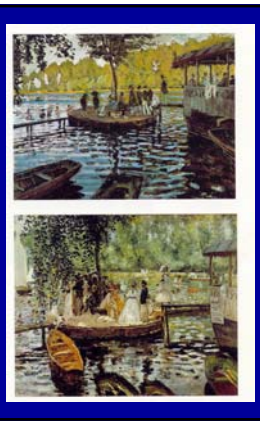

Monet and Renoir's
La Grenouillere
1869

Millais and Hunt
Summer
1851

Team Anomie, Informal Roles and the Development of Well-functioning Health Care Teams

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Outline of Presentation

- Review theories of health care team development
  - Tuckman's Stage Theory
  - Informal Role Theory
- Present evidence of test of theory on 111 teams
- Examine structural equation model of factors that affect team development
- Discuss implications for working with teams

Definition of interdisciplinary health care team

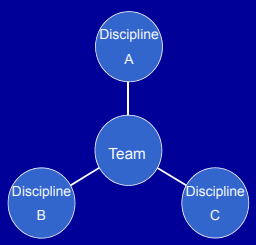
- Work group consisting of health care professionals from three or more disciplines
- Meet regularly
  - Exchange information about patients
  - Analyze patient problems
  - Engage in integrative problem solving
  - Develop coordinated care plans
  - Cooperate in implementing plans

Theoretically

- Teams improve health care outcomes
- Reduce errors in patient care
- Enhance morale of providers

- **Empirically**
  - **Teams do not always function well**
  - **poor decision making process**
  - **turf problems**
  - **interpersonal conflicts**
  - **communication blocks**
    - **Sap energy of team members**
    - **Can be sources of errors in patient care**
    - **Can jeopardize quality of care**

Problems in Development of Interdisciplinary Teams



Divided Loyalties (Team vs Home Discipline)
Different Rhythms of Work
Different Educational Backgrounds
Unequal Statuses
Ethnic and Gender Diversity

Group Development Theory

To function well, a team must pass through a developmental process and acquire competence in two areas:

- **Task Functioning**
  - **Build Clarity and Consensus on**
    - » **Authority structure**
    - » **Each member's role**
    - » **Communication**
    - » **Work routines inside and outside of meetings**
- **Socio-emotional Functioning**
  - **Build Clarity and Consensus on**
    - » **How to deal with conflict**
    - » **How to deal with dissatisfactions**
    - » **How to deal with reintegration**

Tuckman's Stages of Group Development

- **Forming**
  - **Orientation, Dependency, and Anomie**
- **Storming**
  - **Conflict**
- **Norming**
  - **Clarity and Consensus about Norms**
- **Performing**
  - **Functional Role Relatedness**

Anomie

Lack of clarity and consensus about team mission, professional roles, process roles, and procedures for working together

Undeveloped team
high on anomie
recognizable informal roles structure

Informal Role Theory

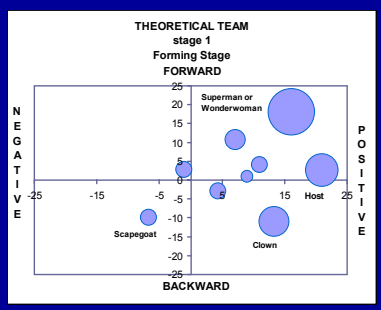
- An informal role is a pattern of interpersonal behavior that a team comes to expect from a team member
- Each stage of group development is characterized by a particular constellation of Informal Roles
  - the superman or wonder woman
  - the peacemaker
  - the scapegoat
  - the clown
  - the tyrant

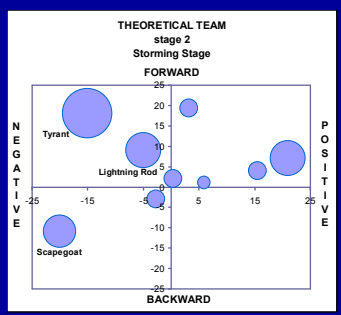
Measuring Informal Roles

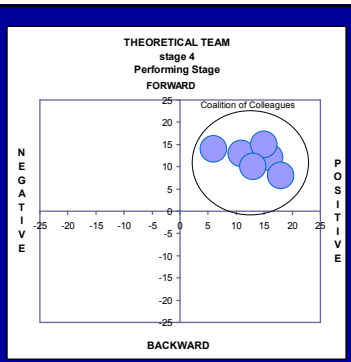
SYMLOG Rating Scales

Members rate one another on scales measuring:

- Prominence
  (active, talkative, dominant) vs
  (quiet, submissive, introverted)
- Sociability
  (warm, friendly, likable) vs. (hostile, unfriendly)
- Task vs Expressiveness
  (logical, rational, problem focused) vs
  (jokes, tell stories, sees humor)







Hypotheses

- As anomie declines
  - teams become more cohesive and task focused
  - informal roles become more alike on Prominence, Sociability, and Task Activity
  - members show less variation in how they see each member on the SYMLOG dimensions

