A Case Study of Teamwork in a Maltese Geriatric Hospital

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EAWOP Congress 2005

Elements in the Definition of Teams

- Common Purpose and Task Specific
- Clarity of Roles and Contribution
- Interdependence
- Realisation of Synergies
- Satisfaction from Mutual Working
Definition of a Team

“A team is a group of individuals who work together to produce products or deliver services for which they are mutually accountable. Team members share goals and are mutually held accountable for meeting them, they are interdependent in their accomplishment, and they affect the results through their interactions with one another. Because the team is held collectively accountable, the work of integrating with one another is included among the responsibilities of each member”

(Mohrman, Cohen, & Mohrman, 1995, p. 38 - 40)

Interdisciplinary Practice

“Interdisciplinary practice is the co-ordinated care among health care professionals from various disciplines who are engaged in joint decision-making and communication, and who share responsibility and authority for the care of the patient”

(Pew Health Professions Commission and California Primary Care Consortium 1995, p. 4)
NHS (UK) Policy Document

“The best and most cost-effective outcomes for patients and clients are achieved when professionals work together, engage in clinical audit of outcomes together, and generate innovation to ensure progress in practice and service”

(National Health Service Management Executive 1993)

The Model for the Study

ORGANISATION CONTEXT AND STRUCTURE - THE HOSPITAL (Rehabilitative Geriatric Hospital)

INTERDISCIPLINARY TEAMS CONTEXT STRUCTURE and PROCESS

TEAM MEMBERS (Health Care Professionals)

PATIENTS/OLDER PERSONS AND CARERS/RELATIVES
The Research Question

To what extent is teamwork practised in a Maltese rehabilitative geriatric hospital?

The Aim

This study aims to:

explore the nature of and implementation of interdisciplinary teamwork in a local geriatric rehabilitative hospital.
The Objectives

- exploring the organisational context and structure
- analysing the teams’ context and structure
- evaluating the teams’ processes
- identifying benefits of effective team working
- identifying sources of conflict and barriers to effective team working

The Research Methodology -

- The case study approach.
- “Triangulation may be defined as the use of two or more methods of data collection in the study of some aspect of human behaviour” (Cohen & Manion, 1989, p. 26)
- The study was carried out with the approval of:
  - The Research Ethics Committee at the Faculty of Medicine and Surgery, UOM
  - The Hospital Management Committee
Data Collection

**THE ORGANISATION**

**MANAGEMENT**  
(n = 3)

**QUESTIONNAIRES**
Team maturity  
Team fitness test  
(n = 14)

**HEALTH CARE PROFESSIONS**
Geriatric Interdisciplinary Teams A and B  
(n = 14)

**OBSERVATION and VISUALS**  
of Ward Rounds and Meetings

**PATIENTS**  
(n = 2)

**SEMI-STRUCTURED INTERVIEWS**  
(n=19=14+3+2)

**THE MISSION STATEMENT**

“**The Hospital Staff will work with patients and their carers, in an interdisciplinary team approach within a high quality atmosphere, conducive to learning and to continual development, which promotes rehabilitation for the older persons to regain maximal independance for reintegration into society.”**
With the permission of the management and staff
Findings – Hospital’s Context and Structure

- The Hospital has a team-friendly organisational context and structure.
- Management values new ideas based on interdisciplinary initiatives.
- Hierarchical management structure.
- Communication is mainly between the Heads of Departments and Professional Disciplines.
- The planning time cycle has become shorter due to financial restrictions.

