# Using Teams to Improve Outcomes and Performance

CNE Continuing Nursing Education

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***Mastering the use of teams in healthcare organizations can maximize outcomes and optimize the use of resources. Most work in healthcare organizations is done by teams, whether it's the clinical team taking care of patients on a unit, the leadership team accountable for operations of the organization, or a team formed to solve a specific problem, improve quality, or plan an event. Effective teams make organizations successful; ineffective teams can create more problems than they solve. This article describes how to successfully use the power of teams within the healthcare setting, create and develop teams, be a team leader or member, create conditions for team effectiveness and high performance, and provide team training.***

**Key Words:** **Team, teamwork, team training, interprofessional collaboration.**

In today's complex, uncertain world of healthcare delivery, the effective use of teams is imperative to maximize outcomes and optimize the use of resources. Beginning with the classic study published by Knaus, Draper, Wagner, and Zimmerman in 1987, which first revealed the relationship between the degree of coordination and teamwork between physicians and nurses in intensive care units and patient outcomes and nurse job satisfaction, many studies have demonstrated the relationship between working together with intent and increased positive outcomes for both patients and nurses. Effective teams have been shown to improve patient outcomes and satisfaction, and impact employee morale and job satisfaction (Bunnell et al., 2013; Salas & Rosen, 2013; Weller, Boyd, & Cumin, 2014), and effective teamwork has been identified as a core component of high-reliability organizations (Baker, Day, & Salas, 2006).

Healthcare organizations are extremely complex systems that must adapt to an ever-changing environment, whether in the inpatient hospital setting, an outpatient facility, long-term care facilities, or in the homes of individuals with chronic conditions. Safe, effective patient care and management rely on functional teams and team leadership skills. Effective clinical care requires knowledgeable, skilled teams that are prepared to respond to rapidly changing situations in a highly reliable and efficient manner.

Whatever your position in the organization (direct care nurse, manager, nurse practitioner, administrator, social worker, physician, chief executive officer, etc.), knowing about teams and teamwork can be beneficial to your patients, your organization, and to you personally. Individuals working in clinical positions are constantly working in teams – teams that can often shift membership based on the patient being cared for or the emergent needs that arise. Knowing how to bring a team together quickly and work together effectively is a skill we all need. When problems need to be solved or quality needs to be improved – especially in situations that cross professional and role boundaries – knowledge and expertise on teams and teaming can make everyone's job easier and yield better outcomes.

The purpose of this article is to provide information about how to successfully use teams within the health care setting, create and develop teams, be a team leader or member, create conditions for team effectiveness and high performance, and provide team training.

## What Is a Team?

Salas (2015) defined a team as "two or more people whose tasks are in some way interdependent (i.e., individual efforts are dependent upon the efforts of the other members) and who have shared, common goals" (p. 3). Katzenbach and Smith (2003) in *The Wisdom of Teams* say that a team is "a small number of people with complimentary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable" (p. 45). According to Gillman, Brindley, Blaivas, and Widder (2016), teamwork "is about maximizing mental, manual, and social problem-solving capabilities, such that the sum exceeds the parts" (p. 218).

Teams have a defined purpose, membership, processes, and leadership. They have inputs, mediators, and outcomes. The inputs include the

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members (their knowledge, skills, and attitudes [KSAs]; abilities; personality), the size and structure of the team, the task(s), and the organization itself (leadership, culture, etc.). Mediators are processes or emergent states. Marks, Mathieu, and Zaccaro (2001) defined team processes as "members' interdependent acts that convert inputs to outcomes through cognitive, verbal, and behavioral activities directed toward organizing taskwork to achieve collective goals," and emergent states as "constructs that characterize properties of the team that are typically dynamic in nature and vary as a function of team context, inputs, processes, and outcomes" (p. 357). They propose a taxonomy of team processes that includes transition processes, action processes, and interpersonal processes (see Table 1), and also note that teamwork is not just one linear process, but rather, that teams multitask, performing multiple processes simultaneously and sequentially. Team outcomes are the results of the work.

