

Original Article

The Value of Friendship in Interprofessional Healthcare Teams: A Secondary Analysis

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Abstract

Background: Literature across a diversity of fields recognizes effective teamwork as an important contributor to successful organizational outcomes. Parallel to this, a growing body of research has drawn connections between the presence of strong, positive interpersonal relationships, and improved team outcomes or performance. The role of friendship in teamwork gains new dimensions in a healthcare context, where patient care and the health, vitality and wellbeing of human beings is at stake.

Objective/aims: We wanted to better understand the role of friendships in primary care interprofessional teams, and the potential of such friendship to influence the teams' success.

Methods: We conducted a secondary analysis of qualitative focus group data collected from a healthcare team in South Western Ontario.

Results: While the focus group data did not target team members' relationships as a point of inquiry, participants' comments suggested that they ascribed value to their relationships with one another. Implicit in the data was the idea that team members highly valued their friendships with each other, and that they would rely on one another. Ideas of empathetic listening, frequency of interaction, and emotional expression were mentioned regularly by participants. We found three main themes: 1) the ease with which participants could reach out to team members; 2) genuine enjoyment at the prospect of spending time with their team; and 3) the perceived normalcy of team members' closeness. This paper acts as an academic commentary.

Conclusions: The multiple levels at which teamwork and collaborative networks exist in healthcare, as well as the dimension of patient care, make healthcare an ideal setting in which to explore workplace friendship. Given our findings, we suggest potential avenues for future research as related to healthcare teams specifically.

Key Words: Team-based care, friendship, interprofessional care, organizational outcomes

Introduction

Embedded within the etymology of healthcare is the concept of *caring*. The connection between friendship, a construct closely tied to that same concept, and the success of healthcare teams, is often not considered in the literature. This article is a brief commentary that aims to generate dialogue

on and suggest further avenues of research on the role of friendship and close relationships in healthcare teams (Berterö, 2016). Healthcare literature supports the idea that effective teamwork is an important contributor to successful organizational and clinical outcomes, such as reduced burnout and improved adaptability and

resilience (Baker, Day & Salas, 2006; Garcia-Campayo et al., 2016; Ghaferi & Dimick, 2015; Salas, Reyes & McDaniel, 2018). A wealth of research has been conducted to both determine the impact of effective teamwork and explore the conditions that generate effective teamwork (Chakraborti, Boonyasai, Wright & Kern, 2008; Jones & Jones, 2011; Katz & Miller, 2013; Russ et al., 2013; Kahane, 2017; Fehr, 2018; Shmutz, Meier & Manser, 2019). The fields of business and organizational management, education, and healthcare have all contributed to a widening pool of literature describing technical parameters required for successful teamwork (Hall, 2009; Harris & Harris, 1996; Salas, Sims & Burke, 2005; Salas et al., 2014; Tarricone & Luca, 2002). These parameters encompass skillsets required for strong leadership, typologies for goal setting, guidelines for self-evaluation, and activities for generating mutual respect (Edmondson, 1999; Garcia-Campayo et al., 2016; Salas, Sims & Burke, 2005; Salas, Shuffler, Thayer, Bedwell & Lazzara, 2014). In healthcare, team-based models of care have become the norm across sectors, and in primary care in particular. Examples of these models in primary care in Ontario, Canada include community health centers, nurse practitioner-led clinics, and family health teams (Gocan, Laplante, & Woodend, 2014; Marchildon & Hutchinson, 2016).

Parallel to this, a growing body of research has pointed to connections between the presence of strong, positive interpersonal relationships, and improved team outcomes (Dachner & Miguel, 2015; Gordon, Feldman & Leondar, 2014; Yakubovich & Burg, 2018; Jones & Jones, 2011; Francis, Huang & Carraher, 2004; Francis & Sandberg, 2000; Farrell, 2001; Lola, 2018; Chang, Chou, Liou & Tu, 2015). Positive interpersonal relationships are considered both an outcome of and a catalyst for good teamwork (Yakubovich & Burg, 2018; Farrell, 2001). Strong relationships can act as nuclei around which collaborative work is generated; simultaneously, well-structured team environments can cause emergent ties of friendship to form, and positive interpersonal relationship development to occur (Yakubovich & Burg, 2018; Farrell, 2001).

Positive interpersonal relationships are sometimes labelled explicitly as friendship. Friendship is a

technical term defined as knowledge of another person accompanied by 1) attachment through affection or esteem, and 2) trust (Dachner & Miguel, 2015). “Friendship” and the broader term “relationship” share key characteristics, both including empathetic listening, asking genuine questions, regular frequency of interaction, and the desire to meet one another’s needs (Fehr, 2018). Emotional expression is also sometimes included (Fehr, 2018).

