Team working (part 3): getting to know the team

KEY WORDS

- ➡ Group
- TeamTeam leader
- ▶ Role
- ➡ Skill mix

In this third paper on team working, we consider the role of the team leader in understanding and growing the individual and collective abilities of the team to maximise their effectiveness in the delivery of care.

n the face of it leaders need to know their team in order to be able to direct them in what they do, but this is perhaps an over simplification. Team leaders need to know and understand their team members individual skill sets in order that they can deploy those skills to where they are most needed, when they are most needed. Not only that, they need to consider issues such as, which individuals with what particular team roles will work best together to get a job of work done. That is to say, the leader needs not only to consider the individual skills but which skill sets go together to get a job done most effectively.

It is important therefore for team leaders to understand the abilities available to them as well as which abilities they need to employ to get something done in the team setting. Where a team works day in and day out at the same sort of thing one might find in a healthcare setting, then a team made up of team workers might fit the bill—so long as there is direction and leadership in the team such as might be found with a coordinator. Where the task requires some change management or project development, then the team role mix required will include innovators and people that can push the tem forward (such as those identified as plants and shapers). Leaders considering tasks will therefore need to consider the skills necessary for any given situation and either recruit people because of their innate role type of move existing staff around to ensure a suitable mix of abilities are available for any given situation or project.

Teams need to be well balanced. This does not mean the same team, or the same team set with whatever mix of team roles available will necessarily work well in every scenario. For the most part, and as we saw in the last paper, team workers and implementers work well in the healthcare setting because of their tendency to be both cooperative and to get the job done (Ellis, 2019). However, putting individuals who are predominantly coordinators and a shapers to work together alone on a project will likely mean the job does not get done, since their natural disposition is to be leaders and not necessarily doers (Belbin, 2020).

Leaders also need to know their individual team members so they can ensure things like the team values and goals of the team are shared and understood. This means for instance being in a position to observe

Table 1. Orientations of the team role types		
Thinking orientated	Action orientated	People orientated
Plant	Shaper	Team worker
—creative, identify solutions	—drive change	—cooperative
Monitor evaluator	Implementer	Coordinator
—assess options	—gets the job done	—delegate and lead
Specialist	Completer finisher	Resource investigator
—understand technical issues	—completes detail	—generate contacts

PETER ELLIS Registered Manager at The Whitepost Health Care Company; Independent Nursing and Health Care Consultant, Writer and Educator how team members interact both with each other and service users. Leaders who maintain meaningful interaction with staff members also impact on issue such as staff turnover (Dechawatanapaisal, 2018), improve communication within the team (Kim and Yi, 2019) and even civility (Kaiser, 2017). The most famous commentator on workplace culture, Charles Handy (1994), also comments on how ensuring team members understand their role within the team environment means that they gain 'role clarification'. It is this clarification which enables the wider team to function well.

GETTING TO KNOW THE TEAM

There are several approaches to getting to know the team, the least useful of which is listening to gossip. Costa et al (2019) identified in their ethnographic research into team working in the intensive care unit (ITU) setting that there are two components to getting to know the team, getting to know team members and getting to know how the team functions. They identify the value of socialising (informal daily interactions) within the setting and how this grows both positive rapport and trust—a core element of the relationship (getting to know each other) between leaders and team members (Ellis, 2015).

Informal interactions and understanding are often underplayed in the leadership literature with less insightful managers and leaders falling back on the classic 'I am not here to be liked' excuse as a means of extricating themselves from spending time with their staff, let alone getting to know them as people. Of course this is true, the primary role of people in the workplace is not the generation of friendships, but this misses the point that people work better in environments where they feel safe and nurtured. Clarke and Mahadi's (2015) research study identified how mutual respect (such as demonstrating caring for fellow employees) is a positive influence on self-esteem among employees and that it also has improves work performance in general.

Steinbinder (2020), in her research into the working practices of effective nurse executives identified five common behaviours: selfawareness, deep listening, being curious, demonstrating empathy, and decisiveness. These demonstrate an awareness not only of self, but of the value of listening to others and demonstrating empathy with the staff team. The emotionally intelligent act of engaging people in an empathetic manner requires knowledge of the team member as a person and both the willingness and ability to connect with them as such.

There are many routes which the leader can take to get to know their team in a more formal sense, these start from recruitment where the leader sets the tone for the sorts of people they wish to employ and explores their skills sets thorough shortlisting and at interview. Throughout the life of the leader/team member relationship getting to know team members includes undertaking supervision, doing appraisals, gaining feedback from other team members and even the patients they work with.

Of course leaders can also take a more structured approach to getting to know team members through employing models, such as Belbin's, to better understand what motivates them individually and more widely as a team. In the next paper in this series we will look at how such information might be put to good use in motivating and nurturing the team.

CONCLUSION

In this artilces we have considered why leaders should get to know the members of the team. We have identified that getting to know team members has an impact on the work of the team, staff turnover and overall culture. We have seen that getting to know the team is not all about formal approaches, but that there is a value to be had from social interaction and the building of rapport and trust.

We have seen how getting to know and understand team members starts at recruitment and from there remains a key function of the leader thereafter. What the leader does with this information is ultimately what the information gathering is all about and is what we will explore in the next paper in this miniseries.

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