TEAM BUILDING

IN

A PSYCHIATRIC CONTEXT

BY

JABULANI DENNIS THWALA

TEAM BUILDING IN A PSYCHIATRIC CONTEXT

Jabulani Dennis Thwala
BA, BA (Hons.) (North) M.A. (Clinical Psychology) (Natal)

A thesis submitted in partial fulfilment of the requirements for the degree of Doctor of Philosophy in Community Psychology in the Department of Psychology,
University of Zululand,
Kwa-Dlangezwa,
Zululand.

January 2001

DECLARATION

I, the undersigned hereby declares that this thesis is my own original work and has not previously in part or in its entirety been submitted at any university for a degree

Signature **Date**

_____ ***30 January 2001***

Jabulani Dennis Thwala

ACKNOWLEDGEMENTS

I gratefully acknowledge the help received from many people in the completion of this research. In particular, I would like to express my appreciation to:

Professor S.D. Edwards, my promoter, for his generous assistance and for his wise guidance.

Professor P.T. Sibaya, my co-promoter for his support, interest and encouragement in the completion of this thesis.

Dr B.D Faulds, for his patient assistance with statistical analysis

Dr G.J. Walker, Midlands Complex Research Committee; Town Hill; Fort Napier and Imbalenhle Community Health clinic staff and patients.

My fellow-students, Msizi, Cathy, Frida, Sharon and Winkie for their encouragement.

A friend, Nceng'musa who assisted me with computer skills.

The financial assistance of the Human Sciences Research Council is also gratefully acknowledge.

Finally, and especially, to my wife Ntombizonke for her constant caring support, and her tolerance of my frequent absence on account of this research; and to my sons, Samukele, Siyamethemba, AmaSwazi and Asephelele for accepting my frequent absence so understandingly.

ABSTRACT

Health institutions are faced with a major task of promoting health, preventing and treating different kinds of illnesses in complex contexts. The large numbers of patients demand a high degree of team building and teamwork if these institutions are to be effective and efficient in service delivery. The present study seeks to develop a team building program which will assist in promoting teamwork. An hypothesis was formulated to investigate if a team building program would make any significant change with regard to health service delivery in a psychiatric context as perceived by staff and patients. A total number of 185 participants took part in the study. The population comprised 97 females and 88 males. There were 59 English, 7 Afrikaans and 119 Zulu speakers. Both staff and patients were offered questions relating to team functioning. The staff participants were further given questions relating to the manner in which teams are built. The team building program was informed by the ideas obtained from the responses as well as from literature. The team building program was then offered to the staff members. A statistical analysis of the results was undertaken and the results showed that the program was significantly effective in promoting teamwork as evaluated by staff and patients.

TABLE OF CONTENTS

Chapter		Page
Declaration	(i)	
Acknowledgements	(ii)	
Abstract	(iii)	
Table of contents	(iv)	
CHAPTER ONE		1
INTRODUCTION		
1.1 Aim of the study		1
1.2 Orientation		1
1.3 Team building		7
1.3.1 Introduction		7
1.3.1.1 The leader as team builder		10
1.3.1.2 Developing a team program		11
1.4 Models of team building		15
1.4.1 Introduction		15
1.4.1.1 Four-phased model		15
1.4.1.2 Alignment model		16
1.4.1.3 Maturity model		18
1.4.1.2.1 Teams at the adhoc level		19
1.4.1.2.2 Teams at the basic level		19
1.4.1.2.3 Teams at the standardized level		20
1.4.1.2.4 Teams at the optimizing level		20
1.5 Conclusion		20

CHAPTER TWO 21

RESEARCH CONTEXT

2.1 Introduction 21

2.2 Teamwork 22

2.2.1 Team players and their roles in a psychiatric hospital context 24

2.2.1.1 Consulting psychiatrist 24

2.2.1.2 Ward doctor 24

2.2.1.3 Clinical psychologist 25

2.2.1.4 Intern psychologist/s 25

2.2.1.5 Social worker 26

2.2.1.6 Psychiatric nursing sister 26

2.2.1.7 Nurse 26

2.2.1.8 Occupational therapist 26

2.2.1.9 The chief medical superintendent 26

2.3 Models of teamwork 27

2.3.1 Introduction 27

2.3.1.1 A model of team effectiveness and schema similarity among team members 27

2.3.1.2 The baseball-team model 29

2.3.1.3 The football-team model 30

2.4 Theories of teamwork 32

2.4.1 Introduction 32

2.4.1.1 Traditional theory X 32

2.4.1.2 Theory Y 33

CHAPTER THREE **35**

METHOD

3. Formulation of hypothesis 35

3.1 Does team building improve services delivery in a psychiatric context as evaluated by patient and staff 35

3.2 Subjects and sample 35

3.2.1 Description of sample 35

3.2.2. Selection of sample 36

3.3 Instruments used in the study 40

3.3.1 Pre-test questionnaire 40

3.3.2 Team building program 40

3.3.3 Post-test questionnaire 40

3.4 Discussion of instruments used in the study 40

3.4.1 Pre-test questionnaire 40

3.4.2 Team building program 41

3.4.2.1 Team building questionnaire 42

3.4.2.2 Response to the team building questionnaire 42

3.4.3 Post-test questionnaire 43

3.5 Procedure 43

3.5.1 Administration 43

3.6 Demographic details 44

3.7 Statistical analysis 48

CHAPTER FOUR **49**

RESULTS AND DISCUSSION

4.1 Introduction 49
4.2 Experimental design 49
4.3 Summary tables 50
4.4 Qualitative data 52
4.5 Statistical analysis of the results per institution 53
4.5.1 Statistical results for all three institutions 59
4.6 Qualitative findings 62
4.7 Discussion of results based on the hypothesis 66

CHAPTER FIVE **68**

CONCLUSION

5.1 Introduction 68
5.2 Program Development 68
5.3 Effectiveness of the team building program 69
5.4 Generalization of results 69
5.5 Recommendations for future research and action programs 70

Appendices 71
References 93

CHAPTER ONE

INTRODUCTION

1.1 Aim of the study

The purpose of this study is to investigate whether team building has an impact on patient care as evaluated by both staff and patients.

1.2 Orientation

Right from the outset it will be important to answer the following question: What is a team? Holpp (1999:3) defines a team as "a group of people working together toward specific objectives within a defined operational space." Holpp (1993) proposed five Ps of purpose, place, power, plan and people which help the team builder to focus on most important reasons before he/she even thinks of building a team. The five Ps are described as follows: Purpose: Allows the team leader to know why he/she wants to use a team as opposed to individuals and what is expected of the team. Place: The question of purpose leads naturally to the question of place. For example, how do teams fit into an organizational structure that shows only boxes not circles. This question is extremely important in that beyond drawing a new organizational chart, it demands adapting company thinking to a more collaborative workplace where people from many parts of the organization come together as teammates. Power: In this context, power will mean responsibilities and authority of the team. For example, what will be the scope of the work of each team? Will it be working on issues that affect the entire organization? Or will it focus on a certain limited area? Are teams intended to be primarily advisory, to make recommendations to somebody? Power relates to roles of team members and responsibilities attached to them. Plan: Plan refers to the structure of the team. For example, how will the team assume its assigned responsibilities and handle its designated authority? This explains who on the team will do what and how? People: All the above depends on the people. It is the people who make the team. Therefore, a team leader

should provide the proper context for the people to succeed. The hospital and clinic contexts comprise people who find themselves working together in trying to provide health care services to patients. This demands working together in a coherent and a systematic way.

The present study postulates that team building and teamwork will yield fruitful results in any context where people share complementary skills. Institutions such as hospitals, schools and health clinics which involve multi-disciplinary teams benefit directly from teamwork.

Harrington-Mackin (1994) argues that the first step in forming a team is to define a goal for the team on the basis of the subject or problem to be examined. This includes specific objectives to be achieved or strategies, recommendations and analyses to be performed. In the process of planning, a work plan is required. It is also important to identify the results expected of the team, identify the resources available to the team, identify the type and frequency of reporting and the communication expected of the team, identify and negotiate requirements or rules the team is expected to adhere to or need to be aware of. A team can comprise a complete working unit (functional teams) or can include people from throughout the organization, including hourly staff and top management. If possible, it is best to seek volunteers for team members. A problem, noted by Harrington-Mackin (1994), is that people required to be on teams often lack commitment to the team process and act to undermine the team's progress. When in doubt however, it is better to include people on teams than to exclude them. It is worth mentioning (Adair, 1990) that a new idea (half-formed idea) almost invariably comes from an individual but it takes a team to turn it into something really useful. Adair (1990) further mentions that the individual who comes up with the new idea is being creative while the group or team that develops the idea is being innovative. The half-baked idea is in turn creatively developed by one or more others working together as a team. The whole process of coming up with an idea and working on it is called team creativity (Adair, 1990:59).

Adair (1990) sums up working together as follows: Many ideas grow better when transplanted into another mind than in the one where they sprang up (Adair:1990:59).

For the best team functioning, a minimal amount of training should be required of all team members in areas such as interpersonal skills and problem-solving skills (Buller & Bell, 1986). It is further emphasized that to be successful team members, employees must receive substantial and periodic training that addresses two distinct needs: how to function as a team in terms of structures and tasks and how to relate to people as team players (Ends & Page, 1984; Francis & Young, 1979; Goodman, 1986; Humphries, 1998; Katzenbach & Smith, 1993; Kelman, 1999; Lewis, 1993; Ilgen, 1999). Relationship skills fundamentally make or break a team (Neck & Manz, 1994). Harrington-Mackin (1994) also points out that the goal of all team training is to improve the awareness, understanding, knowledge, and skill of team members in six transformational areas:

1. coping with change
2. accepting responsibility
3. functioning as a team
4. achieving personal and team growth
5. engaging in critical thinking
6. working on continuous personal improvement

Historically, team-building activities began to increase rapidly during the latter part of the 1960s and early 1970s. The understanding was that people who have to work together should learn how to communicate(Napier & Gershenfeld, 1993; Neck & Manz, 1994) and to solve their problems so they stay solved. Virtually all organizations, by definition, are goal oriented (Baker, 1979; Belbin, 1998; Chang, 1994; Patten, 1981; Quick, 1992; Scott, Jaffe & Tobe, 1993). Many managers pushed to have team-development programs introduced into their organizations without critically analyzing whether or not this methodology was appropriate for their situation. It is of paramount importance to check whether the context does allow for teamwork. Individuals may be more effective than a

team in certain contexts (Lawler, 1986; Woodock & Francis, 1981). It is therefore, important to define what a team is.

Teams are composed of people who work together. They are multi-disciplinary, cut across organizational boundaries and are often a 'one-off" arrangement to tackle a specific non-routine and perhaps difficult problem. The prime objective in team building is to develop worker participation. A team's success depends upon the realization of its goals, a sound knowledge of the techniques involved in operating as a team and the quality of its members. Teams are a most effective way (Kharbanda & Stallworthy, 1990; Kelman, 1999; McIntosh-Fletcher, 1996) to encourage worker participation.

Teams are everywhere i.e., in families, schools, churches, industries, hospitals etc. Douglas McGregor and Rensis Likert are early writers in the area of management who began to emphasize the group-team concept as an important part of organization and management theory. Unity of purpose is the main distinguishing characteristic of a successful team. Most so-called managerial teams are not teams at all, but collections of individual relationships with the boss in which each individual is vying with every other for power, prestige, recognition and personal autonomy. Under such conditions unity of purpose is a myth. If the organization is service oriented, such as a school, church, hospital, or government agency, and the level of customer utilization of service drops below some desired level, then someone begins to plan for change. A critical part of any manager's job is to plan a strategy that will be effective in reversing negative outputs. One research study of top management groups (Dyer, 1977) found that 85% of the communications within the group took place between individual subordinates and the superior (up and down), and only 15% laterally between the subordinates. Many executives who talk about their "teams" of subordinates would be appalled to discover the actual level of collaboration among them, and high level of mutual suspicion and antagonism. While on the other hand, team effort competitiveness is effective.

In institutions such as hospitals, many activities simply cannot be carried on and many problems cannot be solved on an individual basis or in two person relationships (Dyer, 1977:11). Dyer (1977) further argues that generally we are remarkably inept in accomplishing objectives through group effort. The problem is that we have given so little attention to group behaviour that management does not know enough about how to create the conditions for individual growth and integrity in the group situation. "True team action is more like a football situation where division of effort is meshed into a single coordinated result; where the whole is more, and different, than the sum of its individual parts (Dyer, 1977: 17)."

Teams are collections of people who must rely on group collaboration if each member is to experience the optimum of success and goal achievement (Dyer, 1977: 4). According to Dyer (1977) a family is a team which comprises a group of people who must collaborate and combine resources in order that each group member may achieve his or her goals. The concept 'team" emerged in the late 1920s and early 1930s with the Hawthorne Studies conducted by a group of Harvard professors who hypothesized that work output is connected with work-area lighting or illumination. After much analysis, the researchers generally agreed that the most significant factor was the building of a sense of group identity, a feeling of social support and cohesion that came with increased worker interaction (Dyer, 1977). According to Maxon (1993), for all managers today, the leader's development of teams is central to their ability to achieve results through other people, and has never been any different. It is further mentioned that team building is not a bolt-on process they can choose to apply when they have time, but a necessary part of their role.

Crawford, Kydd and Riches (1997) are of the opinion that tasks within the team need to be shared and responsibilities distributed. In a community of professional colleagues, involvement, co-operation, participation, delegation and effective two-way communication are the essence of management. These authors further propose that teamwork is a group of people working together on the basis of the following:

. shared perceptions,
. common purpose,
. agreed procedures,
. commitment,
. cooperation,
. resolving disagreements openly by discussion.

On the basis of the above mentioned essential points, Crawford, et al. (1997) are of the opinion that working as a team can have the following benefits:
. agreeing on aims
. clarifying roles
. sharing expertise and skills
. maximizing the use of resources
. motivating, supporting and encouraging members of the team
. improving relationships within the staff group
. encouraging decision-making and participation
. realizing individual potential
. improving communication
. increasing knowledge and understanding
. reducing stress and anxiety.

Worldwide case studies (Chang, 1994; Kharbanda & Stallworthy, 1990) have shown that Japanese managers are essentially team builders and that their companies have been successful over the years. They lead rather than manage. Characteristics displayed by the Japanese teams include the following: i) they are ambitious and have clear objectives ii) each member understands clearly his role and his responsibilities iii) all team members share the same values and goals iv) there is frank, candid and continuous two-way communication v) the team members have diverse skills and experience vi) grievances are sorted out, giving a high morale and low staff turnover vii) the leader constantly stresses

the successful completion of the task.

Kharbanda and Stallworthy (1990) mention that the Japanese have adopted a strategy of narrowing the salary gap between the chief executives and the shop floor workers. They argue that such a strategy promotes team spirit and increases the staff morale which in turn leads to ever-increasing productivity. Effective team work is also promoted by flexible organizational structures which are governed by constant evaluation and feedback from all team members from different levels. It is also mentioned that motivation promotes cohesive teamwork. 'Motivation is the means - success is the end'. The Japanese are popular for their process of consensus - free and honest communication up and down the management structure which creates a healthy family relationship with its warm cooperative atmosphere and strong team spirit. In order to work as a team, there must be a willingness to listen and learn and this attitude of mind must begin right at the top, with the chief executive. What is more, we are never too old to learn (Kharbanda & Stallworthy, 1990: 233). Beyerlein and Johnson (1994) differentiate between teamwork and team work as follows: teamwork refers to group dynamics and how well individual team members work together while team work refers to work of the team as opposed to the individuals within the team. Although the Japanese are popular for their healthy and competent way of functioning as a team, there are also cracks in their economies - failure of firms and layoffs.

The next section will deal with the concept of team building.

1.3 Team building

1.3.1 Introduction

When building a team, the most important question one has to address is the difference between a group and a team. Unlike a group, team members strive to move towards a shared goal, interdependent tasks, shared responsibility, shared process, relationships and trust (Haywood, 1998:55).

The team concept is common enough in games and sports of various kinds; hence the sports arena can offer a number of lessons in relation to the successful organization and leadership of teams (Kharbanda & Stallworthy, 1990:29). Athletic teams are a good example of interdependence. For example, each member has a unique function but the team has a common purpose and goal. Kharbanda and Stallworthy (1990) maintain that in the absence of the proper team spirit, teams with highflying members have been beaten by teams consisting of quite average team members, but who are well coordinated in a team. Therefore, to build a team, the manager has to focus on the largely covert problems, the social and emotional needs of the members of the team. Furthermore, the manager is obliged to insist that the team members are constantly monitoring and evaluating the process of mutual cooperation.

