

Leadership, Management & Team Working in Nursing

5E

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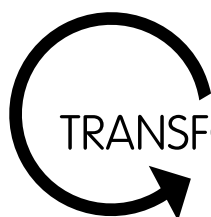
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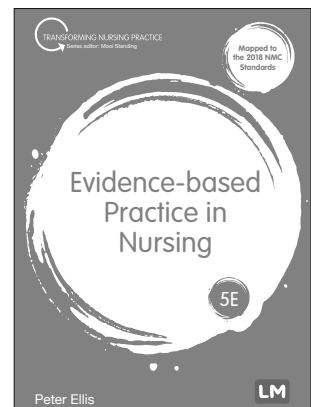
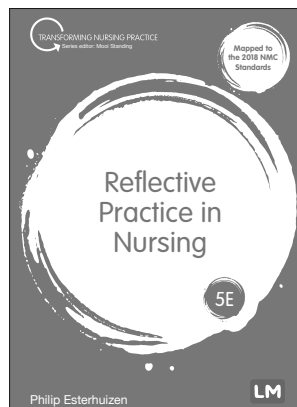
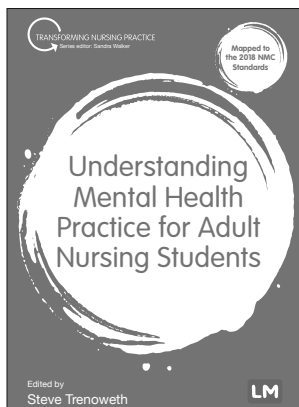
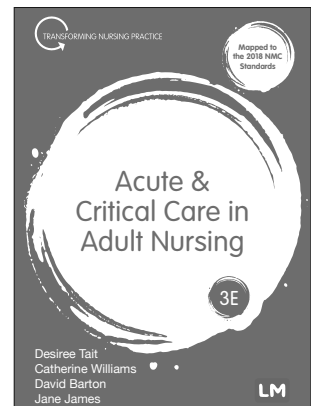
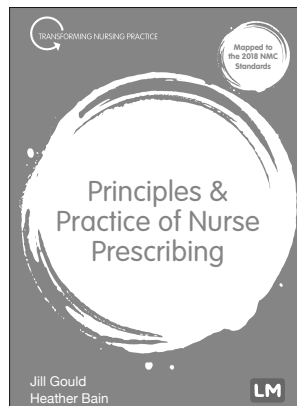
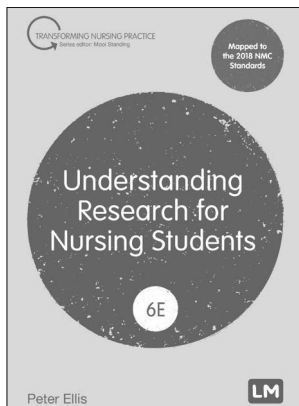
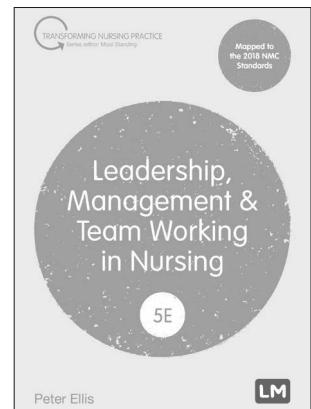
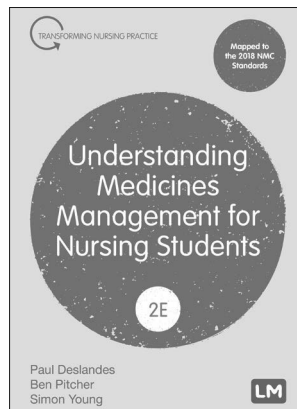
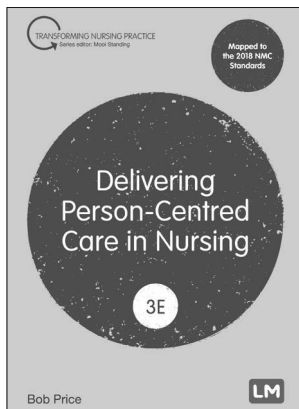
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About the author

Peter Ellis is an independent nursing and health and social care writer and consultant, and CEO of Intelligent Care Software. He is also an expert witness for nursing and social care. Peter was most recently a registered manager and nursing director in the hospice and social care settings. Prior to this, he was a senior lecturer and programme director at Canterbury Christ Church University where he taught undergraduate and postgraduate nursing students. Peter is also an honorary senior research fellow of Canterbury Christ Church University and has a special interest, including ongoing research, in palliative and end-of-life care.

Foreword

Leadership, Management and Team Working in Nursing engages readers in a step-by-step exploration, ranging from reflecting on how they like to be managed, to understanding how they can be more effective team players, coordinators and leaders in person-centred care. One of the main strengths of the book is the way in which it succinctly integrates relevant management and leadership theory with nursing values and the practicalities of delivering high standards of care within complex multidisciplinary healthcare organisations. It does so by continually drawing parallels between the qualities of a good nurse and a good leader. For example: being self-aware of one's own development needs; accepting and respecting individual differences and cultural diversity; creating a collaborative, nurturing culture which maximises the contribution and development of all parties; listening to, negotiating with and caring for colleagues as well as patients; developing emotional intelligence and resilience in managing stressful events; and inspiring trust in others through one's competence, values and professional commitment. This is very helpful in enabling readers to integrate their understanding of themselves as individual nurses, as members of a multidisciplinary team and as employees of organisations responsible for providing safe and effective healthcare. As such, it is essential reading for all nursing students so they can understand where they 'fit in' and the important contribution they can make to the healthcare team in delivering care.