Sample

- 111 Geriatric Care teams in 34 Veterans Administration Hospitals
  - GEM 29
  - Nursing Home Care 36
  - Hospital Based Home Care 34
  - Adult Day Health Care 11
  - Other 1
- Mean Team Size 9.8 members

Sample

- 1,018 Professionals on the teams Included:
  - MD 128
  - Nurse Practitioners 85
  - RN 176
  - Social Workers 132
  - Physician Assistants 11
  - Pharmacists 40
  - Dietitians 83
  - Physical Therapists 35
  - Occupational Therapists 59
  - Kinesiotherapists 42
  - Others 288
- Response Rate 96%

Procedures

- Interviewer visits each site for 2 -3 days
  - Observes team meeting
  - Administers individual team member questionnaires
  - Interviews team coordinator to assess team properties (e.g., turnover, patient load)

Measuring Anomie

Team Anomie scale

- 20 items/Likert scales (strongly agree … strongly disagree) Cronbach alpha .90
- Sample Items:
  - During team meetings there is disagreement concerning basic goals of the team
  - Some team member's try to expand their roles into my professional domain
  - I often leave meetings confused about what we decided

Analytic Design

Mancova

Stage of Team Development on
Means and Variances of Member Scores on
Prominence, Sociability, Task Activity
(Team Size = Covariate)

Stage of Development
(Quartiles on Mean Anomie Scores)
1 2 3 4

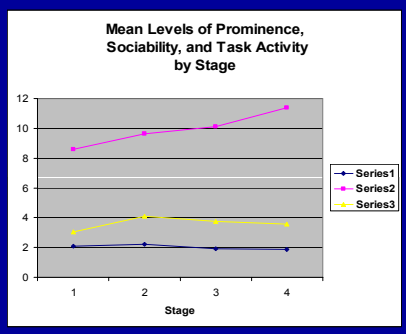
Prominence

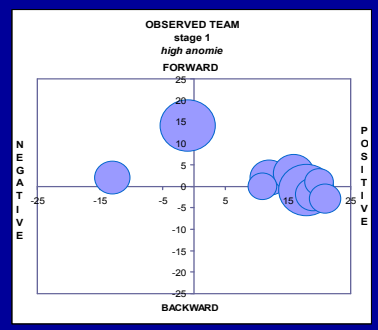
Sociability

Task Activity

Table 1. Means and (SD) of Team Members' Ratings on Prominence, Sociability, and Task Activity by Stage of Team Development

	Stage I (High Anomie) N=28	Stage II N=26	Stage III N=26	Stage IV (Low Anomie) N=31	Total N=111	F	P <
Prominence	2.09 (1.19)	2.23 (0.75)	1.94 (0.87)	1.88 (0.78)	2.03 (0.92)	--	NS
Sociability	8.61 (1.51)	9.66 (1.31)	10.12 (0.83)	11.39 (0.87)	9.91 (1.55)	27.85	.001
Task Activity	3.60 (0.78)	4.12 (0.79)	3.76 (0.72)	3.56 (0.55)	3.71 (0.74)	3.43	.01





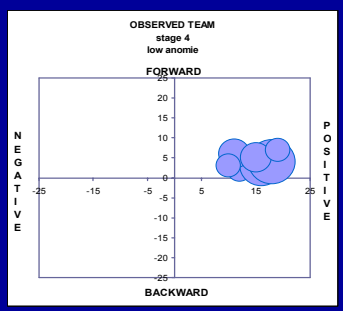
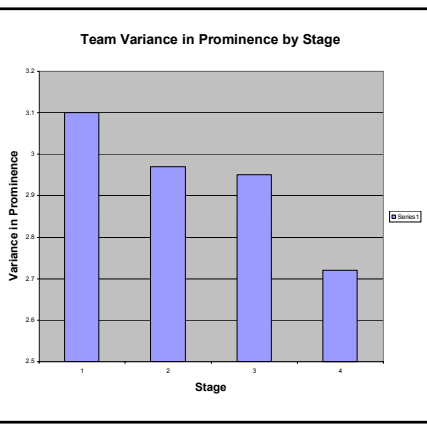
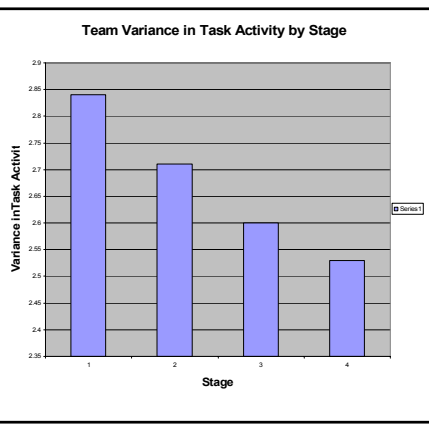
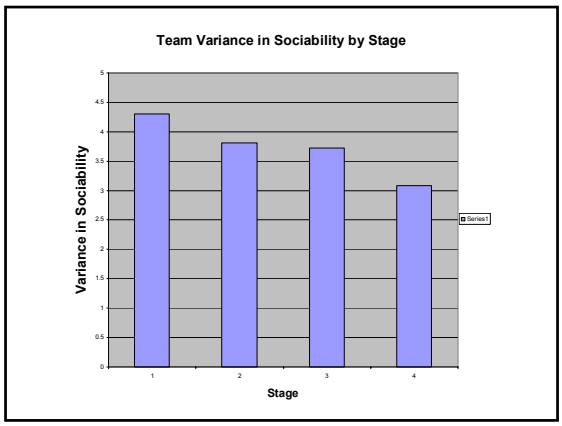


