Groups vs. Teams:
Which One Are You Leading?

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As health care leaders, we often pull staff together to review a process or work on a variety of projects. Think back to the last project you asked staff members to work on. Were they working as a group or a team? Words shape everything: our perception, perspective, the worth of the collective group and the product it produces. The literature uses the terms *group* and *team* interchangeably just as many leaders do. Until we define a word, it can have a variety of meanings. The fundamental factors that distinguish between groups and teams are very different, and the distinction between the two is very important. Learning the difference between a group and a team will afford you, as a leader, success in relationships with your staff, project sustainment, and staff members that will naturally rise to leadership roles. All teams are groups; however, not all groups are teams. The purpose of this article is to define the term *team* and identify strategies nurse leaders can use to effectively develop, analyze, and support high-functioning, collaborative teams.

LITERATURE REVIEW

Teamwork as a concept and term is a hot topic in health care literature. A CINAHL search of the word *team* resulted in 12,220 publications and adding the term *health care* reduced the number to just over 1000. Health care today is delivered in multiple settings by a variety of professionals working in groups and as teams. Collaboration and coordination at all levels is necessary in order to ensure that care is safe, cost effective, and patient centered.

Several articles related to health care teams suggested that high-functioning teams are needed in order to deliver high-quality, effective and safe patient care.[1-3] Communication, safety awareness, clarity of goals, and leadership were identified as key elements for effective teamwork.[2-9]

The literature is clear: teamwork is essential in today's complex health care environment. However, "the published literature on how to assess, build, encourage and develop effective teams is limited."[5] Nursing leadership must have the knowledge and skills to evaluate, facilitate, and analyze teams at all levels of the organization. The American Organization of Nurse Executives (AONE) has published *Nurse Executive Competencies*.[10] The document does not explicitly detail team-building skills but implicitly refers to expertise needed to lead teams in 2 of the competencies: leadership, and communication

Figure 1. People Working Towards a Goal Whose Work Is Directed by an Individual

Group
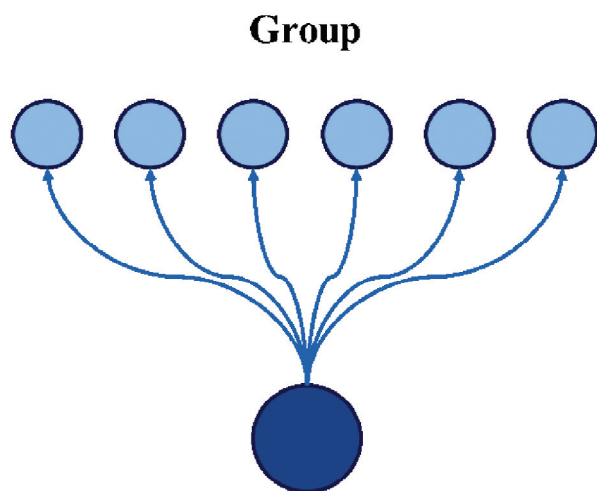
Figure 2. People Who Coordinate and Work Amongst Themselves Toward a Common Goal
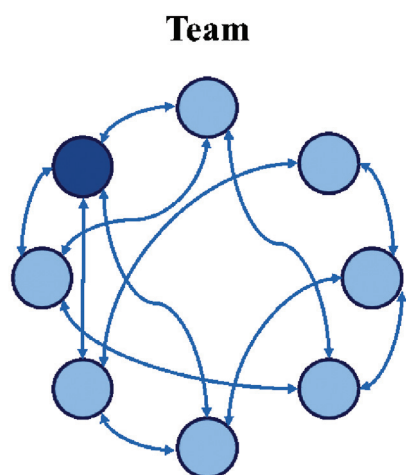
Team

People who coordinate and work amongst themselves toward a common goal.

and relationship building. The *Doctor of Nursing Practice Essentials* has team-building concepts woven throughout several of the fundamentals, including Essential II, which discusses organizational and systems leadership, and Essential VI, which addresses interprofessional collaboration.[11]

"Given the importance of teams to the delivery of effective health care, clinical leaders need to be able to lead, work within and between teams as seamlessly as possible."[1] Questions that need to be addressed include what exactly constitutes a team, how is a group different from a team, and how can nurse leaders develop teams.

DEFINITION OF GROUPS AND TEAMS

The terms *group* and *team* are used synonymously when describing a number of people working or sharing a common purpose. It is widely accepted that a group is defined as "a number of individuals assembled together or having some unifying relationship; a number of people who are connected by some shared activity, interest or quality."[12] The common definition of team is "a number of persons associated together in work or activity."[12] Although the terms *group* and *team* both have similar literal definitions, their respective organizational definitions and the implications that are paired with each differ dramatically.

In health care, the term *team* is more commonly used because of the shared interest in caring for patients and including patients in achieving the desired outcomes. Groups work with parallel interdependence, meaning they work independently with the assumption the work is coordinated by other providers. However, teams actively coordinate their work with all providers and the patient.[13] Teams define member responsibilities and ensure all aspects of the expectations and goals are clearly stated, including shared accountability for all members. Groups have similar qualities such as defined responsibilities; however, they do not include the relationship qualities or shared accountability. These relationships are demonstrated in see Figures 1 and 2.

Areas that are often overlooked in groups but are present in successful teams include training, development, incorporated individual rewards, opportunities, and motivation.[2,3,5] Structure sets a team apart from a group as well and may be exhibited as team meetings, organizational factors, or team members working from the same location. Effective teams also successfully maintain patient-centered focus, outcomes and satisfaction while encouraging feedback, capturing and recording evidence of the effectiveness of care, and using that as part of a feedback cycle to improve care.[2,3,5] Sharing power and working jointly while still offering autonomy is also an indication that a group of professionals are working as a team.

STRATEGIES TO EFFECT CHANGE

Health care as we know it is changing rapidly, and change is not going to slow down. Value-based purchasing and reimbursement challenges require leaders to do more with less and improve patient safety and quality of care in order to remain viable in today's health care environment. Improved patient safety and quality of care is a result of teamwork, a word that gets thrown around by many organizations. In reality, what most individuals believe is teamwork is actually "pseudo-teams." Ezziane et al.[5] used this term to describe teams without open communication, common goals, and information sharing. Building a successful team takes work and commitment, another implication for leadership.

Moving from a group to teamwork mentality is a transformative strategy that gives your hospital the cohesiveness necessary to positively impact patient safety and quality of care and provides sustainability that is the lifeline for growth and success. The core elements of an effective team include effective communication, safety awareness, clarity of goals, and leadership.

COMMUNICATION

Increasing complexity and specialization of skills in the current health care environment demands effective communica-