

Associate Editors: *Diane M. Billings, EdD, RN, FAAN, ANEF*
Karren Kowalski, PhD, RN, NEA-BC, ANEF, FAAN
Author: *Lola Fehr, MS, RN, CAE, PRP, FAAN*

Relationships: The Key to Effective Teams

abstract

Interprofessional teams are a relatively new organizational structure for the delivery of health care. Appointing people as members of a team does not prepare them for working together efficiently. The building of trust and the development of specific skills are required for teams to reach their full potential in the delivery of quality care.

J Contin Educ Nurs. 2018;49(11):498-499.

Health care providers arrive at the door of their practice site committed to providing quality care for every patient they see during their assigned shift. This requires knowledge, critical thinking, empathy, time management, prioritization, and a sense of humor. It also requires a trusted team for consultation and support. In the current health care environment, these teams are frequently interprofessional groups who may need to learn and practice building a culture of working together. Feeling comfortable in team relationships is essential for maximum team performance. Team mem-

bers must be able to speak freely in matters related to the health care environment, which may mean giving individual feedback that is not always welcome. It also means providing acknowledgement for a job well done. Building constructive and positive relationships is critical for developing strong interprofessional teams.

TRUST

The foundation of all relationships is trust. The elements of trust are defined by many authors and include shared values, accountability, dependability, role clarity, and others. Brown's (2017) research had described trust as:

- The respect of boundaries.
- Being reliable and doing what you say you will do.
- Accountability for your actions.
- Keeping confidences.
- Choosing to demonstrate values rather than just profess them.
- Being nonjudgmental of others opinions or feelings.
- Giving the most generous interpretation possible to the intentions, words, and actions of others.

The importance of knowing oneself or self-awareness in developing relationships had been described by Center (2018). Individuals can ask

themselves if they are trustworthy members of the team on the basis of these seven elements.

RELATIONSHIPS

Teams are composed of individuals who have a special relationship with each other. Relationships are the glue that holds the people, teams, and organizations together. There are multiple challenges in trusting relationships on any team. Interprofessional teams in health care have special challenges due to the complexity of health care delivery systems and the history of hierarchical relationships through which decisions have been made, especially the relationship between physicians and nurses (Yoder-Wise & Kowalski, 2006). It is difficult to change old patterns of behavior, which is something that is usually required when joining a new team.

Yoder-Wise and Kowalski (2006) defined the key components of a relationship as active listening, asking questions, frequency of interaction, follow-through, demonstrating competence, and reciprocity. The last element refers to the desire to meet each other's needs. These are elements that can be practiced and learned. Adding the element of role clarity (Bittner, 2018) further defines the framework for strengthening the team.

WHEN THE LEADER IS ON THE TEAM

All of these elements must be wrapped in a sense of shared belong-

Ms. Fehr is Independent Consultant Specializing in Organizational Development and Continuing Nursing Education, and Certified Gallup Strengths Coach, Greeley, Colorado.

The author has disclosed no potential conflicts of interest, financial or otherwise.

Address correspondence to Lola Fehr, MS, RN, CAE, PRP, FAAN, Independent Consultant Specializing in Organizational Development and Continuing Nursing Education, and Certified Gallup Strengths Coach, 4902 W. 29th Street, # 8C, Greeley, CO 80634; e-mail: lolafehr@comcast.net.

doi:10.3928/00220124-20181017-05

ing. If a hierarchical leader is a member of the team, it will be necessary for that person to be open and vulnerable to feedback from other team members. In most teams, all institutional relationships are not equal. “Leaders know that they need partners to make extraordinary things happen. They invest actively and heavily in building trustworthy relationships” (Kouzes & Posner, p. 88). The leader in teams with strong, trusting relationships recognizes the importance of shared vision and values and works to ensure they are truly shared and not stated from the leader to the group.

SELF-AWARENESS

Other team members, because of past behaviors or an outdated culture, may not believe they are worthy of team membership as an equal partner. Brown (2017) described it as self-confirmation that you belong. She believes that low self-esteem may keep people from feeling they belong to the team. This may be especially important for nurses who have not been comfortable with being in an equal team relationship with a physician. Nurses have not always been treated as equals in the health care system, and increasing their self-awareness can encourage their active participation at the decision-making table.

TEAM REFLECTION

As important as self-awareness is to the individual team member, the effectiveness of team relationships is also enhanced by extensively knowing each team member. Several tools are available to use in analyzing group

relationships. One of these is the Wiley DiSC Profile[®], as discussed by Center (2018). Another useful tool is the Gallup Strengths Survey[™] (Rath, 2007). Individuals who use this tool will identify their top five strengths from a research-based list of 34 themes. Team members can share their individual strengths and assess how they can most effectively interact with other team members. Teams can also analyze their team profile to determine what themes might be missing and how those potential deficits can be managed.

Another tool that may be helpful for teams is the development of shared agreements about team behavior and participation. Using this strategy, team members develop their individual “code of conduct” by which they agree to relate to each other. The agreements may include things such as expected attendance at team meetings, responses to communication among team members, and how conflict will be addressed; this list need not be a lengthy one. Ruiz (1997) wrote about four agreements that, with interpretation, would cover almost any behavior needed to be a strong, caring team member. They are (a) be impeccable with your word; (b) don’t take anything personally; (c) don’t make assumptions; and (d) always do your best. Team agreements are best developed by the team with regular reviews of their relevancy.

TEACHING STRATEGIES

Having all team members complete the DiSC and/or Gallup surveys is an excellent way to develop a deeper understanding of how team

members can develop relationships and work together. Dyad conversations can deepen the relationship between two people who might not be as comfortable as they would like. Charting the results of all team members on one sheet can lead to conversations about how to work together acknowledging each team member’s strengths and challenges.

SUMMARY

It is all about the relationships. Strong relationships can enhance decision making, reduce (but not necessarily eliminate) conflict, and add fun to the work environment. The outcome of this concentrated effort on the part of health care providers will be patients who experience high-quality health care and express satisfaction with their health care providers. The providers acknowledge how improved relationships create a healthy work environment, leading to greater job satisfaction.

REFERENCES

- Bittner, C.A. (2018). The importance of role clarity for development of interprofessional teams. *The Journal of Continuing Education in Nursing, 49*, 345-347.
- Brown, B. (2017). *Braving the wilderness*. New York, NY: Random House.
- Center, D. (2018). Knowing oneself: The first step to be an effective member of an interprofessional team. *The Journal of Continuing Education in Nursing, 49*, 397-399.
- Kouzes, J.M., & Posner, B.Z. (2016). *Learning leadership*. San Francisco, CA: The Leadership Challenge: A Wiley Brand.
- Rath, T. (2007). *Strengths finder 2.0*. New York, NY: Gallup Press.
- Ruiz, D.M. (1997). *The four agreements*. San Rafael, CA: Amber-Allen.
- Yoder-Wise, P.S., & Kowalski, K. (2006). *Beyond leading and managing: nursing administration for the future*. St. Louis, MO: Mosby.