NCETA

*Australia's National Research Centre
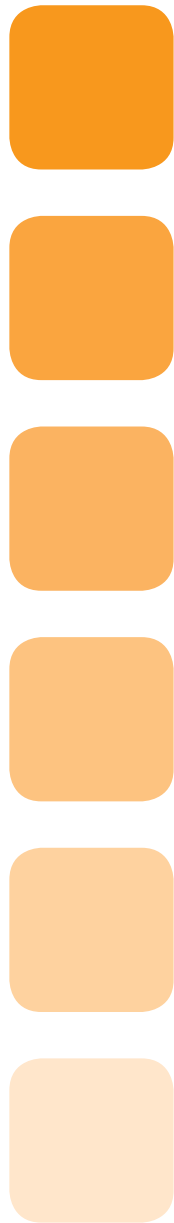on AOD Workforce Development*

Workforce Development 'TIPS'

Theory **I**nto **P**ractice **S**trategies

A Resource Kit for the
Alcohol and Other Drugs Field

3

DEVELOPING
EFFECTIVE
TEAMS

Workforce Development 'TIPS'

Theory **I**nto **P**ractice **S**trategies

Edited by
Natalie Skinner
Ann M. Roche
John O'Connor
Yvette Pollard
Chelsea Todd

3

DEVELOPING EFFECTIVE TEAMS

ABOUT THE WORKFORCE DEVELOPMENT TIPS RESOURCE KIT

This Resource Kit aims to provide straightforward and practical guidance, tools and resources to support workforce development activities and initiatives in the Alcohol and Other Drugs (AOD) field.

The Resource Kit comprises 14 chapters: an introduction to workforce development and 13 workforce development topics relevant to the AOD field. Each chapter contains evidence-based strategies to address a particular workforce development issue, as well as resources and tools that can be used to implement the strategies. Each chapter can be treated as a stand alone section, however, as workforce development topics are inherently interrelated, links between chapters are identified throughout the Kit.

Developing Effective Teams is the 3rd chapter in the Resource Kit.

CHAPTER

Acknowledgements

DEVELOPING EFFECTIVE TEAMS

Natalie Skinner

Table of Contents

Resources and Tools

Checklist for developing effective teams

Case Study: Team goal setting as a tool to change work practice and improve client care

Survey Instruments to measure key teamwork processes

Forms and Templates
- Responsibility Analysis Matrix Form – Detailed

Recommended Readings

Overview

Identifying and optimising the factors that contribute to effective team work is a central alcohol and other drugs (AOD) workforce development strategy. Changing to team-based working arrangements has been linked with improved organisational performance and worker wellbeing. The following three issues should be considered as central priorities when a new team is set up, or when reviewing the effectiveness of an established team.

Priority 1: Establish the team's goals and objectives

Effective teams have a "shared mission" that is identified by explicit team goals.

Priority 2: Set up team structure and processes

Careful thought and planning is required to ensure team membership achieves a balance between maintaining a manageable size, and inclusion of the required mix of skills, knowledge and experience.

Maintaining an optimal team size

In general, teams of 4-7 members are likely to be most effective. Groups of this size avoid difficulties with coordination, communication and decision-making that come with larger groups.

Managing diversity of team membership

Diverse teams are best used for problem-solving, creative work or clinical care. The following strategies may assist in the management of teams containing members from diverse professional or personal backgrounds:

1. Include more than one expert from each field
2. Rotate the team leader role
3. Model desired attitudes and behaviours as part of team leadership.

Providing teams with autonomy

Teams can operate with various degrees of autonomy. An autonomous work group is more likely to be effective when:

- Team members are comfortable working autonomously (i.e., not everybody is comfortable with certain types of autonomy)
- Team members have the necessary skills and knowledge to operate within an autonomous group (i.e., goal setting, planning, coordination)
- Managers and supervisors have the capacity to adapt their work practice to support the needs of an autonomous team
- The organisational culture, policies and procedures support independent and innovative work practices.

Clarifying roles and responsibilities
A lack of clarity (ambiguity) regarding team members' roles and responsibilities can interfere with team effectiveness. Where some degree of role flexibility and overlap is required, it is important that a shared understanding is developed amongst team members of the boundaries of role flexibility (i.e., are certain tasks or roles "quarantined" for specific group members).

Priority 3: Establish workplace supports

Three key workplace supports for teams are feedback, rewards and support.

1. Providing performance feedback
Effective teams need clear and timely performance feedback. Feedback should be provided to both the team as a whole and to individual team members in terms of their contribution to team performance. It is recommended that feedback is provided on a private one-to-one basis to individual workers, and publicly for a group or team.

2. Providing rewards linked to performance outcomes
Recognising and rewarding high quality performance has an important influence on workers' job satisfaction and motivation. Rewards do not have to be financial. Most workers place importance on a range of outcomes that provide recognition and encouragement. Wherever possible, it is best to provide rewards and recognition to all team members based on the team's performance.

3. Providing managerial / supervisory support
The impact of supervisory and managerial support on a team's capacity to operate effectively should not be underestimated. In general, managers and supervisors can support effective team functioning by:

- Providing access to human and material resources (practical support)
- Providing encouragement to the team (symbolic support)
- Allowing sufficient time for effective performance.

Introduction

For many workers in the AOD field working in a team environment may be a new experience. Yet much, if not most, of the work carried out in the AOD treatment and prevention field is likely to be team-based. The increasing use of multidisciplinary teams also presents new and unique challenges to effective team performance in the AOD field. Hence, identifying and optimising the factors that contribute to effective team work is a central AOD workforce development strategy.

This chapter examines strategies to effectively support and manage teams with an emphasis on setting up a new team from scratch. However, many of the strategies and issues discussed here will also be relevant for established teams. For established teams, this chapter can be used as a useful "check-up" to analyse current team practices and identify areas for improvement or new strategies that may benefit and improve team effectiveness.

Benefits of using work teams

Working in teams is increasingly common.[1] Changing to team-based working arrangements has been linked with improved organisational performance in regard to:[2]

- Financial performance
- Efficiency and quality of work
- Employee behaviours (turnover, absenteeism).

Working in teams can also have a positive impact on workers' wellbeing in terms of job satisfaction, motivation and the experience of social support.[3]

Work teams: More than just a group

Teams are different from groups of people who work in the same organisation and may occasionally interact or exchange pieces of work. A team is two or more people who:

- Identify themselves, and are identified by others in the organisation, as a team[4]
- Work towards a common goal or purpose[5]
- Interact and work interdependently to achieve this common goal[5, 6]
- Perform work as a group for which team members have collective responsibility.[6, 7]

> Teams are complex systems

There are no hard and fast rules regarding team structure, processes or membership that will produce the best outcomes. Teams are complex systems. The effective functioning of a team depends on range of factors, including the tasks to be performed and the organisational environment.

Two different types of teams in the same workplace: A snapshot

1. An ongoing clinical team – designated roles and frequent interaction

An AOD clinical team will have to work closely on a daily basis in order to meet collective goals. Each team member (e.g., nurse, social worker, psychologist, psychiatrist, occupational therapist) knows their professional role and has an obligation to link with other members in a "shared care" arrangement that will maximise the outcome for a client. The clinical team must have continuity of performance; the team will continue to exist and cover the same core functions even when there is a change in team membership.

2. A temporary task-specific team – flexible roles, meet occasionally, disband after achieving its goal

In contrast, a temporary team within the same organisation (it may include some of the clinicians, but not necessarily all) may be formed, for example, to work on meeting quality assurance guidelines to achieve re-accreditation of their organisation. This team may meet infrequently in the early stages of working towards its goals, and more frequently as the review deadline approaches. Roles within the team may be far more fluid and overlapping than within the clinical team, with a negotiated change of role along the way (e.g. a member may have agreed to collate all the documentation necessary for the review, but then finds it to be too big a task and would rather work on developing a new clinical protocol). This team can continue to redefine its structure (e.g., recruit new members, form task-specific "sub-committees") and process (e.g., sometimes meeting to review progress, other times to "brainstorm" new initiatives) as its tasks evolve and become more clearly defined. This team will disband when accreditation is achieved.

