

Discipline in the ICU Workplace

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The power that motivates the individual and the team to comply with the decisions and follow the rules and procedures established by the ICU to achieve their objectives is called discipline and its role in the ICU is fundamental. Although the term is negatively charged, the way in which it is sought and the leadership style followed to achieve it determine its negative or positive expression. As already mentioned, the exercise of legal power is not the same as the power of coercion and the ICU structure of the ICU is not tied to the director or the Consultant, the person in charge of the leadership style that will follow area of his responsibility. Leadership style (based on the bipolar authoritarian / democratic style) largely determines the type of discipline sought in exercising control. The result - that is, the fact that subordinates do not deviate from the organization's mandates and rules - is not enough to believe that the leadership style followed in each ICU achieves its purpose. In reality, as in the case of acceptance of control, we can distinguish two types of discipline, the negative and the positive, the manifestations of which may be similar, when in fact they are very different. In the context of the bureaucratic ICU, the director of the ICU can ensure compliance with the above ICU commands and rules by using either coercion (negative discipline) or self-restraint and self-control (positive discipline) (Fanariotis, 1999).

Negative discipline

Coercion is achieved through the use or threat of punishment or deprivation of remuneration and aims at the subordination of the subordinate to the superior. In public administration, the most appropriate use of coercion can be made in repressive control, and only to prevent developments that are extremely detrimental to the organization of the hospital (such

as illegal actions, negligence affecting other persons or immediately disobedient patients' lives).

Even in these cases, the use of coercion to achieve compliance is not effective and is recommended as a last resort if positive discipline practices have been tried and failed. Abusive exercise of control can lead to the appearance of symptoms of administrative pathology, to the extent that it can lead to the oppression of the personality of the audited bodies and the disappearance of their initiative (Pavlopoulos, 1983) resulting in indifference or -usually implicit-resistance (Yukl, 1989). Either as an act or as a threat, coercion usually works negatively for both the director who exercises it, because he is forced to distance himself from his subordinates and often to stand accountable to them, negatively affecting the behaviors that take place in the work environment. In relation to the work performed inside the ICU. In the public ICU, the employer wishes to adhere to humanitarian principles and social values, which often conflict with the practice of coercion (Grote, 1995).

Factors that favor positive discipline

The pursuit of positive discipline in a public ICU, in order to have successful results, must be accompanied by substantial changes in the way it operates. Positive discipline can hardly be achieved in a monolithic hierarchical ICU where the legitimation of leadership is based solely on the "legal power" offered by holding such a position. The demands of ICU executives are increasing, as leadership effectiveness, based on acceptance of hierarchical distinctions and respect for the power that results from them, must meet modern requirements and in roles more complex than the one the Beberian analysis had predict (Argyriadis, 1990).

According to the above, it is understood the need for the assistance of a number of actors, in order to thrive on techniques of positive discipline and effective acceptance of control and to highlight the new role of the Director without breaking the unity, coherence and coordination of administrative and medical procedures. Next, an attempt will be made to refer to the most important of the factors that not only act in a supportive direction in this direction but are essentially preconditions for its realization.

Participation

The diversification of technological knowledge, needs and abilities inevitably causes the diffusion of a degree of power at all levels, resulting in the collapse of the solid, pyramid-like, monocratic hierarchical structures. Decisions can no longer be made by directors or experts acting individually and then communicating them to a passive subordinate.

The more the requirements for the effectiveness of medical action increase, the more the control tends to become expedient - without losing its validity - the existing ones can participate in the selection of the Measures and the methods that will be followed as their role is not exhausted in the detailed observance of rules and procedures. It is impossible for the coordinating factor to disregard the point of view and solutions proposed by the coordinated factor or to underestimate it.

The order of the director is not the fruit of his own will, but a product of cooperation - a phenomenon that in the public administration takes the form of "hierarchy in the opposite direction" (Tachos, 1986). The power of experience and knowledge (expert power) is not necessarily concentrated in the direct - leader, but, as the role of the ICU becomes more complex and the professional skills that operate within it, he often needs the help and cooperation of subordinates.

Although in public ICU administration decision-making is at the top of the hierarchy and participatory processes are more directed at the top and upper echelons, the director can encourage participation in matters relating to the work environment. When subordinates feel that they have been involved in setting a goal or in making a decision, they work more consistently to achieve or implement it, thus reducing the need for strict oversight and the quality of ICU medical services.

