

## **PReP 13 - Working in Teams, Part 2**

### **Lesson 4 - Teamwork and Culture**

Joan:

Hi Amisi. Do you have any time this afternoon for another feedback session? I just have some ideas I'd like to share with you from our meeting this morning.

Amisi:

That would be great. How about at three?

Joan:

That's perfect.

Amisi:

See you then.

Joan:

Thank you.

Narrator:

You may already be aware of the unique challenges cultural differences can have on team behaviours—both your own culture, and the cultures of other team members. In his research on comparative cultures, Dr. Geert Hofstede showed that there are some measurable characteristics of culture that can affect a person's behaviour. And because culture is one of the main sources from which we derive our internal values and attitudes, it can play a critical role when it comes to interacting on a team. Hofstede identifies five cultural dimensions.

The Individual Dimension measures the degree to which the decisions someone makes are for the benefit of the group, or for the individual.

The Power Distance Dimension measures the difference in power between a leader and team members.

The Certainty Dimension measures the extent to which people feel comfortable with rules, regulations, and controls versus unstructured, unpredictable situations.

The Achievement Dimension looks at how much someone values quality of life versus achieving goals.

And finally, the Time Dimension measures a culture's approach to long-term planning versus short-term planning.

In order to deal with these varying cultural dimensions, it's important for you, as a team member, to understand the expectations of your workplace, and team leader, clearly—and to learn as much as possible about each member on your team.

Joan:

Amisi how do you feel the meeting went this morning?

Amisi:

Very well. Everyone is so nice here.

Joan:

They are, aren't they? We all work hard at trying to make things go well. It's not perfect, but we have a good group. One of the things I find helpful is to touch base with each member of the team and just go over the basics of how our team runs.

But first, though, I'd like to hear more about your experience with teams. For example, how would you describe an effective team leader?

Amisi:

A leader. Well, it's someone who is kind, but tells us very clearly what to do so there's no miscommunication.

Joan:

Okay. And in your experience does that leader make all of the decisions?

Amisi:

Yes, exactly.

Joan:

And if there's a disagreement between the team members, how is that usually handled?

Amisi:

A disagreement? Well, there usually isn't one because the leader tells us what to do, and if the leader's not there we follow the direction of the next person in line.

Joan:

What?

Amisi:

Oh, it's nothing, but I must admit at our first meeting, I was surprised you were leading it and not Dr. Rudsak.

Joan:

Meaghan. I can see how that would have surprised you, and it makes sense based upon what you're used to. But here we do things differently from what you're describing. I am the team leader here, really for practical purposes. As a Nurse Manager I tend to be involved with the patients in a broader base. But the team leader could be Meaghan; it could be Gord; and it could be you.

Amisi:

Me? I don't think so.

Joan:

Why is that?

Amisi:

I can't see myself telling a doctor what to do. That would be very hard to get used to.

Joan:

Yes, but that's the point, Amisi. In this place, the team leader is not telling anyone what to do. I'm just guiding the meeting, trying to make sure that each professional has the opportunity to share their opinion and their expertise—and I also try to make it pleasant along the way. We try to take the democratic approach.

Amisi:

I see.

Joan:

Of course that does put a bit more responsibility on each team member. They're an important part of the decision-making process for every patient, and for the way things are run around here. They also are expected play an active role in all the discussions, and that includes you. How do you feel about that?

Amisi:

Well I must admit I find it difficult. Especially if there is a disagreement. But I'll try.

Joan:

I know it can get tense sometimes. But we all try to practice the basic rules of respect and encouragement. You know what? There's something I'd like to show you. I think it might help you deal with conflict when that comes up. Shall we have a look?

Amisi:

Sure!

Joan:

Go ahead.

Amisi:

Thank you.

Narrator:

Navigating the complex dynamics of a team is challenging for everyone. Even more so for someone new to Canadian workplace culture. Communicating our ideas, opinions and knowledge to people within another culture is never just a simple matter of opening our mouths and speaking. The process is much more complex.

In her book *Dance of Opinions*, Sherwood Fleming says that, without exception, all English-speaking cultures use two different forms of speaking in order to express their thoughts and opinions: collaborative expressions and authoritative expressions. Different situations call for different forms, but a team environment typically calls for a collaborative approach.

Here's how to express an opinion using Fleming's collaborative approach.

First, show that you're open to other team members' opinions by offering them feedback about what they've just said. When you disagree, use phrases like, "I see your point of view, but..." or "I understand what you mean, but...". When you agree, use phrases like "That's exactly how I see it, and...." or "That's a good point, and ...."

Next, add in an "I" statement, such as "I think", "In my opinion", or "From my perspective". This tells the listener that you see the conversation as an exchange of opinions among equals, and that you're not speaking as if you have authority over them.

Finally, express your opinion. Let's take a look at how effective the collaborative form of expression can be.

Joan:

And now we've all been the new one, trying to figure out a different way of doing things.

And Amisi, I know you've heard me say this before one-on-one, but I just want to say in front of everyone here how much I've enjoyed working with you these last few weeks.

Gord:

Yes.

Joan:

You bring a lot to this place.

Meaghan:

Absolutely. It's been great.

Alex:

I agree.

Joan:

Now I've explained to Amisi that when there's a change in a patient like you saw with Mr. Rose yesterday, we do want to get the doctor's input, in this case Meaghan's. I've also asked Amisi to follow up with Mr. Rose's daughter Jessica. Now Amisi, can you tell us what you found?

Amisi:

Thanks, Joan. I'm sorry for the confusion everyone. It won't happen again. I spoke with Mr. Rose's daughter Jessica, and Meaghan, she told me that they

would reduce his dosage until Mr. Rose saw you again. She is very concerned about what's happening, though, and so she is going to take some time off work to be at his next appointment with you this morning.

Meaghan:

Okay, that's good to know.

Amisi:

And Gord, Jessica works full-time; she doesn't live at home with her father. She's an only child, and Mr. Rose's wife passed away five years ago. She told me that he lives in a two-storey house, and that he's been complaining about walking up the stairs for the past two months now. In fact, on bad days he sometimes just sleeps on the couch in the living room.

Gord:

Hmm. I was afraid of that. I'm worried about the decline in mobility, especially this last week. He's already had the one fall. Luckily it wasn't serious, but he's fragile enough that it wouldn't take much for things to go downhill very quickly. I'm wondering if we need to involve the social worker.

Joan:

Well Meaghan, what do you think?

Meaghan:

Well, I do have Mr. Rose on a strong opioid. I definitely feel the arthritis is progressing. Hydromorphone can cause unsteadiness, drowsiness, and his blood pressure was a bit low. And I know he was complaining of fighting off a bug last week. I'll give him a full workup this morning, but I think that he may just do better on another med.

Joan:

Well Gord, I don't think it would hurt to call in Rachel just to discuss the home situation anyway, but Meaghan's making a very good point, don't you think?

Gord:

Absolutely; worth a try. Okay, let's see if a different med does the trick.

Amisi:

Yes, that makes sense, Meaghan. But in my opinion, after speaking with Jessica, I think Mr. Rose's home situation needs to be looked at as soon as possible. Gord, would you like me to speak with the social worker?

Gord:

Yes; I think you're right. And if you could get things going with Rachel I'd appreciate that.

Amisi:

Certainly.

Joan:

Okay. So can we move on to Mr. Chu now?

Okay.