Each chapter is mapped against relevant standards of proficiency for nurses (NMC, 2018a); for example, Platform 5 'Leading nursing care and working in teams'. Collectively they inform compliance with *The Code* (NMC, 2018b), such as: 25. *Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the healthcare system.* The book is therefore essential reading for nursing students in understanding and developing their skills in leadership, management and team working for the benefit of all service users. I also recommend the book to registered nurses as it will be an invaluable resource when reflecting upon their care management and leadership skills for NMC (Nursing and Midwifery Council) revalidation purposes. The fifth edition has been updated with new material and references reflecting ongoing developments and challenges for effective nursing leadership and management to address.

Peter Ellis has skilfully combined his extensive nursing, educational and managerial expertise in an excellent book packed with real-life case studies and stimulating activities, thereby enabling nursing students and registered nurses to apply relevant management theory to enhance their nursing practice. I hope you enjoy reading it as much as I did.

Dr Mooi Standing, Series Editor



Chapter 3 Teams and teamwork

NMC Future Nurse: Standards of Proficiency for Registered Nurses

This chapter will address the following platforms and proficiencies:

Platform 5: Leading and managing nursing care and working in teams

Registered nurses provide leadership by acting as a role model for best practice in the delivery of nursing care. They are responsible for managing nursing care and are accountable for the appropriate delegation and supervision of care provided by others in the team including lay carers. They play an active and equal role in the interdisciplinary team, collaborating and communicating effectively with a range of colleagues.

At the point of registration, the registered nurse will be able to:

- 5.4 demonstrate an understanding of the roles, responsibilities and scope of practice of all members of the nursing and interdisciplinary team and how to make best use of the contributions of others involved in providing care.
- 5.7 demonstrate the ability to monitor and evaluate the quality of care delivered by others in the team and lay carers.
- 5.9 demonstrate the ability to challenge and provide constructive feedback about care delivered by others in the team, and support them to identify and agree individual learning needs.

Platform 7: Coordinating care

Registered nurses play a leadership role in coordinating and managing the complex nursing and integrated care needs of people at any stage of their lives, across a range of organisations and settings. They contribute to processes of organisational change through an awareness of local and national policies.

At the point of registration, the registered nurse will be able to:

- 7.6 demonstrate an understanding of the complexities of providing mental, cognitive, behavioural and physical care services across a wide range of integrated care settings.

Chapter aims

After reading this chapter, you will be able to:

- understand team roles and dynamics and how these affect decision-making and team working;
- explore methods to evaluate effective team working;
- consider the skills needed to lead teams, meetings and working groups;
- explore the usefulness of interagency and interdisciplinary team working in healthcare delivery.

Introduction

This chapter will begin by reflecting on your experiences of working in teams and then will progress to exploring how you can develop the skills to manage and lead a team. Nurses, like all professional groups, learn through education and experience to make autonomous and independent professional decisions when managing patient care. At the same time, in health and social care environments, there is an expectation for nurses to:

- work within teams of other nurses (e.g. in wards or units);
- work with interdisciplinary teams (e.g. specialist teams, including doctors and other allied health and social care professionals);
- manage and direct teams with specific specialties (e.g. infection control);
- lead teams to introduce new ways of working or maintain high standards of care (e.g. audit, clinical improvement and task and finish groups).

The chapter will examine how teams work and how to evaluate the effectiveness of teams. The different roles team members assume are covered next, as are skills for improving team working, dealing with difficulties involving team members and team communication. In this section we also explore some of the theoretical positions, based upon social psychology, which have helped to explain team members' behaviour. The practicalities of leading team meetings are described and, finally, the role of interdisciplinary team working is discussed.

How teams work

Understanding group dynamics is the starting point for recognising how teams are formed and how they work at their most productive. It may seem that some groups work well together as if by magic but, in reality, it often requires a deep understanding of the nature of individuals and how they interact in groups, to create and sustain useful teams.

Tuckman (1965) is the most often quoted commentator on how groups come together. In Tuckman's view there are five stages to the creation of groups:

1. *Forming: the group comes together and the task which needs doing is identified. At this stage, the group may not know each other, but may share similar goals.*
2. *Storming: the group starts to explore how to tackle the allocated task. Relationships in the group start to build, although in some cases this never happens and the group gets stuck in this phase.*
3. *Norming: the group has moved through storming and 'normal' working practices start to emerge.*
4. *Performing: not all groups get to this stage. Groups that get to this stage are highly independent and motivated.*
5. *Adjourning: once the project, the reason for forming the group, is completed, the group has no further reason to meet and will adjourn.*

Activity 3.1 Reflection

Consider an established team as well as a task-focused group in which you have played a part. A ward team is an example of an established team, and you might have been allocated to a group to do some work in a classroom setting. Think about the key activities of the group or team and make a list of what they did together. Would you describe the experience as one where individuals came together in personally focused but unifying relationships, such as those found in families, religious groups, political affiliations or students studying the same module? Or did the experience involve a number of people joining together in a specific work, activity or task, perhaps working toward a common goal and with a set of particular aims and objectives?

If it was the former, this would be described as a group activity. If it was the latter, it would be described as a team. A well-functioning team has:

- defined objectives;
- positive relationships;
- a supportive environment;
- a spirit of cooperation and collaboration.

As this is based on your own thoughts and reflections, there is no outline answer at the end of the chapter.

In summary, a team is created from a number of people who are organised to function cooperatively as a unit. By contrast, a group is deemed to be a number of people sharing something in common, such as an interest, belief or political aim. In common with wider organisations, teams exist to get a job of work done (Tamunomiebi and Uhuru, 2018), and, like organisations, the purpose of teams is to get the job done efficiently and effectively.

