



Capstone Project

# Exploring The Emergence Of An Inaugural Hospital Executive Team

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# Dedication

I dedicate this work to my husband, Greg Creek. Through his encouragement, I enrolled in the Ed.D. program; because of his sacrifice, I had the support structure I needed to persevere, and I would not have made it to this point without him as an anchor the last three years.

I also acknowledge the broader support I have received from Mike and Diane Jacob, Kristopher Haughton, and Alex Adams, who stepped in and picked up the slack to keep our lives functioning.

My son, Gideon, is one of my biggest cheerleaders. He has been as excited as I have been for me to finish. Mainly so we can celebrate by getting our first dog.

I want to thank the many members of cohort four that shared in the journey. Whether you know it or not, sharing the last three years of life has helped me stay on track. When I wanted to skip class or “phone it in,” your presence, encouragement, and companionship kept me grounded and committed.

I am forever grateful to the executives I worked with for allowing me to journey with them as they developed into a team. Watching them walk through the most challenging healthcare crisis while also trying to figure out how to build a hospital, create a leadership team, and transform a community was truly inspiring.

Thank you to Erin Henrick for the compassion and support you expressed throughout the most disruptive season of life I have ever experienced. Your positive energy and deep expertise helped more than you may know.

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# Executive Summary

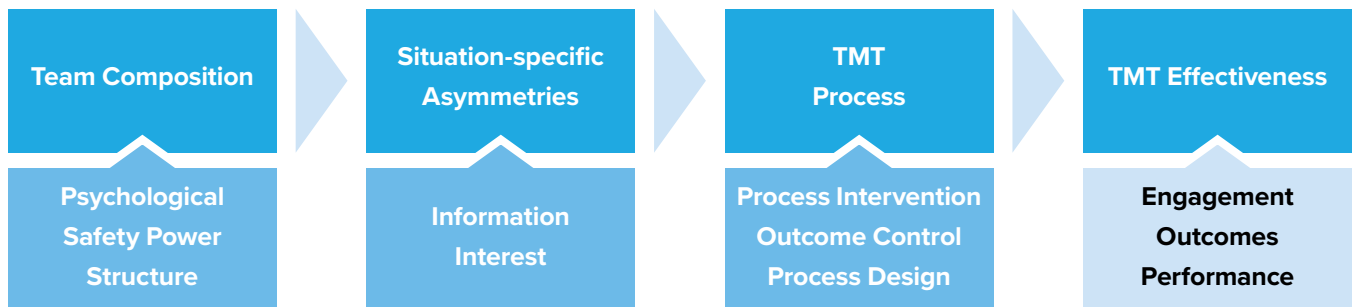
## Area of Inquiry

In recent years, political, economic, demographic, and technology forces have impacted healthcare at an ever-increasing pace, and healthcare leadership teams are desperate to keep up (Advisory Board, 2020). This study aimed to support an inaugural hospital executive team in understanding how they function as a team and provide research-based recommendations to improve their team effectiveness.

## Framework

This study leveraged the dynamic model of Top Management Team Effectiveness (TMTE), first described by Edmondson et al. (2003), which frames team effectiveness as a combination of static team and individual characteristics with dynamic process choices based on situation attributes. According to this framework, team effectiveness results from team composition interacting with team processes within a specific situation. The framework includes stable conditions, such as the members on the team, level of psychological safety, and power distribution, combined with dynamic conditions, such as situation-specific distribution of information and interest across the group. The framework makes recommendations for how the team leader can overcome potential interaction-based process losses.

### Framework: Top Management Team Effectiveness



## Questions

This capstone aims to support the Trust Health Midland<sup>1</sup> (THM) executive team in becoming more effective through answering the following three study questions:

- What do members of the Midland Executive Team (MET) consider to be their shared work?
- What are the individual and team characteristics of the MET?
- What are the interaction processes of the MET? What role does the CEO play?

<sup>1</sup> Pseudonym

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# Project Design

To answer these questions, a mixed-methods study was conducted over six months. Data collection included survey, interview, and observational data aligned to the TMTE framework.

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## Findings and Recommendations

The research revealed the following findings and three accompanying recommendations.

Research Question	Finding	Recommendation
<b>RQ1:</b> What do members of the MET consider to be their shared work?	The current definition of shared work centers on culture and people—an internal orientation.	The team should broaden their definition of shared work.
<b>RQ2:</b> What are the individual and team characteristics of the MET?	The team has a foundational level of psychological safety and distributed power across individuals	The CEO should use coaching behaviors to leverage psychological safety and improve team learning.
<b>RQ3:</b> What are the interaction processes of the MET? What role does the CEO play during team interactions?	The CEO appropriately intervenes to uncover uniquely held information. He also is willing to make the final decision when the situation necessitates it. There was no evidence of the CEO creating structured decision-making processes.	The CEO should design a more structured process.

# Introduction

The landscape of healthcare in the United States has been volatile for years. Changing demographics, technology, political discourse, and economic forces have created many challenges for those who lead (Advisory Board, 2020). Simultaneously, the demand for healthcare continues to rise as the baby boomer generation ages out of the workforce (U.S. Census Bureau, 2019b).

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## Partner Organization

The partner organization for the capstone study is Trust Health Midland Hospital (THMH), specifically the CEO and his five-member executive team. During initial engagement the team was four months away from opening their doors to patients for the first time. Initial conversations with the leadership team indicated the team members were committed and passionate about supporting hospital employees and serving their community.

Prior to engaging in this project, the team spent several weeks working with a consulting firm to articulate its mission, vision, values, and service standards. While they are a small, new hospital within a much larger organization, they invested their time and energy to craft a specific cultural framework to energize their work.

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## Problem of Practice

The CEO was interested in partnering through this capstone because of his desire to build a strong and effective executive team. This new hospital was his first experience in building an executive team from the ground up. The biggest challenge he articulated was developing an effective team and his role in ensuring the team's success. He shared, "The thing that worries me most about leadership—will my faults as a leader hinder the engagement and performance of this team? I'm more concerned with the team dynamics being perfect, rather than the org metrics being perfect."

Across the team, each member expressed their desire to bring the same rigor to their team formation as they brought to the cultural development work. To aid the team in their pursuit the problem of practice guiding this study is:

*Trust Health Midland executive team members do not have an evidence-based way to assess their current practice and make progress toward becoming an effective executive team.*

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## Project Overview and Purpose

This project aimed to support the emergence of an effective executive team by helping the team members understand their current team conditions and introduce evidence-based practices designed to help them accomplish their ambitions. The community needs the whole-person health care offered through Trust Health. Currently, the county has one of the area's lowest patient-to-clinician ratios, making it difficult for community members to see a physician (County Health Rankings & Roadmaps, 2021). The hospital will be an anchor institution providing jobs and health services, focusing on mental, physical, and spiritual health.

This study addresses the problem of practice through a mixed-methods study exploring current team practices and made recommendations for adjusting their internal structure, processes, and activities to achieve their desired results.

# Organizational Context

In 2018, Trust Health Resources (THR) announced its intention to build a new hospital to serve the needs of the Midland community. Nestled in the suburbs of north Texas, Midland is one of the fastest-growing communities, with a yearly growth rate of approximately 4% (Data USA, 2021). Midland bears the names of two of its founders, who established a grist mill in the area in 1856. According to the U.S. Census, Midland's residents are 55% white, 19% Black, 18% Hispanic, 5% Asian, 0.4% Native American, and 2.6% other (U.S. Census Bureau, 2019a).

THR is a faith-based nonprofit healthcare system with over 23,000 employees and provides health services in 16 counties across north Texas. THR owns and operates 19 acute care hospitals, including the newly opened Midland campus. The system offers cost savings to these individual campuses through managing technology services, negotiating contracts, and centralized support services in H.R., finance, and supply chain. Hospitals are operated independently and must meet specific performance targets for finance, clinical outcomes, employee engagement, and patient satisfaction (THR, 2021).

In October 2018, Trust Health announced its intention to build a new hospital in Midland, Texas. Planning started immediately, guided by the leadership from nearby Trust Health Hometown Hospital. In May of 2019, Trust Health named the new hospital's CEO, seven months after the initial announcement. Fourteen months later, the new health care campus opened on December 1, 2020. It is a four-story, 195,400-square-foot community hospital named Trust Health Midland Hospital (THMH). The new hospital aspires to bring whole-person care to this fast-growing community. THMH's mission is Extending the Healing Ministry of Christ. Their vision is "We will be transformative to people by being Connected, Exceptional, Viable, Wholistic, and Affordable" (Appendix E). They offer various services expected of a community hospital this size, including emergency,

surgery, women's health, orthopedics, cardiology, and the supporting services of imaging, laboratory, and pharmacy (Trust Health Midland, 2021).

The THMH executive team consists of five roles: Chief Executive Officer (CEO), Chief Nursing Officer (CNO), Chief Finance Officer (CFO), Human Resources Business Partner (HRBP), and part-time Chief Medical Officer (CMO). The CEO operates as the highest-ranking member of the executive team. He is held responsible for the overall performance of the hospital. In addition, CEOs manage the relationships with the community, including the employed and non-employed physicians who practice in the hospital. Every CEO is authorized to assemble their executive team, selecting the individuals who fill the other roles. In the THR context, CEOs report to a regional CEO and their hospital board. Because THMH is part of a joint operating agreement, the CEO has two corporate functions which oversee their operations.

CNOs are responsible for the clinical functions, outcomes, and patient experience across the hospital. They oversee departments ranging from nursing to laboratory and radiology. CNOs assemble a team of clinical leaders to manage the various departments across the hospital. The CNO reports directly to the CEO, but they have a dotted line to the regional CNO to align policies and share functions with neighboring hospitals.

CFOs are responsible for creating yearly budgets, tracking the flow of revenue, and overseeing critical support functions like supply chain. The CFO must assemble a team of leaders to provide financial oversight, operational flow, and other core hospital departments like nutrition and environmental services. CFOs report directly to the hospital CEO; however, there is also a robust regional reporting relationship. The regional CFO meets with local CFOs regularly to track spending, hospital volumes, revenue cycle, and headcounts.



The HRBP is responsible for the entire human resources function at a local campus. They are the one leadership role that does not report directly to the CEO. Instead, they report directly to a regional H.R. Vice President. Since THR has a mature centralized H.R. function, activities like recruiting, onboarding, and employee relations are not the HRBP's responsibility. Instead, they typically have one or two team members who help support the leaders, enforce H.R. policies appropriately, and create training and development strategies for the local campus. Within THR, there is a significant variation for where the HRBP functions. They often report to someone other than the CEO and therefore do not participate on the executive team. However, for THMH, the HRBP is an executive team member and helps to align practices across the hospital.

