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Challenges and benefits of working in teams – Interpersonal interactions in health care

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Abstract. Teamwork has become the accepted way of doing one's job. This is so true even profession's that were considered an exception are shifting towards teamwork. Apart from the well-known benefits, there seems to be a downside of the enforcement of this work strategy. Conflicts, frictions, frustration in working groups can affect the dignity, psychological or physical integrity of team members, generally referred to as psychological harassment, workplace bullying or mobbing. The outcomes of the phenomenon are various negative organizational responses. Health care is somewhat lagging behind in this shift towards working in teams, but with increasing specialization greater coordination is needed between health care professionals. Above all, the patient wishes to be more involved in the health care process. Research suggests that patient involvement and working in teams have a positive impact on effectiveness and patient mortality, respectively. One of the challenges for health care is to include the patient in the teamwork process as an equal member of the group and at the same time overcome the drawbacks mentioned above, in a setting where a traditional, paternalistic approach is still present and the vulnerability of the patient (and his/her dignity) is evident.

Introduction

Teams are essential in today's organizational environment. Teamwork is the main form of any organizational work today. Working in teams is almost unavoidable in any sector. Some professions require a closer working relation, some can do with occasional cooperation, but it is not an unsubstantiated claim that working together in groups, is unavoidable, inescapable. In the past 30 years organizations have been more and more relying on teams.[1]

Working in teams cannot be overlooked in health care, which is lagging behind in utilizing teams. There is evidence showing that patient safety grows when teams are involved in the treatment process, but when you want people working together there will be interpersonal relationships that have to be maintained. There must be limitations to the way people communicate during cooperation, otherwise, psychosocial risks and stress emerge and the so-called bullying phenomenon enters the team and teamwork.

Obviously, the level of teamwork differs for different professions and when cooperation is expected from those (i.e. physicians), who do not feel the need to change their ways of communication and cooperation, reluctance and disbelief will be their first reaction. In situations, where cooperation

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naturally unfolds within an organization, it will not cause major upheaval, as it will feel as the way things should work. On the other hand, if cooperation and teamwork is enforced on members of a group, problems will most certainly arise and may increase the probability of conflicts escalating, getting out of hand and turning into incivility, bullying. [2]

As with teams of any kind, the frictions between members of the team are imminent and unavoidable. If these normal, everyday occurrences are not treated well, their escalation can lead to devastating consequences for the individual and the organization. Incivility in the workplace, usually referred to as bullying in the workplace or mobbing, is a complex issue, but not to be confused with everyday arguments, disagreement or disputes. When the topic of the initial debate is not in the focus of attention between the parties, that is when usually things can turn ugly. The underlying causes for this shift of focus can be countless. There is not one accepted definition of the phenomenon, but basically, we are talking about the systematic mistreatment of a member of the workforce, which, if continued and long-lasting, may cause severe social, psychological, and psychosomatic problems. "Exposure to such treatment has been claimed to be a more crippling and devastating problem for employees than all other kinds of work-related stress put together, and it is seen by many researchers and targets alike as an extreme type of social stress at work or even as a traumatic event."[3] In this article the terms incivility, disruptive behavior, bullying and mobbing will be used interchangeably to refer to the above described phenomena.

European studies show that psychosocial risks, stress and mental disorders at the workplace are a growing problem in the general health of the working population, and can be closely linked to working in teams. In general terms bullying or mobbing deters teamwork and has a lot of additional expenses (which is not the subject of this article). On the other hand, the benefits of working in teams should not be challenged. Teamwork should be taken for granted as a postulate. Teamwork — which includes the patient — in health care is justifiable with better patient safety results and outcomes, and higher level of patient involvement which effects compliance, just to give a few examples. Obviously, that is just the managerial aspect of why actual patient involvement in health care is beneficial, apart from the legal requirement of today's health care law and human rights.

