Differentiation, Integration, and Control Dynamics in Multidisciplinary Teams: An Ethnographic Study of Northern Italian Public Addiction Services

PROFESSIONAL DYNAMICS IN MULTIDISCIPLINARY TEAMS

Differentiation, Integration, and Control Dynamics in Multidisciplinary Teams: An Ethnographic Study of Northern Italian Public Addiction Services

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Abstract

This ethnographic study explores the complex dynamics of differentiation and integration within multidisciplinary teams in Northern Italian Public Services for Addictions. This study investigates the challenges arising from ambiguous role boundaries and overlapping functions as well as the control mechanisms that maintain system equilibrium. Through participant observation and semi-structured interviews with 28 professionals from three addiction services, this study reveals a nuanced interplay among professional roles, team structures, and organizational control. The findings highlight the varying degrees of formalization among specialized subsystems, leading to overlapping responsibilities and blurred boundaries that impact professional recognition and identity. Three distinct levels of control were identified: hierarchical, horizontal, and decision-making control at the collegial team level. These control mechanisms, coupled with various sanctioning strategies, play a crucial role in enforcing adherence to organizational norms. The micro team structure emerges as a fundamental unit of control, shaping role expectations and behavioural norms through continuous social interaction. This study underscores the importance of balancing differentiation and integration as well as the critical role of control mechanisms in maintaining system functionality. These findings have implications for policymaking, service quality improvement, and enhancement of multidisciplinary approaches to address addiction-related challenges in healthcare system.

Keywords: multidisciplinary teams, professional boundaries, organizational control

Public services for addictions are characterized by a high degree of specialization and division of labour, reflecting the multifaceted nature of addiction treatment and support (Rokiyah et al. 2024). This system encompasses a wide range of professionals including psychologists, social workers, nurses, and physicians, each with specific expertise and training to address various aspects of addiction and recovery (Roy and Miller 2012). Additionally, administrative staff, outreach workers, and support personnel contribute to the overall functioning of addiction services, further emphasizing the intricate division of labour within these organizations (Wallace 2019).

Italian public services for addictions are typically organized into distinct subsystems or departments, each focusing on specific aspects of addiction care (Timpano 2018). These include prevention and education, assessment and intake, detoxification services, outpatient treatment, residential rehabilitation, aftercare and relapse prevention, and community outreach (Lockhart and Nguyen 2017). Although these subsystems may operate independently, they are interconnected to provide comprehensive care for individuals struggling with addiction. This interconnectedness highlights the need for interdisciplinary collaboration and ongoing adaptation to emerging trends in addiction treatment (Mohammad et al. 2016).

The complexity of the system is further increased by the necessity to address the diverse needs of individuals seeking help as well as the evolving landscape of substance abuse and addiction in society (Ashworth 2019). This requires continuous professional development and training of staff as well as the integration of evidence-based practices and innovative treatment approaches (D'Ippolito et al. 2015, Belenko et al. 2016, Sachdeva 2016).

This study delved into the intricate processes of differentiation and integration in Addiction Services in Northern Italy, focusing on the challenges that arise from ambiguous role boundaries and overlapping subsystem functions (Bersamira 2020). By examining these

complex dynamics, this study aimed to provide a comprehensive understanding of how these factors impact service delivery and coordination in the Italian addiction treatment sector.

Various components of the addiction service system, including healthcare providers, social workers, psychologists, and administrative staff, have been analysed to identify areas where roles may overlap or become ambiguous. By scrutinizing the challenges posed by ambiguous role boundaries, this study uncovered instances in which responsibilities are not clearly defined, potentially leading to gaps in service provision or the duplication of efforts. The examination of overlapping roles within subsystems offered valuable insights into how various departments or entities interact within the addiction treatment system and impacting the standard and effectiveness of services provided to those battling addiction in Northern Italy.

