Teamwork with Patients: Resource or Suffering?

By Margot Phaneuf Ph.D.

Introduction

Teamwork is an entrenched tradition in the organization of services in our healthcare institutions. The way tasks are organized has its roots in studies on group dynamics conducted in the 1960s. Since then, teams have been formed in most institutions. In addition, with the shortage of nurses, a new category of auxiliary nurses has had to be integrated into our services.

Unfortunately, despite the very best intentions, teams were all too often a simple juxtaposition of workers without a common dynamic which were formed in a way that didn’t add value to their functioning. Teams were formed without prior analysis. Candidates were simply added to the teams as openings or replacements became available.

Even nowadays teams are usually formed in a chaotic environment according to the needs of the day as if dynamics or complementary skills were not a significant concern. This kind of team has become the pillar of the workplace. It is therefore critical to optimize its potential and functioning.

Term origins

The origins of the French word for team, équipe, highlight the term’s democratic nature. According to the Grand Robert, it dates back to the Middle Ages and is derived from esquif, which means a skiff or little boat. Équipe was used to describe a series of boats that were tied together with ropes and dragged along the coast by men in a manner...
reminiscent of the Volga boatmen in Russia.

A leader would direct the pace, but each individual along the chain pulled his weight. This describes a team in which everyone has a part to play to fulfill a designated task. Sports also influenced our work teams through their group dynamics. Nowadays, teamwork and segregation of duties have become important concepts in the workplace.

**Definition**

Teamwork is a means to assign duties and the sharing of responsibilities among many persons. Each member plays a specified role within the team. The dynamic which unites the members also has its own attributes.

Care is delivered in a different way when teamwork is involved, meaning members share a common goal. Their combined efforts give meaning to their work. The team members share a sense of belonging. Like a sports team, every player carries the responsibility for success or failure. The division of duties by skills and capabilities guarantees efficiency and recognizes the potential of every individual. All participants have the required skills; however, some may have more experience or knowledge in specific areas than others. Pooling the individual members’ skills and knowledge allows everyone to provide his or her own input and to improve the team.

**In healthcare, a team is a group of persons working together and marked by interrelations. Members share a sense of belonging to the group and pursue a common objective. Group work entails a collective investment, segregation of duties among members and the convergence of efforts.**
Teamwork - a contemporary requirement

Because of the complex nature of nursing protocols, techniques, and work organization, teamwork is necessary. A team can alleviate problems associated with various levels of the caregiving experience by providing relatively uniform services to patients in a system in which work shifts and rotations are common, be it for sick leaves, holidays, breaks, meal times or any other form of absenteeism. The team ensures consistency in care delivery. As a result of the presence of many employees, there is a greater possibility of having a caregiver who knows the patient, his mood, his condition and the potential risks at hand. Therefore, when one of the caregivers is absent, another can replace him. The team ensures better quality of work than individual case assignments because it is easier to accomplish a task in a group than alone. The strengths of each member add to the knowledge and experience of the team as a whole and act as a compensating control when there are deficiencies.

In a team, different tasks are assigned to participants. So are the heavy responsibilities for taking care of the seriously ill or elderly, a growing trend with the aging of the population. Nursing is a serious profession. The quality of life and occasionally the lives of patients depend upon the work of nurses. It is therefore critical that certain decisions be made as a team and that complex care involve the participation of more than one person. Properly managed, the team in itself is a

Superiority of teamwork

- The presence of other people encourages us to work harder.
- Comparing and exchanging ideas and ways of doing things helps the group evolve. Efficiency and positive criticism is helpful.
- Problem solving is superior when done in a group.
- Many minds at work are better than one. Pressure within the group encourages everyone to give his best.
- Cooperation allows all members to function despite certain limitations.
- Equality in democratic decision-making leaves room for a friendly work environment.
strength and “the feeling of necessity motivates its members to put the time and energy required to categorize the task at hand, to properly assign duties, and to communicate efficiently while carrying out the job at hand to arrive at a satisfactory conclusion.”  
(Translated from: http://www.psychologue.levillage.org/team/index.html)

Various aspects of teamwork

The various structural, emotional and relational aspects that characterize a team need to be taken into consideration when analyzing how it functions.

