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Impact of Complacency and Lack of Assertiveness on Interprofessional Surgical & Medical Teams in Health and Social Care

Hira Ashraf, Talha Asad

IMPORTANCE Health care system has high pressure job settings where members from different disciplines interplay. Interprofessional teams in this system have a dynamic environment where doctors, nurses, medical staff and social workers come together to make decisions of prime importance for patients' health and safety. Traditionally interprofessional surgical teams have prevalence of hierarchy. Team members from different professional background are not given equal liberty to raise their concerns. Reluctance and lack of role clarity results in loss of critical thinking and active engagement in complex environment of operating room. Coordination and cooperation between surgical team members are essential components for better service delivery. Lack of job clarity, job satisfaction, lack of assertiveness and dominance of doctors and nurses are some of the important factors that should be dealt with to improve future practice of social workers in health department. Their identity building will require confidence, persistence and assertiveness.

KEY WORDS Complacency; Surgical Teams; Interprofessional Teams; Social Care;

Author Affiliations: Author affiliations are listed at the end of this article.

Corresponding Author:
Hira Ashraf, Department of Surgery, Shalamar Medical & Dental College, Lahore
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Medical social work emerged initially in Britain and Ireland, where lady almoners were appointed. Gradually this profession was guided by bio-psychosocial concept of health and it expanded to clinics, NGOs, disease control programs and community. British model of health social work is adapted globally [1]. However, empowerment of this profession varies according to sociopolitical, economic and health status of the country. In most developed countries it is recognized and established as a profession, with health social workers working as an independent body having a defined set of authority, status, and distinct role in interprofessional teams. However, in developing countries there is dire need to strengthen health care system. There is lack of skilled training and motivation in health workers of developing countries. In addition, migration to developed countries, where better salaries and training opportunities are offered to health workers, is negatively impacting health care system of developing countries [2]. Strengthening health social work in developing countries requires motivation, financial incentives and career development.

Social work has been part of health care for over a hundred years [3]. Earlier it was known as Medical Social Work, however, since the shift of health model from biomedical to psychosocial the term Health Social work is coined. Formerly diseases were considered to be caused by germs and cured only by doctors [1]. Social work has incorporated bio-psychosocial model and holistic approach in the health care system. Social work has combined the role of social, cultural

and economic factors in health, along with the effect of disease and illness on personal and family coping, and the significance of interprofessional collaboration on health problems. Health social workers have incorporated the concept of social support and follow-up care in the field of medicine. It has brought in light the significance of care alongside cure in health care system [4].

In health care system there is significant overlap of knowledge between members from different disciplines in interprofessional teams. However, medical and nursing staff dominate the field and hold the highest rank [5]. In interprofessional surgical teams', members from different disciplines obediently comply with decisions made by leading surgeons. Working in this complex and dynamic environment is challenging for social workers. Hence, in this apparently autonomous field their decision-making policies are dominated by medical staff. Health social workers face obstacles in negotiating decisions that fall under their domain. Expectations of social workers regarding their roles in team are not met. Jobs that legitimately fall under their domain are not handed over by authoritative team members [6]. In these challenging circumstances maintaining territorial boundaries is essential to provide best care to the patients. Medical and surgical teams play a significant role in decision making of patients that fall under their domain. Within a hospital setting decisions made by leading doctors overshadow the participation required from other team members. Distinctive participation of team members is essential for interprofessional collaboration to deliver best

possible care to the patients. Lack of authority in treatment decisions gradually leads to lack of role clarity, dissatisfaction, low performance and less progression in working field. Complacency and assertiveness are the behaviors required to counter the factors which impair effective participation by members of interprofessional teams. Organizations and team leaders should aim towards training complacent and assertive followers, as their active engagement and critical thinking can shape the leaders and organizations.

COMPLACENCY

Social workers in health care system work under influence and authority of medical and nursing staff. Expression of knowledge and personal identity is this complex contestable environment has always threatened professional identity of social workers. Roach Anleu concluded that social workers in hospitals have limited authority in patient's treatment decision and they work under dominance of medical profession [7].

Operating room teams have diverse educational background. Traditionally interprofessional team work has been neglected which results in prevalence of hierarchy in operating rooms. Team members feel reluctant to raise their concerns and question decisions of members considered higher up in operating room hierarchy [8]. Prevalence of hierarchy results in lack of role clarity among operating room team members. In addition, team members lower in the hierarchy have a more significant role to play in post-operative care of patients. In US 90% post-operative cases of hip fracture are discharged to post-acute care for rehabilitation. Goal of this rehabilitation process is medical and functional recovery prior to safe return to community [9]. This goal is only achievable with collaboration of patient, doctors, medical staff and health social workers. Similarly, post-traumatic stress disorder usually persists in patients following initial trauma and requires early intervention and support by social workers [10]. Health social workers have certain significant roles in pre stage and post stage of rehabilitation of post-operative cases including preparing patient for post-operative outcomes, support to patient and family, psychosocial and grief counseling, case management, referrals, counselling in cases of terminal illness and disability, compliance to treatment, assessment and early intervention in case of suicidal thoughts and planning follow-up. Interprofessional team meetings, detailed case discussions, critical thinking and active engagement of all team members is required for effective recovery and rehabilitation of patients.

Role clarity in authority on treatment method decision, extent of treatment plan that lies within domain, expectations from team members and evaluation of work are essential aspects that need to be well understood by members of all disciplines in interprofessional teams. Role clarity is required for independent decision making, open

discussion on concerns, confident presentation of views from different disciplines, satisfaction with job, supervision and interprofessional relations and well coordination in team work [6]. All these factors play a key role in delivery of best possible care to the patient by multidisciplinary teams. Job clarity is a significant concern due to status issues, competition, overlapping role in treatment, opposition of views by authoritative team members and resultant hindrance in flow of information in interprofessional teams. Job clarity is linked with dedication, advancement and satisfaction in job [11]. Job satisfaction is associated with a number of components such as persistence, tolerance, confident expression of opinion, effective resolution of conflicts, assertiveness, backing off when required and knowing how to deal with authoritative strategies. Job clarity and job satisfaction are directly associated with patient benefit. With well-coordinated team work patients are less likely to receive conflicting statements from the team members [6]. Job satisfaction is directly linked with better service delivery to the patient. Authority struggle and conflicts within teams only compromises patient safety, treatment and care.

Social workers lack clarity about their roles in interprofessional teams. This lack of clarity gives rise to several conflicts such as stress associated with lack of awareness about their domain of expertise and their authority in treatment decision. They lack the insight of expectations held from them by the patients and team members. These stresses should be dealt with in order to survive and grow professionally. French and Caplan concluded that lack of role clarity results in miscommunication and distrustful relationship in interprofessional teams [12]. Flow of essential information to concerned member of the team can be compromised with lack in role clarity.

Knowledge of social workers is gained from allied fields. Their contribution is neither understood nor valued by dominating clinicians in health care system [13]. These leading professionals in interprofessional teams tend to aggregate the patients in their own domain. In addition, they also dictate and decide the division of patients in different professional groups. Social workers view of psychopathology takes social, cultural, psychological, spiritual and ecological factors into consideration while treating a patient [3]. While doctors medically view psychological, biological or intrapsychic factors as causes of psychopathology. This discrepancy between social workers and doctors medical view of psychopathology can lead to imposition of opinion of the dominant profession [14].

Job clarity is found to be associated with gender. Female health social care workers are more aware of their roles and domain. This may be associated with male dominance in health care system, with males generally perceived to have higher authority and status as medical staff members [6]. This poses females to situations where they need to be more aware of their authority and expertise. Hence, males are less aware of their roles.

Job satisfaction is also found to be associated with number of practicing years. This may be associated with continuation of job by the satisfied group of people. Less satisfied health social workers are seen to drop out over the years due to dissatisfaction and lack of role clarity. A social worker is able to act effectively in interprofessional teams after long term practice in different situations, adapting strategies that can best benefit the delivery of their roles in the team. Satisfaction is attained in this challenging profession with a demanding role after years of molding and adaption of behaviors that work in best interest of one's own self [6].

Lack of role clarity leads to high stress level, low performance, lack of interest and less progression in the working field [15]. Lack of clarity is a key factor in feeling helpless, anxiety, dissatisfaction, lack of adjustment to requirements and failure in social workers. It eventually results in burnout irrespective of the job settings. A study on large sample of social workers in mental health, child welfare and family agencies concluded that job clarity is a significant predictor of job satisfaction [11]. Confidence is an essential behavioral trait required at work place to develop claims to expertise by all members of interprofessional teams. Equal participation of members in teams is required for flow of information and division of jobs in respective domains in order to provide best possible care to the patients.

LACK OF ASSERTIVENESS

Assertiveness is an essential behavior component in health care system. It enables individuals to express their ideas, feelings, concerns and rights, without denying the rights of others [16]. It is a vital skill for maintaining successful interprofessional communication. It can be general or situation specific [6]. Assertiveness at work place varies with situations, receptive or opposing behavior of team members, job settings and consequences on interprofessional relations and behaviors.

Assertiveness is different from aggressive, passive or submissive behaviors [17]. All of these behaviors are associated with violation and ignoration of others rights. These negative behaviors ultimately result in disappointment, frustration, stress and burnout [16]. However, assertiveness is the expression of one's own rights without denying the rights of others. It is required for maintaining emotional, physical and mental well-being in stressful working environments such as health care system [18]. It is essential for maintaining positive working environment in order to express concerns regarding patient's health and safety to people in authority.

Health and social care workers are advocates of patients and assertiveness is required to put forward concerns regarding patient health [19]. Miscommunication or lack of communication can affect patient safety and is a major factor to cause adverse incidents. Health and social care workers need to maintain effective communication with patients, their families, as well as the team members. Hence, effective communication skills are required to advocate patients and raise concerns when their safety is compromised [20].

In complex environment of operating rooms effective exchange of information is required between team members for incident prevention and incident recovery. Without effective communication the interdependent goal of effective and safe surgical intervention is not coordinated. Communication failures are common in operating rooms and these failures are seen more frequently between instead within professions. Surgical cases are seen to be affected due to these failures in 90% of cases [8]. Standardized communication, assertiveness and education can facilitate communication in operating rooms.

Efficacy of operating room team members depends on leadership of the surgeons. Surgeons are required to be socially capable of managing their team members. However, the success of a team depends not only on the leader but also on its members lower in hierarchy. Assertiveness of team members is identified as a significant behavior to make a team effective and safer [21]. In operating room team of surgeons, anesthetists, nurses, operating department practitioners and theatre runners interplay their roles to smoothly run this complex environment. Assertive team members exert greater effort to attain the team goal of patient safety and well-being by challenging the decisions of team leaders and putting forward alternatives as solution. Their critical thinking and active engagement are also seen to directly influence job satisfaction and higher performance output. Organizations and leaders should aim towards training assertive followers, as they can shape leaders and organizations. Assertive followers should also be encouraged in theatre environment due to high workload. During a critical point of procedure surgeons become task-focused and are less aware of their surrounding situation, it is role of the supporting staff to identify the situational problems and notify surgeons [21]. Flattening of hierarchy can train assertive followers and empowered followers have greater role clarity. However, assertiveness can only be encouraged if team leaders are open to criticism.

In health care system team members are usually not seen to be supportive of assertive communication in interprofessional dealings [22]. It leads to adaptation of negotiating behavior in health and social care workers. Instead of expressing their own views and concerns regarding patient safety, they are seen to agree with and accept decisions of higher authorities [23]. This eventually leads to unsafe practice and compromise on patient health and safety [24].

Assertiveness is strongly co-related with role clarity within a team. It is also associated with job satisfaction [6]. In health care system a multidisciplinary team includes clinicians, therapists, nurses, nurse aids and social workers. Co-ordination and co-operation between these team members is crucial for service delivery to the patients. Diagnosis, management and follow-up care requires a well-coordinated teamwork. However, stresses in health care

systems pose several challenges in maintaining a healthy interprofessional team work.

Social workers can clarify their domain by negotiating their views and methods to authoritative team members and resisting their attempts to define social workers domain of expertise. Assertive skills are significant tools for social workers through which they can define their expertise and domain. Assertiveness enables them to define their domain to team members through problem solving approach over issues related to job functions. Assertive team members have better role clarity [6]. They are better equipped to deal with conflicts in interprofessional teams. They are able to advocate views and concerns regarding patient's safety and propose treatment decisions within their professional domain and expertise.

Assertiveness is the ability to reject opinions of others, express one's own interests, raise concerns regarding patient's safety, and express positive and negative feelings without anxiety [16]. Assertiveness enables social workers to actively defend their domain and define their territorial boundaries in interprofessional teams. It gives them the ability to put forward their concerns, respect others opinions, sort interprofessional conflicts, maintain harmonious relation with fellow team members and execute their work in best interest of the patients.

However, it is seen that social workers markedly lack assertiveness in work place. Hence, they fail to resolve conflicts in interprofessional teams [25]. Lack of assertiveness is associated with self-recrimination and low self-esteem. It leads to failure of developing equal relationship with other team members. Health and social care workers lacking assertiveness are subjected to violation at work place [26]. This inability to express views and concerns leads to compromise on patient's safety. Assertiveness is also associated with undue anxiety in certain situations due to fear of opposition or rejection by fellow team members. Social workers agree to work at lower wages in poor conditions without clarity about their roles. They lack the ability to understand and defend their domains. This eventually leads to compromise on patient safety [6].

Assertiveness in continuously defining territorial boundaries and domain of expertise over years is associated with role clarity and job satisfaction. Social workers can present their management plan as advocates of patients through assertive skills and defend opposition by other disciplines in interprofessional teams. Assertive skills are also essential in resolving inter-staff conflicts, respecting each other's territorial boundaries and maintaining a well-coordinated team work. A clear understanding of organizational policies and job description of each team member is essential for presenting a united team work to provide care in the best interest of the patient. Sundel and Sundel proposed that health social workers with better assertive skills are more likely to sort and cope with interprofessional conflicts with supervisors, team members, colleagues and patients [6].

RECOMMENDATIONS

Communication skill training should be incorporated in training of health and social care workers. These training sessions can be delivered in form of lectures, demonstration, role play, group discussions or e-learning by faculty or qualified trainee. Assertiveness is essential for interacting with patients, their families and other interprofessional team members. To reduce adverse outcomes and increase patient safety assertive communication skill training should be incorporated in teaching.

CONCLUSION

Health care system has high pressure job settings where members from different disciplines interplay. Interprofessional teams in this system have a dynamic environment where doctors, nurses, medical staff and social workers come together to make decisions of prime importance for patients' health and safety. Strengthening the role of each member of these interprofessional teams requires improvement in communication skills. Improvement in communication skills can develop assertiveness, complacency, equal team relationship, satisfaction, self-esteem and reduce stress. High quality care cannot be provided to the patients unless issues of de-motivated staff are addressed. Behaviors such as complacency and assertiveness are required to be incorporated in the training of health and social care workers to maintain territorial boundaries in decision making.

Author Affiliations: Department of Surgery, Shalamar Medical & Dental College, Lahore, Pakistan (Ashraf H); Services Institute of Medical Sciences (Talha Asad)

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