> To enhance team effectiveness one must be capable of employing different types of interventions. As the old adage goes, "To a person with only a hammer, everything looks like a nail." [5 (p. 509)]

Building and supporting effective teams

The following three issues should be considered as central priorities when a new team is set up, or when reviewing the effectiveness of an established team:[7]

Priority 1: Establish the team's goals and objectives

Priority 2: Set up team structure (membership, roles and responsibilities) and processes

Priority 3: Establish workplace supports.

Priority 1: Establish the team's goals and objectives

Effective teams have a "shared mission" that is identified by explicit team goals.[7, 8] For example, a clearly stated treatment philosophy (e.g., client-orientated treatment, evidence-based practice) can serve as a common frame of reference for all team members.[9] Team members' commitment to the team's goal or "mission" is likely to be strengthened if goal setting is conducted in a collaborative manner with opportunities for all team members to participate in discussion. It is also recommended that specific and concrete objectives are identified for the team goals or mission.

As discussed in the Goal Setting chapter:

- **A goal** – is the overall desired long-term outcome; in general terms what the individual / team is aiming to achieve or change in their work
- **Objectives** – are more specific shorter-term actions, behaviours and work practices that are required in order to reach the goal.

Setting team goals and objectives is likely to have a range of benefits for team performance that includes:

- Increasing motivation and effort[7, 10]
- Encouraging team members to develop a sense of shared purpose and mutual gain[7, 10]
- Facilitating increased cooperation[10]
- Encouraging communication, coordination and planning.[11]

Setting goals and objectives requires careful thought and planning, especially when tasks are complex or difficult. Goals and objectives are more likely to have a positive impact on team performance when:[12]

- They are specific and challenging
- Workers accept the goals / objectives and are committed to their achievement
- Feedback, recognition and rewards are provided for achievement of shorter-term objectives, and achievement of longer-term goals.

> " Set challenging, but achievable team goals. "Too great a stretch, and people do not even bother to try; too small a stretch, and they do not need to try". [7 (p. 113)] "

The *Goal Setting* chapter provides strategies for setting goals and objectives for individuals and teams.

The NCETA discussion paper *Goal Setting with Individuals and Teams: Implications for Transfer of Training and Evidence-Based Practice in the AOD Field* provides further information on how goal setting can be used to facilitate effective team performance. The discussion paper can be downloaded from the NCETA website at www.nceta.flinders.edu.au

Priority 2: Set up team structure and processes

Careful thought and planning is required to ensure team membership achieves a balance between maintaining a manageable size, and inclusion of the required mix of skills, knowledge and experience. In this section we consider four key strategies to support and improve team effectiveness:

1. Maintaining an optimal team size
2. Managing diversity of team membership
3. Providing teams with autonomy
4. Clarifying roles and responsibilities.

Providing opportunities for team input regarding new members

It can be difficult to introduce a new member into a cohesive team without disrupting the team's interpersonal and work-related functioning and effectiveness.

If possible, it may be useful to provide the team with opportunities to have input into the selection of new team members. For example, the team (or a representative) can be consulted regarding the selection criteria for a vacant position, and could be included on a selection panel.

1. Maintaining an optimal team size

There are no set rules regarding the minimum or maximum team size likely to produce a functional and effective team. The effect of group size also depends on a group's task (e.g., level of coordination required), and a group's capacity to coordinate its members.

> In general, teams of 4-7 members are likely to be most effective. [7]

In general, teams of 4-7 members are likely to be most effective. Groups of this size avoid difficulties with coordination, communication and decision-making that come with larger groups.[7]

Larger groups are generally less effective. This is due to a number of factors, including:[13]

• Lower cohesion
• Less opportunity for participation
• Coordination difficulties
• Declines in motivation
• Weaker identification with the group.

> Team size should be kept to the smallest number of people required to do the job effectively. [8]

2. Managing diversity of team membership

Managing teams containing members from diverse professional or personal backgrounds is a particularly salient issue for the AOD field, and public health sector in general.

Diverse membership can offer the team opportunities to be exposed to new information or perspectives, and to generate a range of alternative strategies or solutions to a particular problem or issue.[14] Diverse teams are best used for problem-solving, creative work or clinical care.[2]

Perhaps one of the biggest challenges for diverse teams is to manage the internal social processes (e.g., power, authority, coalition-formation) to ensure that teams are able to draw on their collective knowledge and experience.[14]

The following strategies may assist in the management of diverse teams.

Include more than one expert from each field

AOD organisations often employ individuals from a range of professional backgrounds (e.g., social work, psychology, nursing, medicine). If possible, it is recommended that work teams include members with overlapping expertise or experience in particular areas, rather than just including one "expert" from a particular field or profession.[14, 15] One individual who presents an alternative perspective or idea is likely to have difficulty influencing a team decision, particularly if he or she is challenging a dominant or popular belief held by the wider team.[14, 15] The team is likely to have more confidence in an opinion or idea if it is supported by two team members with relevant experience.[14, 15]

Rotate the team leader role

It is not always possible to structure teams to avoid the "single expert" problem described above. An alternative strategy to help balance power relations in a multidisciplinary team is to rotate the team leader role on a regular basis.[15] Rotating leadership has been found to increase participation in group discussion and debate,[15] which may be of benefit to the performance of diverse teams.

Model desired attitudes and behaviours as part of team leadership

Team leaders have a significant influence on the effectiveness of a diverse team. An important role for the leader is to model and reward the behaviours required to operate effectively in a diverse team. He or she also needs to be adept at balancing two important priorities: the need to encourage and support debate and sharing of different perspectives with the need to support team cohesion.

Key leadership behaviours for a diverse team include:

- Encouraging team members to express disagreements or doubts[14]
- Playing "devils advocate" by challenging team perspectives and decisions to encourage discussion and debate[14]
- Resisting pressure to gain "quick closure" by accepting compromises or forcing consensus early in the group discussion
- Ensuring that the group operates with just and fair processes (i.e., applying rules consistently, ensuring opportunities for participation in group discussion)[15]
- Focusing rewards and reinforcement at the team rather than individual level.[15]

3. Providing teams with autonomy

Most AOD workers place a high importance on having autonomy in their work.[16, 17] Therefore, providing teams with autonomy is likely to have a significant impact on AOD workers' motivation and job satisfaction. More broadly, providing teams with autonomy is one of the most widely used strategies to increase workers' motivation, job satisfaction and commitment to the team and its work.[8, 18] Autonomous teams can provide members with a range of opportunities and benefits including:[19]

- Opportunities to learn new skills (especially in regard to the organisation and management of work)
- Opportunities to use current skills (an important source of job satisfaction)
- Improved confidence in their capacity to perform to a high standard.

By encouraging participation in decision-making, autonomous teams also provide an opportunity to tap into team members' collective skills, knowledge and experience.[8, 19]

Teams can operate with various degrees of autonomy, ranging from:[5, 7, 20]

- Responsibility for day-to-day decisions about the organisation of work such as scheduling of tasks and responsibilities (i.e., who is doing what, and when); to
- Self-governance in which team members make decisions regarding group membership, leadership, rewards and disciplinary procedures.