Structural aspects

The team, like any human organization, has its own unique structure. Its organigram is simple: a team leader is subordinate to the authority of a head nurse responsible for the unit and its members.

It’s like being in the army, but without the authoritarianism. Our work organization is quite democratic by nature. The team leader clearly indicates his instructions. He can also participate in the evaluation of fellow nurses, but his main task is to see that care is properly administered and that the needs of patients for which the team is responsible have been satisfied. The role of the team leader is one of emotional support in difficult situations. He is also a resource person should personnel problems arise.

Which kind of team do you choose?

Depending on how they were formed and on their cohesion, caregiving teams take on their own set of characteristics. It is worthwhile examining the kinds of teams that exist before deciding which type to adopt.
Unstructured team. Members are brought together in a loose structure without a common objective or a defined orientation. Caregivers are not very committed in this type of team structure. There is little discipline or team spirit.

Semi-structured team. People are grouped together to share a common, shared task. However, its parameters are poorly defined and functioning takes place without genuine cohesion being achieved. There may be discipline and commitment towards the patient, but no genuine team spirit.

Very structured team. The objectives, work and methods are clearly defined, pragmatic and rigid in this type of team. Discipline is strict, but little attention is focused on human relations and there is no team spirit. Some people may be quite committed, but this kind of team is primarily focused on the task at hand.

Conflicting team. The team is composed of members who do not get along. Team members may ignore one another. A strong personality may even manipulate the group. Tension is prevalent and almost a given in this type of team. Agreements are made hastily, but negative emotions continue to boil under the surface. Absenteeism, conflicts, lack of motivation and commitment are prevalent. Discipline is lacking and there is no team spirit because of deficient communication and lack of respect. This team focuses primarily on its dissensions.

United team. Members are united by a common objective and a functioning marked by cohesion and communication. However, its operating mechanisms lack pragmatism. Optimized efficiency is not always obtained. The team focuses more on its members and their relationships rather than on their task and the patients.

Balanced team. Allows each member to be himself while bringing out his personal contribution to the group. Members exercise co-responsibility, collaboration, mutual acceptance and commitment towards the overall objectives. The result is a sane dose of creativity, guaranteed efficiency and a superior work environment. A balanced team focuses simultaneously on the task at hand and on fellow caregivers. The group operates in a warm, balanced and solid environment that resists change in the kind of work required and in the team’s composition. It brings out the satisfactory feeling of having
accomplished an important project as a group. Discipline, communication and mutual respect prevail in this model. Team members get along.

**Functional aspects: rules and constraints**

Teamwork certainly benefits patients, the healthcare institution and team members. Nonetheless, it entails a certain amount of discipline, constraints in accepting others and respecting their work and personalities, submission to certain rules of punctuality, mutual assistance and solidarity. There can be no group without constraints. A certain amount of discipline helps avoid conflicts. The group’s existence entails commitment towards one’s obligations and task sharing. Certain limits curtail personal liberty within the group in order to benefit the team and the patients. Everyone must conform to a schedule and to common organizational practices. This might be difficult for independent and strong-minded individuals, but it is alleviated by a sense of security if the team ambience is warm and gregarious. These are not the only drawbacks of teamwork.

**Poisoning teamwork through personal conversations**

One of the problems in teamwork is the length of time some nurses spend talking among each other. Working together entails getting to know another person, becoming familiar with him. This occasionally leads to exchanges on personal subjects. Friendly communications are certainly desirable. They are necessary to get along, to understand who your coworker is and what he’s going through. Communications are essential.

Nonetheless, conversations don’t necessarily have to be personally detailed as regards a co-worker’s recreational activities, romances or family health. Long conversations can result in certain patients being neglected. It is even worse when these types of conversations occur in front of a bed-stricken patient and his presence and needs are ignored. This constitutes a serious breach in manners and serious professional misconduct. The patient is often tired, suffering and concerned about his future. He really has no room for our personal matters and recreational activities. We are with the patient to take care of him, not to extend our social lives.

**Teamwork dynamics**

A caregiving team, like any other team, is submitted to the dynamics of a group whose size is limited. Nursing is a field in which a professional deals with other human beings in a given context of vulnerability. This entails an internal dynamic which overcomes other competing forces.