1. Health Care: Patients & Paternalism

In health care, where the custom of paternalistic relations and communication still exist, cooperation is becoming more important and crucial within the medical staff and with the patient. Paternalism is basically the traditional way health care professionals communicated with patients. This is based on the principle that the patient is "a passive, non-inquisitive recipient of whatever the professional wishes to impart" (p. 195), as formulated in the book by Gigerenzer and Muir (eds.). For centuries physicians and health care workers may have relied on this style of communication with their best intentions; to protect patients from potentially devastating news. While this tradition has been broken, many professionals still continue to utilize paternalistic style of communication and are reluctant to share uncertainty with patients and do not involve them in the decision-making process. Even when patients would want evidence to be shared with them and be consulted on their opinion.[4]

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Paternalism has been ruled outdated as power balance within the medical team is shifting as the profession is getting more and more specialized. A treatment procedure not only involves one doctor and the assistant personnel anymore, but doctors who are experts in other closely linked fields, whose expert advice is fundamental in the treatment procedure, but also making it more difficult to coordinate patient care.[5]

An interesting addition to the medical teams of today is the subject of the medical intervention, the patient. Patients would like to get involved and be part of the medical team, as a member who has a vital say and influence how the medical procedures should go down. (Only to the extent that patients' rights and national laws allow it to be considered, obviously.) They do not want to be a 'victim' of the treatment procedure, as was the case when paternalism was the only accepted or at least the dominant viewpoint. Patients' rights have cemented the position of the patient as an integral part of the medical team.

In the Health 2020 document the WHO Regional Committee for Europe also acknowledged that patient involvement in health care proceedings will promote effectiveness.[6] Patient-centeredness therefore is not just a self-serving legal obligation or requirement of the 21st century, but it is also an important component in building and managing a more efficient health care delivery system. This adds a new actor to the equation. A person who is fragile, sensitive and (initially) not adequately informed to be involved in the decision-making process.

Studies show a higher risk of being bullied in the social and health, public administration, and education sectors i.e. the public sector.[7] Research evidence also corroborate that cooperation and communication between health care personnel is beneficial to the patient's outcome. An National Health Service study showed that 70-80% of errors in health care are in connection with to poor communication, failure in interpersonal interaction, and most important of all, patient mortality decreases with the proportion of professional staff working in teams.[8] Focusing on teamwork is not just a legal obligation from the patients' point of view, but also a lucrative investment from a health care management perspective.[9] Another study, published by the Joint Commission on Accreditation of Healthcare Organizations reported that almost a quarter of adverse events (sentinel events) could be attributed to a problem with either nurse staffing, communication gaps, a lack of teamwork, or other human factors.[10]

2. The Challenge: Disruptive Behavior

The mobbing phenomenon also has implications for health care, although a different term is used in the literature, for an identical phenomenon. The term, 'disruptive physician' and 'disruptive behavior' has been coined, but the magnitude of the problem has not yet been identified. It has been first described in 2000 by the American Medical Association Council on Ethical and Judicial Affairs as

> disruptive behavior by a physician, sometimes called 'abusive behavior,' generally refers to a style of interaction by physicians with others, including hospital personnel, patients, and family members, that interferes with patient care or adversely affects the health care team's ability to work effectively. It encompasses behavior that adversely affects morale, focus and concentration, collaboration, and communication and information transfer, all of which can lead to substandard patient care.[11, 12]

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Negative consequences of disruptive surgeon behavior include changes focus to surgeon, increases errors, feelings of powerlessness, interrupts learning, decreases willingness to help, diminishes respect for surgeons, deters from employment in surgery.[13] A 2008 report found that a significant percentage of respondents recalled a loss of focus in their work as a result of disruptive behaviors by others which were correlated with an adverse event, (occurrence of medical errors, compromises inpatient safety and quality).[14] In another survey in 2009 by the Institute for Safe Medication Practices found that intimidation by physicians have a negative impact on patient care.[15]

Bullying is a process that gradually, over a longer period of time escalates to more dramatic, devastating consequences and also violations of a person's dignity. Research into bullying accepts that it has a developmental curve, meaning that smaller minor gestures, actions lead to more devastating, more damaging actions against the target. The conflict escalation model by Glasl[16] is used to explain how conflicts may escalate into bullying. The model underlines that conflicts are inevitable when working together and not all conflicts are harmful to the organization, but if the phenomenon is not kept under control, then there will be negative consequences on every level.[3]

The controversial broken windows theory could bear some relevance to preventing bullying at workplaces. The broken windows theory is described in the following way by Wilson and Kelling:

> Social psychologists and police officers tend to agree that if a window in a building is broken and is left unrepaired, all the rest of the windows will soon be broken. This is as true in nice neighborhoods as in rundown ones. Window-breaking does not necessarily occur on a large scale because some areas are inhabited by determined window-breakers whereas others are populated by window-lovers; rather, one unrepaired broken window is a signal that no one cares, and so breaking more windows costs nothing. (It has always been fun.) [17]

There are some studies that did not find a cause and effect relationship between the adoption of policies based on the aforementioned theorem and decreases in crime, but others link the drop in automobile theft and robbery in New York to the broken windows theory. [18] In any case, preventive measures and procedures to stop the escalation of conflict early on could be discouraging for others and others will not follow in the footsteps of the disruptive colleague at the workplace.

Generally, the effects of workplace bullying are absenteeism, turnover and productivity. Absenteeism may also be used as a coping mechanism against bullies (disruptive physicians). Turnover can rise because of prolonged (mental) health problems caused if incivility in the working group is not followed by reprimand. Reduced productivity is only confirmed by self-reported perceived change in performance, so it is mainly an assumption at the moment, but if you take into account the phenomenon of presenteeism, then the assumption could be considered self-evident. For health care the effects are similar. At the individual level, several negative effects have been observed, such as health issues, psychosomatic symptoms, loss of confidence or self-esteem and posttraumatic stress syndrome. At the group level, aggressive behaviors can have a significant negative impact on staff relationships, which can lead to problems in accountability, communication and team collaboration malfunctions. At the organizational or systemic level staff efficiency and patient safety will be jeopardized.[19]

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It should be highlighted that not only the targeted victim suffers negative consequences, but also those who have witnessed disruptive behavior or bullying. Apart from having direct effects, incivility, bullying, mobbing and disruptive behavior has indirect effects on the organization as well. This is so, because not only the persons involved in the disruptive dispute or mobbing, but those, who are only observers also reported higher levels of stress.[20] Therefore, colleagues and everybody who learns about the problem will be affected in a negative way. Some authors have labelled this as the 'ripple effect,' which shows resemblance with findings by Cochran and Elder about disruptive behaviors of medical professionals: disruptive physician behavior represents a specific form of communication failure with a detrimental consequence on patient safety, amplified by the 'ripple effect,' as these disruptive incidents affect indirect participants to the event, other colleagues not coming in direct contact with the disputing parties. [13] The ripple effect of bullying or disruptive behavior may turn out to have serious organizational implications.[21]

3. Legislation: Why and What

There should be legal standards, but laws should not be the key element in keeping civility to the highest attainable level. Working in teams is beneficial in a general work environment, as in a health care work environment. It is not just unavoidable, but it increases patient safety, satisfaction, quality of care and health outcomes. Therefore, we must put a stop to psychosocial risks that face employees working in this dynamic, because we lose valuable personnel, and productivity of the organization will also suffer.

There are increasing examples for legislative support in Europe. One of the first countries to introduce any form of legislation was Sweden. The Swedish model has been revised last year after its initial enactment in 1993. So, at the moment this is one of the first and at the same time last legislative attempt at the phenomenon. The Swedish provisions and general recommendations on organizational and social work environment specified two crucial terms: victimization and social work environment.

> Victimization: Actions directed against one or more employees in an abusive manner, which could lead to ill health or their being placed outside the community of the workplace.
>
> Social work environment: Conditions and prerequisites for the work that include social interaction, collaboration, and social support from managers and colleagues. [22]

The Swedish Work Environment Agency in its communiqué on their website expect the provisions to be put forward to promote productivity and creativity in organizations and also decrease the number of illness and sick leave days (which are associated with high costs for both employees and society). [23]

The American Medical Association (AMA) also found it necessary to define forms of behavior for physicians, taking a very important step in recognizing the problem. The terms have been defined in the following way:

> [i]nappropriate behavior means conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as "disruptive behavior."

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> Disruptive behavior means any abusive conduct, including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised.
>
> Appropriate behavior means any reasonable conduct to advocate for patients, to recommend improvements in patient care, to participate in the operations, leadership or activities of the organized medical staff, or to engage in professional practice, including practice that may be in competition with the hospital. Appropriate behavior is not subject to discipline under these bylaws.[24]

We believe that there needs to be a state-level recognition of the phenomenon and also condemnation of these behaviors and the aforementioned solutions could be the basis of a Hungarian model. To have a general legal framework within labor legislation is essential for other actors, stakeholders (chamber, professional society or association) to take further, specific steps in their related field, such as medicine.