A number of factors are likely to influence whether autonomous work groups can operate effectively. An autonomous work group is more likely to be effective when:[19]

- Team members perceive autonomy to be desirable (i.e., not everybody is comfortable with certain types of responsibility and decision-making authority)
- Team members have the necessary skills and knowledge to operate within an autonomous group (i.e., goal setting, planning, coordination)
- Managers and supervisors have the capacity to adapt their work practice to support the needs of an autonomous team
- The organisational culture, policies and procedures support independent and innovative work practices.[5]

UNDER THE MICROSCOPE

The challenges of managing autonomy in the AOD field

Providing workers with increased autonomy regarding the way in which they organise and conduct their work has been shown to result in a number of benefits such as increased motivation, job satisfaction, and enhanced teamwork.[8, 17, 18]

However, providing workers with autonomy in the AOD sector (or wider health and human services fields) can be a challenge. Specific work practices and procedures may be required of workers due to legislation, funding requirements or evidence-based clinical guidelines and other protocols. Failure to adhere to particular work practices may represent a significant risk to clients' health and wellbeing or treatment efficacy.

It is important that workers have realistic expectations regarding the degree of autonomy available to them within their work practice. For example, limitations and boundaries on autonomy should be discussed in a realistic job preview provided to new recruits (see the Recruitment and Selection chapter).

Getting the balance right between autonomy and adherence to protocols and organisational procedures is an important challenge for management and workers.

Managing the balance between autonomy and support in treatment teams

Being a member of a treatment team with significant amounts of autonomy can be a double-edged sword. It can bring significant benefits in terms of motivation, job satisfaction, innovation and team effectiveness. It can also result in considerable frustration and difficulties if appropriate supervision and support is not available.

Background

The following example is based on the experiences of staff working in a multidisciplinary mental health treatment team in a large U.S. hospital. The treatment teams in this hospital consisted of a team leader (usually a psychiatrist), a medical doctor, psychologist, registered nurses, psychiatric nursing assistants and student interns. The teams were responsible for developing, implementing and assessing patients' treatment plans. Teams met on a weekly basis to discuss each patient's condition, the effectiveness of current interventions, and (if necessary) new strategies or interventions that could be trialled.

Teams also participated in separate meetings with the ward administrator on a weekly basis. The purpose of this meeting was also to discuss particular patients and treatment strategies.

The disadvantages of high autonomy / low support

Within this hospital, one administrator's approach was to provide treatment teams with a significant amount of autonomy. Teams were provided with general guidance on treatment philosophies, and expected to develop their own strategies and interventions.

Whilst this approach provided the team with a significant level of autonomy, it was not backed up by sufficient support. The administrator did not provide advice or guidance when the team experienced difficulties or setbacks. The only feedback teams received occurred when they tried an intervention that the administrator thought inappropriate. As a result, team members, particularly new staff, experienced significant frustration and were not confident about their ability to help patients.

See the "Practical Tip" below for a discussion of effective supervision strategies for autonomous teams.

This example is based on an analysis of mental health treatment teams from Shaw, R.B. (1990). Mental health treatment teams. In J.R. Hackman (Ed.) *Groups that work (and those that don't). Creating conditions for effective teamwork* (pp. 330-357). San Francisco, CA: Jossey-Bass.

Strategies for supervisors of autonomous work teams

It is important to recognise that increasing the autonomy of a team also has significant implications for those in management and supervisory roles. Three key supervisory behaviours that are particularly important for supporting autonomous work teams are:

- Negotiating with the team to set clear boundaries and limits on the amount of decision-making authority and discretion provided to the team[21]
- Ensure the team contains the required mix of knowledge, skills and ability to effectively operate as an autonomous group[21]
- Ensure team members have a shared understanding of roles, responsibilities and lines of authority.

Providing teams with autonomy is one of the most significant interventions in terms of its impact on the work practice of individual workers, and overall team effectiveness.[5] Therefore, this type of intervention should be considered carefully. For example, it may be advisable to start a team out with limited autonomy in relation to specific aspects of work, and then to increase this autonomy as the team gains skill and experience in self-management.[22]

Professional development to improve teamwork

Teamwork professional development can have a significant positive impact on team performance. Teamwork requires skills in coordination, planning and performance strategies that workers may not develop in their individual work practice. Specifically, it is recommended that teams are offered professional development in areas related to:

- Coordination of team members' contributions to the team task based on individuals' knowledge, skills and experience[7]
- Enhancing team members' motivation to contribute to the team[7]
- Effective group decision-making (including weighting contributions based on knowledge, skills and experience)[8]
- Implementation of team performance and decision-making approaches[7]
- Conflict resolution.[5]

Coaching, advice and professional development are most likely to be effective at three specific time points during the team's work:[7]

1. Prior to starting the team's work
2. At the midpoint of the team's work (opportunity to reflect on current work practices and areas to improve)
3. On completion of the team's work (reflection on experience and identification of "lessons learned").

4. Clarifying roles and responsibilities

A lack of clarity (ambiguity) regarding team members' roles and responsibilities can interfere with team effectiveness.[5] It can also have a negative impact on team members' job involvement, satisfaction and commitment.[23-25] However, strict assignment of roles and responsibilities in which there is no overlap between team members may not be optimal or realistic in an AOD setting. Flexibility in team members' roles is likely to enhance team effectiveness in dynamic environments where tasks are fluid and changeable (e.g., changing client workloads).[5]

Role flexibility relies on team members being multi-skilled (i.e., able to perform other's tasks). To avoid conflict and confusion, teams with flexible role assignment should establish a shared understanding amongst team members of the boundaries of role flexibility (i.e., are certain tasks or roles "quarantined" for specific group members).[5] It may also be helpful to develop systems for communicating / documenting tasks and allocating responsibilities to avoid overlap and confusion.

Priority 3: Establish workplace supports

There are three important workplace supports for teams:

1. Providing performance feedback
2. Providing rewards linked to performance outcomes
3. Providing managerial / supervisory support

1. Providing performance feedback

Effective teams need clear and timely performance feedback.[8] Feedback should be provided to both:

*   The team as a whole group, and
*   Individual team members in terms of their contribution to team performance.[8]

It is recommended that feedback is provided on a private one-to-one basis to individual workers, and publicly (i.e., with all team members present) for a group or team.[26]

Team leaders can use a range of techniques to ensure that a team feedback session is constructive and beneficial for team performance. When conducting team review and feedback sessions it is recommended that team leaders model behaviours that contribute to a constructive exchange of feedback as outlined in the table below.[27]

Strategy	Rationale
Putting forward an honest appraisal of your own performance (including flaws / mistakes) early in the feedback process	Helps to create a constructive and open atmosphere where mistakes and shortcomings can be acknowledged and used to help problem-solving
Taking on feedback and ideas from team members	Models an open attitude to others' opinions, encourages participation and willingness to discuss alternative views and identify problems
Focusing feedback on the task rather than the person	Feedback is more likely to be accepted if phrased in terms of behaviours and tasks, rather than personality traits or motivations of individuals
Making feedback specific and focused on solutions	Feedback is most helpful when it identifies specific tasks or behaviours and provides direction on how to improve future behaviour
Ensuring team feedback is a two-way communication process between the leader and team members (e.g., what is working well for your group at present?)	The use of open-ended questions for reciprocal feedback encourages the team to analyse problems and suggest solutions
Structuring feedback sessions to include discussions of teamwork processes, as well as key tasks and outcomes	Open discussion on the quality of team processes such as communication, coordination and support can assist future performance
Referring to previous feedback sessions to identify areas that have been improved and highlight recurring errors	Using feedback to encourage a sense of achievement and progress can be a powerful motivator
Using the feedback session to recognise and reward improvements and achievements	Recognition and rewards are powerful influences on team members' motivation and confidence

Facilitating effective team performance through briefing cycles

Timely and constructive feedback is an important tool for improving team effectiveness. An important role for team leaders is to manage the team feedback process. Based on their research with military teams performing complex tasks in high pressure environments, Tannenbaum and colleagues[5] suggest that teams develop systematic briefing-performance-briefing cycles.

An example of a briefing cycle is presented in Figure 1 below.

