
Leadership And Teamwork Satisfaction

Teamwork between individuals in a firm are foundations for corporations. Assembling efficient teams can increase productivity, achieve higher synergy and gain broader perspectives. Nevertheless, teams are not always effective; it's benefits can only be reaped if the group has trust, common goals and compatible personalities necessary for achieving high performance.

THE SITUATION

The article, 'Leading in Hostile environment', presents difficulties in leadership in an unamicable environment. "Medical One... largest multispecialty healthcare practice" having "numerous regional clinics... employed more than 13,000 employees... 900 physicians" were bought by "Healthcare Plus... smaller but more financially sound practice" (page 1). Though Medical One was in a financial crisis where debts overrun income, the employees of Medical One were still resentful to being purchased by a smaller company. The two company's differences in practice, with Medical One, priding themselves for "providing extremely high healthcare services" and Healthcare Plus rumoured being cost-cutting orientated, further fuelled a feeling of bitterness in Medical One employees as they believe that "lower costs equates to lower-quality health care" (page 1). Hence, the merger resulted in Medical One's employees feeling angry and misplaced, affecting the efficiency and performance of teamwork with Healthcare Plus employees.

CREATION OF INGROUPS/OUTGROUPS

The different opinions of how a healthcare company should run, created ingroups and outgroups between the employees of healthcare Plus and Medical One. Ingroups are formed when individuals are able to define themselves within a group (Otten & Epstude 2006). Employees of Medical One have defined themselves in terms of their history (working for Medical One) and having the same perception of the quality they must provide (Otten & Epstude 2006). Additionally, Medical One employees' firm belief that cutting costs means reducing quality of service (whereas Healthcare Plus believed that cost-cutting is necessary), created difference in moralities (principles distinguishing right and wrong). This morality-based ingroups, expressed by Weisel and Bohm in article "Ingroup love" and "outgroup hate" in intergroup conflict', will result in stronger emotions and intolerance towards outgroups (Weisel & Bohm 2015), presenting the 'us' vs 'them' mentality. A more apparent display of negative emotions towards the perceived outgroup members is seen as (Healthcare Plus employees) they avoiding to support the ideas they presented (Weisel & Bohm 2015) - 'many of the managers were resistant to the ideas' (page 3). This division, between members of the group, results in tension and hostility.

5-STAGES OF GROUP DEVELOPMENT

This divided relationship between members will also prolong the storming stage of the 5-stage model of group development as each group will be more assertive of their opinions (Weisel & Bohm 2015; Toggli n.d.). Increased number and magnitude of conflicts will be seen, as they

don't possess acceptance and collaboration necessary to move on to the norming stage (Abudi, G. 2010).

FACTORS EFFECTING TEAM EFFECTIVENESS

Although the scenario presents a group setting, many theories regarding teams are also applicable.

Context

A healthy climate of trust is absent in this group as there are segregation of beliefs between Medical One and Healthcare Plus employees. This mistrust roots from Medical One employees fearing Healthcare Plus's lower cost policies will result in lower quality of health care, making them lose their reputation of having high quality services. Mistrust between members will lead to cautious activities (concerned others will take advantage) and deteriorates good decision making (Shagholi et al. 2010). Members will be less willing to take risks and commit to leader's goals, leading to inefficiencies in performance (Robbins et al. 2016).

Process

Hostility between members were formed as factors e.g. having a common purpose, specific goals, team efficacy, team identity, team cohesion and similar mental models, were impaired.

Due to team disarray and interpersonal conflicts, a common mission is not developed, hence clear establishment strategies regarding what needs to be completed and how to improve, were not present. These interpersonal tension and no common goal, encouraged a divided feeling; resulting in low team efficacy and non-cohesive members (Robbins et al. 2016; Hirokawa & Rost 1992).

The mental model of believing "Lower costs equates to lower-quality health care" from personal experiences in Medical One, also makes the group's performance suffer (Page 1); as employees are fighting over how to do things, instead of what to do – seen in argument. Medical One's biased mindset, resulted in both extensive task-based conflicts and interpersonal conflicts with Healthcare Plus, disrupting possible progress. Task-based conflicts is seen as there was no agreement to solutions and interpersonal conflicts are also present as resentment was felt after becoming acquired by Healthcare Plus. (Robbins et al. 2016)

COMMON GOALS

Groups are defined as interacting and interdependent individuals, achieving particular goals. A common objectives accepted by all members of the group are essential – seen in the definition. Having a common, specific yet challenging goal would increase employee motivation and commitment to an organisation (Troselius 2017; Latham, 2004). It would also allow members to develop respect and fellowship as they have a clear purpose, enabling them to have better conversations regarding how to reach this goal. An element to solving the team's hostility issue.

COMMON OBJECTIVE:

- **Define the manager's roles**

In order to have successful teamwork, manager roles (expectation of behaviour from occupying position) must be well-defined. Since role perception and role expectations are different, (e.g. manager of Medical One might define her role to be facilitating high-quality services regardless of cost; whereas managers at Healthcare Plus could define their role as to inspect costs) these misconception must be addressed. As members have experienced different norms in both companies, they would have different outlooks and standardised behaviour towards the treatment of patients and the usage of inventory (Robbins et al. 2016). Thus, common understanding of their roles are essential.

