leadership, reacting or defending, full expression of emotions.

Norming: shared leadership, methodical ways of working, receptive to change, mutual problem solving, open exchange of ideas. Team spirit develops and the team starts to perform better.

Performing: openness and trust, shared leadership, strong relationships, high flexibility of contribution, acceptance of differing views. The team performs as a unit and members work to their strengths. This is the most productive stage of team development.



Great teams have a plan for how their members act and work together

the same time;

- » Changes in the design or delivery of the clinical pathway;
- » High levels of stress or absence. Using Tucker's model, team leaders should ask two key questions:
 - » Which of Tuckman's stages is my team in now?
 - » Do all team members believe we are in the same stage?

The questions should be posed at a team meeting and the leader should listen well to team members' responses. It is likely that differing views will emerge, but this is not about achieving consensus; rather it is about understanding these different perspectives and using them to improve team performance.

By discussing what stage of development your team is in, you can explore what else you should do to reach the performing ideal.

Teaming strategy

Great teams have a plan for how people act and work together. This is the "teaming strategy". Classic organisation development highlights the work needed to ensure teams flourish, and a teaming strategy is a way of organising this. Adair's model of team building incorporates three elements that must be aligned to ensure success: individual, team and task (Adair, 2009).

The case study (Box 2) describes how the therapeutic team at South Tees Hospital Foundation Trust developed its teaming strategy.

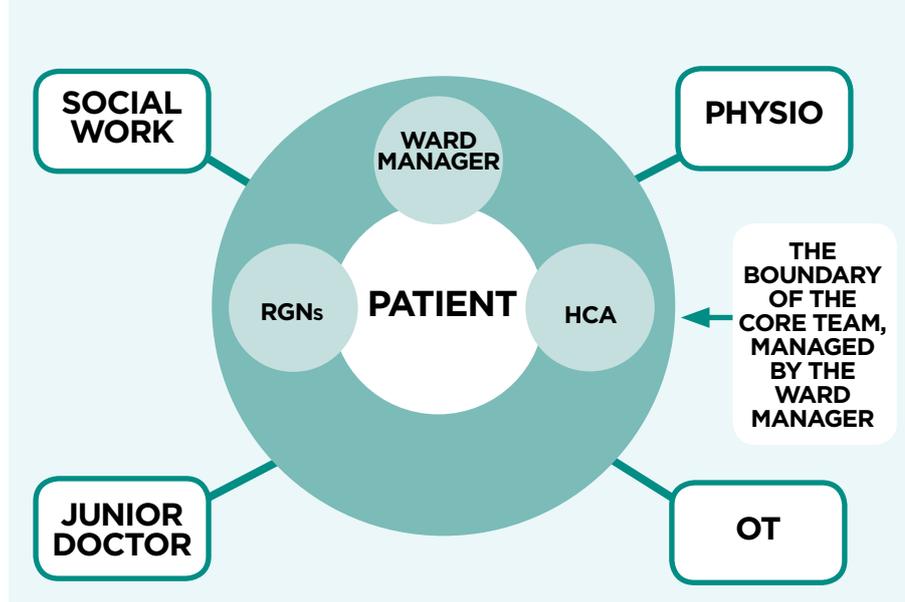
Task

Health professionals are good at organising and tracking tasks, and grouping them into units of work to ensure the delivery of individualised care to patients and clients. National improvement work over the past 20 years means most organisations and teams know how to map services and patients' journeys and apply appropriate improvement methods, such as plan, do, study, act cycles. Continuous improvement is embedded in much of our NHS.

Individual

Our focus on individuals is also embedded in organisational policies and practices. This usually takes the form of annual staff appraisals but, while these are important, they are not on their own sufficient. Human beings need our efforts to be acknowledged and achieve things that are important to us (Seligman, 2011). Our experience suggests that most of us want

FIG 1. TEAM BOUNDARIES AT SOUTH TEES TRUST



to sit alongside our leader, talk about what matters to us and share our triumphs and struggles. We need positive feedback where we have genuinely performed well; and constructive feedback when we should do better, given with kindness and an open heart. Only within such cycles do we feel secure.