Tjosvold and Tjosvold (1991) argue that team building has long been an important strategy in developing organizations, but it is typically restricted to groups of five to fifteen. Adair (1988) is of the idea that virtually all organizations are made of groups of individuals who have to work interdependently. He further argues that team building is and always has been an integral part of managing. The aim of team building, according to him, is to help people who work together to function more effectively in teams and to assist the team itself to work more effectively as a whole. This idea is also entertained by a vast amount of literature (Harper & Harper, 1989; Hess, 1987; Salk & Brannen, 2000; Sims & Dean, 1985; Stogdill, 1974; Torres & Spiegel, 1990; Zenger & Miller, 1974).

Effective team building is concerned with the following functions:

- improving performance and results
- making greater use of both individual and team strengths, not only concentrating on weaknesses.
- resolving problems about which something can and must be done and which are within the responsibilities of the particular team involved.

Maxon(1993) further talks about the most important features of team building. These features are summarized as follows:

1.Regular working sessions

A number of authors(Dyer, 1977; Harrington-Mackin, 1994; Kharbanda & Stallworthy, 1990) agree that team building is an ongoing process with existing and new teams.

2. Tackling own problems - with help

Team sessions should ideally be problem-solving sessions with some help from other team members.

3. Tackling root causes

Team members are expected to look at the causes of problems, and the weaknesses and strengths of the team.

4. Openness, honesty and risk taking

5. Action - orientation - commitment to decisions

Team members are expected to share views, relieve tensions and promote commitment to work together,.

6. Individuals put in time and effort

Team members spend their own spare time on certain team tasks in order to improve team functioning

7. Leader accepts feedback

Team members are expected to comment on the team leader's personal behaviour that may be adversely affecting team performance.

8. Development of interpersonal skills

This is achieved through running effective meetings, listening, giving feedback etc.

9. Program unique to team

There is no ideal program that can be followed by all teams in different contexts. The program can for example, concentrate on training nervous groups to create opportunities for increasing openness. Each program is designed to address specific needs, objectives and goals.

According to Dyer (1977) team development is an intervention conducted in a work unit as an action to deal with a condition or conditions seen as needing improvement. The first step is to gather data about the conditions in the system. For example, records may show that work output is down, grievances are up, loss of time is increasing, quality of work is suffering or the number of people requesting transfer or quitting is on the increase.

When building a team, an element of trust is of vital importance. Harrington-Mackin (1994) maintains that once an element of trust has been developed among team members, it ensures that advantage will not be taken by some over others.

1.3.1.1 The leader as team builder

Top management in any organization has a commitment to be involved in group activities such as team building and teamwork for quality service provision and delivery. Adair (1990: 43) states: "Without real commitment from the top, real innovation will be defeated again and again by the policies, procedures, and rituals of almost any large organization".

Most organizations are unlikely to be innovative - to introduce change and make it effective - if they lack a sense of direction. Adair (1990: 47) believes that besides having humour and infectious enthusiasm, a responsible leader should have at least the following characteristics:

(i) The ability to think deeply: e.g., analyzing, imaginative and holistic thinking, intuition and judgement

(ii) The ability to communicate, e.g., a chief executive must be a person with a message.

(iii) The ability to make things happen e.g., As a leader one has to be both tough and fair. Changing things is central to leadership. Changing them before anyone else is creativeness" (Adair, 1990: 48)

What is required in a chief executive as a leader is the ability to build teamwork and create synergy. The most effective leaders create a sense of *esprit de corps*, a team spirit that

makes even the most arduous or the most humdrum work exciting. The synergy created is more likely to support and sustain the individuals in the group or team. Throughout the world, executives are working up to the need for this kind of action-centred leadership as a means of realizing their company's potential. It is imperative for leaders to take inventory of their leadership qualities and skills. It is further maintained that the chief executive who knows his strengths and weaknesses as a leader is likely to be far more effective than one who remains blind to them.

1.3.1.2 Developing a team program

The website (htt:/www.accel.team.com/) deals with customized team building programs. Programs in this website provides useful information with regard to team building. For example, Team Essentials (htt:/www.accel.team.com/) maintain that the best way to help a group become more efficient is to challenge both the individuals and the group as a whole. Program development should depend on the nature of the context. However, it has been established that there are five goals to any program, viz:

1. To increase the sense of personal confidence within each group. This helps to allow participants to view themselves as capable, competent, and valuable contributors to the group. The best way to accomplish this is to encourage participants to challenge themselves, to push the envelope of comfort.

2. To increase the mutual support given among group members. The emphasis here is that every participant strives to do the best for the benefit of the whole group.

3. To increase each participant's ability to function positively within the group. By presenting activities in a way that each person is on a level playing field, confidence, value, and competence within the group can be enhanced.

4. To encourage working together as a team to accomplish a common goal. Lines of trust and communication are open allowing increased access to an enormous pool of ideas.

5. Fun, fun, and more fun! Having fun in team programs promotes learning while sharing information and skills.

An important perspective in planning team-development program is to envision the activity as the beginning of a process of getting work-unit members together and involving them in a total program of problem solving and development. A team leader may ask the following questions:

1. What keeps us from being as effective a unit as we could be?
2. What problems do you experience that we should work on?
3. What changes do you feel we need to make to be more effective?

People are usually more willing to commit themselves to expending their time and energy on an activity if they clearly understand what they are doing and why they are doing it. Dyer (1977) maintains that a general rule of thumb about who to include and how many to have would be: when in doubt, include. It is far better to have a few more in the program than to leave someone out who feels he or she should belong or be included in the department plans. Team development should be thought of as an ongoing process, not as a single event. The team development process often starts with a block of time devoted to helping the group look at its current level of team functioning and devising more effective ways of working together. Most team-building facilitators would prefer to have a long block of time (up to three days) to begin a team-development program. It is customary to hold the initial team-development program away from the work site. Usually a team-building program will begin when the manager becomes aware of a certain concern, problem, issue, or set of symptoms that leads him or her to believe that the effectiveness of the staff or work unit is not at an appropriate level. Symptoms that might signal the need for a team-building program include:

1. loss of production or unit output;
2. increase of grievances or complaints within the staff;
3. evidence of conflicts or hostility among staff members;

4. confusion about assignments, missed signals and unclear relationships;
5. decisions misunderstood or not carried through properly;
6. apathy and general lack of interest or involvement of staff members;
7. a lack of initiative, imagination, innovation-routine actions taken for solving complex problems;
8. ineffective staff meetings. Low participation, minimal effective decisions;
9. start up of a new group that needs to develop quickly into a working team;
10. high dependency or negative reactions to the management;
11. complaints from users or customers about quality of service;
12. continued unaccounted for increase of costs.

Team development is one process for revitalizing a social system. A team program should not begin unless there is clear evidence that a lack of effective teamwork is the fundamental problem. The hospital setting is ideal for team building and teamwork in that it comprises professional persons with complementary skills. Crawford (1997:123) mentions that the development of a team demands that people should understand clearly what they are doing and why they are doing it. He further asserts that an effective team consists of a group of individuals working together in such a way that much of what they do depends upon and overlaps with the activities of others. The "we" concept should dominate the group think and address questions such as: Did we complete the task successfully? What went well in our process and can be repeated next time? What went badly and held us back?

Adair (1990) looks at the key points as follows: Team creativity points to the fact that more than one person is involved in any significant act of creative thinking. This is even more apparent when it comes to innovation. For example, to develop a product or service from an idea requires creative teamwork. At the core of team creativity is the capacity to build upon or improve other people's ideas and to subject your own ideas to the same process. Building an idea sounds a simple recipe, and so it is. But it presupposes a positive and

constructive ethos, mutual encouragement, and the ability to listen. Although it may be focused in particular meetings or even in departments, such as research and development, team creativity should embrace the whole organization. It should be a basic theme in the endless conversation of any organization that seeks to be innovative. The brainstorming technique illustrates the benefit of separating imaginative thinking from critical thinking. But ideas do have to be subjected to rigorous evaluation at some stage or other. To be able to give criticism effectively, and to receive it, is an art that has to be learnt. These key points can be summed up as follows: He that wrestles with us strengthens our nerves and sharpens our skill. Our antagonist is our helper (Adair, 1990:69).

Cox (1993), argues that cultural diversity should increase team creativity and innovation. Research reviews (Cox, 1993) have indicated that attitudes, cognitive functioning and beliefs are not randomly distributed in the population, but rather tend to vary systematically with demographic variables such as age, race and gender. Cox (1993) is of the opinion that diverse groups have a broader and richer base of experience from which to approach a problem and that critical analysis in discussion group is enhanced by member diversity.

Haywood (1998) believes that setting up an environment that facilitates the work process is only part of what managers need to do to build teams. It is assumed that every manager knows that team members stay on teams they enjoy, i.e. having fun. It is needless to mention that people stay at jobs when they find the work experience rewarding and enjoyable at a personal level. Haywood (1998) proposes that managers should set up peer reward systems so that team members reward one another. One of the most important elements of building a team is to give your team a name. Sports, soccer in particular, is a good example where a team is known because of it name. Industrial organizations may prefer to use symbols like logos in creating team identity. Amongst other things, trust is an important element of team building and this is achieved through face-to-face meetings even if it is once or twice a year.

The next section will deal with models of team building.

1.4 Models of team building

1.4.1 Introduction

The next section will deal with the team dynamics, two most important models developed by Management Strategies Inc. (MSI) (Haywood, 1998) to provide managers with a framework for building effectively distributed teams. These models are: Four-phased model, Alignment model and Maturity model.

1.4.1.1 Four-phased model

Teams, like individuals, go through cycles of development, becoming progressively more capable of self-management. Holpp (1999) developed a four- phased model describing the process of team development.

1. Forming: This is a "honeymoon" phase which is characterized by excitement, anxiety, and a feeling of power. Teammates are expected to get familiar with each other before taking risks. At this phase productive work is much less.
2. Storming: This is a "post-honeymoon" phase where egos clash, personality differences become obvious, opinions differ and frustration grows. At this stage, ideas are proposed and challenged. Plans are laid and revised. New directions are put forward and evaluated.
3. Norming: This is the "reality strikes" phase at which norms (standards or accepted codes of conduct) develop gradually through consensus. This phase is characterized by good productivity. A team begins to form a routine, team members get to know and understand each other. True strengths and weaknesses become clear.
4. Performing: This is the "synergy" phase at which the team develops and grows. Goals, at this stage, are oriented towards tasks rather than relationships. The team can achieve significant results at this stage. See fig. 1 below.

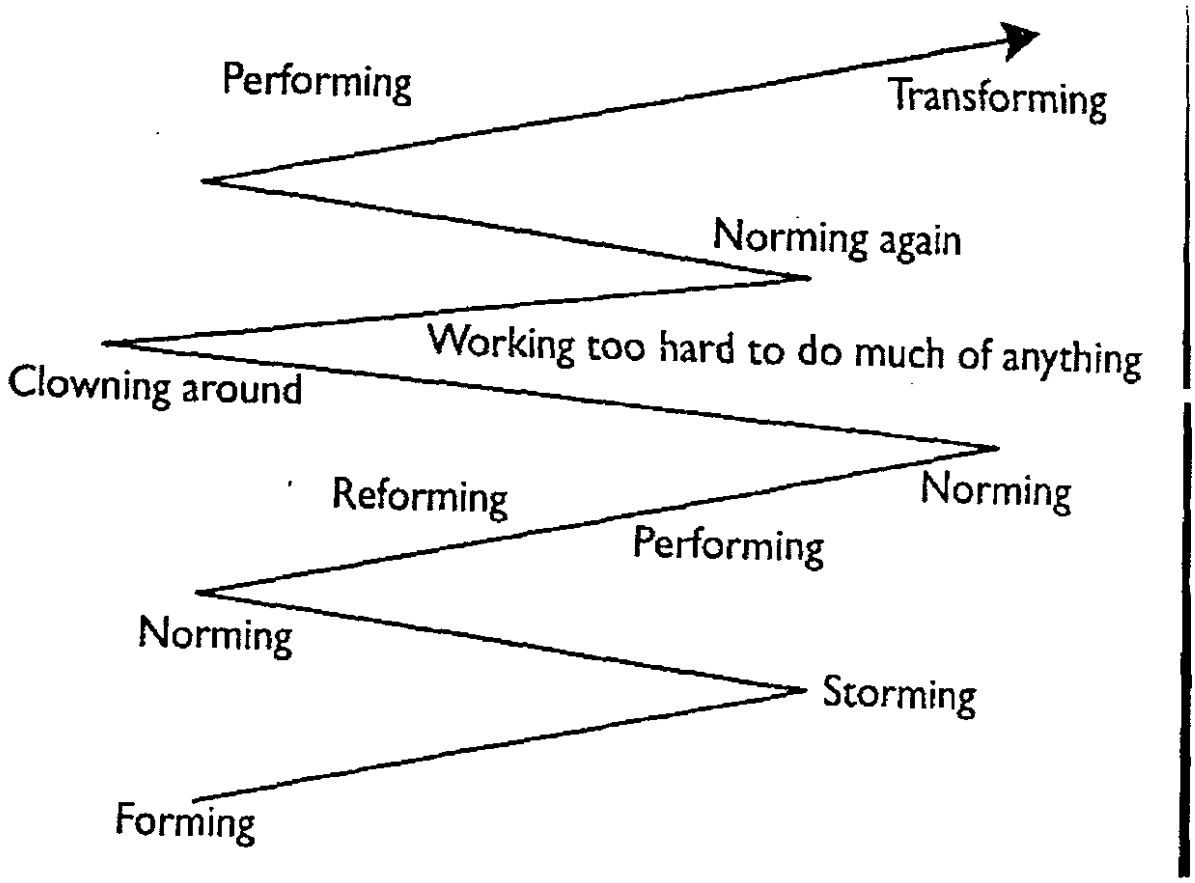

Fig. 1 Four phased model

1.4.1.2 Alignment model

The purpose of this model is to assist managers to get the best performance from their teams with the infrastructure they have in place. In this model each team member is envisioned as a puzzle piece consisting of four parts: goals, processes, tools and skills.

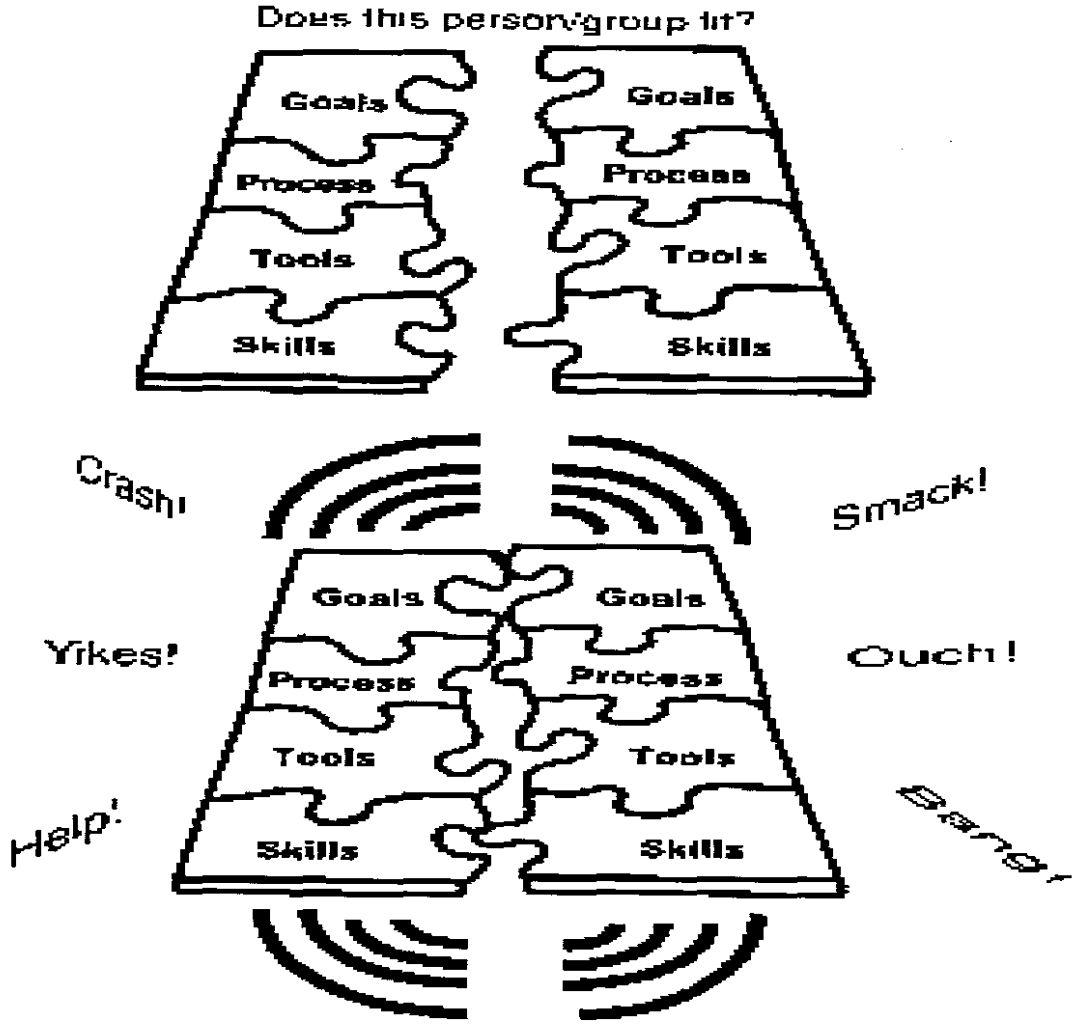

Fig. 2 Alignment model

Basically, this model illustrates the fact that team members do not fit or function as part of the team unless they are aligned in all four areas. This model provides space for everything and everything to its rightful space. For example, in a hospital setting, team members are aware of their specific roles and responsibilities. All team decision-making should be informed by the set goal/s. Undoubtedly, if the complementary skills are not appropriately executed a team process is bound to failure.