While only a part-time role, the CMO is critical to the hospital's physician strategy and alignment. The CMO is responsible for overseeing the process of credentialing physicians to practice at THMH, organizing the Medical Executive Committee (MEC), and directing the physician leadership team. They partner with the CEO to recruit new physicians and explore new service line development. The CMO reports directly to the CEO, and they do not have any direct reports. Most physicians are either self-employed or employed by the physician system associated with Texas Health. Thus, the CMO operates primarily through governance bodies rather than through direct authority over physicians.

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## Team Activities

Before the hospital opened, the members of the executive team operated like a project team. During this time, they rented office space in a nearby conference center. They met weekly to discuss the project plan, current issues, and progress in their respective areas. A consulting firm hired to manage the physical building project was the principal source of organization. They conducted each weekly meeting and identified the milestones related to hiring leaders and team members.

After opening, the team maintained their weekly meeting cadence of one three-hour session on Wednesday afternoons. However, as the agendas shifted away from the building project, they struggled to form any consistency or predictability. They also started meeting individually with the CEO for one-on-one discussions regarding their responsibilities and development.

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## Stakeholders

For this project, after initial conversations with the CEO, we determined that the primary stakeholder group would be the executive team. The CEO wanted to engage them fully in the discovery and recommendation process. This project was designed to impact the individual and collective decisions around team structure, interaction

process, and outcome. By naming the entire team as stakeholders, we acknowledged and embraced how their effectiveness resulted from the CEO's behaviors and their interactions individually and collectively. The outcomes of this study may shape the selection and development of future leaders and lead the broader Midland leadership team.

# Problem of Practice

Initial meetings with the Midland Executive Team (MET) indicated they aspired to be a high-performing team in both function and outcome. However, they did not have an evidence-based way to assess their current practice and progress toward becoming an effective executive team. Each member of this team was transitioning into executive leadership for the first time. While they had all worked in healthcare previously, each one was making the leap from functional leadership to executive leadership at the same time. As a part of that transition came the personal adjustment to their new role and responsibilities. Also, they had no previous experience or clear expectations for what it meant to be a member of an effective senior-level leadership team. This capstone project aimed to understand the MET's current practices—individual, team, and organizational—and provide evidence-based recommendations to support their ongoing improvement efforts.

In May of 2020, individual meetings with executive team members were held to understand concerns and determine the focus of the capstone study. During initial meetings with the team members, they each expressed their desire to form a team known for both internal culture and external results. The CEO described his ideal team as “the ultimate defenders and nurturers of our culture.” He wanted to see a hospital-wide culture that started with an executive team working together with high trust and

camaraderie. When asked about the team's current strengths, each member described the group as profoundly motivated and committed to each other. There was less overlap when they described their areas of opportunities. For example, one team member focused on building cohesiveness; another wanted to spend time with the others, learning about them as people; and another focused on their need to keep the big picture in mind. They each saw this project as a way to progress toward their individual and collective team goals.

A consistent theme through each intake interview was individual concerns about how new everything was. The CEO shared one of his biggest fears: “The thing that worries me most about leadership—will my faults as a leader hinder the engagement and performance of this team? I'm more concerned with the team dynamics being perfect, rather than the org metrics being perfect.” He was very aware of what he did not know.

The CEO had equally big ambitions for the hospital: “Midland, at its best, would have single-digit turnover, a top 100 place to work, Leapfrog grade A, CMS five-star, with a bunch of EBITA.” But, for him, his success would first be measured within his executive team and then would result in outstanding organizational outcomes.

# Literature Review

A literature review was conducted on team effectiveness, with special attention to senior leadership teams, to address the identified problem of practice. Researchers have been examining the ways groups work together since the early 1900s. Early studies focused primarily on group problem solving (Shaw, 1932) and later studied effects of leadership style on group outcomes (Lewin et al., 1939). Since this project focused on the MET, it was important to situate this problem in the relevant literature specific to organizational top management teams. Where possible, studies within healthcare are referenced. However, the majority of literature cited is across industries. Therefore, the following review is organized into two major sections: Upper Echelon Theory and Group Effectiveness Theories.

Research on executive team leadership has changed and broadened over time. Initial research focused on the individual characteristics of the CEO, such as age, role, tenure, educational background, and previous work experience. Later, this theory expanded to include the entire senior leadership team and their managerial background, forming upper echelon

theory (UET). Essentially, UET focuses on an input-based model of team effectiveness: by reviewing observable traits of senior leaders, researchers can empirically predict organizational outcomes, following the traditional “get the right people on the bus” approach without knowing what occurs between team members (Carpenter et al., 2004).

Group effectiveness theories (GET) examine the processes and interactions between members of different types of working groups, seeking to distinguish the group processes from the individual traits of members. This group of theories explores how the members of a group behave over time to achieve team effectiveness, including conflict, communication, and information sharing (Cohen & Bailey, 1997; Hackman & Morris, 1975; Wageman, 1995).

Taken together, these theories form the foundation of research for this capstone project’s specific area of interest: TMTE. As appropriate, the study will examine specific elements such as personal characteristics, team characteristics, team activities, and team behaviors.

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## Upper Echelon Theory

The study of executive teams was spotty and fractured until 1984. Then, Donald Hambrick and Phyllis Mason brought various literature into the UET. This theory claimed that organizational outcomes reflect the values and perceptions of those who hold the most power (Hambrick & Mason, 1984). There has been significant research based on this theory, primarily focused on individual characteristics of top management team members and how those characteristics impact organizational outcomes (Carpenter et al., 2004; Wang et al., 2016). UET

is an input-output model without consideration for the interactions or processes of the team itself. The unit of analysis is the characteristics of top management team members and the stable inputs from the organizational context.

Figure 1 illustrates the significant components of UET. The majority of studies that emerged based on the theory sought to connect observable characteristics with organizational performance, depicted by the arrow at the top of the figure.

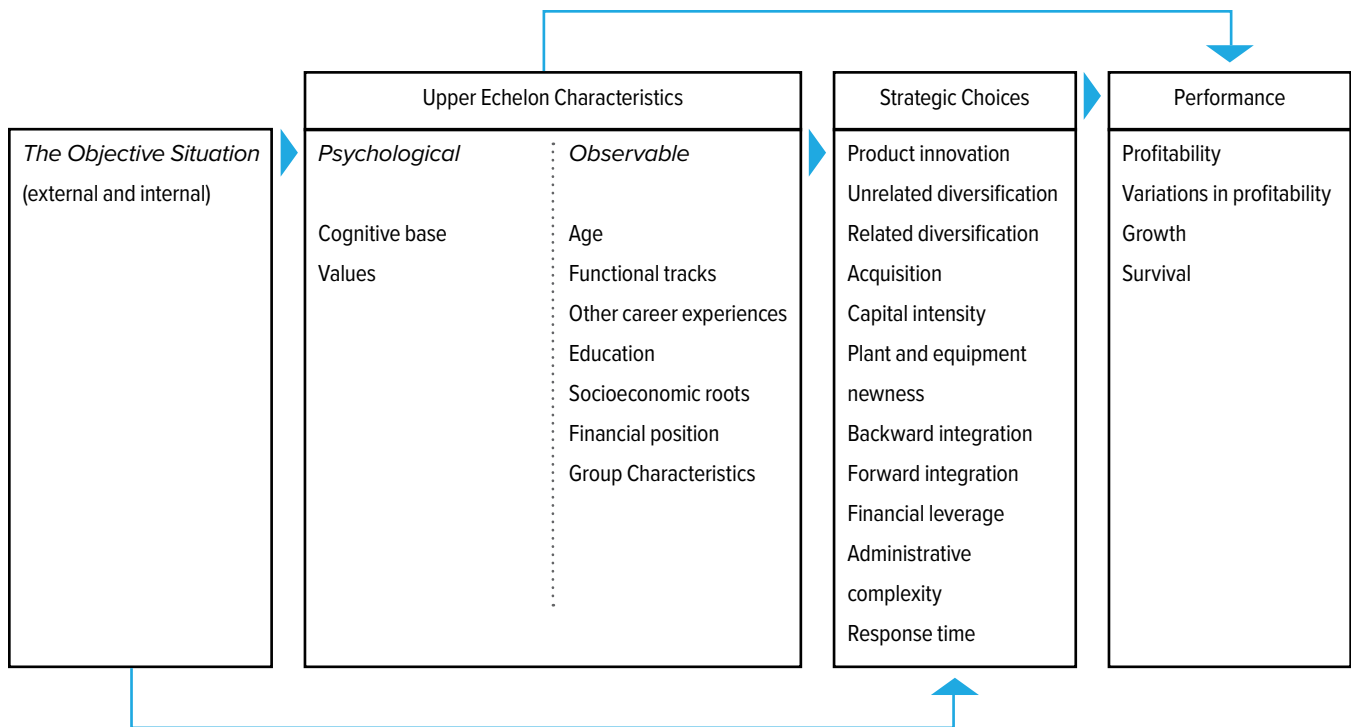


Figure 1: Hambrick and Mason's (1984) upper echelons perspective of organizations.

In the time since UET was introduced, several moderators have been identified. Context-specific elements like managerial discretion and executive task demands increase the impact of executive team characteristics like tenure on organizational outcomes (Hambrick, 2007). Managerial discretion is the amount of latitude of action granted to the team; when it is high, the managerial team can significantly shape the organization. With higher managerial discretion, the executive team's tenure has more effect on strategy and organizational performance (Finkelstein & Hambrick, 1990). Executive task demand is defined as the degree to which executives experience their job as difficult or challenging (Hambrick et al., 2005).

### CEO and Team Member Characteristics

Studies using UET have found a positive relationship between organizational outcomes and senior team characteristics (Hambrick, 2007). When team members are older, better educated, and have task-relevant experience, there is a 67% impact on firm performance (Wang et al., 2016). CEO characteristics

In addition, the theory recognizes team-level stable characteristics critical to predicting organizational outcomes: behavior integration, or the extent to which the executive team works together as a team with shared work (Carmeli, 2008; Carmeli & Schaubroeck, 2006; Raes et al., 2013), and power distribution, or the amount of influence each member of the team can leverage (Finkelstein, 1992). Behavioral integration on an executive team leads to better-quality strategic decisions (Carmeli & Schaubroeck, 2006), improves employee satisfaction and retention (Raes et al., 2013), and positively affects economic performance within service organizations (Carmeli, 2008).

such as tenure, education, and career experience were significantly associated with strategic actions and improved firm performance. Their meta-analysis also found that CEO education and tenure significantly affected future firm performance.

