# NAVIGATING HIERARCHY AND COLLABORATION

## BACKGROUND

In this conversation grouping we would like to explore the concepts of hierarchy and collaboration, as well as the ways in which they affect communication and care.

Modern health care organizations deliver patient care primarily through groups of staff and clinicians. As specialized clinicians have become responsible for different aspects of the patient care process, collaboration among these individuals has become increasingly important for ensuring safe, efficient care (Busari et al., 2017; Lackie & Tomblin Murphy, 2020; Pannick et al., 2014).

Despite the increasing prominence of non-physician professions (i.e., nursing, social work, rehabilitative care, etc.), physicians still typically remain at the top of interdisciplinary hierarchies. The literature on interdisciplinary teams suggests that successful collaboration requires "mutual respect and power sharing among members" (Poole & Real, 2003, p. 392).

In his classic study on the doctor-nurse game, Stein (1967) explained:

> *"It was not many years ago when nurses were instructed to stand whenever a physician entered a room. When he would come in for a conference the nurse was expected to offer him her chair, and when both entered a room, the nurse would open the door for him and allow him to enter first" (p. 702).*

Your paragraph text

These practices have either changed or remained the same in different care contexts around the world. An interesting question arises from this situation: how do health care groups and individuals navigate the growing tension between the historically entrenched and institutionalized hierarchy in health care organizations and the mounting pressure of collaborative models of care that seem to require a flattening of this hierarchy, greater mutual respect among disciplines, and more willingness to share power?

This is relevant for our conversation as Newcomer Physicians come from different hierarchical structures, which have shaped their perception and behavior in a way that will impact their integration and contributions into Canadian communities, and healthcare system at large.

## CHECKING OUR ASSUMPTIONS

To make this conversation more relevant, we recommend that you take a moment to reflect on the hierarchical model that has shaped your own professional and personal lives up to this day and analyze how they will influence this conversation.

## OBJECTIVE

The Newcomer Physician will receive direct information on hierarchy and collaboration in Canadian health systems and they will be able to more effectively align their expectations and communications regarding hierarchy and collaboration to expected health system norms.

## SUGGESTED APPROACH TO ACHIEVE CONVERSATION'S GOAL

### BEFORE THE CONVERSATION

1. Review conversation notes ahead of discussion.
2. Be aware of your own perception of the optimum hierarchy model and how it may affect the conversation with the Volunteer Physician.
3. Prepare questions to better understand collaborative models.

### DURING THE CONVERSATION

1. Be relaxed and engaged in the conversation.
2. Ask questions to help you develop language and terminology to enhance collaboration.
3. Share your key takeaways from the discussion and notes by articulating how they can help you develop a collaborative approach in all settings of life.
4. Identify and share ways you can contribute to the Volunteer Physician's understanding of this subject.