The Alignment Model is a tool for helping managers to predict performance of team members in an existing team environment.
For more information concerning this model, the reader is referred to Haywood (1998).

The next model resulted from formal surveys undertaken to determine which characteristics were common to successful distributed teams and how those characteristics could be measured (Haywood, 1998).

1.4.1.3 Maturity model

This model consists of four levels, viz: ad hoc, basic, standardized and optimizing. Teams operating at each level have certain characteristics and key problem areas. See Fig. 3 below.

Effective work any time any place

Optimizing	**4**
Standardized	**3**
Basic	**2**
AD HOC	**1**

Effective work only at the main site

Fig.3 The Maturity Model for Distributed Teams

The most outstanding feature of this model is that it helps set up the expectations of both managers and team members about how long it takes to transition from one level to the next. Haywood (1998) cautions organizations that it is not unusual for expectations to be completely unrealistic at all levels of an organization and that simply declaring yourself a virtual organization does not make it so. Team members, managers and executives need to view the implementation of a virtual team as a process that will take some time .

1.4.1.2.1 Team at the ad hoc level

Teams performing at this level consistently under-perform. The shortcomings are on the following areas: unclear or poorly stated objectives, communication is primarily pushy, business processes are misaligned and undefined, tools are misaligned and incompatible, team members are not trained or are inexperienced with required skills, communication is not prioritized.

To move to the next level, Haywood (1998) suggests the following: in order to achieve the set goals, a written mission statement for the organization has to be developed, training for managers and team members should be a priority.

1.4.1.2.2 Teams at the basic level

At this level objectives are somewhat defined but not sufficiently detailed and communication is primarily push. Teams, at this level, typically achieve performance comparable to their co-located counterparts. For more information concerning the Maturity Model, the reader is referred to (Haywood, 1998).

1.4.1.2.3 Teams at the standardized level

At the standardized level, the benefits derived from operating as a virtual organization outweigh the problems. Organizational, project and team members objectives are defined, documented and aligned (Haywood, 1998).

1.4.1.2.4 Teams at the optimizing level

Teams at this level are characterized by the ability to have team members working any time, any place. The main advantage of team at this level is that new team members are easily integrated. At this level teams are expected to continue to measure and optimize performance. A feeling of "we-ness" is part of the game in this stage.

1.5 Conclusion

Developing a team is a long process which involves clear definition of goals, specific and general. The role of the team members need to be specified. Specialized skills for specific tasks are shaped by tools implemented.

The forthcoming chapter deals specifically with teamwork and its dynamics.

CHAPTER TWO

RESEARCH CONTEXT

2.1 Introduction

Teamwork is as important and more difficult between groups as within them. It is through synergy across divisions and departments that a company develops creative, integrative directions and solutions. Community psychology is all about groups, group work and collaborative efforts for the functioning of the "whole" (Agyris, 1998; Edwards, 1999; Trent, 1991). It is clear from literature (Adair, 1990; Edwards, 1999; Hoult, 1986; Orford, 1992) that teams are and should be part of community if the community-based services are to be successful. The scholars of team building and teamwork (Adair, 1990; Haywood, 1998) further maintain that traditional team building can frustrate such synergy when a team develops a direction at odds with other groups. Team members tend to conclude that although their team is great, the rest of the organization stinks. Teamwork implies working together for the common goal and this requires give-and-take on everyone's part (Holpp, 1999). For a team to be successful it must become a productive unit which is assessed over time. (Alper, Tjosvold & Law, 1998; Ancona, 1990; Aubrey & Felkins, 1988; Avison, & Speechley, 1987; Baker, 1992; Champion, Medsker & Higgs, 1993; Champion, Papper & Medsker, 1996; Cohen, & Ledford, 1994; Cohen & Bailey, 1997; Geis, 1987; Gersick, 1988; Holpp, 1999). Teamwork works well if teams (Multi-disciplinary teams) have a variety of skills needed to complete complex tasks (Bennett & Freeman, 1991). Hospital institutions form part of complex situations where different specialized skills are demanded to prevent, treat diseases and promote health.

This chapter will give the outline of how ideal teams are supposed to work. The models of teamwork will be briefly outlined followed by an explication of theories associated with teamwork.

2.2 Teamwork

Teamwork refers to the team's efforts to facilitate interaction among team members in order to successfully complete task work (Beyerlein & Johnson, 1994:230).

Every business organization is a team - or team of teams.... Companies and individuals are players in one or another game who must defeat their opponents in a league known as the marketplace.... Different team sports have different requirements for team work and coaching.... These differences have close parallels in business. (Keidel, 1985:1) in Beyerlein and Johnson (994:18).

When studying the functioning of teams in organizations, most researchers are interested in determining the factors that promote team effectiveness, both in terms of performance and team viability (Torres & Spiegel, 1990).

Team working implies that work is assigned to the group rather than to particular individuals or roles or high performance work design. The groups are 'self-regulating' and work without direct supervision or 'self-regulating work group (Belbin, 1998; Blanchard & Johnson, 1981).

All organizations are teams - or at least they are potentially so (Adair, 1990:1) It is worth mentioning that for the effective production and marketing of goods or services these days, delivery on time at the required quality calls for high-performance teamwork with high level of team creativity. According to Adair (1990) a new idea almost invariably comes from an individual. But it takes a team to turn it into something really useful and applicable in an organizational setting or context such a hospital. However, what the individual usually comes up with is a half-formed idea which develops into team creativity if the half-baked idea is creatively developed by one or more others working like a team. Teams look for leaders and leaders build teams. Effective and efficient teamwork saves millions of dollars all over the world (Aubrey, & Felkins, 1988; Buchholz & Roth, 1987; Chang, 1994; Hackett

& Martin, 1993; Humphries, 1998; Huselid, 1995; Hyatt & Ruddy, 1997; Lawler, 1986; Maddux, 1992; Manz & Sims, 1993). Governmental institutions are currently looking at reducing costs and improving productivity and efficiency around the world. This can be possible through teamwork.

The characteristics required from a chief executive (Fisher, 1993), is to build teamwork and create a synergy. The most effective leaders create a sense of *esprit de corps*, a team spirit that makes even the most arduous or the most humdrum work exciting (Adair, 1990). The synergy created supports and sustains the individuals in the group (team). At the chief executive level, the successful leaders's team will be a small group of executives and administrators who can think strategically with him or her, help to change the corporate culture towards greater teamwork and devise the means of getting extra-ordinary results from individuals who make up the work-force.

International research(htt:/www.accel.team.com/) reveals that in rural settings multi-disciplinary teams are frequently used in programs that compensate for a lack of mental health professionals. These programs take advantage of whatever resources are available within the community and then build upon them. Teams are drawn from social services, mental health, nursing homes, hospitals and vocational rehabilitation offices. These teams would care for severely mentally ill patients (SMI), training in community living and assertive community treatment (ACT) and serve as an alternative to inpatient treatment and aftercare. This basically transposes the work of a multi-disciplinary team from an inpatient to a community setting.

International studies have shown that the use of multi-disciplinary teams in community based programs yielded a significant reduction in hospital utilization. This, in turn, resulted in a cost reduction of 52% (htt:/www.accel.team.com/).

For the purposes of this study, the hospital and one community clinic will be part of the discussion.

The next section will briefly look at how a psychiatric ward team functions. This discussion will not strictly follow a hierarchical order as all team members are specialists in their own fields and take equal responsibility in patient/person-in-need care and health promotion.

2.2.1 Team players and their roles in a psychiatric hospital context

An ideal ward team comprises the following team members: consulting psychiatrist, ward doctor, clinical psychologist, intern clinical psychologist/s, social worker, psychiatric nursing sister - in charge of the ward, nurse/s, and an occupational therapist (OT), in rare instances as OT's are not available in all institutions.

2.2.1.1 Consulting psychiatrist

Traditionally, a consulting psychiatrist is expected to be a facilitator of almost all the activities taking place in the ward (Freedman & Kaplan, 1967). However, Bennett and Freeman (1991) mentions that an important aspect of community psychiatry is that much of the conventional dyadic relationship between patients and doctors has been replaced by one with a multi-disciplinary team (MDT). The team members are specialists in their own fields and they need space and time to demonstrate that. So, the consulting psychiatrist together with the other team members provide a conducive space for team members to function at their optimal level for the benefit of the patient/person-in-need. Of utmost importance is the creation of an atmosphere of trust, acceptance and interdependency among the team members.

2.2.1.2 Ward doctor

The ward doctor is second in charge with regard to managing medical aspect of the patient. At one given placement, the ward doctor often services more that one ward. Like any other professional team member, the ward doctor is unable to be at all the wards at

the same time. Feedback from other team members is therefore, of paramount importance with regard to effective delivery of services to persons-in-need. The ward doctor spends more time or is expected to spend more time in the ward than the consulting psychiatrist who only comes for the ward reviews, ward rounds and family meetings. It is also worth mentioning that skills of other professionals in the ward cannot be replaced by the ward doctor but they are complementary in the eyes of the person-in-need. Ideally, every team member has a specific role to play.

2.2.1.3 Clinical psychologist

Depending on the nature of the ward, clinical psychologists together with the clinical psychology interns, are expected to spend most of their time in the ward. However, less psychologically-minded and actively psychotic patients fall under the care of the nursing staff as well as the ward doctor. Such patients are subjected to consistent evaluation so as to place them to appropriate wards where they can best be attended to. Wards are specialized in line with the needs of the patients. For example, a purely psychotherapy ward demands mostly the expertise of the clinical psychologist rather than a medical practitioner or a psychiatrist. In addition, the clinical psychologist has a significant rule in diagnosis as well.

2.2.1.4 Intern psychologist/s

The intern clinical psychologist work under the direct supervision of a senior clinical psychologist in any placement within the hospital or a clinic. Both the intern and the clinical psychologist form part of a multi-disciplinary team. Working together as a sub-system in the main ward system benefits all the team members, including the consulting psychiatrist. Clinical psychology interns play a major role in attending to cases that the supervising psychologist may not have direct contact with. The discussion of cases between the psychology intern and a supervising psychologist enables the other team members to understand the case differently. Intern clinical psychologists perform both diagnostic and therapeutic functions.

2.2.1.5 Social worker

Clinical social workers play a major role with regard to patient placement issues. They assess the social status of a person-in-need, involve the family members and other significant others.

2.2.1.6 Psychiatric nursing sister

Psychiatric nursing sisters together with the nursing assistants play a major role in any ward. They form the cornerstone of every ward as they are present around the clock. Their communication skills benefit all the team members. Virtually all team members cannot function without the psychiatric nursing sisters.

2.2.1.7 Nurse

More often than not, a nurse provides the physical needs of patients. Such as bathing, feeding and giving them medication. Over and above this, the nurses spend more time with patients and they are the people who manage to get more useful information that informs the best treatment of a patient.

2.2.1.8 Occupational therapist

Occupational therapist are rarely available. However, their services are extremely valuable. Persons-in-need take away basic skills from the hospital context to the workplace or to the community setting.

2.2.1.9 The chief medical superintendent

Although seemingly not directly involved at the ward level, all decisions taken by the ward teams, are informed by the mission statement and objectives set out for the whole hospital complex, or clinic of which the superintendent is accountable.

The next section will briefly outline the models of teamwork.

2.3 Models of teamwork

2.3.1 Introduction

A model of team effectiveness and schema similarity among team members will be briefly discussed followed by the models derived from sport. Various sporting arenas have provided models with regard to applying teamwork. For the purposes of this study, only two sports models will be discussed.

2.3.1.1 A model of team effectiveness and schema similarity among team members

This model is informed by cognitive psychology, social psychology, and organizational science literatures (Beyerlein & Johnson, 1994; Stout, Salas & Fowlkes, 1997). The model proposes that schema similarity among team members is linked indirectly to team effectiveness through quality of team process and task performance. The antecedents of team member similarity are: a) team membership influences (e.g., person-environment fit and demography), b) team-related schema communications (e.g., socialization, interaction, and training). Schema similarity refers to the common understanding among team members that occur when there is substantial overlap or complementarity in the content and organization of their team-related knowledge (Beyerlein & Johnson, 1994: 232).

As team members work together, their fellow team members become important sources of information to be interpreted. It is safe to say that in order to better anticipate and understand each others' behaviour, team members have to develop implicit theories about their teammates, that is, schemas of each others' team-related schemas. Poole and McPhee (1983), mentioned in Beyerlein and Johnson (1994), advanced the concept of co-orientation which refers to the degree of perceptual agreement and the degree of perceptual accuracy. Perceptual agreement among individuals exists when individuals have similar perceptions while perceptual accuracy exists when individuals are able to describe other individuals' perceptions accurately. Accuracy and shared internal frames of reference are similar in that they may exist in the presence of actual schema dissimilarity. Similar teamwork schemas will lead to effective team processes only if the

content of these schemas reflect functional interaction knowledge.

Team effectiveness consists of three components, namely: i) client satisfaction, ii) promotion of team members' personal growth and well-being and iii) increase in team members' capacity and willingness to work together in the future. It is believed that teamwork schema similarity do improve communication among team members (Beyerlein & Johnson, 1994; Torres & Spiegel, 1990; Wellins, Byham & Wilson, 1991). In addition to the enhancement of communication within the team, similar teamwork schemas are likely to be reflected in high levels of team cooperation, collaboration and coordination. Teamwork schema similarly may also improve the quality of task performance because team members will be in agreement about each other's roles. Like-minded team members have been found to work together more easily than diverse minded team members. Diverse team members were reported (Beyerlein & Johnson, 1994) to experience conflict and presumably, through resolving this conflict they produced creative solutions. Schema similarity implies that some differences exist but that there is also some agreement on the team process and the team task. For example, team members with high teamwork schema similarity may be in accord about the need to disagree, to express conflict openly and to respect different viewpoints.

Teamthink may be viewed as the positive side of groupthink. The outcomes of teamthink include: encouragement of diverse viewpoints, expression and discussion of ideas and doubts; awareness of shortcomings; recognition of ethical implications, members' unique contributions and outside perspectives (Beyerlein & Johnson, 1994; Gibson, 1999, Goodman, 1986; Hackman, 1987; Sundstrom, DeMeuse & Futrell, 1990). Empirical findings revealed that teamwork schema similarity predicted team members' ratings of three team effectiveness components, viz: clients satisfaction, team members well-being and team members' willingness to work together in future. Beyerlein and Johnson (1994) argue that teams create their own reality based on what happens in and around them. Those team members who create and lead work groups might most appropriately focus

their efforts on the creation of conditions that support effective team performance. It is therefore of vital importance for managers to create organizational cultures that value and promote teamwork. This can be achieved if managers establish reward systems that promote team-related schema similarity.

A cognitive approach focuses on the role of team members' thoughts, as well as their actions in producing effective performance and maintaining team morale. The previous studies have concentrated on the following areas: a study of strategy schemas among team members, teamwork schemas, model of teamthink and teammind (Neck & Manz, 1992). A common theme in all these studies is the shared cognitions among team members. According to Beyerlein and Johnson (1994), schema similarity refer to the commonality among individuals' schemas, or knowledge structures. The basic understanding behind schema similarity is that individuals who have similar schemas are likely to attend to, interpret and communicate about the world more similarly than individuals who have different schemas. Within the work teams, the interdependence of team members tends to be reciprocal in nature and relatively intense. Project and development teams consist of expert and highly trained members.