Furthermore, this study aimed to shed light on the specific control mechanisms employed by multidisciplinary teams in Italian addiction services. These mechanisms may include formal and informal strategies that guide professional behaviour and collaboration (Akwe 2024). By exploring how these control mechanisms are implemented, perceived, and negotiated among team members, this study intended to reveal potential areas of tension, synergy, and adaptation within the organizational framework.

LITERATURE REVIEW

Differentiation and integration in multifaceted systems can be observed across various domains, from biological organisms to social structures and technological networks (Lindfield and Penny 2018). As systems evolve and become more sophisticated, differentiation facilitates the development of specialized components that can perform specific tasks more efficiently (Condorelli 2018). This specialization often leads to increased

complexity and diversity within the system, enabling it to respond more effectively to a wider range of environmental challenges or demands (Best 2017).

Simultaneously, integration ensures that these specialized components function cohesively, maintaining the overall functionality and stability of the system (Lizarelli, Toledo, and Alliprandini 2019). Integration mechanisms can manifest in various forms such as communication pathways, regulatory feedback loops, and hierarchical structures that coordinate the activities of differentiated subsystems (Armstrong and Lengnick-Hall 2013). The balance between differentiation and integration is crucial for the adaptability and resilience of a system (Jansen et al. 2009). For instance, in organizational contexts, companies may develop specialized departments (differentiation) while implementing cross-functional teams or integrated management systems (integration) to ensure efficient coordination and information flow (Van Den Adel, De Vries, and Van Donk 2022).

The interplay between differentiation and integration is not static but rather a dynamic process that evolves over time. As systems encounter novel challenges or opportunities, they may undergo further differentiation to develop new specialized components or capabilities (Carli, Tagliaventi, and Mattarelli 2014). This process of ongoing differentiation can lead to increased complexity, which in turn requires more sophisticated integration mechanisms to maintain system coherence (Teece 2018).

Interdependence between differentiation and integration is particularly evident in Addiction Services. These services typically comprise various specialized subsystems, each designed to address specific aspects of addiction treatment and support (Victer 2020). However, the degree of formalization among these subsystems can vary significantly, leading to potential overlaps in their functions and responsibilities (Ashworth 2019).

The potential overlap between subsystems may be considered critical for addiction treatment. Some scholars consider this redundancy as a vital safety net, ensuring that

individuals seeking assistance do not fall through the cracks in the system (Humphreys 2015). For instance, if an individual misses an appointment with one service provider, they may still receive support from another overlapping service provider. This redundancy may be particularly significant for individuals with complex needs or those who are resistant to treatment, as it provides multiple points of contact and opportunities for engagement (Purvlice et al. 2018).

Others posit that although integration facilitates seamless information flow, resource sharing, and coordination among differentiated units, excessive integration can result in bureaucratic bottlenecks and reduced flexibility (Moyo et al. 2015, Drolet, Pinches, and Lewin 2021).

The lack of clear boundaries between subsystems creates significant challenges for professionals, resulting in a pronounced need for professional recognition and identity defence (Dickerson and Trodd 2020). This ambiguity can lead to coalition-building among professional groups, diminished professional investment, and heightened conflict (Bethea et al. 2019). Thus, enhancing internal differentiation is essential for adapting to evolving social demands, thereby allowing professionals to achieve greater clarity regarding their identities (Dickerson and Trodd 2020).

Similarly, many studies have highlighted the critical role of group dynamics in shaping professional identity (Deng et al. 2023, Aldrihem and Zaidi 2024), suggesting that adherence to group norms is vital for maintaining authority and self-esteem among professionals (Wu et al. 2023). Organizations can serve as arenas for professional control and competition, where access to influential roles and tasks is mediated by informal controls. This competition can lead to the redevelopment of professional norms and methods, further complicating the identity landscape of different occupational groups (Evetts 2012).

