# How Healthcare Organisations Can Enhance Team Effectiveness

          Team effectiveness is a critical aspect in the healthcare sector. In the recent past, many healthcare organisations have exhibited interest in developing strategies for enhancing team effectiveness. There is evidence that effective teamwork has become the ultimate competitive advantage in the modern day. Notably, effective teamwork can deliver positive outcomes that surpass the outcome of any other strategy. The success of any organisation depends on the effectiveness of teamwork (Kilpatrick et al., 2011). Healthcare organisations have been keen to embrace some of the strategies used in other business sectors to increase team effectiveness. In the healthcare sector, teamwork is of critical importance because it is a significant contributor to the quality of care delivered (Proenca, 2007). For this reason, healthcare organisations must recognise the benefits of teamwork and implement effective strategies for enhancing team effectiveness. Rubin, Plovnick, and Fry's GRPI Model of Team Effectiveness is one of the effective models that healthcare organisations can use in promoting team effectiveness as this paper will demonstrate.

## Context

The Rubin, Plovnick, and Fry's GRPI Model of Team Effectiveness is one of the oldest models that organisations have been using to enhance teamwork. The model helps in identifying the most critical factors that affect the process of team development. The model empowers organisations to critically consider the most fundamental aspects that register an impact on teamwork (Katzenbach & Smith, 2015). The model has four distinct dimensions; namely, goals, roles and responsibilities, process and procedures, and interpersonal relationships as indicated in Figure 1 below. The goals represent the main objectives that a healthcare organisation seeks to accomplish. The roles and responsibilities denote the specific tasks that each member of the team must complete (Heinemann & Zeiss, 2002). Process and procedures include the various activities such as communication procedures, decision-making, and problem-solving affecting teamwork. Interpersonal relationships represent the fourth dimension and denote the kind of relationships that the team members establish. Under interpersonal relationships, there is a critical consideration of whether team members collaborate effectively and support each other.

Figure 1 showing the four dimensions of the GRPI Model

Scholars have referred this model to as GRPI, reflecting the function of each dimension highlighted in the framework. The model applies to healthcare organisations that seek to establish a higher level of team effectiveness (Bendaly & Bendaly, 2012). Particularly, the framework registers positive outcomes when organisations use it in the initial phases of developing teamwork. The most important aspect of this model is the identification of a specific goal that the team seeks to accomplish. The identification of the goal is a critical aspect because it determines the expected outcomes that the group members anticipate (Salas, 2013). Moreover, the goal serves as the overall purpose of the team. With a goal identified, it becomes easier for the team members to visualise the various tasks that are necessary for the achievement of the goal. Scholars have highlighted that the process of identifying the goal also helps the team members to highlight the standard and expectations governing the achievement of the goal. Identifying the team goal also establishes team priorities and highlights the deadlines for the achievement of each milestone. Proper goal setting helps the team to recognise its boundaries and to remain within its identified mandate.

The role clarification represents the second dimension highlighted in the GRIP framework. With the specified goal in mind, it is possible to assign roles and responsibilities that each team member will embrace. The team leader plays a critical role in the clarification of individual responsibilities for each of the team members (Tartell, 2016). The team members must agree on the responsibilities and resources necessary for each task. It is imperative to develop a concept of both individual and shared responsibilities when clarifying the roles of the team. Establishing proper boundaries to govern role designation is of critical importance. There has been an emphasis on the need for authority and autonomy of each team member during the process of defining roles and responsibilities (Bendaly & Bendaly, 2012). Each team member must participate in the designation of roles and agree to both individual and shared responsibilities. The sharing of roles and responsibilities depends on the skills and competencies of each team member. In the healthcare sector, the competencies of healthcare providers vary significantly. As a result, it is imperative to designate tasks and share responsibilities in agreement with individual competencies.