Schemas are complex knowledge structures that facilitate an individual's understanding of the world by organizing or imposing a structure on the information acquired through experience (Beyerlein & Johnson, 1994: 228). This knowledge may be about the self, about other people and about typical events acquired through direct experience or indirectly through communications from others. In the work context, schemas are germane to a variety of actions expressed by workers in organizations.

2.3.1.2 The baseball-team model

The individual forms the basic unit in this model. Team success is determined by totaling each team member's individual performance. What is also noticed in this model is that roles are specific in that not all players can play every position. The pitcher and catcher,

for example are trained in highly specialized positions. This can be compared to doctors, nurses, psychologists, psychiatrists, occupational therapists and many other profession. Of paramount importance, is the complementarity of skills to the benefit of the client. This model has a number of characteristics that can be implemented in a psychiatric context viz:

- Autonomy. Each team member is expected to work relatively independently.
- Initiative. Team members are expected to exercise their knowledge and influence in their areas of expertise.
- Flexibility. Team members must be able to carry out a variety of independent tasks, the order and priorities of which can change unpredictably.
- Contribution. All tasks performed by team members culminate in an end product.
- Infrequent interaction. Any interactions between members are brief and infrequent. Team members do not work in close collaboration (Torres & Spiegel, 1990: 21-22).

Service organizations such as hospitals may benefit from the application of this model by helping employees agree on a common purpose, by facilitating improved communication among team members, by promoting a sense of group cohesion and by introducing problem-solving techniques (Kikman & Rosen, 1999; Tjosvold, Morishima & Belsheim, 1999; Trist, 1977; Vennix, 1996).

2.3.1.3 The football-team model

Football demands greater team interaction than does baseball (Tagliere, 1993; Torres & Spiegel, 1990 Swezey & Salas, 1992). Scoring is determined by the team's ability to perform as a unit or system. A similar concept is applied in settings such as hospitals and community health clinics where a multi-disciplinary team works together for the well-being of a client. All team members regard themselves as winners when a client becomes independent and functions in a society again. This is however, slightly different from foot-ball as one would expect. Some members of the team may not regard themselves as active contributors to healthy being of a patient because by the time the patients leave the hospital, most of them are transferred to either pre-discharge wards or psychotherapy

wards. This may lead to de-motivation which in turn affects team productivity and efficiency.

The football-team model can be compared to service-oriented organizations, such as hospitals. In a hospital setting, the doctor, like the quarterback, makes a diagnosis and determines the "play" or course of action (treatment). On the other hand nurses and anesthesiologists, like the backfield, have somewhat less critical roles (based on their skills), while the rest of the team fulfills the support function. An ideal situation of a self-directed work team, based on this model, would consist of individuals who occupy distinct or specific positions determined by the skills needed to accomplish the team's task. Key positions on the team are awarded to individuals who have mastered specialized skills. A psychiatric hospital context demands team members to execute psychiatric, psychological, social, medical and nursing skills. There is no doubt that these highly skilled individuals or key players, are supported by individuals whose jobs are less technically complex and more interchangeable, such as the general workers. Torres and Spiegel (1990:25-26) proposed that effective football-type work teams have a number of common characteristics viz:

- Effective planning i.e., execution of individual tasks is coordinated through a comprehensive, pre-rehearsed plan of action.
- Efficient coordination of complex parts i.e., success can be achieved only if all members' actions are carefully coordinated.
- Predetermined sequence of action i.e., tasks must be carried out in a controlled order.
- Equal contribution among members i.e., all team members must pull their own weight.
- Constant communication i.e., members must interact frequently and must tailor their communication styles to suit the task at hand.

A work group patterned after a football team stresses controlled and sequential interdependence which demands that each team member should rely heavily on the cooperation of others in order to complete tasks successfully.

2.4 Theories of teamwork

2.4.1 Introduction

Two important theories will be briefly explicated in the following section. These theories are: Traditional theory X and theory Y. Theory X and theory Y were developed by Douglas McGregor several decades ago (Holpp, 1999; Kharbanda & Stallworthy, 1990). These theories represent the ways in which managers view workers according to conceptions of human nature.

2.4.1.1 Traditional theory X

This theory is a traditional management theory based upon the hierarchical or pyramidal management structure. It is characterized by factors such as authoritarianism and slave-like treatment . According to Kharbanda and Stallworthy (1990), theory X rests on the following fundamental assumptions:

1. Man is assumed to be lazy, dislikes his work, and avoids it as far as possible but at the same time he does want security,
2. To get man to work, he either needs to be rewarded or alternatively coerced, intimidated and punished - the so-called "stick and carrot" philosophy of management,
3. Man has no ambition, does not want to take any initiative and avoids taking responsibility.

The theory X manager believes that the principal motivation is money and that workers must be bribed or coerced to achieve the organization's goals.

In view of the above assumption, there is actually no trust between the manager and the managed are, and hence no cooperation between them. It is most likely that the manager and the managed is in a state of continual antagonism. If such a situation prevails in any work context, a state of constant surveillance and control as in a police state is more likely to result (Kharbanda & Stallworthy, 1990: 73). It can obviously be argued that under such conditions, creative work is impossible and in fact, creativity is stifled. The quality of the

work life is very poor and as a consequence productivity is most likely to be low. This theory has obvious disadvantages which are not favoured by winning teams (Jassawalla & Sashittal, 1999; Katzell & Guzzo, 1983)

Theory Y, on the other hand, is entirely different. It is based upon an entirely different and much more optimistic view of human nature.

2.4.1.2 Theory Y

A theory Y manager assumes that people enjoy work and that employees generally are committed to their work, exercise self-direction, seek responsibility, and show creativity and ingenuity when given the chance. The theory Y manager believes that recognition and self-fulfillment are as important to employees as money. Holpp (1999:15).

Although this theory follows the pyramidal structure of management, its basic tenets are completely different. The basic tenets of this theory are set out as follows:

1. work is a natural outlet for human physical and mental energy;
2. work is as natural as play or rest; hence everybody normally wants to work;
3. people want to develop themselves by learning new things and shouldering responsibility. It gives them a sense of importance and much coveted self-respect;
4. people are often unaware of their potentialities but want to explore them, deriving pleasure in the process; people perform best while learning new things and accomplishing difficult tasks;

5. people work best under self-discipline and self-direction, hating supervision; rewards and incentives help both those that are motivationally extrinsic (promotion, bonus, cash) and those that are motivationally intrinsic (greater freedom, challenging work, happiness at work);
6. management must secure the commitment of the people it employs , best achieved using intrinsic incentives in an enlightened fashion;

7. management must synchronize the two interdependent needs:
(i) the need for self-development for the individual and
(ii) the need for maximum productive efficiency in the organization;
8. everyone, to a greater or lesser extent, has such qualities as imagination, intelligence, knowledge and sincerity of purpose; this is true of all, not only those in management;
9. human resources are far from being fully utilized, since normally full opportunity for self-development is not provided and initiative is often stifled; management is responsible for the failure to utilize such resources.

Theory Y is based on the premise that the best should be expected of everyone in an organization which is concerned with quality service provision. According to this theory everyone is presumed to be reasonable, cooperative and capable of self-discipline. This theory also maintains that generally, people work best in a creative environment where they feel in control.

The possible shortcomings of this theory could perhaps be the manner in which one implements it in a highly hierarchical management structure.

The next chapter deals with methodology.

CHAPTER THREE

METHOD

3. Formulation of the hypothesis

3.1 Does team building improve service delivery in a psychiatric context as evaluated by patients and staff?

3.2 Subjects and sampling

3.2.1 Description of sample

Experimental	N	pretest	program	posttest1	program	posttest2
Fort Napier						
Hospital					-	
staff	11		observers		-	
patients	28					
total	40					
Town Hill					-	
Hospital			observers		-	
staff	19					
patients	22					
total	41				-	
Clinic			observers		-	
staff	41					
patients	24					
total	65					

Control	N	pretest	program	posttest1	program	posttest2
Fort Napier						
Hospital			-			
staff	5		-		observers	
patients	15					
total	19					
Town Hill			-			
Hospital			-		observers	
staff	10					
patients	10					
total	20					

Table 1

A total number of 185 staff and patients participated in the study. Only staff members were offered a team building program. Patients assessed the team functioning through observing the change effected by the program on staff behaviour with regard to health care given to them. In both hospital and clinic contexts, patients acted as raters of team functioning before and after the program was given to the staff members.

3.2.2 Selection of sample

Six groups from the two hospitals and one group from a community clinic participated in the study. Four groups were randomly selected as experimental groups and two as control groups. The two groups that served as control groups were each selected from either of the two hospitals. As all hospital groups were randomly selected, all groups had an equal chance of being selected as either the experimental or control group. One group from the community clinic served as an additional experimental group. Imbalenhle Community Health Clinic was included in the study because this community clinic is the outlet of the two hospitals. All patients who have recovered or who can be taken care of by the community health workers are referred to this clinic. Imbalenhle Community Health Clinic

was included in the study also because of its nature which is similar to both hospitals. In particular, it caters for both psychiatrically and physically compromised patients. The inclusion of this clinic was also guided by the approach adopted by the KwaZulu-Natal Midlands complex which upholds health promotion and prevention of illnesses in the community context. This approach has long been entertained by local as well as international literature (Edwards, 1999; Goodman & Wandersman, 1994; Orford, 1992; Pentz, 1994). Community psychology is about understanding people within their social worlds (Edwards, 1999; Orford, 1992; Spreitzer, Kizilos & Nason, 1997; Stein & Test, 1980) and health promotion requires the involvement of community members. Health professionals from the two hospitals also assist in illness prevention, treatment and cure by visiting this clinic at least twice a month. Psychologists visit this clinic on a weekly basis. Long term goals are to have three psychologists visiting this clinic within a week.

The KwaZulu-Natal Midlands Hospital Complex comprises Fort Napier and Town Hill hospitals situated in Pietermaritzburg. Fort Napier Hospital is about one and half kilometers away from the Pietermaritzburg railway station. This hospital is situated on the south eastern side of Pietermaritzburg station. Town Hill Hospital, on the other hand, is about 5 kilometers north west of the Pietermaritzburg railway station. Both hospitals are basically the same in terms of the nature of patients they accommodate as well as the staff that provide their health care. Black Africans, Indians, Coloureds and Whites are accommodated in the two hospitals. The community clinic only caters for black patients; basically as a result of previous apartheid segregation.

Traditionally, Fort Napier used to accommodate predominantly Black Africans while Town Hill Hospital accommodated White patients. Although these two hospitals were over the years divided on the basis of colour, at the time of the study the process of integrating the two hospitals was gradually taking place. At the time of this study, Fort Napier Hospital comprised 270 staff, 5 doctors and 340 patients while Town Hill Hospital had 267 nursing staff, 8 doctors and 400 patients. The clinic had 53 nursing staff, 2 doctors and 234

patients. The diagnostic categories in the two hospitals range from severely to mildly disturbed patients. Most of the patients in this community clinic are less in need of emotional services. Severe cases found in the clinic are immediately sent to either of the two hospitals. Floridly psychotic patients were not included in the study for the following reasons: (a) They could not give consent to participate in the study and (b), they could not comprehend the pre-test as well as post-test procedures. In certain wards, it was noticed that the numbers of staff and patients were low. This is partly due to the fact that participants were aware of the right not to participate in the study. Secondly, at the time of the study, the wards selected had low numbers as each ward is specialized to meet specific needs of patients. In the clinic setting both the psychiatric patients and the physically unwell patients had an equal chance to participate in the study.

Staff and patient co-researchers in two hospitals in the Midlands psychiatric context and a local community clinic in KwaZulu-Natal were involved in the research. The community clinic involved in this study caters for both psychiatric and general patients. The wards in each hospital were randomly allocated to either an experimental or control group. The author was part of the pre-testing and the post-testing process in the two hospitals. All the wards that were randomly sampled for the study were the wards where the author was not involved in directly offering services. This was intentional in order to prevent experimental bias. The sister-in-charge of the ward assisted with the venue and the selection of the patients for the study. The procedure of selection was properly explained to the co-researchers. Some of the patients who were randomly selected initially, were not suitable and therefore the process of selection in such wards had to be extended. Patients who were regarded as unsuitable for the study were those who were not in good frame of mind to understand instructions nor able to give feedback. Most were floridly psychotic and unable to respond to the questionnaires. Furthermore, some of the wards which were initially selected for the study had to be excluded due to other transformation processes taking place at the same time as the study.

The community health clinic has a smaller number of staff and it was easier to organize them to meet at a particular time. The hospital manager (matron) and the superintendent were motivated to involve the whole clinic group as they had Thursdays open for staff meetings and staff development programs. The entire clinic community was therefore requested to participate in the study. Those who were interested did participate. Unlike in the two hospitals, all staff categories in the clinic were equally represented in the study. Administration and general work staff were not included in the study because of its limited scope and time constraints. Other transformation processes which were taking place during the time of the study made it difficult to include other staff categories. However, literature (Humphries, 1998; Klimoski & Mohammed, 1994; Ilgen, 1999; Manz & Sims, 1993) points out that the whole organization needs to function as a system. In order to achieve that, a team needs to be drawn from all hierarchical levels. Imbalenhle Community Health Clinic was included in the study as it provided an ideal situation where all staff involved in patient care were selected. In the clinic setting the main facilitators were volunteer workers who call themselves "SIYAPHILISA" meaning "we promote life". In order to get objective feedback from the patients, the author and staff members agreed not to get involved in pre-testing and post-testing of the patients. Volunteers carried the whole task through. It is important to mention that these volunteers are the local community members who had volunteered to see their community members receive health services within the community. Their basic function is to: visit community and identify people who need health care, provide basic education and provide network with Imbalenhle Community Health Clinic which gets further communicated to the nearby hospital.

The team building program was planned to run over a period of six weeks but due to structural difficulties in the two hospitals, it was completed in ten weeks. The team building program material was at the end evenly received by all the groups involved in the study.

All members taking care of patients in the Midlands psychiatric context, KwaZulu-Natal and Imbalenhle community health clinic were asked to participate in the development of a team building program. Members included: consulting psychiatrist, ward doctor, clinical psychologist, intern clinical psychologist, sister-in-charge, social worker, nursing staff and occupational therapist. This only applied in the two hospital contexts. In the community health setting all staff categories were involved. Those included: doctor, nursing manager, nursing staff, clerks, volunteers, general workers, and security. The psychiatrist who visited the clinic twice a month, on Mondays, could not be accommodated as the meetings were held on Thursdays only.

The team building program was offered in both shifts, i.e. during the day as well as during the night in the hospital context. Some staff participants had to be excluded due to circulating to other wards. In the case of the community clinic, the program was offered during the day.

3.3 Instruments used in the study

3.3.1 Pre-test questionnaire

3.3.2 Team building Program

3.3.3 Post-test questionnaire

3.4 Discussion of instruments used in the study

3.4.1 Pre-test questionnaire

The pre-test questionnaire was designed by the author. It includes the following variables: serial number, age, address, gender, level of education, occupation and language. The respondents were asked to rate the present team functioning with regard to health care on

a five point scale as follows: 0 = very ineffective, 1 = ineffective, 2 = neither ineffective nor effective, 3 = effective, 4 = very effective. Both the staff and patients had to give their own impression about the group of people who were offering health in both institutions. These scores will be tabulated by group and statistically analyzed.

The main aim of this questionnaire was to check if there would be any significant changes after giving the team building program to staff in all six wards from both hospitals as well as the community clinic. The patients had to report on whether the program did or did not have any impact with regard to the manner in which health services were provided to them.

3.4.2 Team building program

Only the staff participants were involved in the construction of the team building program. Again, time constraints made it impossible to include patients directly. Patients played an objective "observer" role where they had to evaluate the changes effected by the program to the staff members who provided their health services. This program was informed by literature (Adams, 1988; Alper, Tjosvold & Law, 2000; Belbin, 1998; Cohen, Chang & Ledford, 1997; Delaney & Huselid, 1996; Harrington-Mackin,1994; Lewis, 1993; Maxon, 1993; Stewart & Barrick, 2000; Weiss, 1993). A questionnaire was designed to brainstorm ideas of how to build teams. Staff members contributed much with regard to shaping the program that was later offered to them to assist with service provision. The team building program material was broken down into themes that could be covered in a week. For more details, the reader is referred to appendix D.

It is important to mention that this program needs to be tested and validated in different contexts as it is a newly developed program. Literature (Cohen, S.G. & Bailey, 1997; Hackman, 1987) shows that different organizations work better with teams than others.

