7 CELEBRATING TEAMWORK IN HEALTHCARE

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The main objective of the local conference on *A National Agenda for Sustainable Health Care* organized in February 2000 by The Foundation for Medical Services and The Forum of Health Professionals was to discuss the future of health care in Malta. Keynote speakers participating in this conference referred several times to the need of partnership or teamwork in today's healthcare system. Many claimed that interdisciplinary collaboration is becoming increasingly important because of the current complexity and cost of health care. The workshops' reports presented at the concluding plenary session of this conference are replete with statements that reflect the participants' concern for the lack of an interdisciplinary approach in our local health care system.

The following concluding remarks taken from the workshops' reports provide ample food for thought both for healthcare professionals as well as for those responsible to formulate and implement the ongoing restructuring of our national health care service: 'no continuity between hospital and community health care – fragmented care', 'lack of inter- and intra-professional communication', 'professionals are working in isolation', 'public and private sectors must co-operate', 'incentives must be created for health care professionals to work together', 'little or no teamwork or participation', 'curricula do not include humanistic values, communication skills and inter-professional interaction', 'the patient must be part of the team', 'teamworking requires learning new methods of work', 'health professionals need to learn how to interact with and respect other professionals and patients', 'primary health care lacks a multi-disciplinary service', 'health professionals need to be trained in interdisciplinary and teamwork practice'.

1. Defining an interdisciplinary health care team

R.B. Reich, in an article published in the *Harvard Business Review,* stated that '[i]f we are to compete in today's world, we must begin to celebrate collective entrepreneurship, endeavors in which the whole of the effort is greater than the sum of individual contributions. We need to honor our teams more, our aggressive leaders less'.[1]

Teamworking, in particular interdisciplinary teams, is among today's challenges of health care. Teamworking is seen as a way to tackle the potential fragmentation of care, a means to widen skills; an essential part of the need to consider the complexity of modern care; and a way to generally improve quality for the patient.

According to Theresa J.K. Drinka and Phillip G. Clark, an interdisciplinary health care team integrates a group of individuals with diverse training and backgrounds who work together as an identified unit or system. Team members consistently collaborate to solve patient problems that are too complex to be solved by one discipline or many disciplines in sequence. In order to provide care as efficiently as possible, an interdisciplinary health care team creates formal and informal structures that encourage collaborative problem solving. Team members determine the team's mission and common goals; work interdependently to define and treat patient problems; and learn to accept and capitalise on disciplinary differences, differential power, and overlapping roles. To accomplish these they share leadership that is appropriate to the presenting problem and promote the use of differences for confrontation and collaboration. They also use differences of opinion and problems to evaluate the team's work and its development.[2]

The value of working actively with other professionals, as part of a single care team, is well-established in discussions on effective health care. Sir Charles George, former chairperson of the Education Committee of the British General Medical Council and former Dean of the Faculty of Medicine, Health and Biological Sciences in Southampton, described teamworking as 'an essential prerequisite to modern clinical care'. In his report[3] entitled 'Teamworking in Medicine' presented in 1999 to the British General Medical Council, he claimed that medical and clinical teams, in order to be effective, must:

- have a positive attitude to patients and listen to their wishes and needs
- make sure that patients and colleagues understand the roles and responsibilities of team members, their professional status and specialty
- make themselves aware of what patients think about the quality of their service; and
- have a clear understanding of their professional values, standards and purposes.

The same report states that team members should:

- be willing to learn
- be committed to providing good-quality service and effective clinical practice
- respect the skills and contributions of colleagues
- be open and honest about professional performances, both together and separately; and
- try to persuade other team members to change their mind when they believe a decision would harm a patient, failing when they should tell someone who can take action. As a last resort they should take action themselves to protect the patient's safety or health.

Moreover, the report claims that an effective team will show:

- **purpose and values** – for example, evidence of well-defined values, standards, functions and responsibilities, and strategic direction
- **performance** – which will involve evidence of leadership, competent management, good systems, good performance records and effective internal performance monitoring and feedback
- **consistency** – including evidence of thoroughness and a systematic approach to providing patient care
- **effectiveness and efficiency** – evidence that amongst other things, they are assessing the care they provide, and its clinical results
- **a chain of responsibilities** – demonstrating that responsibilities are well defined and understood

- **openness** – for example, willingness to let others see in, and evidence of performance presented in ways that people outside the team can understand and
- **overall acceptability** – including evidence that the performance and results achieved by the team inspire the trust and confidence of patients, employers, and professional colleagues.

