PROMOTING A CULTURE OF PSYCHOLOGICAL SAFETY AS THE FOUNDATION FOR INTERDISCIPLINARY TEAMBUILDING IN PALLIATIVE CARE

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OBJECTIVES

• Identify the history and nature of power imbalances in medical culture, and the direct impact on communication and collaboration among disciplines in healthcare.

• Discuss the relationship between psychological safety and team learning, and the significance of team leader behaviors in promoting collaborative work on healthcare teams.

• Describe concrete ways palliative care social workers can lead in developing initiatives that enhance interpersonal skills and team effectiveness in a safe environment for all members.
## A Snapshot: Rapid Team Growth Over 6 Years

### 2010
- 1 PT Medical Director/Physician
- 1 FT Nurse Practitioner
- 1 FT Pediatric Nurse Practitioner
- 1 PT Social Worker (0.6 FTE)

### 2016
- 1 FT Program Director
- 1 FT Medical Director/Physician
- 1 FT Physician
- 1 PT Physician
- 1 FT Physician’s Assistant
- 1 FT Certified Nurse Specialist
- 1 FT Pediatric Nurse Practitioner
- 2 PT Registered Nurses
- 1 PT Chaplain
- 1 PT Social Worker (0.9 FTE)
CULTURAL EVOLUTION OF A TEAM:

OBSERVATIONS FROM WITHIN

• Multiple team members regularly expressed difficulty speaking up (proposing ideas, expressing concerns, sharing needs, asking questions) – instead choosing indirect modes of communication that were less effective/efficient.

• New members joined and adopted these established patterns of indirect communication.

• Patient care and team efficiency suffered.

• Team relationships and trust deteriorated over time.

• Information consistently “held back” that could potentially benefit all team members.
TAKING ACTION:

2 YEARS OF TEAMBUILDING INITIATIVES

Year 1 of Project:

• 100% support of team leadership

• Shared team recognition of problem areas

• Research focused on teambuilding in palliative care

• Promoting corporate experiences of self-care

• Providing a new way to regularly come together ("safe space")

• Developing shared team goals for growth areas

• Topics focused on communication, roles, relationship-building

Planning for Year 2: New Directions for Research/Application

• Identifying factors at play in traditional nurse-physician communication (historical context, systemic influences, power imbalances)

• Building psychological safety on healthcare work teams

• Impacts of leader behaviors on psychological safety within work teams

• Consideration of Competency Domains for Interprofessional Collaborative Practice (Interprofessional Education Collaborative Report, 2011)
The History

- As the field of medicine professionalized, female lay healers were pushed to the margins – with a growing emphasis on “knowledge-based practice.”

- Nursing evolved into a profession with its own knowledge-based educational backbone.

- Imbalances persisted (physicians still perceived as “knowing more”).

- Nursing developed advance practice degrees, moving education from the hospitals to the university setting.

- Physicians continue to be revered as the “experts” – hierarchical and patriarchal elements remain.
Current Barriers in Nurse-Physician Communication

- Physicians often unaware of the Advance Practice Nurses’ (APN) scope of practice.
- Lack of respect among professionals with diverse areas of expertise.
- Poor communication among disciplines.
- Patient and family reluctance to APN care.
- Ongoing belief that physicians play a superior role in decision-making about patient care.
- Suggestion that nurses may take a moral platform of a “monopoly on caring” with their expertise in holistic/relational approaches.

Recommendations to Address Barriers

- Better education on APN roles/expertise with medical students.
- Interprofessional education opportunities in university settings.
- Communication education on healthcare teams, to eliminate the “absence of information sharing.”
"OK, now that we all agree, let’s all go back to our desks and discuss why this won’t work."
Psychological Safety Defined:
“A shared belief held by members of a team that the team is safe for interpersonal risk-taking.”
(Edmondson, 1999, p. 350)

• Organizational Learning Research suggests:
  • The effectiveness of work teams is based on cognitive and interpersonal factors.
  • Individuals’ beliefs about interpersonal interactions can inhibit “learning behavior,” and negatively impact team effectiveness.
### Learning Behaviors…
- Seeking feedback
- Sharing information or ideas
- Asking for help
- Talking about errors
- Experimenting

### Require Risks…
- Embarrassment
- Hostile responses/shaming
- Impacts on decisions of those in power (raises, promotions, disciplinary actions)
SHARING THE RESEARCH:

PSYCHOLOGICAL SAFETY AND TEAM LEARNING ON HEALTHCARE TEAMS

Safety for Team Learning Requires:

- Confidence that team members and leaders will not embarrass or reject those who speak up
- Confidence that information shared will be of value to the team
- Mutual trust and respect among members

Safety for Team Learning (in Practice)
SHARING THE RESEARCH:

IMPACTS OF LEADER BEHAVIORS

Team Members of Perceived Higher Status:
* Assume their opinion is valued
* Offer opinions freely
* Don’t perceive a high level of risk associated with self-expression

Team Members of Perceived Lower Status:
* May feel afraid to speak across boundaries to offer input, concerns or feedback
Teams tend to reflect their leader’s style:

- If leader is supportive and non-defensive, members feel safer to speak up.
- If a leader is punitive and authoritarian, members will be more reluctant to risk expression of ideas/needs.

