Fractures, fractions and frictions

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Trauma and Orthopaedics is probably one of the most stress-inducing specialities in medicine. Always considered a key craft speciality, it brings major challenges in patient care. Working on acute trauma cases as well as elective surgery can take its toll on orthopaedic surgeons and the teams they lead. Increasingly stressors on the teams and individual surgeons are being recognised especially in the context of poor professional and personal functioning which may be caused by burnout.

Burnout has three key components: emotional exhaustion, depersonalisation and reduced sense of personal accomplishment. Furthermore, it is not uncommon that stress related to surgery, trauma and long hours can lead to physical, emotional and mental exhaustion, creating difficulties in personal and team functioning. In addition, especially in orthopaedics, dealing with repeated high volume trauma cases may lead to compassion fatigue, further complicated by pressures from above in terms of targets.

Due to the nature of clinical work itself, some expected and some unexpected, surgeons can be under tremendous pressure. Most surgeons in particular and doctors in general are perfectionists. Personal expectations in achieving perfect results which are of course important, more so in orthopaedic surgery where misalignments can cause permanent damage, can add to the stress. Toxic culture in teams can lead to stress, burnout, withdrawal and rapid turnover of staff. Toxic culture in a team is a sense of pervasive negativity in the team, ongoing conflict which may be either implicit or explicit leading to dysfunction in the team at varying levels. Shifts in societal expectations, including that of patients, have led to an altered dynamic between patients, their care partners and doctors which means that patient expectations of surgeons have changed too.

Psychopathology

Nearly half of orthopaedic surgeons (48.9%) showed prevalence of burnout in a systematic review by Chahal and Matwala[1], with high rates of emotional exhaustion and depersonalisation. Furthermore, orthopaedic surgeons have reported high rates of suicidal ideation and suicide[2]. Travers[3] reported similarly high rates among trainees (now called residents) and attributed to work stress, high demands, reduced autonomy and hostile media. Factors such as high regulatory pressures, staff vacancies, and increased administrative work can contribute to burnout.

From the USA, a varying rate of burnout was identified by Lu *et al.*[4] in orthopaedic surgeons highlighting an increase following COVID-19 pandemic. The rates of burnout among attending (Consultant) surgeons doubled between 2019 and 2023 but remained unchanged in residents confirming that external factors also play a major role in the mental health and wellbeing of orthopaedic surgeons. These include working conditions, changing social expectations, often lack of support, increased managerialism, focus on targets which add to lack of support by having little time for the family, anxiety about work and competence, work-family tensions and conflicts and heavy unexpected workload. These observations are incredibly important but often are not studied in the context of team cultures. Toxic team cultures are likely to contribute to ill health and poor functioning of teams as well as individuals.

What solutions do we have?

Prevention is the best cure. Prevention of developing compassion fatigue or burnout and working in good effective, well-led teams are key factors in avoiding personal stress. In medical and surgical settings, stress is often seen as a professional and occupational risk and yet people under stress often do not like to or even want to talk about it. This is seen as just not the done thing especially in the medical profession as this is seen as a personal failure and weakness and an inability to cope. In order to heal fractures within the team and build well-functioning teams which can deliver best outcomes for patients, interventions are needed at various levels from national institutional, team and personal levels.

Preventive strategies must start at national policymaking levels with proper research into job-related stress as well as working with regulatory bodies. Doing surveys gives an idea of the problem but is not enough by itself as these findings need to be tackled for which funding will be needed.

Institutions have a moral and ethical duty to look after their staff and thus must allocate sufficient funds for providing facilities which are good for the well-being of its staff as well as reduction or elimination of toxic cultures in teams. Team members should be given time and facilities to look after their mental health and wellbeing. Safe spaces and freedom to speak guardians will help reduce toxic cultures in teams. Helping build teams through proper training initiatives and support can be helpful. To help develop resilience at individual and team level, proper training and mentoring must be made available and accessible.

Developing resilience in teams involves fostering a supportive culture, promoting open communication, encouraging a growth mindset, and building strong relationships. Key strategies include establishing a sense of purpose, encouraging collaboration, and providing opportunities for professional development. Leaders play a crucial role by modeling adaptability, celebrating achievements, and providing constructive feedback. In orthopaedic teams, working together with clear identification of roles and responsibilities can help facilitate resilience[5,6].

Toxic teams

Inevitably, there will be fractions and frictions in any team and often the team leader in the context of speciality such as orthopaedics will be the surgeon who as team leader may get the blame if things go awry. Toxic culture is defined as pervasive negativity in the team, with both implicit and explicit conflict, leading to dysfunction and not being able to deliver the objectives. A toxic culture in teams can lead to various negative outcomes, including decreased productivity, high turnover, and increased stress and burnout among employees. It also fosters a lack of trust, poor communication, and reduced innovation. Poor engagement or just focusing on a specific task but not feeling involved, increased stress and burnout, high turnover and thus repeated training can all lead to poor communication, poor performance and thus poor outcomes. It can make it difficult to retain people and thus a major reputational risk. Mental wellbeing of team members may suffer with increased anxiety, depression and other disorders. A lack of purpose and achievement can further contribute to fragmentation. Team members may feel unable to speak up or raise concerns. Toxic behaviours in teams can lead to poor communication, micromanagement, bullying, harassment and discrimination, gossip, rumours, playing favourites in team politics and other consequences which may all further contribute to a toxic atmosphere. Ungern-Sternberg and Becke-Jakob[7] note that in many medical settings toxic leadership

exists because practice of medicine is often hierarchical, ensuring accountability but also hiding toxicity thus speaking up becomes difficult and yet more important. Rabkin and Frein[8] illustrate improvement in a critical care unit with training of leaders. Employee surveys, open communication, indentifying and addressing concerns of team members, listening and actioning and offering training to team members can help boost morale.

