

Building Collaboration in Healthcare Senior Teams

Team Collaboration and Cohesion are Tied Directly to Organizational Goals



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Introduction

The U.S. healthcare system is facing a period of unprecedented change – both in scope and pace. Healthcare senior leaders are feeling the pressure. Management guru Peter Drucker said that health care is the most difficult, chaotic and complex industry to manage. This was before the current state of affairs.

Those organizations with a leadership team capable of functioning as a cohesive, collaborative group are at an advantage. Those who can't, will struggle and fail. Other industries have taken a more deliberate approach to selecting and developing leaders, and a culture of collaboration. Healthcare needs to catch up – quickly.

In larger systems, particularly, numerous groups, departments and subcultures sometimes have diverse goals and can be in conflict. We've not taken the most deliberate approach to identifying and developing leadership skills or laying the foundation for collaboration, yet we expect senior leaders to work closely to solve complex problems.

Historically, hospital leadership teams have been comprised of a diverse group of highly trained professionals, skilled at managing their own departments. Working collaboratively was not a point of emphasis or required for success. Now it's an imperative. The challenges facing these teams are complex and require on-going, intense collaboration.

How do you get a team of talented leaders to collaborate, to function as an effective team to solve complex problems? How do you do this in a manner that improves team function in a way that supports the organization's strategic plan and goals? One important, often overlooked, approach is to focus on individual and group behavioral competencies that impact the team's ability to function as a cohesive and effective group.

Complex Collaboration

Collaboration at the most senior levels is a challenge. The team members are usually middle or senior level executives with extensive experience and expertise in their respective areas. A health system senior team includes a large, diverse group of clinicians, administrators and professionals. All of whom ascended to their current positions because of their performance in their respective areas. They may or may not have strong collaboration skills.

This challenge was addressed in a Harvard Law Review article, [“Eight Ways to Build Collaborative Teams.”](#) November, 2007, by Lynda Gratton and Tamara J. Erickson. The authors identify a paradox:

- Complex problems require complex teams, but the makeup of these teams does not lend itself to successful collaboration. Large groups of diverse, highly educated and specialized individuals do not tend to collaborate. They struggle to share knowledge freely, learn from one another, shift workloads, help each other complete tasks and share resources.

Collaboration in healthcare is particularly challenging as there has been, historically, a great deal of clinical department autonomy, and less emphasis on organization-wide goals and performance metrics. Accordingly, change will require a sustained focus and deliberate effort to build a collaborative culture.

The Role of Behavioral Competencies in Group Function - A Deliberate Approach

The old axiom “You can't manage what you don't measure” holds true when it comes to group function. You can't begin to improve how a team performs until you understand the behaviors, and the behavioral competencies, of each individual and the group as a whole. A well-designed and efficient behavioral

assessment can help. When working with senior leaders in a complex organization though, a short, simple survey that merely tells someone that they are introverted or extroverted, or tries to classify them into overly simplistic categories, won't have much impact. Ideally, each team member should undergo a robust executive assessment process to delve into specific leadership skills.

Alternatively, we've had success using **Select Assessment® for Leader Development**, which takes 90 minutes to complete and creates a developmental report covering 18 different leadership competencies. It also allows you to create group reports showing team strengths and weaknesses compared to benchmarks. For instance, the group, on average, may score high or low in competencies including, negotiation, positive impact, managing change or openness to feedback.

The goal is to improve group function and collaboration toward achieving organizational goals. This begins with a better understanding of the individual and group strengths and weaknesses in key leadership competencies and how these impact team function.