Robert I. Sutton in one his books written in 2007 refers to an intervention implemented by the US Department of Veteran Affairs (VA) to reduce employee bullying at several VA sites. Each of these sites had a so-called action team of managers and union members that all worked together to develop an intervention process that was specific for the VA site. Although these interventions were unique, specific for each workplace, similarities could be distilled from the different approaches, and these were:

> Education – "people learn about the damage that aggression does, used role-playing exercises to 'get in the shoes' of bullies and victims, and reflected before and after they acted."
>
> Public commitment to model civilized behavior – "focused on making small but good changes at each place."[25]

For example, at one of the workplaces "managers and employees worked to eliminate seemingly small slights like glaring, interruptions, and treating people as if they were 'invisible' – slights that had escalated into big problems in the past." The so-called business results were: less overtime, sick leave, complaints and patient waiting times. Signs also pointed to increased productivity. Surveys done before and after the interventions proved that there was a substantial drop in many kinds of bullying behavior, like swearing, the silent treatment, obscene gestures, vicious rumors and gossip, etc. "The lesson from what I believe is the biggest bullying intervention ever done in the United States is that small, seemingly trivial changes in how people think, talk, and act can add up to some mighty big effects in the end."[25]

Organizational solutions mentioned in this example could be more wide-spread if employers would be pressed by legislation to initiate these kinds of interventions and preventive measures.

Conclusion

We believe that the legal background at the moment is not supportive enough. If we want organizations and management to be able to effectively stop bullying, mobbing and step up against such disruptive behavior, we need to create binding rules. Prevention and treatment of the issue can only be effective at the organizational level. There are no universal solutions, however, the initial step requires legal background by a legislative body. It is essential to create an environment where

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implementation of such policies are supported and motivated, or legally binding. If we want to keep the benefits of working in teams, then we should take the challenges that face the workplace seriously. One key challenge is the protection of employees from psychosocial risk factors, like stress, harassment, violence, and the emerging and ever growing problems of incivility to one another such as bullying, mobbing, disruptive behavior.

Law, as a preventive tool, by setting standards, should be the first step towards helping create and maintain a civilized workplace. Which, apart from securing the fundamental rights of the employee — which in itself should be quite enough reason for legal protection —, has negative consequences for the organization and the workforce in general. Governments should officially recognize the problem by legislation of fundamental definitions and put more specific obligations on the employer concerning the phenomenon, to arm them in the battle against a threatening and potentially poisoning consequence. In health care,

> …focus must shift from blaming individuals for past errors to a focus on preventing future errors by designing safety into the system. This does not mean that individuals can be careless. People must still be vigilant and held responsible for their actions. But when an error occurs, blaming an individual does little to make the system safer and prevent someone else from committing the same error.[26]

A firm legal background could be one of the tools to help to prevent errors stemming from incivility, bullying or disruptive behavior in health care. We have to take into account that individual error or (disruptive) behavior could be a sign of underlying systematic problems within the organization such as time pressure, staff shortage, failure in communication and culture of bullying, etc.[12]

Patient-centered care is an important element for improving health outcomes, health system performance and satisfaction. Communication is a key component, and good communication can only be achieved if there is no disruption by any member of the team (physician, nurse, patient, family etc.). If communication is not hindered by incivility, the perception of quality of care will improve and positive organizational effects should follow, such as improved outcomes and cost-effectiveness. One of the quintessential tools of prevention should be legislation, with a reliable definition, rules of procedure and sound accountability system. These steps could help reaffirm the patient's position within the health care team and support good communication between the team members.

By helping to stop disruptive behavior in its tracks with supplying a legal framework, the following core principle described in the World Health Organization's Health 2020: A European policy framework and strategy for the 21st century can be achieved:

[c]are that is truly patient-centred improves the perception of care quality, and it can improve treatment compliance and outcomes as well as reducing unnecessary care. Patients and their families become part of the health care team in making clinical decisions. [6]

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