

Instructions

All questions at the end of the case study are to be answered in approximately one-half (1/2) to one (1) page in length for each question, with all text in 12 pt Times New Roman font. The document should be double-spaced without extra hard returns/spacing between paragraphs, after headings, etc. There is no specific word count for each question's response or for the entire submission. Answer each question in paragraph form. Support your statements with evidence from the articles and videos found in this course, required studies, and your own literature search from scholarly sources. The document should be in APA style, including a title page, headings indicating the question number being addressed (not the full question text), and in-text citations/a corresponding page with reference entries for your sources.

Case study and table obtained from: Northouse, P. G. (2016). *Leadership: Theory and practice* (7th ed.). Sage.

Table 14.1 Comparison of Theory and Research Criteria of Team Effectiveness

Enabling Conditions of Group Effectiveness (Hackman, 2012)	Characteristics of Team Excellence (Larson & LaFasto, 1989)
Compelling purpose	Clear, elevating goal
	Results-driven structure
Right people	Competent team members
Real team	Unified commitment
	Collaborative climate
Clear norms of conduct	Standards of excellence
Supportive organizational context	External support and recognition
Team-focused coaching	Principled leadership

Case Study #2

They Dominated the Conversation

The local cancer center has a health team designed to coordinate the care of children with cancer. The team is composed of a physician, Dr. Sherif Hidyat (a clinical oncologist); a radiologist, Dr. Wayne Linett; a nurse practitioner, Sharon Whittling; a social worker, Cathy Ing; a physical therapist, Nancy Crosby; and a child life worker, Janet Lewis. The team members meet on a weekly basis to discuss the 18 children under their care and agree on the best course of treatment for each child. Cathy Ing, the social worker, is the head of the team and is responsible for the case management of each child. However, when the team meets, Drs. Hidyat and Linett

dominate the conversation. They feel that their medical background gives them greater knowledge and skill in treating cancer in children. They welcome input from the women on the team. When it comes to making a decision, however, they insist on doing it their way for the good of the patient. Cathy Ing (the social worker), Janet Lewis (the child life worker), Nancy Crosby (the physical therapist), and Sharon Whittling (the nurse practitioner) resent this behavior because they are the health care workers who spend the most time with the children and feel that they know best how to handle their long-term care. As a result, the patients feel as if no one cares or understands them. The team is also having trouble working together, and no one on the team is satisfied with the outcome.

(p.387)

Questions

Refer to Table 14.1 (shown above) as needed.

1. How would you assess the effectiveness of this team? Support your assessment.
2. In monitoring this team, at what level and function do you see the most serious problems (e.g., internal task, internal relational, external)? Support your assessment.
3. How would you take action to improve team functioning? Clearly discuss how you would intervene and why.
4. What specific leadership skill or skills would you use to improve team functioning? Why?

Case Study 2
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Case Study 2

1. In assessing the effectiveness of the cancer care team, Hackman's model states that there are three key things that must be followed for group effectiveness: a compelling direction, a strong structure, and a supportive context.

The problem with the effectiveness of this team is that things between this team have become messy due to internal conflict.

A Compelling Direction - the team has a clear goal, but they are currently experiencing conflict due to multiple personalities struggling to be the clear leader when they aren't. This falls, particularly, on the doctors of the group. This sabotages the group goal.

Strong Structure - The structure for this team is weak because of the internal conflict they are experiencing. The dominance that the physicians are exerting over the group is causing issues amongst the other members, who feel that they are not being heard.

Supportive Context - The lack of fairness regarding decision making in the group is hindering the amount of support that the group can offer. Larson and LaFasto highlight the need for a collaborative climate, but the group can't collaborate in its current state.

2. Most Serious Problems (Level and Function).

Under Hackman's conditions and Larson and LaFasto's criteria, the most serious problems are primarily at the internal relational level. This is due to the doctor's of the group, Dr. Hidyat and Dr. Linett. They are trying to be leaders of the group without actually leading it. Because of their constant attempts at dominating the conversations and decisions of the group, they have caused a breakdown of trust and mutual respect among their other teammates. This is hurting their teamwork and has caused collaboration amongst the members to come to a halt.

3. To improve team function, certain interventions must be used to focus on the issues the team is facing. The team members must feel like they are in a place that provides a safe environment for collaboration.

First, Cathy Ing should feel safe and empowered in reasserting her role. She should be able to make sure that decisions are made together and for the good of the team.

Second, team meetings should be revamped. All members should have an equal chance at speaking. Something that the team could do is adopt a round-robin style of meeting. This would ensure that everyone has an equal opportunity at speaking; it would also assist in keeping the physicians from dominating the conversations and meetings.

Finally, clear roles and a guideline towards the decision-making process for the team should be established. According to Hackman, defining the structure of the group would provide clarity on who does what in the group, providing a chance for the non-physicians of the group (who spend the most time with patients) to have an important role in the decision-making process.

4. While there are several skills that one could use to improve the functionality of the team, there are a few standouts that would best serve the improvement of the team:

- a. Conflict Resolution - An outside mediator could assist in the facilitation of discussions between the physicians and other team members. They may be able to help resolve issues between the team members that they would not be able to fix on their own. This aligns with Hackman's idea of composing a supportive context in the team.
- b. Focus On Emotional Intelligence - The leader of the group needs to be able to maneuver through all of the powerful personalities within the group. Understanding and addressing the feelings behind the issues the team is experiencing (and their conflicts) can help design an ambiance of trust and collaboration within the team.
- c. Sharing Leadership - Encouraging everyone to work together in a democratic fashion would help diminish the control held by the physicians in the group. This can be related back to Larson and LaFasto in which they described a "collaborative climate" - a place where leaders ensure that no group members feel left out.

Conclusion

In conclusion, the team's issues and problems come from poor communication, disagreements that continue to go unresolved, and power-struggles within the group. Using leadership strategies that foster democratic decision-making, the resolution of conflicts, freedom of discussion, and growth as a group can help the team feel more at peace with each other.

References

Northouse, P. G. (2016). *Leadership: Theory and practice* (7th ed.). Sage.