This model of briefing cycles is based on teams that work on tasks with clearly defined start and end-points. Not all AOD teams will work under these conditions – many team tasks are ongoing with no defined start and end-point (e.g., a clinical treatment team). However, the concept of engaging in cycles of monitoring, debriefing and review can be useful for any team leader interested in maximising team effectiveness.

Team task identified

Cycle continues until task completed

Pre-briefing
- Clarify team goals
- Assign roles & responsibilities
- Develop performance strategies

Monitoring
- Leader monitors & observes team performance

Debrief session

Monitoring
- Leader monitors & observes team performance

Debrief session
- Leader provides feedback on team progress toward goal & performance strategies
- Team members encouraged to evaluate progress & strategies
- Team members & leader identify problems/inefficiencies/difficulties
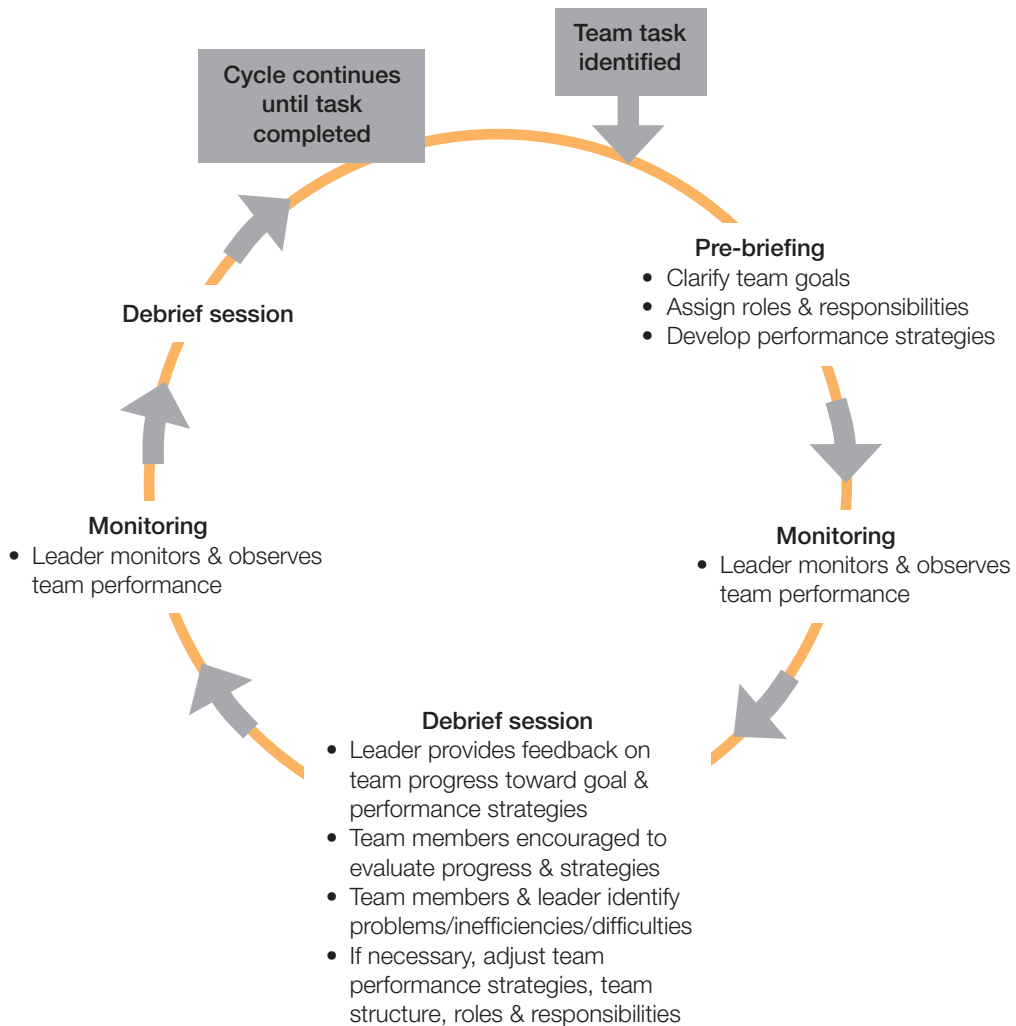- If necessary, adjust team performance strategies, team structure, roles & responsibilities

Figure 1. Team briefing cycles

LINK

The *Performance Appraisal* chapter describes strategies for providing effective feedback to individuals.

Social Loafing – When a team member is not "pulling their weight"

A situation occasionally arises when a team member is not making an appropriate contribution to the team effort. The tendency to reduce one's effort in a group or team situation is known as "social loafing".

Strategies to prevent social loafing and ensure each team member is motivated to make their best contribution to the team effort include:[30-35]

- Ensuring team members perceive their work to be meaningful and significant

- Providing feedback, rewards and recognition for the achievements of the team as a whole, as well as each individual's contribution to the team (consider including contribution to team effort in performance appraisals)

- As much as possible, facilitating a strong sense of cohesion and unity within a team (i.e., encourage a sense of collective responsibility for team efforts)

- Avoiding large teams (i.e., ideally no more than 4-7 members).

2. Providing rewards linked to performance outcomes

Rewarding high quality performance and the achievement of goals has an important influence on workers' job satisfaction and motivation.[28, 29]

Rewards do not have to be financial. Most workers place importance on a range of outcomes that provide reinforcement and encouragement. Yet non-financial rewards are relatively under-utilised as a workforce development tool in the AOD field. Powerful non-financial rewards include:[4]

- Public recognition and praise
- Team celebrations
- Preferred work assignments, roles or responsibilities
- Opportunities to act in higher duties
- Attendance at workshops / conferences.

Wherever possible, it is best to provide rewards and recognition to all team members based on the team's performance. Reward and recognition to individual team members should be provided in the context of their contribution to the team effort.

LINK

The *Goal Setting* chapter discusses strategies to effectively use financial and non-financial rewards to enhance and support workers' motivation.

3. Providing managerial / supervisory support

The impact of managerial and supervisory support on a team's capacity to operate effectively should not be underestimated.[5, 7] For example, managers and supervisors can provide the necessary resources (e.g., backfilling, rostering, time in lieu) to enable regular team meetings. These types of supports and resources are particularly important for teams that work autonomously where regular contact and decision-making meetings are essential for effective functioning.

In general, managers and supervisors can support effective team functioning by:

- Providing access to human and material resources (practical support)[5, 8]
- Providing encouragement to the team (symbolic support)[5]
- Allowing sufficient time for effective performance.[5]

Supportive supervisors and managers also have a positive impact on workers' psychological and physical wellbeing.[36-38]

LINK

The *Workplace Support* chapter discusses techniques for offering support to workers from managers, supervisors and the workplace as a whole.

Useful workforce development tools for managing teams

Other chapters in this Kit that provide useful information and advice for successfully managing and supporting teams are:

- Chapter 4: Evaluating AOD Projects and Programs
- Chapter 5: Goal Setting
- Chapter 8: Performance Appraisal
- Chapter 14: Workplace Support.

Summary

Similar to other fields within public health, there is an increasing emphasis on a team-based approach to work in the AOD field. Teams are complex systems, and managing them successfully can be a challenge. A range of factors are likely to impact on team effectiveness. Key strategies consistently highlighted throughout this chapter are:

(1) The importance of good communication between all team members (and the team leader / supervisor) to ensure a shared understanding of team goals and objectives, team member roles, and the boundaries of team autonomy,

(2) The influence of the team leader / supervisor as a role model for desired teamwork behaviours (e.g., openness to feedback), and

(3) The importance of engaging in ongoing discussion and negotiation with team members to evaluate the team's effectiveness and identify strategies for improvement.

