

Aligning a UK-wide team with a new organizational strategy

A health charity needs to roll out a nationwide IBD standards program. But the department responsible for it needs to align itself first.

More than 500,000 people in the UK are affected by Crohn's disease and ulcerative colitis, the two main forms of inflammatory bowel disease (IBD). Unfortunately, it's also thought that many people with the condition are undiagnosed and live without support or treatment.

Crohn's & Colitis UK, the UK's leading charity for Crohn's disease and ulcerative colitis, published a new five-year strategic plan which had two key focal points:

- Providing high quality clinical care for Crohn's disease and colitis patients
- Enabling early diagnosis of Crohn's disease and colitis

There is a shortage of specialist nurses in the UK, which the organization wants to address. It also wants to ensure there is high quality care for patients wherever they are in the UK.

Currently, IBD care takes place in hospitals, a secondary care setting. Very little happens at the community level. But, with the number of cases growing, and with finite NHS resources, Crohn's & Colitis UK needs to find and evaluate different ways of working in this area.

Business Challenges

- Improving communication in a team of leaders
- Handling difficult conversations within the team and with stakeholders
- Helping remote workers feel like they belong to the team

Company Profile

Crohn's & Colitis UK (formerly the NACC) is a UK charity which specializes in Crohn's disease, ulcerative colitis and other types of inflammatory bowel disease (IBD). It provides practical help and personal care, works with the UK health sector, supports research programs, and actively campaigns for more support for people affected by IBD.

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Rukshana Kapasi is the Director of Health Service Development. It's a new directorate tasked with developing these strands of IBD work. The team needed reshaping to fit the directorate, but first Rukshana wanted to understand the team and its role across the UK.



Members of the IBD Standards leadership team

She found that although plenty of great work was being done, it wasn't fully aligned across the countries. Different work was happening in England, Scotland, Wales, and Northern Ireland, which tended to follow the special interests and skill sets of regional leaders.

She also found that other people within the organization didn't really understand what the team's role was.

Given the new strategic plan, Rukshana needed her team to work more closely together and to strengthen its relationships with the wider organization. IBD Standards is the biggest area of work for this directorate – it's around 50% of what they do – but the England team has so far taken the lead on it.

Solution

- MBTI® development sessions to increase awareness of self and others
- Focus on communication, decision-making, and difficult conversations
- Design two-part program to kick start a longer-term program

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Rukshana Kapasi,
Director of Health
Service Development,
Crohn's & Colitis UK

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Rukshana's goal was to change the team's focus and make the IBD Standards program a priority for Scotland, Wales, and Northern Ireland as well. She needed the whole team to be aligned with each other and with the organization's strategic objectives.



Results

- Greater awareness of different approaches to planning, preparation, and communication
- Better team cohesion and bigger energy
- Greater focus on organizational strategy and objectives


Solution

"We've got a team setup that does present a couple of challenges," said Rukshana. "Two team members work remotely and I feel that they miss out a bit on general conversations and everyday bonding. And, at the time of the development, two team members were on secondment from the NHS which meant they had to shift their mindset from an NHS 'firefighting' role to what they do here."

"I really need a team that works like a team," she added, "a team that's joined up, not working in silos. And I think that if team members are aware of the strengths and weaknesses in how they work, we can develop strategies for improvement."

To make sure it was an ongoing development program, and not just a one-off team day, two sessions were planned with a three-month gap between them. To begin with, however, not everyone was behind the idea.

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“What struck me when I joined the charity is that there hadn't been much formal team development,” notes Rukshana, “and there was a little bit of resistance, especially because it was at a busy time of the year. We were about to launch the IBD Standards program, so some people saw it as an inconvenience. But we scheduled it eight months in advance to give everyone plenty of notice. It didn't catch anyone by surprise.”

Communication and decision-making

In the first session, group MBTI feedback helped the team to explore how they work together, their individual communication styles, and how those styles are likely to influence others.

The team then learned how to apply that knowledge to specific stakeholder groups they work with – external bodies, groups within the organization, etc. – and to their own decision-making processes. Stress and pressure triggers were also covered.

“We spent a lot of time looking at processes,” noted Rukshana after the first session, “and the team's reaction was that they wanted the development sessions to be more work focused. They needed a sense of how they could implement their learning.”

But the value of this process-oriented approach revealed itself at the start of the second session, three months later.

In a feedback activity, team members were positive about the impact of the first session, even though they thought it too theoretical at the time. “I consider my communication style a lot more,” “I consider individual team members a lot more,” and “I am much more aware of different styles of working” were among the comments from team members. The person leading the IBD Standards program, for example, was consciously thinking about how to include Scotland, Wales, and Northern Ireland in the project.

Group activities had been more frequent, and an MBTI chart on the office wall was actively being used too. Communication was a lot better.

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"The feedback was great," said Rukshana. "The team really changed. People felt there was more cohesion."

A practical breakthrough

Everyone was keen for the follow-up session not to be theoretical, so they used the IBD Standards program as a working example for their activities.

This led to a breakthrough point for the group. Instead of just discussing how to approach their plans for the next year, they split into groups and started writing those plans. They committed to prompt completion dates after the session, too.

"It showed that team members have a much better awareness of how they work and don't work together," noted Rukshana. "They recognized the momentum and energy in the room and made the most of it. Everything felt more cohesive as the second session went on."

Difficult conversations

One other area that was covered was how to manage difficult conversations – both with each other and with stakeholders. As a team, they tended to shy away from such conversations. So, we started to explore: What makes these conversations difficult? Do I approach them competitively? Do I need to concede a bit? What position do I – and should I – take?

By working through questions posed in the paper *We Have to Talk* by Judy Ringer, the team dug deep into an area they'd never really explored before. It was fresh and new, and offered practical guidance for improving communication in this specific area.

Results

The response to the development has been excellent, which is especially encouraging given the lukewarm response (by some) before it began. It's by no means complete, as Rukshana acknowledges. "This is work in progress but going the right way. The team's in a good place."

Team members are now aware of differences in approaches to planning, preparation, communication, and decision-making. They're also aware of the impact this has on team members and stakeholders.

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The most important part of this development, for Rukshana, is that it's a springboard for continuing development and long-term improvements.

"We have monthly team meetings, so we use part of the meeting to keep this kind of development going. We refresh the MBTI and focus on one area each month. Stress is one such area, though communication and decision-making often emerge as crucial points – how do we communicate, what do we decide? We raise 'curious questions' to think about issues practically...how would something work with a group of nurses who might be resistant to change, for example?"

This approach – short chunks, done regularly – helps keep the learning alive. It stimulates personal growth and embeds MBTI concepts in the team.

"I think the team uses this knowledge much more than just in team meetings. One of my team members was facilitating a call with 15 gastroenterologists and I did the debrief with her afterwards. She started off by saying, 'I know I tend to talk too much...,' which means she'd already started reflecting. She's already self-aware."

Reflecting on where the team is and what the future holds, Rukshana is very positive.

"We're in a really good place now in terms of awareness of strengths, weaknesses, gaps in communication, gaps in the way they work and how they make decisions, who they involve, who they don't involve, and their own styles and preferences of working. There is still a lot of untapped potential, but we're getting nearer all the time. It's exciting to be part of it and to see people make real progress."



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