Multidisciplinary Approach

The exploration of multidisciplinary teams in healthcare has gained significant traction in recent years (Scanlan, Devine, and Watkins 2019), reflecting the growing recognition of the complex association between diverse professional roles and the delivery of patient care (Marsilio, Torbica, and Villa 2017, Marsden, Dunbar, and Sandiford 2019, Best et al. 2020).

A multidisciplinary approach acknowledges that patient outcomes can be significantly improved when healthcare professionals from different disciplines collaborate effectively and share their unique expertise and perspectives (Kiran et al. 2022). By integrating the knowledge and skills of various specialists, such as physicians, nurses, pharmacists, and allied health professionals, multidisciplinary teams can provide more comprehensive and patient-centred care (Helgesen et al. 2024). Furthermore, this collaborative model fosters a culture of continuous learning and innovation within healthcare organizations as team members learn from each other and develop new approaches to address complex medical challenges (De Baetselier et al. 2021, Mamiya and Hirata 2022).

A multidisciplinary approach also promotes enhanced communication and coordination among healthcare providers, which is crucial for ensuring continuity of care and mitigating the fragmentation of services (Khatri et al. 2023). By working collaboratively, team members can develop a shared understanding of patient goals and treatment plans, leading to more coherent and consistent care delivery (Woodworth, Farooq, and Gorelick 2019). This improved coordination can result in smoother transitions between different care settings, reduced duplication of services, and more efficient utilization of healthcare resources (Wong et al. 2017, Kiran et al. 2022).

In addition to direct patient care benefits, multidisciplinary teams can contribute to broader healthcare system improvements. By leveraging their collective expertise, these teams are well positioned to identify systemic issues, propose evidence-based solutions, and implement

quality improvement initiatives (Marsilio, Torbica, and Villa 2017). This collaborative approach to problem solving can lead to more effective and sustainable healthcare reforms, ultimately benefiting the entire patient population and healthcare organizations (Huq and Woiceshyn 2018).

Professionals' experiences and perceptions of their roles within the team can shape their contribution to clinical decision-making processes (Schilling et al. 2022). Notably, the perceived dominance of physicians can create power imbalances that marginalize other health professionals, such as nurses and allied health staff, thereby undermining the collaborative ethos essential for effective teamwork (De Baetselier et al. 2021).

Professional boundary demarcation and communication barriers present significant obstacles to effective collaboration in primary care settings (Tan et al. 2023). These challenges often stem from the distinct roles, responsibilities, and expertise of various healthcare professionals, leading to siloed approaches and limited interdisciplinary interactions (Mercer et al. 2019). Physicians, nurses, pharmacists, and other allied health professionals may struggle to find common ground or effectively share information because of differences in professional languages, priorities, and work cultures (Jelen et al. 2024). This lack of seamless communication can result in fragmented patient care, missed opportunities for holistic treatment approaches, and potential errors in diagnosis and medication management (Helgesen et al. 2024).

Organisational Control

The interchange between individual behaviour and team dynamics is further reinforced by the prospect of sanctions (Rosbough 2013). These can range from subtle social cues to more formal disciplinary actions (Ellinas, Allan, and Johansson 2017), creating a powerful incentive structure that encourages conformity with the dominant organizational culture (Panagopoulos and Van der Linden 2016).

However, this conformity is not absolute; the system typically allows for a degree of variance, recognizing the need for flexibility and individual expression within the broader framework of organizational norms (Voet and Steijn 2020). This delicate balance between conformity and flexibility is crucial for maintaining team cohesion while fostering innovation and adaptability within the organizational structure (Zhang, Hu, and Shi 2021).

The multidisciplinary team's role in organizational control extends beyond mere feedback mechanisms, encompassing a complex intersection of social dynamics, behavioural norms, and collective expectations. It serves as a crucible for shaping and reinforcing behavioural norms through continuous social interactions, creating a microcosm for a larger organizational culture (Li et al. 2022). Team members not only monitor each other's adherence to established rules but also collectively construct and maintain a shared understanding of role expectations, fostering a sense of mutual accountability (Runhaar et al. 2013). This internalized form of control often proves to be more effective and sustainable than traditional top-down management approaches (Valentine 2016). By leveraging the fundamental human desire for social acceptance and belonging within a group, teams create a self-reinforcing cycle of positive behaviours and attitudes (Gerbeth and Mulder 2023).