Teams are established for various purposes. Teams may be short-lived or relatively permanent. The type of team depends on its purpose or function. Work teams tend to be permanent and focus on the primary mission of the organization, such as providing direct care to patients. Support teams serve many functions and assist others to do their job. Ad hoc or project teams are created for specific purposes and disband when the work has been completed. In healthcare organizations, project teams might be organized to develop a new service line, prepare for accreditation or certification survey, or implement a new electronic health record. Cross-functional, multidisciplinary teams are an essential element of quality improvement initiatives. There are also formal leadership and management teams that have defined line responsibilities and are accountable for the operations of the organization. Management teams coordinate work and provide direction to subsystems of an organization (Fried, Topping, & Edmonson, 2012). Increasingly, as organizations expand geographically or multiple organizations collaborate, virtual teams also link electronically, but may rarely, if ever, meet in person.

**Table 1**
**A Taxonomy of Team Processes**

| Process | Dimensions |
|---|---|
| Transition Processes | • Mission analysis formulation and planning<br>• Goal specification<br>• Strategy formulation |
| Action Processes | • Monitoring progress towards goals<br>• Systems monitoring<br>• Team monitoring and backup behavior<br>• Coordination |
| Interpersonal Processes | • Conflict management<br>• Motivation and confidence building<br>• Affect management |

**Source:** Marks, Mathieu, & Zaccaro, 2001.

## Creating a Team

When a team is created, the person or group creating the team must provide the framework and guidance to ensure the team understands its role and responsibilities, provide the necessary resources for the team to succeed, set expectations, create a learning culture and a safe environment for the team and its work, and hold the team accountable (Agency for Healthcare Research and Quality [AHRQ], 2015). The purpose and the goal(s) of the team, as well as the expected deliverables, need to be explicitly detailed to both provide direction to the team and form the basis for evaluating the work of the team. Hackman (2002) recommended evaluating overall team effectiveness on three criteria – output, collaborative ability, and members' individual development.

It is also important to be clear about the decision authority of the team. Is their work advisory in nature, or do they have the authority to make decisions, and if so, what decisions? Additionally, the commitment of the creator to be a champion for the team and its work is critical to the success of the team.

Sometimes teams are created in different ways. On a clinical unit, the team may be composed of clinician employees, non-employee physicians, other employees, students and residents on rotations to the unit, patients, families, and many others. It then becomes important to be able to evaluate gaps in the team and use that information when opportunities arise to add to the team. Another example of a team created in a different way is when officers of an organization are elected. In that case, it is incumbent for the officers to do their own assessment of team KSAs and implement strategies to fill in gaps. This can be achieved by engaging others as needs arise or appointing teams with the necessary KSAs to address specific issues.

## Selecting Team Members

In selecting members of the team, the team creator needs to determine what KSAs, background, and expertise is needed for the team to succeed. It is important to remember, as Burke, Salas, Wilson-Donnelly, and Priest (2004) pointed out, that a team of experts does not make an expert team. The KSA characteristics of an effective team are shown in Table 2. The team creator can use these characteristics as a guide for selecting individuals for the team who can contribute effectively. Another important consideration in selecting

**Table 2**
**Knowledge, Skills, and Attitude (KSA) Characteristics of an Effective Team**

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|---|
| • Team leadership |
| • Mutual performance monitoring |
| • Backup behavior (ability to anticipate needs and shift workload) |
| • Adaptability |
| • Shared mental models |
| • Communication adaptability |
| • Team/collective orientation (importance of team goals over member goals) |
| • Mutual trust |

**Source:** Baker, Day, & Salas, 2006.

team members is to determine who the stakeholders are for the outcomes of the team's work and which stakeholders need to be represented on the team. The number of members is also an important consideration. Having too few members or too many members can affect the performance of the team. Team size may be related to the purpose of the team, but there is no formula for the right size. Finally, a key component to team success is the selection of the team leader.

Having a diversity of work styles can also contribute to team success. As an example, Vicksberg and Christfort (2017) reported on research that identified four primary work styles: pioneers, guardians, drivers, and integrators. Pioneers take risks, create energy and imagination, focus on the big picture, and are attracted to bold ideas and creative approaches. Guardians like stability, order, and rigor; are pragmatic and risk-averse; and want data and facts. Drivers like challenge, getting results, and winning; see issues in black and white; and approach things head-on with data and logic. Integrators value connection, relationships, and responsibility, and want to bring people together to get consensus. Another example is Kelley and Littmann (2005), who described what they termed the 10 faces of innovation. These include three learning personas of individuals who want to continuously learn and explore new information (anthropologist, experimenter, cross-pollinator), three organizing personas of individuals who understand the organization's processes and how to play the game effectively (hurdler, collaborator, director), and four building personas of individuals who apply insights from the learning personas and use the empowerment of the organizing personas to make things happen (experience architect, set designer, storyteller, caregiver). None of these styles/personas is entirely right or entirely wrong, and all can contribute to the effectiveness of the group. However, it is important for the team creator to understand the need for diverse approaches and skills in determining the members of the team.

