

# **TEAMS IN THE WORKPLACE OF MEADOWVALE HEALTH**

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The author of this article wishes to remain anonymous. Teresa Marchant is listed as an editor of this paper and is the contact person for the paper. The editor would like to thank the author for agreeing to the publication of his excellent analysis for the benefit of other students.

## **ABSTRACT**

This paper looks at factors affecting group performance and their application to teams implementing changes within the healthcare system. It links group structure, leadership, decision-making, communication, power and politics, and conflict to the effectiveness of team performance.

## **INTRODUCTION**

Meadowvale Health is presently undergoing major change. The capital works program, one of the largest in the state, is concentrating on the construction of new building stock to support business practices into the future. With these new facilities comes business process redesign to better serve the community. Implementation of new models of care is part of this change. Properly functioning teams are an important part of the implementation of these changes within Meadowvale Health. The purpose of this paper is to review the factors affecting group performance and their application to the teams implementing changes within Meadowvale Health. It will be seen that group structure, leadership, decision-making, communication, power and politics, and conflict all play a role in the effectiveness of team performance in the health care industry. Areas of potential improvement within Meadowvale Health are highlighted and suggestions provided to address these issues.

## **CHANGE ISSUES RELATED TO MODELS OF CARE**

Meadowvale Health is in the process of introducing a variety of new models of care. The most widely known of these is the emphasis on clinical pathways to improve the 'Continuum of Care'. The aim is to integrate community-based services with traditional in-patient care to ensure a smooth transition between services for clients. This should provide efficiency gains in relation to decreased length of stay and reduced pressure on in-patient bed numbers. Implementing a new model of care within Meadowvale Health, such as clinical pathways, involves a planned medium scale change at the group level and focuses primarily on policies, procedures and communication systems which will necessitate alteration to many of the work practices within existing functional groups. These types of changes are driven to some degree by the three pre-requisites for change espoused by Toffler (1985) which included a change of vision and internal and external pressures. Specifically, the internal pressures within the public sector relate to organisational direction and a necessity to improve productivity in line with the external pressures generated by community expectations (Wilenski 1988).

When considering these change processes, Cullen (1987, pp. 15-6) identified that performance management, which is a development of the management-by-objectives approach, provided a basis for managing more complex business objectives. Including change processes. Cullen (1987) determined that the simplest example of performance management was the use of task groups or teams to manage major change programs. This has been the direction adopted by Meadowvale Health.

## **ISSUES AFFECTING TEAM PERFORMANCE**

The behaviour of people working in groups and teams is not just the sum of each individual acting in their own way. That is, team performance is not simply the total of individual effort (Robbins, Millett, Cacioppe & Waters-Marsh 1998, p. 26). There are a number of interacting factors that affect performance at a team or group level. These include structure, leadership, decision-making, communication, power and politics and conflict (Robbins et al. 1998, p. 28). To understand the performance of teams within Meadowvale Health we need to review each of these factors independently and analyse their effects on each other.

### **STRUCTURE**

The structural components of groups that can affect performance include size, homogeneity, cohesiveness, and group norms. Homogeneity and cohesiveness are linked with decision-making and communication and will be discussed later. Team size and group norms are potential areas for improvement in Meadowvale Health and warrant further discussion.

As an attempt to include representation from the different professional streams, many of the teams within Meadowvale Health consist of numerous members. These range from groups for communication meetings within the ward areas to the steering committees of the major change projects within the organisation. Steiner (1972) found that mean productivity for individual members decreased as the size of the group increased. For group members to fully participate Steers (1981), who was unable to find a clear relationship between increased group size and overall performance, recommended that group size be limited to approximately seven. Meadowvale Health, therefore, must be mindful that if larger groups are required for the inclusion of a variety of views, this will be at the expense of decreasing individual performance. For change projects within Meadowvale Health, more efficient use of staff resources will occur if a core team is established and other members are seconded to the team when specialist input is required. Alternatively, other techniques such as surveys can be used to gather input from those groups not represented on the team.

Meadowvale Health, in conjunction with many other public sector organisations, faces instances when group norms tend to describe a fair days work as that which can be performed in a number of hours. This group norm creates significant losses in productivity when there is a high level of cohesiveness amongst group members.

