

TEAM POTENCY AND TEAM EFFECTIVENESS: A STUDY OF MALAYSIAN PUBLIC HOSPITAL NURSES

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Abstract: *In order to deliver the quality of nursing care, nurses must often work together such that working as a team is an important aspect of healthcare delivery. Nurses, as customer-contact employees play a major part to represent the hospital's competency since they spend most of their time directly with patient. Therefore, objective of this study is to investigate the relationship between team potency and team effectiveness among hospital nurses. The sample comprised of 475 staff nurses and 92 sisters represented 92 wards in four general hospitals in Peninsular Malaysia. Our result revealed that that team potency was positively related to team effectiveness. This study provides evidence as to the importance of nursing teamwork among nurses who work together to provide nursing care to patients.*

Keywords: *Team Effectiveness, Team Potency, Nurse*

Introduction

In organization nowadays, teams are assumed to be dominant for performance (Katzenbach & Smith, 2015; Rico, de la Hera, & Tabernero, 2011; Ross, Jones, & Adams, 2008). Teams deliver a variety in knowledge, attitudes, skills and experience, which makes it probably the best way in quick, flexible and innovative responses to problems and challenges, encouraging performance and increasing the satisfaction (Rico et al., 2011). In healthcare industry, it is believed that nurses must often work together, such that teamwork is an essential aspect of healthcare delivery. Studies show that higher effective teamwork associated with better patient outcomes (DiMeglio et al., 2005; Valentine, Nembhard, & Edmondson, 2015).

The increased stressing on patient healthcare in hospitals has led to enhance understanding of the importance of teamwork among nurses especially in public hospital. Numerous research studies have confirmed that group teamwork among healthcare professionals leads to higher staff job satisfaction, increased patient safety, and greater patient satisfaction (Ajeigbe,

McNeese-Smith, Philips, & Leach, 2014; Gausvik, Lautar, Miller, Pallerla, & Schlaudecker, 2015; Kalisch, Lee, & Rochman, 2010; Valentine, et al., 2015). Unfortunately, many nursing members are still working independently who do not engage in effective teamwork behaviours such as supervising other team members' performance, backing and support each other up, and involving in communication and conflict resolution (Castner, Folt-Ramos, Schwarts, & Ceravolo, 2012; Clancy & Tornberg, 2007; Gravlin & Bittner, 2010; Kalisch, Weaver, & Salas, 2009). The effective team between nurses is an important aspect of healthcare delivery because they spend most of their time with patient. Lack of teamwork will significantly increase the probability of medical errors (Baker, Day, & Salas, 2006; Lee et al., 2013; Nabilah et al., 2014; Rho, Suh, & Kwon, 2013).

In the 11th Malaysian Plan, the government has given higher priority to improving health status of Malaysians and several measures were implemented to enhance the delivery system and improve the scope of quality healthcare in both public and private sectors (Economic Planning Unit, 2015). Accordingly, public hospitals particularly need to find work processes that are efficient and effective for both patients and staff needs. Even though research on team effectiveness across industries is extensive, but little has been done on nursing workforce especially in Malaysian healthcare industry (Hameed & Rasiah, 2014). Likewise, Kalisch and Lee (2010) noted that although multidisciplinary teamwork has been well studied, there are few studies on the teamwork among nursing staff on a patient care unit.

The purpose of this study is to investigate the relationship between team potency and team effectiveness among hospital nurses. Team potency is important because nursing teams perform different types of tasks and are often engaged in multiple team processes at the same time. Team potency referred as shared confidence in a team's general capabilities (Campion, Medsker, & Higgs, 1993; Guzzo, Yost, Campbell, & Shea, 1993) and one of the most important ingredients of team motivation and team effectiveness (Hu & Liden, 2011). Team potency differs from collective efficacy (Bandura, 1997) in that the belief refers to the team's overall performance in different areas rather than its capacity to carry out a specific task (Mathieu, Maynard, Rapp, & Gilson, 2008; Ortega, Sanchez-Manzanares, Gil, & Rico, 2013).

