

## How Can I Facilitate Team Building from a Collaborative Perspective: An Experience

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### *Abstract*

*A collaborative way of being has influenced me in meeting with people in my therapy practice with individuals and families for many years. This article represents a new experience for me, taking the collaborative perspective in meeting with a small team of professionals working within palliative care. According to their chief, the team had communication problems, and the chief wanted me to meet with them. In this article I describe my meetings with the team and their evaluation of these meetings. The team members told me that the meeting had been helpful, especially in becoming more open in relation to each other. I share some of their words from their reflections on the process of the meetings, and words from their as well as some of my reflections regarding their evaluation and my evaluation of my own way of being.*

**Keywords:** *co-creating, team dialogue, not-knowing-position, curiosity*

### **Context of the meetings**

The first part of this article was presented in a seminar at the International Certificate Collaborative Practices Congress in Brno, Czech Republic in June 2019. At that time, I shared some questions with the participants during the presentation, questions I had asked myself during my work with the team. I also offer some of my questions to you, a reader of this article, to think about. I tell the story of the meetings chronologically, and I use some of the team member's own words in response to my requests.

### **The assignment and the context**

The director of the palliative care program contacted me and said, "One of my teams has a problem in talking to each other. I've told the team that I would ask you to meet with them and they said it was okay. I need your help Matz." The Public Health Care palliative care program has five outpatient teams, scattered in the geographical area. The teams work with palliative care patients in their homes. Each team is based in a different hospital and receive their referrals from their respective hospitals and specifically the cancer treatment services. Each team was composed of a mix of nurses and doctors, all with special training in palliative care.

When a team receives a referral, they make a home visit as soon as possible and connect with the patient and their immediate families and other significant relatives. A very crucial moment for the team in the first contact is to find out what the referring clinic has told them about the prognosis, to learn about the patient's and their family members' understanding of the information offered about the diagnosis and treatment, and to learn their understanding of palliative care. The same palliative team continues to be contact with the patient and their family during the patient's life until death. The contact may last from a couple of weeks to a year, depending on the course of the disease. They next have, as a routine, a conversation with the family to determine a schedule for being in contact with the patient and their family and also if there is a need for other relatives or significant persons in the patient's life to be involved in the palliative care.

### **The gatherings**

I met with the team that was referred for five times, for three hours each time. The team had four members, three nurses, two who worked fulltime and one who worked 50% time and one doctor who worked 50% in palliative care. The doctor also worked 50% time in the geriatric services at the same hospital as the palliative care unit, though those patients were not in palliative care.

### **The first meeting**

Through email the whole team confirmed the need for the assignment given to me from their chief. We then scheduled a meeting at a time in which it was possible for all four team members to participate in our first meeting at their outpatient office.

After introductions, I asked them, one at a time, to give me a picture of their overall situation. Each in one way or another told me that they were feeling stressed by several things. They felt uncertain because the hospital in which they were situated had reduced the hospital staff due to political decisions. These political decisions concerned the whole geographical district and the purpose was to make a centralisation of some hospital care to a larger hospital unit more south in the district. Some wards and surgical units had been closed and more closings were planned. Their palliative outpatient unit was not in danger of being closed but they did meet daily with nurses and doctors in their other activities at the hospital who were about to lose their jobs. A consequence though was that they did get earlier referrals from other units, like surgical units, due to their reduction in beds, nurses and doctors. "Early referrals" did mean taking over patients from other units, like those above earlier than expected. On the other hand, for saying "yes" to these "early referrals" they received criticism from their own organisation, both chief and other SSIH units. The palliative care organization had a criteria for taking over a patient that said that the "estimated time" for a patient to still be alive should not be more than 1-6 months, but now they as a team did meet with/took into their unit patients that lived longer than 6 months. Early referrals generated extra patients and extra work for a small team of four persons which added extra stress for each of them and they also said that the pressure affected their relations within the team. Since their work included going by car to the patients' homes, they needed to travel more in this rural area.

In this first meeting their focus was more on their stress in relation to the larger societal context and their own organisation, and less on their own relationships within the team. This was okay with me and helped us connect with each other. Then I asked if it could be useful to think of their situation from four different perspectives: 1) Context/Society, 2) Organisation, 3) Team relations and 4) their own role in the team. They also helped me understand what the organisation expected of them related to palliative care and what consequences those expectations had for the team relations and their role in the team.

