PROMOTING PARTNERSHIP FOR HEALTH

Interprofessional Teamwork for Health and Social Care

Scott Reeves
Simon Lewin
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Merrick Zwarenstein

Series Editor: Hugh Barr
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Series Foreword

Promoting partnership for health

Such is the faith in the efficacy of teamwork between professions in health and social care that it is in danger of being reified as a self-evident virtue in need of neither justification nor critical review.

Challenging complacency, Scott Reeves and his co-authors subject interprofessional teamwork to critical scrutiny, mindful throughout of their obligation to chart ways through the labyrinth of problems. Sceptical about facile solutions imported from other working worlds, they drive home the need for critical investigation, generated within health and social care. Grounding arguments in evidence, they put a premium on systematic and rigorous evaluation, contributing unstintingly from their own wealth of experience. Cautioning against reliance on any one theory or discipline, they complement perspectives from dynamic and social psychology, with which readers may be more familiar, with others from sociology, with which they may be less familiar. Conceptualising teamwork, they construct a robust and user-friendly framework which promises to find an enduring place in the understanding of collaboration between professions.

The outcome is a groundbreaking contribution to the teamwork literature and a noteworthy addition to the Wiley/CAIPE series. Packed with implications for policy makers, service managers and practising professionals as much as teachers, students and researchers, the book complements others in the series, especially Meads and Ashcroft (2005), by introducing a much-needed critique of teamwork into the politics and practice of collaboration, and Glasby and Dickinson (2009), by reminding us that integrated services, however well conceived, can only be as good as the teamwork between the people entrusted with their implementation.

The book also provides a much-needed resource to help remedy the shortfall in teamwork teaching and learning on professional and interprofessional courses in health and social care (see Barr et al., 2005; Freeth et al., 2005). Teachers and students will find this book indispensable. It is being published concurrently with another in the series by Mick McKeown and colleagues (2010) which puts collaboration with service users and carers at the heart of not only health and social care practice but also education.

Partnership for health – the catchphrase which we chose for this series – has many meanings to explore from many angles.

Hugh Barr
Series Editor
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Series Foreword

The books in the series


We would like to acknowledge the help of Ilona Abramovich and Abigail Wickson Griffiths for their work in providing a range of materials for the book; and Joanne Goldman for her critical feedback on an earlier draft of the text.

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Glossary

Appreciative inquiry is a method, often employed by consultants, which encourages individuals to adopt a positive approach in managing organisational change. This method has, however, been criticised for its lack of critical analysis.

Asynchronous communication takes place between individuals who do not meet in the same physical space at the same time. Often technology such as emails or electronic messages boards is used for this type of communication.

Benchmark statements outline expectations about standards on programmes such as interprofessional education (see below). They define what is expected from an individual in terms of the abilities and skills they should achieve when completing a programme of study.

Case management is an approach which involves a single practitioner – usually a nurse or a social worker – who takes the responsibility for and coordination of patient care by liaison and collaboration with other health and social care professions.

Collaboration is an active and ongoing partnership, often between people from diverse backgrounds, who work together to solve problems or provide services.

Collaborative patient-centred practice is a type of arrangement designed to promote the participation of patients and their families within a context of collaborative practice.

Computer conferencing is an audio-visual conference where communication takes place via computers. This type of conference can be held on an asynchronous (see above) or synchronous (see below) basis.

Continuous quality improvement (CQI) see quality improvement.

Crew resource management (CRM) is an approach which emerged from the airline industry which aimed to improve safety among airline crews by providing explicit written procedures which cover a range of potential situations and problems they may encounter.

Direct teamwork interventions aim to improve teamwork by the use of a direct form of action, such as interprofessional education (see below). They contrast with indirect teamwork interventions (see below).
**Glossary**

**Epistemology** refers to an individual’s beliefs about the nature of knowledge and how it is generated. It is also a discipline in philosophy in which individuals study the nature of knowledge.