Friendships allow for the “transmission of feelings of belongingness, support, social inclusion, and a sense of personal identity” (Hood, Cruz & Bachrach, 2017, pp.6). These emergent experiences in professional teams are correlated with job-satisfaction, improved collaborative solving of complex or “wicked” problems, improved channels of listening and empathy, regular cycles of productive feedback, and reduced burnout (Chang, Chou, Liou & Tu, 2015; Francis & Sandberg, 2000; Francis, Huang & Carraher, 2004; Kaz & Miller, 2013; Dachner & Miguel, 2015). There is also an element of proactivity associated with friendship among team members. Intrateam friendship can combat homophily – the subconscious gravitation of an individual towards team members they perceive to be most similar to themselves – and is often an active choice, rather than a passively assumed role. This contributes to improved engagement and communication (Ren, Gray & Harrison, 2014). Development of intrateam ties of friendship can mitigate challenges that arise due to homophily, and subsequently prevent potential further conflict from forming during team conflicts (Ren, Gray & Harrison, 2014). We wanted to better understand the role of friendships in primary care interprofessional teams, and the potential of such friendship to influence the teams’ success.

Methods: We conducted a secondary analysis of focus group data collected in 2017 from an interprofessional healthcare team in Southwestern Ontario. Data was collected from healthcare teams working under an innovative collaborative network in Southwestern Ontario. The network team demonstrated its effectiveness by dramatically improving disease-specific quality of life and health system performance. The healthcare teams work with patients dealing with lung disease (most often chronic obstructive pulmonary disorder

[COPD], but also asthma). The lung health program, now called Best Care COPD, offers best-practice care within a primary care setting. The network consists of 7 family health teams (FHTs, which are a model of primary care delivery implemented in Ontario in 2005). FHTs were meant to encourage healthcare providers to work together in multidisciplinary contexts, for the ultimate purpose of enhanced patient care (Rosser et al., 2011). The project being conducted by author SLS and colleagues included focus groups and semi-structured interviews conducted with both provider and patient groups; for the purpose of this secondary analysis, we specifically looked at 4 focus groups conducted with providers (Hinds, Vogel & Clarke-Steffen, 1997; Della, 2007; Tatano Beck, 2019). Provider participants in these focus groups included certified respiratory therapists, clinical lead physicians, nurse practitioners, and providers in executive or administrative roles.

Secondary analysis was used for its cost-effectiveness and efficiency (Campbell, 2007). It is the ideal tool for exploring any research questions that emerge *after* data has been collected for a project, which do not fall into the scope of the original research question (Hinds, Vogel & Clarke-Steffen, 1997; Campbell, 2007). Qualitative research specifically can be quite time-consuming, and as such secondary analysis provides an effective tool for reducing time spent collecting more data (Beck, 2019).

The data was originally analyzed using a qualitative methodological approach (Miles, Huberman & Saldana 2014). Our analysis was done with the intention of understanding the relationship between communication and team effectiveness. Both deductive and inductive coding methods were used to explore the role of communication within teams. Next, drawing on the methodology of theoretical coding, a selective thematic analysis was conducted to explore ideas related to team cohesion, interpersonal connection, and friendship among team members (Hernandez, 2009).

Results

There were 21 participants in total, all healthcare providers, split evenly across the 4 focus groups. Participants overwhelmingly suggested that they valued their relationships with one another, and

that team members could be relied upon. Ideas of empathetic listening, frequency of interaction, and emotional expression (e.g. venting frustrations) were mentioned regularly by participants. Frequent references throughout the data to the value of close relationships among team members were present. Questions were raised about how much team members knew about one another. Easy, personal communication – habitual activities such as calling a colleague to vent – were mentioned in between descriptions of the structured formation and culture of the team. Participants highlighted three key themes:

- 1) the ease with which participants could reach out to team members;
- 2) a genuine enjoyment at the prospect of spending time with their team; and
- 3) a perceived normalcy of team members' closeness.

First, several participants described the ease with which they reached out to team members when they needed help:

“... I can call pretty much any one of you [my team members] and say hey, I'm stumped with this or I need help with that ... I call and text them all the time” (FG#1, pp. 6-7).

This sentiment was expanded when the dimension of emotional expression was added. A participant in Focus Group #3 described communicating with team members not only as an outlet for technical problem-solving, but for resolution of emotional distress also: “I can call [my team members] and then I just talk, talk, talk because I'm so frustrated ... [I have] the support” (pp. 12).

Second, participants expressed genuine enjoyment at the prospect of working together. “We meet every three months,” said one participant, “and it just kind of brings us together. I think everybody actually enjoys [it]” (FG #3, pp. 11).

Participants repeatedly referenced their knowledge of one another and the importance of an intra-group relationship existing; this was framed by the technical

questions of the moderator, and the broader purpose of the focus groups. Several participants suggested an attachment to, or comfort in the idea that they were close enough to each other to rely on one another – frequently – for support that could reasonably be of an emotional nature.