Under process and procedures, the team must focus on decision-making processes, conflict management processes, problem-solving, as well as communication issues. On the other hand, it is important to give attention to work processes that contribute to the achievement of the identified goal. Both team processes and work processes require a critical approach from the team members (Salas, 2013). Having a realistic representation of all the procedures and processes will help the team remain focused on the important issues. When considering the processes and procedures, the team must identify the critical success factors that determine the achievement of goals. These critical success factors need inclusion in the processes and procedures. The team must establish a proper plan for all the activities listed. Such an effective action plan empowers the team members to achieve more. The team must also put in place monitoring systems and key indicators of success for each operation or process. The team must successfully highlight the various milestones and schedule that will govern the implementation of each process (Katzenbach & Smith, 2015). On the dimension of interpersonal relationships, the framework highlights that team members need to consider the basis of relationships among members. The team must identify the preferred communication pattern as well as the desirable core values that will improve interpersonal relationships. The team must establish rules that will govern effective collaboration in both problem-solving as well as the completion of tasks.

## Discussion

Healthcare organisations can rely on the GRPI Model in enhancing team effectiveness. Teams in the healthcare sector need to establish a specific goal that they need to achieve. For instance, an interdisciplinary team should be able to identify a goal that will serve as the overall purpose of the team. Without a clear goal, many teams lack proper direction because the members do not have a shared vision. In the healthcare sector, the goal for many teams is to deliver quality patient care (Lencioni, 2012). For this reason, each team must be able to identify a specific goal that conforms to the needs of the patients. Such a goal will help the team members to have a sense of purpose and to anticipate certain outcomes. Before the determination of the goal, a team must consider the specific needs of patients. In the healthcare sector, patient needs represent the most integral aspect (Katzenbach & Smith, 2015). For this reason, the healthcare sector should comprise of teams that have specified goals. In many cases, team members who feel that the group does not have a sense of purpose do not contribute to the activities of the team.

Healthcare organisations can empower teams by helping them to develop team goals that conform to the larger organisational goals. The main team goal should reflect the desired outcome that each team member should anticipate. Moreover, the clarification of the goal presents the team members with a better understanding of the main tasks that will define the achievement of the goal. The team members must highlight the conformity to existing standards and expectations when clarifying the goal (Lencioni, 2012). In the healthcare sector, priorities are of the greatest essence and may determine the outcomes of the patient. Healthcare organisation can enhance team effectiveness by gaining a deeper appreciation of the need for teams to critically designate tasks to each member (Rubin, Plovnick, & Fry, 2008). For interdisciplinary teams in the healthcare sector, role clarification enables each healthcare provider to recognise the specific tasks assigned in agreement with personal competencies.

The purpose of interdisciplinary teams is to foster collaboration of different experts with the objective of registering positive patient outcomes. For this reason, the dimension of roles and responsibilities must have a direct connection with individual competencies and skills. Each healthcare provider in the interprofessional team should be able to embrace roles and responsibilities that conform to the main objectives and goals of the team. The team leader is responsible for ascertaining that each works on responsibilities that conform to both core competencies and the scope of practice (Katzenbach & Smith, 2015). The team members must agree on individual and shared responsibilities among the team members (Heinemann & Zeiss, 2002). The value of autonomy, authority, and consultations is evident when dealing with the definition of roles and responsibilities. The team members must also highlight the importance of enhancing autonomy as they work on the designated roles.

Healthcare organisations can also promote team effectiveness by giving attention to the dimension of processes and procedures. Particularly, an effective team usually defined rules on how to handle decision-making processes, conflict resolution, and solving problems. These team processes ensure that the team remains functional throughout different stages (Bendaly & Bendaly, 2012). On the other hand, healthcare organisations can emphasise the need for mapping different work processes for each team. The work processes represent a set of all the operations and activities that the team must complete. The team members should be able to highlight the critical success factors that govern the achievement of the main goal (Salas, 2013). Moreover, at the early stages of the team formation, the team members must be able to agree on a specific plan for the implementation of different activities. Under the processes and procedures dimension, the team members must monitor each of the activities successfully. If teams in the healthcare sector master each of these dimensions, then the level of team effectiveness will be highly significant. Interpersonal relationships with healthcare teams determine the level of collaboration among the team members. Specifically, healthcare teams must establish proper working relationships with each other to foster collaboration. The dimension of interpersonal relationships also gives attention to the level of trust, honesty, communication, and flexibility that each member should exhibit (Tartell, 2016). However, the GRIP model presents certain undesirable limitations. Specifically, the model does not reflect the emotional connections that govern a team over time. Particularly, the model assumes that teams always present structured entities. However, the reality is that teams work under the influence of the emotional attachments that team members develop. Other critics have argued that the model only considers team performance at a specific point only without giving attention to the entire lifecycle of the team.

