

Unit 8: groups, teams, and teambuilding



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1. Exercise 14-2: Analyze the level of group cohesiveness in one of the groups to which you belong. The operational effectiveness of the healthcare setting which I work in requires teamwork involving extensive coordination amongst the teammates. As the team involves different levels of members in terms of their hierarchy, this becomes challenging. The medical outcome of the nursing team which I work in directly represents the cohesiveness of the work group (Borkowski, 2009). For instance, a particular person is taken care of by different nurses during different shifts. In this context, proper coordination and communication between these nurses are very important. The interchange time that the nurses take is an evidence for the group cohesiveness. Every member in the team ensures that ample time is spent over the work time so that the shift transfer is made smoothly. There are a number of initiatives taken by the members of the team as leisure activities which improved the team building. The active participation of my team members indicates high level of cohesiveness.

2. Exercise 15-1: Analyze the last poor decision made by the group of which you were a member. What do you think contributed to the group's poor decision? Did the group think of alternative possibilities? Did the group move too quickly through any of the development stages? If yes, did this cause lack of cooperation or poor communication?

A recent case of poor decision making that occurred in my team is that, we neglected a change which was brought about in the documentation process. The process which was incorporated would have ideally resulted in increased effectiveness in nursing outcomes. However, the group decided to bypass this system as they thought this would result in an increase in the workload. Here the individual decisions of the team members later collaborated to

become a group decision. The group members failed in having an organizational perspective in their individual decisions. Thus the group decision resulted to be poor. No discussions were held involving all group members on this issue. Individual perceptions later turned out to be the group decision. An alternative possibility could be that the group members could have organized a brain storming on the new documentation system so that each member could have felt an ownership on the decision.

The group moved too quickly through the processes of norming. A change in the pattern of the work force had resulted in a comparatively new group.

Moreover the group was quite diverse in nature in terms of professional and personal attributes. Not much time was spent on developing unified organizational perspectives in individuals. In totality, the team failed to be a part of a learning organization. Expansive patterns of thinking have been confirmed to develop collective aspiration in teams (Senge, 1990). This was totally lacking in this context.

3. Exercise 16-1: List and describe the types of teams most commonly used in your organization. Why?

The teams used in my organization are functional and cross-functional in nature. Specific hierarchy exists in the management of the team. Specific functions are defined for each tier of team members directly managed by the members of the upper tier. Cross functional teams also exist in the system where apart from the nursing tasks, administrative tasks are shared by specific individuals (Borkowski, 2009).

References

Senge, P. M. (1990). *The fifth discipline: The art and practice of the learning organization*. London, England: Random House

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Borkowski, N. (2009) Organizational behavior, theory, and design in healthcare, Jones & Bartlett: MA