

Inside a Strategic Plan for a Dysfunctional Senior Leadership Team

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The senior leadership team at this southeastern community hospital consisted of the following: the chief executive officer (CEO), the chief operating officer (COO), the chief financial officer (CFO), the chief nursing officer (CNO), an administrative resident, quality director (QD), risk management director, marketing and business development director, and human resources director. Therefore, this team is compiled of members from various backgrounds, disciplines, and educa-

tional levels. According to Porter-O'Grady and Malloch,¹ a team comprised of members with a different array of talents and unique skills enhances the team's effectiveness and range of contribution. Thus, this team was selected for this performance-improvement project to assess team member relationships and team effectiveness. According to these assessment results, an informed strategic plan was devised to build a high-functioning, effective leadership team.

Although this is a recently formed leadership team of approximately 6 months, this senior leadership team was selected by the QD for this project due to Lencioni's² reference to the "first team". According to Lencioni,² a senior leader must have loyalty and commitment to the senior leadership team, the first team, and the team he or she leads is considered secondary. Although this team was selected due to the team's role as the QD's first team, a team of less than 6 months may present an assessment challenge due to the team's immaturity within the developmental stages of a group.

A group has 5 sequential stages of development: forming, storming, norming, performing, and adjourning.³ According to Kumar et al,⁴ adjourning or transforming may be considered as a sixth stage. Currently, this leadership team is in the forming stage. During the forming stage, the team members are determining appropriate group behaviors and the team's core values.^{3,4}

TEAM INTERVIEWS

Prior to initiating this performance-improvement project, the chair of the institutional review board (IRB) deemed this as a performance-improvement project that did not require IRB review. The initial team assessment sought to obtain qualitative data via interviews. Two interviews were conducted with the following non-nursing professionals: the CEO and the marketing and business development director. The interviews formulated both parallel and divergent concepts.

The first interview was with the marketing and business development director. He holds a bachelor of science in communications and is responsible for marketing, business development, community and public relations, and physician recruitment and engagement. At the beginning of the interview, he sounded coached or like he was reading from a textbook. For example, he stated, "Our responsibility as a community hospital is to provide a broad range of services and treatment modalities to enhance the quality of lives of the people we serve." His ability to eloquently answer questions during an interview stems from his education, experience as a news anchor, and his public relations responsibilities.

This marketing and business development director relayed that the senior leadership team is extremely capable of becoming a highly functional team with the development of clearly defined goals for the direction of the hospital. However, he did state that several members of the team are new to the organization and are still in the assessment phase as opposed to the execution phase. On a final note, he indicated that the team's area of focus and opportunity is accountability among the team members as well as to the staff that reports to each of the team members.

The second interview was with the CEO. He holds a masters of healthcare administration. He stated that as the CEO, he is "responsible for everything such as quality services, strategic planning, financial budgeting, accountability, and management of relationships with employees, physicians, elected officials, and members of the community." Additionally, his interview, as opposed to the previous inter-

view, obtained a greater insight into the focus of this senior leadership team.

According to the CEO, the previous senior leadership team was composed of 1 overworked leader, 2 disengaged leaders, and open positions. Therefore, he suggested that the focus of the new team is to "regain credibility in the eyes of the frontline employees." He further stated, "The senior leadership team members need to know that we have each other's back." Thus, he is accomplishing this through Monday afternoon senior leadership meetings. During these meetings, the team shares information and holds each other accountable to organizational goals.

The interview analysis revealed both parallel and divergent concepts related to the senior leadership team's effectiveness. First, both interviews referenced the need for accountability and noted that numerous members of the team are new to the organization. Whereas the marketing director pointed out the positive and negative traits of the team, the CEO suggested solutions such as the sharing of information, holding team members accountable, and a certain level of trust through the knowledge of team members having each other's back.

ASSESSMENT OF TEAM EFFECTIVENESS

The second team assessment consisted of the collection of quantitative data through Lencioni's² team diagnostic assessment tool. Lencioni² devised this tool to assess the 5 dysfunctions of a team. These dysfunctions include: absence of trust, fear of conflict, lack of commitment, avoidance of accountability, and inattention to results.² According to Lencioni,² these dysfunctions are the dangerous pitfalls that cause organizations to fail at achieving teamwork. Thus, Lencioni's team diagnostic assessment tool assists in evaluating a team's susceptibility to these 5 dysfunctions of a team.

This senior leadership team was asked to complete Lencioni's team assessment tool.² They were informed the completion of the tool was voluntary, anonymous, and the results will be used for team-building purposes only. They had 5 days to complete and return the tool to the quality department's interdepartmental mailbox. Eight members of the 9 leaders returned their tool; therefore, the response rate was 89%. A completed and returned tool implied consent.

OVERALL ASSESSMENT TOOL FINDINGS

The survey results (*Table 1*) demonstrated a consistent pattern throughout the assessment. Each dysfunction had a combined score of a 6 or 7. According to Lencioni,² these scores indicate that the dysfunction could be a problem. Thus, these results conclude that this senior leadership team could have a problem with all 5 dysfunctions. However, dysfunction 1 and dysfunction 4 have the overall lowest scores. Because lower scores indicate a greater probability that the dysfunction needs to be addressed,² the leadership team's strategic plan includes Lencioni's dysfunctions, the absence of trust, and the avoidance of accountability. In addition to the assessment tool results, both trust and accountability were topics of discussion noted during the team interviews emphasizing the inclusion of these items to the strategic plan.

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