

Successful Digitalisation Pathways

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What Are the Best Team Building Practices for Healthcare Organisations?

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In an interview with HealthManagement.org, Dr Aneta Schaap-Oziemlak, the Chief Executive Officer of the Bio-inspired Think Tank in the Leiden BioScience Park and Agile Coach, discusses Agile team-building practices as they apply to healthcare organisations.



Key Points

- Creating a better nurturing environment can help alleviate staffing shortages in healthcare organisations. Applying Agile processes to team building can address common team dysfunctions when they occur.
- Good strategic bilateral communication between leadership and workforce teams can promote team engagement, camaraderie, and performance. It is crucial that leadership properly communicates their vision and listens to and acts on workforce input.
- Diversity in building a team can improve performance by introducing a wider range of perspectives and competencies to patient-oriented innovation and patient care, and promoting greater empathy for their colleagues. Inclusion, likewise, also enhances performance.

Staffing shortages in healthcare are a global problem. What are the driving factors for these shortages? How can these be addressed?

There are several problems from a historical perspective when thinking about the shortage of physicians and nurses locally and globally. This has always been a focal pain point of all caregiving organisations. There's no one answer.

First, there is a limited physician talent pool, but why is that? Is it insufficiently nurtured in the working environment? Are there insufficient education and nurturing working conditions? Having these would help attract the talent to healthcare organisations and maintain it. This is one of many answers. 'Corona-time', which is still ongoing, intensified these issues in service and delivery from the perspective of healthcare/caregiving organisations.

Second, it's not just about the talent pool but also about leadership. These are challenging times for healthcare organisation leadership. It's not simply to change the leader for the next one. Change, originating from a leader, can be challenging for an organisation. There must be strong communication

from leadership to the workforce of the healthcare organisation to successfully introduce their leadership mindset and vision to the teams and employees. The most straightforward answers are the leader listening in an adaptable and flexible manner to employees' points of view and daily struggles or simply changing the leader's mindset.

Applying Agile methodology, where there's learning by doing in a stepwise process, could help. This is one answer that could help in applying new team-building techniques. This can make an environment more nurturing, bring more possibilities for nurturing and maintaining talent within organisations, and how to think about leadership and bring in leaders who listen and are not only driven by their own vision.

How should a caregiver team be constructed? What is a good team size?

Referring to my previous answer, I said that introducing Agile team-building techniques can help build a better work environment in healthcare organisations. If you think about Agile teams now in already established organisations, it's a



maximum of 10 members per team. These teams are small because each team member needs sufficient attention to train them into an Agile team player. After all, each member needs to be transformed if they have never experienced working in an Agile environment.

teams. Building engagement and motivation are essential skills. Although it's tempting to think leaders should take responsibility for providing and building motivation and commitment, if the team is truly Agile, the team can build a level of high commitment itself. Commitments can also be very individual.

From my perspective, the Agile transition for healthcare hasn't yet occurred

How should individual team member skills match the entire team? What sort of dysfunctions can a team experience? How should they be addressed?

Agile-trained team members are unlikely to be so redundant that they can replace the roles of every other team member, especially if we think about physicians. Having healthcare teams with multidisciplinary members, especially physicians, is very inefficient for personal development and multidisciplinary medical education. The focus should be on skills directly related to the work and those that can avoid broad dysfunction of the team.

When I started to think about implementing an Agile framework in my collaborations and workshops, I came across a book by Patrick Lencioni, which describes the five main dysfunctions of a team (Lencioni 2002).

The first most important dysfunction is a lack of trust. Being trusted in a team is an important skill. In healthcare, gaining high trust on top of high-paced performance could be an important skill in developing trust among the team. Generally, it's tough for individual team members to show their vulnerability. Thus, gaining trust is hugely important for the personal development of each team member.

Learning that a large portion of medical errors results from poor communication was quite a big surprise to me. Communication skills are critical within a team. With poor communication, the trust falls apart. For example, when a team member miscommunicates, people start to understand that the team member communicates untrustworthy things, so trust decreases. With poor personal communication events between team members, trust becomes very limited. With trust becoming very limited, the team may quickly collapse. Therefore, trust is one of the most important skills and features.

