Group Dynamics in Nursing

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Abstract

Group dynamics are vital to nursing. Nurses depend on their communication skills when working with others in groups. Nurses who are able to apply interpersonal skills in groups, appreciate group dynamics and group process, and work towards developing effective group leader and group member skills will be rewarded. They will be able to facilitate good care for their patients, be respected by peers, be appreciated as team members, and be offered opportunities for leadership. Critical analysis is another necessary skill a nurse needs, and its application is important when a nurse has to make risky decisions that affect the fate of their patient, their career, and the hospital. A diverse and well-developed foundation of group dynamics is necessary to avoid the awful experience Dennis Quaid encountered when his newborn twins received the wrong drug and wrong dosage to only be lied to by the hospital.
Group Dynamics in Nursing

Working with others as a team is often challenging, but can be rewarding if the members treat cooperation as essential. Teamwork is important and necessary for those in the professional world. Nurses need to work together because the job requires communication. In the professional world of nursing, the health and success of your patient depends on the cooperation of you and your colleagues.

Human Error

Human error can be excusable when the scenario permits it, but there are no excuses when it comes to the health and success of a child, twins in fact. Shortly after coming home from the hospital, actor Dennis Quaid’s twins presented signs of having a staph infection, so doctors recommended the twins be admitted to the hospital for routine treatment with intravenous antibiotics. After being in the hospital for two days with the twins, Quaid and his wife, Kimberly, went home to rest after being told the babies were doing fine. Later that night, they called the hospital in a panic, as Kimberly stated, “I just had this horrible feeling come over me and I felt like that the babies were passing” (Kroft, 2008, p. 1). They called the room and were connected to the nurse watching over their children, whom relayed that that they were doing fine.

Expecting to Trust

The Quaids trusted and accepted the nurse’s response, but around the time of the call, nurses were rushing to the room because the twins were in serious danger. The twins were supposed to receive Hep-lock, a pediatric blood thinner, to flush out their IV lines and to prevent blood clots; instead, they were given two doses of the adult version of the drug, called Heparin.
(Kroft, 2008). Quaid details that it is inherent for people to trust doctors and nurses, but medical professionals are not immune from making mistakes, stating:

“It was ten units that our kids are supposed to get. They got 10,000. And what it did is, it basically turned their blood to the consistency of water, where they had a complete inability to clot. And they were basically bleeding out at that point.” (Kroft, 2008, p. 1)

Blood was seeping out of the twins’ band-aids, which alerted the nurse that there was a problem. The Quaids were never informed of this until they returned to the hospital on their own account the next morning (Kroft, 2008). They were met by their pediatrician, the head nurse that was on duty, and risk management, discovering bruises and bloody wounds from needles on the newborns. Quaid affirms the situation was life-and-death (Kroft, 2008).

**Preventing Future Mistakes**

More needs to be done to correct and insure that such mistakes decrease or never happen again. Quaid asserts that these mistakes are not unique to them or even to the hospital (Kroft, 2008). About 100,000 people a year are killed in hospitals as a result of medical mistakes (Kroft, 2008). Health care problems are also opportunities. Such mistakes need to be studied to prevent future catastrophes. These mistakes provide opportunities for staff nurses, managers, and physicians to engage in Smart Nursing (Fabre, 2005).

**Critical Thinking.**

Smart Nursing is a system of strategies that enables nurses to use their full professional capacity to deliver safe patient care in a variety of clinical settings (Fabre, 2005). Smart Nursing strengthens nurse effectiveness by providing training in critical thinking, leadership, assertiveness, and communication (Fabre, 2005). Nurses need to be able to publicly speak as well as write, and with Smart Nursing, they learn to describe their full professional value
quantitatively in addition to qualitatively. Smart Nursing strategies allow nurses to manage heavy caseloads without burnout, making the medical team work in synergy. Synergy exists when the total team effort exceeds the sum of each person’s efforts working individually (Fabre, 2005).

