





Fostering Teamwork to Promote Harmony in the Workplace

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Contributor to *Health Progress*

“Everyone brings something with them when they come to work,” said Odesa Stapleton, chief diversity and inclusion officer at Bon Secours Mercy Health in Cincinnati. People are a collection of different work styles, lifestyles, needs and preferences, and it’s up to organizations to help them all get along.

The stakes in health care are high when it comes to ensuring teamwork and communication. Disconnects put patients at risk for medical errors, which affect one in 10 patients worldwide, according to the World Health Organization.¹ They can also drive long wait times, delayed hospital discharges and staff turnover, presenting a significant problem as many facilities still struggle to fill positions after the COVID-19 pandemic.² Replacing a single nurse can cost a health care facility up to nearly \$68,000.³ A recent retention and staffing report shows turnover has dropped but still hovers around 20% for hospitals overall and about 18% among nurses.⁴

While collegiality and collaboration are crucial, fostering them is not always easy in a high-pressure environment with a clearly defined hierarchy. The same social, generational and political differences that roil relations outside health care also seep inside its walls.

While those who work in Catholic health care have a clearly defined mission and values, “That does not shield us from the same culturally, socially divisive experiences of the rest of the world,” said Jenna Speckart, vice president of

mission and ethics operations at St. Louis-based Mercy. However, keeping the focus on values can help the ministry stay true to the Catholic mission. “We always start with the fundamental principle of dignity,” she said.

UNDERSTANDING DIFFERENCES

The ideal work environment looks different to everyone, and differences in people’s personal lives can affect on-the-job relationships. “Some things that we notice when it comes to common workforce conflicts have to do with communication styles, workplace habits, and lack of role clarity and hierarchical challenges,” said Raj Ramachandran, a senior partner at WittKieffer, an executive search and advisory firm.

People often want different things from their careers. “Some people value workplace balance, or finding meaningful work or professional growth,” he said. For a single parent, the priority might be flexibility, said Speckart. But a worker without children may chafe at the idea they are the default to pick up extra shifts because they don’t have a family. Policies need to be supportive but also equally applied, Speckart said.

People also have communication and technology preferences. Some want to talk in person, while others prefer electronic methods. “We are very flexible in meeting people where they are,” Stapleton said. “If someone prefers to communicate via text, that’s fine. If someone prefers email, that’s fine. If some leaders prefer to have a phone call, that’s fine.” The goal is to harmonize the communication channels, taking advantage of all of them and respecting people’s partialities.

This extends to other differences as well. “The more you can improve relations, the more we can actually create better outcomes for our patients,” Ramachandran said. “There’s data that shows that more effectiveness happens when you’re collaborating.”

HIERARCHICAL STRUCTURE, INDIVIDUAL CHALLENGES

Health care’s hierarchical structure can pose a barrier to collaboration on interdisciplinary teams that form the backbone of patient care. Job titles in a hospital run the gamut from executives to housekeepers, physicians to phlebotomists. “Truthfully, we’re all a team trying to care for a patient,” said Katelyn Quarry, an assistant professor in the nursing school at Notre Dame of Maryland University. Care requires a unified effort. “The hospital cannot run without environmental services, dietary and the lab. We need those people so, so badly,” Quarry said. “And the physicians have realized they cannot run a hospital without nurses. We’re the ones who are at the bedside.”

Even so, differences in clout make it harder for some to speak up or have an equal voice. “But eliminating the hierarchies and acting as a team is the challenge,” she said.

A high-stress workplace further raises the stakes for staff interactions. “When I get called into a situation, it’s mostly because of a communication breakdown,” said Marisa Hiatt, director of disability, equity, inclusion and belonging at Mercy. “Our leaders and managers sometimes forget that we all have different learning styles. We’re all pressed for time. Health care is very fast-paced.”

As an example, a nurse working a 12-hour shift

juggles a lot, Quarry said. “You are like a cruise director. The phone is ringing off the hook; families have questions,” said Quarry. Patients need care. “I think the patients are sicker than they’ve ever been, so the stress level is higher.” It’s easy to snap at someone from pharmacy or phlebotomy who makes a request, she said.

Individual personalities also play a role. “You’re going to have a huge chunk in the middle that are just incredible at working with each other. But it’s always kind of the fringes that create a little bit of turmoil,” said Allan Calonge, chief people officer of core operations at Bon Secours Mercy Health in Cincinnati.

Politics isn’t typically at the forefront of conflicts, but it can be a factor, Mercy’s Speckart said. “I have not encountered a lot of conflict where we’ve had direct political divides. I have encountered conflict where you have folks who are clearly aligned with one political space, and they’re really trying to make more of an issue out

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of what is happening because of this more subtle political tone,” she said.

Social media presents a double-edged sword, Calonge said. “It does complicate, but it also does help in some ways,” he said. Social media can fan controversy, but it’s also bringing new hires into the organization. “Our greatest recruitment tools right now are our YouTube shorts and TikTok,” he said.