The second feature of a dysfunctional team is fear of conflict. Being assertive as a team member in an Agile team and bringing up the daily patient-related challenges is very important to share within a team. In a team, each member should not be afraid to communicate with other members or the challenges the team/team member faces.

Lack of commitment is another feature of dysfunctional

Very goal-driven people can be inspiring to each other and other team members. Within the team itself, there can be strong motivators or motivation builders. These people need to be nurtured because they can be great communicators with leaders and team members.

Accountability, taking responsibility for actions, is a personal skill that dysfunctional teams lack. In the team context, accountability is not only taking personal responsibility but also as a team. In Agile teams, each member is part of the solution or contributes to the final decision-making. This is something that builds this accountability. These are skills sought in individuals but also grow as soon as the team becomes an Agile team.

Attention to results or to details is often discussed in a more personal factor of the team. Egos can bring one to the top as a person, but to build a successful team-oriented healthcare organisation, one needs to think about the team and, ultimately, how healthcare organisation can improve the life quality of the patient. The team's success is more important than personal success or ego. So definitely, the team-oriented mindset and way of thinking of "I do it as a team member and my team will reach success", is crucial in healthcare where teamwork is essential, especially in the face of high pace requirements or demands.

What metrics should be used to determine the effectiveness of a caregiver team? How should the metrics be used to identify improvement areas?

Metrics are important both for the organisation, leaders, and the team. These three players have to make sure that metrics are performed. Qualitative and quantitative metrics could be considered. That's very general. Many already think that this is certainly something which should be taking place. From a leadership perspective, metrics can be different because leaders usually want to get the metrics done and see the results that have been analysed. But from a team's perspective, each team's experience is very different. Teams could expect that the timing of delivering metrics to the leader is important in an Agile environment.

This is good for the team to understand, but an Agile team



could also define their own metrics, especially in terms of quantification. They can think about how to determine the team's level of trust, commitment, responsibility, the service quality delivered to the patients, and also communication skills.

Qualitative vision can come from the leader's perspective. From a qualitative perspective, leaders can give a team the basic requirements that they would want to see. The team can define how this will be measured from a quantitative perspective.

If the team is not expert enough to collect specific metrics, Agile coaches can be very helpful support to establish quantitative measurements. This is where Agile coaching can be very helpful and very practical.

How can an organisation promote a work culture that respects co-worker dignity and promotes engagement?

Imagining myself working as a healthcare employee, I would like my organisation (from the bottom-up perspective) to understand, listen to me, and have some gratitude for the work I do for patients as a team member. The organisation itself should promote a team-oriented or team nurturing culture, where teamwork is a TOP value for the organisation. All the support that team could be offered should be very visible because sometimes the support for the team is not visible. From the perspective of collaborative effort, which happens in a medical environment, the effort is brought by service providers, care providers, and also patients. If there is no support for the team, the team members' support for the team needs to be visible and well understood.

This is one way that medical organisations can promote a work culture that respects co-workers' dignity and promotes engagement. If the healthcare employees are being listened to and have time to find quick support for their challenges, they feel needed and they matter. If they are rewarded for their great work as a team, that also brings engagement because they feel important and matter in the organisation as a team.

This is something that many organisations need to understand and promote by adopting policies for it. The policy should also be an employee-friendly policy and not a policy that doesn't serve anybody.

What are the best strategies to promote healthcare worker safety, mental health, well-being, and prevent burnout?

Well-being and mental health strategies are something we need to give to the general possibilities in team-oriented Agile organisations. Bringing a well-being strategy is crucial for each healthcare employee's daily high pace and performance. From the employee's perspective, one could find a way in the late evening to participate in some sport activities or find a way to

bring well-being to one's personal life. However, the organisation's well-being is the well-being of each team. It's not only individuals who should act on how one can take care of their mental health and well-being, but also the team.