Resources for developing effective teams

This chapter contains the following resources and tools to support effective team performance:

- Checklist for developing effective teams
- Case study on using team goal setting to change work practice
- Survey instruments to measure key teamwork processes
- Forms and templates: Responsibility Analysis Matrix Form – Detailed
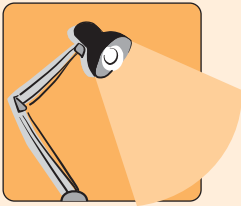- Recommended readings.

References

1. Muchinsky, P.M. (1997). *Psychology applied to work* (5th ed.). Pacific Grove, CA: Brookes/Cole.

2. Guzzo, R.A., & Dickson, M.W. (1996). Teams in organizations: Recent research on performance and effectiveness. *Annual Review of Psychology, 47,* 307-338.

3. Sonnentag, S. (1996). Work group factors and individual well-being. In M.A. West (Ed.), *Handbook of work group psychology* (pp. 345-367). West Sussex, UK: Wiley.

4. Sundstrom, E., De Meuse, K., & Futrell, D. (1990). Work teams. Applications and effectiveness. *American Psychologist, 45,* 120-133.

5. Tannenbaum, S.I., Salas, E., & Cannon-Bowers, J.A. (1996). Promoting team effectiveness. In M.A. West (Ed.), *Handbook of work group psychology* (pp. 503-529). West Sussex, UK: Wiley.

6. Sundstrom, E. (1999). The challenges of supporting work team effectiveness. In E. Sundstrom & Associates (Eds.), *Supporting work team effectiveness: Best management practices for fostering high performance* (pp. 3-23). San Francisco, CA: Jossey-Bass.

7. Hackman, J.R., Wageman, R., Ruddy, T.M., & Ray, C.L. (2000). Team effectiveness in theory and practice. In C.L. Cooper & E.A. Locke (Eds.), *Industrial and organizational psychology: Linking theory with practice* (pp. 109-129). Massachusetts: Blackwell.

8. Campion, 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,* 823-849.

9. Liberman, R.P., Hilty, D.M., Drake, R.E., & Tsang, H.W.H. (2001). Requirements for multidisciplinary teamwork in psychiatric rehabilitation. *Psychiatric Services, 52,* 1331-1342.

10. Weldon, E., & Weingart, L.R. (1993). Group goals and group performance. *British Journal of Social Psychology, 32,* 307-334.

11. Weldon, E., Jehn, K., & Pradhan, P. (1991). Processes that mediate the relationship between a group goal and improved group performance. *Journal of Personality and Social Psychology, 61,* 555-569.

12. Locke, E.A., & Latham, G.P. (1990). *A theory of goal setting and task performance.* Englewood Cliffs, NJ: Prentice-Hall.

13. Levine, J.M., & Moreland, R.L. (1990). Progress in small group research. *Annual Review of Psychology, 41,* 585-634.

14. Jackson, S.E. (1996). The consequences of diversity in multidisciplinary work teams. In M. A. West (Ed.), *Handbook of work group psychology* (pp. 53-75). West Sussex, UK: Wiley.

15. Ilgen, D.R., Hollenbeck, J.R., Johnson, M., & Jundt, D. (2005). Teams in organizations: From input-process-output models to IMOI models. *Annual Review of Psychology, 56,* 517-543.

16. Gallon, S.L., Gabriel, R.M., & Knudsen, J.R. (2003). The toughest job you'll ever love: A Pacific Northwest treatment workforce survey. *Journal of Substance Abuse Treatment, 24,* 183-196.

17. Knudsen, H.K., Johnson, J.A., & Roman, P.M. (2003). Retaining counselling staff at substance abuse treatment centers: Effects of management practices. *Journal of Substance Abuse Treatment, 24,* 129-135.

18. 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.

19. Cordery, J.L. (1996). Autonomous work groups and quality circles. In M.A. West (Ed.), *Handbook of work group psychology* (pp. 225-246). West Sussex, UK: Wiley.

20. Susman, G.I. (1979). *Autonomy at work: A sociotechnical analysis of participative management.* New York: Praeger.

21. Cummings, T.G. (1978). Self-regulating work groups: A socio-technical synthesis. *The Academy of Management Review, 3,* 625-634.

22. Hackman, J.R. (1987). The design of work teams. In J.W. Lorsch (Ed.), *Handbook of organizational behavior* (pp. 315-342). Englewood Cliffs, NJ: Prentice-Hall.

23. Fisher, C.D., & Gitelson, R. (1983). A meta-analysis of the correlates of role conflict and ambiguity. *Journal of Applied Psychology, 68,* 320-333.

24. Jackson, S.E., & Schuler, R.S. (1985). A meta-analysis and conceptual critique of research on role ambiguity and role conflict in work settings. *Organizational Behavior and Human Decision Processes, 36,* 16-78.

25. Abramis, D.J. (1994). Work role ambiguity, job satisfaction, and job performance: Meta-analyses and review. *Psychological Reports, 75,* 1411-1433.

26. Pritchard, R.D., Roth, P.L., Jones, S.D., Galgay, P.J., & Watson, M.D. (1988). Designing a goal-setting system to enhance performance: A practical guide. *Organizational Dynamics, 17,* 69-78.

27. Tannenbaum, S.I., Smith-Jentsch, K.A., & Behson, S.J. (1998). Training team leaders to facilitate team learning and performance. In J.A. Cannon-Bowers & E. Salas (Eds.), *Making decisions under stress: Implications for individual and team training* (pp. 247-270). Washington, DC: American Psychological Association.

28. Dormann, C., & Zapf, D. (2001). Job satisfaction: A meta-analysis of stabilities. *Journal of Organizational Behavior, 22,* 483-504.

29. Brewer, N., & Skinner, N. (2003). Work motivation. In M. O'Driscoll, P. Taylor & T. Kalliath (Eds.), *Organisational psychology in Australia and New Zealand* (pp. 150-168). Melbourne, Victoria: Oxford University Press.

30. Shepperd, J.A., Taylor, K.M. (1999). Social loafing and expectancy-value theory. *Personality and Social Psychology Bulletin, 25,* 1147-1158.

31. Karau, S.J., Williams, K.D. (1993). Social loafing: A meta-analytic review and theoretical integration. *Journal of Personality and Social Psychology, 65,* 681-706.

32. Shepperd, J.A., Wright, R.A. (1989). Individual contributions to a collective effort: An incentive analysis. *Personality and Social Psychology Bulletin, 15,* 141-149.

33. Hoeksema-van Orden, C.Y.D., Gaillard, A.W.K. (1998). Social loafing under fatigue. *Journal of Personality and Social Psychology, 75,* 1179-1190.

34. Jackson, J.M., Williams, K.D. (1985). Social loafing on difficult tasks: Working collectively can improve performance. *Journal of Personality and Social Psychology, 49,* 937-942.

35. Karau, S.J., Williams, K.D. (1997). The effects of group cohesiveness on social loafing and social compensation. *Group Dynamics: Theory, Research and Practice, 1,* 156-168.

36. Baruch-Feldman, C., Brondolo, E., Ben-Dayan, D., & Schwartz, J. (2002). Sources of social support and burnout, job satisfaction, and productivity. *Journal of Occupational Health Psychology, 7,* 84-93.

37. Dollard, M.F., Winefield, H.R., Winefield, A.H., & de Jonge, J. (2000). Psychosocial job strain and productivity in human service workers: A test of the demand-control-support model. *Journal of Occupational and Organizational Psychology, 73,* 501-510.

38. van der Doef, M., & Maes, S. (1998). The job demand-control (support) model and physical health outcomes: A review of the strain and buffer hypotheses. *Psychology and Health, 13,* 909-936.