Literature Review

Definition and Concepts of Team Effectiveness

Albeit team effectiveness is very important to the mission of the organization, but a constant definition of team effectiveness has tough to determine (Cohen, 1994; Goodman, Devadas, & Hughson, 1988; Hackman, 1987). There are various model of team effectiveness that described the determinants of team effectiveness (e.g., Cannon-Bowers, Tannenbaum, Salas, & Volpe, 1995; Driskell, Salas, & Hogan, 1987; Klimoski & Jones, 1995; Rasker, van Vliet, van den Broek, & Essens, 2001; Salas, Dickinson, Converse, & Tannenbaum, 1992; Shanahan, 2001; Tannenbaum, Beard, & Salas, 1992).

According to Irving and Longbotham (2007), team effectiveness refers to the attainment of common goals or objectives through the coordination of team members' work activities. In this study, team effectiveness is divided on two categories; team satisfaction and team performance based on model developed by Hackman (1987). Satisfaction with the team refers to how positively members feel about the rest of the team. As stated by Hackman (1987),

team members should like other members or else the emotional cost to frustrated members likely outweighs the benefits of being in a team.

Performance comprises the degree to which the output meets the patients' standards of quality of healthcare delivery outcomes. In order to enhance team performance, team members should be guided by a compelling vision which translates into clear, challenging and specific relevant goals to be accomplished (Hackman, 2002; Ross et al., 2008).

Definition and Concepts of Team Potency

Team potency refers to team members' shared beliefs about their collective capabilities of the team across tasks and context (Campion et al., 1993). Team potency also is a critical motivational state in teams (Chen & Kanfer, 2006). Even though there are similarities between team potency and collective efficacy (Bandura, 1997), potency refers to beliefs in generalized team capability for achieving general effectiveness (Guzzo et al., 1993), whereas collective efficacy is task specific (Gibson & Earley, 2007). It is possible that efficacy and potency can exhibit differential relationships with performance. For example, members of an engineering team might believe that they can design a specific new product (high team-efficacy) but might not believe that they can effectively produce, market, and sell the product (low potency). The predictive utility of team-efficacy and potency thus may differ depending on prediction of performance on a specific task or generalized performance.

Team Potency and Team Effectiveness

Consistent with the Social Cognitive Theory developed by Bandura (1997), hypothesized that potency would be positively related to team effectiveness. Social cognitive theory suggest team potency influences what people choose to do as a team, how much effort they put into it, and their staying power when collective efforts fail to produce results. Furthermore, based on this theory, people with high potency perceive troubles as challenges, and they will highly committed to the activities they carry out and invest more time and effort in their daily activities (Bandura, 2001).

A considerable body of research provides evidence that team potency and team effectiveness are positively correlated. Previous studies have shown that teams high in potency perform better than teams low in potency (Duffy, & Shaw, 2000; Guzzo et al., 1993; Shelton, Waite, & Makela, 2010; Troster, Mehra, & van Knippenberg, 2014). Furthermore, several studies (Campion et al., 1993; Campion, Papper, & Medsker, 1996; Monteiro & Vieira, 2016; Shelton et al., 2010) have found significant positive associations between potency and productivity, employee satisfaction, and managerial ratings of performance. However, Ahearne, MacKenzie, Podsakoff, Mathieu, and Lam (2010) did not find any relationship between team potency and team effectiveness.

In the specific context of nursing teams, team potency proved to be a powerful motivational predictor of welfare (Munir & Nielsen, 2009) and future collaborative practices (LeBlanc, Schaufeli, Salanova, Llorens, & Nap, 2010). Furthermore, potency beliefs then energize members to work together toward their common goals with tenacity, even in the face of obstacles and difficulties (Bandura, 1997), which in turn leads to high levels of team performance (Gully, Incalcaterra, Joshi, & Beaubien, 2002). Shared potency beliefs raise consciousness of team effectiveness among team members by generating a strong sense of

membership in the team, which in turn motivates them to engage in discretionary behaviours, and thus increase their satisfaction (Ehrhart & Naumann, 2004; Pearce & Herbik, 2004, Shelton et al., 2010). For these reasons, we strongly believe that team potency will influence team satisfaction and team performance.

Hypothesis: Team potency positively relates to (a) team satisfaction and (b) team performance



Figure 1. Theoretical Framework

Aggregation of constructs collected at the individual level—operationalization

Aggregating individual responses to the team level requires some basic guidelines, such as using an appropriate theoretical rationale and empirically demonstrating within-team agreement to ensure the individual-level scores reflect team-level attributes (Tesluk, Mathieu, Zaccaro, & Marks, 1997). A common method of operationalizing constructs to the team level is to first ask members of the team to rate the construct (e.g., team potency & team satisfaction) at the individual level and then to calculate the arithmetic mean of these responses to represent a team belief or perception (Gibson, Randel, & Earley, 2000).