For example, if you are selecting team members for a quality improvement project, you might want to include registered nurses, physicians, nurse practitioners, a person with quality improvement experience, a person with administrative expertise, and maybe a person who had been a patient or a patient's family member. Ask yourself who will be affected by and care about the results of the team's work, and consider them as team members. Within the team members, you would want some traits described by Vicksberg and Christfort (2017) and Kelley and Littmann (2005). It can be helpful to make a list of the knowledge and expertise you want on the team, as well as the traits. As you consider members for the team, write down what each will contribute. When you think the member list is nearing completion, review the list to look for gaps and select additional members to fill those gaps. If that makes the team too large, eliminate duplicates and prioritize needs. The result should be a team of members who can achieve the goals of the team.

## The Role of the Team Leader

The team leader is responsible for the work of the team. Preparation is necessary before the team starts its work. According to Porter-O'Grady and Malloch (2016), the leader must establish foundational elements for the team, including purposeful information, effective deliberative processes, a clear sense of roles of the team members, and terms of engagement.

Early on, the leader needs to, in essence, create the team and the culture of the team. Team members may not have previously worked with each other, and even if they have, they may not really know or feel comfortable working with each other. Getting to know each other is a prerequisite to developing the trusting, open relationships needed for teams to function effectively. Toegel and Barsoux (2016), in researching team dynamics, found that most of the destructive conflict in teams comes from perceived incompatibilities in the way team members operate and that surfacing differences early on can preempt that conflict. They recommend that the leader facilitate targeted discussions that explore member preferences and expectations, identify likely areas of differences, and figure out how members with different expectations can work together. For example, the leader can ask questions, such as: "In your world…what makes a good or a bad first impression?" "How important are punctuality and time limits?" "Do interruptions signal interest or rudeness?" "Is uncertainty viewed as a threat or an opportunity?" "What emotions are acceptable or unacceptable to display in a business context?"

**Table 3**
**Responsibilities of Team Leaders**

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| • Organize the team |
| • Identify and articulate clear goals (i.e., the plan) |
| • Assign tasks and responsibilities |
| • Monitor and modify the plan; communicate changes |
| • Review the team's performance; provide feedback when needed |
| • Manage and allocate resources |
| • Facilitate information sharing |
| • Encourage team members to assist one another |
| • Facilitate conflict resolution in a learning environment |
| • Model effective teamwork |

**Source:** AHRQ, 2013.

The leader also needs to lead the team in establishing terms of engagement. Terms of engagement "govern the relationships and interactions within the team and serve to maintain a positive communication and interaction environment within the context of the team as it completes its work" (Porter-O'Grady & Malloch, 2016, p. 246). Examples of terms of engagement include keep to the purpose, use judgment-free language, all members are encouraged to contribute, everyone has an opportunity to speak, use "I" statements, use appreciative strategies, and take timeouts to evaluate progress and process.

Other foundational elements include identifying and articulating the goals of the team and team member roles, and discussing team processes. The leader is responsible for leading and facilitating the work of the team, managing and allocating resources, and reviewing the team's performance through situation monitoring, periodic and critical event debriefings, and leading after action reviews. A list of responsibilities of team leaders is shown in Table 3.

## The Role of the Team Member

When you accept the responsibility of being a team member, you commit to being an active, engaged participant in the work of the team and to put the team's goals ahead of your own. Effective team members, as Kelley (1988) noted in his classic work on followers, have many of the same qualities found in effective leaders. The essential qualities of followers, according to Kelley (1988), include self-management (think for themselves, work without a lot of supervision), commitment (to the organization and to something outside themselves), competence and focus (master skills, have high-performance standards, always learning), and courage (independent, critical thinker; stand up for what they believe).

## Team Training

Team training is critical to the success of team leaders, team members, and the team as a whole. It requires specific knowledge and skills to be an effective team leader and team member. Unfortunately, while healthcare organizations are generally very aware of the need to provide training on task performance, team training has too often been neglected.