Activity 3.2 Critical thinking

Think about a time when you were involved in working in a team. This could be the experience you thought of in Activity 3.1 if it fits the definition of a team. Write down the main aim or purpose of the team. Find out if the team/organisation has a vision and values statement, an area philosophy or statement of purpose (e.g. a ward philosophy). Consider the behaviours in the team that reflect these stated values and, therefore, whether the statement contributed to the success or otherwise of the team.

There are some possible suggestions at the end of the chapter.

It is often said that a team as a whole is more effective than the sum of its parts (Lingard et al., 2017); that is to say, a team can get more done and get it done more effectively than the same number of individuals undertaking the task alone or in an uncoordinated fashion.

Activity 3.3 Critical thinking

Consider the statement that teams are more efficient than the sum of their parts. Do you think this is correct and, if so, what do you think it is about teams that makes them more efficient and effective?

There are some possible suggestions at the end of the chapter.

Team effectiveness

When a team works well together, this is reflected in the culture and atmosphere of the workplace. This is noticeable in several different ways, for example when team members:

- have a shared understanding of team goals and tasks;
- are willing to listen to each other;
- feel comfortable discussing their work with each other;
- handle disagreements positively and openly;
- demonstrate the team values in their day-to-day work activities;
- give and receive feedback with respect for each other's feelings.

Activity 3.4 Reflection

Compare the list of attributes of an effective team, listed above, to the list of problems which Francis (2013) identified in the *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*, discussed in Chapter 1 (and see the useful websites section at the end of this chapter).

Reflect on what this means for the role of values in the creation and effective working of teams.

There are some possible suggestions at the end of the chapter.

In contrast to effective teams, an ineffective team can be dominated by a few members with strong views, opinions and characters; such teams are said to often lack effective leadership (Kozlowski, 2018). This can mean team members feel isolated from the main purpose of the team, which in turn can lead to feelings such as disenfranchisement, boredom and a lack of engagement and commitment.

An overuse of rules and regulations can lead to a stifling of informal relationship building which is necessary to achieve team harmony. For example, teams often have norms to guide them on how each person should be addressed – whether by organisational title and family name, or by first name. Another example might occur when a team has devised a specific method of dealing with patients' personal effects that fits fundamentally with the principles of the organisation's policy, but which is not practical given the nature of the department (e.g. an emergency department).

However, a leader also needs to know which regulations must be followed to maintain patient and organisational safety. Individual team members should also be aware of their own professional responsibilities and accountability, guided by professional codes of conduct such as the *NMC Code* (NMC, 2018b). Acknowledging individuals' responsibility also reinforces a sense of professional autonomy that can contribute positively to (or, when missing, detract from) team working.

If not dealt with, conflicts and disagreements can lead to team members avoiding each other and suppressing negative feelings. This, in turn, can lead to resentment and frustration. So, it is important to look at disagreements as opportunities for improving team relationships, by talking through differences and discussing alternative ways of working together. Team leaders can facilitate these discussions or they can be just between the individuals provided ground rules are established and resolution of the differences is made a focal objective. A helpful team activity for dealing with differences is for the team to develop a team code of cooperation. (See the useful websites section at the end of this chapter, as well as Chapter 5, for further information on dealing with conflict.) As a rule, people who appear difficult within a team need to be listened to: it is often the sceptic who helps the team avoid making mistakes, while the over-eager team member might just know something which will be useful to the team if they take the time to listen.

In some situations where issues arise between team members, the manager may need to mediate. Ideally in a team of adults working together, team members who have issues with each other should address these themselves and managers should encourage staff

to do this before being drawn into inter-staff issues. That said, where team effectiveness is impacted by issues between staff members it is the role of the manager to make sure these are sorted out.

Giving feedback on performance to team members (whether you are a leader or colleague) is an activity that must happen as and when the need arises, as well as at set points throughout the year (such as at supervision or appraisals). Effective feedback can enhance individual performance and improve the outcomes for the team – which means for patients also. Done badly, or too infrequently, feedback can come across as negative and fail in its purpose, which is to improve performance. Chapter 4 looks more closely at working with individuals within teams, and Chapter 6 considers the benefits of coaching and practice assessment.

Negative or destructive criticism that is personal and hurtful has the potential to create discordant relationships that lead to resentment and, in turn, a lack of cooperation between individuals. While poor performance might warrant negative feedback, the interaction needs to focus on the performance and not the individual. It should also concentrate on the opportunities for individual and team development. One way for a team to learn to work with constructive feedback is to provide 360-degree feedback to each other. This helps team members to get used to giving and receiving feedback (Zajac et al., 2021). It also allows team members to experience what it feels like, and helps them to generate phrases that are acceptable and respectful when conveying feedback to one another. Table 3.1 contrasts some of the attributes shown by effective and ineffective teams

Table 3.1 Summary of effective and ineffective team characteristics

Attribute	Effective team	Ineffective team
Goals	Are understood and supported	Unclear tasks and objectives
Contributions	Whole team involved and make pertinent contribution	A few members dominate, others are marginalised
Environment	Informal and relaxed	Bored and tense
Leadership	Shared and moves with need for expertise	Autocratic
Assignments	Clear allocations which are accepted	Unclear about who is doing what
Listening	Attentive listening with everyone heard	No one listening; ideas ignored or overridden
Conflict	Comfortable with disagreement	Disagreements ignored; minority disenfranchised
Decision-making	By consensus	Actions or voting before issues thought through
Self-evaluation	Ongoing evaluation	Not discussed

Source: Adapted from Yoder-Wise (2019), p339.