Methodology

Sample and procedure

The sampling technique used in this study was purposive sampling. The population frame of this study consisted of the number of ward in four public hospitals in Peninsular Malaysia. Work nature for any ward in Malaysian hospitals consists of team lead by a sister (immediate supervisor) and several staff nurses as members. In each of these wards, normally they formed five to fifteen staff nurses with two sisters per team. For collecting data, this research will employ a cross-sectional survey design. The variables in this study were measured at the team level. Therefore, the unit of analysis of this study is a team which is involves in hospital ward. Two types of surveys were carried by the researchers. The first was the team member survey where the team members provide ratings of the whole group on team potency and team satisfaction. The second was the immediate supervisor survey. In this survey, the immediate supervisor reported on team performance. The data were then aggregated from individual response to team-level.

Respondents in this study comprise of 475 staff nurses and 92 sisters from 92 wards. The sample included nurses who work in a variety of specialized units including cardiology, surgery, pediatrics, neurology, and emergency medicine. The usable sample was composed of 413 staff nurses belonging to 86 wards and 86 sisters, giving a response rate of 87 per cent to staff nurses and 91 per cent to sisters, respectively. The number of respondents per team ranged from three to five, with an average of four respondents per team.

Measures

All scales were measured with a 5-point Likert-type scale (1 = strongly disagree, 5 = strongly agree).

Team potency. Team potency was rated by team members with Campion's et al. (1993) three-item scale. An example item is "members of my ward have great confidence that the ward can perform effectively".

Team satisfaction. Team members rated team satisfaction with seven items developed by Doolen (2001) and Van der Vegt, Emans and Van De Vliert (2000). A sample item is "I am satisfied with working in this ward".

Team performance. Team performance was rated by immediate supervisor by using twelve items scale originally developed by Doolen (2001) and Schaubroeck, Lam and Cha (2007). An example item is "this ward gets its work done very effectively".

Control variables. Following Spector and Brannick's (2011) suggestion, we controlled for the following variables to test the hypotheses. First, group size and team tenures (in years) were controlled because these variables are potentially related to team effectiveness (Liden Erdogan, Wayne, & Sparrowe, 2006; Sin, Nahrgang, & Morgeson, 2009; Tse, Dasborough, Ashkanasy, 2008). We controlled these two variables for the effect of team membership on dependent variable.

Data aggregation

As we operationalized the constructs at the team level, we aggregated staff nurses' responses on the scales to compute single score for each team. We used within-group interrater reliability ($r_{wg(j)}$, James, Demaree, & Wolf, 1984), and intraclass correlation coefficient (ICC (1) and ICC (2); Bliese, 2000) to examine the appropriateness of aggregation.

As shown in Table 1, estimated $r_{wg(j)}$ values for all study variables were acceptable: .96 for team potency, .91 for team satisfaction and .95 for team performance. Intraclass correlations, ICC1 (reliability of the team means) and ICC2 (to determine whether it was appropriate to create an average rating for team), were generally acceptable: respectively, team potency [.51, .72], team satisfaction [.16, .69] and team performance [.64, .78]. Accordingly, these indices support the aggregation of individual ratings to create group scores (Bliese, 2000).

Table 1: Level of analysis aggregation

Variables	$r_{wg(j)}$	ICC1	ICC2
Team potency	.96	.51	.72
Team satisfaction	.91	.16	.69
Team performance	.95	.64	.78

Results

Descriptive statistics and correlations

Table 2 provides the means, standard deviations and correlations for the study variables. As shown in Table 1, on average level of team performance (mean= 4.31, S.D = .46) was slightly high, whereas team potency (mean = 3.94, S.D = .32) and team satisfaction (mean = 3.90, S.D. = .33) was found to be moderate. Meanwhile, correlations between study variables were found to be significant ($p < .05$).