## **Team Characteristics: Diversity**

Another line of research under the UET umbrella is understanding the difference between team heterogeneity and homogeneity. In recent years, the language has expanded to include diversity research, which seeks to answer the question “What impact does team member difference have on the team and organizational outcomes?” Diversity on teams adds to group effectiveness by providing a broader wealth of information and experience as input to the team. Research has demonstrated a positive relationship between organizational outcomes and diversity inside healthcare and other industries (Gomez & Bernet, 2019; Herring, 2009; LaVeist & Pierre, 2014). Diverse teams require specific conditions to realize the benefits (Boone & Hendriks, 2009). Those conditions include collaborative behavior and information exchange, the willingness to share uniquely held information with the group. For example, senior teams with widely varied backgrounds will only benefit from their divergent knowledge when they can work on problems together and are invited to share any unique information they hold. In addition,

## **Team Characteristics: Psychological Safety**

Amy Edmondson identified a vital construct that impacts team outcomes: the psychological safety of team members—a team-level belief it is safe to take interpersonal risks without fear of consequence. She found that understanding the psychological safety of team members helped explain how implemented team structures such as coaching, adequate resources, information, and aligned reward resulted in improvements in team performance. For example, if team members do not feel safe, coaching activities are less likely to result in intended improvements (Edmondson, 1999). Through her research, Edmondson demonstrated the importance of team-level belief that it is safe to take interpersonal risks (psychological safety) and identified the mediating power of learning behaviors. In other words, if a team

team members need to engage in productive conflict (Amason & Sapienza, 1997) to reap benefits from member diversity. Productive conflict is task-specific conflict, resulting in improved decision making. Unproductive conflict centers on affective conflict.

Several studies have also demonstrated that improving team diversity can improve innovation (Gomez & Bernet, 2019). Variety is essential, with gender and educational diversity positively correlated with innovation (Østergaard et al., 2011). Similarly, it is significant to note that innovation is positively associated with an inclusive culture and supported by diversity policies (Østergaard et al., 2011). There is evidence that authentic leadership styles create more inclusive climates (Boekhorst, 2015; Cottrill et al., 2014; Kochan et al., 2008). This research suggests that while improving diversity is the first step, a culture of inclusivity starting with the CEO is essential to realize a team’s ambitions fully (Nembhard & Edmondson, 2006).

is structured well, they still may not achieve their full potential unless they find a way to learn together, a critical team characteristic. Team learning requires an atmosphere where team members feel safe asking for feedback, admitting mistakes, soliciting help, and getting outside perspectives. Without these shared belief systems, teams were less effective in reaching their stated goals and outcomes (Edmondson, 1999).

Additional researchers have taken up the exploration of psychological safety and found many group-level benefits demonstrating that teams with high feelings of safety are more engaged, perform tasks better, are more satisfied, and are more committed to the organization (Frazier et al., 2017).

## Gaps in UET

UET has come a long way toward connecting the composition of the senior management team to how organizations perform; however, not enough attention has been paid to team interaction processes. When Hambrick revisited his original theory over 20 years later, he acknowledged these opportunities and identified the need for more process-oriented

research (Hambrick, 2007). What can be done to improve and inform the development of productive team dynamics on a currently practicing team? Once a team has been put into place, are there process and behavior-oriented interventions that might help the team become *more* effective?

## Team/Group Effectiveness

To fill the team processes gap in UET, we turn to the broad study of groups and team effectiveness. Richard Hackman and Charles Morris tackled this problem head-on, stating, “We suggest that the key to understanding the ‘group effectiveness problem’ is to be found in the ongoing interaction process which takes place among group members while they are working on a task” (Hackman & Morris, 1975, p. 2). Their approach does not ignore the static

characteristics of team members, but instead builds on the inputs to explore how individuals interact with each other. They explored an input-process-output model (see Figure 2). The inputs include individual-level, group-level, and environmental-level factors, which combine with the group processes and result in the team’s outcomes.

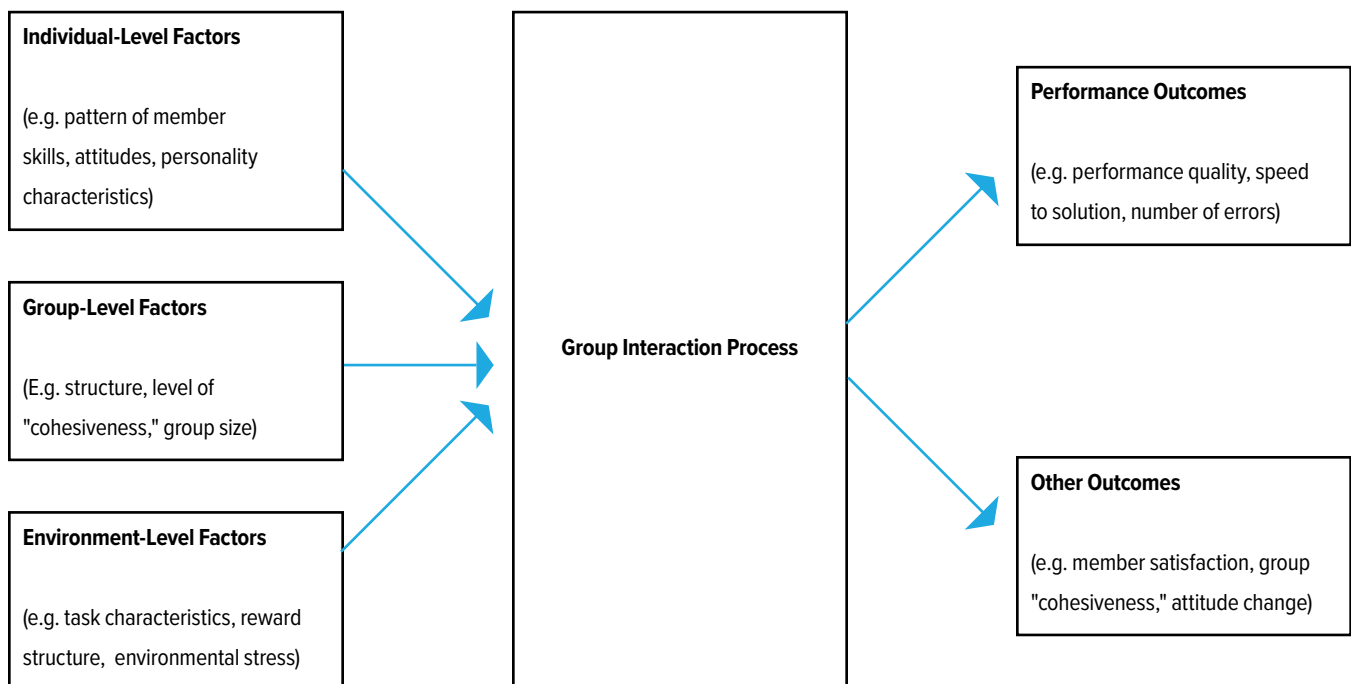


Figure 2: Hackman and Morris (1975) model of group effectiveness.

## Team Process: Interdependence and Shared Work

Work teams in various organizational settings have shown that team effectiveness is enabled by structural features such as a well-designed team task, appropriate team composition, and a context that ensures the availability of information, resources, and rewards (Hackman & Morris, 1975). Team-level tasks can be designed as interdependent, where the group must perform their work together, or individual, where members do not need one

another to complete their work. Research has shown that teams perform best when their tasks are either purely interdependent or purely individual (Wageman, 1995). Interdependence has many benefits to teams, such as allowing for collective management of tactical issues and strategic decision making (Wageman et al., 2008). In addition, the most effective teams create clearly defined shared work.

## Team Process: Learning Behavior

Team learning behaviors have been shown to improve team performance (Edmondson, 1999). Learning behaviors include members seeking feedback from each other and critical stakeholders (Ancona & Bresman, 2007), discussing errors or unexpected outcomes (Edmondson, 2019), and seeking information from each other and customers (Hu et al., 2018).

Learning behavior at the team level connects the team characteristics of safety and efficacy to team behavior (see Figure 3). In addition, studies have demonstrated that when teams demonstrate learning behaviors, they improve their outcomes and performance (Edmondson, 1999).

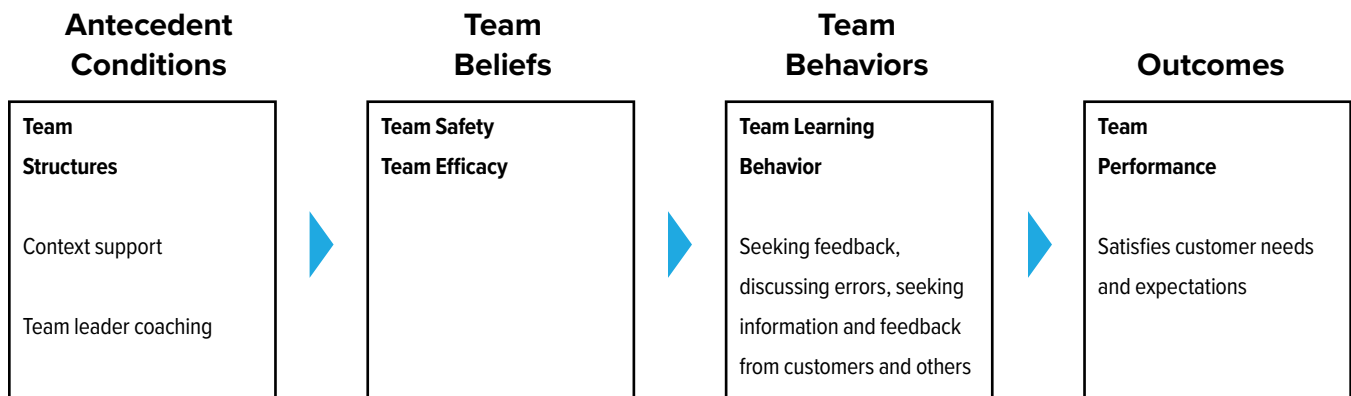


Figure 3: A model of work-team learning (Edmondson, 1999).