- **Critically evaluate and discuss opinions of each member**

Colleen and her 14 managers should focus on brainstorming decision-making techniques instead of interacting group decision-making technique they currently use. The brainstorming decision-making techniques is an idea-generating process where ideas are encouraged and criticism is withheld. Allowing each manager to speak and argue their points without any interruptions or worry that others may immediately reject. Interacting group decision-making technique, is where members meet face-to-face and interact using verbal and non-verbal methods (Robbins et al. 2016). This is not a preferable in this situation as this method increases potential for interpersonal conflicts (Hirokawa & Rost 1992).

- **Create positive group norms (acceptable behaviour shared by members)**

Developing positive norms within groups, as Terry and Hogg have proved in their research article 'Group Norms and the Attitude-Behavior Relationship', perceived norms within groups can predict subjects attitude as well as promot conformity (Terry & Hogg 1996). Group norms must promote an common identity, respect and a sense of equality and trust. Medical One employee's feelings of distrust, bitterness and resentment may be resolved if these norms are able to be successfully implemented; increasing worker satisfaction and delivering better quality of patient-care (Shuffler et al. 2018; Babiker 2014).

- **Increase communications to build a common identity**

Increasing communication helps resolve conflicts and develop a climate of trust amongst the members, necessary for high performance as the group can achieve team identity, cohesiveness and dilute disunity. Common group identity (collective characteristics or traits) developed will enhances self-esteem within the group and also collaborations (Dawes, Van De kragt & Orbell 2002; Gaffney & Mahajan 2010)Effective teamwork is especially essential in the healthcare industry as it's outcomes will be immediate and positive in effecting patient safety and practice of quality (Babiker 2014).

- **Focus on formulating plans to decrease cost without compromising on quality**

Having a common goal aimed at satisfying both Medical One employees' pride of providing high quality services and the evident need for Cost management is essential for the growth of this company. Once hostility and prejudice is ceased (as above objectives are achieved), the

formulation of a common plan to reduce costs and wastage will be easier. Members are likely to be more reasonable and cordial. Allowing proper evaluations of issues and movement to the norming stage of the 5-stage model of group development.

LEADERSHIP THEORIES

The contingency theory states that there is no best way layout to lead an organisation (Flinsch-Rodriguez 2010). It states that situational factors will affect how effective leadership style are and follower's proactivity will affect whether leader extraversion will increase follower's performance (Robbins et al. 2016). This theory includes the Fiedler's Model and the path-goal theory.

Fiedler's model implies that a group's effectiveness depends on whether a leader's style of interacting with subordinates is compatible with the degree to which the situation gives the leader power. With effectiveness of the type of leadership (task-oriented or people-oriented) depending on whether the situation is favourable. In favourable and unfavourable situations, task-oriented leaders will have better performance, whereas in moderate situations, relationship-oriented leaders will produce better performance (Peters, Hartke & Pohlmann 1985). Situational favourableness depends on: leader-member relationship, task structure and Leader's position power. (Robbins et al. 2016)

Colleen's group is currently in unfavourable situation – having a strained leader-member relationship, no defined task structure and no apparent authority to reward or punish – Colleen should adopt a task-oriented behaviour. As the company currently needs specific decision making to make progress, a task-oriented leader would be more suitable as they can better organise teams and projects, getting the job done without worrying too much about rapport. (Business balls 2019; Expert Program Management 2019; Cruz et al. 2011).

Path-goal theory states that leader's job is to assist followers in attaining their goals and to provide necessary direction to ensure that their goals are compatible with overall mission. This theory expresses that appropriate behaviour (directive, supportive, participative, achievement based) taken by manager depends on the characteristics of the followers and environmental factors. Characteristics of followers include worker's authoritarianism, locus of control and ability, whereas environmental factors includes whether tasks are structured, organisation's formal authority system is satisfying and the group is supportive. (Robbins et al. 2016)

In Colleen's situation, her followers are low in authoritarianism (increasing trend in western countries abandoning hierarchal management styles with an empowering approach), internal locus of control (Reltz and Groff's paper found that developed countries have high internal locus of control) and high ability (assumed, as all are competent managers), Colleen should develop a supportive role (Meyer 2013; Reltz & Groff 1974). Additionally, having environmental factors of unstructured tasks, dissatisfying formal authority system and work group lacking social support, a supportive leadership style would be necessary to stimulate and advocate progress (Robbins et al. 2016). Thus an supportive yet tasked-based leadership style must be adopted.

The contemporary theory of leadership includes transformational leadership and authentic leadership. Transformational leadership refers to inspiring followers to transcend their personal

interests for the sake of the community, but it also includes transactional qualities of guiding employees in the direction of an established goal. Allowing original employees of Medical One to envision a direction for this company and feel stimulated to work towards it. (Robbins et al. 2016)

Colleen should also strive to be an authentic leader. An authentic leader is one who treats their employees well, creates ethical environment and performs corporate social responsibility acts. Creating trust in their employees through having integrity, benevolence and skills, resulting in increased risk taking, group sharing and productivity. This is essential for Colleen, as she needs to be trusted by the former employees of Medical One to break this barrier of division (Hakanen, Häkkinen, & Soudunsaari 2015). Able to energise followers, developing trust, engagement and performance, reducing hostile team environment (Pless & Maak 2011) and having employees receptive to her ideas, decisions; trusting her ability and intentions. (Robbins et al. 2016)

CONCLUSION

As this merger complicated the relationship between the employees of the two medical care companies, Colleen needs to ensure that the apparent division in her team are dissolved and there are no hostility in the work environment. Colleen can do this by taking on a task-orientated but supported leadership style. Also becoming an authentic and transformational leader, attempting to present clear directions, while reassuring and encouraging cooperation, is also essential for good productivity and performance.