

Mar 31 2005

Conquer the Groupthink Problem Effectively

(from the March 2005 edition of *PMD*)

By Shirley M. Mueller, MD

MyMoneyMD.com

Dr. Joe Jasper is one of 12 physicians in a specialty group. By necessity, meetings have to be conducted to iron out numerous difficulties, including financial decisions. Despite this, Dr. Jasper describes himself as "tuning out" when they meet. He admits that he often doesn't mentally come back to the discussion until it turns heated. Unfortunately, by then it is too late to become involved because he isn't sure what happened earlier.

Dr. Jasper knows the problem isn't only his physician group. He talks about another practice that also has difficulties. The junior doctors want to hire new partners in hope of relief. The senior doctors don't want to add new physician staff because they see it as cutting into their income when they were about to retire.

Problem Recognition

Lack of a decision means no new doctors are hired and the senior doctors effectively prevail. If the group breaks up due to its inability to conduct business effectively, all the doctors lose financially. Dr. Jasper and the group he describes are victims of Groupthink - a recognized phenomenon that occurs when people get together to make decisions. Psychologist Irving Janis first described it as "deterioration of mental efficiency, reality testing, and moral judgment that results from in-group pressures." Critical thinking deteriorates because they are making choices collectively. This leads to faulty decision making and lowers the chance of a successful problem resolution.

Because a group is making the decision, some of its features include the following assumptions:

- Invulnerability - Together we are beyond harm
- Morality - We think that as a group we are moral
- Collective rationalization - We discount warnings that our thinking is not rational
- Apparent unanimity - We hide any doubt about the collective consensus

Groups that are highly cohesive are candidates for Groupthink. Doctors' practices are solidly connected and, therefore, some physicians don't speak up at meetings because they become

mentally disengaged or don't want to offend others. A major reason for the latter is because a physician is afraid of being ostracized from the group for not being a team player. Members of a group have to examine possibilities critically, even if it means some participants feel uncomfortable. If this is not encouraged, the decisions are not beneficial to everyone. Eventually, dissatisfaction is pervasive, and the group may fracture.

Group Solutions

Climbing out of Groupthink is not easy, but Dr. Jasper found that an excellent method is to appoint a group member to challenge the consensus decision. This encourages an opposing view. Another route is to invite impartial experts to critically examine the group's conclusions. Additionally, they can be revisited at a second meeting to encourage in-between meeting reflection.

Subcommittees can be formed to study more time-consuming issues. This approach saves time and is more effective in fact finding. It enhances member participation and is likely to diminish fear for group approval. Prolonged meetings could be shortened, meaning Dr. Jasper would be more likely to stay engaged.