Using Performance Reports to Build a Winning Team

—Lee Jacobs, MD, Associate Editor, Health Systems

> **Shame: A painful emotion caused by consciousness of guilt, shortcoming, or impropriety.**
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> **Pride: A reasonable or justifiable self-respect.[1]**

As most regular readers of *The Permanente Journal* have come to understand, I am a strong advocate of team-based care. My belief is founded on the realization that care organized around high-performing teams is not only the best means of achieving high-quality patient care and service but, as many caregivers experience everyday, the team structure is the best blueprint for creating a highly satisfying work environment. It was with this bias that I read the commentary by Kristen Gregory, PhD, on Shame-Based Versus Pride-Based Reporting (page 4) and tested her premise using my experience (granted, not entirely evidence-based but very reproducible) as well as the literature (a wealth of scientific articles) on the cultural attributes of successful teams.

Dr Gregory describes the options for focused performance reporting as a continuum from "shame-based" to "pride-based" with the underlying organizational culture, in part, determining which direction is emphasized. The stated risk of providing performance feedback too far toward the "shame" direction would have "debilitating effects on organizational self-image and motivation." Dr Gregory's premise will catch your eye: "How an organization talks to itself about its performance reveals both the organization's own self-image as well as the organization's implicit models of individual motivation and incentive." I think this is a very interesting premise that has relevance to all of us. Consider health care team development:

When I listen to successful teams describe why they do what they do, I hear several common themes that explain why they are high performers. All these teams have:

- a strong sense of mission—"We know what has to be done."
- a strong sense of interdependency—"I trust my team members will be there for me."
- a strong sense of patient-centered care—"The entire team, including the nursing staff, are empowered to do what it takes to take care of the patient."

> *… teams that have developed pride in their accomplishments … are the teams that keep getting better.*

- a strong sense of the measurements of success—"We know how well we are doing."
- a strong sense of consequence—"We know that we are appreciated by our patients, our team leader, and each other."

Most importantly, however, successful teams all have a strong team leader! The level of leadership of the local team leader makes everything else happen. Team members of most successful teams will attribute their success directly to the example of the leader ("s/he sees a lot of patients and never complains"), to how the leader encourages the team ("s/he tells me I am appreciated"), and to the leader's relentless obsession with the mission ("s/he constantly reminds us that we are here to provide great patient care and service").

This raises the key question: What type of performance reporting approach might team leaders adopt to motivate teams to continuously strive for improvement—whether the team is high performing or struggling? First of all, teams that have developed pride in their accomplishments, ie, teams with a high collective "self-esteem" and mutual appreciation—are the teams that keep getting better. This is the objective of performance feedback. To answer a question Dr Gregory raises, Yes, I believe winning teams do have a healthier self-image than struggling teams. Confidence leads to success, which leads to more confidence. Those of us who are long-time New York Yankee haters have to admit that when the Yankees take the field, they expect to win. Their stats may not be the best, but they are confident and they will be surprised if they lose. That confidence exudes from high-performing health care teams, a reflection of the style of performance feedback and the frequent encouragement of the health care team leader: "We know our mission; we know what is expected of us; we know we can do it; here is where the reports say we stand with our performance; what can we do to keep improving; we know if we work together, we'll be successful."

Now that is "pride-based" reporting by a leader—or is it, in fact, balanced performance reporting that seems extreme because we are so used to reporting that focuses on negatives and deficiencies? As contrasted with the "pride-based" approach that encourages the team and drives performance improvement, another leader might have the same performance report but take the "shame-based" approach: "You are far from the top; you're not getting any better; it says we just need to work harder; it's not our fault; I don't think

this is good data, so don't worry about changing today." Demoralizing—for sure; effective in building a successful team? No way. Two leaders using exactly the same performance feedback report in two very different ways … and I expect, with two very different results.

I don't believe that Dr Gregory is suggesting that opportunities for improvement be ignored rather, she is talking about a balanced performance reporting approach that would create a culture to motivate individuals and teams to build on the pride they have in doing a great job caring for their patients and for each other. A team cannot be shamed into improving performance. The feedback needs to be informative and can be comparative, but must be encouraging and motivating. This is what will ultimately take performance to the next level.

In summary, it is the team leader's vision and clear communication of expectations, supported by effective and encouraging performance feedback as depicted by Dr Gregory, that will lead to continuous improvement in team performance while at the same time nourishing the optimal work environment we all desire.

Is this your experience? Do you have related stories to tell? Write to the Journal—we want to hear your opinion! ❖

Speaking to his men before a key battle at Gettysburg, Colonel L Chamberlain, a motivational leader, used these "pride-based" words of encouragement when addressing his men, all deserters. Had he used "shame" in addressing them, this key battle might have had a different outcome.

"I have been told I can shoot you. I'm not going to do that—someone else might—but I won't."

"This Maine regiment started with 1000 men and now we are less than 300. You are all good men. All volunteered to fight because it is the right thing to do …"

"… we are fighting for something new—we are fighting to set men free."

"We all have the same values … we are fighting for each other. "

"If you choose to join us, I would be grateful; nothing will be said about your intent to desert."

"I worry, men, that if we loose this battle, we will loose the war …"[2]

References

1. Merriam-Webster's collegiate dictionary 10th ed. Springfield (MA): Merriam-Webster; 2000.

2. Colonel L Chamberlain, Medal of Honor winner at the Battle of Gettysburg, as portrayed addressing Maine troops who wanted to desert. *Gettysburg,* 1993 Ronald Maxwell film.

A Reflection

Arrogance is the wayward twin of Confidence.

Arrogance is self-promoting and needy;
Confidence is humble and secure.

Arrogance is noisy yet weak;
Confidence is quiet yet strong.

Arrogance tries to be interesting;
Confidence seeks to be interested.

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