I also said that my guess was that each of them had their own unique understanding and meaning for each of these four perspectives, and perhaps so far, they had not shared openly these individual meanings with the team. They agreed upon that.

I indicated that I could help them with perspectives three and four. I also said that I could hear from them that the other perspectives, Society and Organisation was important but was not in my hand or my mandate to work with.

### **Second meeting**

I began by reminding them that in our first meeting that I said I thought my contribution could be around perspective three and four. I asked if they were other forums in which the

other two could be addressed in the larger context and organisation questions and perspectives. They understood my delimitation and said they had an ongoing dialogue with their chief and could also participate in an open forum for all employed at the hospital to stay informed of the political process.

I suggested that in developing as a team it sometimes could be useful to look into both “Motives/Motivating Forces” and “Obstacles” in relation to each of their own roles and in relation to the work and goal of the Palliative team.

They agreed that made sense. I then asked them to write down their unique reflections as they thought about these two concepts without talking or showing to each other. I gave them some time during this ongoing meeting. This is what they wrote down individually:

Dorothy, a nurse

My motives:

- To look for what’s best for the patient and the relatives
- Focus on reducing pain and symptoms,” to die should not be painful “
- Good relations in the team
- Problem solving

My obstacles:

- I’m not keen or good at changes
- I have high need for control
- I over analyse things sometimes

Lotta, a Nurse

My motives:

- Commitment/Dedicated
- I’m sensitive/A good listener
- Carefulness

-My obstacles:

- I’m too quiet, not so good at sharing my thoughts with the group
- I accept too much –don’t say Stop when I should

Andrea, a nurse

My motives:

- Creativeness /Enthusiast

- Keen on development
- Collegial-open- Humour
- Adaptable

My obstacles:

- Not always here/ feel outside of the team (working 50%)
- Stressed / uncertainty
- Coming from another country/culture in Europe
- Language/identity

Sara, a doctor

My motives:

- That patient and relatives could feel safe in their home situation and in relation to us
- Well-being/feel comfortable for all of us in our team

My obstacles:

- Patients in “the grey zone”- are accepted into our team, perhaps too often...
- I’m no good in saying “stop” in any way - have a problem being/showing my frustration/anger in the team
- Too many outside units, example from the community service, involved in our patients care- they units are not professional enough
- We all have a private life that influences me/us...

Question to the Reader: What would have been your next step, given these words from the team?

My next step, after a time of silent writing for each one of them, was to talk with them one at a time, with the other three listening. I asked them to say something about the words they had taken down, to “go into their words” together with me to help me understand a bit more what they wanted to express.

After each conversation about their words, I asked the other three to share their reflections with one another, to share some of their thoughts as they listened to each colleague and me talk. I asked each threesome to only address each other and not turn in to me and the person whose words they were reflecting on for the moment. They were free to both reflect on our dialogue or the words given from their colleague. They could ask for clarifications if

something we have said in the conversation seemed “blurry” or unclear to them but nothing more.

### Third meeting

In the next meeting, I first asked what they thought about our previous meeting. They said it was useful. They had listened in a new way to each other during my conversation with each of them

They also told me they had made some changes:

-Dorothy/Changing room. She had got a new room, instead of sharing room with Lotta. This, she said was a challenge both for her “need for control” and her “over involvement in Lottas work”. She sometimes wanted to “help” Lotta although Lotta hadn’t asked for help-which now and then caused frustration in their relation.

-Sara/Dr had now put up a rule towards the others/nurses: they could no longer just “drop in” to her room and ask for a prescription to a patient. They had to leave a note, write it down, with name of the person, diagnosis, circumstances, name and strength of the medication asked for. “Sometimes I say ‘Yes,’ but have other things in my mind and forget what they ask for. I sit in the same room working 50% as doctor in this palliative team and 50% on the other assignment as doctor separated from the palliative work...this can’t go on.”

-New referrals: They had decided that both Dr/Sara and one nurse/Dorothy should together look into every new question of “intake/referrals” to the unit of palliative care—not only Dr/Sara. Then they should raise the question with the whole team of advantages and disadvantages relation to an early connection before they gave an answer back to the hospital unit.