Team dynamics and processes

The way team members engage with each other and the factors that affect team functioning are crucial aspects of effective team working. It is customary for there to be a team leader who will direct the team, set the tone for how the team will work and generate performance targets or goals. There are occasions, however, when a team will be self-directed and led jointly by members who have similar status or responsibilities, or who are not accountable to each other, such as when people in a multidisciplinary team work together to achieve a common goal.

Norms

Most teams develop norms, which are the informal rules of behaviour shared and enforced by team members. These norms are developed as a form of self-regulation to enable stable team functioning and survival. Norms are often linked to expected contributions from individuals who fulfil specific roles. For example, a student nurse's contribution to the team will be bounded by their being supernumerary, what they are allowed to do, and by how far they are into their training. A healthcare assistant will have specific roles within the team, which relate to their experience and qualifications, as will a qualified nurse, who will often be leading others in the team. In established, functional teams, each member will understand their role and support each other with the agreed activities within the well-understood parameters of their responsibilities and capabilities.

However, these parameters may vary from team to team and ward to ward, depending on local policy, the nature of the work, or the experience and qualifications of the team members. Trying to adapt to these different parameters can sometimes lead to misunderstandings because of the variations between teams, and student nurses or new team members will need to find out the norms of any group by discussion and reference to unit protocols. Examples of norms may include when breaks are taken, how shifts are negotiated, how to prevent embarrassment by being loyal to the team, and how collectively held values or principles are best expressed. The assimilation and adaption into a team is a further example of socialisation, which we discussed in Chapter 1.

Roles

A role is an expected set of behaviours characteristic of a specific function in the team. Individuals may have an inherent tendency to perform a role, such as a nurturing role; alternatively, roles may be informally ascribed by the group or formally designated by the leader. Benne and Sheats (1948, p43) famously suggested roles can be divided into either task roles or nurturing roles, and these are set out in Tables 3.2 and 3.3, respectively.

Table 3.2 Task roles

Initiator	Redefines problems and offers solutions, clarifies objectives
Contributor	Suggests agenda items and maintains time limits
Information seeker	Pursues descriptive baseline information for the team's work
Information giver	Expands information given by sharing experiences and making inferences
Opinion seeker	Explores viewpoints that clarify or reflect the values of other members' suggestions
Opinion giver	Conveys to group members what their essential values should be
Elaborator	Predicts outcomes and provides illustrations or expands suggestions, clarifying how they could work
Coordinator	Links ideas or suggestions offered by others
Orienter	Summarises the group's discussions and actions
Evaluator critic	Appraises the quantity and quality of the team's accomplishments against set standards
Energiser	Motivates the group to accomplish, qualitatively and quantitatively, the team's goals
Procedural technician	Supports team activity by arranging the environment and providing necessary equipment
Recorder	Documents the team's progress, actions and achievements

Table 3.3 Nurturing roles

Encourager	Compliments members for their opinions and contributions to the team
Harmoniser	Relieves tensions and conflicts
Compromiser	Sets aside own position or views to maintain team harmony
Gate keeper	Stimulates discussion to enable all team members to communicate and participate, without allowing any one member to dominate
Group observer	Notifies team processes and dynamics and informs the team of them
Follower	Passively attends meetings, listens to discussions and accepts the team's decisions

Task roles keep the team focused on their objectives or functions, whereas nurturing roles are facilitative or concerned with meeting interpersonal needs. Team members may adopt more than one role. A team leader may wish to accentuate one role in place of another to improve team functioning or, alternatively, to suppress a role that becomes over-emphasised. Learning when to do this and what benefits accrue from it is one of the skills of good leadership. It is in doing this that the team leader assumes the role of a conductor of an orchestra, utilising the different talents of the team, at different times, to achieve a successful performance.

Meredith Belbin (2010) continues to be one of the major contributors to team role theory. Based on research into dysfunctional teams in the 1970s, Belbin found that effective teams were founded upon individual behaviours. The research was originally contrived to examine ways to control team dynamics; however, the researchers found that the difference between success and failure in a team was not based on intellect but on separate clusters of behaviour, each behaviour making a specific contribution to effective team working.

Belbin went on to identify nine team roles, each equally essential to the team and necessary to create a balance of roles. Of note, each identified role also displays some potential weaknesses which can interfere with team productivity, but which are tolerated because of the positives that role also brings to the team.

Activity 3.5 Researching and finding out

Go to the Belbin website (www.belbin.com) and find the page which describes the nine team roles. Look at the various team roles and the skills and allowable weaknesses associated with them. Consider what this means in relation to the content of this chapter.

As this is based on your own research, there is no outline answer at the end of the chapter.

Influence of social systems on teams

Teams do not work in isolation. In healthcare, they are often located in organisations or as subsets of other larger team structures, such as departments or divisions. These background factors need to be taken into consideration for a full analysis of team dynamics (personal relationships) and processes (actions directed toward a specific aim). The sociologist George Homans (1961) used a systemic model to describe what he determined as the *internal systems* facing *external systems*, and the impact of systems or feedback loops on team dynamics and, consequently, the effectiveness of teams.

An example of a system is the water cycle. Water vapour is condensed from the atmosphere into clouds. It falls onto the earth as rain or snow and is collected into some form of reservoir. Humans channel the water into homes, factories and buildings. It is then utilised and transformed into wastewater, which travels into rivers and seas to be evaporated back into the clouds, thus beginning the cycle all over again. At each stage, there are factors which influence the system, such as drought, over-usage and contamination. Equally, social systems can be affected by Political, Economic, Social, Technological, Legislative or Environmental (PESTLE) factors and therefore indicate

the complexity, interdependency and vulnerability of any system, as well as an ability to adapt to change. Understanding systems and how they work can have an impact on problem-solving, team working and the management of change (see the useful websites section at the end of this chapter for more information on management application of systems thinking and PESTLE analyses).