I will bring something from my environment from the Leiden business ecosystem with one of the global pharma companies focused on patients and developing innovation. Bristol Myers Squibb works in a very intense way for the global improvement of patients' quality of life by developing innovation. As part of their employee well-being strategy, they organise biking teams. This is just an example that could be any sport activity. This could even take the form of power yoga classes each day for the team. So the team does some sport activity to raise endorphins – we know that endorphins are good for the team's well-being. Doing things together also helps to align this team while bringing well-being. Furthermore, training together improves the team's cohesion – there's a feeling like “we are one team” and “we can do everything and face our challenges”.

How can diversity (vs homogeneity) in a team benefit performance? What problems does it eliminate?

Regarding the healthcare service chain, what happens when a patient comes and what happens afterwards? A cross-functional team is needed, so there are people who have different backgrounds or are at other points of the service chain or workflow. It helps to have people from very different backgrounds or positions where they feel a different part of healthcare service. Thus, these people would better understand how the global workflow process of healthcare service works for patients. Doing so, you would create a sort of awareness. Thus, diversity helps to increase awareness about each different type of role. In turn, diversity also brings better performance because the knowledge of other people's functions and roles allows them to perform better.

For example, regarding awareness, if a team consists only of haematologists, it might miss an important factor that a nurse or another stakeholder would catch. It creates different perspectives and ways of thinking about issues. These different perspectives are still related to a patient. Ultimately, bringing different people to the same team improves the patient's quality of life. Sometimes among health organisations and clinicians, communication is difficult between the healthcare organisation and the insurance. I always wondered if we should not include that in the process because, in the end, it is an important stakeholder, even if it acts externally.

When talking about diverse cross-functional teams in this perspective of team building, it's beneficial. For example, clinicians start to understand the pain points of the nurse; the nurse understands what the pain points of the leader are. They better understand their colleague's pain points and what challenges each faces from different perspectives – from a more



top perspective, a bottom-up perspective, the perspective of the insurance companies, and the regulatory perspective. They better understand the global work chain that ultimately brings a solution to the patient.

When I think about diversity, I also think about gender diversity, which is more relevant to inclusion. Some may define gender diversity as inclusion. But from my Agile team building workshops, which I perform as an Agile coach, I noticed that bringing an element of diversity (building a mixed-gender team) improves the team's performance. This is an exciting phenomenon because it is relevant to addressing the gender gap, building diversity (inclusion), and building better performance.

How can technology solutions help teams in healthcare settings come together and collaborate better? How can Agile methodology help?

Agile is more about learning by its iterative process. From my perspective, the Agile transition for healthcare hasn't yet occurred. I define healthcare organisations as hospital medical centres and clinics. There have been a lot of Agile transitions in different industries and organisations, but for healthcare, it will be challenging to bring Agile changes.

American pharma is already implementing Agile methodology in their work culture. While they are already busy with the process, medical centres are not there yet because the leaders' vision differs and is often less focused on team-oriented work culture or collaboration. That's where the greatest difficulty lies which places the leader of university medical centres in a challenging position.

Let's change healthcare organisations to nurturing ones by

applying Agile methodology! However, Agile changes should first be applied in real-time. It needs to be worked out within a particular system before moving to the digital transformations. The more known about the healthcare system, from the bottom-up perspective of health organisations and leaders and the bottom perspective, the more an Agile coach can help perform this nurturing transformation of healthcare organisations.

Regarding remote work, cross-functional teams, and the Agile process, if each team member plays different functions in the healthcare organisation and understands other colleagues' roles, tasks, and responsibilities, they can understand the process better. There can be better engagement – it's not just manager conversations through platforms online.

Agile is based on working in teams and how these teams are. If they can be part of the solution or part of decisions that bring nurturing that maybe Agile teams are the solution for healthcare challenges. I hope that I have expressed this all by answering all these issues.

Conflict of Interest

Dr Aneta Schaap-Oziemlak is the Chief Executive Officer of the Bio-inspired Think Tank in the Leiden Bioscience Park and Agile Coach. However, the author has not received any sponsorship from any private or government body for this article. This article is the author's own independent work sharing her experience and personal thoughts and opinions. Other viewpoints also exist on the covered themes. ■

Watch the full interview [here](#).

REFERENCES

Lencioni P (2002) *The Five Dysfunctions of a Team*. San Francisco: Jossey-Bass.