We shifted back to the focus on “development as a team” and they were eager to continue. So, I asked what is important then?

They said the capacity to collaborate, to become more of a team.

Question to the Reader: How would you have continued from here?

“So, what do you mean by collaboration” I asked. They responded enthusiastically. A lot of words flew through the air, so after a while I paused then asked each of them to please write down three words that represents or connects with what you mean with “team collaboration,” again, like previously, without talking with each other.

Following are the three words each chose (I shared the words by putting them up on a wallpaper (large sheets of paper) for everyone to see:

Andrea:

-Trust and confidence in each other, Interest in each other, A positive stance in relation to each other

Dorothy:

-Considerate/Care, Loyalty, Honesty

Sara:

-Feeling of solidarity, Openness, Respect

Lotta:

-Knowledge, Sensitivity, Having fun together

Question to the Reader: What would have been your next step ?

So, what was my next step? I found these words very interesting and thought my best way was to stay curious, inspired by the “not-knowing position”, I asked for help from the team. I invited them to an “organized gossip”. I said, “I want you, Sara, Dorothy and Andrea to turn to each other, talk about and guess what Lotta meant by choosing these as her three words, representing collaboration, since you know her much better than I do. And, as before...without asking her questions or looking at her.”

The gossip started between the three others, and Lotta listened intensively.

Then I asked Lotta to tell me, as the others listened, what she thought about what they said. This provided her the possibility to both reflect on what they had said and what she thought about herself listening to the other three voices’.

Then I asked them to repeat the same “gossip process” for each one. That is each one was talked about of the other three, one at a time. Then after openly “being gossiped about” in connection with the words they had chosen, they had a conversation with me around the words, associations, and meanings that came up in the colleagues’ minds. This because I wanted the person in focus to have the last word”.

#### **Fourth meeting:**

In the next meeting, something was different. They were more outspoken about differences between them. Andrea, for example, confronted Dorothy with that she still sometimes felt outside of the team by the way Dorothy behaved towards her. She gave different examples of situations in which she had that feeling. Dorothy didn’t know what to say, and ran out of the room, crying.

Question to the Reader: In my position, what would you have done at that moment?

I asked a question. My question was: “What happened? Help me understand.”

A moment of silence entered the room, then Lotta said, “I think we should not go after Dorothy, she’ll come back in a while.”

Neither of the other two said anything, so I decided to listen to Lotta's advice. I turned to the other two and asked them their thoughts about Andrea's feeling of "being outside the team".

Dorothy came back. I asked if she wanted to say something or not.

She said she didn't know that Andrea was feeling outside the team. She talked about it as a "misunderstanding," connected to her "need for control", referring to the words she had offered in an earlier meeting.

My time this day had ended, I paused. Dorothy and Andrea and the others agreed upon that there was need for more dialogue among them, so they would continue without me since it would be too long to wait to our next meeting all of us.

### **Fifth meeting**

They had continued talking on their own. This was my final meeting with them. I said I had a last question for them and then I wanted to do an evaluation of our time together.

I asked them, looking back on the three-word-descriptions they made for "collaboration," could they now talk with each other and each of them choose one of their own words. In doing so, letting their four collective words "embody" their meaning of what "team spirit" could be for their team, in this outpatient team.

They talked and I listened without interrupting. I chose not to intervene and refrained from giving the kind of structure I had used before. I saw something that made me glad. They talked more freely with each other and listened with respect to each one telling why they wanted that particular word as their contribution to "team spirit". Then something very interesting happened: While I was still listening, they talked with each other and came to the conclusion that they wanted to change the word "team spirit" that I have suggested and replace it with the word "team identity"!

I thought this was wonderful, them taking over responsibility for what they wanted to "call themselves" and which words that would define their identity as a team...letting team identity be represented by the four chosen words, they decided the four words would be: Respect (Sara), Consideration (Dorothy), Knowledge (Lotta) and A positive stance towards each other (Andrea's words of choice).

