

Communication within the Health Team

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A 'TEAM' suggests a group of individuals, led by a captain, co-operating together to achieve common goals, each individual responsible for performing specific tasks but acting according to a co-ordinated plan which harmonises the activities of every member of the team.

In the health services can one speak of a health team and mean anything at all? Does the client experience the health services as a co-ordinated system from which he obtains, smoothly and without conflict, the services he needs to meet his varying problems as he moves from infancy to childhood, through school and work, into marriage and parent-hood and on to old age, living in town or country and seeking environmental or personal health services and home or hospital care in sickness? One has to admit that the client is more likely to experience the services as separate entities of varying quality. Even here each service is good in itself, he may have difficulty in obtaining access to the service he needs at the moment he wants it and he may receive conflicting information and advice from the very people who are supposedly teamed up to help him. Have you in your various countries found ways of co-ordinating the different aspects of the health service so that workers within the service could truly be thought of as a team?

Perhaps at national level the total health team experiences communication difficulties because of the number of people involved and the variety of services provided. It may be better to look at the health team at work in a single institution, say a hospital. That the team in the hospital service has a common goal is fairly clear. They are there to care for the sick until health is restored or the patient passes to a peaceful end.

But many hospitals are also engaged in teaching and research and goals relating to these ends may be in conflict with the overriding aim of serving the individual patient's interests. Moreover hospital resources are scarce and the good of the individual patient may be in conflict with the needs of the wider community, for example, with the needs of other patients waiting for beds. Even within the hospital conflicting priorities may lead to misunderstandings and the communication system needs to be good and working smoothly if the best use is to be made of the available resources.

Within the hospital, members of the health team are very numerous. The hospital has been called a seedbed for professionalism. Indeed, a professional attitude is appropriate in the hospital situation. With advances in knowledge, specialisation has grown apace and professions have multiplied. Professionalism carries within demarcation of duties, exclusiveness of practitioners, self-government within the profession and acceptance of the duty of a professional person to take full responsibility for those tasks which fall within his competence. Hospitals are characterised by some lack of clarity in the lines of responsibility and command. If the hospital is not to become a many-headed hydra, it is essential for the communication system to be one which encourages the heads to get together to provide a co-ordinated service. How is this done in your hospitals?

Clearly, communications within a hospital need careful nurturing, for the opportunities for breakdown are numerous. Perhaps within the ward is the place to look to find the health team functioning at its best. The teams here are nearest to the patient, the focal point of hospital work. Is the

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patient the passive recipient of a series of services designed for his good, or is he encouraged, according to his physical condition and personal needs, to participate actively in working for his own recovery? Is the system of communications such that he too becomes part of the team and can ask the questions he wants to ask, understand what he needs to understand and have his own views taken into account throughout his treatment?

At ward level rifts in the team are hard to disguise. If the doctor and sister are not working well together as colleagues, the work of both of them for the patient will suffer. Their difficulties may be a reflection of communication problems in the hospital as a whole. The ward staff may feel that the nurse administrators do not appreciate the difficulties under which the ward staff labour; the dispensary staff may think the ward staff unsystematic and always asking for drugs at short notice; the ward staff may complain about the time it takes to get maintenance work carried out and the staff of the pathology laboratory may say that their forms are incorrectly filled up and access to patients is difficult. So many people have to work together and each may be working under difficulties.

It is no easy task to weld the staff of a ward into a team. Doctors communicate most easily with other doctors, sisters with other sisters and students moving constantly from one ward to another

may identify more readily with other students than with other members of the ward team. Yet all of us can think of situations where teams exist in satisfying and effective forms and communications appear as a natural activity, easy, pleasant and efficient.

What is the secret of good team work and effective communications? I would like to suggest some talking points, you will have others you wish to raise.

A team requires a common purpose. This would seem simple in hospital where goals are patently worthwhile and easy to see, but in addition to the 'common' interest of furthering the well-being of the patient, team members will have 'like' interests. They will wish to earn their living, make a career, get satisfaction from the work, they may wish to learn, they will look for esteem in pursuing these 'like' interests, they may be in competition with each other. The problem is to make room for the 'like' interests of the individual team members to find expression within the framework of the 'common' interest in the well-being of the patients and appropriate leadership may be one of the keys to success.

We might here look at three types of leadership, charismatic, bureaucratic and permissive. In times of crisis, of rapid change or uncertainty or where there is a wide cultural gap between the leader and his followers, charismatic leadership can probably achieve more than any other kind. This leader with a spark of divine fire within him, commands obedience and by success obtains allegiance and recognition. This is the innovator firing others with his own enthusiasm, ready to do battle with the establishment if

necessary and working without a bureaucratic organisation behind him. Florence Nightingale had many of the attributes of a charismatic leader. Such leadership may fail when the crisis passes or when the leader is no longer there. It may be replaced by bureaucratic leadership, routinising the pattern set by the charismatic leader, consolidating the position, channelling and transforming the enthusiasm into a set of clear and possibly rigid rules. Bureaucratic leadership works best when there are no crisis and change is slow. It provides unambiguous rules, fairness and impartiality but lacks flexibility. Communication of a routine nature is made easy for the channels are clearly defined and the chain of command is equally clear-cut. In both charismatic and bureaucratic leadership the members of the team are essentially followers. In permissive leadership (on no account to be confused with absence of leadership) the members of the team participate in the decision-making process. They work on a footing of some equality, each contributing ideas; the leader delegates more fully and plans emanate not only from the leader but flow between members of the group. Lines of command and control are not clear-cut. The team will establish accepted ways of doing things so that they can concentrate their energies on decisions which break new ground or are for some reason controversial.

In the health field, different situations may call for different types of leadership. Communications can fail through sheer lack of time to communicate. Hence all routine communications need to flow with as little effort and as reliably as possible. Routinised

methods of conveying factual information to all concerned ensure that misunderstandings do not arise from mechanical breakdown of the information service. New ideas can spring from the charismatic leader and be put speedily into operation, but the leader who can draw from each member of the team that individual's unique contribution to the solution of the problem in hand, perhaps achieves something of more lasting value.

Are there any underlying factors which contribute to good communications and good leadership regardless of the particular type of leadership in operation? Milton held it to be of great importance for complaints to be freely heard, deeply considered and speedily redressed. Kant offers an even more fundamental principle, respect for each and every individual and the ends they choose to pursue. This respect for people as people would seem to be the basis of all satisfactory human relationships and the foundation stone of good communications. In the health setting it would mean, for example, the nurse fostering the patient's independence even though it militated against her own great need to feel of use; the administrator welcoming the promotion of her most able second despite the upheaval it might cause; the teacher helping her students to develop independent judgment and each and everyone really listening to what the other team member was saying. So I will give Kant the last word before discussion begins: 'So act as to use humanity, both in your own person and in the person of every other, always at the same time as an end, never simply as a means'.

(With acknowledgement to *International Nursing Review*).

NOTICE

To the Members of the Christian Nurses' League

The Biennial Conference of the Christian Medical Association and the Annual Conference of the Christian Nurses' League will be held in September from 21st to the 25th, at Hyderabad. The accommodation is being fixed probably at the Wesley Methodist Boys' School. The same programme as was being planned for last year will be adopted. Will those friends who agreed to be on the programme get busy with their items? Will those friends who were registered for the Conference in 1965 which was cancelled and whose fees were not refunded please write to Dr. J. C. David for the refund.

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