Many teams due to any number of reasons develop toxic cultures where resentments simmer on under the surface and although people may seem to be getting on with each other superficially these tensions make the team not function well as it should. Inevitably, this will lead to poor morale and burnout which may lead to poor care of the patients as burnout itself will cause absenteeism along with emotional and physical exhaustion. In addition, bullying, gossip, lack of trust and poor communication can flourish in these settings and in turn contribute to toxic culture thus setting up a vicious cycle. Such culture can lead to clique formation, gossiping and undermining of targeted individuals leading to poor patient engagement, group (MDT) decision-making and treatment outcomes. Often in these situations, team turnover can be very high thus further limiting the scope of reducing toxic culture. These settings can lead to lack of trust, poor functioning, poor outcomes, and poor reputation.

Sull and Sull[9] suggest that there are three drivers needed to fix a toxic culture. These are leadership, social norms and work design. Surgeons as leaders have a professional, moral and ethical responsibility to deliver the best care which the patients benefit from. Leaders need to model positive behaviours and hold themselves and others accountable which may require leading from the front. However, in certain settings leading from behind, as shepherds do, can work very well.

Clear communication with possibilities of positive and negative feedback without threat of repercussions can be very helpful. It has been noted that in any business which has contact with the public, negative feedback should be welcomed as it can lead to improvement of services. Thus, open communication, constructive challenge, mutual respect and by supporting team members can help improve performance. Constructive challenges can be difficult to give and receive. It needs coaching, practice and an open understanding by the entire team of its positive output[6]. As orthopaedic surgeons work in various settings such as the operating theatre, on the ward, in rehabilitation and in the communities, similar strategies can be applied. >>

Each team member will possess individual skills which should come together with others in the team, hence building and nurturing teams is incredibly important. Surrounding yourself with those who are unlike you can be scary but can prove to be very helpful as they can complement and supplement your strengths but also help deal with your weaknesses so that skills offer a mix of best options.

The leaders of a team must make time and take action to address bullying, harassment, and other negative behaviours in the team. By encouraging team members to prioritise their well-being shows that the team leader cares for and values their mental health and wellbeing. This can be further built upon by acknowledging achievements and failures to explore various lessons. The trick is to praise publicly and criticise privately. Thorough training on various skills not only helps improve team-functioning, but it also acknowledges personal development which is likely to be appreciated by the team members and may be seen as a reward. Recognising that external help may be needed and seeking it does not diminish a leader but is likely to raise respect.

Team building events on a regular basis can help identify team players, potential problems and help identify those at risk of stress. Building and leading teams can itself be stressful. Here lessons from aviation industry can be applied. Each flight has a different group of people and yet they must and tend to work together to deliver safe flight and service, putting personal differences and expectations to one side. Cooks-Campbell[10] highlights various ways of teambuilding exercises. Mallacci[11] highlights that regular team building can strengthen relationships and improve work environment thereby leading to collective productivity. Rosen *et al.*[12] propose that differentiating between technical and non-technical skills of team members can help build strength of the team.

In any setting, team building can be short-term and long-term. Thus, teams may be specific task oriented but also need to have their eyes on the horizon. Here the leader must have a clear vision as to what they expect from the team and how each member of the team can contribute and how they can be nurtured, supported and mentored. Team leaders will also need to work with others in the institutions such as the executive team or managers to identify potential challenges and how to pre-empt and manage these. It is always helpful to monitor and change practices accordingly rather than being stuck in the same old groove. This also keeps the individuals and the team fresh.

Helping build resilience at an individual level must be encouraged and nurtured. At an institutional level, resilience is about organisational ability to recover but at an individual level, it is about plasticity in coping. At an individual level, various factors influencing resilience include facing one's fears, having adequate and appropriate social support, good role models, physical well-being, emotional flexibility and having a purpose and meaning in life, ensuring good work-life balance is a must. Particularly for consultants, getting the career portfolio right is important. This should allow a mix of components such as clinical work which for orthopaedic surgeons may be elective surgery or trauma work, research, policy, public health, charity work etc. and it is helpful to change something in one's career portfolio every 5-7 years. This requires institutional and managerial agreement.

In the practice of medicine, often the core purpose gets conflated between personal expectations and institutional demands which can contribute to toxic culture. Simple techniques in managing time and priorities may include learning how to say no or altering priorities, learning to delegate, be mentored, acknowledging one's weaknesses and building on one's strengths can be incredibly helpful.

Individuals may need to identify and prioritise activities which could be helpful in producing a sense of personal and team wellbeing and relaxation in them as well as their teams. However, the key is to make time for proper rest, good sleep, physical exercise, meditation or yoga, spending time with friends and family, appropriate social networking, nutritious food etc. It is important though it may not always be possible for the individual to switch off and re-charge. Regular breaks (the 'six-week rule') and holidays and doing different things can help change cognitions, attitudes and responses in a positive direction.

Understanding one's own strengths and weaknesses, learning to develop self-compassion and creating appropriate support systems are important steps in leading well. It is important to recognise that doctors are human beings too and going through these experiences will make them better doctors. Through peer support groups, it should be possible to look out for colleagues who may be struggling and pressures they may be facing. Making ourselves available to listen to their stories and concerns, support and help and point them in the right direction can be supportive, non-stigmatising and helpful. Time needs to be made to offer and receive support.

Conclusions

Identifying toxic culture in teams and dealing with it can be immensely rewarding. By ensuring good personal physical health and improving it along with proper rest and relaxation can help improve mental health and wellbeing and thereby help improve performance and job satisfaction. Working in and with teams can be helpful so that mutual support and early identification of any concerns can be dealt with in a suitable and an appropriate manner. ∎

References

References can be found online at www.boa.ac.uk/publications/JTO.