## Team Process: Leader Behavior

A meta-analysis of the impact of team leadership approaches on team outcomes revealed the need for both task- and people-focused behaviors. Additionally, the leadership behaviors most related to team performance measures were boundary spanning and empowering (Burke et al., 2006). Yukl (2008) added change-oriented leadership behaviors

to the list of ways leaders influence organizational outcomes. CEO impact on team effectiveness has been examined through many different leadership frameworks, including transformational leadership (Boerner et al., 2007; Jansen et al., 2008; Zhang et al., 2015) and humble leadership (Ashford et al., 2018; Hu et al., 2018). Transformational leaders can combine

the ability to engage individual team members (individual consideration) with inspirational motivation and intellectual stimulation. These behaviors result in more organizational citizen behavior and improve organizational performance (Boerner et al., 2007).

While psychological safety is a critical element in team outcomes, leader humility has been demonstrated to have a more significant positive effect on information sharing within top management teams (Hu et al., 2018). In addition, leader humility increases team learning behavior (Ashford et al., 2018).

Finally, a critical leadership behavior for team success is expert coaching of team members and processes. It is not enough to have all the ideal characteristics, the appropriate methods, or a clearly articulated goal: a team leader must regularly identify threats to the team's success and navigate the group around or through them. Edmondson (1999) defines leader coaching as being available for consultation on problems, being readily available for team members, and initiating discussion of team progress.



# Conceptual Framework

## Dynamic Model of TMTE

Taken together, the UET and GET models reveal how individual characteristics, as well as interaction processes, play essential roles in determining how effective a team will be. In 2008, Amy Edmondson, Michael Roberto, and Michael Watkins proposed a framework that combined characteristics and interaction processes. Taking into consideration the static demographic composition of the team (UET), they suggested specific process choices

(GET) that leaders can make to deal with any situation-specific asymmetries, and they summarized this framework as TMTE. The TMTE framework provides a research-based approach to understanding fundamental team dynamics that have been critical for executive teams' success.

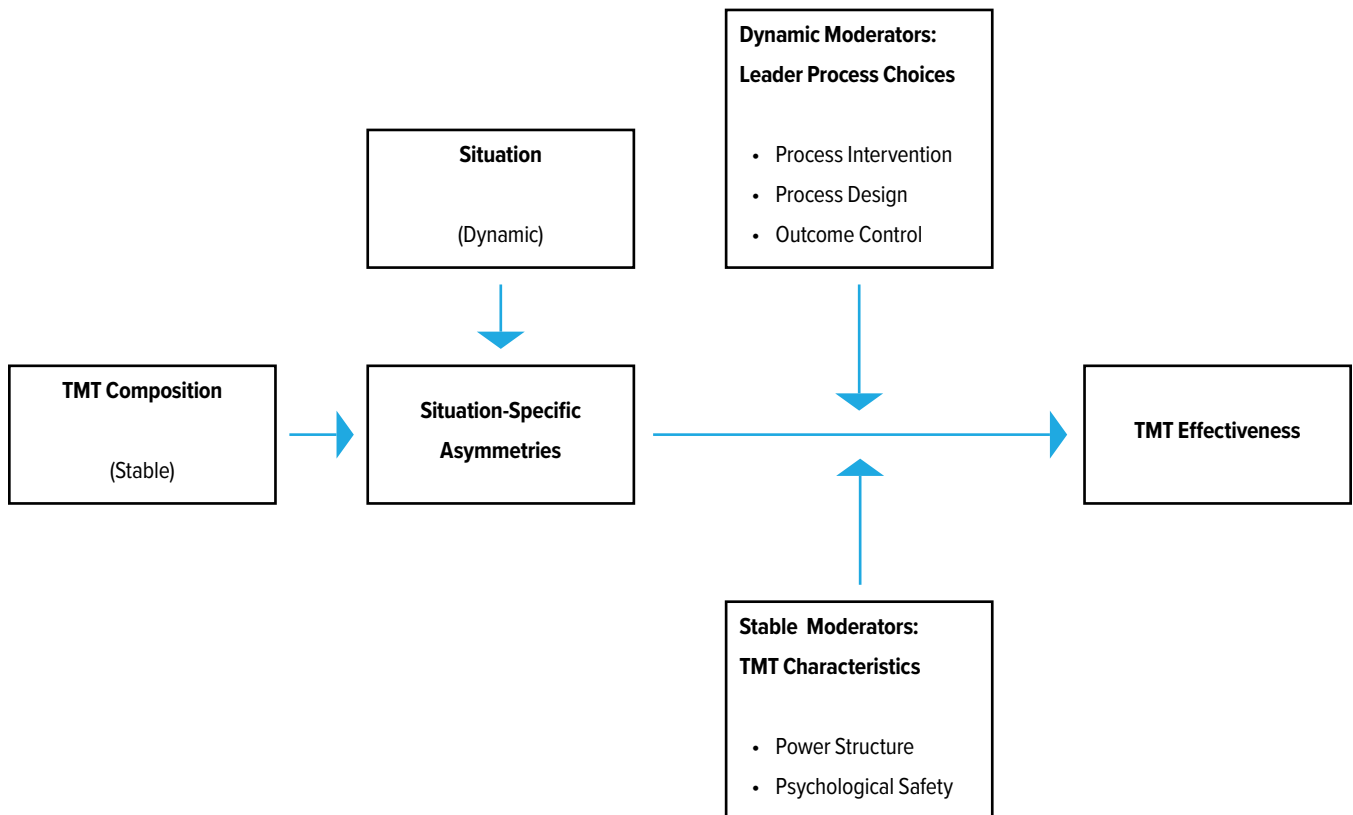


Figure 4: TMTE, moderators of the relationship between situation-specific asymmetries and team processes.

The model outlined is designed to overcome the most challenging element of teamwork: process losses. Process losses are used throughout team-based literature as a catch-all to explain why some teams do not reach their potential, and have at times been cited as reasons why teams are not effective organizational tools (Hackman, 1998). Instead of seeking to reduce process losses through stable conditions like team demographics alone, this model suggests a dynamic solution that can be applied differently based on the situation.

The first component of the framework is the composition of the top management team. This input element harkens back to the UET by considering the measurable characteristics of individual team members. Team size has been shown to matter. Specifically, the larger a team becomes, the more cognitive conflict and affective conflict increase (Amason & Sapienza, 1997; Jansen et al., 2008). Thus, input variables are a vital element to consider when seeking to build an effective team.

The next component of the framework is the situation-specific asymmetries. These dynamic elements assume that teams must adapt to situations based on how information and interests are distributed across the team: symmetrically or asymmetrically. In other words, do all members have the same information (symmetric), or do individuals have different types or depths of information (asymmetric)? Entire studies have examined how teams navigate information distribution among team members, revealing that teams spend most of their time discussing information shared by all team members (Brodbeck et al., 2007). Interest asymmetry occurs when team members' interests diverge from one another, pitting individual goals against each other. Interest asymmetry seems as though it needs to be overcome in all situations. However, when team members advocate for various stakeholder interests, strategic decision-making improves (Ancona et al., 2002).

Next, in addition to the dynamic variable conditions of interest and information, two stable characteristics impact the effectiveness of a top management team: power structure and psychological safety. Power distribution within a team is well researched. A CEO who distributes power through empowering behaviors can account for 30% of the variance in team learning (Burke et al., 2006). Fundamentally, teams benefit from sharing their pools of knowledge and experience. As power is shared among group members and they feel safe using their voices, better decisions will be made and effectiveness will increase (Edmondson et al., 2003).

Finally, the model outlines three process choices leaders face: "(1) how to reach closure on a decision (outcome control), (2) how to facilitate group discussion (process intervention), (3) how to structure debate (process design)" (Edmondson et al., 2003, p. 311). Outcome control is when the team leader or CEO makes the final decision themselves. They may solicit input and feedback from the larger group, but they know their final choice is theirs. This approach is most useful when there are interest asymmetries on the team; it is likely to reduce value-claiming behavior and result in the most ideas being contributed.

Process intervention is when the group leader intentionally interrupts conversation and discussion to ensure all voices and ideas are being heard and considered. It may look like the leader inviting someone to speak up: "What do you think? I haven't heard your input yet." Or it might be to invite more details: "Tell us more about that idea, how have you seen it work before? What would be the challenges with that approach?" Process intervention is designed to overcome information asymmetry and ensure that all applicable information is leveraged during decision-making processes.

The final process choice included in the framework is process design, when the CEO creates a structured approach to the decision-making process. The

goal is to overcome both interest and information asymmetries by inviting individuals to think through the various options, creatively consider alternatives, and not disregard any potential solutions. For example, some leaders design organized debates, whereas others create formal brainstorming sessions. In whatever approach is utilized, the leader shapes the process intentionally.

When necessary, a leader should pull one of these levers to benefit team effectiveness and the organization. Here, we find the specific leadership behaviors that combine with member interaction to create the best chance at team effectiveness. This framework has been explored through narrow

lenses examining individual elements. However, there has not yet been a study investigating all aspects of the framework as they work together.

This project aimed to create an evidence-based way for the MET to examine their current practices and assess their progress toward becoming an effective executive team. The TMTE framework connects to the problem of practice by arranging the specific elements of input variables (stable individual and team characteristics) with dynamic situation variables (information and interest asymmetry) while also recommending CEO process choices.

# Project Design

This capstone project sought to support the MET in understanding and improving their progress toward becoming an effective executive team. Drawing on the TMTE model, this study aimed to document the team’s current definition of shared work, understand individual and team characteristics, and explore team processes to inform their goal of being a highly effective team.

## Research Questions

This study explored the following three research questions:

- What do members of the MET consider their shared work?
- What are the individual and team characteristics of the MET?
- What are the interaction processes of the MET? What role does the CEO play during team interactions?

Table 1 shows how the research questions align to the data collection methods and specific item numbers. The interview, survey, and observation protocols are available in Appendices A, B, and C.

Research Question	Data Collection Method	Data Collection Items
<b>RQ1:</b> What do members of the MET consider to be their shared work?	Interviews	Interview Items: 8, 9, 10, 11, 12
<b>RQ2:</b> What are the individual and team characteristics of the MET?	Survey Interviews	Survey Items: 1-6, 7-13 Interview Items: 1-8, 13-15
<b>RQ3:</b> What are the interaction processes of the MET? What role does the CEO play during team interactions?	Interviews Survey Observations	Interview Items: 16, 17, 18 Survey Items: 14-20, 21-23 Observation Form

Table 1: Research Questions and Data Collection Methods

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# Data Collection

This capstone project utilized a mixed-methods approach to collect data, including interviews, surveys, and meeting observations.