PROMOTING A LEARNING CULTURE

Since the pandemic, many organizations have lost a lot of older workers who help maintain institutional memory and provide important contributions to the workplace. This is a blow to age diversity, which is critical to a well-balanced team.⁵ A survey highlighted by the AARP found that while



83% of global executives saw the importance of a multigenerational workforce, more than half don't include age in diversity initiatives.⁶

However, while age differences can add value, generational training differences can present challenges in a health care workplace, Notre Dame's Quarry said. There is sometimes, for instance, a disconnect between nurses who went through older training models and newer nurses coming into the profession.

"There was always this notion that you needed to prove yourself. So, you have to handle that 'no good, very bad day' without help to gain the respect of the senior nurses," Quarry said. Today's nurse trainers who experienced more of a hard-line approach to their early workplace environments sometimes expect that younger or newer staffers should be tested in the same manner. "That still happens, and really it threatens patient safety," she said. In extreme cases, these attitudes can drive new nurses out of the field, Quarry said. "It's subtle. It's the passive-aggressive eye-rolling when somebody asks a question for clarification, for safety. It's making assignments unfair. Sometimes nurses want the new grads to sink or swim," Quarry said.

Physician residency training, like nursing, has come a long way. "There's been a lot of changes in medical education, for the better, to make it safer for the doctors. They don't need to be working 90 hours a week; that's not safe for anybody," Quarry said. "And they need to be able to ask questions." However, a true culture shift can be elusive. This clash of generational training attitudes can prevent people from speaking up or asking questions and undermine safety, especially in the intensive care unit (ICU), formerly the domain of highly experienced personnel.

Since the pandemic, the ICU has seen an influx of inexperienced nurses out of necessity. In this pressure cooker environment, a misstep can be costly. "I think the culture of a unit is one of the most difficult things to change," Quarry said. If not, you could lose staff. "You have to hold people accountable. And also work to people's strengths." If a nurse isn't preceptor material, assigning them to another job is in everyone's best interest.

ADDRESSING BIAS AND CULTURE

Generational differences also arise around unconscious bias training, aimed at making people

aware of the potential harms of ingrained stereotypes about racial, cultural or other differences. Unchecked bias can influence hiring, promotions and patient care.^{7,8}

A topic not discussed much in the past, bias may be a more familiar concept for younger workers. "I have experienced that some of our younger generations are more willing to accept that they have unconscious bias, versus some of our older generations who may say, 'I don't know what that is,' and, 'No, I don't have that,'" Speckart said. "I think it's easier for some to accept that they have bias because they've been talking about it."

Addressing issues around diversity can benefit patients by improving access to care and health outcomes, as well as their attitudes about the care they receive and the staff who provides it, according to the Commonwealth Fund.⁹ For example, an *Annals of Internal Medicine* study found that Black patients treated by doctors of the same race were more engaged in treatment and satisfied than those whose doctors were a different race.¹⁰ And diverse care teams often have better outcomes. Creating an inclusive environment can boost team performance by up to 30%, and companies with more diversity can see a payoff to the bottom line. Those with the most diversity see 36% higher profits when compared to those companies with the least.¹¹

Diversity also extends to other types of differences. "One in 4 Americans identify as a person with a disability," Hiatt said, which can sometimes affect team interactions. "I had a gentleman who was on the autism spectrum, a social communication disorder," she said. "He was great at his job, the hard tasks." However, he struggled to navigate social norms in the workplace, triggering conflicts. Staff members didn't know he had autism. "He didn't understand why the team didn't like him," she said. The employee opted to share his diagnosis, and the hospital system brought in an autism specialist to help mediate. "Once the co-workers understood he communicated differently, we saw a huge shift," she said.

Neurodivergence — which affects 15% to 20% of the population and includes conditions such as autism spectrum disorder, attention deficit hyperactivity disorder, dyslexia, dyspraxia and some mental health conditions, such as obsessive-compulsive disorder — is sometimes an invisible problem, making it difficult to address, Hiatt

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said.¹² People with visible differences also face unique challenges. “When it’s an apparent disability, it’s a little easier to identify the support they need. However, a lot of times, there’s a bias,” she said. For example, some employees were skeptical that a blind employee could do the job because they couldn’t imagine themselves doing it without being able to see, Hiatt said. “That’s where we have to shift and say, ‘This is how we may think this job is done, but it can be done with assistive technology or a little flexibility,’” Hiatt said. It just takes some creativity.

Many workers with disabilities are part of the workforce. According to the U.S. Bureau of Labor Statistics, in 2023, nearly 23% of people with a disability were employed.¹³ Making adaptations and accommodations isn’t always easy, but it can pay off. “When leaders can shift and be flexible and creative, which I know takes time, that’s when you see people flourish,” Hiatt said. And often these are people who might otherwise have left the organization. “Every place is losing good people because we’re not having that interactive conversation,” she said.

FINDING SOLUTIONS TO CULTIVATE INCLUSIVITY

Maintaining a culture that fosters teamwork can be challenging. It requires ongoing vigilance. “I think a lot of this starts with the leader, and it creates the right culture, the right vibe, the right environment,” Calonge said. While it’s important to establish guardrails to set expectations and provide structure, flexibility is crucial.