Checklist
for developing effective teams

Case Study
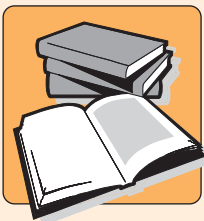Team goal setting as a tool to change work practice and improve client care

Survey Instruments
to measure key teamwork processes

Forms and Templates
• Responsibility Analysis Matrix Form – Detailed

Recommended Readings

Checklist for Developing Effective Teams

There is no set "recipe" for ensuring an effective team. This checklist provides some issues to consider as central priorities when a new team is set up, or when reviewing the effectiveness of an established team. Not all points listed here will be relevant for all teams.

Priority 1: Establish the team's goals and objectives

1. Does the team have a shared mission? For example, a clearly stated treatment philosophy (e.g., client-orientated treatment, evidence-based practice). ❏

2. Have specific and concrete objectives been identified for the team's goals or mission? ❏

3. Have the goals / objectives been set in a collaborative manner with opportunities for all team members to participate in discussion? ❏

Priority 2: Set up team structure (membership, roles and responsibilities) and processes

4. Is the team an optimal size?
(In general, teams of 4-7 members are most effective.) ❏

5. Are teams with diverse membership (i.e., diverse professional or personal backgrounds) managed appropriately? ❏
Consider:
- Including more than one expert from each field – confidence in an opinion or idea is more likely if supported by two team members with relevant experience
- Rotating the team leader role can increase participation in group discussion and debate
- Modelling desired attitudes and behaviours as part of team leadership.

6. Are teams provided with an appropriate amount of autonomy (i.e., a degree of input in decision-making)? ❏

7. If the team is working autonomously, are there appropriate supports in place? ❏
- Have team members been consulted on the level of autonomy they perceive to be appropriate?
- Do team members have the necessary knowledge / skills (e.g., goal setting, planning, coordination) to effectively use their autonomy?
- Are managers / supervisors willing to adapt their approach to suit an autonomous team?
- Do the organisational culture, policies and procedures support independent and innovative work practices?

8. Has the team established a shared understanding of each member's role and responsibilities? ☐

9. Have clear boundaries been set for shared roles / responsibilities? ☐

Priority 3: Establish workplace supports

10. Is the team provided with clear and timely feedback on team performance strategies and progress towards the team goal? ☐

11. Are individual team members provided with regular feedback on their contribution to the team's performance? ☐

12. Are team feedback sessions constructive and beneficial for team performance? Does the team leader: ☐
    - Put forward an honest self-appraisal?
    - Take on feedback and ideas from team members?
    - Focus feedback on the task rather than the person?
    - Make feedback specific and focused on solutions?
    - Ensure the team feedback is a two-way communication process between the leader and team members?
    - Discuss teamwork processes, as well as key tasks and outcomes, in feedback sessions?
    - Refer to previous feedback sessions to identify areas that have been improved, and highlight recurring errors?
    - Use the feedback sessions to recognise and reward improvements and achievements?

13. Has the team been consulted on the recognition and rewards for high performance that are most important / attractive / motivating? ☐

14. Are recognition and rewards provided to the team that are clearly linked to achieving high performance / desired outcomes and goals? ☐

15. Are rewards and recognition provided to individual team members that are clearly linked to their contribution to the team effort? ☐

16. Are supports in place (e.g., backfilling, rostering, time in lieu arrangements) to enable team members to participate in regular team meetings? ☐

17. Do managers / supervisors support effective team functioning by: ☐
    - Providing access to human and material resources?
    - Providing encouragement to the team?
    - Allowing sufficient time for effective performance?

Team Goal Setting as a Tool to Change Work Practice and Improve Client Care

As discussed earlier, goal setting with teams can be an effective strategy to motivate team members and a useful tool to coordinate individual contributions to the team outcome.

This case study demonstrates the successful application of team goal setting techniques to the achievement of best practice standards of client care. It describes the development of clinical care guidelines for nurses in the Acute Neurological Unit at the Radcliffe Infirmary Hospital, Oxford, U.K.

Although goal setting theory was not explicitly used as the guiding model, the approach taken by the nursing team is consistent with the core principles of effective team goal setting. A weakness of the study is the omission of an evaluation of the effectiveness of the intervention (i.e., monitoring change in work practice). Nevertheless, it provides a useful insight into the practicalities of conducting team goal setting for complex work practices in a team environment.

Rationale for work practice change

The stimulus for exploring evidence-based practice was the observation that nurses were frequently requesting advice on the best approach to various clinical practices. Concern was expressed that clinical practice on the ward may not be based on best practice. The nursing unit decided to pursue a team-based approach to researching best practice. Consistent with the recommendations of goal setting theory, the nursing team invested significant time and effort into planning and strategy development. As described below, strategies focused on both coordinating the input of individuals to the group (setting individual group members a task to perform) and the process of working in a group (structuring of group meetings and discussion).

Key strategies

In the first team meeting the broad aims were set (to promote the use of evidence-based practice using a team approach) and the group strategy was discussed. Key strategies included:

- Compiling a list of the strengths and interests of each group member
- Deciding where and when regular meetings would occur
- Organising a chair for each meeting with responsibility for setting the agenda
- Documenting meetings
- Developing norms and rules for the structure and content of meetings (e.g., open discussions that valued all individuals' views)
- Identifying three senior nurses with an interest in evidence-based practice. These three individuals were responsible for maintaining the momentum of the group by regular attendance at meetings, setting agendas, ensuring that goals set in action plans were achieved on schedule, and acting as meeting facilitators (i.e., ensuring group discussions were open, supportive, and so on).

Goal setting and support

Goal setting formed an integral part of the team's strategy. Individual group members were set specific goals (e.g., identify whether national guidelines exist for a particular clinical practice) with a specific deadline for task completion (e.g., reporting back to the group at the next group meeting).

Through group discussion a number of questions were raised concerning the appropriateness of specific work practices. Small groups were then assigned the goal of collecting and critically appraising information relevant to each specific question. The three senior nurses offered task-specific support (e.g., assistance in information search) and workplace support by negotiating time off from work and time in lieu arrangements if group members attended a meeting on their day off.

In order to ensure group members possessed the skills, knowledge and ability to perform the task, a series of workshops were conducted in which professional development was provided on the principles of evidence-based practice, identification and evaluation of evidence and critical appraisal skills.

Outcomes

The group decided on the best approach for translating the evidence collected into practice. A standardised care plan was developed which included guidelines for nursing practice. A formal and objective evaluation of actual work practices was not part of this case study, although anecdotal reports from group members indicated a "sense of responsibility" towards the development of the guidelines. In addition, the team-based approach to evidence based practice continued with the development of care plans for two additional nursing practices, one of which was evaluated and adopted by other specialist care units in the hospital.

Conclusion

In summary, the nursing team's approach to evidence-based practice was consistent with many principles of effective team goal setting that included:

- Ensuring group member **participation in goal setting** and strategy development
- Development of **strategies to coordinate group members' contribution** to group performance
- Ensuring group members possessed the relevant **skills and knowledge** through education and professional development (this approach is likely to increase team members' **self confidence** in achieving their set goals)
- Setting **specific goals** for the group and individual group members
- Offering **workplace support** to facilitate group members in obtaining their goals.

Source: Kirrane, C. (2000). Evidence-based practice in neurology: A team approach to development. *Nursing Standard, 14,* 43-45 .

Measuring Key Team Processes

Introduction

A set of scales are provided below that can be used to benchmark and assess teamwork processes. The scales address:

1. Autonomy
2. Clarity of Roles and Responsibilities
3. Availability of Feedback on Team and Individual Performance
4. Team Cooperation and Cohesion
5. Team Capacity to Perform AOD Work Effectively
6. Supervisory Support for AOD Work
7. Coworker Support for AOD Work
8. Organisational Support and Resources for AOD Work.

The scales provided here are relatively generic instruments that can be applied to team processes in a range of AOD organisations. The scales may need to be adapted to suit the particular circumstances of your organisation or team. For example, some of the scales address AOD-related work practices. These scales can be adapted to refer to a specific work practice that is of most relevance (e.g., providing brief interventions, conducting counselling, providing referrals).