Communication Pathways

- Heads of Discipline Meeting
  - Involves all Heads of Disciplines
  - Aim: To discuss issues related to Policies
  - Frequency: Once every 4 weeks

- General Administration Meeting
  - Involves all Heads of Disciplines and Departments
  - Aim: To discuss Policy issues related to General Operational and Administrative issues of the Hospital
  - Frequency: Once a quarter

- Interdisciplinary/Practice Steering Committee
  - Involves multidisciplinary representatives from all disciplines and departments
  - Aim: To discuss issues relating to multidisciplinary professional and practice developments
  - Frequency: Once every 4 weeks

- Patient Service Delivery Meeting
  - Involves all Heads of Disciplines
  - Aim: To reflect and discuss patient service delivery issues
  - Frequency: Once every 4 weeks

- Operational and Head of Departments Meeting
  - Involves any Head of Department according to Agenda
  - Aim: To reflect and discuss O & A issues at managerial level
  - Frequency: Once a month

- Reflective Practice Meeting
  - Involves all managerial staff
  - Aim: To reflect and discuss practice issues pertinent to the particular ward
  - Frequency: 1 per month

- Interdisciplinary Team Level Meetings
  - Involves the Interdisciplinary team of the ward
  - Aim: To discuss practice issues pertaining to the particular ward
  - Frequency: 2 per month

- Interdepartmental Meetings
  - Involves all respective departmental staff
  - Aim: To discuss departmental practices and issues
  - Frequency: At least 1 per month
Findings: Hospital's Context and Structure

- The qualities of a team player feature prominently when recruiting new staff.
- There are no structured teambuilding programmes but new recruits are given on-the-job training and a planned integration programme.
- No official team reward system exists.
- No formal team auditing. Nevertheless, clinical audit exists and it is focused on clinical outcome measures.

Findings – Perceptions of the Teams' Context and Structure

- The teams are patient- and team-focused
- A fit between the organisational, team and individual goals.
- The team members have a sound educational background.
- Daily experiences and interactions among team members are perceived to be a major source of collective learning.
Findings – Perceptions of the Teams’ Context and Structure

The factors that are perceived to contribute towards team maturity are:

- sound values
- respect
- mutual support
- trust
- collaboration
- communication and
- sharing of knowledge and information

Findings – Perceptions of the Teams’ Context and Structure

- The core members of the geriatric interdisciplinary team represent various disciplines, depending on the patient’s condition.

- The consultant geriatrician emerges as the overall team leader, with the ward nurse manager being the team leader on a day-to-day basis.

- The concept of shared leadership is also emerging.
Findings – Perceptions of the Teams’ Context and Structure

- The patient and carer are considered as team members rather than as clients external to the team.

Findings – Perceptions of Benefits of Teamworking

Teamworking:
- brings about a degree of overlap rather than duplication of work
- facilitates the expression of opinions and expertise
- enables continuing professional development
- reduces stress and leads to job satisfaction.
- enables better communication and working relationships
Findings – Perceptions of Disadvantages of Teamwork

- The team approach necessitates continuous commitment and hard work.
- Teamwork is also perceived to be more time-consuming.
- In teamwork, there is the obligation to follow team rules.

Findings – Perceptions of Causes of Ineffective Teamworking

Teamwork may become ineffective if the team:
- Is not adequately backed up by the organisation
- Does not have good leadership
- Does not maintain its composition
- Becomes unstable
- Shows interpersonal or interprofessional clashes.
Findings – Perceptions of Barriers to Teamworking

Barriers to teamworking include:

- insufficient financial and human resources
- unplanned changes
- self-criticism
- different aims and hidden agendas
- the influence of trade unions

Findings – Perceptions of Sources of Conflict in Teams

- Professional rivalry
- Personality problems
- Inter-team conflicts
Findings – Perceptions of Team Outcomes in Geriatrics

- Teamwork is perceived to reduce ageism.
- Teamwork is perceived to be cost-effective because it provides:
  - A holistic and good quality of health care delivery.
  - Reduction in duplication of work, readmission and institutionalisation.

The implications of this study

- To raise the consciousness and conscientiousness towards interdisciplinary team working in hospitals.
- Additionally, this hospital may also provide a model of best practice in health care
  - adoption of the interdisciplinary team concept
  - attitude of managing the older persons with dignity and respect, despite their frail condition and old age.
Recommendations

- Organizations and health service managers
- Research
- Clinical practice
- Education

Thank you for your attention