## Study Participants

The MET consists of five roles: CEO, CFO, CNO, CMO, and HRBP all described above. Three of these roles have been stable through the length of the project, CEO, CNO, and CFO, while the other two roles have varied.

## Team Member Interviews

One-hour audio-recorded interviews were conducted with each of the five leadership team members in June 2020 to understand their individual characteristics. The interviews were semi-structured with questions aligned to the conceptual framework (see Appendix A). Each interview was recorded via Zoom or Microsoft Teams and transcribed through Rev.com. The transcripts were then exported to

Microsoft Word for coding. These interviews gathered personal histories, work experience, education, and other demographic information. Additionally, the interviews helped identify the individuals' experiences on effective and ineffective teams, their understanding of the shared work of the MET, and their experiences to date as members of the MET.

## Team Member Survey

In August 2020, following the individual interviews, a survey (appendix B) was distributed to the five members of the MET. The survey was designed to be completed in under 15 minutes. Qualtrics survey software was used to deliver the assessment, and individuals could complete it on their mobile devices. Reminder emails were sent weekly, and four participants completed the survey within three weeks. Unfortunately, the fifth member of the team resigned from his position at the hospital before completing it.

The survey was developed drawing from previously validated surveys designed to measure psychological safety, learning behaviors, and CEO coaching (Edmondson, 1999). The survey differentiated team beliefs (psychological safety, team efficacy) and team behaviors (learning behaviors). The research to validate the survey supported the hypothesis that CEO coaching, psychological safety, and team learning work together to create effective team performance (Figure 3). Hence, the survey included items related to Research Question 2 (team characteristics) and Research Question 3 (team interaction processes and CEO role).

## Team Meeting Observations

Additional data was collected through meeting observations conducted from September 2020 through February 2021: three before the hospital opening and three after. The meetings were selected for observation on the first Wednesday of the month unless the CEO requested a schedule change. Observation data came from six three-hour-long meetings. Participants in the meetings varied depending on individual schedules and the members of the team during the observed time

frame. The executive team members met in person with observation available virtually via Microsoft Teams. Live video was available throughout the meetings and field notes gathered via an observation protocol developed to align with the elements of the TMTE framework and research questions. The observations allowed better understanding of current team decision-making processes and interaction norms in action. The observation protocol can be found in Appendix C.

## Participant Engagement

Table 2 provides an overview of how each participant engaged in the data collection process, noting how the original team members engaged and how the current members participated.

Participant	Interview	Survey	Observation
CEO	May 2020	August 2020	Observations 1–6
CFO	June 2020	September 2020	Observations 1, 2, 4, 5, 6
CNO	June 2020	September 2020	Observations 1, 2, 4, 5, 6
HRBP (1) — May – Aug 2020	June 2020	n/a	n/a
HRBP (2) — Dec 2020 – Present	n/a	n/a	Observations 4, 5, 6
CMO (1) — May – Oct 2020	June 2020	September 2020	n/a
CMO (2) — Nov 2020 – Present	n/a	n/a	Observations 4, 5, 6

Table 2: Data collection participant overview

## Data Collection Timeline



## Data Analysis

### Quantitative Analysis

Four original MET members completed the survey, but survey data from only three of the participants were analyzed. The CMO’s survey data were excluded because he left his role on the team and did not participate in the other data collection activities.

Raw data was exported from Qualtrics to Excel for analysis. It was cleaned and organized to make sure there were not any missing responses. The likert-

scale was numerized with items from *very inaccurate* as a 1 to *very accurate* as a 7. Finally, the survey data was summarized using descriptive analysis such as means and standard deviation. The survey results were grouped and compared simple means across the three behavioral themes: psychological safety, learning behavior, and CEO coaching (Appendix D). The responses were also analyzed at the item level to understand better-perceived group norms.

## Qualitative Analysis

*Interview analysis.* To analyze the interview data, the recordings were listened through twice and compared to the transcripts. The first time, to ensure accurate transcription; the second time, to identify key concepts aligned to the conceptual framework. The conceptual framework was the basis for establishing coding themes.

Five main themes emerged from the interview transcripts:

Theme	Personal Experience	Personal Behavior	Team Effectiveness	Team Beliefs	Team Behaviors
<b>Codes</b>	Work history Family history Locations lived Areas of expertise	Leadership style Follower style Preferences Approach	Shared work Team goals Outcomes Success Measures	Best team Worst team Psychological safety (risk-taking, mistakes, feedback)	Decision making Conflict Listening Sharing ideas CEO role

*Meeting observation analysis.* Drawing on the conceptual framework, codes were developed to document three types of situation-specific asymmetries and three codes for process choices. The observation field notes and template were then coded to identify each variation of situation dynamics and process choices (see Table 3).

### Situation-Specific Coding Definitions

- **Information Asymmetry:** Team members have access to private or unique information not possessed by others. May contribute to process loss by causing the team to overlook plausible options, fail to examine consequences, underestimate risks, and erode commitment to implementing.
- **Interest Asymmetry:** Team members have divergent interests in a given situation. May contribute to process loss through value-claiming behavior, advocating for positions, overcommitting, precluding analysis, and erosion of team relationships.
- **Information and Interest Asymmetry:** Together interest and information asymmetry create an interaction effect as people deliberately withhold information to enhance their power, further reducing the amount of relevant information shared and inhibiting the potential for novelty and synergy that produce joint gains.

### Process Choice Definitions

- **Process Intervention:** The leader intervenes actively and frequently in the discussion to help include all relevant or privately held information from group members.
- **Outcome Control:** The leader shares with the group that he will decide or determine the outcome to overcome interest asymmetry.
- **Process Design:** The leader imposes a structured process to ensure debate and thorough consideration of alternatives.

Meeting notes were coded to look for these situations and describe the group interaction related to them. Special attention was given to the CEO's behavior, looking for evidence he was equipped to create the processes needed to overcome the situation-specific asymmetries.

<b>Observation Code</b>	<b>Number of Instances</b>	<b>Observation</b>
<b>Information Asymmetry</b>	15	Obs 1, 2, 3, 4, 5, 6
<b>Interest Asymmetry</b>	6	Obs 2, 4, 5, 6
<b>Information &amp; Interest Asymmetry</b>	3	Obs 4, 5, 6
<b>Process Intervention</b>	15	Obs 1, 2, 3, 4, 5, 6
<b>Outcome Control</b>	3	Obs 4, 5
<b>Process Design</b>	0	

Table 3: Observation Code Summary



# Findings

## Research Question 1:

### What do members of the MET consider their shared work?

#### **Finding 1:**

*The MET members defined culture as their shared work and focused most of their team interaction time on issues related to culture.*

The first finding is drawn directly from the interview data. Individuals were asked to describe their shared work. Various follow-up questions included “What decisions do you decide on your own versus bring to team meetings? How will you know you have succeeded? And what is your collective goal?” There was a variety of answers, shown in Figure 5.

However, only the CEO described elements of organizational performance as the team’s outcomes, and the other members did not mention anything about organizational-level measures.

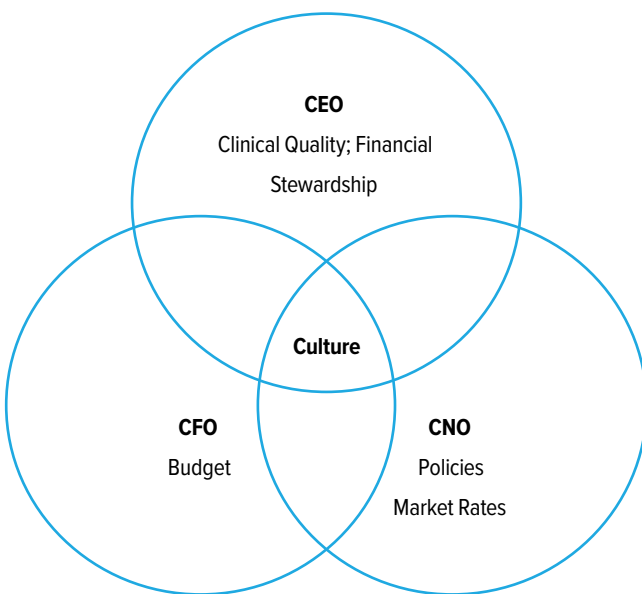


Figure 5: MET perceptions of shared work.

When describing the culture, they referred to the cultural framework they created as a team before the study began (Appendix E). The three pillars of their framework were “Care for Each Other, Care for the Patient, and Care for the Business.” Since this is such a broad definition of culture, it may fully cover the elements described in the literature related to effective top management teams: enhanced organizational performance, member commitment and attitudes, and member growth goals (Hackman & Wageman, 2012; Cohen & Bailey, 1997; Cavanaugh et al, 2021). However, when the interviews were conducted, the team members were planning for each of them to take ownership of different elements of their cultural framework: The CEO would focus on care for each other, the CNO on care for the patient, and the CFO on care for the business. In this way, they were still not seeing their work as genuinely integrated. Hackman’s work, dating back to 1975, centers on the need for developing a real team—one whose work is interrelated. Other research demonstrated that when a team is created but the work is independent, effectiveness diminishes (Wageman, 1995).

A specific example observed in an executive meeting following the opening of the hospital concerned physician engagement. In January, the group was grappling with the lack of physician engagement. Up to this point in time, the CEO had believed that developing physician relationships was his work rather than a joint responsibility. As a result, he hustled all over town, meeting with physicians to recruit them and meet their needs. It

had little impact. When he brought the issue to the team, they offered suggestions from their previous experience and identified new strategies to pursue. This example demonstrates that if the team had seen physician relations as a shared goal from the beginning, instead of limiting shared work to culture, they would have been regularly reviewing and developing their strategy as a team, which would benefit from the diverse perspectives on the team.

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## Research Question 2a:

### What are the individual characteristics of the MET?

#### ***Finding 2a:***

*The MET members enjoyed healthy diversity of age, gender, ethnicity, background, and expertise. However, the individuals lacked tenure in their roles and some of the specific tasks they each oversaw.*

According to the UET research, organizational outcomes can be predicted based on observable managerial characteristics such as age, tenure in the organization, functional background, education, and socioeconomic roots. Each interview provided insight into the MET members.