**Training in Critical Thinking.**

Training in critical thinking is necessary for nurses because educational programs are evaluated according to the development of skills related to this type of thinking (Khosravani, Manoochehri, & Memarian, 2005). Critical thinking is a combination of attitudes, knowledge, and skills, including attitudes of inquiry involving an ability to recognize the existence of problems and an acceptance of the need for supportive evidence; knowledge of the nature of valid inferences, abstractions, and generalizations; and skills in applying and applying the above attitudes and knowledge (Khosravani et al., 2005). Critical judgment can be thought as the result of thinking critically. Critical thinking is necessary when accessing the importance of risk in nursing.

**Risk.**

Assessing and managing risk forms a central element of the nursing practice and a key element of the nursing role (Adamsen, Rasmussen, & Pedersen, 2001). A competent nurse, one that can think critically, must have the necessary skills to effectively assess and manage risk (Adamsen et al., 2005). A competent nurse is one that can follow hospital policy, assess the situation, and address the needs and demands of a patient with the least risk involved (Adamsen et al., 2005).

**Interpersonal Interactions**
Individuals grow and develop through their interpersonal interactions (Sundeen, Stuart, Rankin, & Cohen, 1994). Group situations create an atmosphere for such interactions, because groups are formed when two or more people are involved in face-to-face interactions with a common purpose or goal (Sundeen et al., 1994). McNamara (2009) provides that a group of people working in a room, or on a project together, does not constitute the group process. If the group lacks interaction or the handling of leadership positions creates a rift, the group process is not found. The group process produces a spirit of cooperation, coordination, and commonly understood procedures and mores, which enhances the group’s performance (McNamara, 2009).

**Groups**

Nurses work in groups and deal with clients because it is an interdependent profession, meaning that nurses work with other nurses, professionals from other disciplines, and paraprofessional personnel to provide care (Sundeen et al., 1994). Interactions within groups occur at all levels of nursing, and in addition, knowledge of the many aspects of groups and group work can facilitate the role of the nurse.

**Types of Groups**

Groups are broken into task groups and therapeutic groups, which are further subdivided for specific purposes. All groups meet to satisfy a common objective, which may be implicit or explicit (Sundeen et al., 1994). In a task group, a certain job needs to be done, a problem needs to be solved, or a decision needs to be made (Sundeen et al., 1994). As for therapeutic groups, the purpose of the group is related to personal-emotional growth, developing human relationship skills, and coping with problems.

**Working in Groups**
For nurses, understanding and reacting to group dynamics is a constant work experience. Nurses spend much of their professional lives engaged in group interactions (Sundeen et al., 1994). Often, assignments are made to individual nurses who work in accordance to other health team members (a group) and other nurses on the unit (another group). A professional nurse is often involved in leading groups of clients, serving as resource person, coordinator, and facilitator. Knowledge of group dynamics plays an imperative role in the success of the planning, functioning, and evaluation of groups (Sundeen et al., 1994).

**Membership.**

Cross-functional teams include members from various departments, deriving their strength from diversity. The inclusion of representatives from all or most of an organization’s primary functional areas leads the team to diagnose a problem from multiple perspectives simultaneously, allowing all relevant opinions to be counted (De Janasz, 2009). This usually results in an outcome that various departments affected by the change will more readily accept and speeds up the problem-solving process (De Janasz, 2009). Nurses are aware of the need to function effectively in groups to influence the health care system (Sundeen et al., 1994).

**Working Effectively**

Evidence indicates that teams can be effective, especially for complex tasks and when task interdependence is high. When a team structure is in practice and the members work effectively, the team members and the organization benefit (De Janasz, 2009). Teams increase creativity, problem solving, and innovation. Teamwork is not always needed to get some work done, but it can produce higher-quality decisions, improve the process, create global competitiveness, and increases quality. Within the team, members can experience an improvement in their communication skills, and it reduces turnover and absenteeism, boosting
employee morale (De Janasz, 2009). Nurses who excel in group leadership skills are needed to maximize the effectiveness of groups, leading to the associated increase in morale that is expected (Sundeen et al., 1994).