**Ethnography** is a methodology that aims to understand the meanings and behaviours associated with the membership of teams, groups and organisations through the collection of observational and interview data.

**Evaluation** refers to the systematic gathering and interpretation of evidence enabling judgement of effectiveness and value, and promoting improvement. Evaluations can have both *formative* (see below) and/or *summative* (see below) strands.

**Expert patient programmes** are lay-led self-management initiatives that have been developed for people living with long-term chronic health conditions.

**Formative evaluation** is usually undertaken during the development of interventions, programmes and initiatives. Its aim is to understand the nature of the early processes, outcomes and impact of activities in order to improve them.

**Indirect teamwork interventions** usually aim to improve the delivery of care, by use of teamwork. Although teams are involved in this type of intervention, its aim is not to explicitly improve teamwork.

**Integrated care pathways** are interventions in which the activities involved in a patient’s care trajectory are specified along a certain trajectory time period; also called ‘critical pathways’, ‘collaborative care plans’ and ‘multidisciplinary action plans’.

**Interactionism** is a sociological theory which regards the social world as one which is primarily constructed through an individual’s interactions with others.

**Interdisciplinary teamwork** relates to the collaborative efforts undertaken by individuals from different disciplines such as psychology, anthropology, economics, geography, political science and computer science.

**Interpretivism** is a philosophy which is based on the notion that the social world is interpreted by individuals in their thoughts and language. The social world is constructed through individuals’ actions, interactions and the meanings they attach to these activities. Qualitative research methods (interviews and observations) are located within an interpretivist approach.

**Interprofessional collaboration** is a type of interprofessional work which involves different health and social care professions who regularly come together to solve problems or provide services.

**Interprofessional coordination** is a type of work, similar to interprofessional collaboration (see above) as it involves different health and social care professions. It differs as it is a ‘looser’ form of working arrangement whereby interprofessional communication and discussion may be less frequent.
**Interprofessional education** occurs when members (or students) of two or more health and/or social care professions engage in interactive learning activities to improve collaboration and/or the delivery of care.

**Interprofessional interventions** involve two or more health and social care professions who learn and/or work together to improve their approach to collaboration (see above).

**Interprofessional networks** are loosely organised groups of individuals from different health and social care professions, who meet and work together on a periodic basis.

**Interprofessional teamwork** is a type of work which involves different health and/or social professions who share a team identity and work closely together in an integrated and interdependent manner to solve problems and deliver services.

**Intraprofessional** is a term which describes any activity which is undertaken by individuals within the same profession.

**Kaizen** see quality improvement.

**Lean methodology** see quality improvement.

**Meta-ethnography** is a type of literature review (see below) which searches, analyses and synthesises qualitative research studies to understand the nature of a specific topic.

**Mixed methods study** is an empirical approach which employs both qualitative (e.g. interviews) and quantitative (e.g. surveys) methods of inquiry.

**Multidisciplinary teamwork** is an approach like interprofessional teamwork (see above), but differs as the team members are composed from different academic disciplines (psychology, sociology, mathematics) rather than from different professions such as medicine, nursing and social work.

**Multifaceted intervention** is an intervention which consists of different but linked strands of activity designed to meet a common goal, such as the improvement of teamwork.

**Paradigms** refer to the underpinning knowledge which forms and shapes all of the natural science (e.g. physics, chemistry) and social science (e.g. sociology, economics) disciplines.

**Patient-centred care** is an approach to delivering care which advocates that patients and their relatives are located at the centre of the care-giving process. It emerged in response to concerns that care was too professionally orientated.

**Patriarchy** is a term which refers to the organisation of social relations whereby men are dominant and control, in large part, the socio-economic and political resources of a society.
Glossary

**Positivism** is a philosophy which holds that knowledge is generated through the phenomena we physically experience. The purpose of positivistic science is therefore to observe and measure, usually by quantitative (numeric, statistics-based) methods, those things we physically experience.