Contact- Communication

Communication, as the transmission and exchange of not only information but also knowledge, ideas, opinions and feelings, is for ICU

organizations a prerequisite for both their effectiveness and the very formation and operation of their own. The ICU's communication policy should seek not only top-down vertical communication, but also feedback from the lower echelons. It is essential that the type of information provided to employees is relevant to the ICU's goals and direct plans, the principles and values it stands for, the position's tasks, the evaluation method and instructions or directions for achieving the objectives, as well as information on working conditions, conditions and working methods. In the vertical internal communication of the bureaucratically structured ICU, the role of directors is crucial, especially at the middle levels, as they must on the one hand ensure the flow of information from above, on the other hand receive the suggestions of employees and be informed about problems and concerns. (Hadjipanteli, 1999). Time-consuming processes, multiplication of hierarchical levels, barriers to horizontal communication and lack of feedback are areas that need to be eliminated by the ICU to ensure not only productivity but also productivity and efficiency in the external environment. The importance of communication is reinforced by the concept of networking, which defines a more complex network of relationships and exchange of information, based on the informal socialization of individuals. In addition to regulating the formal flow of information, the director develops contacts with people who are sources of information and maintains relationships with subordinates as well as with his / her subordinates, which also include personal interaction - in addition to formal and impersonal office contacts. (Yukl). The superiority of networking over formal communication within the hierarchy stems both from the fact that it encourages the rapid flow of information in various directions, and from the fact that it draws feedback from both formal and informal networks created within the ICU. In this way, stable and productive collaborative relationships can be built between individuals, groups and departments that will lead to the multifaceted and effective solution of problems: "ICUs learn and grow when individuals, groups and departments work together effectively".

Assignment of responsibilities

The delegation consists of delegating tasks to others and comes to confirm the classic definition of management as "the process of getting things done through others" (Denhart, 1995: 375). An essential element of the delegation of responsibilities is the equal delegation of power (the legal power to have someone else take over the

work) and responsibility (the obligation to be accountable for this work) in carrying out a medical process and more. In the public ICU, where the tasks and responsibilities are clearly defined, the assignment process is quite limited, but not substantial at the discretion of the director.

The assignment of responsibilities must be accompanied by complete and clear instructions and the person who has the ability to perform the specific project (whether it concerns his skills, knowledge and experience or his formal position and competence) must be selected, who must to feel that he will have the support of his boss to carry it out. In order to stimulate and develop initiative on the part of the subordinate, the assignment of projects should be done with the consent of the staff (for what kind of work they prefer or have the opportunity to do), to give a great opportunity to take initiatives in terms of the process that the employee will follow and become as fair as possible for everyone. Assignment of responsibilities, especially when accompanied by initiative and responsibility, is extremely supportive of job satisfaction and personality development, while giving the individual a sense of importance to both the ICU and the administration and medical work (Denhart, 1995).

Reliance

As already noted, the hierarchical control system can achieve compliance with or comply with ICU rules and objectives, but does not guarantee the individual's commitment to them. Since employment relationships are based on exchange relationships, developing a sense of trust among staff at all levels is the key to developing a managerial and productive relationship with the manager and his subordinates. Considering the hierarchical relationship as cooperative is more beneficial than pursuing the individual interest, given the interdependence created by the division of labor in the ICU. In the implementation of an integrated policy based on building and encouraging relationships of trust, the role of supervisors, especially the lower levels, is crucial, who have the responsibility to promote the respective governing authorities directly, through professional practice. The supervisor must show confidence in the abilities and intentions of employees, deal with both rewards and conflicts with honesty and fairness, and show appreciation when trust is reciprocated (Hanzipanteli, 1999).

Innovation

Innovation, understood as an attempt to create a new perspective on the potential of each

ICU, is the means by which a new resource management system can be created or increase the productivity of existing ones, as it acts as an "internal incentive" motivation). The development of innovative action can take place in an environment where the expression of ideas is encouraged and employees are given the opportunity to take on responsibilities and engage in what suits them and gives them satisfaction. The central role in this process is played by the manager-leader, while the important factors on which the degree of development of innovation depends are the access of employees to information, communication, organizational structure and the continuous training and training in the field of work. as a methodical acquisition of specific knowledge, which will develop the skills of people to be able to take initiatives (Mumford, 2000). Directors-leaders direct and support the action of employees, who feel more productive and responsible. They are still the ones who will encourage and identify the generation of new ideas and practices, evaluate their applicability and promote them to the highest rungs of the hierarchy, so that they can go on the path of implementation. The centralized exercise of leadership, the strict criticism and the suffocating control, the Mechanistic perception of the management of the ICU staff and the barriers of the bureaucratic hierarchy leave no room for initiatives and the production of new ideas. A necessary condition for the genesis and the encouragement of innovation is the adoption of a different conception of human resource management and the confrontation of the fear of change, which has particularly strong bases in massive bureaucratic organizations (Eleftheriou, 2004), like Public Hospitals also.