Team members are motivated not only by external factors, such as rewards or punishments, but also by the intrinsic satisfaction of contributing to the team's success and maintaining harmonious relationships with colleagues (Rutka, Wycinka, and Wróbel 2023). A multidisciplinary team structure functions as a powerful conduit for transmitting and reinforcing organizational values throughout the workforce (Svendsen et al. 2024). By creating smaller and more intimate groups, this approach facilitates closer interpersonal connections and frequent interactions between team members (Pype et al. 2018). These enhanced relationships provide numerous opportunities for peer-to-peer learning, mentoring, and organic dissemination of best practices (Runhaar et al. 2013). Consequently, the

organization's core values and principles become deeply ingrained in the day-to-day operations and decision-making processes of each interprofessional team (Kusi-Appiah et al. 2019).

In conclusion, the role of multidisciplinary teams in organizational control is multifaceted and profound. Their ability to integrate formal control mechanisms with informal social dynamics creates a robust, yet flexible system of organizational governance (Grol, Schers, and Molleman 2018).

RESEARCH METHODS AND DESIGN

The research questions for this study were as follows:

1. What are the processes of professional differentiation and integration within Italian Addiction Services and how do these processes impact team dynamics?

2. What are the specific control mechanisms implemented within Addiction Services and how do these mechanisms contribute to maintaining system equilibrium?

This ethnographic study investigated the complex dynamics of multidisciplinary teams within Northern Italian Public Services for Addictions. The research design was grounded in established ethnographic methodologies to ensure a robust methodological framework tailored to healthcare settings (Côté-Boileau et al. 2020, Pandeli, Sutherland, and Gaggiotti 2022). It combined participant observations with semi-structured interviews to capture a holistic view of professional interactions and control mechanisms. The purposive sampling of 28 professionals from three public addiction services provided a diverse participant pool, allowing for comprehensive exploration of the research questions.

The data collection process, from June 2017 to January 2018, involved full-time participant observation and semi-structured interviews. This extended period of immersion in the field has enabled researchers to gain rich contextual insights into the daily operations and

interprofessional dynamics of one addiction service. The study's adherence to ethical standards, including obtaining informed consent and ensuring participant confidentiality, underscores its commitment to responsible research practice.

Subsequent thematic analysis of the interview transcripts and field notes allowed for the identification of recurring patterns and key themes, shedding light on the nuanced interactions between professionals and the formal and informal sanctioning mechanisms at play within these multidisciplinary settings. This approach facilitates a deeper understanding of the complexities inherent in collaborative healthcare delivery of addiction services.

It is worth mentioning that all service professionals were aware of the goal of observing interdisciplinary interactions and provided consent. Additionally, the researcher kept a reflective journal throughout the study to manage her dual role as both a researcher and professional, maintaining objectivity and enhancing ethical and methodological standards (Sachan 2024). During this time, the researcher actively engaged in team meetings, case discussions, and daily activities to obtain direct insights into the multidisciplinary aspects of addiction treatment.

FINDINGS

The analysis of observational data and semi-structured interviews is reported in two domains: the extent of differentiation in Italian Public Services for Addictions and its implications regarding integration and operational effectiveness and the control functions, along with their underlying mechanisms, aimed at enhancing the level of integration among the components of the system.

