

A story of using Team Roles in an Academic Hospital

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In 2013 I started a project in the Academic Hospital in Rotterdam. One of the wards was new and the appointed team was a merger of two complete different teams from different specializations. I was asked to make it a complete team that would work together and communicate in a better way. There were 32 beds, 38 workers and everyone was very clear: the workload was too high. And because of this workload there were only 24 beds in use.

From day one I used the Belbin Team Role model. Everyone completed the Belbin Self-Perception & Observer Assessments via Interplace. When we had the subsequent individual results and the team reports, we spent time to explain the results to the group. In healthcare we see most of the time a combination of Implementer, Completer Finisher and Teamworker.

After explaining the positive strengths and allowable weaknesses of this team, everybody understood why the business went the way it did. Explaining to the workers how the dynamics of this team could change when several people would use their secondary roles instead of their primary roles, we set up individual 'Team Role' coaching for each of the team members.

After some days the dynamics changed. More energy came into the team. Some people took the role of Coordinator and gave more space to the Resource Investigator and the Monitor Evaluator to bring in their ideas and questions. The ideas of some were received more favourably than before.

Together with the whole group (bottom up) I made a mission statement for this ward and we put it on a big piece of paper in the hallway, in sight of all the patients who came to this ward.

The movement in the team was noticed by the doctors and their behaviour changed as well. The communication between the nurses and doctors was more clear and some of the nurses displayed more Shaper behaviour, which made the communication more direct. They also tried to consider some old issues in miscommunication with new insights.

After a while 10 of the nurses left the ward; they could not agree anymore with the mission statement. During the selection sessions we again used Interplace reports, so we could see if there were some nurses with complementary Team Roles. We selected 5 new nurses with the preferred Team Roles of: a Monitor, a Shaper, a Coordinator and two Resource Investigators. After two sessions with the whole team explaining what this meant to the interaction in this team, we started working with these new workers.

The interaction changed significantly because of the diversity we put in place. The team dynamics increased, there was more listening to each other and more ideas were implemented. And the most striking change: with 33 workers on the ward all 30 beds were in use and nobody complained about the workload. The communication was more open and clearer than before, conflicts were mentioned and solved and even the doctors were happier and more willing to listen.

And most important of all: the patients got the care they needed and were fully satisfied about their stay on this ward. The working atmosphere on this ward was contagious, others wanted to work on this ward. But in the last years nobody left this ward because the interaction was in balance.

So Meredith is right: diversity is a keyword for teams as well as the will to accept the Team Roles of each other. Teamwork is a question of balance. "What is needed is not well-balanced individuals but individuals who balance with one another".