The CEO was previously the vice president for ancillary services at nearby Trust Health Huguley. Before that, he worked at AMITA Health and started in healthcare at Adventist Health System as a management resident. His healthcare leadership experience included managing an outpatient radiology center, followed by being a director of radiology for a 260-bed hospital. In 2016, he got his first opportunity to lead beyond the radiology department when he moved to Texas Health. As vice president of ancillary services, he managed marketing, the laboratory department, an offsite

surgery center, and therapies. In addition, he had experience in leading most non-clinical departments within a hospital. However, his new role as CEO brought with it significant changes in task oversight. For example, he described responsibilities in physician recruitment, executive team engagement, community relations, and being a liaison to Midland's two parent organizations.

The CNO moved from Florida, where she was born and raised, to Texas to take this role. Previously she was the director of nursing at AdventHealth Wesley Chapel, where she was one of the nurse leaders who helped build and open that facility. Her entire career had been in nursing and nursing leadership; she started right out of high school as a nursing assistant and worked her way up to ICU manager. She was now supervising areas with no previous experience, such as pharmacy, emergency,

risk management, and infection prevention. While each of those areas was heavily clinical, they demanded specific expertise to run effectively.

The CFO joined Midland from Trust Health Central Medical Center, where she was serving as the interim CFO. She had over 20 years of healthcare finance experience after getting her start as an accountant with Ernst & Whinney. Her family had lived all over, including Texas, California, Virginia, and back to Texas. Some prior roles allowed her to lead the

supply chain to complement her finance experience. In addition to healthcare, she briefly worked in the banking industry and as a certified public accountant. Her current role included oversight of the facilities team, which was a new function for her. She also supervised the operations director, who managed the lab, respiratory therapy, and nutritional services.

The collected individual characteristics of the team members are included in Table 4.

	CEO	CNO	CFO
<b>Age</b>	30s	40s	50s
<b>Tenure</b>	organization: 13 years team: 1 year task: 0 years	20 years 9 months 0 years	4 years 4 months 1 year
<b>Functional Background</b>	Radiology Manager Ancillary	ICU Nurse Preceptor Critical Care Director	Accounting Controller Supply Chain
<b>Education</b>	Master's of Business Administration	Master's of Science in Nursing	Certified Professional Accountant

Table 4: Individual Characteristics

The above descriptions and summary table demonstrate this team has a wealth of diverse experience and personal characteristics. However, a critical finding is the low level of role tenure and team tenure defined in the UET literature. Since team and role tenure are connected to improve

strategic decisions and future organizational performance (Wang, Holmes, Oh, & Zhu, 2016), there is a risk with a team of brand new executives.

# Research Question 2b:

## What are the MET team characteristics?

### Aligned with the TMTE framework [psychological safety, team learning, power distribution]?

**Finding 2b:**  
*The team demonstrated high psychological safety and low learning behaviors.*

The team characteristics referenced in the conceptual framework as antecedents to effective top management teams are psychological safety and power distribution, as seen in Figure 2 (Edmondson et al., 2003). Edmondson (1999) also identified team learning behaviors as an essential component relating psychological safety to team

effectiveness. Data from the survey, interview, and observations was triangulated to answer Research Question 2. The survey data revealed significant insight into the team characteristics. As shown in Figure 5, the highest-scoring area was psychological safety (6.33), followed by CEO coaching behavior (6.11), and then team learning behavior (5.56).

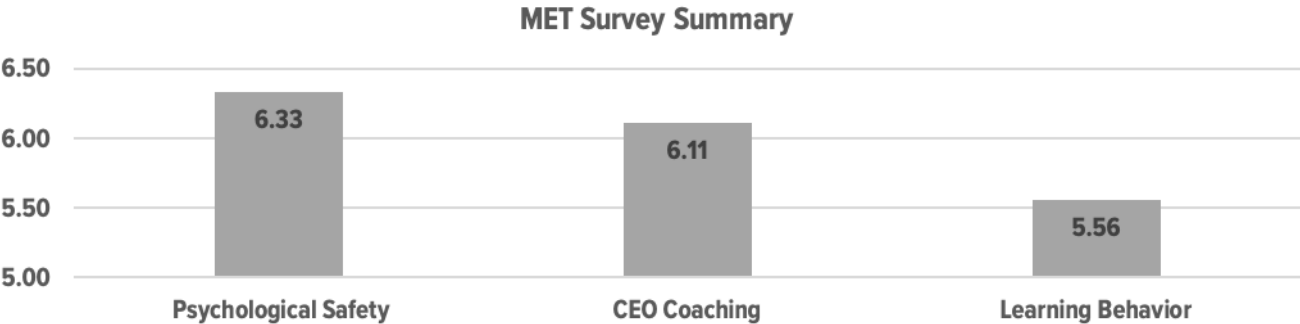


Figure 6: MET survey summary.

Taking a closer look at the psychological safety survey scores, the average across all measures was 6.33 out of 7. No scores were below a 5 (somewhat agree). The lowest item was related to risk, and it was the CEO who scored it lowest. In the interview, he described his perspective: “I feel like everything I do is a risk, not to this team, but within our larger organization. I feel like I can take a risk with my executive team, but I worry how my regional CEO will perceive it.”

### MET Survey: Psychological Safety Items



Figure 7: Psychological safety item summary.

To better understand the survey results, data was pulled from the interviews where team members described the safety they felt. For example, one team member said, “I don’t feel bad about asking for help. I ask a lot of questions. I feel like with the appropriate culture, you don’t feel fearful asking questions. Sometimes I say, maybe I should know this, but I don’t.” Another team member described their meeting interactions by saying, “Everybody around the table says what they feel about whatever the situation is, no holding back.” A significant example of interpersonal risk-taking is how willing the team members are to disagree. They even talked explicitly about their intention to build safety. For example, the CEO said, “I think we need to create a climate of safety in our circle, especially so we can disagree with each other. I want people to disagree with me.” Across all three data collection sources, there was evidence of healthy psychological safety across the MET.

When averaged across the three survey domains, learning behavior ranked the lowest (see Figure 5). Team learning is critical to team effectiveness

(Edmondson, 1999; Koeslag-Kreunen et al., 2018). The lowest-rated item on the survey overall was “In this team, someone always makes sure we stop to reflect on the team’s work process.” During my various observations, there were no examples of the team stepping back to review their work processes or reflect on their progress. The interviews revealed an individual commitment to learning. One team member said, “I’m a novice now, I’m definitely outside my comfort zone. I am going to need mentoring and a lot of feedback.” A different team member expressed concern about giving and receiving coaching from other members because of the intensive work they were doing in preparing for the hospital to open: “I don’t think that we should be doing a lot of coaching right now. There’s just too much going on, and we have too much to do. We don’t want to get distracted.” Even the framing of coaching and learning as distracting to their immediate work and deadlines demonstrates resistance to slowing down to reflect on the team’s work processes.

### MET Survey: Learning Behavior Items

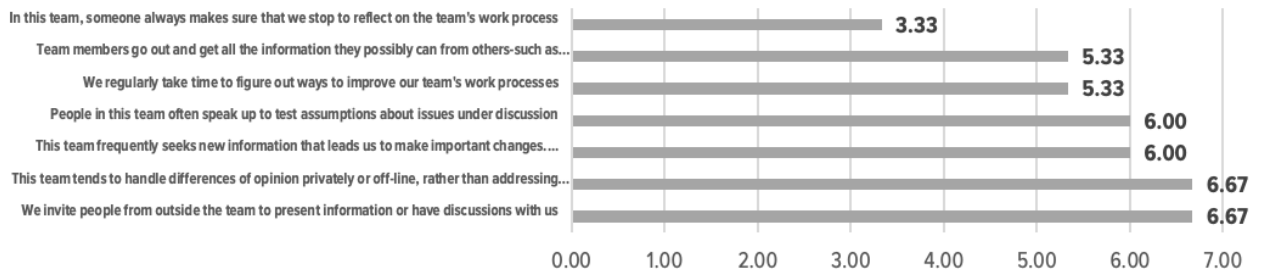


Figure 8: Learning behavior item summary.

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## Research Question 3:

# What are the situation-specific interaction processes of the MET? What role does the CEO play in interactions?

### ***Finding 3:***

*The CEO engaged in process intervention to overcome information asymmetry and outcome control to overcome interest asymmetry. There was no evidence for process design.*

To examine this research question, data was compared across interviews, the survey, and my observations. Then, as described in the literature review and aligned with the conceptual framework, examined the data for evidence of process intervention, outcome control, and process design.

Process intervention was found throughout the observations. As listed above in Table 3, process intervention happened in every meeting observation. Most typically, it would be the CEO working to ensure all relevant information was on the table during decision-making activities. For example, during one meeting, the team had recently discovered that holiday pay had not been given to team members who worked Christmas and New Year's Day. While the executive team discussed how to handle it, the CEO pressed for more information from the group and outside the group. "I need more detail, and [the CNO] has it. What did you learn from [THH's CNO]?" Later in the discussion, he turned to the CFO: "What do you think? How did you handle this at your previous hospital?" As they neared the end of their discussion, he said, "This is a big decision, and we all need to be clear about it." Throughout the entire exchange, he interrupted the discussion to uncover information held by individuals but not shared by the group. This interaction process is directly in line with the conceptual framework for handling situations with information asymmetry.

Though identified less frequently, there was also observational evidence of the CEO leveraging outcome control. As shown in Table 3, there were three occasions when the CEO gathered input from the group but indicated he would decide himself. One case centered on the creation of three different tiers of leadership groups within the hospital. The CEO described these as the executive leadership team, "focused leadership," and "expanded leadership." He presented a proposal to the group with definitions for each level and how they would be included or excluded in leadership activities across the hospital. The other members of the executive team each had a different interest in shaping the decision. The CNO had many more direct reports, some of whom would be put into the "expanded" category and therefore might not feel included in decision making. With only three direct reports, the CFO was less concerned with who was at each level but did voice concern about the responsibility given to the focused leadership group. After a healthy conversation where they all shared their ideas, voiced concern, and asked their questions, the CEO ended the discussion with, "Thank you for all your good input. I'll consider it while I make my final decisions." This case is an excellent example of the CEO using outcome control as a way of overcoming value-claiming behavior (Edmondson et al., 2003), as outlined in the framework in Figure 2.

The survey results revealed more insight into the team's process design choices. For example, three of the lowest scores were directly tied to their team's process design:

- We regularly take time to figure out ways to improve our team's work processes (5.33).
- In this team, someone always makes sure we stop to reflect on the team's work process (5.33).
- The team leader initiates meetings to discuss the team's progress (5.67).