A caregiving team must become a unit for personal and professional evolution, committed to improvement and excellence in which knowledge is disseminated so that everyone can acquire or improve via their coworkers’ skills and keep up-to-date at the very least.
The team leader is particularly responsible for instilling this climate, this willingness to evolve. His example, coaching, search for proven results to improve care, reading suggestions, implementation of projects or research to fund certain decisions - all allow him to exercise a definite influence within the group.

The role of the team leader in this dynamic

Being a team leader is in reality a challenging role that is all too often ignored. It cannot be reduced to a simple, meaningless title which justifies monitoring the team’s activities from a distance and receiving an additional bonus.

Unfortunately, work overload; forming teams according to ad hoc hiring which does not factor in compatible personalities, education, or experience; and movement within teams have gradually eroded the significance of this role. The team leader is a resource person who works in solidarity with his group and who is concerned about its evolution. The team leader is constantly renewing his function in order to instill harmony within the group and to ensure quality care.

The influence of the team leader is critical in motivating the group, in instilling energy and enthusiasm in the workplace, in communicating a positive vision of the task at hand and in the likelihood of a successful outcome. The nurse in charge of the team is also responsible for creating a sense of belonging to the group and for increasing overall effectiveness through everyone’s efforts.

One of the most significant roles is to help reinforce and update the knowledge of the group members. The team leader is the choice agent for evolution. This is accomplished by coaching or mentoring younger staff or employees who have less experience in certain areas. The team leader also helps create favourable conditions for research to acquire new knowledge that is helpful for everyone.

His role in maintaining employee morale is also critical. The leader’s listening skills and empathy are precious assets for the team’s work environment. His openness towards others and her recognition of their worth and work helps team members accept both the leader’s supervisory role in delivering care and suggestions intended to remedy certain situations.
The team leader is also responsible for imposing a certain amount of discipline. Holding short meetings with employees to evaluate their professional practices and to help them assess their performance for self-improvement makes it easier for the leader to carry out this ungrateful. The leader acts in solidarity with the team in any situation that it might face; he is the mediator between caregivers and the authorities. He also serves as a conduit for decision-makers by transmitting information and implementing orders.

**The role of participants**

Each participant is an asset to the team. Each member possesses a particular set of skills; combined, they contribute to the climate and dynamics of the team as well as to the implementation of quality care. It is critical to identify particular skills and desire to improve of each caregiver on the team in order to assign roles that are suited to each individual. For example, one person can explain to the others how to perform a new technique while another can show his coworkers how to use a computer program or do resuscitation. Using everyone’s set of skills is a great way to foster solidarity within the team and to optimize everyone’s performance.

**Emotional aspects**

Emotional aspects are related to the climate that prevails among the team, to the feeling of freedom to be oneself felt by each member, to the ambience of order and the sentiment of doing a job well done, to the pursuit of a commonly shared ideal of caregiving. Knowing that others see eye to eye in their work, that they have consideration and commitment towards the patients is both reassuring and functional. Employees sharing a common vision is an assurance of work quality.

**Team functioning**

Cohesion, a set of psychological forces that lead the members to work well together, characterizes the smooth functioning of a team. The attractiveness of a team has two sources: the interest in the activities being pursued and the members’ interest in each other.
The interest in activities is related to the manner of working together, of turning towards common objectives, of clearly knowing what is expected, of cooperating, of feeling efficient, of doing quality work and of getting approval from one’s peers. The interest in the team comes from good relations within the group, from overall collaboration and from support given by members to one another in adversity.

**Freedom to express one’s emotions**

To these aspects must be added the group’s openness towards its members displaying their emotions in difficult situations. Stoïcism is the norm within some teams: a nurse must remain as hard as steel with a face that doesn’t betray emotions, even when she is affected by the suffering or agony of a patient. It’s as if a few tears or words of distress demonstrates a flaw. The nurse is still a human being who works with the patient throughout his ordeal. The emotions that she demonstrates under such circumstances only shows that she is dealing with the patient with her heart.

Caregivers and caregiving teams which cannot openly express their compassion generally work in tough environments in which empathy is virtually absent. Openly expressing one’s emotions should be possible and authorized. Nurses should be able to understand one another and to give each other support under such circumstances. This aspect is relational, another topic to consider within a team.