While the importance of Homans' focus on individuals in small groups is now quoted less often, the fundamental findings of his work help to illuminate the factors that influence small-group functioning as a system, and the consequences of those interactions, such as the impact of the manager's leadership style and external organisational infrastructures. Homans considered the essential elements of a group system to be the activities, processes, interactions, interpersonal relationships and attitudes of team members toward the goals of the team. See Figure 3.1 for a contemporary version of Homans' conceptual scheme.

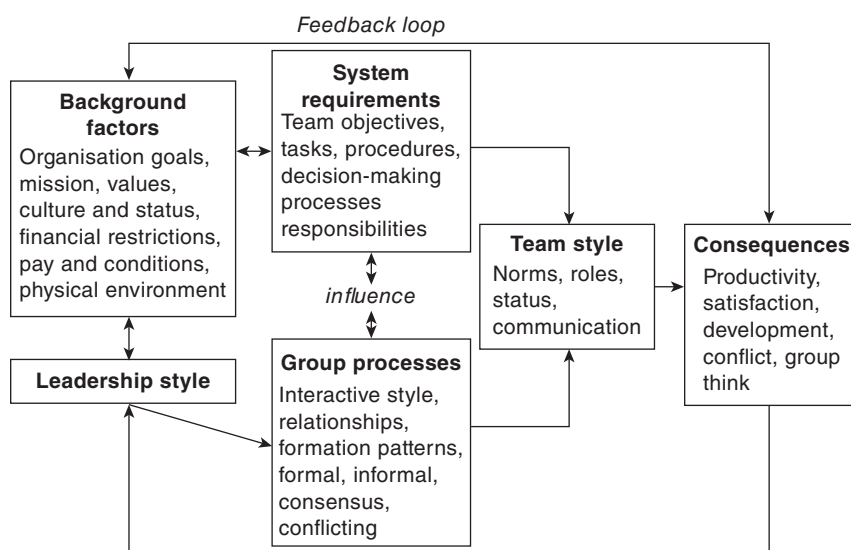


Figure 3.1 Homans' (1961) conceptual scheme of a small social system modified to reflect external and internal influences on consequences or effective outputs of a team in the twenty-first century

The conceptual feedback loop scheme Homans designed can help us to analyse groups and pinpoint problem areas when teams are ineffective. The importance of this work is to acknowledge that each action influences other parts of the process in a system, which is a major characteristic of **general systems theory** (famously illustrated by von Bertalanffy, 1968) and also of any small-group interaction. Homans' studies led to the development of social exchange theory and the premise that social interaction is based on the exchange of rewards.

Theory summary 3.1: Social exchange theory

This theory is based on establishing and sustaining reciprocity (equal exchange) in social relationships, or mutual gratification between individuals, and the comparison of alternatives. The theory relies on the assumption that humans are rational and willing to exchange items, either material or emotional, that are important to them for the benefit of other people. Integral concepts of the theory are the notions of justice and fairness. If the perceived costs of a relationship outweigh the benefits, the theory predicts that a person will leave the relationship. However, criticisms of the theory are that it favours an economic model, whereby all human interaction is likened to a process of cost–benefit analysis. Furthermore, there are opportunities for coercion and power tactics through the use of punishments and rewards if benefits are withdrawn. Understanding the intricacies of social exchange theory can help you understand social relationships in a team, when some people are more willing to help others, for example (see the useful websites section at the end of this chapter for further information).

Creating effective team working

There is a lot of emphasis in the management literature on team-building activities to enhance team effectiveness by focusing on both task and relationship aspects of team working. The aims of team building are generally to:

- clarify the values, purpose and functions of the team;
- establish goals or specific objectives;
- identify the decision-making processes, responsibilities and hierarchies to define inter-team relationships;
- establish or revive communication patterns;
- clarify the group norms or expected behaviours of the team.

Team building starts before recruitment. Identifying the values as well as skills, both essential and desirable, which are needed when recruiting a team, creates the opportunity for the manager or leader to complement and strengthen those skills already available to them and to fill skills gaps which will be of benefit to the team. This team building continues at the stages of shortlisting and interviewing, when the manager has the opportunity to first sift applicants for talent and then interview them to ensure their values are a good fit for the existing team (Foster, 2017).

Team-building strategies can be used to help integrate individuals into teams, for example through initial training and their introduction to the team at induction, making them function more effectively from the point at which they join the team. Team-building exercises may also require funding and time away from the work situation. Alternatively, if the team only needs fine tuning, the team leader can undertake an analysis of the team's functioning through

processes such as supervision and appraisal (see the useful websites section at the end of this chapter for team-building ideas). Team leaders can also undertake an objective observation of team activities and then take this to team meetings for an open discussion. The team leader will need to take the emotional temperature of the team to decide if this will be appropriate (emotional intelligence, which will aid this process, is discussed further in Chapter 5).

Activity 3.6 Reflection

Consider your own induction to a team or working environment and consider the value of the orientation offered as well as any opportunities to meet other staff. Consider whether the people undertaking the induction discussed the values, vision or goals of the team. If so, did this enable you to better understand the nature of the team you were joining.

As this is based on your own thoughts and reflections, there is no outline answer at the end of the chapter.