3.4.2.1 Team building questionnaire

This questionnaire addressed the following questions:

1. Staff had to describe their experience of being a team.
2. Staff had to list as many ideas as they could with regard to how teams are built.
3. Staff had to answer the question relating to what the main goal of team building is.
4. Staff had to give specific objectives of team building
5. Staff had to give their opinions on how often the team should meet. For example, once a month.

3.4.2.2 Responses to the team building questionnaire

These responses will be addressed per question. See appendix B.

(1) Describe your experience of being a team.

The two descriptions were noted from the participants viz: we-ness (togetherness) and cooperation.

(2) How are teams built?

The participants indicated that teams can be built:

- through effective communication
- through involving all team members
- through setting common goal/s
- through creating an atmosphere of trust

(3) What is the main goal of team building?

The following were given by the participants

- effective service delivery
- working towards achieving set goal/s
- assisting one another

(4) What are the specific objectives of team building?

Specific objectives were listed as follows:

- to improve productivity
- to improve communication
- equal distribution of workload
- to enhance efficiency

(5) How often should the team meet?

The following suggestions were given:

- weekly
- monthly
- once in two months
- quarterly

3.4.3 Post-test questionnaire

This questionnaire is similar to the pre-test questionnaire. The main purpose of this questionnaire was to evaluate how the team building program was received by both staff and patients.

3.5 Procedure

3.5.1 Administration

The researcher discussed the instructions with the subjects. The staff and the patients were given the pre-test questionnaire at the same time. Subsequently, the staff participants were offered the team building questionnaire. A program was constructed from those efforts in relation related literature and was presented to the staff only. After a period of eight weeks, a post-test questionnaire was given to both staff and patients. At the clinic setting only the volunteer workers administered the questionnaires to the patients. The team building program presentation was done by the researcher. In both settings, i.e., hospital and clinic, staff directly evaluated the program while patients

reflected on the change observed on staff with regard to service delivery and how staff treated them.

3.6 Demographic details

(a) Age

Age of the participants

Institution	staff/patients	Mean	N	Std Deviation
Town Hill Hospital	staff	39.61	28	7.29
	patient	52.76	33	8.97
	total	46.72	61	10.51
Fort Napier Hospital	staff	41.25	16	9.88
	patient	39.58	43	12.40
	total	40.03	59	11.71
Clinic	staff	34.46	41	7.58
	patient	29.58	24	13.68
	total	32.66	65	10.43
Total	staff	37.44	85	8.40
	patient	41.53	100	14.59
	total	39.65	185	12.29

Table 2

Town Hill Hospital had slightly older participants than Fort Napier and Imbalenhle Community Health Clinic. The low age of the community participants was influenced by the young volunteer workers who participated in the study. Historically, Imbalenhle Community Health clinic is fairly new.

Age by residence

Residence	Mean	N	Std Deviation
Rural	36.55	58	13.96
Urban	41.05	126	11.27
Total	39.65	185	12.29

Table 3

The participants from the urban environment were older than the participants from the rural environment. This could be explained by the fact that a large number of government employees have been offered housing subsidies which allow them to build or buy houses at places of choice. Due to jobs available in towns and cities, most employees prefer urban environments.

Age by occupation

Occupation	Mean	N	Std Deviation
Prof. Nurse	39.64	53	8.26
Educator	60.00	1	.
Social Worker	37.67	3	11.93
Psychiatrist	38.20	5	5.40
Unemployed	45.09	68	13.84
Employed	33.13	31	2.72
Psychologist	35.50	2	7.78
Clerk	36.75	4	7.27
General assistant	31.75	4	3.77
Security	35.50	2	4.95
Volunteers	28.27	11	4.50
G.P.	50.00	1	.
Total	39.65	185	12.29

Table 4

As would be expected in health institutions, there were more nursing staff than other staff categories.

(b) Residence (rural/urban)

	Frequency	Percent
Rural	59	31.9
Urban	126	68.1
Total	185	100.0

Table 5

More than two thirds of the participants came from an urban environment.

(c) Gender

	Frequency	Percent
Male	88	47.6
Female	97	52.4
Total	185	100.0

Table 6

There were more females than males.

(d) Level of education (years of formal education)

Standard	Frequency	Percent
0	8	4.3
1	10	5.4
2	5	2.7
3	5	2.7
4	6	3.2
5	12	6.5
6	8	4.3
7	12	6.5
8	34	18.4
9	17	9.2
10 and above	68	36.8
Total	185	100.0

Table 7

Most participants had matriculated.

(e) Language

	Frequency	Percent
English	59	31.9
Afrikaans	7	3.8
Zulu	119	64.3
Total	185	100.0

Table 8

Nearly two thirds of the participants were Zulu speakers.

3.7 Statistical analysis

Statistical analysis included Mann- Whitney, Friedman and 3-way analysis of variance of the data using the SPSS/PC statistical packages. Results are explained in the following chapter. A five percent significance level was chosen for all comparisons. These are indicated with * in the following results section.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This section is concerned with statistical analysis of the perceived health care effectiveness of the team building program which will be presented as follows:

- experimental design;
- summary tables;
- figures;
- statistical analysis of within and between subjects effects with * indicating the chosen 5 percent (5%) significance level;
- statistical analysis of results per institution and
- statistical results of the summary of the three institutions combined.

This chapter will be concluded by the results obtained from the initial contact with staff.

4.2 Experimental design

Table 1

	Treatment conditions				
Experimental group	Pre-test (T1)	Experimental program (E1)	Post-test (T2)	Program No program	Post-test No testing
Control group	Pre-test (T1)	No program (C)	Post-test (T2)	Experimental Program (E2)	Post-test (T3)

4.3 Summary tables of subjects' rating of team functioning

Table 2

staff/patient	experimental/control	Mean	std. Deviation	N
pretest staff	experimental	2.30	.82	71
	control	2.71	.47	14
	total	3.36	.78	85
patient	experimental	2.61	1.01	75
	control	2.84	1.28	25
	total	2.67	1.08	100
Total	experimental	2.46	.93	146
	control	2.79	1.06	39
	total	2.53	.97	185
		3.85	.36	71
post-test 1 staff	experimental	2.86	.36	14
	control	3.68	.52	85
	total	3.81	.39	75
		2.96	1.31	25
patient	experimental	3.60	.82	100
	control	3.83	.38	146
	total	2.92	1.06	39
Total	experimental	3.64	.69	185
	control	3.8451	.3644	71
	total	3.9286	.2673	14
		3.8588	.3503	85
post-test2 staff	experimental	3.8133	.3923	75
	control	3.8000	.4082	25
	total	3.8100	.3943	100
patient	experimental	3.8288	.3780	146
	control	3.8462	.3655	39
	total	3.8324	.3745	185

Table 2 refers to the summary of means and standard deviations for experimental and control groups of staff and patients at pre-test (N - 185) post-test 1 (N = 146) and post-test

2 (N = 39). Post-test1 refers to initial post-testing with both experimental and control groups. Post-test 2 only concerned testing of the second experimental group which had initially functioned as a control group. See experimental design Table 1.

Figure 1

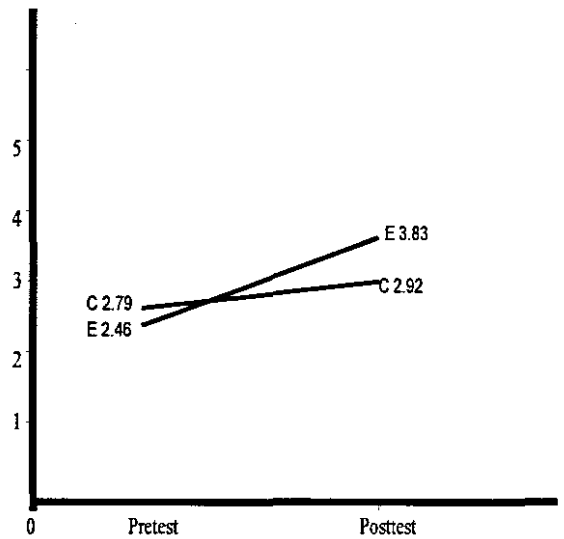

Figure 1 refers to the graph representation of the experimental design. Note the effect of the program on the experimental group from post-test 1 to post-test 2. Also it should be noted that the final mean of 3.83 is almost exactly the same as with 3.84.

4.4 Quantitative data

A three-way ANOVA was run on the pre-test and the post-test scores. The three independent variables were: pre-test and post-test, as a repeated measure, or within subjects variable; staff versus patients, and experimentals versus controls, as between subject variables. SPSS's GLM program produces extensive output including tests of the appropriateness of the analysis, from which figures relevant to the significance tests are:

Table 3

Source of variation	SS	df	MS	F	p
Within subjects:					
Pretest/Posttest	32.673	1	32.673	98.62	0.0005 *
Pre/post x Staff/pat	0.499	1	0.49	1.51	0.221
Pre/post x Exp/Control	22.263	1	22.263	67.20	0.0005 *
Pre/Post x Staff/pat x Exp/Control	0.384	1	0.384	1.158	0.283
Error	59.966	181	0.331		
Source of variation	SS	df	MS	F	p
Between Subjects:					
Staff/pat	0.953	1	0.953	1.025	0.313
Experim/Control	5.152	1	5.152	5.544	0.020 *
Staff/pat x Exp/Control	0.012	1	0.012	0.013	0.912
Error	168.183	181	0.929		

From inspection of figure 1, the significant F ratios observed in Table 3 are explained as follows:

- There was a significant increase in perceived effectiveness from pre to post testing, (F ratio 98.62), especially associated with the experimental group (F ratio 67.20).

- The experimental group was significantly more effective than the control group (F ratio 5.544).

4.5. Statistical analysis of the results per institution

(a) experience of being a team

Institution by experiencing "we-ness on being together

Table 5

Institution	experience of "we-ness"
Town Hill Hospital	24
Fort Napier Hospital	14
Imabalenhle Health Community Clinic	23
Total	61

Institution by experiencing of co-operation

Table 6

Institution	experience of co-operation
Town Hill Hospital	8
Fort Napier Hospital	2
Imabalenhle Health Community Clinic	8
Total	18

Town Hill and Imbalenhle Health Community Clinic were similar in their responses with regard to the experience of "we-ness" and co-operation. See Table 5-6.

(b) How teams are built

Institution by effective communication

Table 7

Institution	through effective communication
Town Hill Hospital	28
Fort Napier Hospital	15
Imabalenhle Health Community Clinic	40
Total	83

Institution by involvement of all team members

Table 8

Institution	involvement of all team members
Town Hill Hospital	15
Fort Napier Hospital	6
Imabalenhle Health Community Clinic	21
Total	42

Imbalenhle Health Community Clinic staff were far more in favour of effective communication and the involvement of all team members as a way of building a team. See Table 7 and 8.

Institution by setting common goal/s

Table 9

Institution	setting common goal/s
Town Hill Hospital	22
Fort Napier Hospital	16
Imabalenhle Health Community Clinic	25
Total	63

The responses of both Town Hill and the community clinic staff were almost the same with regard to goal setting.

Institution by creating an atmosphere of trust

Table 10

Institution	creating an atmosphere of trust
Town Hill Hospital	13
Fort Napier Hospital	9
Imabalenhle Health Community Clinic	35
Total	57

Creating the atmosphere of trust was rated high by the community clinic.

(c) The main goal of team building

Institution by effective service delivery

Table 11

Institution	effective service delivery
Town Hill Hospital	28
Fort Napier Hospital	15
Imabalenhle Health Community Clinic	38
Total	81

Effective service delivery was also rated high by the community clinic.

Institution by achieving set goal/s

Table 12

Institution	achieving the set goal/s
Town Hill Hospital	20
Fort Napier Hospital	11
Imabalenhle Health Community Clinic	23
Total	54

There were differences between Town Hill and the community clinic with regard to achieving the set goals.

Institution by assisting one another

Table 13

Institution	assisting one another
Town Hill Hospital	14
Fort Napier Hospital	10
Imabalenhle Health Community Clinic	19
Total	43

(d) Specific objectives of team building

Institution by improving productivity

Table 14

Institution	improving productivity
Town Hill Hospital	27
Fort Napier Hospital	12
Imabalenhle Health Community Clinic	31
Total	70

Institution by improving communication

Table 15

Institution	improving communication
Town Hill Hospital	17
Fort Napier Hospital	13
Imabalenhle Health Community Clinic	16
Total	46

Institution by evenly distributing the workload

Table 16

Institution	evenly distributing workload
Town Hill Hospital	15
Fort Napier Hospital	4
Imabalenhle Health Community Clinic	17
Total	36

Tables 13-16 showed similarities between Town Hill and the community clinic wit regard to workload distribution.

Institution by enhancing efficiency

Table 17

Institution	enhancing efficiency
Town Hill Hospital	17
Fort Napier Hospital	12
Imabalenhle Health Community Clinic	33
Total	62

Efficiency was highly rated by the community clinic compared to the other two institutions.

(e) The frequency of meetings

Institution by once a week

Table 18

Institution	frequency of meetings
Town Hill Hospital	2
Imabalenhle Health Community Clinic	13
Total	15

Institution by once a month

Table 19

Institution	once a month
Town Hill Hospital	22
Fort Napier Hospital	13
Imabalenhle Health Community Clinic	25
Total	60

Institution by twice a month

Table 20

Institution	twice a month
Town Hill Hospital	6
Fort Napier Hospital	2
Imbalenhle Health Community Clinic	3
Total	11

The community clinic and Town Hill hospital saw a need to meet frequently. See table 18-20.

4.5.1 Statistical results for all three institutions

The results have shown that 83.6% of the staff felt togetherness (we-ness) while they were sharing ideas about team building. Only 25% of staff experienced a sense of co-operation. See Table 21.

Table 21

Responses	We-ness	co-operation
	61	18

Table 22 Test statistics

N	73
Cochran's Q	27.597a
df	1
Asymp. Sig.	.000

The staff differed significantly ($p<0.0005$) with regard to their experiences of being a team.

(b) the manner in which teams are built

The results indicated that 96% of the staff rated effective communication as one of the most important components of team building followed by setting common goal/s (73%).

Table 23

	through effective communication	by involving all staff	through setting common goal/s	by creating an atmosphere of trust
Responses	83	42	63	57

Test statistics

Table 24

N	86
Cochran's Q	40.377a
df	3
Asymp. Sig.	.000

The staff also differed significantly ($p<0.0005$) with regard to the manner in which teams are built.

(c) the main goal of team building

Table 25

The staff saw effective service delivery (94%) as the main goal of team building.

	effective service delivery	working towards achieving set goal/s	assisting one another
Responses	81	54	43

Test statistics

Table 26

N	86
Cochran's Q	33.246a
df	2
Asymp. Sig.	.000

The staff showed a significant difference ($p<0.0005$) with regard the main goal of team building.

(d) specific objectives of team building

The staff rated improving productivity (81.4%) as one of the outstanding objectives of team building.

Table 27

	to improve productivity	to improve communication	evenly distributing workload	to enhance efficiency
Responses	70	46	36	62

Test statistics

Table 28

N	86
Cochran's Q	30.085a
df	3
Asymp. Sig.	.000

There were also significant differences ($p<0.0005$) in relation to specific objectives of team building.

(e) the frequency of team meetings

Table 29

	once a week	once a month	once in two or three month
Responses	15	60	11

The results indicated that 69.8% of staff preferred to meet once a month.

4.6 Qualitative findings

Qualitative findings obtained from the initial contact with staff included:

- experience of being a team,
- the manner in which teams are built,
- the main goal of team building,
- specific objectives of team building and
- how frequent should a team meet.

Three examples follow:

Staff A (Town Hill)
Age: 43 years old
Place: Pietermaritzburg
Gender: Female
Language: English

1. Experience of being a team

In our ward situation we do not function as a team, to a greater or lesser degree depending on which team you are in. A close unit co-operative team is effective in achieving their goals.

2. How are teams built?

- Involve all staff in decision making
- Have regular meetings to discuss progress, problems, and to plan new strategies
- Set common goals with all staff involved
- Foster an atmosphere of trust and cooperation

3. What is the main goal of team building

- To enhance the effectiveness of staff in their jobs and to achieve their goals set by team.

4. What are the specific objectives of team building?

- Improve communication between staff
- Increase co-operation between staff
- Increase productivity
- Distribute work load equitably
- Jointly resolve problems
- initiate jointly new innovative methods/procedure to assist work.

5. How often should the team meet?

-Ideally once a week.

Staff B (Fort Napier)

Age: 39

Place: Eastern Cape

Gender: Female

Language: Xhosa

1. Experience of being a team

I felt I was part of the whole and I felt I belong somewhere and that there are caring people around me. I became aware of others.