Differentiation and integration

Differentiation is the process through which there is an increase in the degree of specialization of certain roles or subsystems; an increase is typically accompanied by an increase in the number of subsystems and/or roles present in the system. Conversely, integration refers to a process that tends to reinforce the connection between differentiated elements. Italian Addiction Services are structured into specialized subsystems. Not all subsystems possess the same degree of formalization, which inevitably results in a series of overlaps. At the role level, boundaries between different professional competencies are often indistinct. According to one psychologist, certain tasks are frequently performed by random individuals, based on contingent availability. There does not appear to be, therefore, a well-structured differentiation between certain subsystems (particularly those with a predominantly psycho-socio-educational composition) or within the subsystems themselves.

The absence of a clear delineation between certain subsystems and overlaps at the disciplinary level conflicts with specialists' need for professional recognition, as individuals inherently desire the appreciation, esteem, and validation of their specific competencies. Indeed, one physician stated, '*I do not possess psychological expertise, and I find it challenging to provide advice to patients, as it would be subjective. I expect other professionals to adhere to the same principles with respect to their areas of expertise, but this is not always the case. I believe it stems from a lack of respect for others' work, intelligence, and professionalism.*'

There appears to be a strong correlation between the need for recognition, need for professional identity, and defence of this identity from perceived threats. In essence, if individual professionals lack clarity regarding their professional prerogatives, which implies that their presumed specific professional skills are instead perceived as 'common wisdom', they will experience a heightened need for recognition of their role by other members of the

system. Conversely, the more established a specialist's professional identity, the more readily other system members can recognize their role.

This circular pathway is also influenced by the systemic dynamics that are specific to the context under examination. The pronounced need for professional recognition or diligent identity defence represents the most salient consequence of such an inadequately differentiated organization. Until this need is addressed, professionals seek alternative means of compensation or at a minimum express professional dissatisfaction. Observed examples include the formation of various coalitions within the system, diminished professional investment and subsequent work commitment, certain instances of heightened inter-professional conflict, and significant repercussions on the system's operational effectiveness. This unfavourable condition is likely to persist until efforts are made to achieve greater differentiation.

Control Function and Sanctioning Mechanisms

The modus operandi in Italian addiction services is characterized by the multidisciplinarity of each therapeutic intervention and the consequent interdependence with respect to operational tasks. Within each micro team, it is possible to observe an extensive exercise of mutual control among professionals, each being an agent of control regarding the work of other professionals, and simultaneously the recipient of each other's control action. Certainly, even a condition of role specialization would entail control, albeit at the final stage. This overlap indicates that control was anticipated and diffused. The micro team thus represents the minimum unit of control, where constant social interaction plays a crucial role, not only in terms of the possibility of feedback on compliance with the norms of the system but also in terms of structuring role expectations, specifically, predictions about how the other professional is expected to behave in that situation. Disregarding such expectations carries

the prospect of a range of individual and/or collective sanctions that represent an incentive for individual professionals to conform to dominant normative patterns within the limits of the variance allowed by the system.

Through an analysis of the systemic structure of Italian addiction services, it is possible to identify three distinct levels of control with respect to adherence to regulatory models recognized by the system as binding. The levels are as follows:

- *Hierarchical control* exercised by the physician in charge of the service over compliance of system components with organizational and administrative guidelines (only physicians can oversee addiction services)
- *Horizontal control* exercised by all individuals when implementing operational processes in the individual 'clinical case' within each micro team.
- *Decision-making control*, a characteristic of collegial teams with respect to intervention programs, and the definition of outputs. Various means of regulation and control are accompanied by specific sanctions that reinforce subjects' adherence to the dominant organizational culture (Walton 2000). Sanctions can be either negative or positive (Kamijo, Nitta, and Kira 2020). This analysis comprehensively examined the control strategies and modes of sanctioning at each level to identify the relative degree of sanctioning effectiveness.

Hierarchical control

The physician in charge of the service exercises control over all professionals, primarily from an organizational and administrative perspective, enforcing compliance with regulations, deadlines, and all formally defined activities that each staff member is required to observe for the efficient operation of the system. However, what sanctioning strategies do managers employ to comply with regulatory and organizational requirements?