Where the leader has to intervene because a team is not functioning effectively, they will need to do some preparation aimed at analysing and defining the problems. This involves four steps:

1. Gathering information through different means, such as:
 - a. informal and formal discussions with individuals;
 - b. surveying the work done and comparing it to that which should be done;
 - c. reviewing notes from one-to-one supervisions and personal development reviews/appraisals;
 - d. team meetings;
 - e. team supervision.
2. Identifying the team's, and individuals within the team's, strengths and areas for development.
3. Creating a plan of action with the team.
4. Implementing the plan.

Background information should also be gathered about the organisation in which the team works. This includes the current work climate and culture (e.g. financial constraints), organisational goals and the professional setting (e.g. mental health, community nursing, interdisciplinary, stroke rehabilitation, infection control). It is important to consider the extent to which members work as autonomous individuals within the team/organisation, whether they are based in a unit or spread out over a geographical area, the complexity of roles and responsibilities, problem-solving styles, interpersonal relationships and relations with other groups in the organisation.

Kilpatrick et al. (2019) developed a questionnaire about team effectiveness in interprofessional teams, which reflects the sort of teams most nurses work in (Table 3.4). When considering the effectiveness of team processes they suggest asking:

Table 3.4 Some questions about interprofessional team effectiveness

Team processes	My healthcare team is effective in providing patient care (yes/no)
Decision-making	Team members share relevant information to inform patient care decisions
Decision-making	My ideas, information or observations are used to solve patient care issues
Communication	Healthcare team members know the goals of patients' plans of care
Communication	The patient's health record is updated as required
Communication	The flow of information between team members and patients and families is constrained
Coordination	The healthcare team adjusts treatments according to changes in the patient's condition
Coordination	The care provided by the healthcare team is well organized
Cohesion	Team members work together to solve patient care issues
Problem-solving	Disagreements among team members are dealt with fairly by team members
Problem-solving	Differences of opinion among team members are respected
Patient–family focus	I have a role to play in the team
Patient–family focus	My contributions are valued by my healthcare team
Patient–family focus	Working with families to solve patient care issues is not part of the team's mandate

Source: After Kilpatrick et al. (2019).

All this takes time, and the leader will need to exercise diplomacy and tact when seeking answers to these questions. The leader also needs to be aware that the process of asking these questions may uncover some difficult truths about the team, or individuals within the team, which they will not be able to ignore.

Strategies for managing team problems

We have discussed how to create effective team working, and we go into more detail by studying different styles of leadership and management elsewhere in this book. It is, however, worth pausing here to consider the stages a manager might go through if they are experiencing issues within the nursing team.

Antai-Otong (1997) suggests the following stages:

If the member is not a team player:

- consider carefully whether or not you want the person on the team;
- interact with the member assertively;
- give the person an opportunity to provide feedback on problematic situations.

If communication with other team members is part of the problem:

- speak to the person one-to-one;
- listen actively when the person speaks, assessing verbal and non-verbal messages to identify any underlying issues or anxieties;
- avoid blaming and shaming, which tends to create defensiveness and arguments.

If the member seems to lack a sense of personal accountability:

- explain how failure to take responsibility affects the whole team (and give an example);
- without blaming or shaming, provide feedback from all team members.

If the team lacks clear goals:

- undertake a clarification exercise to identify short-term goals and develop an action plan with the team;
- strive for consensus regarding mission and goals;
- define member responsibilities;
- determine resources to accomplish goals (e.g. staffing expertise, financial, administrator support, time and equipment);
- periodically review team progress and achievements.

If team roles and boundaries are unclear:

- clarify role boundaries with the team's input;
- define all roles in the team, including the leader's;
- periodically review the team's professional development needs.

Of course, experiencing problems with staff, and within teams, is not an issue confined to nursing teams and, as Ellis (2021b) points out, in these situations the first question any leader should ask is, 'Am I the problem?'

Communication within the team

One of the most frequent causes of poor teamwork is inadequate or failing communication. A major problem in busy units, wards and departments is dealing with distractions if essential information is to be communicated. Moving to a quieter environment, or agreeing a time to speak when all parties can concentrate, will help to minimise distractions. Team member anxieties around reporting, heavy workloads and keeping up to date can also be distracting.

Different levels of knowledge can create frustration between staff and misunderstandings over expectations if a standard of knowledge is not met. This requires a culture of openness in the team so that members feel free to ask questions and are not embarrassed to admit to not having specific information. It also requires the leader to act as the conductor, employing the different and varying skills of the team members in

different ways, ensuring they understand their contribution and appreciate the contribution of others toward getting the job of work done.

Good communication in teams needs to be frequent and involve all members. When spontaneous decisions have to be made, individuals can feel left out of the loop. All organisational and planning decisions should be agreed by consensus. However, an understanding that, in exceptional circumstances, there may be no time to communicate in the usual way(s), should also be agreed. Building in protected time or a mechanism to debrief the team on situations that deviate from the norm can help. We saw examples of this during the coronavirus pandemic, where decisions which affected the work of healthcare teams had to be made and implemented with little or no notice, which led to an increasing recognition that the people involved in the provision of care require debriefing and support to help them come to terms with the challenges of the situation (Welch-Horan et al., 2021).

Differences in perception can misrepresent messages. The same message can be distorted through a lens of individual biases and preconceptions, sociocultural, ethnic and educational differences. Teams need to develop understanding and awareness of how various team members see the world. This is best achieved through team meetings and encouraging team members to work in the same space where possible.