To help maintain quality, the report of the General Medial Council states that clinical teams should normally use:

- an active and supportive approach to the professional development of each member
- the standard set by professional organisations
- recommended clinical guidelines
- detailed performance records
- internal and external medical and clinical audit
- regular review of individual members' performance and
- suitable procedures for looking into complaints and avoiding unnecessary risk.

In Western society, there is evidence to suggest that superior organizational performance may be directly attributed to effective teamwork. Perhaps the father of group work and research is Emile Durkheim, who attempted to show that society is based on fundamental solidarity among people. He advanced the theory that this solidarity derives from interpersonal relationships among members of primary groups, which he defined as a small group of people characterized by face-to-face interactions. These groups include families, peer groups and group of co-workers.

Teams may be portrayed as 'effective work groups' whose effectiveness rests in the degree of motivation, co-ordination and purpose and whose synergy produces energy and creativity which is beyond them as individuals. The team approach to patient care is viewed as a means of

building and maintaining staff morale, improving the status of a given profession (for example, nurses and allied health professionals may become team collaborators with the physician rather than working under the physician), and improving institutional efficiency.

All teams are groups, but not all groups are teams. The difference comes primarily from the fact that a team of people is brought together to work towards a common purpose. We all know that good teamwork does not happen by chance. It requires deliberate and well-planned actions to develop and sustain it. That means tolerance, co-operation, and building on each other's strengths. It means integration and adaptation. Teamworking is meaningless without a shared vision and common goals.[4]

There are various levels at which a collaborative approach can take place. At the micro level, relationships between individual health professionals who are collectively responsible for hospital patients are expected to reflect sharing of competencies, communication and cooperation. In clinical settings, there are usually good working relationships among health professionals. But too often at the policy and planning levels of health care, things are different. At the macro level, an interdisciplinary approach is also needed for the setting up of national policies on healthcare. Only an ongoing social dialogue between the government and representatives of professional bodies could achieve this goal. Moreover, co-operation between primary and secondary healthcare professionals needs to be strengthened. We need a good system of communication, collaboration and partnership between hospital consultants, healthcare centres and family doctors.

2. From Multidisciplinary to Interdisciplinary Care

Though taken for granted today, a team approach to health care has appeared only recently in the practice of medicine in Western society. The development of team approach in Europe and North America reflects the historical development of these two continents. In the first

period, between World War I and World War II, a multi-professional approach appeared in healthcare that later developed into the team model. The major sources of impetus which brought about the shift in emphasis away from multidisciplinary towards interdisciplinary care included the proliferation of medical specialties, an increase in expensive, complex technological interventions, and the new challenge of providing a coordinated and comprehensive approach to patient care management.

The concept of multidisciplinary care is based on the premise that health care is delivered by a team, each member of which has a different training and brings different skills for the patient's benefit. Because they were trained to practise autonomously, physicians and other disciplines worked side by side in a sequential and sometimes contradictory fashion. There is no interdisciplinary collaboration when healthcare professionals only work in close proximity with each other with no interaction and communication with each other. There is more to collaboration than simply working side by side. Working 'together' rather than working 'alongside' can energise people and result in new ways of tackling old problems.[5]

A second period of development occurred between the 1950s and the 1980s, where interdisciplinary teamwork became the norm: health care became increasingly hospital-based, enabling a large group of health professionals in one place to care for the patient. In addition, new professional groups were generated in the belief that health care should be attentive to patients' social as well as physical well-being.

Interdisciplinary care, although not denying the importance of specific skills, seeks to blur the professional boundaries and requires trust, tolerance, and a willingness to share responsibility. What characterises this new model of collaboration is the recognition that it is not what people have in common but their differences that make collaborative work more powerful than working separately. Working together means acknowledging that all participants bring equally valid knowledge and expertise from their professional and personal experience.

