Effective Interprofessional Teams: “Contact Is Not Enough” to Build a Team

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Introduction: Teamwork and interprofessional practice and learning are becoming integral to health care. It is anticipated that these approaches can maximize professional resources and optimize patient care. Current research, however, suggests that primary health care teams may lack the capacity to function at a level that enhances the individual contributions of their members and team effectiveness. This study explores perceptions of effective primary health care teams to determine the related learning needs of primary health care professionals.

Methods: Primary health care team members with a particular interest in teamwork shared perspectives of effective teamwork and educational needs in interprofessional focus groups. Transcripts from nine focus groups with a total of 61 participants were analyzed using content analysis and grounded hermeneutic approaches to identify themes.

Results: Five themes of primary care team effectiveness emerged: (1) understanding and respecting team members’ roles, (2) recognizing that teams require work, (3) understanding primary health care, (4) working together: practical “know-how” for sharing patient care, and (5) communication. Communication was identified as the essential factor in effective primary health care teams.

Discussion: Several characteristics of effective primary health care teams and the related knowledge and skills that professionals require as effective team members are identified. Effective teamwork requires specific cognitive, technical, and affective competence.

Key Words: assessment, teamwork, learning needs, interprofessional, communication, education, primary health care

Background and Purpose

Teamwork and interprofessional practice and learning are being recognized as central to improved patient care and outcomes and enhanced patient safety.1–3 Similarly, assessments of interprofessional education interventions and collaboration at both pre- and post-licensure levels demonstrate positive educational outcomes including enhanced learner knowledge, skills, attitudes, and behaviors, and improved patient outcomes in specific disease conditions.4,5

In response, the United States and Canada are targeting primary health care improvement through team development and practice. Why is teamwork considered integral to primary care? One reason is the increased complexity of primary health care, which precludes physicians from performing all tasks for their patients; the days of the general practitioner working as a “lone ranger” are past.3 Another reason is the renewed emphasis of primary health care upon the broad determinants of health and the focus upon health promotion and illness prevention.1,2 Viewed through such a lens, health care needs of the public and individual patients often require specialized skills that physicians may not possess and that may be more appropriately provided by other health care professionals. As an example, consider the dietitians, nurses, and other health care team members required to respond to the current obesity epidemic. Teamwork is important as effective primary health care requires coordination of services and of diverse clinic, institutional, and community health and social resources.
Historically members of diverse health care professions working together for patient care have considered themselves a “team,” yet theory and research on teamwork highlight that they may actually only be a group of individuals working beside each other and not a team. A team is “a group with specific tasks the accomplishment of which requires the interdependent and collaborative efforts of its members.” Key words are interdependent and collaborative.

Effective collaborative health care teams share common goals, understand each other’s roles, demonstrate respect for each other, use clear communication, resolve conflict effectively, and are flexible. Developing these attributes, however, is much easier said than done. Key stumbling blocks include lack of knowledge of the roles and scopes of practice of fellow team members of other professions, and stereotypical views of other professionals that can lead to lack of respect and limit opportunities to contribute fully as team members.

From a theoretical perspective, social psychologists suggest that “contact is not enough” to build respect and change stereotypes and long-held attitudes: ie, just having members of different social groups or professions work beside each other is not enough to effect change. Specific interventions are needed. Interprofessional education, defined as “learning with, from, and about each other,” is a social undertaking informed by theories of group interaction and social learning. Important knowledge is created through the social interchange of members of the teams, often occurring informally through interactions in practice settings. A unique aspect of interprofessional learning is explicitly becoming aware of professional perspectives that differ from one’s own.

Providing formal and informal opportunities to learn about and interact with members of other professions and to increase ease of working with those who are different can increase awareness of and respect for others’ roles, change stereotypical views, and thereby enhance team functioning. Good communication among team members is critical and requires specific skills and techniques, while poor interprofessional communication can hinder team functioning and strengthen unproductive stereotypes and perceptions.

Within primary health care, as in other specialty care areas, additional characteristics of effective teams include having shared understanding of the discipline and a common language. Another, of a technical or systems nature, is having protocols to make possible caring for a common patient across professions and organizations. These strategies too have implications for education.

Canada, as are many countries, is undergoing health care reform. We undertook this qualitative study to inform primary health care reform and particularly preparation of interprofessional team members. The purpose was to increase understanding of the characteristics of effective primary health care teams and the related learning needs of team members for more effective teamwork.

Methods

Background

One Canadian primary health care initiative was Building a Better Tomorrow, a comprehensive interprofessional education program for providers in the four Canadian Atlantic provinces, funded through Health Canada’s Primary Health Care Transition fund. Partners included the primary health care divisions of each of the provincial Ministries of Health and the professional development offices of the Faculties of Medicine of Dalhousie and Memorial Universities. The goals of the educational program were to foster collaboration and teamwork among primary health care providers and enhance knowledge and skills for effective primary health care.