### AFTER THE CONVERSATION

1. Develop a personal action plan (this does not need to be shared with the Volunteer Physician).

## SUGGESTED FRAMEWORK FOR ACTION

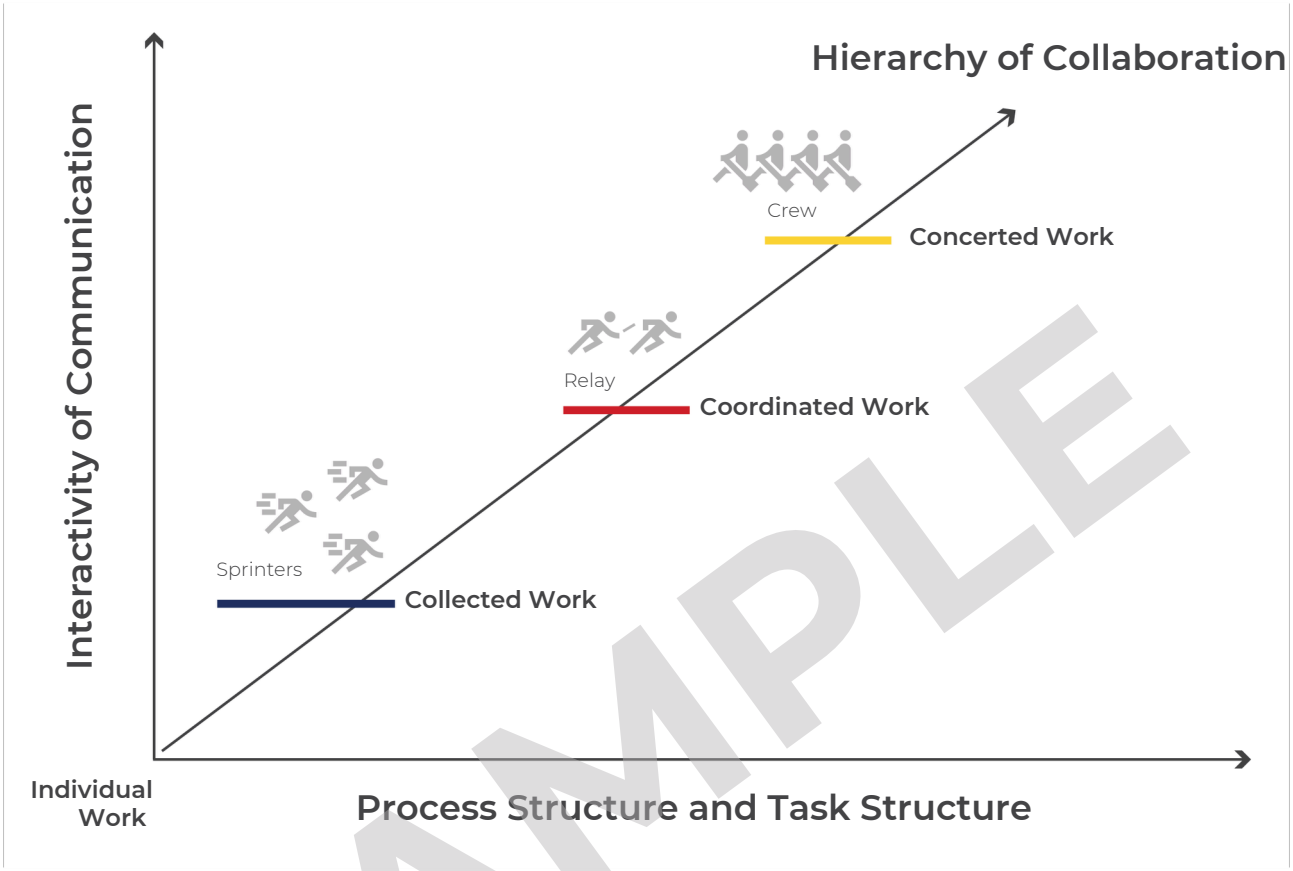
| OPPORTUNITY | ACTION | DUE DATE | OUTCOMES + COMMENTS |
|---|---|---|---|
| | | | |
| | | | |

# APPENDIX

## CONVERSATION NOTES

### 1. HEALTHCARE HIERARCHIES

**Models of hierarchies**






The increasing prominence of non-physician disciplines (i.e., nursing, social work, rehabilitative care, etc.) has made it possible to distinguish between the traditional hierarchal model and the collaborative model.

#### COLLABORATIVE MODEL: TEAM-BASED

- Team-based care operationalizes collaboration by drawing from a larger scope and breadth of knowledge of each clinical discipline to enhance patient safety.

#### TRADITIONAL MODEL: CLINICIAN-BASED

- In the traditional hierarchal model of healthcare, the physician is the primary leader and decision maker and guides the entire care journey of the patient. The physician is rarely questioned and does not seek input from other disciplines.

## THE CHALLENGE OF HIERARCHIES

The substantial power differences among interdisciplinary group members are deeply entrenched in the institution of health care and often work against interventions designed to improve collaboration.

Many care groups face growing tension over power, authority, and control in the patient care process.