**Relational aspects**

Relational aspects are significant in a nursing team. As we have already seen, multiple situations for extreme tension can arise, be it as a result of the patient’s condition, technical requirements, pressure from other professionals or comments by relatives of the patient. The patient who is suffering and anxious, or his dissatisfied relatives often find a scapegoat in the nurse. In addition, other irritants may appear in a multidisciplinary work environment. The unavoidable pressure from the clash of diverging personalities in the team may lead to an explosive relational cocktail.

That is why it is vital to manage relations with colleagues and other professionals by demonstrating openness and a spirit of collaboration and diplomacy. Listening is essential for one to remain aware of the need to provide necessary emotional support, to give advice or coaching, to instill a feeling of participating in a common effort, of encouragement and self-worth. Respect for others and their ideas remains the backbone of this endeavor. We don’t have to agree with others, but we must always respect them.

This does not mean that we should become doormats. Respect for others does not mean we should abandon our own expectations. Clearly and honestly expressing one’s opinions while speaking in the first person singular (I) within a group is an efficient manner to communicate within a group and to maintain harmony. Things left unsaid often wreak more havoc than words spoken. They build up and lead to resentment which spoils the work environment.
Internal rivalries within a group

The ambience within a team is sometimes dysfunctional; rivalries and conflicts can arise. The problems may originate from team members or even the leader. Certain team members may be responsible for internal conflict due to their behaviour or attitudes towards the team leader. Such behaviour can become irritating for others. The situation is especially difficult when some people do not assume their responsibilities, fail to produce quality work, disrupt the group through their lack of discipline, uncooperativeness, late arrivals, absenteeism or presenteeism (physically present at work but only filling in the hours).

Another source of dissatisfaction is also the manner in which certain caregivers behave with patients or their families, their irritability when comments are made and their distrust of others. Even more serious and the source of profound dissatisfaction is lack of professional ethics, being improperly or suggestively dressed for the job, aggressiveness, violence towards patients or substance use at work.

Ideal participants

There is a certain kind of person who works well in a team and whose contribution is positive. Nurses who are optimistic, who communicate efficiently and who are able to cooperate with others fit this profile. They have good listening skills, are committed professionals and seek self-improvement. In order to do so, they are open to others’ suggestions. They do not feel threatened by their co-workers’ skills and can support other people’s ideas. Nonetheless, they are also capable of imposing their own ideas.

Tensions originating from authority

Tensions can originate from the team leader or another person in a position of authority. A team leader is officially designated by the institution and recognized by the group. However, the latter sometimes does not accept the leader’s authority or a natural leader within the group manages to circumvent her influence and stir conflict. Such a situation is unfortunate for everyone. Some people even literally take the group hostage and impose their will on the team. This cancer must be eradicated whenever possible in order to allow the members to express themselves, to show what they are capable of accomplishing and
to function in harmony. Recognizing others’ work and showing interest in them are the keys to good relations. The leader must remain as such even if it means recognizing the value of the strong-minded person. Each individual assumes his own role. (See: Margot Phaneuf. *Le leadership entre charisme et pragmatisme*. Infiresources.ca: Carrefour professionnel)

http://www.infiresources.ca/fer/depotdocuments/Le_leadership_entre_humanisme_et_pragmatisme.pdf

Lax leadership

Problems can arise when a team leader fails to assume his role as motivator, to demonstrate leadership or has a propensity to be too authoritarian. Such situations poison the work environment. Lack of authority or charisma creates uncertainties regarding procedures, rules and conflict mediation. The leader sometimes allows himself to be manipulated by certain individuals and this arrangement leads to the creation of cliques or special interest groups which divide the team. This might lead to conflict, unfairness in the assignment of tasks and long-lasting animosity that will affect the quality of care provided. Therefore, lack of charisma and poorly exercising the role of motivator are serious flaws for a leader.

Team leader’s authoritarianism

Authoritarianism exercised by the team leader is hard on the group. This method of assigning tasks is democratic in spirit, but a peremptory style of decision-making and a dogmatic attitude are factors that can lead to dissatisfaction and disengagement by team members. A team leader who exercises his authority in this manner might have the feeling of being on top of the situation, but that is not the case. Excessive authoritarianism in itself engenders serious problems. It presupposes distant communications, and no delegation of tasks, such that members are more likely to hide their mistakes. Authoritarianism is also a reflection of the leader’s fear of competition from other team members. An authoritarian style is a sign of weakness, not strength.