## Summary

Undoubtedly, healthcare organisations can utilise the GRPI model to increase team effectiveness. The model presents a reliable framework that can help teams to understand the various dimensions that determine team effectiveness. The application of the model in the healthcare sector is likely to register positive outcomes. Interdisciplinary teams can use this model to register outstanding outcomes in improving patient safety and the quality of care delivered (Bendaly & Bendaly, 2012). Healthcare organisations that apply this model often have smooth running teams that register positive outcomes. In the future, healthcare organisations that are forming new teams should give attention to this framework because of its ability to guide the team members on teamwork success. The effectiveness of the model discussed above depends on the ability of the team members to define specific goal, roles, processes, and to discuss the basis of interpersonal relationships. The team members must agree on both individual and shared responsibility as a critical aspect that determines team effectiveness. When using this model, it is imperative to have in mind its main limitations of giving attention to only a specific period. Moreover, the model does not give attention to the emotional aspects of the relationships that a team develops with time.

## Conclusion

As mentioned above, team effectiveness has become a common goal in the healthcare sector. There is evidence suggesting that effective teamwork leads to the development of better systems for health care delivery. Interdisciplinary teamwork is the most critical aspect that determines whether healthcare organisations can meet the needs of patients adequately (Lencioni, 2012). Different healthcare providers need to work together through effective collaboration so that they can register positive patient outcomes. With such an understanding, healthcare organisations have exhibited interest in enhancing team effectiveness. For teamwork to be effective, each of the team members must exhibit a significant level of competency in health care delivery. Healthcare providers must take several steps in ensuring that they contribute significantly to effective teamwork (Rubin, Plovnick, & Fry, 2008). Without the contribution of each team member, it is practically impossible to register the expected outcomes. The healthcare sector has faced challenges in enhancing team effectiveness. The challenges surround the lack of training on the significance of teamwork in nursing and medical schools. Many health care providers lack the critical understanding that should govern effective teamwork. The GRPI model offers a reliable framework for healthcare organisations to increase team effectiveness. However, the model is effective for teams in the formation stage. When using this model, it is important to consider the emotional life of teams under the interrelationships dimension. Moreover, leaders who use this model must develop effective strategies of applying the model in different stages of the team. Nevertheless, these limitations do not limit the effectiveness of the model significantly.

# Section B: Assessment of Culture in the Intensive Care Unit Using the Competing Values Framework

          Organisational culture is of critical importance and serves as a determinant of the existing working environment. In the healthcare sector, organisational culture determines whether there is an existing favourable environment for the delivery of quality services. Organisational culture denotes shared fundamental values, belief systems, as well as assumptions that influence the behavioural patterns of employees (Tregunno et al., 2004). There is evidence that organisational culture is a socially constructed concept. Employees act under the influence of the organisational culture and often share the belief systems with new employees. For this reason, it is important to assess the organisational culture in the intensive care unit because of the significance of the healthcare services delivered in the unit. The intensive care unit requires successful collaboration among all the health care providers working in the unit (Adams, Dawson, & Foureur, 2017).