### **LEADERSHIP**

Leadership, especially medical leadership, is an issue for Meadowvale Health. Certainly the common saying of *'not all leaders are managers and not all managers are leaders'* holds true for Meadowvale Health. To perform effectively all managers must be capable of

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performing the functions of planning, leading, organising and controlling (Robbins 1983, p. 11). It stands to reason that if a manager or team leader is unable to lead their team effectively, then the performance of that team may be compromised. For instance, it takes leadership to motivate team members to the extra effort required when implementing change so poor medical leadership poses a potential problem for Meadowvale Health when introducing new models of care. The team leaders and managers within Meadowvale Health need to place emphasis on the development of transformational, rather than transactional leadership styles as described by Burns (1978) and developed by Bass (1985). Burns (1978) described transactional leaders as those who influence by exchanging one thing for another. This is currently the focus within Meadowvale Health, as many managers and team leaders believe that without financial control they are unable to manage their team. For transactional managers this is true. As they have nothing to exchange, they cannot influence and, therefore, lead their team to undertake the tasks necessary to implement change.

*In contrast to transactional leaders, transformational leaders produce higher levels of effort, effectiveness and satisfaction in their followers through their charisma, inspiration, individualized consideration and intellectual stimulation.*

(Bass & Avolio 1990, p. 16).

Clearly, for managers within Meadowvale Health to lead their staff to implement change, further development of their leadership skills is required. As team leaders they need not be charismatic, but in addition to the transactional behaviours that form part of their management skill repertoire, they need to develop behaviours that are transformational in their effects.

Davis (1997) stressed the importance of leaders within the health industry possessing appropriate competencies to address the challenges encountered during the change process. However, Leigh and Newman (1997) outline the difficulties faced by medical managers such as the lack of appropriate training, role definition and administrative support. This deficiency in appropriate training of leaders is presently being addressed within Meadowvale Health through the involvement of the organisation in further education programs. These include a Graduate Certificate in Management, which is being conducted in conjunction with a consortium of universities, and supporting participation in 'New Leaders in Health' training.

Another difficulty encountered by leaders of medical teams within Meadowvale Health is the perception that medical managers or leaders are no longer part of the medical team (Chesanow 1997). Many of these managers attempt to hold onto patient care duties to counter this opinion, but find that in the long term this is not practical due to the time commitment required by the management position. Transformational leadership qualities provide a mechanism to transcend these difficulties (Chesanow 1997, p. 156). In addition, Meadowvale Health is attempting a structural change to address the issue of acceptance of medical managers by clinicians. By moving to a divisional structure where the manager or team leader is still actively involved in clinical duties, they should have a greater understanding of the clinical service needs and be more widely accepted by their colleagues. This, in the long term, may provide similar problems to those reported by Chesanow (1997) where the overwhelming management commitment leads to the eventual demise of those clinical duties.

Recently it has been discovered that teams, in addition to having leaders who can lead, also need followers who can follow. Robbins et al. (1998, p. 415) describe four qualities required of effective followers as:

- they can manage themselves well;
- they are committed to a purpose outside themselves;
- they build their competence and focus their efforts for maximum impact; and
- they are courageous, honest and credible.

To increase the effectiveness of teams in implementing change within Meadowvale Health, attention needs to be focussed on ensuring that staff possess the relevant skills and are competent in areas that will be of value to the organisation. This is especially important when change, such as that directed toward the introduction of a new model of care, is contemplated. The importance of competencies has not been adequately addressed in the past, though there is evidence, through an emerging focus on training and development needs, that Meadowvale Health is beginning to address this issue.

## **DECISION-MAKING**

The importance of decision-making in teams implementing change should not be understated. Though it is generally assumed that an interacting group of people may provide more effective decision-making capability, depending upon the group dynamic,s this may not be the case (Burton 1987). The effectiveness of the group decision-making process is equal to the sum of the efforts of the individual members, plus the assembly effect or synergy, minus any process losses (Robbins 1983, p. 242). Although the advantages of group based decision-making are a greater diversity of views, more complete knowledge and information and, generally greater acceptance of the solution, there are a number of disadvantages (Robbins et al. 1998, p. 375-6). These include the process losses such as:

- they are time-consuming;
- can be dominated by a few individuals;
- produce pressures to conform; and,
- reduce the perception of accountability for the outcome by the team members.