2. How are teams built?

- through effective communication
- by having specific goals and working together
- by holding regular meetings a having a sensible group leader or facilitator
- through open talks

3. What is the main goal of team building?

- to reduce workload and work peacefully
- to assist in working together (teamwork)

4. What are the specific objectives of team building?

- to improve end result or productivity
- to share workload
- to promote efficiency at the work place

5. How often should the team meet?

I am aware of the time problems and tight schedules we have as health workers but once a week would be preferable.

Staff C (Community Health Clinic)

Age: 43

Place: Pietermaritzburg

Gender: male

Language: Zulu

1. Experience of being a team

I felt being with others.

2. How are teams built?

- by organizing meetings
- by brainstorming ideas
- by having clear goals and objectives

3. What is the main goal of team building?

- surely to work smoothly and achieve the team's goal/s at the end of the day.

4. What are the specific objectives of team building?

- to improve end result or productivity
- equal distribution of the workload
- to promote efficiency at all times

5. How often should the team meet?

- twice a month

4.7 Discussion of results based on the hypothesis

Only one hypothesis was addressed by this study. The study purported to investigate if the team building program would improve service delivery as evaluated by patients and staff from the Midlands complex as well as the community clinic. The basic assumption was that groups in formal settings such as health institutions perform effectively and efficiently if they are offered team related programs (Adams, 1988; Alper, Tsjosvold & Law, 2000; Aubrey & Felkins, 1988; Belbin, 1998; Blanchard & Johnson 1981; Buchholz & Roth, 1987; Harrington-Mackin, 1994; Humphries, 1998). In sports, there is consistent training and coaching of the players aimed at achieving the best results, i.e., scoring more goals.

A significant number of patients and staff from the three institutions perceived the program as of significant importance with regard to patient care. See Table 3. Although the patients were not offered the team building program, as evaluators, their task was to rate the staff members before and after the program was offered. As the receivers of the health care services, they had to observe and experience if the program did make any improvements or not. These results were supported by literature (Madux, 1992; Payne, 1982; Schermerhorn, Hunt & Osborn, 1997; Ovretveit, 1986; Zenger & Miller, 1974) which suggest that when team members meet regularly and share skills they tend to be motivated and change their attitudes. Figure 1 is a graphic representation of the significant effectiveness of the experimental group over the control group.

Of significance, the staff regarded experience of being a team (we-ness), effective communication, efficient service delivery and improving productivity as the cornerstone of team building. The reader is referred to tables to tables 22, 24, 26, and 28 for significant results. These results are in keeping with team building literature (Lewis, 1993; Payne, 1982; Quick, 1992; Scott, Jaffe & Tobe, 1993; Shank, 1992; Soni, Steers, Warne & Sang, 1989; Steiner, 1972).

Sixty staff participants of the total of 86 saw a need to meet at least once a month to share knowledge and skills as a team. Fifteen of the respondents preferred to meet weekly. See Table 14. These results are in keeping with literature which maintains that team building and effective teamwork is in fact a process (Alper, Tjosvold & Law, 2000; Belbin; Kharbanda & Stallworthy, 1990; Weiss, 1993).

Three individual cases from the three institutions were included in this chapter for the reader to observe the nature of responses during the process of the initial contact with the staff participants. These responses played a major role in the construction of the present team building program.

The next chapter will deal with the conclusions drawn from the results of this study.

CHAPTER FIVE

CONCLUSION

5.1 Introduction

This chapter is concerned with the conclusion drawn from this study. On the whole this has been a large study investigating the development and evaluation of a team building program at Midlands Hospital Complex in Kwa-Zulu Natal. The forthcoming paragraphs outline the summary of results.

5.2 Program development

The initial stage of developing a team building program was concerned with experience staff had as a team. From the results it became evident that an element of "we-ness" or togetherness was experienced by the majority of staff (83%). When a question of how teams are built was addressed, it became clear that almost all staff (96%) regarded effective communication as one of the most important factors in developing a team building program. It was also interesting to note that a reasonably large number of staff (73%) saw setting a common goal(s) as leading to a team building program. There was no doubt that efficient service delivery was the second most highly rated factor (94%) of team building. The study has also shown that improving productivity was regarded by a large number of staff (81.4%) as one of the specific objectives in team building. Finally, 69.8% of staff preferred to meet once a month. It was clear from the results that meeting more frequently was preferred.

When the three institutions were compared with regard to their responses, it was noted that Town Hill Hospital and the community health clinic had almost similar responses.

5.3 Effectiveness of the team building program

In summary, the team building program constructed by the Midlands Complex Hospital and Imbalenhle Health community Clinic staff was rated by most staff and patients as very effective. This program yielded significant results. Patients from the three institutions played an important role in shaping this program. The results of this study have demonstrated an important relationship between the health providers as well as the consumers of the health services. Patients were observers and evaluators in the team building program. The involvement of patients in observation and evaluation made this study particularly unique.

5.4 Generalization of results

The results of this study can be generalized as the participants from the three institutions were randomly selected. Staff and patients had equal chance to participate in the study. The results have shown a continuous need to develop and evaluate team building programs in institutions such as hospitals especially because people working in institutions with long term hospitalization are faced with emotional experiences which leads to lethargy and de-motivation as a result of being part of an institution. The inclusion of the community clinic provides further argument for the generalizability of the present findings.

Community psychology in particular, played a major role in shaping this study particularly because of its action focus on groups and frequent meetings to achieve negotiated goals. This study has also demonstrated a need for psychiatric hospitals to develop and evaluate programs that assist their employees to cope with distress of observing some patients deteriorate in their normal functioning through forming active interventions and social support systems..

5.5 Recommendations for future research and action programs

This program needs to be tested in similar contexts and results further implemented via wider community action programs in a continuing cascade of health interventions.

Appendices

Appendix A

TEAM BUILDING QUESTIONNAIRE

Serial number: .....
Age: .....
Address: .....
.....
.....

Gender: .....
Education: .....
Occupation: .....
Language: .....

Please rate present team functioning with regard to health care on a 5 point scale.

0 = Very ineffective
1 = Ineffective
2 = Neither ineffective nor effective
3 = Effective
4 = Very effective

Thank you for your participation
In this study

Appendix B

TEAM BUILDING RESEARCH PROGRAMME

I am doing a PhD in Community Psychology. Please assist me with the following team building research programme, which I hope to complete within a year.

1. Describe your experience of being a team.

.....
.....

2. How are teams built? Please list as many ideas as possible in order to develop a team building programme.

.....
.....
.....

3. What is the main goal of team building?

.....
.....

4. What are the specific objectives? Please list as many as you can think of to formulate a team building programme.

.....
.....

5. How often should the team meet?

.....
.....
.....
.....

Appendix C

TEAM BUILDING QUESTIONNAIRE

Serial number: .....
Age: .....
Address: .....
.....
.....
.....
.....

Gender: .....
Education: .....
Occupation: .....

Language: .....

Please rate present team functioning with regard to health care on a 5 point scale.

0 = Very ineffective

1 = Ineffective

2 = Neither ineffective nor effective

3 = Effective

4 = Very effective

Thank you for your participation
in this study

Appendix D

TEAM BUILDING PROGRAM

Developing a Productive Team

WEEK 1

TERMS:
Team: Set of persons working together to achieve a specific short/long term goal

Group: Number of persons standing near together for a specific purpose

Team Leader

Team Leader: There are several ways in which the team leader can contribute to creating a positive climate within the team. One of the most powerful forces is to put forward, in cooperation with team members, an exciting vision/purpose of what the team is to achieve. Once the vision is developed, it needs to be kept in front of the team members as a reminder of what they wish to accomplish. The team leader where possible should help select or influence the composition of team members. Selection should be based on willingness of people to work in a team setting and the resources, both people skills and technical components, they are able to bring to the team. The team leader can provide the leadership for helping the team develop an understood and accepted set of principles that will contribute to their success. Included in this set of principles should be norms for operating within the group, criteria for evaluating success, standards for determining quality of performance, and an identified reward system to recognize the team's successes.

When to create a team

When teamwork is appropriate, everyone benefits, you as a team member, you as a supervisor and the whole organization or institution. An individual benefits in a team by experiencing less stress because both the work and the responsibility for success are shared. Members of effective teams recognize and support one another. They all share in any recognition that the team receives from external sources and they all feel a sense of belonging, which is an important internal reward. An organization benefits by producing the best possible products and bring them to market at the lowest cost possible.

Team building is an effort in which a team studies its own process of working together and acts to create a climate that encourages and values the contributions of team members. Their energies are directed toward problem solving, task effectiveness, and maximizing

the use of all members' resources to achieve the team's purpose. Sound team building recognizes that it is not possible to fully separate one's performance from those of others.

TEAM FORMATION AND DEVELOPMENT

Phases of team development

Introducing: Team members meet and gather information about each other's background, values, skills and interests.
Stage setting: Explanation of the group's objectives or mandate and other business requirements and establishment of ground rules for how the team will function.
Probing/testing: Probing and testing go on all the time. To get to know other people, you need to probe beyond the superficialities of introductions to understand people', values, needs and interests-to find out where they "are coming from," what they expect to get out of the team and out of one another, and how they personally will benefit from the team's success. By doing this you are testing each other's strength's and weaknesses or each other's dedication to the team's goals and objectives. Comfort and trust levels vary with how you perceive each other and how you "mesh" with one another. Probing gets beneath the surface, the veneer of sociability and can make you feel uncomfortable. Part of probing comes from the human need for affiliation, "belonging to the group." Since all of this interpersonal sizing up and testing goes on and can occur at any time in the life of a team, it's best that you be aware that they're happening.

Creating: Forming a new team or presenting a team with new objectives calls for creative thinking and even innovation.

Producing: A team may be highly creative and energetic but it can never forget that its objectives are the reasons for which the team has been created. After all the testing, planning and creativity comes the time to produce or disband. Effective teams establish norms explicit or implicit rules or understandings that prescribe who will do what, when, and where-that makes its work possible.

Maintaining: A team performs well only if everyone takes steps to support the behaviours and dynamics that make a team successful: task maintenance (administrative details, production needs, delivery needs) and process maintenance (group dynamics, communication needs). Someone has to watch what is happening within the team and take action to adjust or finetune the group's functioning. That is probably the team leader or manager.

Introduction: Coming together as a group
Stage setting: Lying the ground rules; creating the climate
Probing/testing: Getting to know one another; establishing positions within the group; developing trust, candour

Creating: Identifying objectives; solving problems; designing methods for doing business
Producing : Executing the team's functions

Maintaining: Taking care of continuation needs.

WEEK 2

WHAT MAKES A TEAM A TEAM?

A team is a relatively small group of people formed around common interests, values, and history and brought to meet a specific set of relatively short-term goals or objectives (Weiss, 1993). For example the hospital has many wards and each ward has its own team. It must be clear that not every group of people is a team, even if they work together under a common name. To become a team, a relatively small group of people must form around common interest, values, and history. Team members come to know each other very well and recognize each other's strengths and weaknesses, abilities and needs. At the last, a team must have a shared interest in putting out the product or service for which their group is responsible.

They must value the same quantity or quality of output, the same outcome in terms of return on their effort and the same recognition for the work that they do.

HOW TO ENCOURAGE OPEN, HONEST AND DIRECT COMMUNICATION

Encouraging dialogue

Dialogue means " the exchange and the examination of important opinions or information between two people. When it comes to communication everyone can be a team leader but each person has a responsibility for ensuring that open, honest and direct communication takes place all the time and in all directions-up, down and sideways.

*Listening actively
You listen actively when you clear your mind and your desk of all distractions and participate in what the other person is saying without diverting attention to yourself.

* Provide and accept information
It is important to share with others any relevant data that will help you, them as individuals, and the team as a whole to succeed.

*Be patient with and encouraging disagreement
You can't expect people to be patient with your opinions unless you're patient with theirs.

*Express and acknowledge feelings
Hiding feelings or "sandbagging" can totally destroy a team.
Research shows that the best leaders are good communicators. They have learnt to give clear instructions, stay responsive to questions and suggestions, and keep the appropriate parties well informed. Research also confirms a positive correlation between communication (understanding) and:
- improved productivity
- better problem solving
- a reduction in grievances
- ideas for improvement in methodology
- improved working relationships
- greater personal satisfaction (Maddux, 1992).

TEAM DECISION MAKING AND PROBLEM SOLVING
BENEFITS OF TEAM DECISION-MAKING
*New and different ideas emerge.
*Understanding and support increase
*Individual points of view are aired and reconciled.
*Self-interests are surfaced and incorporated into decisions.
*Strong commitment to the decision develops
*Increased learning and personal growth occur.
*Intellectual competence is enhanced.
*Increased awareness and empathy for the decision-making process are created.
*No winners or losers emerge, therefore, there is greater unity among team members.
*Team members are persuaded, rather than coerced.
*More opinions and viewpoints are expressed.
*The importance of each member's view is confirmed.
*Backroom politics are discouraged.
*More thought and energy are required than for a simple vote (Harrington-Mackin, 1994).

WEEK 3

WHAT MAKES A TEAM EFFECTIVE?
An efficient person is one who does a job the right way and an effective person is one who does the right job the right way, that is, meet a predetermined objective using appropriate methods. Effective teams are like effective people. Effective teams operate in an environment in which well-trained people can accomplish their goals or objectives without a designated head, that is, without a supervisor. Few teams reach that level of effectiveness.

CHARACTERISTICS OF AN EFFECTIVE TEAM
(i) A sense of commitment
(ii) A high degree of communication within the group and with people outside the group
(iii) A healthy degree of disagreement and creativity
(iv) Agreement through consensus
(v) A sense of empowerment

COMMITMENT
Team members must feel responsible for what the team does, as well as for what they individually contribute if the team is to be effective. "Malicious obedience" results if the supervisor threatens the group members with some kind of punishment. But if team members anticipate a payoff, whether tangible (e.g., a bonus) or intangible (e.g., recognition), for making a commitment, they are more likely to give the team's activities the effort they deserve.

COMMUNICATION
Effective teams communicate -openly, directly, and honestly within the group and others outside the group. If team members do not talk to each other, teamwork and productivity suffer.

DISAGREEMENT AND CREATIVITY
Open, honest, and direct communication breeds disagreement and team leaders and team members alike want not only to tolerate it, but also to encourage it. Only when people look at a given situation from different perspectives and then discuss those perspectives can minor problems be solved before they become crises. That is being proactive rather than reactive, and being creative rather than gridlocked.

AGREEMENT THROUGH CONSENSUS
True democracy calls, not for majority rule, but for consensus, the process by which the members of the team all express their own opinions before agreeing to try a procedure or to live with an idea until it proves unworkable or untenable. More effective decisions come from taking the time to reach consensus. To achieve consensus, all group members are required to support their ideas with data or to make measurable or observable predictions. If everyone agrees to go along with your idea, then time and reality will test its value.

EMPOWERMENT
To get people to accept responsibility for group actions, as well as for their own actions, people must feel that they have the power to influence decisions and actions that affect their lives. Power means the ability to control what happens. For example, feeding yourself as a child to feeding your family as an adult, you feel good about yourself only if you can satisfy your needs through your own effort. On the other hand, powerlessness destroys teamwork. This often happens when people feel that the group has taken away their own ability to think for themselves. Full participation is the only antidote to powerlessness. If

people feel they have power to control their own lives, they will do whatever has to be done.

Characteristics of Ineffective Teams
(I) Dominant leader
(ii) Warring cliques or subgroups
(iii) Unequal participation and uneven use of group resources
(iv) Rigid or dysfunctional group norms and procedures
(v) A climate of defensiveness or fear
(vi) Uncreative alternatives to problems
(vii) Restricted communication
(viii) Avoidance of differences or potential conflicts

WEEK 4

Characteristics Of Good Team Building

Team building works best when the following conditions are met (Francis and Young. 1979).

1.There is a high level of interdependence among team members. The team is working on important tasks in which each team member has a commitment and teamwork is critical for achieving the desired results.

2.The team leader has good people skills, is committed to developing a team approach, and allocates time to team-building activities. Team management is seen as a shared function, and team members are given the opportunity to exercise leadership when their experiences and skills are appropriate to the needs of the team.

3.Each team member is capable and willing to contribute information, skills, and experiences that provide an appropriate mix for achieving the team's purpose.

4.The team develops a climate in which people feel relaxed and are able to be direct and open in their communications.

5.Team members develop a mutual trust for each other and believe that other team members have skills and capabilities to contribute to the team.

6.Both the team and individual members are prepared to take risks and are allowed to develop their abilities and skills.