## Context

On the other hand, a positive culture encourages effective collaboration and the establishment of positive relationships that influence care delivery. For this reason, the use of the competing values framework will help in determining the existing culture in the intensive care unit. The competing values framework denotes a cultural assessment framework that helps organisations to determine whether their focus is on internal focus and integration or external focus and differentiation (Mannion, Davies, Marshall, & Dawsonera, 2005). Many organisations have used the framework successfully in determining organisational and departmental culture. Health organisations rely on the competing values framework as the most effective model of assessing organisational culture. Specifically, healthcare organisations recognise how organisational culture affects their performance or the implementation of quality improvement measures (Scott, 2009). Many healthcare organisations have also noted that the prevailing culture may compromise the quality and efficiency of care delivered and limit team effectiveness. Organisational culture has the potential to determine the satisfaction of healthcare providers as well as patient satisfaction.

The competing values framework emerged as a conceptual framework that integrates various criteria that define organisational effectiveness. The framework represents an integration of organisational theories and points out those healthcare organisations can be categorised based on two dimensions (White & Dudley-Brown, 2012). Each of the dimensions in the framework represents the specific measures of approaches that organisations can use to resolve challenges. For this reason, the framework has various sets of competing values that determine how organisations operate as indicated in Figure 2 below. The first set of competing values focuses on the issue of centralisation versus decentralisation (Braithwaite et al., 2010). The initial set of competing values also considers rigidity versus flexibility of the organisation. The next set of the competing values seeks to determine whether an organisation focuses on the internal or the external environment.

Figure 2 showing the competing values framework map

The horizontal cultural dimension in Figure 2 above focuses on the competing values that define the internal and external interests of the organisation. Internal focus gives attention to aspects that impress customers and surpass competitors. However, the external focus gives more attention to regulating the external environment comprising various stakeholders. The vertical cultural dimension represents the stability versus flexibility competing values (Miranda et al., 1998). Stability occurs when a business registers high levels of reliability and efficiency. However, flexibility occurs when an organisation needs to implement change. The clan, adhocracy, hierarchy, and market represent important hierarchies that help in understanding the organisational culture (Wicks & St. Clair, 2007). Hierarchy represents the traditional approach in which leaders of the organisation promote bureaucracy by being the sole decision-makers. Hierarchies create platforms for topmost leaders who exercise their authority by influencing the main decisions of the organisation. The market represents a platform in which the focus is on various internal and external transactions based on market dynamics. The clan represents an organisation with limited structure and control that allows employees to exhibit a significant level of flexibility. The clan emphasises the need for organisations to promote employee autonomy. Adhocracy denotes an organisation that allows for more independence and flexibility (Schneider & Barbera, 2014). Adhocracy promotes the level of flexibility needed for implementing changes in the rapidly changing business environment.

## Discussion

In the intensive care unit, culture assessment is of critical importance. In the current ICU, the dominant organisational characteristics are highly controlled and structured. There is limited space for health care providers to exhibit any form of independence or autonomy. The health care providers working in the unit must conform to the existing regulations and structures (Parkin, 2009). The leadership style observed in the intensive care unit is efficiency oriented with a specific focus on the need to meet patient needs.

The management of employees seeks to promote conformity to existing rules and standards. There is a high level of predictability because all the health care providers must follow the standard procedures established for the intensive care unit. The managers promote the security of employees and that of the organisation using various measures (Burns et al., 2012). The organisational glue holding health care providers together is the existence of formal rules and policies. The formal rules and policies only attract resistance from the employees without exhibiting any attachment or trust. The strategic emphasis in the intensive care unit is to promote permanence and stability (Tregunno et al., 2004). The intensive care unit does not leave any room for flexibility. The criteria for success in the unit are the level of effectiveness, the low cost of services, and the dependability of the health care providers.

A top-down decision-making process exists in the intensive care unit. The nurses regard the physicians and the managers highly because of their power and position. There are existing stringent rules, processes, procedures, and schedules that govern how healthcare providers operate. The department lacks open communication channels, and the main emphasis is on establishing control (Adams, Dawson, & Foureur, 2017). All the health care providers working in the intensive care unit must understand the standard operating procedures and promote high levels of efficiency. Hierarchies have become common in certain hospital departments where the leaders believe that there is a need for stability. The primary activities in the hierarchical model include measurement of outcomes, process documentation, and short-term information management (Tregunno et al., 2004). Organisations that lie in the hierarchy utilise the old approaches supported by the bureaucratic leadership. The hierarchy does not present a favourable environment for implementing the change or pursuing a new venture.