As leaders, we need to combine the organisational practice of appraisal with our own personal leadership work to ensure good individual support to team members. This is what great leaders do; good nurse leaders know their people.

Team

This brings us to the teaming strategy, where teams often fail to do what is necessary. Many team leaders think a monthly meeting and occasional “away day” is sufficient to ensure a healthy team; experience tells us it is not. When asked what is their teaming strategy, leaders are often unable to answer. A teaming strategy is your plan of how you will hold a diverse group of individuals together, ensure they communicate effectively and raise issues of concern; and how you can bring their collective knowledge and wisdom to bear on issues that arise in clinical practice. It is also how you as a group deal effectively with conflict and pressure, and develop and maintain relationships.

For ward sisters, holidays, absence and shift patterns can make it almost impossible to bring together large numbers of people to discuss issues and share organisational information. We need a different mindset about face-to-face leadership work and how communication technology can help us.

A 24/7 service that often works from different locations must use face-to-face time extremely wisely; it should be reserved for relationship work, staying connected as professionals and humans and resolving difficult issues and areas of conflict (Kostner, 2001). Other communications such as policy updates, organisational news and key positive performance indicators can all be shared using digital communications such as social media. I see practices making good use of file shares, closed Facebook pages, inexpensive digital workspaces and WhatsApp groups for personal real-time messaging. Opening your mind to what is possible, acceptable and accessible to your organisation can give you a whole new approach to teaming. Here are some key questions to ask about your teaming strategy:

BOX 2. CASE STUDY

Our therapeutic team at South Tees Hospital Foundation Trust was challenged by the number of patients requiring constant supervision. Often these patients did not need nursing care or interventions, just someone to spend time with them offering companionship and support and making sure the little things that matter were done.

We set up a therapeutic care team of special volunteers, with the purpose of delivering therapeutic non-medical care and interaction to patients. At the heart of the programme are the 6Cs: Care, Compassion, Competence, Communication, Courage and Commitment (Cummings and Bennett, 2012). The purpose of our work is something we constantly revisit: it brings us back to why we are here and makes the programme cohesive.

The volunteers use our office and as the team coordinator, I encourage all team members to communicate regularly with me and the rest of the team. The use of social media has proved invaluable: early in the programme we set up a closed Facebook page, which enables instant communication and gives us a platform to share experiences; we also use Twitter to share the fantastic work of the therapeutic care team.

The power of what we do is captured in some of the posts:

- » “Had a good singalong and lots of games of dominos and cards with a lovely little old man... love love love having the time to make people happy.”
- » “I spent an hour today holding a lady’s hand... and reassuring her... When I first sat with her she looked lost and by the time I left her she was smiling... Sometimes it’s easy to forget how much an hour of your time can mean to someone.”

We base our care on the work of Stephen Lundin (Lundin, 2014). This includes understanding the importance of adopting a positive attitude. We initiate fun activities for patients that are a positive distraction and enhance their experience; we also focus on “being in the moment”, so patients know they are being listened to. We have worked hard to promote trust as part of our team strategy. In the words of our senior administrator for therapeutic care, “being part of this team is like belonging to a family. Everyone looks out for each other and supports each other through the journey”. “Making someone’s day” is an important element of our work, and this includes expressing gratitude and thanks to the volunteers. It is easy to do when you believe you have the best job in the world.

- » How are you balancing task, individual and team?
- » What could you do differently to help the team work together better?
- » When and where will you formally construct your teaming strategy? Write it down, discuss it with all team members, co-design your final approach and then put it into practice.

Conclusion

One of the findings of the Francis Report into care failings at Mid Staffordshire hospital was that good team working is critical (Francis, 2013). As leaders we must create a culture in which teams can function well, team members flourish and patients receive the best care we can deliver.

This first article has focused on team boundaries, team dynamics and the vital work of teaming strategy. Part 2 of the series will focus on team engagement and how to use story telling with staff and patients to improve team effectiveness.

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