

MEETINGS: DO YOU JUST SIT THERE?

Meetings, meetings, meetings... some days it can feel that all you do is attend one meeting after another. This wouldn't be so bad if they were productive and an effective way of making decisions.

Unfortunately solutions that seem obvious to you can be ignored when a group set about discussing an issue.

Even simple issues can result in poorly judged decisions.

Advocates need to be skilled in influencing meetings so that decisions involve your client and work for them.

WHAT IS GROUPTHINK?

A psychological phenomenon can occur within a group of people, when the desire for harmony or conformity is strong.

This often results in incorrect and poor decision making processes. In such cases people know that the decision being proposed won't work, but they don't say anything as they want to minimize conflict and reach a consensus decision.

This phenomenon is called 'Groupthink'. Irving Janis first coined this back in 1972 but its effects can be seen right throughout health and social care practice today.



It's in action whenever the need to achieve harmony and consensus inhibits professionals from speaking out when they see the wrong decision being made.

Groupthink recognises that groups behave differently from individuals for two reasons: firstly dominant personalities within meetings can overtly influence the decision.

Secondly, when poor decisions are made, people often wait for someone else to raise the concern. With everybody waiting for someone else to state the obvious, it never gets spoken and so the poor decision stands.

Groupthink can lead to irrational decisions and dehumanising of other groups creating us and them cultures. This can be seen in meetings where groups are formed between the (majority) paternalistic decision makers who 'do things to' the helpless service user (minority). Assumptions are made by the majority that they hold expertise and are therefore right.

Consider how often a treatment or care plan is agreed, which is supported by everyone in the group except the patient. Instead of looking at alternatives directly with the patient, the expertise of the professionals is given more status, despite the obvious point that if the patient is not on board the plan will simply never work.

The question is, how do advocates influence meetings and processes so that groupthink does not determine decision making?

Let's consider the following roles an advocate can play:

Be the voice of realism. Groups subject to Groupthink often have excessive optimism which encourages taking risks. Advocates see things from the perspective of the client and can therefore ask how likely suggested plans are to work and support clients to raise the concerns they have.

Challenge assumptions and stereotypes.

The impact of Groupthink is that members often overlook assumptions which cause people to be stereotyped and judged. Advocates can use person centred approaches to consistently ask 'how will this proposal affect this individual right now'

Be positive. Groupthink can lead to negative images of the minority group (in this case the service user). Advocates can provide positive representation of the client and help the client to discuss what is going well (in addition to what is going wrong).

Be on the client's side. Individuals in the group can often face pressure not to express arguments against other members of the group. So foster carers may not want to disagree with the social worker, nurses may not want to disagree with consultants, clinicians do not want to undermine care staff. Advocacy is a way of putting forward the client's views without criticising or undermining any other professional.

Prevent surprises. The best meetings are those which hold no surprises for those attending: everyone understands what is happening, why and goals are shared by everyone. By working cleverly before the meeting, an advocate can ensure difficult conversations and decisions take place beforehand and the meeting is there to 'sign off' the decision rather than debate it.



How to stop Groupthink & influence meetings

Think of the last time you attended a meeting and experienced a poor decision making process.

Which personalities were overly dominant?

Who spoke up to raise concerns?

What got in the way of changing the poor decision?

QUESTIONS TO USE FOR SELF REFLECTION OR WITHIN TEAM MEETINGS

As an advocate, how do you combat the negative affects of groupthink? Share with your team how you influence group decision making.

How much do you become part of the group or do you sit outside?

Which is better: contributing to harmony and conformity in meetings or being adversarial? Can you give examples of both? Which worked?