The remainder of this meeting we talked about an evaluation of our meetings. They shared their thoughts about what they had accomplished and what they thought my contribution was. I choose to listen instead of writing their comments in this moment. Why? My intention was to facilitate the possibility for them to hear each other reflect over my contribution and our collaboration during these five meetings. I also wanted to take the position of being fully informed by them, intellectually and emotionally of our shared journey.

I then shared with them my impression that they had invited me to go along with them on a journey starting on a point of "team frustration" (my word) to another point representing "team identity" (their word) still being four unique individuals but dialoguing with each other in a new way.

Before I left their outpatient clinic, I asked them to email me their evaluation with some words they had said this day, words of evaluation from them over our collaboration experience

Question to the Reader: if you would give the members in the team two questions to answer regarding an evaluation, what questions would you have asked them?

For me this “co-existing” with the team members during our five meetings represented something new. This assignment represented to me something different compared to meeting with a family relational system. It was a professional relational system with outspoken expectations on each one of them from the organisation and from the chief related to the goals for this outpatient clinic. I positioned myself with a more structured way of being. For example, when I had a conversation with each one of them asking the other three only to listen and then be a “reflecting team” on our dialogue. I wanted to assure myself that all four of them had the same opportunity to find their own unique words and be listened to. So how could I learn from this experience?

I left them with two questions that I asked them to answer individually and send me by mail. The two questions were:

Q1: Looking back on our work together, what did I contribute with that facilitated your building of a “Team identity?”

Q2: Was there something you think I should have done differently? Something I missed to focus on or would have underlined more?

These are the words they sent to me about our collaboration:

Q1 (Andrea): It was good to sit down and talk, that you clearly defined time and room for that where all should participate. What I think you did well was that you did lead the group so each one had the possibility to say their own thinking. Good that you told the others to be quiet when one of us were talking. You as person is very calm which I think had a good influence on the group.

Q2: I would have liked an even more transparent communication, that we could have said more to each other. Sometimes I felt that the others perhaps make the situation look more beautiful than it was. Perhaps you could have in some way invited to even more openness between us. Some time I felt as if only I (and you) did dare to say things in the group.

Q1 (Dorothy): Hallo Matz and thanks for your questions. I have had the privilege of both earlier individual supervision and in the group and seen great advantages both private and in work. Your pre-understanding of us as a group with resources and competence that we wanted to develop was important for me. You lifted both good sides within us and made us more aware of our weaknesses. The work in SSIH (overall Palliative organisation) gives a lot of room for reflexions over the hard things in life and death. Our group discussions were for me both really hard sometimes and useful also. It contributed to more respect and understanding between us regarding our differences as persons. You contributed also to that our own talks in the group became more constructive. I liked your participation and supervision and I’m lacking that support in my new work (she had applied for a new work where she got a higher salary).

Q2: There is nothing I think you should have done differently. Your calm way of supporting us has been very good.

Q1 (Lotta): I think that you, as coming as another professional from the outside could support us four to talk with each other in a good way. You gave us some “tools” to use in conversations.

Q2: No, I can't see anything at this moment you could have done differently.

Q1 (Sara): I think that your work with us has been very good. I think we share that experience all four of us. The changes that took place in the team after finishing the work together with you had more to do with external questions. Lotta fell in love with a man in another town and moved just recently. Dorothy applied for a new job with better salary and Andrea will continue as nurse within SSIH but at another team /town where she could work full time instead of part time here.

In retrospect we should have invited you earlier to our team. In the end we started to talk much more with each other.

I would like to invite you again when the new members of my team have come. I think that your wisdom was helpful and that your knowledge of the importance of talking with one another already from the start would be useful for us. As it looks now there will come a nurse also from even another culture, from the Baltic States.

Q2: I would be glad if you accept to come again-don't think you need to change so much in your way of meeting with us. Most important is that we start talk more openly already “day one”.

Short summary of changes (other than more openness in their dialogue): Each one got their own room

-Referrals more shared/discussed- not only Dr's decision

-Medical questions/prescriptions no more “on the run” –structured

-Incoming calls first to nurse instead of Dr

-They defined a “team identity” to which each one contributed;  
Respect/Consideration/Knowledge/A positive stance towards each other.

-They decided, together, to continue accepting “early referrals” as a part of their “Team identity” in contrast to recommendations from their chief of the overall Palliative organisation. They saw it as a possibility to connect with patients and relatives and built an early alliance with them. An alliance that was important when the Death came knocking on the door.