Dysfunctional teams

Some teams just don’t work well and its members are plainly miserable. At the risk of repeating ourselves, these teams are characterized by:

- Communications being limited strictly to the requirements of work organization;
- Lack of acknowledgement of colleagues’ skills or lack
of respect for their needs and personalities;
- Weak discipline and professionalism;
- Inability to stimulate or motivate team members;
- Impossibility for group members to give their best or to experience a sense of fulfillment.

Dysfunctional teams are hazardous for the physical and mental health of its members. What is referred to as *symbolic* or psychological violence, that which is not visible and which leaves no physical mark upon its victims, is common and practiced with great skill.

This form of violence needs to be recognized and its authors, who can be coworkers, the team leader or a person in a position of authority, need to be held accountable for such acts. Should attempts to remedy the situation fail, it is best to protect oneself, to practice the art of avoidance, to keep a low profile and to request a transfer. It is a question of personal balance. A hazardous work environment can lead to burnout.

If the team is sufficiently mature to seek a solution, an introspective and conflict analysis may be worthwhile. First, an assessment of the situations that lead to conflicts and disagreements should be made in order to discover what unites or divides members. Events can be graded on a scale of 1 to 10 in order to gain a practical assessment of the situation. This exercise gives an idea of the dynamics under specific circumstances, identifies which people are present, which ones are in conflict and those who demonstrate symbolic or verbal violence. The next step is to enforce a conflict resolution strategy. Caution should be exercised as everyone can become involved in symbolic violence, either as a victim or an unconscious aggressor.

### Examples of symbolic violence

- Not greeting, looking at or acknowledging other people.
- Not excusing oneself for making a mistake about someone.
- Showing dissatisfaction and not explaining oneself.
- Ignoring a teammate, his opinions and his needs.
- Always contradicting someone else and looking for mistakes.
- Making groundless declarations.
- Criticizing someone for the slightest reason.
- Finding a scapegoat for everyone’s problems.
- Imposing one’s opinions, methods, late arrivals and absences upon others.
- Instrumentalizing someone to our needs
- Using someone as a tool.
- Isolating others.

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<tr>
<th>Team Sociogram</th>
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<tr>
<td>Team leader</td>
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<tr>
<td>Lise</td>
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<tr>
<td>Zoé</td>
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<tr>
<td>Marc</td>
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<td>Line</td>
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<tr>
<td>Nina</td>
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<td>Léa</td>
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It might be useful to use a sociogram to analyze group dynamics, as illustrated in the figure on this page. It shows strong relations between Luce and the team leader as well as between Nina and Léa. It also shows that communications between Lise and two other team members are conflictual and that communications between her and Léa have been severed. It is also obvious that Line is isolated, marginalized. The analysis of power within the team allows reveals influence, collusion and exclusion, putting the latter into perspective. A more in-depth study of the causes of the problems first needs to be conducted before raising awareness within the group and seeking accommodation.

**Conclusion**

A group must be constituted in a reasonable manner, providing as much stability as possible. Members need to be able to commit themselves, to work together and to provide quality work. Teamwork has numerous advantages so long as rules are respected and groups are formed within a dynamic framework fostering evolution, quality care and a quality work environment. Teams should never be a mishmash of temporary workers.

Teamwork is not only a mechanism to assign tasks; it is also a way of life at work. That is why team efficiency should be planned so that each member can give his or her best. Teams are not an alibi to allow others do one’s work. They are a space for personal and professional commitment in which it is possible to demonstrate one’s skills and to achieve personal and professional fulfillment.

It is sometimes necessary to ask where we are going with the division of tasks because it is important to support caregivers to maintain the quality and continuity of care services. Régine Clément wrote: “Does teamwork have any meaning in a world dominated by accounting and work shortages?” and “The absence of relations, communications and high employee turnover make us lose this priority and forces us to reconsider the notion of teamwork.” (Translated from: Régine Clément. Ne pas perdre de vue l’essentiel, *La revue infirmière*, no. 125, novembre 2006).
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