The leader of the team has a crucial role to play in facilitating decision-making and reducing these process losses. Team leaders should:

- engender a spirit of mutual respect among team members;
  - exhort all team members not to lock-in on a particular option;
  - discourage lobbying for support prior to discussion;
  - urge group members to listen to the contribution of others;
  - delay declaring their own position;
  - invite input from all team members;
  - encourage candid expression of ideas;
  - ensure the focus is on ideas not people;
  - prevent a minority view from continually being emphasised and discourage political game playing;
  - beware of easy concurrence; and
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- foster a commitment to the collective decisions.

Generally, within Meadowvale Health, team leaders appropriately facilitate decision-making — though there are a number of hurdles that make this process difficult. The conflict between doctors and nurses creates difficulties in relation to the first four points listed above, as each professional group typically has already formed an opinion and is unwilling to consider the view of the other (Lumby 1996). This encourages lobbying for support prior to the meetings or an ‘elitist fallacy’, which fosters a myth that only a few expert members have any worthwhile contribution to make (Smith & Preston 1996). Consequently political game playing becomes very evident when major change is anticipated, as the professional groups attempt to achieve their own desired outcomes.

Certainly there are limitations provided by the doctor-nurse conflict which hinder adequate support for viable options. However, this conflict approach to decision-making produces greater quality of assumptions and recommendations from the team and reduces the likelihood of developing group-think which can occur in homogeneous groups (Dunford 1992, p. 287-8). Certainly the reduction of group-think is an important aspect in Meadowvale Health teams as many staff are unable to ‘think outside the box’. The benefits provided by these robust discussions in exploring new ideas exceeds the difficulties that are experienced from reduced support by some of the team members. Conflict approaches to decision-making can have long term implications for the team because conflict approaches result in decreased cohesiveness of the team. Generally within the change management teams in Meadowvale Health the positive decision-making outcomes due to the assembly effect exceed the process losses produced by the difficulties outlined above.

## COMMUNICATION

Communication is central to the functioning of teams within a work environment. It forms the link between each team member and with the surrounding workforce. It is the exchange of information and the transmission of meaning (Katz & Kahn 1978, p. 428).

A number of barriers to effective communication have been identified. These include selective perception, snowing, jargon, cultural differences, lack of feedback, and closed mindedness. All of these are relevant to teams implementing change within the environment of Meadowvale Health, however, some warrant particular mention. Selective perception creates differences between the professional groups and can inhibit active discussion of viable options for the change process. For instance, nursing staff will tend to notice suggestions that suit their needs whilst selectively screening out other pertinent information. They may, therefore, not consider effective, a solution to a problem because it does not fit within their perceived solution. Jargon also creates difficulty, especially when dealing with outsiders such as consultants who are employed to facilitate the change process.

Of particular importance to Meadowvale Health, when considering implementing a new model of care, is the issue of lack of feedback. As there is currently a perception amongst health care professionals that doctor=boss and nurse=subordinate there is the risk that the doctors will issue commands rather than communicate what is desired (Smith & Preston 1996). This carries the risk of there being no confirmation that the desired direction is appropriate. Another issue that aggravates this problem is the communication difficulties between the genders. For example, men typically emphasise status and are more direct than

their female counterparts. Robbins et al. (1998, p. 371-2) emphasises that these differences in male and female perceptions create confusion in communication. These issues need to be taken into consideration with the trend toward integration of the professional streams with divisional structures within Meadowvale Health. The increasing status of nursing staff with tertiary and specialist qualifications will improve communication between the nurses and other health care professionals (Smith & Preston 1996, p. 34). Improvement in communication and relations across the professions will result in more effective group decision-making and satisfaction (Gibson 1994; Horsley 1996).

## POWER AND POLITICS

Power is a potential, a resource that does not have to be used. Politics in comparison are the things individuals do to obtain power. Essentially, it is the application of power. Consequently power and politics are necessary components of change processes. This is confirmed by Pfeffer (1992, p. 337) who wrote:

*It is one thing to understand power — how to diagnose it, what are its sources, what are the strategies and tactics for its use, how it is lost. It is quite another thing to use that knowledge in the world at large. And putting the knowledge of power and influence into action — managing with power — is essential for those who seek to get things accomplished.*

Any change process within Meadowvale Health will involve politics and power. The effectiveness of a team implementing change will be increased when they have power.

Kipnis et al. (1984) classified a number of strategies that teams can utilise to obtain power:

- reason and data to support the intended direction: hence the move towards evidence based medicine to drive change processes;
- friendliness to engender support;
- coalition to mobilise change by the support provided by others;
- bargaining as a form of transactional leadership;
- assertiveness to ensure compliance with the change process;
- higher authority support for the change in direction; and
- sanctions from organisationally derived rewards and punishments.

Teams within Meadowvale Health are utilising the strategies of reason, sanctions and higher authority to implement changes, such as new models of care. Evidence based medicine is used to support these new work practices. Research articles are utilised which provide confirmatory evidence of the efficiencies to be gained by the implementation of clinical pathways to support the 'Continuum of Care'. Implementation of changes are further supported as being best practice by the 'power brokers' in corporate office and by the inclusion of these strategies as part of the funding arrangements to the districts.

## CONFLICT

Conflict is a state of affective disharmony where there is no necessity for winners and losers as is seen in competition (Gray & Starke 1988). Traditionally conflict has been frowned upon by managers, but Gray and Starke (1988) and, more recently, Robbins et al. (1998) emphasise

that conflict can have positive as well as negative effects. Meadowvale Health has a tendency to inhibit conflict, but as espoused by Robbins (1987, p. 335) an organisation that is conflict free has no internal forces to initiate change. However, conflict needs to be appropriately managed because a moderate amount can produce functional outcomes and improve organisational performance, while excessive conflict can be destructive (Robbins et al. 1998, pp. 485-9). Conflict is viewed to be functional when it:

- increases creativity and innovation resulting in greater adaptability to change;
- airs underlying problems;
- clarifies group goals and values; and
- increases commitment and energy amongst group members.

According to Lewin (1951) organisational change involves three phases: unfreezing, moving and refreezing. Conflict provides the platform for unfreezing of the status quo to allow change to be initiated. Many of the current work practices within Meadowvale Health are based on tradition and there is a trend to maintain the status quo. Any mechanism that can be employed to unfreeze the present situation will provide benefit. Consequently a moderate level of conflict should be maintained when Meadowvale Health is reviewing and changing work practices, such as implementing a new model of care.

## CONCLUSION

The introduction of new models of care within Meadowvale Health requires significant organisational change. It was recommended that change process taskforce teams would best address the process of reviewing and implementing work practices. A number of important issues relevant to team performance were discussed including structure, leadership, decision-making, communication, power and politics and conflict. It was seen that the structure of the team was important in so far as increasing the size of a team does not necessarily result in increased performance. It was recommended that a core group of up to seven individuals be formed and provided with the ability to invite specialists to provide input on an *ad hoc* basis as required.

Leadership was identified as a key factor for team performance and this was the area in which the Meadowvale Health has the greatest scope for improvement. Issues with a transactional, rather than transformational, style being employed were identified, such as where the importance lies of being cognisant with the doctor—nurse conflict and the difficulties faced by medical managers balancing management and clinical duties. A brief insight into the importance of followers who can follow was also provided.

Decision-making was reviewed and again the importance of the doctor-nurse conflict issue was highlighted, though it would appear that this issue would be self-limiting. Communication was briefly addressed where the areas of selective perception, jargon and lack of feedback were seen to be important for Meadowvale Health. Increased awareness of these issues by team leaders and managers was seen as a mechanism to reduce the negative effects of these factors.

Finally, power and politics were seen as factors that could be used to advantage by teams to implement changes. Conflict was an issue and, if managed appropriately, would be beneficial,

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but had the ability to engender dysfunctional outcomes which would decrease group performance if handled inappropriately.

In summary, teams within Meadowvale Health have the ability to introduce changes such as new models of care. However, care needs to be exercised to address the issues raised here.

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