> These scales are not designed to be diagnostic instruments. Rather, they can be used as tools to benchmark and monitor change, and to identify particular issues that may require attention.

Calculating a final score

The scales provided here can be scored in two different ways:

1. Total scale score (mean or average score)
Obtain a total score for the scale by adding the score for each item and dividing by the total number of items. For example, on a scale with 4 items an individual's total scale score may be 2 (3 + 2 + 2 + 1 = 8; divided by 4 = 2).

2. Individual item scores
It may also be useful to examine responses to each item. You may wish to examine the average score for all respondents for a particular item. This provides a more in-depth analysis of respondents' views. For example, it may be useful to know that, on average, respondents scored a '4' ("agree") with the item *I am satisfied with my working conditions.*

Important note about scoring

Reverse scoring negatively worded items

The survey scales provided here contain positively and negatively worded items.

- An example of a positively worded item is:
  "Staff are always kept well informed"

- An example of a negatively worded item is:
  "Novel treatment ideas by staff are discouraged".

When scoring negatively worded items it is necessary to use *reverse*-scoring to make the meaning of the item consistent with other items within the scale. For example, on a measure of job satisfaction higher scores indicate stronger job satisfaction.

An example of a negatively worded item is provided below (Q.1). Stronger agreement with this item indicates lower levels of satisfaction. Reverse scoring the item is necessary to ensure all scores on the scale have the same meaning (i.e., higher scores indicate greater satisfaction).

Example:

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
Q1. My pay and other benefits are inadequate	☐	☐	☐	☐	☐
Q2. I am satisfied with my working conditions	☐	☐	☐	☐	☐

Note: Reverse score question 1.

Negatively worded questions are indicated by the statement "**Note**: Reverse score question #" placed at the end of the scale. This statement is provided for scoring purposes only – it should not be included in the version of the survey to which workers respond.

Responses to the negatively worded scale item (question 1) would be reverse-scored as follows:

Response scale	Original scores	Reversed scores
Strongly Disagree	1	5
Disagree	2	4
Undecided	3	3
Agree	4	2
Strongly Agree	5	1

The scales

1. Autonomy

This scale assesses team members' perceptions of the amount of decision-making autonomy available to them and their coworkers. This scale is a useful tool to assess interventions designed to increase a team's autonomy. It can also be used as a starting point for discussions regarding team members' satisfaction with the current level of team autonomy. Please note this instrument is designed for workers in clinical roles, therefore, survey items may need to be reworded if the survey is to be administered to non-clinical workers.

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. Treatment planning decisions for clients here often have to be revised by a counsellor's/ clinician's supervisor.	❏	❏	❏	❏	❏
2. Management here fully trusts your professional judgement.	❏	❏	❏	❏	❏
3. Counsellors/clinicians here are given broad authority in treating their own clients.	❏	❏	❏	❏	❏
4. Counsellors/clinicians here often try out different techniques to improve their effectiveness.	❏	❏	❏	❏	❏
5. Staff members are given too many rules here.	❏	❏	❏	❏	❏

Note: Reverse score questions 1 and 5.

Source: Adapted from the Texas Christian University Survey of Organizational Functioning (Program Staff Version). Fort Worth: Texas Christian University, Institute of Behavioral Research.
Available: www.ibr.tcu.edu/resources/rc-orgfunc.html
Downloaded 24th February 2005.

2. Clarity of Roles and Responsibilities

This scale assesses the degree to which team members have a clear understanding of their roles and responsibilities within the team. It is a useful tool for established or newly developed teams to identify any feelings of confusion or uncertainty in regard to team members' roles. This scale may be a particularly useful tool in times of change in team membership (i.e., new members join the team or individuals leave) or function (e.g., after an organisational restructure).

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. I feel certain about how much authority I have within the team.	☐	☐	☐	☐	☐
2. Clear, planned goals and objectives exist for my role in the team.	☐	☐	☐	☐	☐
3. I know what my responsibilities are within the team.	☐	☐	☐	☐	☐
4. I know exactly what is expected of me within the team.	☐	☐	☐	☐	☐

Source: Adapted from Rizzo, J.R., House, R.J. and Lirtzman, S.I. (1970). Role conflict and ambiguity in complex organisations. *Administrative Science Quarterly, 15,* p.150-163.

---

3. Availability of Feedback on Team and Individual Performance

These scales assess team members' perception of the adequacy of feedback they receive as individual team members (Option 1) and in regard to the team as a whole (Option 2). Used on a regular basis (e.g., prior to performance reviews), these scales can be useful tools to monitor and assess the quality of feedback provided to team members. These scales may be particularly useful for individuals who are new to a particular team leader / supervisory role who may benefit from regular updates regarding their management of the team.

Option 1: Individual team members

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. I receive satisfactory feedback on my work performance.	☐	☐	☐	☐	☐
2. I have the opportunity (informally or formally) to discuss and receive feedback about my work performance.	☐	☐	☐	☐	☐
3. I am satisfied with the *quality* of feedback I receive about my work performance.	☐	☐	☐	☐	☐
4. I am satisfied with the *frequency* of feedback I receive about my work performance.	☐	☐	☐	☐	☐
5. My supervisor provides constructive feedback to *individual team members.*	☐	☐	☐	☐	☐

Option 2: Team as a whole

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. The team receives satisfactory feedback on our performance.	❏	❏	❏	❏	❏
2. The team has the opportunity (informally or formally) to discuss and receive feedback about our performance.	❏	❏	❏	❏	❏
3. I am satisfied with the *quality* of feedback the team receives about our work performance.	❏	❏	❏	❏	❏
4. I am satisfied with the *frequency* of feedback the team receives about our work performance.	❏	❏	❏	❏	❏
5. My supervisor provides constructive feedback to the *team as a whole.*	❏	❏	❏	❏	❏

Source: Adapted from Addy, D., Skinner, N., Shoobridge, J., Freeman, T., Roche, A.M., Pidd, K., & Watts, S. (2004). *The Work Practice Questionnaire: A Training Evaluation Measurement Tool for the Alcohol and Other Drugs Field.* National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

4. Team Cooperation and Cohesion

This scale addresses the quality of interpersonal relations between team members, particularly in regard to communication, helping behaviours and support. It is a useful tool to provide a benchmark or assessment of the quality of key teamwork processes.

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. There is good team spirit amongst the people I work closely with.	❏	❏	❏	❏	❏
2. Morale is high amongst team members.	❏	❏	❏	❏	❏
3. Generally, communication amongst team members is good.	❏	❏	❏	❏	❏
4. Encouragement and support is commonly provided amongst team members.	❏	❏	❏	❏	❏
5. In general I have a good relationship with other team members.	❏	❏	❏	❏	❏
6. I feel comfortable to ask for help or support from my team members.	❏	❏	❏	❏	❏
7. The majority of team members do their share of work.	❏	❏	❏	❏	❏

Source: Adapted from Addy, D., Skinner, N., Shoobridge, J., Freeman, T., Roche, A.M., Pidd, K., & Watts, S. (2004). *The Work Practice Questionnaire: A Training Evaluation Measurement Tool for the Alcohol and Other Drugs Field.* National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

5. Team Capacity to Perform AOD Work Effectively

This scale assesses team members' confidence in their team's ability to respond effectively to AOD issues. It is a useful tool to assess the extent to which workers require professional development, guidance and encouragement to effectively manage AOD issues in their work practice. The wording of the scale can be adapted to refer to specific AOD issues (e.g., providing naltrexone treatment, conducting brief interventions for alcohol use).