Several potential strategies that involve the issuance of negative sanctions aimed at re-establishing a state of compliance with regulations, such as requesting precise explanations from individuals regarding their actions and demanding the urgent completion of certain tasks, occasionally masking an attitude of disapproval that this action, whose operational necessity is well known to the person concerned, has not yet been executed. Furthermore, the rejection of individual's requests for leave or time off outside designated vacation periods may represent strategies employed by those who, at that moment, hold sanctioning power, often justifying such decisions with the words *service needs*. It should be noted that heads of service rarely issue direct punitive sanctions, for various reasons. Such a practice could jeopardize the collaborative climate within the service, and consequently, the efficient functioning of the system. Additionally, the managerial role does not permit the imposition of monetary sanctions, which could serve as a deterrent to the repetition of 'transgressive' behaviour, nor exclusionary sanctions aimed at removing the 'deviant' member from the system, such as suspension or dismissal.

Among the strategies involving the implementation of positive sanctions aimed at rewarding the member for their adherence to the system's normative models, public recognition of successful therapeutic programs, timely and committed work completion, and assignment of tasks with greater responsibility have been identified.

Horizontal control

As previously noted, each professional within a micro team exercises oversight regarding the operational methods of other team members, particularly when there is concern that such interdependence might adversely affect the successful outcome of their individual intervention. Members of micro teams generally tend to delegate sanctions, especially negative sanctions, to the collective team, presenting contentious issues at weekly meetings,

rather than addressing them individually. This approach not only adheres to the system's norms (as defined by most interviewees) but also represents a more efficient strategy of action, enabling individual professionals to achieve desired outcomes with significantly reduced personal costs in terms of sanctioning. To elucidate the advantages of this approach, it is necessary to analyse potential sanctioning strategies at both the individual and collective levels.

Let us consider a scenario in which X's professional conduct adversely affects Y's efficiency in work progression. Professional Y may subsequently opt to address the issue directly with X, potentially by requesting information, articulating professional concerns, emphasizing the urgency of a specific task, or soliciting explanations regarding delays in task completion. What, then, might be the potential consequence of Y's action strategy? There are of course numerous intervening variables capable of affecting the outcome of the analysed interaction; however, since they are not binding for the proposed analytical reasoning, they will not be specifically examined.

Sanctioning actions might produce a three-fold effect.

- Leading to *clarification*, in which case Y's action has produced a positive effect on the professional relationship with X, an effect that will benefit all the other members of the team, while the cost of sanctioning will be borne entirely by Y. Owing to the phenomenon known as the *reflex effect*, it is rationally more advantageous for Y to refrain from initiating sanctions and instead await potential action from another party (Karakostas et al. 2023).
- Soliciting *open conflict* adversely affects the professional relationship with X and jeopardizes the successful outcomes of subsequent collaborations. In this scenario, what might be the reaction of the other members of the micro team? There were two possible counterreactions. X's actions produce negative effects for both Y and Z, who are members of the same micro-team. However, in the absence of positive professional understanding, mutual

esteem, and recognition of value between Y and Z, Z has two options when faced with a conflict between Y and X. Z could either positively sanction Y by approving his/her behaviour, as it may indirectly confer some benefit, or negatively sanction Y through persistent silence, disapproval, or physical distancing.

Z's response could be interpreted as a sanction towards Y, who, despite exhibiting justifiable behaviour, nonetheless violated the norms inherent in the internalized system model. This can be summarized as an effort to avoid overt conflicts and preserve the integrative value of cooperation. Tolerance to this infraction varies significantly with the degree of professional esteem and recognition among the interlocutors.

In a scenario where consolidated professional esteem exists between Y and Z, it is more probable that Z will demonstrate greater tolerance for Y's deviation from accepted normative behaviour. Z would presumably issue positive sanctions toward Y, such as approving Y's behaviour and deeming it appropriate in that circumstance. Consequently, the gratification Y experiences from being supported by Z enable Y to manage the individual costs associated with sanctioning more readily.