Distress, anxiety, heightened emotional states and certain personality traits, such as neuroticism, which is one of five key personality traits typified by excessive anxiety or indecision (Brewer, 2019), can interfere with communications. As all members of any team are only human, home life stresses may be brought to the workplace. Team members need to feel safe to express their anxieties and have support from colleagues and the leader. However, if the stresses are interfering with effective working, occupational health support should be sought.

Dealing with meetings and committees

When you have a busy day ahead with many things on your to-do list, you are very unlikely to want to spend your time in meetings. Meetings have a reputation for being boring and ineffective. But a well-led meeting can produce satisfying results and ensure everyone uses their time efficiently and well. Meetings are the processes by which organisations conduct their business through committee structures. There are different types of committees with distinct responsibilities and decision-making powers. Formal committees are part of the governance structures of an organisation and have different levels of authority and scope to make decisions. The highest level of committee structure within an organisation is board level (see the useful websites section at the end of this chapter for further information). The responsibilities and functions of any committee are outlined in their **terms of reference** along with the membership, frequency and **quorate** requirements (minimum required numbers attending for decisions to be made). Very often committees have subcommittees that are convened to deal with specific tasks or matters that need specialist and focused attention.

Other committees may have an advisory remit but no authority or power, although they may have a strong influence on decisions. Committees are also set up to undertake specific tasks to be completed in a defined time span. An example is to develop a proposal for service development. The committee may then be tasked with implementing the developments (often called a task and finish group) or, alternatively, charged with investigating problems that require recommendations to be sent to a formal committee for action. Another form of committee will monitor activities such as standards or quality enhancement (for example, an audit or service improvement committee).

At a ward or unit level, team meetings, where staff get together to discuss issues and problems and formulate local policies and procedures, are the focal point of work life. These meetings need to be seen as the pivotal place for decisions, discussions and forward planning to enhance the work environment and service delivery. It is the team leader's responsibility to ensure that the relevance and role of the meetings are understood and valued by team members. It should also be a time to enjoy being with colleagues who have a shared vision of their working lives.

Preparation, place and time, participation and progress

The key to successful meetings has been to follow the four Ps: preparation, place and time, participation and progress.

- *Preparation* is about clearly identifying the *purpose* of the meeting. Even if it is a short meeting, there should be an agenda with items to be discussed plainly stated and an indication as to whether the item is for decision, discussion or information. The leader (and other attendees) needs to think ahead about the agenda items and undertake pre-reading, so that they are ready to respond to questions and have potential solutions to problems ready, as well as an idea of delegated responsibilities if this is required.
- *Place and time*: advance information about venue and duration is vital. Meetings are work and not social gatherings, so an emphasis on getting things done and an action-oriented approach are needed to encourage effective use of time. Members will also think it worthwhile attending if their time is not wasted.
- *Participation*: your knowledge of team dynamics and the roles your team members play, whether nurturing or task-oriented, will be valuable in understanding how team members participate in the meeting. Their ability to contribute will also depend on their level of skills and knowledge. However, this could be detrimentally affected by the phenomenon known as **group think**, which is a particular concern if you have a philosophy of self-directedness in a group of experienced professionals. The ability to chair meetings, take notes if necessary, delegate activities and follow up on actions are key elements of an effective meeting.
- *Progress*: the best meetings are clear about the progress they have led to and how attendees can judge that the meeting has been a good use of time.

Theory summary 3.2: From group think to team think

In the 1970s, social psychologist Irving Janis identified the phenomenon of group think, which happens when a group makes faulty decisions (Janis, 1972, 1982). This is due to pressures from within the group, whose members ignore alternatives and make irrational decisions that ignore the humanising factors present in other groups or sections of an organisation or community. When group members are from the same background, are insulated from outside influences, and there are no clear decision-making structures, they are particularly susceptible to group think. There are eight documented symptoms of group think:

1. An illusion of invulnerability creates excessive optimism that encourages taking extreme risks.
2. Belief in collective rationalisation – members discount warnings and do not reconsider their assumptions.
3. Belief in inherent morality – members believe in the rightness of their cause and therefore ignore the ethical or moral consequences of their decisions.
4. Stereotyped views of other groups lead to negative views of ‘the enemy’, which make effective responses to conflict seem unnecessary.
5. Direct pressure on dissenters involves putting members under pressure to avoid expressing arguments against any of the group’s views.
6. Self-censorship means that doubts and deviations from the perceived group consensus are not expressed.
7. Illusion of unanimity – the majority view and judgements are assumed to be unanimous.
8. Self-appointed ‘mind guards’ involve members protecting the group and the leader from information that is problematic or contradictory to the group’s cohesiveness, view and/or decisions.

When groups are tightly knit and under pressure to make decisions, irrational decisions are likely, as alternatives are not considered. Failure to discuss options and potential outcomes leads to carelessness and a need to achieve unanimity. The overall outcome is that such groups have a low probability of successful decision-making.

To move toward ‘team think’, team leaders need to facilitate discussions in teams that are not reliant solely on its members by introducing observers or other specialists to give a point of view. Dealing with dominant members, as discussed previously, and not putting the team under pressure, will also offset these effects. One of the main factors is always to consider alternative perspectives and the viewpoints or goals of other teams or activities in the organisation, to gain a wider viewpoint of how decisions fit into the whole picture before they are finalised.

Interdisciplinary team working

Up until now this chapter has focused on team working within a professional group or disciplinary area, although it is acknowledged that there are many different types of teams working within nursing. In health and social care today, there is an increasing need for professionals from different disciplines to work together to improve services.

Nurses, physicians, dietitians, social workers, pharmacists, physiotherapists, administrators and technicians, among others, may all find themselves working together with a common aim but a different perspective on how to achieve this aim.