Third, getting to know one another well was indirectly and directly identified by participants as an advantage to the team, both in terms of knowing and leveraging team members' strengths in task-oriented work, as well as in terms of the comfort they felt in each other's company. For example, one participant said

“... I think that's one of the things that for me too, getting to know this group better is also identifying where to go for help, to ask questions of, um, you know, how to make an approach around an area of interest, identifying you know strengths within the team” (Focus Group #4, pp. 7).

This sentiment was highlighted by the contrasting confusion expressed regarding participants' encounters with teams that did *not* have strong intrateam relationships.

A participant in Focus Group #4 said, of practitioners in a different team they had encountered, “... it was as though they didn't really know each other well or at all. That really struck me as unusual” (pp. 3).

Discussion

The concept of caring for one another, while not the original focus of the research, was observable in the data. The results from this secondary analysis are aligned with the aspects of friendship described in the literature: empathetic listening, asking genuine questions, regular frequency of interaction, and the desire to meet team members' needs (Fehr, 2018). The familiarity with which participants contacted and communicated with one another revealed a closeness that did not predicate rigid or overly-formal interpersonal boundaries. This suggests that the value – both empirical and qualitative – of friendship and other degrees of human connection and compassion in professional team settings is worth exploring to better understand how friendship impacts team function.

This is especially true in healthcare, where patient-centered care is increasingly including the patient role within the wider healthcare team. The role of friendship in healthcare has potential to greatly impact teamwork and patient outcomes when the health, vitality and wellbeing of patients is directly at stake (Carter et al., 2008; Rochester, 2015). Friendship in healthcare teams (much like in other professional settings) is associated with improved team outcomes and performance, with potential to influence health system innovation more broadly (Jones & Jones, 2011).

In our study, the friendship amongst team members was strong, and study participants readily pointed to these bonds to explain everyday team function, as well as overall team purpose. This was the case even though we did not directly question or probe for the role of friendships. In the current landscape of patient-centered care, patients are considered a part of the teams responsible for their care (Schottenfeld et al., 2016; Rochester, 2015). Patient relationships with providers – and, indeed, other caregivers or their families – should be considered as potentially subject to the positives and negatives of friendship (Rochester, 2015). In our research, participants did not overtly discuss the patient as part of their team. However, the concept of patient-driven care is embedded in the lung health program. Further research on the dimensions of friendship, as related to *both* providers and patients, is needed.

In spite of the growing body of research concerning the role of friendship in teams, more research is needed to better understand the role and function of the concept of workplace friendship. The complex relationship between friendships, team function, and team performance requires a conceptual framework with a robust infrastructure to be applied to varying professional contexts, with differing professional needs. Existing literature notes that “... there is still a long way to go before we fully understand the factors influencing workplace friendships forming in the first place” (Morrison & Cooper-Thomas, 2016). Friendship as a construct is deeply nuanced and rarely objective, and therefore ideally suited for qualitative analysis. However, a majority of the current research found on the role of friendship in teams is quantitative or mixed-methods (Yakubovich & Burg, 2018; Morrison & Cooper-Thomas, 2016; Chang, Chou,

Liou, & Tu, 2015). Qualitative research involving both patients and providers, exploring the role of friendship in healthcare teams and the qualitative dimensions of friendship in a healthcare context, can be a valuable next step to better understanding the development and function of effective team-based healthcare. Further research should be tailored specifically around the exploration of friendship and its role in team-based care outcomes. Current primary care settings, such as FHTs, offer a dynamic team context appropriate for continued exploration of the varying dimensions of workplace friendship. Healthcare offers a diversity of dynamic teams to use as the object of study (Gocan, Laplante, & Woodend, 2014; Marchildon & Hutchinson, 2016). Inquiry into these team-based contexts might explore whether the inherent components of a team or network environment facilitate friendship; whether emergent friendships are correlated with the specific selection of team members; and whether such conditions can be maintained or replicated.

Limitations: As is the case with secondary analysis data were not framed or facilitated by the nature of the study, nor was the study designed according to the theoretical research base that exists around friendship in teams (Campbell, 2007). As such, participant responses were often indirectly linked to the role of friendship in team-based healthcare. Participants were not prompted to further explore their comments with friendship, or close relationships, and the technical parameters thereof in mind. This limitation may be mitigated by the consistency and spontaneity of the participants' responses, which underscore the strength of the emergent themes; in this context, we believe the analysis is both appropriate and valid.

Conclusion: The multiple levels at which teamwork and collaborative networks exist in healthcare, as well as the dimension of patient care, make healthcare an ideal setting in which to explore workplace friendship (Rosen et al., 2018). Friendship supports team function. High functioning teams are more likely to produce better outcomes for their patients and the healthcare system. Our study showed the value healthcare providers place on friendship when working in a team-based setting. More research on how to support the development of friendships in teams

could in turn support not only higher quality care, but a more sustainable approach to system design.

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