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Shared Sensemaking and Emotions in Intensive Care Unit

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INTRODUCTION

Criticality, uncertainty, speed, multitasking, round the clock activity and a high emotive impact are the main characteristics in ICU work. Physicians need to interpret and to frame the experienced situations and circumstances in order to control this complexity and to make decisions.

Sensemaking (individual, collective, shared) is an ongoing cognitive process, it allows professionals to create order, understand what is happening and make retrospective sense of what has occurred. It is a decisive element to guarantee the coordination needed for action in individuals and in workgroup; it keeps cognition and action together.

Sensemaking is also a social activity, it is a collaborative process of creating shared awareness out of individuals' perspectives and interpretations, and it lets professionals work together in a coordinated and cooperative way to achieve clinical safety (*Albolino*)(*Weick*).

Our study was focused on the factors that can influence shared sensemaking in ICU.

METHODS

A qualitative approach was chosen, using an active, participative observation in a natural context.

In 2007 we carried out the study in a busy, polyvalent, 12-beds ICU. The study was conducted by an intensivist who had over ten years experience and a psychiatrist psychoanalyst expert in group analysis, who was well-known to the group.

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We decided to explore shared sensemaking during physicians' handover and morning briefings, because we noted in previous studies that during these meetings, doctors report and transfer not only patients' clinical information but also emotions (*Bongiorno*)(*Sapuppo*).

RESULTS

According to the Literature (*Albolino*) we observed that doctors make, arrange and share sense during rounds and during formal and informal meetings (*sensemaking at intervals*). Here they reconstruct the experienced situations through dialogues and narratives. They tell about facts and situations, establish whether they are relevant or not, compare them with culturally approved models of diagnosis, therapy or organization, predict events in order to reorder what happened into plausible narrative explanations that can be accepted by the team. Then, after negotiations into the workgroup, this shared awareness can be used for future choices. It is like a working trace left for those coming after to speed and facilitate their own decision making (*Abolafia*).

These times are the best opportunities for the team to develop a collective sense and to prepare individual sensemaking for each doctor. Then, doctors constantly draw on this shared sensemaking in order to perform their daily activities and to build their own sense of the current situations (*sensemaking on-the-fly*), that will be shared again during the formal and informal meetings of the day. These moments are very important for coordinating work throughout the whole day.

We focused our analysis on the factors influencing the shared sensemaking process.

We observed that the emotive dimension and the affective modulation of the workgroup are important to share sense.

Sharing something is not an automatic process, but develops during relationships and needs an atmosphere of trust.

The social process of sharing is closely linked to the emotional sphere. During the meetings doctors transfer clinical information but also express their emotions, what they went through with the patient, the relatives, themselves. Positive and negative emotions cannot be excluded, they are part of life, and they are often very significant in determining actions, in the process of diagnosis and in the therapeutic activity.

In the workgroups emotions and feelings can interfere with the sharing process. They are the building blocks of organizations because create the invisible walls and corridors that divide or unite people” (*Gherardi*). Alienating emotions can lead to progressive isolation of individuals and can limit the sharing process.

A positive atmosphere of trust is essential to facilitate the relationship. Doctors need to know that they will be encouraged to manifest their individual sensemaking and to participate in the discussion. They need to

know that they are free to express their doubts or have different interpretations of clinical cases.

The possibility to express oneself means that one's opinions are taken into account. Consideration is central to trust formation. In this process, the director and other experienced seniors play a prominent role in creating a true sense of freedom.

Only in this way it is possible to accept criticism. Individuals must feel that the other members of the group have rejected their points of view to find the most plausible common interpretation of events and situations and to take the best common decision. This is determinant in building the inter-subjectivity and collective sensemaking among the team.

The ICU work is very stressful. Stress and negative emotions can produce dramatic failures of collective and shared sensemaking. Stress can produce aggressiveness and misunderstanding among the members of the group. In an organization the lack of elaboration of emotions can lead to progressive isolation and alienation of individuals who must work together to build a collective and shared sense of complex and ambiguous situations.

The chance to tell, listen, share and re-elaborate together painful experiences lived in ICU is also an essential condition to build inter-dependence and group cohesion in order to work in a sympathetic way.

The opportunity to share emotions and feelings during the formal and informal meetings is the most important way to build common sentiment. Building a common sentiment is the prerequisite to work better together because the mutual understanding creates solidarity; it allows professionals to feel close to the other members of the group and as a consequence of this closeness, to feel part of this group.

CONCLUSIONS

Shared sensemaking is the basis for a coordinated and cooperative work in complex organizations. In our study we observed that emotive dimension and affective modulation of the workgroup can affect this process.

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