Higher-ups are also focused on retention in a tight job market. “Leaders are realizing that there are options out there, so [they’re more motivated] to give people more of that work-life balance, more of that professional growth. I think that’s really key,” said Ramachandran. “We do a lot of leadership development work, and this idea of

creating avenues for staff members to grow and develop in their roles is really important.”

Leaders help set the tone for others, so sharing their own stories and differences is crucial to opening up a dialogue, Ramachandran said. Leaders can start that conversation themselves and acknowledge that, talk about the challenges they’ve endured and how they’ve overcome them, and then give them spaces for those dialogues, Ramachandran said. “That’s really promoting that open communication, creating more of that inclusivity. But really being willing to put themselves out there is a first step so that others can understand that that’s part of their culture.”

People need to know that their differences are valued. “You have to have the mindset that differences are acknowledged and valued in the organization, as opposed to just checking a box. This is not a quota system. We’re actually saying we need to bring diverse perspectives into the workplace, because that’s what’s going to allow us to be better,” Ramachandran said.

There’s no comprehensive guidebook for managers. “Because of the breadth of the types of situations that you may encounter as a manager, I don’t know if there’s any one manager who is prepared to encounter all of them,” Speckart said. “But I think the types of things that we would train for, or the types of things that we would look for, is how do we increase an openness to communication?”

Recognizing the complexities also requires a basic commitment to respect others, who they are and what they bring with them into the workplace.

“We are so blessed within Catholic health care to be able to use these deeply rooted principles and ideals to navigate these challenges. When we can constantly go back to that, it makes all the uncertainty of what is to come a little bit easier to navigate,” Speckart said.



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NOTES

1. "Patient Safety," World Health Organization, September 11, 2023, <https://www.who.int/news-room/fact-sheets/detail/patient-safety>.
2. Jeff Niles, "The State of Healthcare Staffing in 2024," Healthcare Workforce Logistics, January 25, 2024, <https://blog.hwlworks.com/state-of-healthcare-staffing-2024>.
3. Molly Gamble, "The Cost of Nurse Turnover in 24 Numbers | 2024," Becker's Hospital CFO Report, April 7, 2024, <https://www.beckershospitalreview.com/finance/the-cost-of-nurse-turnover-in-24-numbers-2024.html>.
4. "2024 NSI National Health Care Retention & RN Staffing Report," NSI Nursing Solutions, Inc., March 2024, https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf.
5. Debra Sabatini Hennelly and Bradley Schurman, "Bridging Generational Divides in Your Workplace," *Harvard Business Review*, January 5, 2023, <https://hbr.org/2023/01bridging-generational-divides-in-your-workplace>.
6. "Global Insights on the Multigenerational Workforce," AARP, <https://www.aarpinternational.org/File%20Library/Future%20of%20Work/2020-Global-Insights-Multigenerational-Workforce-Infographic.doi.10.26419-2Fres.00399.002.pdf>.
7. "Unconscious Bias Resources for Health Professionals," Association of American Medical Colleges, <https://www.aamc.org/about-us/equity-diversity-inclusion/unconscious-bias-training>.
8. Ursula Meidert et al., "Unconscious Bias among Health Professionals: A Scoping Review," *International Journal of Environmental Research and Public Health* 20, no. 16 (August 20, 2023): 6569.
9. Laurie C. Zephyrin, Josemiguel Rodriguez, and Sara Rosenbaum, "The Case for Diversity in the Health Professions Remains Powerful," The Commonwealth Fund, To the Point (blog), July 20, 2023, <https://www.commonwealthfund.org/blog/2023/case-diversity-health-professions-remains-powerful>.
10. Dr. Lisa Cooper et al., "Patient-Centered Communication, Ratings of Care, and Concordance of Patient and Physician Race," *Annals of Internal Medicine* 139, no. 11 (December 2, 2003): 907-915.
11. Hennelly and Schurman, "Bridging Generational Divides in Your Workplace."
12. DCEG staff, "Neurodiversity," National Cancer Institute, Division of Cancer Epidemiology & Genetics, April 25, 2022, <https://dceg.cancer.gov/about/diversity-inclusion/inclusivity-minute/2022/neurodiversity>.
13. "Persons with a Disability: Labor Force Characteristics — 2023," U.S. Bureau of Labor Statistics, February 22, 2024, <https://www.bls.gov/news.release/pdf/disabl.pdf>.

QUESTIONS FOR DISCUSSION

Author Kelly Bilodeau notes in this article, "While collegiality and collaboration are crucial, fostering them is not always easy in a high-pressure environment with a clearly defined hierarchy. The same social, generational and political differences that roil relations outside health care also seep inside its walls." Yet, the article also explains that effective teams and workplaces where diversity is celebrated can benefit patient care and can allow for greater employee retention.

1. Have you given any thought to how you can improve your approach and relationships with those you work with for a more harmonious professional environment? How do you encourage greater diversity in your team and organization?
2. What does your organization do to accommodate employees with disabilities? What about differing communication styles or priorities?
3. If a workplace policy seems ineffective or unfair, is a system in place to provide feedback about it without retaliation? Are employees aware of how to raise concerns?
4. What's one quality in a co-worker from a different background that you really appreciate and try to emulate?

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