An effective interdisciplinary teamwork requires a common information base and shared values, as well as respect for professional roles. Partners work together to achieve common goals. Their relationship is based on mutual respect for each other's skills and competencies and recognition of the advantages of combining these resources to achieve beneficial outcomes. Successful partners share decision making and responsibility.

The third period, which continues to the present, has focused on the appropriate goals and functions of health-care teams and evaluation of the teams' effectiveness.

3. Teamwork and Quality of Care

All medical practitioners have one primary goal, namely to ensure measurable and positive outcomes of their medical treatment. With this commonality in mind, it is crucial that an interdisciplinary teamwork should be aimed at in order to provide optimal care for the patient.

Studies show that the quality of healthcare professionals' relationship affects the outcomes of care. Quality of care and teamwork are inseparable. Good teamworking aims to produce a better outcome for patients and to make each team member feel valued and fulfilled. Effective interdisciplinary teams can enhance the efforts of quality improvement. Unfortunately, when teamwork is not functioning optimally, patients may have a less satisfying experience, leaving them with little confidence in the process. Without a team approach and good communication throughout, a favourable patient outcome is jeopardized. Harmful health care often happens as a result of no communication or a breakdown in communication between several providers who may or may not be from different disciplines, or between providers and patients.

All health professionals have the same overriding goal, namely the restoration and/or maintenance of their patients' health. This calls for a co-ordinated effort from all of them. The input of team members can influence the treatment plan. There are two characteristics which the

members of health-care teams should consistently display: first, solidarity with and mutual respect for one another, and secondly, a willingness to co-operate with one another for the good of patients. Where these characteristics are absent, the well-being of patients may be put at risk.

Membership of a well functioning team – one with clear team and individual goals, that meets together regularly, and that values the diverse skills of its members – reduces stress levels and increases performance. Thus coherent teamwork is crucial for the delivery of good quality patient care both directly in terms of efficient and effective services, and indirectly via its effects on reducing stress. Teams need to be aware of all the responsibilities of a unit, with knowledge of each other's work, developed ways of working together and supporting each other[6].

4. Some Ethical Issues in Teamworking

Ethical issues regarding health care teams arise in three major areas:[7]

(i) challenges arising from the team metaphor itself

(ii) the locus of authority for team decisions

(iii) the role of the patient as team member

The team metaphor

It is generally agreed that the health care team idea arose from assumptions about sports and military teams. This metaphor is not completely fitting because a health-care team is not in competition with another team. However, it is fitting insofar as members experience their affiliation as entailing 'team loyalty', a moral obligation to other members and to the team itself. They may believe that they have voluntarily committed themselves to a type of social contract requiring a member

not only to perform maximally but also to protect team secrets, thereby promoting a tendency for cover-ups or protection of weaker members. In the military team, obedience to and trust in the leader is an absolute.

An ethical conflict may arise when a member's moral obligation of faithfulness to other team members or the 'captain' does battle with moral obligations to the patient. This may manifest itself in questions of whether to cover up negligence or a serious mistake by some or all of the team. Should health care professionals 'blow the whistle' on their colleagues by reporting them to higher authority? Clearly this problem arises not only when a health professional is the victim of another health professional's wrong action but also when she/he witnesses another health professional acting wrongly. Sometimes, holding peers morally accountable for incompetence or unethical behaviour may be made more difficult by the team ideal. Therefore, teams must foster rules that require and reward faithfulness to patient well-being, and balance the value of team membership with that of maintaining high ethical standards.

Sometimes a further breakdown of communication and effectiveness accrues because of the team leader's allegiance to scientific rigor and specificity at the expense of a personalised caring approach to the patient. Since many team leaders are physicians, problems may arise as a result of the serious differences in orientation between physicians and other health-care professionals. Whatever its cause, marginalization of some team members results in team dysfunction.

Locus of authority for decision making

Since interdisciplinary healthcare teams involve different roles with their specific identity and boundaries, expectations are created regarding the conduct of each member of the team. This may give rise to the question of whose role carries the authority for team decision making. The challenge applies to both unidisciplinary and interdisciplinary teams but is highlighted in interdisciplinary ones, particularly those involving physicians and other health professionals. Traditionally the physician

was the person in authority by virtue of his or her office. The team metaphor reinforces the non-movable locus of authority vested in one who holds such office.