### **Discussion: My own reflections**

From my way of understanding a collaborative inspired work, I did meet the team with this intention:

-A Not-knowing-position

-Co-creation of meaning

-Walk back and forth between “confirming” and “challenging” in relation to each team member

-To invite to “dialogism”: is there a way to find points of shared understanding without necessary shared meaning between the team members?

### **A Not-Knowing position**

These words were introduced to me by Harlene Anderson the first time in 1991 at the AAMFT conference in Dallas. They represent for me a philosophical stance of mutuality: I allow myself to be influenced by and learn from the other person’s way of being and understanding as well as I’m prepared to share, be outspoken about my understanding. Even to stay curious (“How come...?”) and to be open in return if I lose contact with them so I can re-establish their understanding in me and between us.

My experience is that I must be more aware of staying curious when I think I “understand fully “what the other person is sharing with me (Ex: The assignment conversation between me and the chief) compared to when I more obviously lose contact with their understanding (Ex: Dorothy is running out of the room). I also experienced that by my being in this curious position in relation to each one of them challenged the simplified understanding of one another they initially had.

### **Co-creation of meaning**

Knowledge is important for staying alive and for creating development. A lot of people are at this moment in time looking for knowledge about the relation between Corona-virus and human beings and Nature. From a collaborative perspective relational knowledge is also important for staying alive and knowledge is seen upon as a social construction- not something “to find” but to “find out”-together, to explore and create together. This has become even more interesting to me in the light of the mirror-neurons and what their existence contributes.

In this situation I asked them to write down individually their unique understanding of the words “Motives” and “Obstacles”, then after me interviewing them one at a time, inviting the others to associate/reflect over their unique understanding of our talk and that person’s words/meaning.

It was also interesting that they change my suggested word “Team spirit” to something they CREATED together - “Team identity” and the four words that constituted that identity according to them.

### **Walk back and forth between “confirming” and “challenging” in relation to each one**

I understood my assignment as one where I had the opportunity to contribute to the question: how could they be more outspoken to each other than they had been before? Thinking of the picture of an old pendulum clock where my intention was to “swing” between being confirming and challenging, not stay too long in any of this position. How could I share a sense of understanding with each one so they could feel safe enough in relation to me when I explored, challenged them with something they hadn’t thought about before and be prepared to share it with the others –the others who they were dependent upon each day in many tough situations concerning life and death?

My philosophical stance is that a relation has the potential to develop when it continually moves between these two positions. Some need to stay a little longer in one of them for a while to create an opportunity of choosing a change or not.

## To invite to dialogism

To be in a dialogue is one thing, but Dialogism puts another, further meaning to it as I understand it. There is an intention from both sides to understand the other person, and in this dual process of exploring one's "understanding," there is a mutual interest of creating and maintaining the ongoing dialogue. This may result in that we share understanding but not meaning of the subject at hand.

One example of this was when Andrea and Dorothy talked about what "feeling outside" was for Andrea, and "need for control" meant for Dorothy.

## Second thoughts: The start of the assignment

How come I started in the way I did? This wasn't "a not knowing position." ! I took the commission from the chief as "the truth" not as one possible idea of the team situation. I could have said "thanks, now I have your mandate, let me now meet with the group alone and see if they also are prepared to give me a mandate..."

This would have been in line with my usual way of starting... so why not this time? One possible idea in retrospect is that I had met with this chief two years earlier in individual supervision.

She was then one of several nurses at one out of five teams in the region and had asked about supervision for herself. Within these two years before she had made a carrier from nurse in one team to team leader for one team, then to chief of all five teams in the whole geographical area with responsibility for all economy, employments and development of the palliative care. I had been supporting her all the way and thought she was very wise. So I think I was "carried away" by her enthusiasm and knowledge and skills. I forgot to see her request as "one point of view" not the truth...

What effect did this have on me meeting with the team? I think with Andrea's reflection that I could have been more challenging in relation to them, that I didn't feel enough clear over their mandate towards me. I would have needed that.

Question to the Reader: I wonder what you as the reader do if you "get carried away" with some person/idea or something that stops you from listen with "both ears" and not only one ear...?

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