Loyalty

The perspective on which the definition of commitment has been attempted varies, depending on the causes that are considered to cause it each time and its effect on the individual's connection with the ICU (Zeppou, 2001). Wiener (1982) describes devotion as the internalization of the rules that push the individual to act in such a way that his behavior is in line with the goals and interests of the ICU.

According to a different approach, commitment is interpreted as an emotional reaction that results from evaluating work-related situations that keep the person connected to or attached to the ICU. In this context, loyalty is linked to the identity of the employee as an ICU member and is characterized by at least three factors (Porter,

Steers, Mowday, Boulian, 1974), in the same way, we mirror the whole issue in ICUs:

Deep faith and acceptance of the ICU's goals and values. Willingness to make the greatest effort on behalf of the ICU. Strong desire of the individual to remain in the ICU. Employees, in addition to satisfactory financial benefits and job security, their work to be interesting and offer them recognition and moral satisfaction. Levels of commitment, as outlined above, determine the stability of individuals at work, the effort they make to increase their job performance, the consistency they display in the performance of their duties and the support they express to the ICU. The Managing Director, representing the ICU in the eyes of subordinates, can contribute to the cultivation of commitment based on building a relationship of trust and cooperation. Satisfaction of their personal needs and values through their work motivates them to offer the best they can to achieve the goals of the ICU, which are now identified with their personal goals (Hanzipanteli, 1999). Public administration as a workplace meets the conditions for cultivating commitment, as it offers a stable working environment that allows the individual to connect his working life with it and the basis for the development of long-term relationships between employees.

The noticeable difference between compliance and loyalty lies in the fact that the former can be achieved even if the target person carries out the leader's demands without embracing their logic, while the latter is achieved only if the person fully embraces the views and the proposals of the leader (Vitantzakis, 2003). Job satisfaction, productivity and commitment to work and the ICU increase for the employee when given the opportunity (Tjosvold, 1995): To develop his self-esteem by rewarding and recognizing his work. To belong to a group where his opinion will be taken into account and will contribute substantially to the production of work and ideas. *επικοινωνών* Communicate with colleagues, get to know them better and build a level of trust between them - against the stereotypical view that wants large organizations to be based on face-to-face, employee-oriented relationships.

Differentiate its value (value diversity) - employees want to be recognized and exploited for their particularities and the way in which they meet the requirements of their work. The feedback and support of the manager-leader to the employee must be adapted accordingly, as opposed to the impersonal and compensatory character of the bureaucratic public administration. Regulations and

procedures cannot provide for a diversity of employee behaviors and reactions.

Assessing and recognizing this difference means that supervisor can adjust his behavior according to what is most appropriate each time and that he can use the complexity of the differences to increase the performance of the team, making sure that everyone which is more capable or which satisfies him more. Existence of mutual respect is of great moral and practical importance in cultivating devotion. It is the basis for building a stable and supportive relationship, where collaboration and innovation develop. When people feel underestimated and offended, they feel that they are losing some of their social value and acceptance. In order to regain social appreciation for themselves, they reject the influence of others and refuse to compromise with their views.

They redefine their ability and power by becoming strict and introverted, while underestimating those who consider themselves responsible for the development of their personality and feel competitive with them. In this way, hostile relations are created, which nullify any attempt to build cooperation, positive discipline and loyalty (Tjosvold, 1995). Cultivating employee commitment (doctors and nurses too) is central to the director's leadership role, as it is the basis for overcoming resistance to change in ICUs and the inability - especially of bureaucratic ICUs - to learn from their accumulated experience and adapt («Cognitive inertia»). In this context, effective leadership is not defined one-dimensionally as leadership, but as a relationship: "Leadership is exercised by the leader and his subordinates (...) and the reasons for success or failure must be sought their relationship, the way they work together to achieve their goals" (Tjosvold, 1995: 51).

The application of positive discipline can be based on this relationship, so that hierarchical control becomes the means of empowerment and cultivating the loyalty of subordinates. The emphasis of the manager-leader on proactive stance and the pursuit of self-control and self-restraint on the part of employees will reduce the need for repression and the imposition of disciplinary sanctions (reactive stance), resulting in non-consequential control but its transformation into a means of developing strong collaborative spirit of collective participation in the ICU.

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