FIVE LENS

ENNEAGRAM

Developing People & Expanding Possibilities

ILLUSTRATIVE SCENARIO

Healthcare Systems Optimisation

How the Energy Centres lens can help a multidisciplinary clinical team understand recurring friction, what to try, and what to measure.

Composite

A fictional team built from patterns practitioners commonly see. Not a real client.

Read the note on page 2

3 centres

Instinctual, emotional and intellectual: three ways of deciding, often talking past each other.

FIVE LENS Energy Centres lens

0 claims

No results are claimed. We show what to try and what to measure instead.

See "What to measure"

This is an illustrative scenario, not a case study. The organisation, team and events below are fictional. They are a composite of patterns that FIVE LENS practitioners commonly encounter in clinical and other high-pressure teams. No real client is described, and no outcomes are claimed. The purpose is to show how the framework is applied, step by step, so you can judge whether it fits your own context.

THE SITUATION

A theatre team that works hard and still pulls apart

Imagine the surgical directorate of a regional hospital group. Its theatre team is skilled, committed and tired. Lists start late, handovers are tense, and the same arguments recur every week.

The team includes consultant surgeons, anaesthetists, theatre nurses and operating department practitioners, with an operations manager responsible for theatre utilisation. Each group is competent. Each, privately, sees one of the others as the reason the day goes wrong.

The surgeons experience late starts as other people's lack of urgency. The nursing team experiences pressure to start before the room is truly ready, and feels unheard when they raise concerns. The operations manager sees a utilisation dashboard that never improves, and responds with more process and more data requests, which both clinical groups experience as paperwork that takes them away from patients.

The directorate has already tried the obvious fixes. A process redesign tightened the pre-operative checklist. A wellbeing app was offered to all staff. Both were sensible. Neither changed the weekly arguments, because neither touched the reason the arguments happen.

THE LENS

Three ways of deciding in the same room

The FIVE LENS Energy Centres lens describes three ways people process information and decide: through the instinctual centre, the emotional centre and the intellectual centre. Everyone uses all three. Under pressure, most people lean on one.

INSTINCTUAL

"Let's go."

Presence, action and boundaries.

In this scenario, the surgeons lead from here. Decisive momentum is exactly what an emergency needs. Over-relied on, it reads as impatience and can steamroll legitimate concerns.

EMOTIONAL

"Is everyone OK?"

Relationship, impact and trust.

The nursing team leads from here. Reading the room and noticing who is struggling protects patients and colleagues. Over-relied on, it can avoid the hard conversation until it boils over.

INTELLECTUAL

"What does the data say?"

Analysis, planning and foresight.

The operations manager leads from here. Clarity and planning are what a complex service needs. Over-relied on, it produces reports that the people doing the work see as detached from reality.

Seen through this lens, the weekly argument is not three groups being difficult. It is three valid forms of intelligence, each applied with conviction, and each interpreting the others as the obstacle. The surgeon who wants to start is right that delay costs patients. The nurse who wants one more check is right that safety matters. The manager who wants the data is right that the service cannot improve what it cannot see.

The other lenses add depth

Social Drives. High use of agency staff has weakened the nursing team's sense of belonging: the people they work beside change weekly. The consultants' drive for esteem and competence is frustrated by a service that does not run the way they know it could. The operations manager's drive for security is under pressure from targets they do not control. Each threatened need contracts behaviour into self-protection.

Emotional Resilience. The lens describes a cycle of react, recover and adapt. In this team, there is no recovery stage at all. One list runs into the next, debriefs are skipped, and the strain of a difficult case is carried into the following one. Reactivity rises not because people lack resilience, but because the system gives them no room to use it.

WHAT A PRACTITIONER WOULD DO

Four steps

01 **Profile the team.** Each member completes the FIVE LENS assessment. The results are shared with the individual first, in a one-to-one debrief, before anything is shared with the group.

02 **Run a Team Discovery Day.** In a facilitated session, the team sees its collective map: which centres dominate, which needs are under threat, and where resilience is being drawn down. The point is not to label people, but to give the team a shared, neutral language for what has been happening.

03 **Agree three working practices.** The team designs its own practices, using that language. In a scenario like this one, they might include a two-minute pre-list huddle that deliberately touches all three centres: *What is the plan?* (intellectual), *Who has a concern?* (emotional), *What is the call?* (instinctual). They might add a protected five-minute recovery point after complex cases, and a simple phrase any member can use to pause and be heard without it becoming a confrontation.

04 **Review and adjust.** Through a Team Performance Process, the practitioner returns over the following months to review what is working, what has slipped back under pressure, and what to adjust.

> Nothing here replaces clinical governance, safety checklists or established escalation routes. The practices above sit alongside them. Their purpose is to change how people talk to each other while using those processes, not to change the processes themselves.

WHAT TO MEASURE

Decide what success looks like before you start

Because this is a scenario, we report no results. If you ran something similar, these are indicators worth baselining before you begin, so you can see honestly whether anything changed.

INDICATOR	WHY IT MATTERS
First-case on-time starts	A visible, routinely collected measure of whether the team is starting the day together.
Staff sickness absence and turnover	Lagging indicators of strain and belonging. Expect them to move slowly, if at all, within a year.
Staff survey items on speaking up	Whether people feel able to raise a concern and be heard. Ask the same questions before and after.
Incident reporting rates	Treat with care: a rise can mean people feel safer reporting, not that care has become less safe.
The team's own rating	A short, repeated question to the team: how well are we working together this month, from 1 to 10?

Questions for your own team

1. When your team argues, is it really about the decision, or about how the decision should be made?
2. Which of the three centres does your team lean on most under pressure? Which does it neglect?
3. Is there any recovery time built into your working day, or does strain carry straight into the next task?
4. Whose needs are most under threat right now: security, belonging, esteem or meaning?

NEXT STEP

See your own team's map

Every team is different, which is why we do not sell a standard fix. If this scenario feels familiar, the first step is to see your own team's pattern, not ours.

Team Friction Diagnostic

A short online diagnostic that identifies the friction pattern your team leans on. Free, and takes a few minutes.

TAKE THE DIAGNOSTIC →

Team Discovery Day

A facilitated day that maps your team across all five lenses and gives it a shared language for what is happening.

TEAM PROGRAMMES →

Speak to us

Talk through your team's situation with a senior FIVE LENS consultant. No obligation.

BOOK A CALL →

Book a free 20-minute discovery call

Find out whether the FIVE LENS approach fits your team before you commit to anything.

CHOOSE A TIME →

SCAN TO BOOK