Leader Inclusiveness:

“Attempts by leaders to include others in discussions and decisions in which their voices might otherwise be absent.”
(Edmondson, 2006, p. 947)

- Training and Empowering Team Leaders to:
  - Invite and acknowledge others’ views
  - Express appreciation for comments/team participation
• Values and Ethics
  • Emphasizing relationships, mutual trust and respect

• Roles and Responsibilities
  • Acknowledging role expertise and limits, with a patient-centered approach
  • Requires continued learning and refining of role understanding

• Communication
  • Encouraging effective, organized and respectful information-sharing
  • Recognizing the effects of hierarchies/power imbalances on communication
  • Requires vulnerability, respect and safety

• Teams and Teamwork
  • Valuing each member’s area of professional expertise
  • Requires sharing expertise, relinquishing autonomy, and shared accountability
RESEARCH IN ACTION

PLANS FOR A TEAMBUILDING INITIATIVE (YEAR 2)

Bi-monthly teambuilding sessions alternating with Bi-monthly team education (coordinated by team CNS)

• Empowering CNS to share unique expertise with larger team

Psychological Safety and Team Learning Survey

• Extracted from the research article and given as a baseline measure for quality, and a guide for process. (Edmondson, 1999)

Teambuilding Goals Established:

• “Levelling the Playing Field”

• Promoting psychological safety, examining influence of team culture and systemic factors.

• Exploring effects of individual communication styles on team collaboration efforts.
Introducing activities that build new pathways for interactions, and open alternative methods for expression in a group context.

- Team Art Therapy Session
- Music Therapy (group Uke lessons, singing together)
- Movement Therapy Session
- Experiential Introduction to Integrative Health Techniques (hand massage, labyrinth, aromatherapy, guided imagery)
PROMOTING PSYCHOLOGICAL SAFETY

• Butler University Ropes Course (4 hour session) – followed by a team retreat.
  
  • Intensive, guided group learning process, using cooperative activities and reflection with an outside facilitator.
  
  • Team retreat focused on writing a mission statement and strategic planning as a group.
  
• Reviewing research on psychological safety and team learning.
  
  • Examining team survey results together

• Acknowledging the hierarchies present in the history of the medical professions – and ongoing impacts on modern collaborations in healthcare.
  
  • Group discussion
EXPLORING EFFECTS OF INDIVIDUAL COMMUNICATION STYLES ON TEAM COLLABORATION

Using a “Style Profile” designed to address communication in the workplace – emphasizing strengths.

• Studying the potential impacts of “calm” and “storm” on individuals’ unique communication styles.

• Offering practical ways to enhance one another’s strengths in times of calm and storm.

• Building self-awareness, along with awareness of other’s strengths.
Repeat Survey and Review

• Results reviewed in terms of how closely perspectives were aligned or stratified among members.

• Overall movement to more consistent perceptions of team psychological safety (much less stratified responses than previous assessment).

• Areas for continued work were identified/discussed as a group.

Observational Outcomes:

• Routine references to team learning during group interactions.

• Increased use of direct communication among team members.

• Medical Director’s observable commitment to emphasize leader inclusive strategies.

• Physicians reinforcing mid-level providers’ role with attending groups/other physicians.
RECOMMENDATIONS

• Administrative/team leadership support is essential.

• Use resources available in your community or healthcare system.

• Consider the expertise within your team.

• Experiential learning opportunities can help naturally balance typical power structures, as the activity is new for all members.

• Identify your team’s unique growth needs – consider using a measurement tool as a guide.

• Consider the Competency Domains of Interprofessional Collaborative Practice as you design your teambuilding goals.

• Maintain good documentation of your research and efforts – to help maintain leadership support, and as a retrospective resource over time.

• Recognize the team becomes new each time a member leaves or joins.
ADDITIONAL TOOLS


Maximizing Palliative Care Team Wellness. A resource monograph from the Center to Advance Palliative Care (CAPC) [https://shop.capc.org/?product=1001](https://shop.capc.org/?product=1001)

SWHPN Listserv – Archive Searches
REFERENCES