- Provoke a *recurrence* of the behaviour, indicating that X persists in the 'offending' behaviour even after Y's sanctioning action. Such an outcome could result in heightened tension between Y and X, potentially leading to overt conflict in which case the aforementioned reasoning would apply.

In conclusion, given that the costs of individual sanctioning are relatively high, and the systemic effects are not consistently predictable in a positive manner, it is significantly more rational and advantageous for a single professional to fulfil their role as a controller and defer any sanctioning initiatives to the team in a collegial setting (Karakostas et al. 2023).

Decision-making control

The multidisciplinary team approach in Italian addiction services involves the distribution of operational tasks among various professionals. Thus, weekly team meetings constitute a formalized space and time during which all members of diverse teams have the opportunity to elucidate the progress of the therapeutic course for patients under care and exchange pertinent information. Given that this is a formalized modality, the team exerts significant control over decisions regarding the course of therapeutic programs to the extent that no decision becomes operational, unless it is first deliberated in the collegial meeting. However, in addition to the decision-making authority, the sanctioning power of the micro team is of considerable significance to the system under analysis. The strategies of action and the types of sanctions imposed by the micro team toward potentially 'deviant' team members are as follows:

1. Explicit recognition of successful interventions.
2. Acknowledgment of patient progress, which implicitly recognizes the skills and diligence of the professionals involved.
3. Collegial approval of proposed therapeutic interventions.
4. Nonverbal communication of approval (nodding, smiling, and attentive listening).
5. Support and reassurance when team members express concerns.

This study also facilitated the identification of a series of negative sanctions imposed by all teams during the weekly meetings. These sanctions include the following.

1. Repeated requests for more comprehensive information on suspected incomplete tasks.
2. Rejecting behaviours towards the 'offender' (person being reprimanded): demonstrating disinterest, frequent interruptions, swiftly moving to the next case, exchanging furtive glances with colleagues, engaging in unrelated activities, conversing with others, yawning and clock-watching.
3. Expressing perplexity and concerns about inappropriate therapeutic choices.
4. Offering unsolicited guidance.

5. Deferring important collegial decisions.

6. Disregarding requests for information exchange.

These sanctions appear to be informal methods of maintaining professional standards and encouraging teamwork. However, some negative sanctions may be counterproductive and potentially harmful to team dynamics and individual wellbeing (Jain and Hinds 2018).

Collegial sanctioning effectiveness

Multidisciplinary teams within the system collectively possess significant decision-making and control authority (Okpala 2020). However, the most crucial aspect is the efficacy of sanctioning power (Jain and Hinds 2018). What interactive mechanisms underlie the strategic effectiveness? Consider a scenario in which professional X's conduct generates adverse effects on the intervention process of professional Y, with whom they collaborate. Y may opt to defer the sanctioning action and the associated costs to collegial teams. Specifically, during a weekly meeting, Y may request explanations from X regarding a particular operational decision or seek information and insights related to the specific task in question, which impedes Y's work because of its slow execution or non-completion.

Professional Y, through the decision to sanction X during the collective team meeting, exerts control not only over X but also over the behaviour of those who engage in similar actions, including individuals who favour partial nonconformity to dominant normative models or those who are aware of X's nonconforming behaviour and choose not to sanction.

The sanction imposed by Y, however, also elicits a response from other team members, who may subsequently demand more detailed and precise information from X or sanction X by employing nonverbal communication cues (e.g., tone of voice, posture, disapproving gaze, or prolonged silence).