To better understand the survey results, data from the interviews shed additional insight. The CNO described their team interactions this way: "From my perspective, I feel like we're still trying to learn each other. I don't feel like there are negatives from our interactions. I don't want to sound negative about [the CFO] or [the CEO] either, but I feel like there's just a lot of unknowns for our team." In many ways, it is natural for a new team not to have defined processes. The CFO made a similar remark in her interview: "I would feel better if we were more organized. I'm not sure who puts the agendas together. We don't typically follow the order. There's not a set anything. There's not a way for us to do something." Here, she demonstrated a desire for more process design across the team.

Finally, pulling in observation data, there were no examples of process design during the selected meetings. Even though three cases were observed when the team had divergent interests and information, there were no practical examples of the CEO engaging in process design. According to the conceptual framework, process design is recommended when the top management team members have asymmetric interests and asymmetric information. These situations cause excessive process loss because there is value-claiming behavior that causes less information to surface and shapes strategic decision-making.

# Recommendations/Interventions

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## Recommendation 1:

### The MET should broaden their definition of shared work.

Across the various group effectiveness theories, one clear common ground is creating a compelling, shared vision (Jansen et al., 2008; van Knippenberg et al., 2011). Rather than having a loosely associated senior leadership team, a core component of success is a team that frames their work as highly interdependent around a collective goal.

When this finding was first shared with the CEO, he was energized to hear that his whole team saw culture as their shared work. At the time, he didn't see the need to include anything else as shared across the group. However, suppose they continue to operate in their different silos? In that case, they will not be motivated to pool their diverse information, debate opposing interests, and reach improved decisions due to task conflict (Amason & Sapienza, 1997; Bradley et al., 2012).

Specifically, the MET's should expand shared work beyond culture to include organizational performance measured by financial data, clinical data, team member engagement, stakeholder engagement, and behavioral integration (Hackman & Morris, 1975). These measures are collected regularly and reviewed by the most relevant member of the team. For example, financial reports are sent daily to the CFO, and there is a robust monthly close process and a yearly budget cycle. Instead of that work being conducted by the CFO alone, she should regularly share the information with the MET to work together to address issues as they arise. Similarly, clinical data is available to the CNO regularly, including patient experience scores, clinical outcome reports, and unit-level productivity metrics. Finally, the H.R. leader has a complete dashboard that tracks day-by-day team member data from engagement to turnover and performance. When members of the team approach their work from their single lens, they miss out on critical opportunities to learn with and from each other.

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## Recommendation 2:

### The CEO should focus on coaching behaviors to build on psychological safety and improve team learning.

Psychological safety on this team was an evident strength. Research has shown that psychological safety is connected to multiple dimensions of team effectiveness, including innovation (Edmondson

& Lei, 2014), information sharing, creativity, and learning behavior (Frazier et al., 2017). Nurturing and maintaining current levels of safety is critical to future effectiveness, especially as the team grows



beyond the three members. To ensure psychological safety remains a strength and spreads to other levels of leadership across Midland, the members of the MET should frame the work as learning, demonstrate humility, express appreciation, and destigmatize failure (Edmondson, 2019, p. 159).

Research has demonstrated the specific impact a CEO can have on top management effectiveness and organizational outcomes. The MET already presents high levels of psychological safety, but the team's learning behaviors have room for improvement. As Nembhard and Edmondson (2006) demonstrated, CEO coaching can moderate the impact of psychological safety on learning behaviors. In other words, the CEO should engage in more coaching behaviors to improve the team's learning behaviors. Empowering behaviors from a CEO have been shown to account for 30% of the variance in team learning.

Team learning is critical for the MET's success. Since the members are new to their roles, they have abundant learning opportunities. In addition, learning behavior on a team can help overcome a lack of prior experience by improving innovation and process improvement activities (Edmondson & Lei, 2014; Nembhard & Edmondson, 2006).

Based on the survey results, the CEO should focus on creating specific meetings for the team to discuss their progress toward goals and determine what work they need to do (Amabile & Kramer, 2011). For example, this could occur in the form of a quarterly retreat to engage in strategic planning activities, determine shared goals, measure progress towards goals, and reflect on progress/improvements.

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## Recommendation 3:

### The CEO should engage in more process design.

The last recommendation is for the CEO to engage in more process design, specifically when facing critical strategic decision-making. Process design, when the leader imposes a structured decision or meeting process to ensure debate and thorough consideration of alternatives, is the one situation-specific choice never observed, although the CEO used process intervention and outcome control effectively to overcome the appropriate asymmetries.

The conceptual framework suggests two structuring process designs: assigning debate positions and alternating devil's advocate roles. The goal is to create healthy and safe debates over critical issues. Research has shown that team decisions are most likely to outperform individual choices when they have asymmetric information

that is fully shared during the group's decision-making process (Brodbeck et al., 2007). Without intervention, groups are more likely to spend most of their discussion time on shared information.

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## Limitations

This study had three specific limitations. First, while the MET members were interested in measuring their effectiveness as a team, there were no available organizational measures during the data collection period. It was therefore not possible to implement recommendations and measure their impact or outcomes. Second, the above recommendations were made based on the literature available, and not all of them have been tested in a healthcare environment. The third limitation to the study was the turnover on the executive team. With a team of five, having two members swap out in the middle of the data collection impacted the findings. The survey should be repeated again with new members to see how the new team members have affected the team characteristics.

# Discussion/Conclusion

## Conclusion

THMH has been open for just over six months. This project was guided by the original problem of practice—that THMH executive team members did not have an evidence-based way to assess their current practices or progress toward becoming a high-functioning executive team. However, through the exploration of available literature and an applicable conceptual framework, the team now has the basic framework to track and diagnose their progress toward being an effective team:



This project featured a new hospital that wanted to improve the health of a community, a new executive team that wanted to do their best in creating a transformational culture, and a new CEO who wanted to lead differently. To track their progress, they needed to understand their team composition, situation asymmetries, process choices, and effectiveness measures.

Analysis revealed they had demonstrated growth toward their goal by establishing a diverse team, fostering psychological safety, overcoming information asymmetry by process intervention, and overcoming interest asymmetry through the CEO engaging in outcome control. The recommendations are aligned to the gaps identified related to the framework above:

1. Expand the team's definition of shared work.
2. Leverage psychological safety to create team learning behaviors.
3. Use process design when the team faces situations with both interest and information asymmetry.

For me, the most exciting part of working with teams is the potential captured within the group's collective effort. A group of people coming together to do meaningful work toward collective goals is energizing. For example, at the first meeting with the entire leadership team of 30 people, the CEO said this:

*This hospital will not be perfect on day one. On day one, we will not have everything working perfectly ready. But, I'll tell you what, day 90 would be better than day one. Day 120 will be better than day one. Day 365 will be better than day 60. I mean, we'll be better each and every day till then. And that's what's supposed to be. So we'll be on this continual journey of improvement.*

This spirit of improvement, humble leadership, bias toward learning, and commitment to the community will be how they transform people's lives.

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# Appendix A: Interview Protocol

## Individual Characteristics: History, Experience, Education

1. Where did you grow up? Where have you lived?
2. Briefly describe your current role and job responsibilities? Why did you decide to join the THM Executive team?
3. Describe your educational background? What is your highest degree?
4. How did you get your start at AdventHealth? What other roles have you held in AdventHealth? [if applicable] What was your career path before joining AdventHealth?
5. What areas do you have expertise in? What areas will you need to depend on others for?
6. What is the best team you have ever been a part of? What made it so great?
7. What was the worst team you've ever been a part of? What made it so challenging?

## Team Characteristics

8. Describe what it's like to be a member of the Midland Executive Team (MET)?
9. How do you define your team success? What does it mean to be an effective team?
10. What shared goals does the MET have?
11. What additional goals/objectives are you working on?
12. Describe how the MET makes decisions?

## Psychological Safety

13. What happens when someone on MET makes a mistake?
14. What do you do when you need help from other members of the team?
15. What have been the most difficult discussions you've had as a team?

## Learning Behaviors

16. What processes have you created as a team? When and how do you engage in improving your processes?
17. How does this team seek feedback from each other? From outside the group? How is feedback managed? What do people do when you offer feedback?
18. Where does this team acquire the information it needs for decision making?

## CEO Coaching

19. What is the CEO's role on the team? How does he want the group to function? What expectations does he have for you?
20. When you have a problem, dilemma, or decision, how do you engage with the CEO?
21. What additional actions, behaviors, or support do you need from the CEO to be successful?



# Appendix B: Survey Protocol

## Midland Executive Team Member Survey

The following contains a draft of a survey to be delivered to Trust Health Midland executives. The purpose of the survey is to understand TMT dynamics to identify individual characteristics, measure experiences of psychological safety, learning behaviors, and CEO coaching.

Demographics	
<b>Please enter your age in years:</b>	[open text response]
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer
<b>Race (select all that apply)</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial/Multi-Heritage <input type="checkbox"/> Prefer to not to answer
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Non-Hispanic or Non-Latinx <input type="checkbox"/> Prefer not to answer
<b>What is your formal job title?</b>	[open text response]
<b>Please enter the years of experience you have in this role:</b>	[open text response]

## Psychological Safety Items

Please indicate the extent to which you agree with each of the following:

	Very Inaccurate	Inaccurate	Somewhat Inaccurate	Neither	Somewhat Accurate	Accurate	Very Accurate
If you make a mistake on this team, it is often held against you.	1	2	3	4	5	6	7
Members of this team are able to bring up problems and tough issues.	1	2	3	4	5	6	7
People on this team sometimes reject others for being different.	1	2	3	4	5	6	7
It is safe to take a risk on this team.	1	2	3	4	5	6	7
It is difficult to ask other members of this team for help.	1	2	3	4	5	6	7
No one on this team would deliberately act in a way that undermines my efforts.	1	2	3	4	5	6	7
Working with members of this team, my unique skills and talents are valued and utilized.	1	2	3	4	5	6	7

## Learning Behavior Items

Please indicate the extent to which you agree with each of the following:

	Very Inaccurate	Inaccurate	Somewhat Inaccurate	Neither	Somewhat Accurate	Accurate	Very Accurate
We regularly take time to figure out ways to improve our team's work processes	1	2	3	4	5	6	7
This team tends to handle differences of opinion privately or off-line, rather than addressing them directly as a group	1	2	3	4	5	6	7

## Learning Behavior Items

Please indicate the extent to which you agree with each of the following:

Team members go out and get all the information they possibly can from others-such as customers, or other parts of the organization	1	2	3	4	5	6	7
This team frequently seeks new information that leads us to make important changes....	1	2	3	4	5	6	7
In this team, someone always makes sure that we stop to reflect on the team's work process	1	2	3	4	5	6	7
People in this team often speak up to test assumptions about issues under discussion	1	2	3	4	5	6	7
We invite people from outside the team to present information or have discussions with us	1	2	3	4	5	6	7

## CEO Coaching Behavior

Please indicate the extent to which you agree with each of the following:

	Very Inaccurate	Inaccurate	Somewhat Inaccurate	Neither	Somewhat Accurate	Accurate	Very Accurate
The team leader initiates meetings to discuss the team's progress	1	2	3	4	5	6	7
The team leader is available for consultation on problems	1	2	3	4	5	6	7
The team leader is an ongoing "presence" in this team-someone who is readily available	1	2	3	4	5	6	7

# Appendix C: Observation Protocol

## Executive Team Meeting Observation Form: TMT Effectiveness Framework

Date:

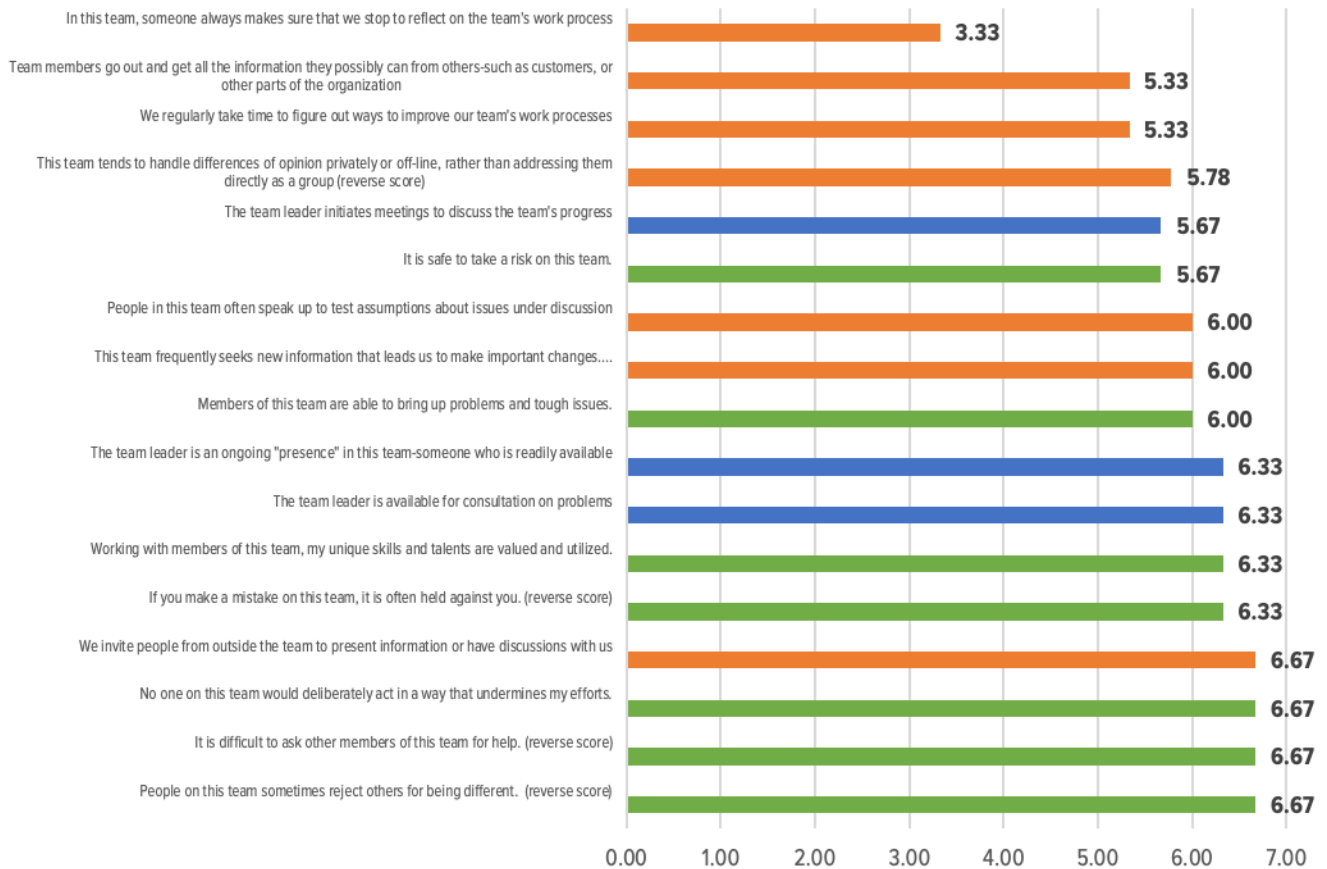
Time:

Agenda:

<b>Evidence of Power Structure</b>	Centralized
	Balanced
<b>Evidence of Psychological Safety</b> <ul style="list-style-type: none"> <li>Asking for help</li> <li>Admitting mistakes</li> <li>Asking questions</li> </ul>	
<b>Information Asymmetry</b>	<b>Yes No</b>
<b>Negative Behaviors</b> <ul style="list-style-type: none"> <li>Private information not shared</li> <li>Consequences not examined</li> </ul>	<b>Positive Behaviors</b> <ul style="list-style-type: none"> <li>Information is freely shared</li> <li>Everyone contributes</li> </ul>
<b>Interest Asymmetry</b>	<b>Yes No</b>
<b>Negative Behaviors</b> <ul style="list-style-type: none"> <li>Advocating for positions</li> <li>Competing for resources</li> <li>Value Claiming behavior</li> </ul>	<b>Positive Behaviors</b> <ul style="list-style-type: none"> <li>Novel proposals</li> <li>Open about interests</li> <li>Candid Discussions</li> </ul>
<b>Leader Process Choices</b>	
<b>Outcome Control</b> Leader makes the final decision	<input type="checkbox"/> High (leader decides) <input type="checkbox"/> Low (group decides)
<b>Process Control</b> Leader actively facilitates decision discussion <ul style="list-style-type: none"> <li>Calling on members</li> <li>Structuring discussion</li> <li>Encouraging alternate views</li> </ul>	<input type="checkbox"/> High <input type="checkbox"/> Low
<b>Process Design</b> Leader designs decision process <ul style="list-style-type: none"> <li>Creating subgroups</li> <li>Assigning a devil's advocate</li> </ul>	<input type="checkbox"/> High <input type="checkbox"/> Low

# Appendix D: Survey Responses

**MET Survey Items**

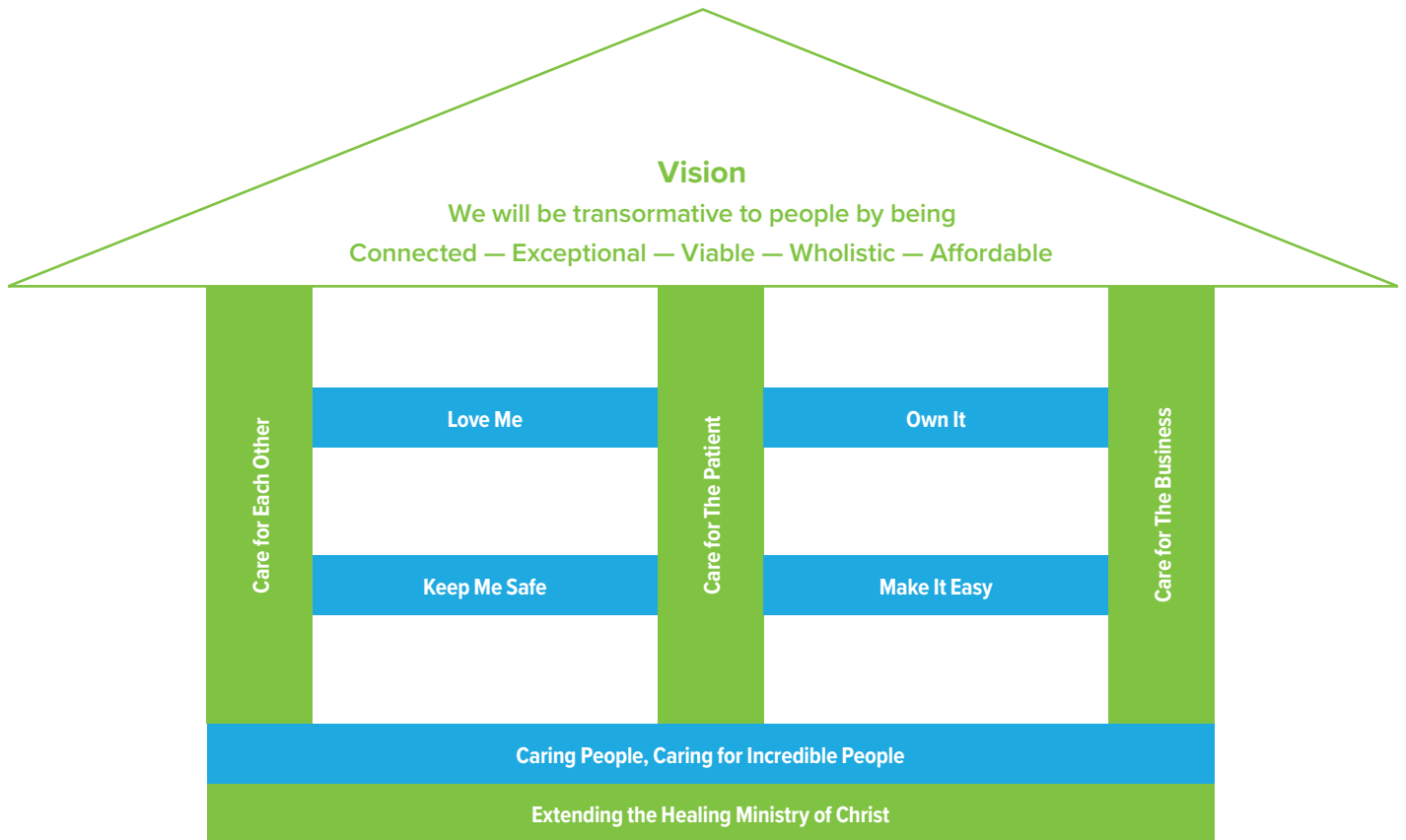


■ **Green:** Psychological Safety Items   ■ **Orange:** Learning Behavior Items   ■ **Blue:** CEO Coaching Items

**MET Survey Summary**



# Appendix E: Midland Cultural Framework





2021