Table 2: Descriptive statistics, correlations

Variables	Mean	SD	Team potency	Team satisfaction	Team performance
Team potency	3.94	.32	1		
Team satisfaction	3.90	.33	.58**	1	
Team performance	4.31	.46	.14*	.18**	1

Notes: N=86, * $p < .05$; ** $p < .01$

Hypothesis results

Hierarchical regression analysis was conducted to test the hypothesis of this study. Demographic variable such as team size and team tenure were statistically controlled. As shown in Table 3, based on model 1 and model 2 showed that team potency was positively and significantly related to team satisfaction ($\beta = .62$, $p < .01$) and team performance ($\beta = .16$, $p < .05$). Hence, the hypothesis was accepted. In the model 1, the results show that predictor variables were able to explain 35% of the variance related to team satisfaction (r^2 change = .35, F -change = 150.06, $p < .01$). Meanwhile in the model 2, the results show that predictor variables were able to explain 2% of the variance related to team performance (r^2 change = .02, F -change = 6.57, $p < .05$). This study demonstrated that acceptable values of r^2 for psychological studies. However, Hair, Black, Babin, Anderson, and Tatham (2006) recommended that the greater r^2 value, the stronger would be the predictor in explaining the variations of the dependent variable.

Table 3: Hierarchical regression analysis results

Step	Dependent variable (Team effectiveness)	
	Model 1 (Team satisfaction) <i>Std. β</i>	Model 2 (Team performance) <i>Std. β</i>
Step 1: Control variables		
Team size	-.11*	.04
Team tenure	.16**	.07
Step 2: Independent variable		
Team potency	.62**	.16*
F-value	54.45	2.57
R^2	.38	.02
Adjusted r^2	.37	.01
R^2 change	.35	.02
F-change	150.06**	6.57*

Notes: N=86, * $p < .05$; ** $p < .01$, *Std. β* = standardized coefficient beta

Discussion

This study employs social cognitive theory to test a model of team potency on team effectiveness among hospital nurses. The findings of this study support the expectation that team potency and team effectiveness (team satisfaction and team performance) are positively related and influence each other. This finding is consistent with those previous researchers (Monteiro & Vieira, 2016; Troster et al., 2014). In healthcare setting, hospitals are moving toward team-based work structures (Kalisch & Lee, 2010). Understanding how to create and manage work groups that are high-functioning can help nurses to perform better and increase their satisfaction working in teamwork as well as increase nursing quality care. One of the main reasons for the existence of teams is peer support offered through long-term relationships and developed during the experience (Rego, Junior, & e Cunha, 2015; Shelton et al., 2010). Thus, increasing a team's potency can increase their output. This study will contribute to team literature by examining team potency as a critical motivational state in teams (Chen & Kanfer, 2006) and enhance theory by shedding light on significance of team potency in building team effectiveness (Bandura, 1997; 2001). Furthermore, it seems that a shared belief in the team's ability to be effective is critically important for complex tasks that require the combined efforts of all team members. In fact, potency contributed to the prediction of performance over and above the ability of team members. In other words, "thinking we can" was an important factor in its own right, regardless of the team's ability.

Implications for nursing management

This study provides evidence as to the importance of nursing teamwork among staff nurse who work together to provide nursing care to patients. Delivery of high quality health services depends on the competence of health workers and a work environment that supports teamwork activities. Nurses who have strong teamwork between each other, they are believed to present better their works and provide quality of care to the patients and will reduce medical error as well. The study results can be applied to strengthen nursing staff by developing, monitoring and disseminating programmes and policy tools on nursing human resources, management, research and practice. These results could apply to hospital staff to improve nurses' potency beliefs and, in turn, can be an effective team. This study also suggests that such teamwork training and mentoring staff on methods of dealing with teamwork problems are initiatives that related to increased levels of motivation, satisfaction and performance among nurses (Manser, 2009; Morey et al., 2002; Salanova, Lorente, Chambel, & Martinez, 2011).

Limitations and future directions

Related to other studies, this study also has some limitations. First, variables other than team potency such as cooperative communication, team coordination, team conflict, and organizational context may play an important role in predicting team effectiveness in healthcare setting. Future researchers may wish to expand the scope of this study by focusing on these variables. In addition, this study is limited to staff nurses working in public hospitals in Peninsular Malaysia. The same research could expand and replicated among other healthcare personnel from public to private hospitals. A larger sample in the same industry would improve the generalization of the findings.

Conclusions

In conclusion, this study added to the motivation and team literatures by examining the positive value of team potency on team effectiveness. The result was shown to help strengthen the positive association between team potency related to team effectiveness dimensions; team satisfaction and team performance. This study hopes to encourage researchers to explore the additional antecedents of team effectiveness.

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