**Professionalisation** is a sociological approach which has been developed to help understand the processes related to the historical development of different health and social care professions.

**Quality circles** see **quality improvement**.

**Quality improvement** is an approach based on a manufacturing philosophy and set of methods for reducing time from customer order to product delivery, costing less, taking less space and improving quality. Also called CQI (continuous quality improvement), Kaizen, Lean Methodology, Quality Circles, Six Sigma and TQM (total quality management).

**Randomised trial** is a test of the efficacy of an intervention which seeks to control for intervening variables by randomly allocating subjects into either an intervention group or a control group. It may be blind, double blind or triple blind depending upon whether subjects, researchers or practitioners have knowledge of the group (intervention or control) to which a subject is allocated.

**Reflexivity** is a research technique which recognises how the researchers’ own influences, generated from a number of sources (e.g. gender, ethnic background, social status) may affect their scholarly work.

**Reviews** are undertaken to synthesise the findings generated from a number of individual studies. Reviews can be narrative (descriptive), critical or **systematic** (see below).

**Scoping review** is a type of review (see above) which is exploratory in nature and aims to generate an initial insight into the nature of evidence related to a particular topic. Often, scoping reviews are completed before **systematic reviews** (see below) are undertaken.

**Six sigma** see **quality improvement**.

**Summative evaluation** aims to judge the success of interventions, programmes and initiatives in relation to their ‘final’ outcome(s) and impact. This type of evaluation is usually undertaken to account for resources and also to inform future planning.

**Synchronous communication** takes place between individuals in ‘real time’ in meetings or by use of the telephone or electronic (computer-based) conferencing.

**Systematic review** is a type of review which aims to identify, synthesise and appraise all the high-quality research evidence related to a particular topic.

**Total quality management** (TQM) see **quality improvement**.
**Glossary**

**Triangulation** is a research technique in which researchers compare the findings of different methods (interviews, surveys), theories and/or perspectives of different people to generate more comprehensive insights.

**Uniprofessional** see *intraprofessional*.

**Validity** refers to the degree to which a study accurately reflects the phenomena that the researcher is attempting to investigate/measure.

**Videoconferencing** is a type of electronic conferencing which uses video to support simultaneous interaction between individuals.

**Wikipedia** is an online resource which provides information on a range of subjects (see: http://www.wikipedia.org/).
Introduction

Over the past 25 years, attention has been placed increasingly on how interprofessional teams can improve professional relationships, collaboration and quality of care. As a result, improved teamwork is a near-universal aspiration of health and social care practitioners, managers and organisations. Indeed, it is often assumed that teamwork is the way in which professional relations should be managed and care should be delivered. The topic has received a significant amount of attention from researchers and policy makers, and has been described and discussed in a range of books, papers and reports. However, this literature still only provides a relatively limited understanding of its complex nature.

For us, the inadequate progress in developing a deeper understanding of teamwork is, in part, a result of many teamwork texts and papers being based on a priori assumption that teams are a ‘good thing’, and that they offer a solution to alleviating a number of the ills of health and social care systems. While there is an intuitive appeal in this view, its consequence is that few authors have drilled down to the empirical, conceptual and theoretical bedrock upon which teamwork rests.

In this book we aim to cut through the rhetoric currently associated with interprofessional teams to examine, in some depth, the complex array of elements, factors and issues which affect the ways in which professionals work together. We explore a range of concepts and theories which help to understand interprofessional teamwork; examine the evidence on the effects of interventions to promote teamworking; and discuss approaches to its evaluation.

Why interprofessional teamwork?