As far back as 1999, the Institute of Medicine (IOM), in its report *To Err is Human*, recommended implementing interdisciplinary team training programs based on recognized team management strategies to improve teamwork among healthcare professionals (IOM, 2000). In recent years, evidence is mounting on the positive outcomes of team training. Team training has been shown to improve the overall effectiveness of teams, and specifically, improve communication, team processes, task coordination, quality, safety, and patient perceptions of coordination (Bunnell et al., 2013; Salas et al., 2008). However, in a study of team training on safety culture in 24 hospitals, Jones, Skinner, High, and Reiter-Palmon (2013) found that a work environment that supports the training and transfer of learning to practice is necessary for the training to succeed and be sustainable.

Interprofessional training is particularly effective. Brashers, Phillips, Malpass, and Own (2015), in a literature review conducted for the IOM's Committee on Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes (IOM, 2015), found that interprofessional education on teamwork was associated with improved patient survival, improved care quality, decreased errors and adverse events, and increased patient satisfaction.

Salas (2015) described attitudes, behaviors, and cognitions (ABCs) that change within an individual or team as a result of training (see Table 4). Based on an analysis of more than 25 years of research, Salas and colleagues (2008) identified best practices in team training. From these, they identified five pillars and principles for each pillar (see Table 5). Using these pillars and principles, organizations can develop effective team training.

Salas et al. (2008) performed a meta-analysis on team training research and found that team training had a moderate, positive effect on team outcomes, including cognitive outcomes, affective outcomes, teamwork processes, and performance outcomes. One example of team training in nursing is the work done by Bea Kalisch and colleagues. In a review of the literature on teamwork, Kalisch, Curley, and Stefanov (2007) found that teamwork has been associ-

**Table 4**
**Team Training – Attitudes, Behaviors, and Cognitions that Influence Teamwork**

| | Competencies |
|---|---|
| Attitudes | • Cohesion<br>• Commitment to teamwork<br>• Trust<br>• Psychological safety<br>• Collective efficacy |
| Behaviors | • Communication<br>• Coordination<br>• Planning<br>• Performance monitoring<br>• Backup behaviors<br>• Handoffs<br>• Providing feedback |
| Cognitions | • Knowledge stock<br>• Knowledge of task structure<br>• Shared understanding of team member roles<br>• Situation awareness<br>• Implicit team coordination<br>• Transactive memory systems |

**Source:** Salas, 2015.

ated with higher job satisfaction, higher quality of care, an increase in patient safety, higher patient satisfaction, higher productivity, and decreased stress levels. They then implemented teamwork training on a medical-surgical unit that included focus groups, feedback, teamwork training, problem-solving sessions, continual communication, follow-up coaching, and reinforcement. Results were a significant decrease in patient falls, improved patient satisfaction, improved staff ratings of teamwork, and decreased turnover. Kalisch and Lee (2010) studied the impact of nursing teamwork on missed nursing care and found that the higher the teamwork, the less missed nursing care. Kalisch, Xie, and Ronis (2013) then utilized a train-the-trainer intervention to provide training on teamwork and missed nursing care. The result of the training was a significant increase in teamwork in the areas of trust, orientation, backup, leadership, and satisfaction with teamwork; and a decrease in missed nursing care.

## Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS®)

TeamSTEPPS® is an evidence-based systematic approach to integrate teamwork into practice and improve collaboration and communication related to patient safety. It is a public domain resource developed by the Department of Defense (DoD) and the AHRQ (King et al., 2008). The TeamSTEPPS model includes the skills of communication, leadership, situation monitoring, and mutual support; the patient care team; and the team outcomes of knowledge, attitudes, and performance. TeamSTEPPS is a comprehensive program with three phases – assessment (set the stage); planning, training, and implementation (decide what to do and make it happen); and sustainment (make it stick) (AHRQ, 2011). TeamSTEPPS training and a training toolkit, including content, step-by-step implementation guide, instructor notes, and educational resources, are available on the AHRQ (2015) website (https://www.ahrq.gov/teamstepps/index.html).