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. There is a comprehensive knowledge base amongst team members concerning *alcohol and other drug issues.*	❏	❏	❏	❏	❏
2. Generally, *responses to alcohol and other drug related issues* provided by team members are of good quality.	❏	❏	❏	❏	❏
3. Collectively, the skill base of team members means we are well equiped to *respond to alcohol and other drug related issues.*	❏	❏	❏	❏	❏
4. Some team members are not confident in their ability to *respond to alcohol and other drug related issues.*	❏	❏	❏	❏	❏

Note: Reverse score question 4.

Italicised sections can be replaced with specific drug and alcohol work practices. For example:

- There is a comprehensive knowledge base among the people I work closely with concerning *the provision of methadone maintenance treatment*
- Generally, *brief interventions for alcohol consumption* provided by team members are of good quality.

Source: Adapted from Addy, D., Skinner, N., Shoobridge, J., Freeman, T., Roche, A.M., Pidd, K., & Watts, S. (2004). *The Work Practice Questionnaire: A Training Evaluation Measurement Tool for the Alcohol and Other Drugs Field.* National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

6. Supervisory Support for AOD Work

The two scales below assess team members' perceptions of the quality of supervisory support provided to the team. Option 1 assesses the quality of supervision in general. Option 2 assesses the quality of supervision related to AOD work practices.

Option 1: Quality of team supervision (general)

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. Supervisors expect too much from staff in my workplace.	❑	❑	❑	❑	❑
2. Most of the time, supervisors provide adequate support when problems arise.	❑	❑	❑	❑	❑
3. In general, supervisors encourage staff to find positive solutions when problems arise.	❑	❑	❑	❑	❑

Note: Reverse score question 1.

Source: Adapted from Addy, D., Skinner, N., Shoobridge, J., Freeman, T., Roche, A.M., Pidd, K., & Watts, S. (2004). *The Work Practice Questionnaire: A Training Evaluation Measurement Tool for the Alcohol and Other Drugs Field.* National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

Option 2: Quality of team supervision (AOD work practice)

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. The team has access to a supervisor with expertise in *alcohol and other drug related issues.*	❑	❑	❑	❑	❑
2. Formal supervision is provided to the team on *alcohol and other drug related issues.*	❑	❑	❑	❑	❑

Italicised sections can be replaced with specific drug and alcohol work practices. For example:

- Staff have access to a supervisor with expertise in *the provision of methadone maintenance treatment*
- Formal supervision is provided to staff on the conduct of *brief interventions for alcohol consumption.*

Source: Adapted from Addy, D., Skinner, N., Shoobridge, J., Freeman, T., Roche, A.M., Pidd, K., & Watts, S. (2004). *The Work Practice Questionnaire: A Training Evaluation Measurement Tool for the Alcohol and Other Drugs Field.* National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

7. Coworker Support for AOD Work

This scale assesses team members' perception of the support, advice and guidance available from fellow team members. It is a useful tool to assess the extent to which team members support and help one another in their work practice. The wording of the scale can be adapted to refer to specific AOD issues (e.g., providing naltrexone treatment, conducting brief interventions for alcohol use).

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. Informal supervision (e.g. encouragement, guidance) is provided amongst team members *on alcohol and other drug related issues.*	❑	❑	❑	❑	❑
2. I receive support from team members about the work I do concerning *alcohol and other drug related issues.*	❑	❑	❑	❑	❑
3. There is good communication amongst team members about *alcohol and other drug related issues.*	❑	❑	❑	❑	❑
4. Other team members encourage me to *intervene in alcohol and other drug related issues.*	❑	❑	❑	❑	❑

Italicised sections can be replaced with specific drug and alcohol work practices. For example:

- I receive support from team members about the work I do on *providing methadone maintenance treatment*

- Other team members encourage me to conduct *brief interventions for alcohol consumption.*

SURVEY INSTRUMENTS

8. Organisational Support and Resources for AOD Work

This scale addresses team members' perception of the quality of organisational supports and resources available to assist their work practice. The wording of the scale can be adapted to refer to specific AOD issues (e.g., providing naltrexone treatment, conducting brief interventions for alcohol use).

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. This organisation supports the team's efforts to *respond to alcohol and other drug related issues.*	☐	☐	☐	☐	☐
2. This organisation has policies and procedures that support *alcohol and drug related work.*	☐	☐	☐	☐	☐
3. The team has access to the tools/resources needed to *respond to alcohol and other drug related issues* (eg. standard questionnaires, quit kits, referral information).	☐	☐	☐	☐	☐

Italicised sections can be replaced with specific drug and alcohol work practices. For example:

- This organisation supports the team's efforts to *promote safe drinking levels for clients*
- The team has access to the tools / resources needed to conduct *brief interventions for alcohol consumption.*

Source: Adapted from Addy, D., Skinner, N., Shoobridge, J., Freeman, T., Roche, A.M., Pidd, K., & Watts, S. (2004). *The Work Practice Questionnaire: A Training Evaluation Measurement Tool for the Alcohol and Other Drugs Field.* National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

The Responsibility Analysis Matrix

At the initial stages of team formation it is useful to clarify roles and responsibilities of individual team members. For established teams or those working together on a long-term basis, it may be useful to review roles and responsibilities on a regular basis.

The Responsibility Analysis Matrix (RAM) is a team discussion tool that can be used to clarify roles and responsibilities. To create a RAM:

- Make a table in which tasks / responsibilities are listed in the first column and team members listed across the top row

- Ask each team member to complete the matrix

- Convene a team meeting to discuss areas of agreement / disagreement in roles / responsibilities, and identifies gaps or areas of role overlap (between individuals) or role conflict (for individual team members)

- Create a revised matrix that consists of agreed roles / responsibilities for all team members.

For example, a team convened to address service improvement for an upcoming accreditation may construct the following matrix:

Task / role	Margaret	John	Kelly
Develop clinical protocol for the use of a screening instrument	✓		✓
Liaise with client representatives re: access to service	✓	✓	
Examine supervision practices within the agency		✓	

The RAM template provided on the following page is a detailed form that provides a more advanced matrix that may be useful for teams performing complex tasks with strict timelines.

Source: Tannenbaum, S.I., Salas, E. & Cannon-Bowers, J.A. (1996). Promoting team effectiveness. In M.A. West (Ed.), *Handbook of work group psychology* (p.503-529). West Sussex, U.K., Wiley.

FORMS AND TEMPLATES

Responsibility Analysis Matrix – Detailed

Task/role	Due date	Priority	% of time on task/role					

* Insert team members' names in the top row

Note: A simple version of this form can be produced by deleting columns 2, 3 and 4.

Hackman, J.R., Wageman, R., Ruddy, T.M., & Ray, C.L. (2000). Team effectiveness in theory and practice. In C.L. Cooper & E.A. Locke (Eds.), *Industrial and organizational psychology: Linking theory with practice* (pp. 109-129). Massachusetts: Blackwell.

This chapter provides a comprehensive overview of the conditions which contribute to the effective performance of teams. Four factors are highlighted: (1) a clear, engaging direction; (2) an enabling team structure; (3) a supportive organisational context; and (4) available expert coaching. This paper is most useful for readers interested in workforce development theory and research.

Sundstrom, E. (1999). Supporting work team effectiveness. In E.A. Sundstrom (Ed.), *Supporting work team effectiveness: Best management practices for fostering high performance* (pp. 301-342). San Francisco, CA: Jossey-Bass.

This chapter outlines the challenges associated with establishing effective support systems for work teams. The suitability of various strategies for enhancing support within different team environments is examined.

Tannenbaum, S.I., Salas, E., & Cannon-Bowers, J.A. (1996). Promoting team effectiveness. In M.A. West (Ed.), *Handbook of work group psychology* (pp. 503-529). West Sussex: Wiley.

This chapter provides an informative summary of the research literature on teamwork. The core dimensions of team performance are discussed. This chapter is most useful for readers interested in workforce development theory and research.