Activity 3.7 Evidence-based practice and research

Think about the different members of staff working in your most recent placement. Do you know what all of them do? If not, you might ask them next time you are in practice. Or you could ask your practice supervisor if you might spend some time with an individual from a different professional background. Consider the interactions you have witnessed between people from different professional disciplines and whether they might all share the same objectives as nurses. You might find it enlightening to attend an interdisciplinary, or multidisciplinary, team meeting as part of your development.

At the start of the chapter, you saw that outcome 5.4 requires the registered nurse to: *demonstrate an understanding of the roles, responsibilities and scope of practice of all members of the nursing and interdisciplinary team and how to make best use of the contributions of others involved in providing care*. You should analyse the contribution different members of the interdisciplinary team make in your placement area, note the role of each team member and discuss with your practice assessor how each person contributes to the holistic care of patients. You may want to make notes for your assessment portfolio.

There is no right or wrong answer to this activity.

Scaria (2016) notes how interprofessional working requires cooperation and a desire to work toward a common goal, yet there are many barriers that can prevent this from happening, including poor communication and diverse knowledge bases. They felt multidisciplinary working could develop by identifying areas of common ground, in particular around developing **care pathways**. To achieve effective interprofessional working, the role of the team leader is crucial in order to minimise professional rivalries and retain a central focus on patient need.

McLaney et al. (2022) reported on the development of a framework to advance interprofessional working and defined some core team competencies that are similar to those required of a uni-professional team:

- Communication – between professions and roles;
- Interprofessional conflict resolution – timely and collaborative solution finding;
- Shared decision making – deciding together and identifying accountabilities;
- Reflection – team reflection to learn from experiences;
- Role clarification – understanding each other's roles;
- Interprofessional values and ethics – a willingness to collaborate and be inclusive.

In common with all elements of good leadership, working with other professions requires that the leader is clear about the values of the team. In the care setting, this will mean a

desire to achieve positive outcomes for patients or service users; what different professionals view as a positive outcome and how this is achieved is not as important as the fact that they all support achieving a positive outcome, as described by the patient.

The following is an account of a study to examine the effectiveness of a team and the multidisciplinary working processes.

Research summary 3.1: The impact of team processes on psychiatric case management

This is a study undertaken to identify the structures and interactions within community mental health teams that facilitate or impede effective teamwork and psychiatric case management. The view of the researchers was that effective case management requires close collaboration between case managers or care coordinators and other members of the multidisciplinary mental health team, yet there has been little research into this relationship. A case study of seven UK community mental health teams was conducted between 1999 and 2001, using qualitative methods of participant observation, semi-structured interviews and document review. Factors were identified from the study that impacted on the ability of care coordinators to act effectively. These were *structure and procedures; disrespect and withdrawal; humour and undermining; safety and disclosure*.

Care coordination was enhanced when team structures and policies were in place and where team interactions were respectful. Where members felt disrespected or undermined, communication, information sharing and collaboration were impaired, with a negative impact on the care provided to service users. The researchers concluded that teams require clear operating procedures alongside trust and respect across the professions if there is to be open, safe and reflective participation.

Chapter summary

This chapter has given you an overview of how teams work, as well as how they do not work, and how you might improve your understanding of how the individuals who make up teams might work better together. There are strategies in the chapter to help you work more effectively with others in a leadership capacity or collegiate manner in teams. The chapter has only touched the surface and you are strongly recommended to access the useful websites or further reading sections at the end of this chapter to provide you with more detailed guidance.

Activities: Brief outline answers

Activity 3.2 Critical thinking (p52)

The best teams utilise all of the skills of the people in the team and, because these skills complement each other and one person can pick up where another person's skills end, teams can solve more

complex problems than individuals can manage alone. Because people have different skills, the breadth of work they can achieve in teams is increased, as is the complexity of the task which may be undertaken.

Activity 3.3 Critical thinking (p52)

As we discuss elsewhere in the chapter, different people bring a variety of skills to a team and, where the team is put together thoughtfully, these skills can be complementary. This means that smaller roles and tasks within the overall task may be undertaken by those with the best skills to undertake them.

Activity 3.4 Reflection (p52–53)

Teams are not effective just because they are. Rather they are effective because the people within the teams want them to be, share common goals and values and put these into practice. When values are relegated to second place after targets, then the quality of the work of the team is affected, as described in the Francis report (2013).

Further reading

Grant, A and Goodman, B (2018) *Communication and Interpersonal Skills in Nursing* (4th edition). London: Sage.

Two chapters deal with effective team working and the working environment – chapter 5, ‘Understanding potential barriers’, and chapter 7, ‘The environmental context’.

Jelphs, K, Dickinson, H and Miller, R (2016) *Working in Teams* (2nd edition). Bristol: Policy Press. Chapter 1 is a useful introduction, while chapter 2 has some things to say about interprofessional working.

Useful websites

www.acas.org.uk

The Advisory, Conciliation and Arbitration Service (ACAS) has a number of resources relating to conflict in the workplace.

<https://management.org/systems/index.htm#anchor6759>

Free management library on the development and application of systems theory to analyse problems and influence change management.

www.businessballs.com/team-management/team-building-games-training-ideas-and-tips/

This site provides ideas for team building, organisational structures and also discussion around corporate social responsibility and ethical organisations.

<https://infed.org/mobi/george-c-homans-the-human-group-and-elementary-social-behaviour/>

Provides background to the work of the sociologist George Homans and the development of social exchange theory.

<https://the-happy-manager.com/tip/pestle-analysis/>

A short and clear overview of the PESTLE analysis tool.

www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry

R Francis: Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.