It can be concluded that multiple emergent dynamics within teams drive X toward significant social pressure (Kretschmer and Kretschmer 2013). Consequently, the efficacy of sanctioning within collegial teams can be elucidated by invoking a fundamental principle in group analysis, which posits that the aggregate sanctioning power of a group differs from the sum of individual sanctions issued by its members (Partida and Andina 2010, Zvonkov 2019). This multiplicative effect generates substantial pressure for offenders to conform to the norms and normative patterns of the system (Karakostas et al. 2023). The pressure exerted by the group subsequently affects the professional identity of the individuals involved and, consequently, their self-esteem, irrespective of whether the sanction is positive or negative (De La Torre-Ruiz, Ortiz-De-Mandojana, and Ferrón-Vílchez 2014). This phenomenon explains why an offending team member is induced to conform to the norms of the group and addiction service systems.

DISCUSSION AND CONCLUSION

This study explored the complex dynamics of multidisciplinary teams within Northern Italian Public Services for Addictions, focusing on the processes of differentiation and integration as well as the control mechanisms that maintain system equilibrium.

The research highlighted that Italian Addiction Services are characterized by specialized subsystems, but with varying degrees of formalization. This structure often results in overlapping responsibilities and blurred boundaries among professional competencies. It is not uncommon for certain tasks to be performed by multiple professionals based on immediate availability rather than strict role delineation. The lack of clear differentiation between certain subsystems creates challenges for professionals with a psycho-socio-educational focus on recognition and identity.

This study identified three distinct levels of control within the system: hierarchical control exercised by the physician-in-charge, horizontal control within micro teams, and decision-making control at the collegial team level. The micro team structure has emerged as a fundamental unit of control where continuous social interaction shapes role expectations and behavioural norms. The effectiveness of collegial sanctioning was found to be particularly significant, with the aggregate sanctioning power of a group exerting substantial pressure on individuals to conform to systemic norms (Rashid 2014).

The micro team structure in public addiction services represents a sophisticated approach to organizing professional work in complex therapeutic environments. However, the success of this model remains challenging. Legislative and organizational changes in recent years, alterations in substance use patterns, and increasing societal attention to addiction, particularly among younger populations, represent only a subset of the numerous social evolutions affecting addiction services (Hanson, Venturelli, and Fleckenstein 2022). The complexity of the addiction phenomenon has increased, and the system is compelled to respond to these pressures by reorganizing itself, undergoing internal renewal, and thus becoming more specialized, that is, more differentiated (Debnath, Dewsaw, and Devi 2023).

Greater internal differentiation would thus enable the system, on the one hand, to better adapt to ever-changing specific social demands, responding in a specialized manner to increasingly specialized needs, and on the other hand, to address the need for clarity in terms of professional identity among service providers (Citroni, Lippi, and Profeti 2016).

While diversity within healthcare teams can bring about a wealth of perspectives, skills, and experiences that enhance overall capabilities, it is crucial to recognize that diversity alone is not sufficient to guarantee improved outcomes (Lee and Park 2020). The potential benefits of diverse teams can be undermined when there is inadequate differentiation among team members, or when roles are not clearly defined. Insufficient differentiation may lead to an

overlap in responsibilities, causing confusion and inefficiency in task execution (Kusi-Appiah et al. 2019). Similarly, poorly defined roles can result in gaps in care, miscommunication, and lack of accountability among team members (Zogas et al. 2021).

These issues significantly impede effective collaboration among healthcare teams (Schmidt et al. 2023). When team members are unsure of their specific responsibilities or the boundaries of their roles, they may hesitate to make decisions, duplicate efforts, or even neglect certain tasks (Barry et al. 2024). This breakdown in collaboration can have far-reaching consequences that ultimately affect the quality of patient care (Kilpatrick 2012). To maximize the benefits of diversity in healthcare teams, it is essential to establish clear role definitions, promote effective communication channels, and implement strategies that leverage the unique strengths of each team member while ensuring seamless integration of their efforts towards common goals (Rutka, Wycinka, and Wróbel 2023). Continuous training and professional development are necessary to ensure that team members acquire the requisite interpersonal skills to navigate the complex social dynamics inherent in this organizational structure.

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