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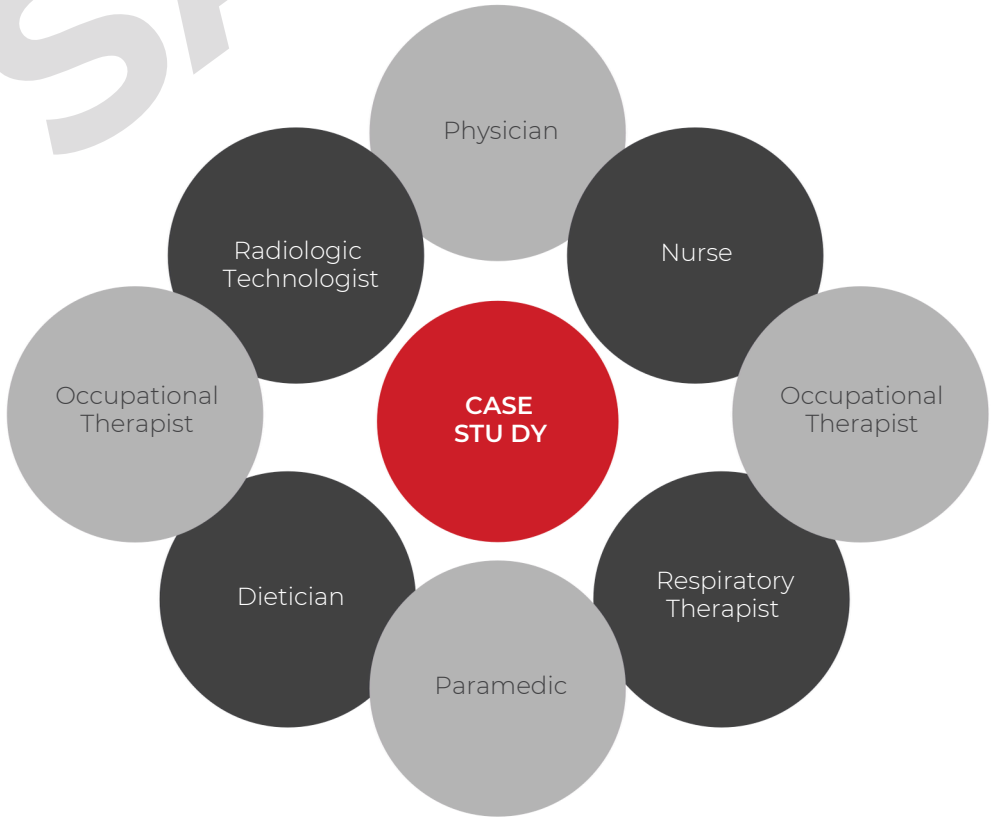
## 2. INTERDISCIPLINARY HEALTH TEAMS

**Definition** Interdisciplinary team care can be defined as "the structured working practices that dictate which
different healthcare practitioners interact together to contribute to patient care, as well as when and how they do so," (Pannick, et al,2015, p. 1289).



## IMPORTANCE OF TEAM-BASED CARE

Clinicians are accustomed to operating in silos and patients are paying the price of the limitations of offering care in this way.

Team-based care is relevant in today's healthcare landscape because it has the potential to improve patient safety. As more than half of the adverse events which are documented occurred due to medical errors. With team-based care more clinician are involved in the care of each patient, potentially reducing medical errors.

The safety of the patient receiving care is in jeopardy when clinicians are not working together and sharing their knowledge.

