

## Tribalism: The Good, the Bad, and the Future

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*Tribalism reflects strong ethnic or cultural identities that separate members of one group from another, making them loyal to people like them and suspicious of outsiders, which undermines efforts to forge common cause across groups.*

—Rosabeth Moss Kanter

Humans naturally form tribes, and those of us in the medical field are no exception. Being part of a tribe can improve self-esteem and provide social organization: it feels good to identify with people we admire. Through culture, tribes implicitly and explicitly guide and encourage positive attributes or behaviors, like a hospitalist's thoroughness or an emergency medicine physician's steady management of unstable patients. Our tribes also provide support and understanding in challenging times.

Despite tribalism's positive aspects, tribalism in medicine can negatively impact interprofessional relationships. A potential side effect of building up ourselves and our own groups is that we can implicitly put others down. For example, a hospitalist who spends extra time on the phone regularly updating each patient's family will appropriately take pride in their practice, but, over time, this can also lead to an unreasonable assumption that physicians in other departments with different routines are not as committed to outstanding communication.

Tribalism facilitates the fundamental attribution error—the tendency to ascribe a problem or disagreement to a colleague's substandard character or ability. Imagine that the aforementioned hospitalist's phone call delays a response to an admission page from the emergency room. The emergency medicine physician, who is waiting to sign out the admission while simultaneously managing many sick and complex patients, could assume the hospitalist is being disrespectful, rather than also working hard to provide the best care. Our tribal identities can lead us to imagine the worst in each other. It is not surprising that tribalism can exacerbate intergroup conflict.<sup>1</sup>

Tribalism can also adversely impact patients. Poor communication and lack of information-sharing across disciplines can lead to medical error.<sup>2,3</sup> Further, the unintentional disparaging

of other medical tribes can undermine the confidence our patients have in all of us; a patient within earshot of the emergency medicine physician complaining about the hospitalist who "refuses to call back," or the hospitalist expressing annoyance at the "impatient" emergency medicine physician who "won't stop paging," will lose trust in each of their providers.

We suggest three steps to reduce the impact of tribalism in medicine:

**1. Get to know each other personally.** Friendly conversation during work hours, as well as social interaction outside the hospital, can inoculate against interspecialty conflict by putting a human face on our colleagues. The resultant relationships make it easier to work together and see things from another's perspective.

**2. Emphasize our shared tribal affiliations.**<sup>4</sup> The greater the salience of a mutual identity as "healthcare providers," the more likely we are to recognize each other's unique contributions and question the stereotypes we imagine about one another.

**3. Consider projects across tribes.** Interdepartmental data-sharing and joint meetings, including educational conferences, can facilitate situational awareness, synergy, and efficient problem-solving while also breaking down silos.

Tribes will continue to exist in medicine. While in some ways a source of strength and meaning, tribalism can get in the way of professional alliances and effective patient care. Mitigating medical tribalism can have tremendous benefits for all of us and our patients.

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