## Crew Resource Management

Crew resource management (CRM), a team-training program whose initial development dates back to the late 1970s, was developed to improve safety in the aviation industry. In health care, CRM was initially used in anesthesia services and has since been used in other high-stakes areas, such as critical care, emergency services, and obstetrics. CRM training generally includes training in communication, leadership and followership, resource utilization, problem solving, and situational awareness. Gillman and colleagues (2016) describe how CRM training in communication can be used with trauma and other healthcare teams, positing that "verbal dexterity is as least as important as manual dexterity or factual recall" (p. 219). They note how basic CRM communication strategies are applicable to health care: closed-loop communication (confirming when instructions are heard and that they are completed), flying/resuscitating by voice (verbalizing both thought processes and plans), and following the sterile cockpit/resuscitation rule (not having non-essential conversations during critical moments). Many publications are available on the use of CRM in training healthcare teams.

## Core Competencies for Interprofessional Collaborative Practice (IPEC)

In order to practice as a team, healthcare professionals need to receive interprofessional education on interprofessional collaboration. In 2010, the World Health Organization (WHO) declared that "collaborative practice strengthens health care systems and improves outcomes" (p. 7) and published a *Framework for Action on Interprofessional Education and Collaborative Practice.* They said that to achieve the goal of collaborative practice, it is necessary for healthcare professionals to be collaborative practice ready by participating in interprofessional education. At about the same time, six national associations of schools of health professions (representing nursing, medicine, dentistry,

**Table 5**
**Pillars and Principles of Team Training**

| Pillar | Principles |
|---|---|
| Ensure the need for team behaviors and team training. | • Systematically identify characteristics of the organization, team tasks, and individual team members.<br>• Evaluate whether the organization is ready to receive team training. |
| Create a positive team training climate for learning and the learner. | • Generate support from organizational leadership.<br>• Prepare and motivate the learner for team training.<br>• Provide a safe, non-critical team training environment. |
| Design team training for maximum accessibility, usability, and learnability. | • Systematically design team training based on what is scientifically shown to be effective.<br>• Leverage information presentation, demonstration, practice, and feedback.<br>• Employ team training delivery strategies, tools, and technology appropriate for meeting the needs of the organization, team, and trainees.<br>• Ensure instructors are prepared to teach. |
| Evaluate the team training program. | • Determine what to measure during team training and how you will measure it.<br>• Analyze if the team training program was successful and determine why it was effective (or not). |
| Create a system for enduring and sustaining teamwork behaviors in organizations. | • Establish mechanisms for the continued assessment and improvement of team training.<br>• Provide opportunities to foster continual team improvement.<br>• Motivate and facilitate the long-term transfer and sustainment of teamwork behaviors. |

**Source:** Salas, 2015.

osteopathic medicine, pharmacy, and public health) formed the Interprofessional Education Collaborative (IPEC) to promote and encourage interprofessional learning experiences. IPEC convened an expert panel of representatives from each of the six IPEC sponsor professions to create core competencies for interprofessional collaborative practice that would guide curriculum development across health professions schools. The core competencies, originally published in the 2011 and updated in 2016, are shown in Table 6 (IPEC, 2011, 2016).

**Table 6**
**Interprofessional Education Collaborative (IPEC) Core Competencies**

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|---|
| • Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Value/Ethics for Interprofessional Practice) |
| • Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of patients, and to promote and advance the health of populations. (Roles/Responsibilities) |
| • Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease. (Interprofessional Communication) |
| • Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable. (Teams and Teamwork) |

**Source:** IPEC, 2016.

## Creating Conditions for Team Effectiveness

Hackman (2002), who extensively studied organizational development and teams, identified five essential conditions that greatly enhance the likelihood that a team will succeed: being a *real team*, having a *compelling direction* for its work, having an *enabling structure* that facilitates the work of the team, operating in a *supportive organizational context*, and having *expert coaching* on teamwork available for the team. Real teams have an identified team task, clear boundaries, clear and specific authority, and member stability over time. A compelling direction "energizes team members, it orients their attention and action, and it engages their talents" (Hackman, 2002, p. 63). An enabling structure facilitates the work of the team. Real teams, a compelling direction, and an enabling structure are core conditions of effectiveness; the supportive organizational context and expert coaching both help the team benefit from the good design (Hackman, 2002).

Haas and Mortensen (2016), in their research on teams, confirmed

**Table 7**
**Barriers to Effective Team Performance**

| |
|---|
| • Inconsistency in team membership |
| • Lack of time |
| • Lack of information sharing |
| • Hierarchy |
| • Defensiveness |
| • Conventional thinking |
| • Complacency |
| • Varying communication styles |
| • Conflict |
| • Lack of coordination and follow-up |
| • Distractions |
| • Fatigue |
| • Workload |
| • Misinterpretation of cues |
| • Lack of role clarity |

**Source:** AHRQ, 2015.

Hackman's (2002) results, finding that a compelling direction, strong structure, and a supportive context are especially critical to team success. They also found that goals should be challenging enough to motivate, but not too difficult for the team to achieve; that structure requires having the right mix of team members, the right number of team members, defined tasks and processes, and behavior norms; and that a supportive context includes having support, information, training, resources, and rewards for success. Haas and Mortensen (2016) have also identified two barriers to success – 'us versus them' thinking and having incomplete information. Both can be prevented or mitigated by a shared mindset (a common team identity and a common understanding) and shared knowledge. Mesmer-Magnus and DeChurch (2009), in a meta-analysis on information sharing, found that information sharing positively predicted team performance, cohesion, member satisfaction, and knowledge integration. They also identified three factors that were found to enhance team information sharing – task demonstratability, discussion structure, and cooperation.

Creating conditions for team effectiveness includes removing barriers, as well as facilitating the work of the team. Barriers to effective team performance have been identified by AHRQ (2015) and are shown in Table 7. If you are part of the organization's leadership team, you can create a culture that helps teams succeed. If you are the team creator, you can make sure the team has the necessary members and resources, a clear direction, and the support it needs to accomplish the work it is charged to do. As a team leader, you can set the tone and direction of the team, organize the work, and keep the team on track. If you are a team member, you were put on the team because of what you can contribute, and the team needs your engagement and commitment. Together, all of these roles determine the team's success.

## High-Performance Teams

Think of the successful teams of which you have been a part. What set them apart and made them so successful? Perhaps they have been what are called 'high-performance teams.'

A high-performance team is "a group of goal-focused individuals with specialized expertise and complementary skills who collaborate, innovate, and produce consistently superior results" (Society for Human Resource Management, 2015, p. 1). AHRQ (2015) described the common traits of high performing teams:

- Have members with clear roles and responsibilities.
- Have members with a clear, valued, and shared vision.
- Have a shared mental model.
- Optimize resources.
- Have strong team leadership.
- Engage in a regular discipline of feedback.
- Develop a strong sense of collective trust, team identity, and confidence.
- Create mechanisms to cooperate, coordinate, and generate ongoing collaboration.
- Manage and optimize performance outcomes.

Additional details on the traits of high-performing teams are provided in Table 8.

Leadership is a key component of high-performance teams. Folkman (2016) studied teams from the view of team members to determine the leadership behaviors that were present in high-performance teams. Results indicated that team leaders inspire more than they drive; resolve conflicts and increase cooperation; set stretch goals; communicate, communicate, communicate the vision and direction; and are trusted.

## Stages of Team Development

All teams go through stages of development. Tuckman's (1965) classic work on team development identified four predictable stages of team development: forming, storming, norming, and performing. In an examination of the research on team development in the following 10 years, Tuckman and Jensen (1977) confirmed these four stages and added a fifth stage – adjourning.

During the forming stage, team members may be hesitant to participate, are looking for a sense of belonging, and closely watch how others behave. Some members of the group may be suspicious and fear the team situation. Discussion is often superficial, and complaints about the organization are common. During the storming stage, one-upmanship and conflict between members may develop. There is still confusion about team roles and concern over team versus individual responsibilities. Team members may try to influence the development of group norms, roles, and procedures. During the third stage of team development – norming, the team becomes more cohesive; goals, roles and relationships are established; communication is open; and conflict is about issues, not egos. In the performing stage, team members share a common focus and communicate effectively, and the work moves forward to accomplish the

**Table 8**
**Characteristics of High-Performing Teams**

| |
|---|
| • Have members with clear roles and responsibilities. |
| • Have members with a clear, valued, and shared vision.<br>– A common purpose.<br>– An engaging purpose.<br>– A leader who promotes the vision with the appropriate level of detail. |
| • Have a shared mental model. |
| • Optimize resources. |
| • Have strong team leadership. |
| • Engage in a regular discipline of feedback.<br>– Regularly provide feedback to one another and as a team.<br>– Establish and revise team goals and plans.<br>– Differentiate between higher and lower priorities.<br>– Have mechanisms for anticipating and reviewing issues of team members.<br>– Periodically diagnose team effectiveness, including its results, processes, and vitality (including morale, energy, and retention). |
| • Develop a strong sense of collective trust, team identity, and confidence.<br>– Manage conflict by effectively confronting one another.<br>– Have a strong sense of team orientation.<br>– Trust other team members' intentions.<br>– Believe strongly in the team's collective ability to succeed.<br>– Develop collective efficacy.<br>– Have a high degree of psychological safety. |
| • Create mechanisms to cooperate, coordinate, and generate ongoing collaboration.<br>– Identify teamwork and task requirements.<br>– Ensure that the team has the right mix of competencies through staffing and development.<br>– Distribute and assign work thoughtfully.<br>– Consciously integrate new team members.<br>– Involve the right people in decisions in a flexible manner.<br>– Examine and adjust the team's physical workplace to optimize communication and coordination. |
| • Manage and optimize performance outcomes.<br>– Communicate often and at the right time to ensure that fellow team members have the information they need in order to contribute.<br>– Use closed-loop communication.<br>– Learn from each performance outcome.<br>– Continually strive to learn. |

**Source:** AHRQ, 2015.

established goals. For ad hoc teams, the final stage, adjourning, is a time when members experience a sense of accomplishment. It can also be a time of increased emotion as the team is disbanded or membership changes.

Not all teams go through every stage or experience the stages in the same sequence or for the same amount of time. But all teams change over time as members get to know each other better and form relationships. By anticipating the stages of development, team leaders and team members can be alert to changes and deal with them effectively.

## Dysfunctional Teams

Dysfunctional teams can negatively impact work relationships, decrease productivity and effectiveness, and – if not managed – can jeopardize the organization (Lencioni, 2002). Lencioni (2002) identified the five dysfunctions of a team: absence of trust, fear of conflict, lack of commitment, avoidance of accountability, and inattention to results.

Amason (1996) stated that functional conflict is a productive part of the team process when it supports the goals of group. Dysfunctional conflict, on the other hand, hinders team performance and requires intervention to refocus the team. Capella and Nakfoor (2013) note that working in teams is not a naturally acquired skill, warn team leaders of the importance of distinguishing dysfunctional team work from functional conflict, and recommend only intervening to restore function.

### Cross-Functional Team Dysfunction

Tabrizi (2015), in a study of 95 teams in 25 organizations, found that 75% of cross-functional teams were dysfunctional and failed on at least three of five criteria: meeting a planned budget, staying on schedule, adhering to specifications, meeting customer expectations, and/or maintaining alignment with the company's corporate goals. The reason for cross-functional team failures was the perpetuation of organizational siloes. Tabrizi (2015) further concluded that cross-functional teams often fail when an organization has an unclear governance structure, lacks a systemic approach, has a lack of accountability, has non-specific goals, and fails to prioritize the success of cross-functional projects.

### Groupthink

Another threat to effective team function is groupthink, which can limit the decision-making ability of the group. In groupthink, Janis (1982) noted that "members tend to evolve informal norms to preserve friendly intragroup relations, and these become part of the hidden agenda at meetings" (p. 7). The pressure towards uniformity can lead to self-censorship, concurrence-seeking, and an illusion of unanimity, which may result in errors in decision-making and poor outcomes (Janis, 1982).

Groupthink can threaten the success of the project because it creates a sense of artificial harmony. The consequence of this behavior is failure to address problems or identify and choose the best alternative (Janis, 1972). Team leaders can prevent or mitigate groupthink by encouraging members to speak up and speak freely, and by not assuming silence indicates agreement or consent.

## From Teams to Teaming

Edmondson (2012) described the need for a more flexible form of teams. "Teaming," she says, is "teamwork on the fly" (p. 74). As an example, she discussed situations in hospitals in which individuals have to come together quickly to solve problems and then move on to the next problem with a different mix of clinicians. These are not the stable teams with the consistent leadership, membership, and structure that have worked together on a goal for a long period of time, and in doing so, have built relationships and trust. Edmondson (2012) noted that the most challenging aspects of teaming are that multiple functions must work together, relationships are temporary, no two projects are alike, work can be uncertain and chaotic, and sometimes, people are geographically dispersed. These challenges can also yield benefits. Individuals involved must gain a broader perspective on the work, understand other disciplines, and develop boundary-spanning skills. Flexibility, agility, and the ability to manage unexpected events are necessary attributes for success. Organizations that learn to do teaming well can become nimbler, more innovative, improve their ability to solve complex cross-disciplinary problems, unify their culture, manage unexpected events, and learn (Edmondson, 2012).

An example of teamwork on the fly was described at a meeting of the American Organization of Nurse Executives several years ago, when Captain "Sully" Sullenberger was discussing the emergency that led to landing his plane on the Hudson River and the success of having all passengers and crew survive. Airline crews, he said, were temporary teams who often had not previously worked together as a team, but would work together for a few days at a time. As the team leader, he made a practice of calling the team together for a few brief minutes at the beginning of the week's assignment so members could meet each other and any pertinent information could be shared. He described the elements that contributed to the success of the team in the emergency they faced: excellent training and competency validation, procedures that were known to all, everyone understanding their specific role, and the use of a common language. As an example of the latter, Capt. Sullenberger said he only spoke three words from the cockpit to the cabin crew that day ("brace for impact"), but the meaning of those three words was very specific, and he knew upon hearing those words, the crew would know exactly what to do. In those three specific words, he communicated volumes of information. Common language is a critical component of well-functioning teams, especially those that have to work together infrequently in critical situations.

### Teaming for Innovation

Teaming can also focus on innovation. Nurses have been teaming on the fly to innovate since Florence Nightingale and her 40 nurses figured out how to take care of thousands of wounded soldiers in the Crimean War. In 2013, MIT's Little Devices Lab and Pioneer unveiled MakerNurse, a national initiative to find nurses who are making new devices and improvising workarounds to fix problems in the way health care is delivered (Robert Wood Johnson Foundation, 2013). MakerNurse established its first medical maker space at the University of Texas Medical Branch in Galveston, furnishing equipment, such as 3D printers, sewing machines, and monthly consultations with engineers, and has a website (http://makernurse.com/) and Twitter™ and Facebook™ pages (both called MakerNurse), for updates and sharing information and ideas. Another example of teaming for innovation is PocketNurse, a nurse-owned company that has created materials and supplies to use in healthcare education and in making simulations more realistic with such items as simulated blood, wounds, and burns.

Edmondson (2013) noted that "innovation thrives when people from different disciplines and background come together to develop new possibilities that none of them could have envisioned alone" (p. 4), and described innovation as a fluid process that follows an uncertain path. As a result, the structure of a regular team may be restrictive in that with innovation, it is unclear initially who and what skills will be needed on the team, and how long the work will take. Edmondson (2013) offered four recommendations for teaming for innovation:

- Aim high – Aspire to change something; touch hearts and minds; stretch; make it safe; inquire.
- Team up – Ensure diversity; cross boundaries; nurture curiosity; make it safe; provide process guidelines; put conflict to good use.
- Fail well – Stop the blame game; distinguish the three types of failure (preventable, complex, intelligent).
- Learn fast – Be deliberate about the four steps of the learning process (diagnose, design, act, reflect); be aware of barriers at each step; reframe work as a learning process.

And then repeat – over and over again.

## In Summary

In the case of teams, one plus one does not equal two. Teams are greater than the sum of their parts; they allow organizations to exponentially multiply resources and outcomes, and

innovate in ways that are generally impossible when people work in isolation. However, to be effective, teams need to be created with great thought and intent, to have training in being team members and leaders, and to exist in an environment of support. Successfully using the power of teams has enormous potential to improve health care.

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Nephrology Nursing Journal

ANNJ1710

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### Learning Outcome

After completing this learning activity, the learner will be able to describe how to successfully use the power of teams within the healthcare setting, create and develop teams, be a team leader or member, create conditions for team effectiveness and high performance, and provide team training.

### Learning Engagement Activity

For more information on the use of teams in improving care in nephrology settings, see the session in ANNA's Online Library entitled, "Transforming Renal Care: Harnessing the Power of Team-Based Multidisciplinary Approach to Achieve Dialysis Targets," presented by Ajay Srivastava, MD, at the 2015 ANNA National Symposium, which can be viewed at http://library.annanurse.org/anna/sessions/2924/view

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|---|---|---|---|---|---|---|
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