Table 2. Within Team Variance and (SD) of Members Ratings on Prominence, Sociability, and Task Activity by Stage of Team Development

	Stage I (High Anomie) N=28	Stage II N=26	Stage III N=26	Stage IV (Low Anomie) N=31	Total N=111	F	P <
Prominence	2.88 (0.70)	2.44 (0.71)	2.60 (0.64)	2.26 (0.64)	2.55 (0.72)	4.42	.01
Sociability	3.09 (1.38)	2.83 (1.01)	2.44 (0.70)	1.98 (0.68)	2.59 (1.08)	6.77	.001
Task Activity	1.57 (0.42)	1.61 (0.47)	1.46 (0.54)	1.25 (0.38)	1.47 (0.47)	3.59	.02







Each team member rated by all other team members

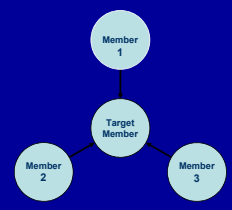
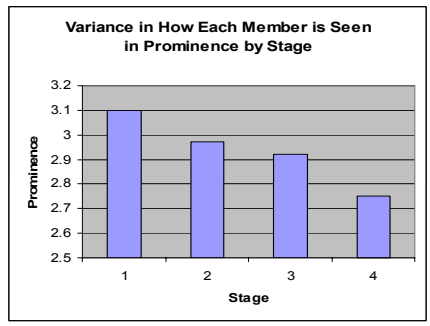
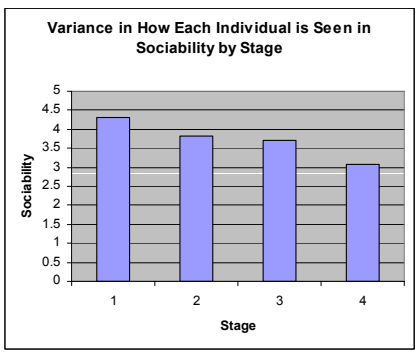
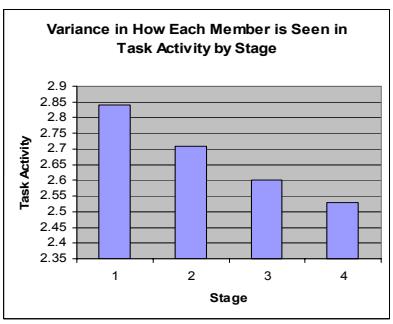


Table 3. Within Team Variance and (SD) of Ratings of Individual Members on Prominence, Sociability, and Task Activity by Stage of Team Development

	Stage I (High Anomie) N=275	Stage II N=264	Stage III N=244	Stage IV (Low Anomie) N=295	Total N=1078	F	P <
Prominence	3.10 (0.89)	2.97 (1.03)	2.95 (0.84)	2.72 (0.77)	2.94 (0.89)	9.17	.001
Sociability	4.30 (1.86)	3.81 (1.70)	3.72 (1.67)	3.08 (1.44)	3.74 (1.73)	25.38	.001
Task Activity	2.84 (0.85)	2.71 (0.77)	2.60 (0.69)	2.53 (0.74)	2.67 (0.77)	8.58	.001



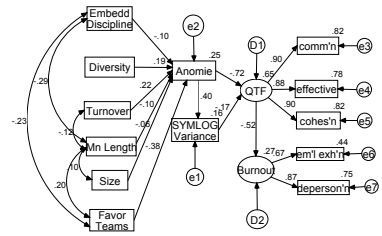




Structural Equation Mediation Model

- Factors that affect anomie
- Factors affected by anomie

Determinants and Effects of Anomie (standardized coefficients)



Conclusions

A poorly functioning team can get better

- **Takes time to dispell anomie and build a shared culture**

Task Functioning
- **Consensus on process and professional roles**
- **Consensus on who has authority when**
- **Review and reflect on episodes of working together**

Socio-emotional Functioning
- **Work through stereotypes**
- **Build trust and open communication**
- **Allow time to integrate new members**

Limitations

Cross sectional design suggests caution about inferring causality.

Measure of effectiveness of patient care is based on team members' self reports of quality of team functioning.

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