7.The team is clear about its important goals and establishes performance targets that cause stretching but are achievable.

8.Team member roles are defined, and effective ways to solve problems and communicate are developed and supported by all team members.
9.Team members know how to examine team and individual errors and weaknesses without making personal attacks, which enables the group to learn from its experiences.

10.Team efforts are devoted to the achievement of results, and team performance is frequently evaluated to see where improvements can be made.

11.The team has the capacity to create new ideas through group interaction and the influence of outside people. Good ideas are followed up, and people are rewarded for innovative risk taking.

12.Each member of the team knows that he or she can influence the team agenda. There is a feeling of trust and equal influence among team members that facilitates open and honest communication.

Team building will occur more easily when all team members work jointly on a task of mutual importance. This allows each member to provide their technical knowledge and skills in helping to solve the problem, complete the project, and develop new programs. During this process, team building can be facilitated as members evaluate their working relationship as a team and then develop and articulate guidelines that will lead to increased productivity and team member cooperation.

As part of this process, team members need to learn how to be willing to manage conflict, evaluate performance of the group, and provide feedback and support that will encourage each member to meet their commitment to the team and the organization. Team performance can best be evaluated if the team develops a model of excellence against which to measure its performance.

WEEK 5
Team Effectiveness

When evaluating how well team members are working together, the following statements can be used as a guide:

Mutual acceptance and trust; Frank and open communication; Full cooperation for better and sustained production (Kharbanda & Stallworthy, 1990). Team goals are developed through a group process of team interaction and agreement in which each team member is willing to work toward achieving these goals. Participation is actively shown by all team members and roles are shared to facilitate the accomplishment of tasks and feelings of group togetherness. Feedback is asked for by members and freely given as a way of

evaluating the team's performance and clarifying both feelings and interests of the team members. When feedback is given it is done with a desire to help the other person.

Team decision making involves a process that encourages active participation by all members. Leadership is distributed and shared among team members and individuals willingly contribute their resources as needed. Problem solving, discussing team issues, and critiquing team effectiveness are encouraged by all team members. Conflict is not suppressed. Team members are allowed to express negative feelings and confrontation within the team which is managed and dealt with by team members. Dealing with and managing conflict is seen as a way to improve team performance. Team member resources, talents, skills, knowledge, and experiences are fully identified, recognized, and used whenever appropriate.

Risk taking and creativity are encouraged. When mistakes are made, they are treated as a source of learning rather than reasons for punishment. After evaluating team performance against the above guidelines, determine those areas in which the team members need to improve and develop a strategy for doing so. The team leader should be the liaison between the team and upper management. The team leader needs to know and work with upper management to obtain a full commitment from them in support of the team's program. However, when this happens, team members must realize that they have a major responsibility to make maximum use of the resources and support provided.

The team leader can encourage team member growth, and should be willing to take some risk by having members whose resources are relevant to the immediate task provide the leadership. The team leader should be fair, supportive, and recognized by team members as one who can make final judgments, work with upper management, and give direction to the team as needed. To assist the team leader in evaluating the level of team development, have each team member answer the twelve questions in Table I. This should be followed by a discussion of the questions to determine where and how changes should be made to help facilitate the development of a strong team. As team members build commitment, trust, and support for one another, it will allow them to develop and accomplish desired results. This commitment, trust, and self-determination by each team member is critical in achieving a sustained high level of performance. Team members will learn to appreciate and enjoy one another for who they are and will help keep one another on track. The team will have developed its working methods so that they become an informal set of guidelines.

WEEK 6

A Focused Team

When the team resources are focused and members are all working to accomplish the

same purpose, teamwork can be very rewarding and productive. This is best accomplished when team members use a pro-active approach rather than a reactive approach to accomplish their purpose (Adams, 1988). The pro-active approach manifests such characteristics as:

1.The team members take a very positive approach in jointly determining the way they are going to work together as a team and what they want to have happen. When individuals and the entire team choose to operate this way and are willing to set petty differences aside, unbelievable results become possible. When individuals adopt this attitude and commit to use their resources, knowledge, and skills to contribute to the goals of the team, alignment with the team's overall purpose comes about. This will not happen unless both the team leader and team members choose to do so.

2.Having a well-defined purpose or vision of what the team will accomplish is a very powerful force for the team leader and members. Goals are aligned with the team purpose, and team members are empowered to accomplish the goals. This process leads to a high level of team productivity.

3.Team members have a positive attitude towards change and are willing to accept and allow change to occur as needed in order to accomplish desired results.

4.Team members understand that patience is required, and that for some goals, a long-term commitment is needed to accomplish the desired results.

5.Interests of both the team leader and team members are focused on desired results rather than on shorticulture-term problem-solving activities. If people learn to focus simultaneously on both the current situation and the desired results, problems that arise will be solved as part of the total process of achieving the desired results.

6.The sixth characteristic of a well-functioning team is that the members have a strong feeling of control within the team. They are able to establish priorities and then commit time and resources for accomplishing these tasks.

7.The seventh characteristic of a well functioning team is team members verbally and publicly support each other. They recognize that negative comments about others tear the team down. Team leaders and members that make a conscious, sustained effort to make these seven characteristics a part of their mind set will find that both creativity and accomplishment of desired results will be much higher than it would be otherwise.

Appendix E

Key: institutions

Town Hill Hospital	= 1	experimental group	= 1
Fort Napier Hospital	= 2	control group	= 2
Clinic	= 3	staff	= 1
		patient	= 2

ID	EXPERIMENTAL	HOSPITAL	STAFF	PRETEST	POSTTEST
40	1	1	1	1.00	4
41	1	1	1	1.00	4
42	1	1	1	3.00	4
43	1	1	1	2.00	4
44	1	1	1	.00	4
45	1	1	1	2.00	4
69	1	1	1	4.00	4
70	1	1	1	2.00	4
71	1	1	1	4.00	4
72	1	1	1	4.00	4
73	1	1	1	4.00	4
112	1	1	1	3.00	4
113	1	1	1	3.00	4
114	1	1	1	2.00	3
116	1	1	1	3.00	4
117	1	1	1	3.00	4
118	1	1	1	2.00	4
119	1	1	1	2.00	4
120	1	1	1	2.00	4
46	1	1	2	2.00	4
47	1	1	2	2.00	4
48	1	1	2	4.00	4
49	1	1	2	4.00	4
50	1	1	2	3.00	4
51	1	1	2	3.00	4
52	1	1	2	3.00	4
53	1	1	2	3.00	4
54	1	1	2	3.00	3
55	1	1	2	2.00	3
56	1	1	2	2.00	4
57	1	1	2	2.00	4
58	1	1	2	2.00	3
59	1	1	2	1.00	3
60	1	1	2	.00	3

61	1	1	2	4.00	4
62	1	1	2	4.00	4
63	1	1	2	3.00	4
64	1	1	2	1.00	4
65	1	1	2	2.00	3
66	1	1	2	4.00	4
67	1	1	2	4.00	4
68	1	1	2	4.00	4
90	1	2	1	4.00	4
91	1	2	1	2.00	3
92	1	2	1	3.00	4
93	1	2	1	3.00	4
94	1	2	1	3.00	4
95	1	2	1	2.00	4
96	1	2	1	3.00	4
97	1	2	1	3.00	3
98	1	2	1	1.00	3
115	1	2	1	1.00	3
121	1	2	1	1.00	4
74	1	2	2	3.00	4
75	1	2	2	3.00	4
76	1	2	2	3.00	4
77	1	2	2	3.00	4
78	1	2	2	3.00	3
79	1	2	2	3.00	4
80	1	2	2	4.00	4
81	1	2	2	3.00	4
82	1	2	2	4.00	4
83	1	2	2	.00	4
84	1	2	2	3.00	4
85	1	2	2	.00	4
86	1	2	2	3.00	4
87	1	2	2	3.00	4
89	1	2	2	2.00	4
99	1	2	2	4.00	4
100	1	2	2	3.00	4
101	1	2	2	3.00	4
102	1	2	2	.00	4
103	1	2	2	4.00	4
104	1	2	2	1.00	4
105	1	2	2	1.00	3
106	1	2	2	3.00	4
107	1	2	2	4.00	4

108	1	2	2	3.00	4
109	1	2	2	4.00	4
110	1	2	2	3.00	4
111	1	2	2	3.00	4
122	1	3	1	2.00	3
123	1	3	1	2.00	4
124	1	3	1	1.00	4
125	1	3	1	1.00	4
126	1	3	1	1.00	4
127	1	3	1	2.00	4
128	1	3	1	2.00	3
129	1	3	1	2.00	3
130	1	3	1	2.00	3
131	1	3	1	2.00	4
132	1	3	1	2.00	4
133	1	3	1	2.00	4
134	1	3	1	2.00	4
135	1	3	1	3.00	4
136	1	3	1	2.00	4
137	1	3	1	3.00	4
138	1	3	1	2.00	4
139	1	3	1	2.00	4
140	1	3	1	2.00	4
141	1	3	1	3.00	4
142	1	3	1	2.00	4
143	1	3	1	2.00	4
144	1	3	1	2.00	4
145	1	3	1	2.00	4
146	1	3	1	2.00	3
147	1	3	1	2.00	4
148	1	3	1	2.00	4
149	1	3	1	2.00	3
150	1	3	1	3.00	4
151	1	3	1	3.00	4
152	1	3	1	2.00	4
153	1	3	1	2.00	4
154	1	3	1	2.00	4
155	1	3	1	3.00	4
156	1	3	1	3.00	4
157	1	3	1	3.00	4
158	1	3	1	3.00	4
159	1	3	1	2.00	4
160	1	3	1	2.00	4

161	1	3	1	3.00	4
162	1	3	1	3.00	4
163	1	3	2	2.00	4
164	1	3	2	2.00	4
165	1	3	2	2.00	4
166	1	3	2	2.00	4
167	1	3	2	2.00	4
168	1	3	2	3.00	4
169	1	3	2	3.00	4
170	1	3	2	3.00	4
171	1	3	2	2.00	3
172	1	3	2	2.00	3
173	1	3	2	3.00	4
174	1	3	2	2.00	4
175	1	3	2	2.00	3
176	1	3	2	3.00	4
177	1	3	2	3.00	4
178	1	3	2	3.00	4
179	1	3	2	2.00	3
180	1	3	2	2.00	3
181	1	3	2	2.00	3
182	1	3	2	3.00	4
183	1	3	2	3.00	4
184	1	3	2	3.00	4
185	1	3	2	2.00	4
186	1	3	2	2.00	4
1	2	1	1	2.00	2
2	2	1	1	2.00	3
3	2	1	1	3.00	3
4	2	1	1	3.00	3
5	2	1	1	3.00	3
6	2	1	1	3.00	3
7	2	1	1	2.00	2
8	2	1	1	3.00	3
9	2	1	1	3.00	3
11	2	1	2	1.00	1
12	2	1	2	4.00	4
13	2	1	2	4.00	4
14	2	1	2	3.00	4
15	2	1	2	4.00	4
16	2	1	2	1.00	1
17	2	1	2	3.00	3
18	2	1	2	4.00	4

19	2	1	2	4.00	4
20	2	1	2	4.00	4
10	2	2	1	3.00	3
21	2	2	1	2.00	3
22	2	2	1	3.00	3
23	2	2	1	3.00	3
24	2	2	1	3.00	3
25	2	2	2	4.00	4
26	2	2	2	4.00	4
27	2	2	2	.00	0
28	2	2	2	4.00	4
29	2	2	2	2.00	2
30	2	2	2	2.00	4
31	2	2	2	3.00	3
32	2	2	2	3.00	3
33	2	2	2	3.00	3
34	2	2	2	2.00	2
35	2	2	2	4.00	4
36	2	2	2	1.00	1
37	2	2	2	4.00	4
38	2	2	2	2.00	2
39	2	2	2	1.00	1

Number of cases read: 185 Number of cases listed: 185

ID	EXPERIM#	HOSPTAL#	STAFF#	PRETEST	POSTTEST	POSTPOST
40	experiml	townhill	staff	1	4	.
41	experiml	townhill	staff	1	4	.
42	experiml	townhill	staff	3	4	.
43	experiml	townhill	staff	2	4	.
44	experiml	townhill	staff	0	4	.
45	experiml	townhill	staff	2	4	.
69	experiml	townhill	staff	4	4	.
70	experiml	townhill	staff	2	4	.
71	experiml	townhill	staff	4	4	.
72	experiml	townhill	staff	4	4	.
73	experim	townhill	staff	4	4	.
112	experiml	townhill	staff	3	4	.
113	experiml	townhill	staff	3	4	.
114	experiml	townhill	staff	2	3	.
116	experiml	townhill	staff	3	4	.
117	experiml	townhill	staff	3	4	.
118	experiml	townhill	staff	2	4	.
119	experiml	townhill	staff	2	4	.
120	experiml	townhill	staff	2	4	.
46	experiml	townhill	patient	2	4	.
47	experiml	townhill	patient	2	4	.
48	experiml	townhill	patient	2	4	.
49	experiml	townhill	patient	4	4	.
50	experiml	townhill	patient	3	4	.
51	experiml	townhill	patient	3	4	.
52	experiml	townhill	patient	3	4	.
53	experiml	townhill	patient	3	4	.
54	experiml	townhill	patient	3	3	.
55	experiml	townhill	patient	2	3	.
56	experiml	townhill	patient	2	4	.
57	experiml	townhill	patient	2	4	.
58	experiml	townhill	patient	2	3	.
59	experiml	townhill	patient	1	3	.
60	experiml	townhill	patient	0	3	.
61	experiml	townhill	patient	4	4	.
62	experiml	townhill	patient	4	4	.
63	experiml	townhill	patient	3	4	.
64	experiml	townhill	patient	1	4	.
65	experiml	townhill	patient	2	3	.
66	experiml	townhill	patient	4	4	.
67	experiml	townhill	patient	4	4	.
68	experiml	townhill	patient	4	4	.

90	experiml	for nap.	staff	4	4	.
91	experiml	for nap.	staff	2	3	.
92	experiml	for nap.	staff	3	4	.
93	experiml	for nap.	staff	3	4	.
94	experiml	for nap.	staff	3	4	.
95	experiml	for nap.	staff	2	4	.
96	experiml	for nap.	staff	3	4	.
97	experiml	for nap.	staff	3	3	.
98	experiml	for nap.	staff	1	3	.
115	experiml	for nap.	staff	1	3	.
121	experiml	for nap.	staff	1	4	.
74	experiml	for nap.	patient	3	4	.
75	experiml	for nap.	patient	3	4	.
76	experiml	for nap.	patient	3	4	.
77	experiml	for nap.	patient	3	4	.
78	experiml	for nap.	patient	3	3	.
79	experiml	for nap.	patient	3	4	.
80	experiml	for nap.	patient	4	4	.
81	experiml	for nap.	patient	3	4	.
82	experiml	for nap.	patient	4	4	.
83	experiml	for nap.	patient	0	4	.
84	experiml	for nap.	patient	3	4	.
85	experiml	for nap.	patient	0	4	.
86	experiml	for nap.	patient	3	4	.
87	experiml	for nap.	patient	3	4	.
89	experiml	for nap.	patient	2	4	.
99	experiml	for nap.	patient	4	4	.
100	experiml	for nap.	patient	3	4	.
101	experiml	for nap.	patient	3	4	.
102	experiml	for nap.	patient	0	4	.
103	experiml	for nap.	patient	4	4	.
104	experiml	for nap.	patient	1	4	.
105	experiml	for nap.	patient	1	3	.
106	experiml	for nap.	patient	3	4	.
107	experiml	for nap.	patient	4	4	.
108	experiml	for nap.	patient	3	4	.
109	experiml	for nap.	patient	4	4	.
110	experiml	for nap.	patient	3	4	.
111	experiml	for nap.	patient	3	4	.
122	experiml	clinic	staff	2	3	.
123	experiml	clinic	staff	2	4	.
124	experiml	clinic	staff	1	4	.
125	experiml	clinic	staff	1	4	.