Patients, clients and service users frequently have conditions that have multiple causes and require multiple treatments from a range of health and social care professions with different skills and expertise. As it is unusual for one profession to deliver a complete episode of care in isolation, good quality care depends upon professions working together in interprofessional teams. Indeed, Rafferty et al. (2001, p. 33) argued that ‘the value of teamwork has an intuitive appeal’. Indeed, teamwork is regarded by many stakeholders as key to the delivery of effective
care systems. For example, a recent document published by the Canadian Health Services Research Foundation (2006, p. 1) states:

A healthcare system that supports effective teamwork can improve the quality of patient care, enhance patient safety, and reduce workloads that cause burnout among healthcare professionals.

In general, when a team works ‘well’, it does so because every member has a role. Every member not only knows and executes their own role with great skill and creativity, they also know the responsibilities and activities of every other role on the team, as well as having an understanding of the personal nuances that each individual brings to their role. This complicated range of elements needs to simultaneously occur if the team is to function in an effective manner. As a result, such a description tends only to cover a small number of health and social care teams. Indeed, this view represents an ideal type towards which teams in health and social care work, not a description of how they routinely function. This book is inspired by the ideal. Importantly, it aims at closing the gap between that ideal and the reality.

Why read this book?

This book is addressed to health and social care providers, students, managers, policy makers, researchers and educators as well as the consumers of their services. Below are some reasons why this book should be read:

- It aims to provide a scholarly, yet accessible text that explores and critiques key issues, concepts, interventions, theories and evidence regarding teamwork. Our overall intention is to offer readers with a critical assessment of the benefits and limitations of teamworking, evaluating the evidence for different approaches and identifying where evidence still needs to be gathered to inform practice.
- The book does not promote one specific approach to understanding teamwork but draws upon a wide range of approaches and attempts to synthesise their key lessons to help inform health and social care providers, educators and researchers.
- The book draws together evidence and practice from a wide range of settings, in low-, middle- and high-income countries and examines the similarities and differences in teamworking across these different contexts.
- It aims to provide evidence and guidance for those who wish to commission, design, develop and implement interprofessional teamwork interventions to improve collaboration as well as evaluate the effects of their interventions in a comprehensive manner.
- The book contains a set of ideas and approaches (see Appendices) which aim to help readers understand and evaluate the interprofessional teams in which they work in order to enhance their function.
Introduction

For patients, clients and service users, the book aims to offer an insight into a range of issues, factors and challenges related to delivering their care in an interprofessional team-based fashion.

Our focus

The book considers interprofessional teamwork across a range of different national contexts. We ourselves have personal experience of teamwork from four different countries – Canada, Norway, South Africa and the UK. Our personal and professional networks expand this reach into numerous other countries, including, Australia, Denmark, Japan, Sweden and the United States.

In addition to examining the differences and similarities between contexts, we consider how interprofessional teamwork operates across a variety of different clinical settings, including general medicine, resuscitation, stroke, rehabilitation, paediatric, geriatric, surgical and community mental health teams.

We also consider interprofessional teamwork issues in relation to the delivery of clinical care, the management of care, diagnostics work and health promotion – wherever interprofessional teamwork occurs in health and social care. The book therefore spans a range of contexts in which professionals work in close proximity with more or less continuous communication, to those working at a distance, who need only to communicate episodically.

When relevant, we compare the experiences of health and social care teams with those from industry, drawing on the wider literature about teams to broaden our understanding of how interprofessional teams operate.

Our focus is inclusive. We employ a definition of team which not only includes the usual professional ‘suspects’ such as medicine, nursing, occupational therapy, physiotherapy and social work but also draws upon the perspectives of administrators, managers, support staff, health care assistants as well as patients and their carers/relatives. We also intend to assess how a wide range of professional, organisational and structural factors interplay within an interprofessional team-based context.

Overall, the book aims to enrich readers, understanding of interprofessional teamwork, exploring how teamwork connects with other interprofessional activities such as patient safety and interprofessional education. It also aims to provide a set of ideas and approaches aimed to help develop, implement, evaluate and better understand teamwork.

Conceptual considerations

We view interprofessional teamwork as an activity which is founded upon a range of key dimensions including: