

Tackling disruptive and dysfunctional behaviour in clinical teams

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Objectives

- Recognise and act on early signs of teams in difficulty
- Understand underlying causes and contributory factors in team dysfunction
- Explore aspects of team dynamics that can affect resolution of the problems
- Identify practical frameworks and tools to use in your own organisation
- Highlight pitfalls and how to avoid them

Personal experiences of clinical teams in trouble

- Worn down and worn out
- Disengaged and disconnected
- No strategic plan or direction
- Poor clinical leadership
- Repeated reviews and investigations with no conclusion
- Turbulent organisational history
- Undervalued service

What is the impact of teamworking on patient outcomes?

“When teams exhibited infrequent team behaviours, patients were more likely to experience death or serious complication.”

Mazzocco et al (2009) Surgical team behaviours and patient outcomes. Am J Surg 197, 678-695

“..strong evidence that improving teamwork was associated with reduced surgical mortality”

Neily J, Mills PD, Young-Xu Y, et al. Association between implementation of a medical team training program and surgical mortality. JAMA ,2010;304(15):1693-1700.

Disruptive behaviour – impact on staff

Individual

- Frustration 95%
- Stress 95%
- Lost ability to concentrate 85%

Team communication

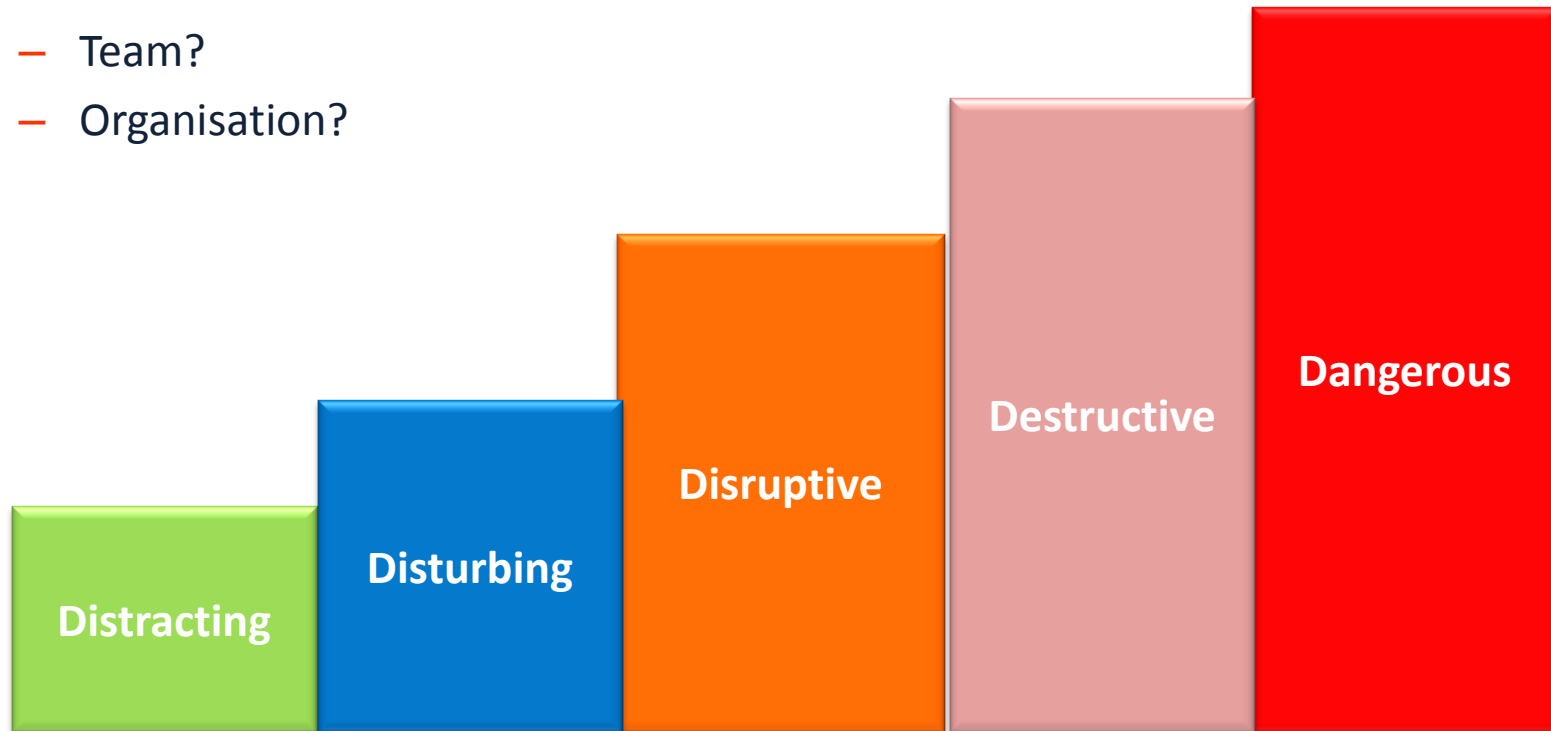
- Levels of communication reduced 95%
- Team collaboration impaired 92%
- Information transfer compromised 89%

Rosenstein A, O'Daniel M. Managing disruptive physician behavior: Impact on staff relationships and patient care. *Neurology* 2008;70;1564-1570; see also

Flin, R Rudeness at work. *BMJ*, 2010;340:c2480

How difficult is difficult?

- What is the risk to:
 - Patients?
 - Self?
 - Team?
 - Organisation?





Typical features of team dysfunction

- Persistent complaint(s) /grievance and grudge
- Camps, cliques and factions
- Staff playing one consultant off against another
- Undermining colleagues' professional opinion
- Pursuit of personal agendas
- Staff adopt work-arounds rather than risk conflict
- Personalities trump patient care
- Weak clinical leadership
- Disconnected from the Trust senior management

The shadow side of teams

- Collegial collusion - cover for colleagues; “if you don’t criticise me I won’t criticise you”
- Competition - for private patients
- Culture of fear - junior staff won’t speak up
- Liaisons dangereuses.....
- Powerful people in the background



Where might team difficulties be situated?

- These can be one of or a combination of problems within:
 - The **tasks and responsibilities** e.g. lead roles, training, job design
 - The **team processes** e.g. Leadership, decision-making, conflict resolution, communication, meeting management
 - The **relationships** e.g. interpersonal dynamics, trust, legacy issues
 - The **institution** e.g. leadership; culture; history; external pressures

How “ bad apples” spoil the barrel (Felps et al, 2006)

- Bad is stronger than good – asymmetric effect of one dysfunctional individual
- “Team destroyers”
- Persistent negative behaviour of one individual can provoke dysfunction in a whole team

“Bad is stronger than good”

- Any individual can prevent the system or team from functioning
- No individual can by themselves cause the system to succeed

Long-term impact of negative individuals

- Negative thoughts, feelings and actions “spill over” to the group
- Provoked group members displace aggression onto blameless individuals (the “popcorn” effect)
- Members lose faith in their group and “de-identify”
- They disengage and begin to act independently
- The team loses commitment to group goals
- Focus is on the interpersonal issues not the main task (the patients)

Who is the troublemaker?

- Is the team “projecting” its difficulties onto one individual?
- This helps them disown their own part in the group problem
- If the focus moves to another person, this signifies something more systemic
- The presenting problem must be tackled at several levels

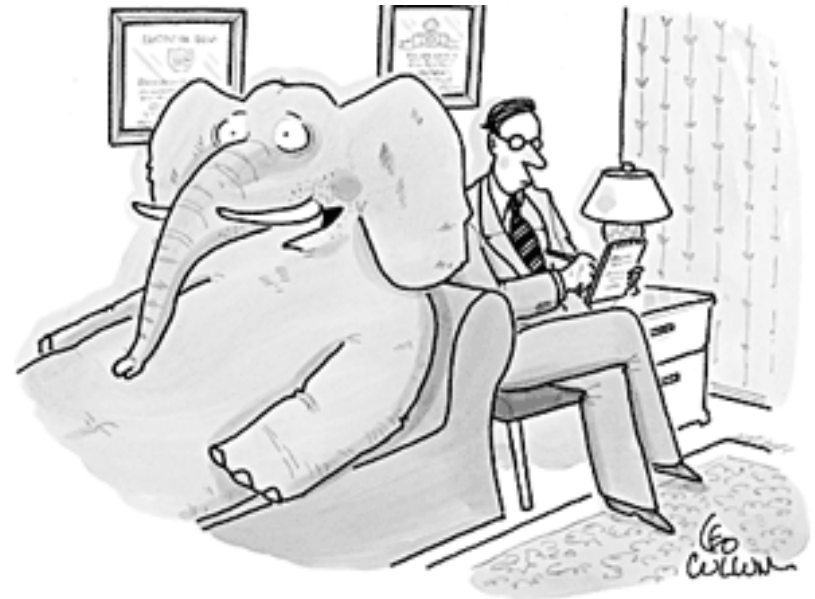


The five dysfunctions of a team



Lencioni, 2002

Tackling the problem and achieving resolution



"I'm right there in the room, and no one even acknowledges me."

How to recognise a well-functioning team

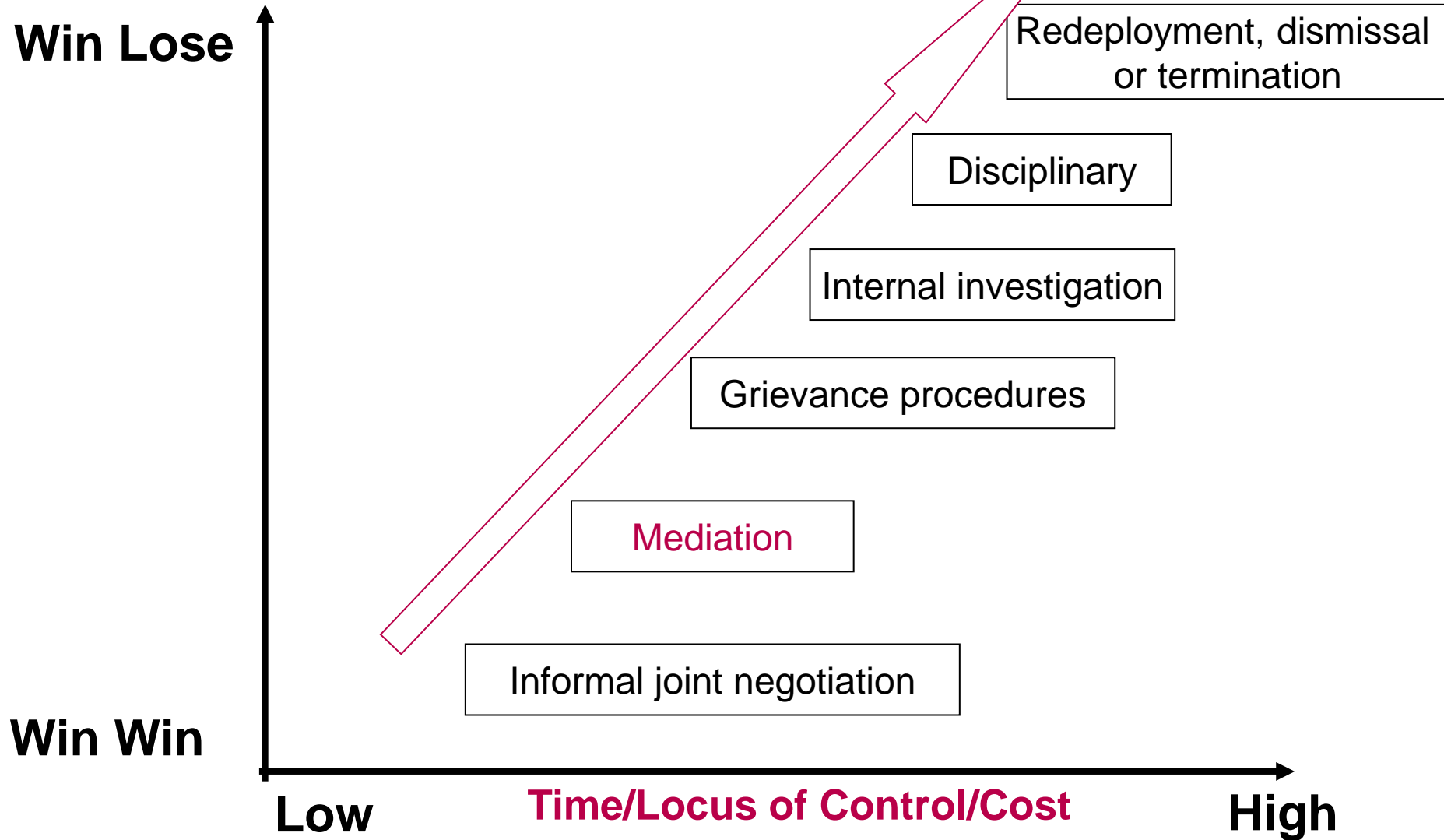


Lencioni, 2002

What makes a team effective?

- Clear team goal and objectives
 - Clear accountability and authority
 - Diversity of skills and personalities
 - Clear individual roles
 - Shared tasks
 - Regular reflection on their work
 - Ability to change and develop
 - Confronting conflict constructively
 - Feedback to individuals and the team
 - Team rewards
- Borrill et al, (2000) Health Care Team Effectiveness Project, UK

Options for resolving conflict



An assessment-based intervention

- Speak to each individual confidentially
- Listen to their stories
- Assess
 - Engagement
 - Insight
 - Motivation to change
- Diagnostic report
- Mediation (pairs or as a team)
- Code of behaviour “How we will work together”

“Team” rules

- **Extract from a (real) code of behaviour for a surgical team**
- We will give time to all our colleagues to express their view without interruption
- We will not publicly criticise a colleague
- We will not engage in malicious gossip
- We will agree to engage in constructive discussion about past issues
- We will commit to decisions made by the whole team
- We will not start side conversations in meetings
- We will approach a colleague directly if we have a concern

Essentials for ROs and HR Directors

- Sustained visible “sponsorship” from the Board
- Timely and proportionate action
- Explicit behavioural expectations and outcomes
- Clarity about what is and is not negotiable
- Effective clinical leadership of the team
- Clear communication from the Trust re: service strategy
- Sanctions for bad behaviour (and the willingness to apply them)
- Follow-up, monitoring and review

Thank you!

Please contact

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