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## The 70% Team

Recently, I was invited to work with a team of directors of clinical services in a successful, medium-sized health system. When I met with these nine leaders for the first time, I was impressed by each member's apparent competence and commitment. Despite their individual strengths, however, their results as a team were seriously lacking.

I was called in by the team leader to explore why the team was not performing well. Their individual assets suggested that they could be an excellent team, but by their own admission, they were not. Just one example was their ability to devise great team strategies when they were together but their failure to execute these strategies when they were apart. Once their meetings were over, each team member returned to her own department and ran her own show without regard for their collective decisions. The team members and others came to understand that their word—as a team—was not to be trusted in their own group or by others in the hospital.

In our first meeting, it was clear that the team had a story to tell, and they were eager to share it. Like many nurse leaders, they had experienced a major reorganization. In that process, this team's previously private meetings were opened for others to attend, and the purpose of the meetings changed from information sharing and confidential conversation to tactical decision-making with others, often without advance notice and needed facts. As a result, the team found themselves reacting quickly and often negatively in these meetings. They felt like victims of the new organizational structure and process. They said *no* to requests far more often than they said *yes*. They felt their private time had been taken from them. Finally, they believed they had earned a bad reputation throughout the rest of the organization; others saw them as unhelpful and difficult.

As I reflected on our conversation, several themes emerged:

1. The team had a negative experience of itself. As a result, the team seemed to be unconsciously sabotaging its own power. For example, instead of asking for advance

information so they would be better informed, the team continued to react, saying *no* because they were not prepared to make a different decision.

2. The team members did not hold each other accountable when they failed to honor team agreements or broke their commitments to one another. The team could describe this dysfunctional behavior very clearly to me, yet they could not recall any instance of discussing it at the time team agreements were violated.
3. The team viewed themselves as victims; they had developed a strong belief that they were at the affect of the decisions made by others and that they had no recourse to change those decisions or act on their own behalf.
4. The team experienced a number of losses during the reorganization. As they perceived it, they lost the opportunity to make decisions that affected how they worked together; they lost the chance to meet privately and the chance to reflect together on organizational changes that affected their work, their staff, and their relationships. They also experienced the loss of the collegial regard and respect they felt they were due.

Whether your team displays any of these symptoms or has these particular concerns, there are things to learn from this particular situation. What can a team that is not functioning optimally do to turn itself around? How can a team like this realize its full potential, rather than just 70%?

In order for this team to move forward, they need to reimagine and let go of their experience of their recent past. As they eagerly described their history, they shared a story that had a slight flavor of “they did us wrong” and “they don't understand us.” Although those feelings are understandable, holding onto them is not helping this team. It is highly unlikely that their colleagues will apologize for a clumsy reorganizational change strategy, and it is even less likely that anyone will say the team was right after all. We all know that an attitude that conveys a “woe is me” attitude is not attractive, compelling, or effective for us as individuals. It

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is even less effective when teams adopt this stance. When the team can process and let go of its past, it will be ready to move on.

In their stories, I could hear deep commitment and a wonderful set of values that could guide this team to greater accomplishment and service to their patients. I could see hints of the preferred future they imagined for themselves. As the team moves on, it can recognize and harness the strength of its passion and competence. The team members and their leader have the opportunity to create a truly compelling vision to pull them forward.

Once the team has a future vision that captures the best of their minds and hearts, they can create a strategy to execute that vision. The details of their strategy might include some or all of the following:

- Mending relationships with individuals and groups that have been affected by the team's recent actions
- Creating guidelines or rules of engagement so the team has stated expectations for how it will operate going forward. These could be as simple as showing up for meetings on time and listening to one another to understand rather than to agree. The rules of engagement could also include ways in which the team members want to hold one another accountable for following through on their commitments.
- Assessing and addressing team learning needs such as conflict management or communication skills
- Exploring the challenge of team collaboration. The team needs to understand what is preventing its members from working together in a collaborative fashion after team decisions are made. Does the team know how to collaborate? What does effective collaboration look like for the leader and team members?
- Candidly discussing the state of trust between and among team members. If there are concerns about trust, it is likely that the team will continue to be dysfunctional to some degree. If trust has been violated, the team needs to understand what happened. The

team can develop a set of guidelines that will allow its members to honestly dialogue and resolve past issues.

- After the team has developed its vision and strategy, it will want to develop and implement an action plan. They will want to keep track of their progress and evaluate and perhaps modify their actions as they go forward.

By taking these and similar steps, this team will restore its power and potency. Over time, others in the organization will recognize that the team is operating in a new and more effective way. Rather than operating at 70% of its ability, this team will be operating at full capacity. The team members will experience the significant benefits of working more closely, and patients and the health system will reap the rewards of a leadership team that excels.

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