Facing Challenges on Three Levels

Most senior teams are facing similar challenges. First, there are the "obvious" universal challenges:

- The quantity and pace of change is overwhelming
- The pressure to improve the quality and coordination of care
- The need to achieve the latter, while reducing costs

Second, are a whole host of "organizational" challenges. Some of these are inherent to any large, complex organization, but are particularly challenging as healthcare organizations re-structure themselves, and the care delivery system:

- Competing priorities can create a lack of operational focus
- It's difficult to take a comprehensive and coordinated approach to achieving quality goals while a system is struggling to standardize and integrate
- Particularly in academic settings, it's difficult to create

a strategic plan which balances the academic mission with the business of healthcare

- An inability to make decisions and implement plans, quickly making it hard to respond to market dynamics

Finally, there are cultural challenges:

- Resistance to creating integration among diverse entities – for instance among a hospital division, payer arm and large physician organization – and a culture that thinks about "the whole"
- Autonomy has, traditionally, been more valued than accountability to the whole. For instance in traditional, academic systems, each department is run as a relatively autonomous entity, with little accountability to other departments or the organization.
- Leadership teams struggle to hold themselves, and others, accountable

Group Performance

How well does the team function? We see two types of issues impacting performance. The first we'll categorize as "process" or "operational." For instance:

- Roles, responsibilities and expectations are not well-defined
- Ineffective communication of key messages to the organization – both a lack of clarity and of accountability for delivering the message
- A lack of decision-making discipline. Example: Failure to clarify/verify decisions and how they will be communicated

Secondly, challenges related to relationships and group dynamics. For instance:

- A tendency to avoid difficult discussions
- Ineffective conflict resolution skills
- A lack of trust
- A perceived lack of empowerment by some members
- A lack of joy in the process

Behavioral Deficiencies Impact Group Function

Not surprisingly, the aggregate group data from an in-depth behavioral assessment reveals deficiencies that impact group function. Healthcare teams, as whole, often show lower scores in these areas, perhaps because these are skills not required for success within some of the respective disciplines.

1. **Negotiation** - Many of the situations facing the team will require negotiation, but the personality traits may not exist to make this a “natural” skill. It will need to be developed.
2. **Planning and Organizing** - Some of the group’s struggles are clearly “operational”: Discipline in the areas of meeting agendas, decision-making and communication, defining roles and responsibilities, follow up responsibility clarity, etc.
3. **Positive Impact** - Demonstrating a positive and optimistic outlook will be critical. The group may need to give special attention to displaying this approach to help the team and subordinates handle changes/ challenges.
4. **Social Awareness and Sensitivity** - A critical piece of emotional intelligence, this deficiency may play a role in strained relationships, lack of trust, perceived lack of empowerment, some people not feeling they are heard, etc.
5. **Accountability** - If the individuals making up the team tend to score lower on accountability as a behavioral trait, it’s no surprise that the group, and the organization as whole, struggle to create a culture of accountability.

A Plan for Improving Group Function

Of course, the challenge is using this information in a constructive approach that will improve group cohesion and collaboration toward achieving organizational goals. Step one is using assessment results as part of individual development plans. For some team members, formal

executive coaching may be in order. As a group, a few strategies may prove helpful:

1. **Model Collaborative Behaviors.** The senior team needs to not only be more collaborative, but be seen as collaborative so that the behaviors are adopted by the rest of the organization.
2. **Training.** Many senior leaders have never paid specific attention to skills like group facilitation, negotiation, conflict resolution and effectively handling difficult discussions. These are skills that can be developed.
3. **Operational Changes.** Many group challenges are directly related to “operational” issues that cause unnecessary group conflict and erode trust. For instance, poorly defined roles and responsibilities, clearer communication strategies and improved meeting discipline and accountability, not only help with strategic plan implementation but also prevent conflict.
4. **Improve Social Cohesion.** Strong social relationships support collaboration. The group must actively celebrate even small successes to help create a more positive approach to resolving problems. Similarly, individual team members need to look for opportunities to go beyond defined roles and support colleagues.

Conclusion

The challenges are complex. Collaboration is critical. Collaboration among diverse senior leaders is challenging for a number of reasons and the barriers are compounded in the traditional healthcare organizational culture. Building a collaborative culture and, more specifically, collaborative behaviors within a senior leadership team requires a deliberate, conscience effort. That effort starts with an understanding of individual and group behavioral strengths and weaknesses. Armed with this information, a group can begin to improve the team functions that have a direct impact on effectiveness in achieving organizational goals.