Based on the analysis above, it is evident that the intensive care unit is a hierarchy that focuses on establishing a desirable structure and control. Introducing change in the intensive care unit faces numerous barriers. The rigid structure and excessive levels of control make it difficult for people working in this unit to embrace change (White & Dudley-Brown, 2012). Any change process must begin with the leaders of the department. Since the employees do not have a say in the hierarchy, implementing change may be impossible because of the lack of participation from other employees. It is extremely difficult to surpass the stringent rules and regulations governing operations in the intensive care unit with the core objective of introducing change. Organisational structure is one of the main barriers that affect the implementation of change (Mannion, Davies, Marshall, & Dawsonera, 2005). In the hierarchy, the well-established structure that presents a high level of stability does not create a favourable environment for change. Only top managers in the intensive care unit can introduce changes to the existing structure. It is apparent that the hierarchical culture makes it difficult for the unit to respond effectively to changes in the business environment.

An organisation that gives little attention to the needs of employees is less likely to succeed in the implementation of change. For this reason, the intensive care unit lacks the flexibility required for the implementation of change with the core objective of increasing patient outcomes. The hierarchy denotes an internal process model whose focus is the management of information, communication channels and exhibiting stability and control (Burns et al., 2012). Unfortunately, the unit lacks any openness to change because the managers cannot tolerate any compromise to the standard operating procedures. There is evidence that mobilising the employees to support change will be extremely difficult because of the excessive control. It is necessary for the intensive care unit to embrace certain measures with the core objective of increasing the level of flexibility (White & Dudley-Brown, 2012). As indicated above, the competing values framework is of great relevance in determining the culture in the intensive care unit. The model helps in creating a framework that is useful in analysing different aspects of culture at the workplace (Scott, 2009). For this reason, the model is applicable in different scenarios and enables scholars to explore different aspects of organisational culture.

## Summary

The intensive care unit presents one of the most difficult units for which a nurse can work. All the health care providers working in the intensive care unit recognise the impossibility of implementing change effectively. For the unit to successfully implement change, it will need to embrace a measure of flexibility and establish more appropriate leadership styles (Mannion, Davies, Marshall, & Dawsonera, 2005). The current use of coordinating and organising leadership styles does not present a remarkable environment for the implementation of change. Many scholars have argued that the intensive care unit promotes the bureaucratic approach that presents numerous challenges when there is a need for change. The hierarchy organisation discourages employees from taking up new responsibilities. The standard operating procedures become the rules governing the unit and every individual working in the unit must have high levels of conformity to the existing rules (Burns et al., 2012). The lack of a favourable environment for the implementation of change explains why the intensive care unit has lagged behind in implementing evidence-based practices.

## Conclusion

As highlighted above, the competing values framework represents an important tool in the assessment of organisational culture in a department of the healthcare facility. Healthcare organisations have embraced the need to understand the dominating culture so that they can make significant improvements in delivering quality care (Burns et al., 2012). It is important to understand the competing values in the framework and their associated meaning. Based on the analysis carried out, it is explicit that the intensive care unit is not open for change. The lack of openness to change makes it difficult to improve practices in the unit and deliver quality care (Tregunno et al., 2004). The rigidity of the unit due to its structure and control is only open for suggestions from senior members. The managers and supervisors determine the level of conformity to the existing standard operating procedures (Mannion, Davies, Marshall, & Dawsonera, 2005). Undoubtedly, the intensive care unit needs to introduce a more favourable culture that will support openness to change. With the current culture, it may be impossible to save lives because some health care providers are afraid of the nursing supervisors and managers. The competing values framework is highly relevant in assessing culture in healthcare organisations.

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