## EFFECTIVE TEAM-BASED CARE

In the report published following To Err is Human, entitled "Crossing the Quality Chasm (2001)," the Institute of Medicine (Institute of Medicine, 2001, p. 6) focused on changing the design of healthcare delivery to improve patient care. In this report, Six dimensions for 21st century healthcare were outlined:

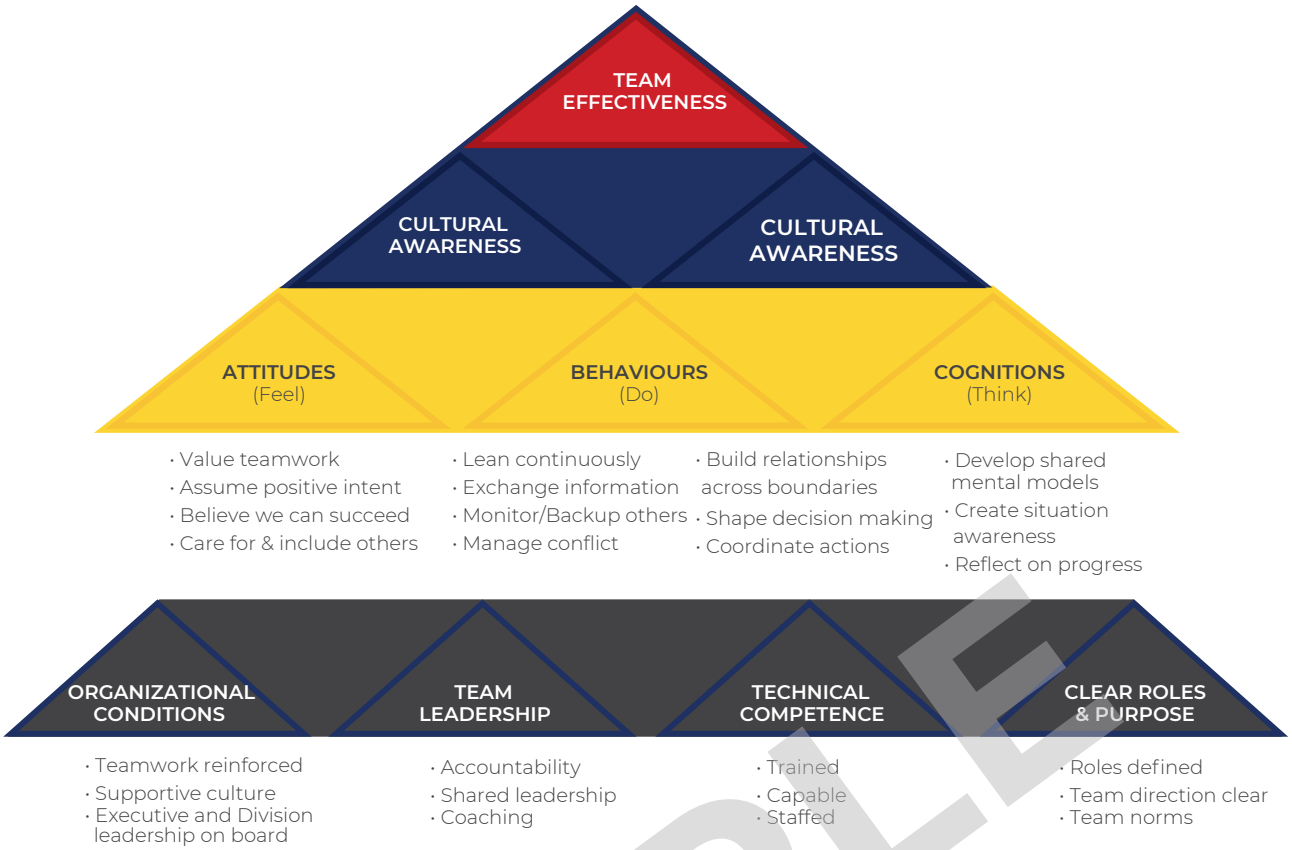
- safe
- effective
- patient-centered
- timely
- efficient
- equitable

## 3. COLLABORATIVE HEALTHCARE

### Team Effectiveness

Team effectiveness is best understood as the combination of 1) team performance (results), 2) team functioning, and 3) team viability (Hackman and Lorsch, 1987).

## TEAM EFFECTIVENESS FRAMEWORK




The very nature of teamwork gives rise to complex, dynamic processes that arise over time from the interactions of team members.

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