**Bad Group Work**

Teamwork is not always beneficial, and such shortfalls may be explained by several phenomena. In groupthink, individuals agree reluctantly with a group’s decisions because they are more concerned about maintaining harmony and cohesion than critically thinking about problems or alternative approaches (De Janasz, 2009). When a group feels pressure to perform, groupthink is likely to occur. Some people view working in groups negatively because of a bad experience, which is called grouphate. Individuals that possess this dislike for group work try to avoid active roles in groups, contributing little to the goals and objectives of the team. Both groupthink and grouphate damage the nursing industry, ultimately disrupting the care and treatment of the patient (Sundeen et al., 1994).

**Slackers.**

For a team to function, members must work towards the group’s goals. As membership increases, the likelihood of slackers increases, as well. These slackers, or free riders, feel they can get away with their behavior because there is a lack of accountability since members think someone else will do the work (De Janasz, 2009). There is no room in nursing for such slacking. Some groups may exhibit a sense of shared responsibility and accountability that breeds a feeling of invincibility, which explains another shortfall of group work. This shortfall, referred to as risky shift, occurs when group members agree to a more risky approach of action than any individual would have alone (De Janasz, 2009). Nurses need to recognize restraints.

**Focus is Necessary**
To effectively work as a team, members must be focused. Medical professionals especially nurses, need to concentrate and be collected when working with medications, be attentive to patients’ needs, and read packaging to medicines carefully. The Quaid incident is not unique and could have been prevented if the nurse focused more on the medication’s label. The hospital should have communicated openly and privately with the Quaids, adhered to established policies, monitored group involvement, and practiced giving and receiving effective feedback (De Janasz, 2009).

Repeated Mistakes

The Quaids are not alone in this ordeal. This same avoidable mistake occurred about a year prior at an Indianapolis hospital, where six infants were given multiple adult doses of Heparin instead of the pediatric version (Kroft, 2008). Three infants survived, and three did not. The Quaids were informed about the Indianapolis incident by a pediatrician the morning they returned to the hospital. Though the Quaids finally heard some truth about the situation, the pediatrician was too immediate and direct when he told the parents their children could die from this. Quaid recalled it sent a chill down his spine (Kroft, 2008). The pediatrician lacks sensitivity and respect for the shocked family in this awful ordeal.

Fix with Respect

Respect is an attitude towards others that is theoretically grounded in an acceptance of shared participation in a common moral community, or, at least, a common humanity (Dienemann, 1997). The need for respect is revealed in matters of difference. The pediatrician may have such a casual relationship with death that telling a family that three infants died similarly is seen as a simple warning that the situation is grave, whereas the Quaids were unprepared for such news. In a time of rapid restructuring of the health care system and major
demographic and political shifts, there is a desperate need for health care organizations to open themselves to the social, cultural, economic, and political diversity of their communities (Dienemann, 1997). To survive and accomplish this change, institutions will need to enhance respect for diversity and to expand the skills to actualize that respect in health care services.

**Training.**

To accomplish these goals, training programs must be provided to educate. Health professionals recognize that cultural competence in clinical care improves practitioner-patient relationships (Dienemann, 1997). Diversity strengthens the work force by enhancing creativity and generating stronger ties with the community. Sensitivity training would help the pediatrician that abruptly told the Quaids that three out of six babies recently died as a result of the same mistake at a different hospital, as well as help his communication skills with colleagues, administrators, and subordinates.

**Communication**

Patients rely on nurses as their advocates. In the professional world of nursing, the health and success of your patient depends on the cooperation of you and your colleagues. Nurses need to be able to assess and address the needs of their fellow nurses, doctors, and patients. They need to have great communication skills so they can properly do their job. Communication is the key to group work, which is a constant work experience that medical professionals encounter.
References