At the same time, the team metaphor created expectations of more equality among members based on competence to provide input. Each member becomes an authority on the basis of professional expertise instead of office, and should be in a position to provide leadership at such time as expertise indicates it. In ethical decisions regarding patient care, the question of authority must be viewed in terms of who should have the morally authoritative voice. Technical expertise does not automatically entail ethical expertise. In both types of decision-making situations, the locus of authority is movable.

Since ancient times, the doctor was the sole dominant and authoritarian figure in the care of the patient. He has been supported in this position by traditional ethics. Today, doctors need to acquire new attitudes for they are not prepared for the negotiations, analysis, and ultimate compromise fundamental to group efforts. According to E. Pellegrino 'no current code of ethics fully defines how the traditional rights of the medical transaction are to be protected when responsibility is diffused throughout a team and an institution. Clearly, none of the health professionals can elaborate such a code of team ethics by itself. We need a new code of ethics which permits the cooperative definition of normative guides to protect the patient served by a group, none of whose members has sole responsibility for care.'[8]

A further complication arises because teams usually have several members. A critical question regarding such collective decision making is whether team decisions are the sum of individual members, with accountability allocated only to the individuals, or whether a team itself can be regarded as a moral agent.

Sometimes teams have difficulty coming to consensus about the appropriate course of action. The moral responsibility of the team members is to assume that further role clarification, further attempts at

consensus building, and other collective decision-making mechanisms are instrumental only to maximizing patient well-being. Negotiations strategies must be built into the team process so that the authority of any one or several members, or even the team as a whole, does not prevail at the cost of the competent, compassionate decision geared to the appropriate ends of that team's activities.

The patient as team member

There is much discussion about whether and in what respect patients/ clients and their families are members of health-care teams. The doctrine of informed consent and its underlying legal and ethical underpinnings dictate that patients and families should have input into decisions affecting themselves and their loved ones. Patient empowerment is perhaps the ultimate expression of teamwork in response to health problems. Although I believe that patients should be actively involved in their care, I also believe that patients should be active according to their ability. Determining a patient's true mental and physical capability for participation can be very difficult and is one of the responsibilities of the highly skilled health care provider or health care team.

5. Educating health professionals for teamwork

We need a culture that values teamwork. Health professionals should be offered the opportunity to learn together in order to be prepared to work together and care together. Being a good team member requires excellent interpersonal skills. It is easier to evaluate technical skills than interpersonal skills. Health professionals should be taught the benefit of openness and teamwork. Emphasis should not be put on the ability to cope on one's own without recourse to colleagues.

Too often the health professionals have approached patient care in isolation from one another. It is essential that health professionals develop their programme of education, research and patient care in

close collaboration with each other from the outset. There is need for a process that promotes interaction among students from different health disciplines for the purpose of developing knowledge of themselves, their role and others, fostering collaborative skills and problem solving methodologies which result in better client care, and team interaction. By sharing training experience, future care providers will develop skills in interdisciplinary communication, understanding, and problem solving, even as they learn the particular stance and skills that mark their unique discipline[9].

Within many UK universities, former Faculties of Medicine have been enlarged to incorporate several Schools, providing training not only for doctors but also for nurses, midwives, pharmacists and other health care professionals. Consequently, opportunities have arisen to offer interdisciplinary education as an experience of teamworking, at a formative stage.

It is not sufficient to educate and promote team development training and then leave the team on its own to function or to try to deliver care as an interrelated system. It is equally important to develop and learn the team system, recognizing that such a sophisticated system needs to be maintained, and that team members must be allowed time and must take time to manage their team.

As a concluding remark, I venture to comment that we cannot face adequately the future of healthcare of our country without creating an ethos of teamwork and team management in our healthcare services. The road towards this goal is long and full of obstacles. Let us take the challenge and learn to plan together for it properly and to move slowly but gradually towards full implementation of interdisciplinary practice in our healthcare system for the benefit of both present and future generations.

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