126	experiml	clinic	staff	1	4	.
127	experiml	clinic	staff	2	4	.
128	experiml	clinic	staff	2	3	.
129	experiml	clinic	staff	2	3	.
130	experiml	clinic	staff	2	3	.
131	experiml	clinic	staff	2	4	.
132	experiml	clinic	staff	2	4	.
133	experiml	clinic	staff	2	4	.
134	experiml	clinic	staff	2	4	.
135	experiml	clinic	staff	3	4	.
136	experiml	clinic	staff	2	4	.
137	experiml	clinic	staff	3	4	.
138	experiml	clinic	staff	2	4	.
139	experiml	clinic	staff	2	4	.
140	experiml	clinic	staff	2	4	.
141	experiml	clinic	staff	3	4	.
142	experiml	clinic	staff	2	4	.
143	experiml	clinic	staff	2	4	.
144	experiml	clinic	staff	2	2	.
145	experiml	clinic	staff	2	4	.
146	experiml	clinic	staff	2	3	.
147	experiml	clinic	staff	2	4	.
148	experiml	clinic	staff	2	4	.
149	experiml	clinic	staff	2	3	.
150	experiml	clinic	staff	3	4	.
151	experiml	clinic	staff	3	4	.
152	experiml	clinic	staff	2	4	.
153	experiml	clinic	staff	2	4	.
154	experiml	clinic	staff	2	4	.
155	experiml	clinic	staff	3	4	.
156	experiml	clinic	staff	3	4	.
157	experiml	clinic	staff	3	4	.
158	experiml	clinic	staff	3	4	.
159	experiml	clinic	staff	2	4	.
160	experiml	clinic	staff	2	4	.
161	experiml	clinic	staff	3	4	.
162	experiml	clinic	staff	3	4	.
163	experiml	clinic	patient	2	4	.
164	experiml	clinic	patient	2	4	.
165	experiml	clinic	patient	2	4	.
166	experiml	clinic	patient	2	4	.
167	experiml	clinic	patient	2	4	.
168	experiml	clinic	patient	2	4	.

169	experiml	clinic	patient	3	4	.
170	experiml	clinic	patient	3	4	.
171	experiml	clinic	patient	2	3	.
172	experiml	clinic	patient	2	3	.
173	experiml	clinic	patient	3	4	.
174	experiml	clinic	patient	2	4	.
175	experiml	clinic	patient	2	3	.
176	experiml	clinic	patient	3	4	.
177	experiml	clinic	patient	3	4	.
178	experiml	clinic	patient	3	4	.
179	experiml	clinic	patient	2	3	.
180	experiml	clinic	patient	2	3	.
181	experiml	clinic	patient	2	3	.
182	experiml	clinic	patient	3	4	.
183	experiml	clinic	patient	3	4	.
184	experiml	clinic	patient	3	4	.
185	experiml	clinic	patient	2	4	.
186	experiml	clinic	patient	2	4	.
1	control	townhill	staff	2	2	4
2	control	townhill	staff	2	3	4
3	control	townhill	staff	3	3	4
4	control	townhill	staff	3	3	4
5	control	townhill	staff	3	3	4
6	control	townhill	staff	3	3	4
7	control	townhill	staff	2	2	4
8	control	townhill	staff	3	3	4
9	control	townhill	staff	3	3	4
11	control	townhill	patient	1	1	3
12	control	townhill	patient	4	4	4
13	control	townhill	patient	4	4	4
14	control	townhill	patient	3	4	4
15	control	townhill	patient	4	4	4
16	control	townhill	patient	1	1	4
17	control	townhill	patient	3	3	4
18	control	townhill	patient	4	4	4
19	control	townhill	patient	4	4	4
20	control	townhill	patient	4	4	4
10	control	for nap.	staff	3	3	3
21	control	for nap.	staff	2	3	4
22	control	for nap.	staff	3	3	4
23	control	for nap.	staff	3	3	4
24	control	for nap.	staff	3	3	4
25	control	for nap.	patient	4	4	4

26	control	for nap.	patient	4	4	4
27	control	for nap.	patient	0	0	3
28	control	for nap.	patient	4	4	4
29	control	for nap.	patient	2	2	3
30	control	for nap.	patient	2	4	4
31	control	for nap.	patient	3	3	4
32	control	for nap.	patient	3	3	4
33	control	for nap.	patient	3	3	4
34	control	for nap.	patient	2	2	3
35	control	for nap.	patient	4	4	4
36	control	for nap.	patient	1	1	3
37	control	for nap.	patient	4	4	4
38	control	for nap.	patient	2	2	4
39	control	for nap.	patient	1	1	4

Number of cases read: 185 Number of cases listed 185

References

Adair, J. (1988). Effective leadership: a modern guide to developing a leadership skills. London: Pan Books.

Adair, J. (1990). The challenge of innovation. London: The Talbot Adair Press.

Adams, John D.(1988). "The Role of the Creative Outlook In Team Building." in Team Building, edited by W. Brendan Reddy with Kaleel Jamison, 98-106. Virginia: Institute for Applied Behavioral Science and San Diego, California: University Associates, Inc.

Alper, S., Tjosvold, D.,& Law, K.S. (1998). Interdependence and controversy in group decision making: Antecedents to effective self-managing teams. Organizational Behavior and Human Decision Processes, 74, 33-52.

Alper, S., Tjosvold, D. & Law, K.S. (2000). Conflict management, efficacy, and performance in organizational teams. Personnel Psychology, 53, 625-642.

Ancona, D.G. (1990). Outward bound: Strategies for team survival in an organization. Academy of Management Journal, 33, 334-365-.

Agyris, C. (1998). Empowerment: The emperor's new clothes. Harvard Business Review, 76, (3), 98-105.

Aubrey, C.A. & Felkins, P.K. (1988). Teamwork: Involving people in quality and productivity improvement. White Plains, New York.: Quality Resources.

Avison, W.R. & Speechley, K.N. (1987). The discharged psychiatric patient: a review of social, social-psychological and psychiatric correlates of outcome. American Journal of Psychiatry, 144, 10-18.

Baker, D.P. (1992). Principles for measuring teamwork skills. Human Factors, 34, 469-475.

Baker, H.K. (1979). " The hows and whys of team-building." Personnel Journal, 58, 367-370.

Bennett, D.H. & Freeman, H.L. (1991). Community Psychiatry: the principles. London: Churchill Livingstone.

Blanchard, K. & Johnson, S. (1981). The one minute manager. London: The Macmillan Press.

Belbin, R.M. (1998). Management teams: why they succeed or fail. Oxford: Butterworth-Heinemann.

Beyerlein, M.M. & Johinson, D.A. (1994). (Vol. 1), Advances in interdisciplinary studies of work teams: Theories of self-managing work teams. London: JAI Press Inc.

Buchholz, S. & Roth, T. (1987). Creating the high-performance team. New York: Wiley.

Buller & Bell (1986). Effects of team building and goal setting on productivity: A field experiment. Academy of Management Journal, 29, 305-328.

Champion, M.A. ; Medsker, G.J. & Higgs, A.C. (1993). Relations between work group characteristics and effectiveness: Implications for designing effective work groups. Personnel Psychology, 46, 823-850.

Champion, M.A. ; Papper, E.M. & Medsker, G.J. (1996). Relations between work group characteristics and effectiveness: A replication and extension. Personnel Psychology, 49, 429-452.

Chang, R.Y. (1994). Success through teamwork: A practical guide to interpersonal team dynamics. United States of America: Richard Chang Associates, Inc.

Cohen, S.G. & Ledford, G.E. (1994). The effectiveness of self-managing teams: A quasi-experiment. Human Relations, 47, 13-43.

Cohen, S.G. & Bailey, D.E. (1997). What makes teams work: Group effectiveness research from the shop floor to the executive suite. Journal of Management, 23, 239-290.

Cohen, S.G.; Chang & Ledford (1997). A hierarchical construct of self-management leadership and its relationship to quality of work life and perceived work group effectiveness. Personnel Psychology, 50 (2), 275-308.

Cox, T. (1993). Cultural diversity in organizations: theory, research and practice. San Francisco: Berrett-Koehler Publishers.

Crawford, M.; Kydd, L. & Riches, C. (1997). Leadership and teams in educational management. Buckingham, Bucks: Open University Press.

Delaney & Huselid, M.A. (1996). The impact of human resource management practices on perceptions of organizational performance. Academy of Management Journal, 39 (4), 949-969.

Dyer, W.G. (1977). Team building: issues and alternatives. Reading, Mass.: Addison-Wesley.

Edwards, S.D. (1999). Promoting mental health in Zululand, South Africa. Paper presented at the Ninth Annual European Conference on the Promotion of Mental Health 15-17 September, Birmingham UK.

Edwards, S.D. (1999). Developing community psychology in Zululand, South Africa. Paper presented at the Second World Congress for Psychotherapy. 4-5 July 1999, Vienna.

Ends, E.J. & Page C.W. (1984). Organizational team building. Lanham, Md.: University Press of America.

Fisher, K. (1993). Leading self-directed work teams: A guide to developing new team leadership skills. New York: McGraw-Hill.

Francis, D. & Young, D. (1979). Improving work groups: a practical manual for team building. San Diego, Calif.: University Associates.

Freeman, A.M. & Kaplan, H.I. (1967). Comprehensive Texbook of Psychiatry. Baltimore: The Williams & Wilkins Company.

Geis, A.A. (1987). Making merit pay. Personnel, 67, 52-60.

Gersick, C.J. (1988). Time and transition in work teams: Toward a new model of group development. Academy of Management Journal, 31, 9-41.

Gibson, C.B. (1999). Do they do what they believe they can? Group efficacy and group effectiveness across tasks and cultures. Academy of Management Journal, 42, 138-152.

Goodman, P.S. (1986). Designing effective workgroups. San Francisco: Jossey-Bass.

Goodman, R.M. & Wandersman, A. (1994). Forecast: a formative approach to evaluating community coalitions and community-based initiatives. Journal of Community Psychology, CSAP special issue, 6-25.

Hackett, D. & Martin, C.L. (1993). Facilitation skills for team leaders. California: Crisp Publications, Inc.

Hackman, J.R. (1987). Teams that work (and some that don't). Englewood Cliffs: NJ: Prentice-Hall.

Harper, R. & Harper, A. (1989). Succeed as a self-directed work team. Croton-on-Hudson, New York: MW.

Harrington-Mackin, D. (1994). The team building tool kit tips, tactics and rules for effective workplace teams. New York: American Management Association.

Hess, K. (1987). Creating the high performance team. New York: Wiley.

Holpp, L. (1999). Managing teams. New York: McGraw-Hill

Hoult, J. (1986). Community care of the acutely mentally ill. British Journal of Psychiatry, 149, 137-144.

htt:/www.accel.team.com/

Humphries, J. (1998). Managing successful teams: How to achieve your objectives by working effectively with others. Oxford: How to Books.

Huselid, M.A. 1995). The impact of human resource management practices on turnover, productivity, and corporate financial performance. Academy of Management Journal, 38 (3), 635-672.

Hyatt, D.E. & Ruddy, T.M. (1997). An examination of the relationship between work group characteristics and performance: Once more into the breech. Personnel Psychology, 50, 553-585.

Haywood, M. (1998). Managing virtual teams: practical techniques for high-technology project managers. Boston, Mass: Artech House.

Jassawalla, A.R. & Sashittal, H.C. (1999). Building collaborative cross-functional new product teams. Academy of Management Executives, 13, 50-63.

Katzell, R.A. & Guzzo, R.A. (1983). Psychological approaches to productivity improvement. American Psychologist, 38, 468-472.

Katzenbach, J.R. & Smith, D.K. (1993). The wisdom of teams: Creating the high performance organization. Boston: Harvard Business School Press.

Kelman, J.M. (1999). Teamwork. Hove, Sussex.: Wayland.

Kharbanda, O. & Stallworthy, E. (1990). Project teams: the human factor. Manchester: NCC Blackwell.

Kikman, B.L. & Rosen, B. (1999). Beyond self-management: antecedents and consequences of team empowerment. Academy of Management Journal, 42, 1, 58-74.

Klimoski, R. & Mohammed, S. (1994). Team mental model: construct or metaphor? Journal of Managemnet, 20, 403-437.

Lawler, E.E. (1986). High involvement management. San Francisco: Jossey-bass.

Lewis, J.P. (1993). How to build and manage a winning project team. New York: American Management Association.

Llgen, D.R. (1999). Teams Embedded in organizations: Some implications. American Psychologist, 54, 2, 129-139.

Maddux, R.B. (1992). Team building an exercise in leadership: a proven way to increase effectiveness. Menlo Park: Crisp Publications.

Manz, C.C. & Sims, H.P. (1993). Business without bosses: how self-managing teams are building high-performance companies. New York: Wiley.

Maxon, P. (1993). Building a better team: a handbook for managers and facilitators. Gower: Great Britain.

McIntosh-Fletcher, D. (1996). Teaming by designing: Real teams for real people. Chicago: Irwin Professional Publishing.

Napier, R.W. & Gershenfeld, M.K. (1993). Groups: Theory and experience. 5th edition. New Jersey: Houghton Miffin.

Neck, C.P. & Manz, C.C. (1994). From groupthink to teamthink: toward the creation of constructive thought patterns in self-managing work teams. Human Relations, 47, 929-952.

Orford, J. (1992). Community psychology theory and practice. New York: John Wiley & Sons.

Ovretveit, J. (1986). Organization of multi-disciplinary community teams. Heath Services Centre. Brunel University: Uxbridge.

Patten, T.H. (1981). Organizational development through teambuilding. New York: Wiley.

Payne, M. (1982). Working in teams. London: The Macmillan Press.

Pentz, M.A. (1994). Adaptive evaluation strategies for estimating effects of community-based drug abuse prevention programs. Journal of Community Psychology, CSAP special issue, 26-51.

Quick, T. (1992). Successful team building. New York: AMACOM.

Salk, J.E. & Brannen, M.Y. (2000). National culture, networks, and individual influence in a multinational management team. Academy of Management Journal, 43, 2, 191-202.

Schermerhorn, J.R., Hunt, J.G. & Osborn, R.N. (1997). Organizational behavior. 6th edition. New York: John Wiley & Sons, Inc.

Scott, C.D.; Jaffe, D.T. & Tobe, G.R 1993). Organizational vision, values and mission. California: Crisp Publications, Inc.

Shank, J.H. (1992). Team-based organizations: developing a successful team environment. Homewood: Business One Irwin.

Sims, H.P. & Dean, J.W. (1985). Personnel, 62, 25-32.

Soni, S.D.; Steers, L.; Warne, T. & Sang W.H. (1989). Multi-disciplinary teams and line management. Psychiatric Bulletin, 13, 657-661.

Spreitzer, G.M., Kizilos, M.A. & Nason, S.W. (1997). A dimensional analysis of the relationship between psychological empowerment and effectiveness, satisfaction, and strain. Journal of Management, 23, 679-704.

Stein, L.I. & Test, M.A. (1980). Alternative to mental hospital treatment. Archive General Psychiatry, 37, 392-397.

Steiner, I.D. (1972). Group process and productivity. New York: Academic Press.

Stewart, G.L. & Barrick, M.R. (2000). Team structures and mediating role of intrateam process and the moderating role of task type. Academy of Management Journal, 43, 2, 135-148.

Stogdill, R.M. (1974). Handbook of leadership. New York: Free Press.

Stout, R.J.; Salas, E. & Fowlkes, J.E. (1997). Enhancing teamwork in complex environments trough team training. Group and Organizational Studies, 1, 169-182.

Sundstrom, E.; DeMeuse, K.P. & Futrell, D. (1990). Work teams: applications and effectiveness. American Psychologist, 45, 120-123.

Swezey, R.W. & Salas, E. (1992). Teams: their training and performance. Norwood, NJ: Ablex.

Tagliere, D.A. (1993). How to meet, think, and work to consensus. Amsterdam: Pfeiffer & Company.

Tjosvold, D & Tjosvold, M.M. (1991). Leading the team organization: how to create an enduring competitive advantage. New York: Lexington Books.

Tjosvold, D.; Morishima, M. & Belsheim, J.A. (1999). Complaint handling on the shop floor: cooperative relationships and open-minded strategies. International Journal of Conflict Management, 10, 45-68.

Torres, C. & Spiegel, J. (1990). Self-directed work teams: a primer. San Diego: Pfeiffer & Company.

Trent, D.R. (1991). Breaking the single continuum. Vol. 1, 117 - 125. Aldershot: Avebury.

Trist, E. (1977). Collaboration in work settings: A personal perspective. Journal of Applied Behavioral Sciences, 13, 268-278.

Vennix, J.A.M. (1996). Group model building: Facilitating team learning using system dynamics. Chichester: John Wiley & Sons, Inc.

Weiss, D.H. (1993). Effective team building. New York: American Management Association.

Wellins, R.S.; Byham, W. & Wilson, J. (1991). Empowered teams: Creating self-directed workgroups that improve quality, productivity, and participation. San Francisco: Jossey-Boss.

Woodock, M. & Francis, D. (1981). Organizational development through team building. Aldershot, England: Gower.

Zenger, J.J. & Miller, D.E. (1974). "Building effective teams." Personnel, 51, 20-29.