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## Training doctors and nurses for interdependence

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**Training doctors and nurses for interdependence: New insights for improved  
multidisciplinary healthcare team management**

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**Training doctors and nurses for interdependence: New insights for improved multidisciplinary healthcare team management**

In their article, published in the December issue of the Journal of Advanced Nursing, Voyer and Reader (2013) offer a novel perspective on the relations between doctors and nurses, highlighting the role of self-construal in understanding multi-disciplinary team behaviours. Self-construal theory (Markus & Kitayama, 1991) investigates the extent to which individuals view their self as being primarily independent or interdependent from others. Voyer and Reader conclude from their research that: ‘incorporating interdisciplinary projects within health professional training programs may increase awareness of nurses and doctors for their interdependencies together and for the advantages of teamwork and may lead to improved patient care.’ (p 9). In other words, they suggest that understanding the nature of doctors’ and nurses’ self-construal can be key to trigger more interdependence in healthcare team management.

In their study, Voyer and Reader surveyed one hundred and two doctors and nurses working in three large nursing homes in Belgium and administered a widely used measure of self-perception – the self-construal scale (Singelis, 1994) – to investigate the relation between roles and perceptions of the self. In healthcare management, knowing whether team members have an independent or interdependent view of themselves and others is important, as it can affect not only the well-functioning of the unit, but also patients’ experience. Interdependent teams are more likely to function well, eventually resulting in improved patient care. Voyer and Reader found significant self-construal differences between doctors and nurses. Doctors reported higher levels of independent self-construal than nurses. In addition, doctors also

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reported a dominant independent self-construal. Nurses, conversely, did not report a dominant self-construal. Finally, Voyer and Reader found an interaction between gender, role, and interdependent self-construal. Specifically, female doctors reported higher levels of interdependent self-construal, compared with female nurses. Conversely, male doctors reported lower levels of interdependent self-construal than male nurses.

Voyer and Reader's work is relevant for both healthcare researchers and practitioners for three reasons. First, it highlights the necessity of understanding the psychological consequences of organisational roles in terms of self-perception. Previous research has mainly focused on traditional organisational perspectives, looking at team units as structured and prescriptive hierarchies (Undre et al. 2006; Reader, et al. 2011). In addition, the lack of communication typically observed in medical units, as well as the fact that doctors and nurses differ in the extent to which they perceive open-communication and collaborative decision making processes, has received little explanations. Voyer and Reader (2013) offer the first framework to understand what shapes relationships in healthcare, beyond role stereotypes, hierarchies, and job span. Second, their findings can explain some of the well-known differences in terms of leadership style (see also Voyer & McIntosh, 2013). Third, Voyer & Reader suggest that practitioners can use this knowledge of the psychological consequences of roles in terms of self-perception to improve training practices.

A way of transposing Voyer and Reader's findings into healthcare practices would be to train multidisciplinary teams using a series of self-construal priming techniques, which can be designed to trigger interdependent self-construal among team members,

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and subsequently affect team behaviours. Leonard et al. 2004 has previously highlighted the necessity to train teams in healthcare as multidisciplinary teams, in order to improve their efficiency. Ways of priming interdependent self-construal in teams include, for instance, encouraging team members to use 'we' – a marker of interdependent self-construal - rather than 'I' and 'you' – markers of independent self-construal. Another way to develop a more interdependent self-construal in healthcare teams is to focus on perspective taking exercises. Such exercises can be an effective way to train medical units members to become more interdependent. Scenario exercises, based on priming tasks in psychology, can be a first step. They can take the form, for instance, of asking doctors / nurses to 'step into the shoes' of another member of the unit (e.g. nurse, doctor, manager...) and can be especially useful for them to become aware of their interdependencies. These types of exercises can be done either in terms of role-playing exercises, or in terms of written 'diaries' in which doctors and nurses can be invited to reflect on the perspective of the other, simply answering the question: 'how would you think a doctor / nurse / manager would look at this situation'. Other types of training could include 'interdependency games', where doctors and nurses would be invited to list, for a series of tasks that they regularly perform in team, any aspects in which the task needs input and coordination from both parties to be successfully completed. It should be noted, however, that these types of training could only be successful with the full commitment of all team members and actors of the unit.

Voyer and Reader's work could be further extended by investigating relations between roles and self-construal in different types of healthcare settings – for instance in critical care units. In addition, Voyer and Reader's work could serve as a starting

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point to study how daily practices in medical units shape team member's self-construal. Research in psychology has so far mainly focused on how education practices and cultural values can shape self-construal (Markus & Kitayama, 19991).

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