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The dynamics of power and psychological safety on team cohesion during interprofessional simulation-based education

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The dynamics of power and psychological safety on team cohesion during interprofessional simulation-based education

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Background

- Negative relationships among providers can affect teams in clinical settings, which can undermine patient safety.[1]

- Sources of poor team cohesion include:[2,3]

  – unequal distributions of power

  – inability to express oneself without fear

1. Carpenter, J. (1995). Doctors and nurses: stereotypes and stereotype change in interprofessional education. *Journal of Interprofessional Care*, *9*(2), 151-161.
2. Leonard, M., Graham, S., & Bonacum, D. (2004). The human factor: the critical importance of effective teamwork and communication in providing safe care. *Quality and Safety in Health Care*, *13*(suppl 1), i85-i90.
3. Edmondson, A. (1999). Psychological safety and learning behavior in work teams. *Administrative Science Quarterly*, *44*(2), 350-383.

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Intervention

Research Question

How is <u>team cohesion</u> as perceived by ICCS students influenced by:

1. perceived <u>power distance</u>—the distribution of power on a team, and

2. <u>psychological safety</u>—the belief that one can express themselves without the fear of negative consequences on a team?

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Methods

- Students who participated in the ICCS series in 2015-2016 completed a survey after the final session regarding their team experiences.

- Measures included team cohesion[3] (DV), perceived power distance[4] (IV), and psychological safety[3] (IV)

- A partial mediation model was used to analyze the influence of the IVs on team cohesion.

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3.   Edmondson, A. (1999). Psychological safety and learning behavior in work teams. *Administrative Science Quarterly*, *44*(2), 350-383.
4.   Yoo B, Donthu N, Lenartowicz T. Measuring Hofstede's five dimensions of cultural values at the individual level: Development and validation of CVSCALE. *J Int Consumer Market*. 2011;23:193-210

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Mediation Model

Perceived Power Distance → (−) → Psychological Safety → (+) → Team Cohesion

Results

- 132 nursing students and 98 medical students across 48 teams completed the posttest measures.

- As greater power distance was perceived between medical and nursing students on a team, ratings of team cohesion decreased both directly and indirectly through psychological safety.

- As ratings of psychological safety increased, so did team cohesion.

Model

-.19*

Perceived Power Distance → Psychological Safety: -.28*

Psychological Safety → Team Cohesion: .40*
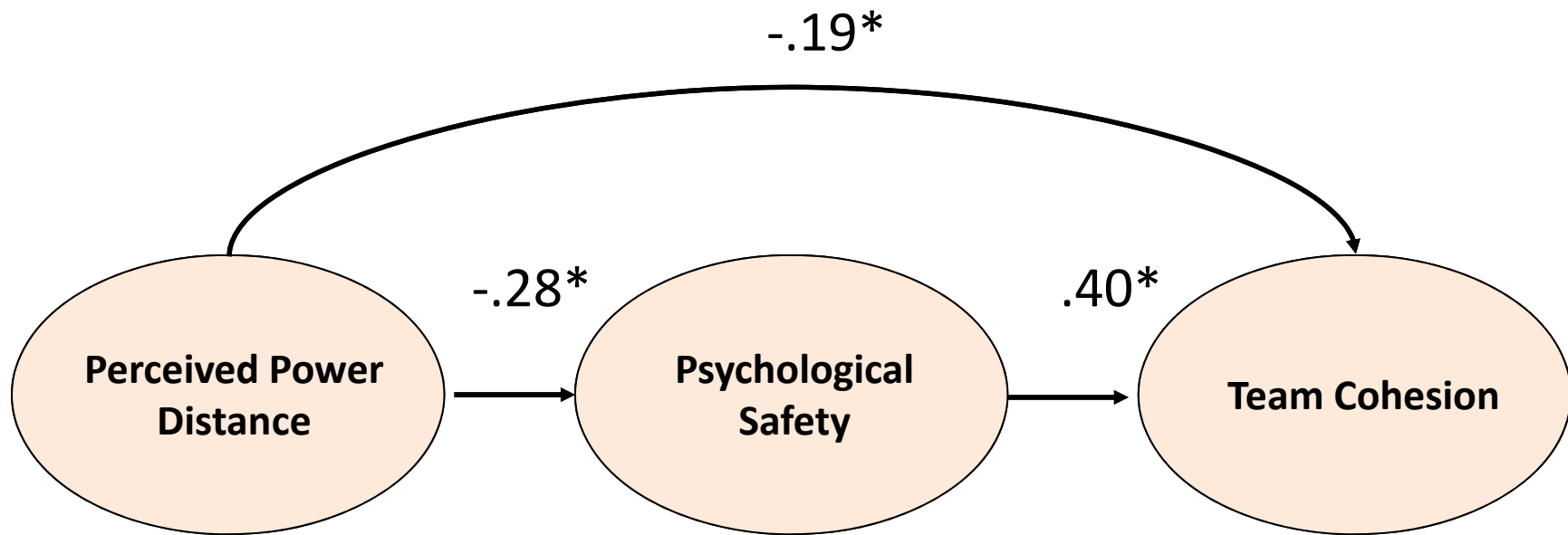
R sq = .30, F(2,227) = 47.94, p < .001
Total effect of X on Y: -0.30 [-.40, -.20]
Indirect effect of X on Y: -0.11 [-.18, -.05]
Note: Controlled for semester; *p < .001

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Limitations

- Cannot infer causation

- Responses were clustered within teams but not statistically accounted for

- Social desirability bias

Implications for IPE Facilitators

- Creating a safe space where learners clearly understand their roles and responsibilities on an interprofessional team will impact the affective nature of team dynamics.

- Facilitators should:
    - Shape team interactions so power distance is minimized amongst disciplines
    - Support environments where students feel safe to speak up without the fear of negative consequences

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