Study Design

To inform the development of the educational program, we conducted an extensive needs assessment across the four provinces. This paper describes one needs assessment component conducted in Nova Scotia, a qualitative study using focus groups and designed using the principles of grounded theory. Grounded theory builds understanding of a phenomenon from “the ground up,” ie, from the individuals experiencing the phenomenon, through exploring their perceptions and experiences. Focus groups enable participants to describe experiences and perceptions meaningful to them and, through discussion with others, reflect and respond to those of others and potentially create new understanding. We believed this approach would enable primary health care professionals to share and compare their perceptions and experiences regarding effective interprofessional teams and to clarify similarities and differences.

Participant Recruitment

Using purposive sampling, we recruited focus group participants from the nine Nova Scotia District Health Authorities and one First Nations community. Primary health care coordinators in each district identified potential volunteers with particular interest and expertise in primary health care and representing diverse professions from existing and evolving primary health care teams. We then invited them to participate.

Procedures

Skilled facilitators conducted 1–1.5 hour focus groups in November–December 2004 that were audio-recorded and transcribed. The study was approved by the Dalhousie University Research Ethics Board.
Interview questions addressed:

- Participants’ experiences of interprofessional primary health care teams,
- Perceived characteristics of effective teams, and
- Within the context of these characteristics and their own primary health care team, their learning needs for working most effectively as members of an interprofessional, collaborative team.

Analysis

One researcher experienced in qualitative approaches led the analysis using principles of grounded theory and, through repeated reading of the transcripts and field notes, coded the data using QSR N6.25 She initially used content analysis and interpretative approaches to identify themes and developed matrices to compare themes among groups and data categories.26,27 She met regularly with the second qualitative researcher to discuss and compare themes and findings and resolve questions and conflicting findings. The third team member, also the Nova Scotia project manager, participated in discussions, provided contextual information, and clarified questions and themes arising from the data.

Results

Nine focus groups were conducted representing eight of the nine health districts and the First Nations community. The ninth district declined the invitation to participate, explaining that they were in the early stages of implementing their formal primary health care program and did not as yet have a coordinator. A total of 61 participants took part with a range of 4 to 11 participants (average = 7) per group. Participants represented about 13 professions (see TABLE 1), the largest numbers representing program managers, family physicians, public health nurses, and other nursing specialties. Small numbers of other professionals attended. All groups included nurses from diverse areas of practice and represented varying combinations of the professional groups. Five of the nine groups had at least one physician participant, and three groups included representatives of community-based nonprofit organizations. Notably, participants held positive views of interprofessional teamwork and its benefits. For example, most participating physicians were leaders in collaborative practice who were working in partnership with nurse practitioners and/or were transitioning their practice to involve an interprofessional team formally.

Participants represented teams at various stages of development from emerging to established teams. Some participants were not part of an identified primary health care team per se but had working relationships with others. Participants were involved in a broad range of primary health care services (eg, child and youth health, women’s health, general primary care, First Nations health, mental health, public health, home care, continuing care).

Through the analysis of participants’ responses to the interview questions and of discussions arising from these responses, five main characteristics of effective interprofessional primary health care teams emerged (FIGURE 1):

1. **Understanding and Respecting Team Members’ Roles**

Two interrelated capacities emerged as central to effective teams. These were understanding roles of others, a cognitive capacity, and respecting other team members’ roles, an attitudinal capacity. Their interconnectedness was reflected across all focus groups regardless of team maturity. Participants explained that knowing about and understanding oth-

![FIGURE 1. Characteristics of effective PHC teams.](https://via.placeholder.com/150)
ers’ roles, competencies, and scopes of practice underpin the team approach:

Participant J: ... in my role as a home physiotherapist, I don’t really feel like I’m working on a primary health care team. I feel like I have various partners in the community that I call on when needed, but the main drawback is they sometimes aren’t aware of my role and I’m not a hundred percent aware of their role, so there needs to be more education before we can work together as a team.

Similarly, the following exchange illustrates the learning physicians experienced through working with a nurse practitioner (NP) who joined their practice:

Participant E: ... I used to just dump problem patients on her (the NP) at first, “Listen, you look after this one, I don’t know what to do with her anymore.” And now it’s much more collaborative.

Participant F: ... you’ve learned to share some information with her, haven’t you?

Participant E: Oh absolutely. She’s learned to recognize that we have our own skill set, and I’ve learned to utilize her skills, which are far superior to mine when it comes to counseling patients.

Respect for others’ roles and ability to demonstrate that respect were equally important and viewed as essential to good working relationships that recognize equality:

Participant D: ... everybody had a chance to speak during meetings, and everybody respected everybody around the table, and it just seemed to work well.

Some participants suggested that physicians in particular may hold more traditional roles of inequality among team members:

Participant H: ... the difficulty with physicians’ becoming part of a team is accepting that sense of equality. It’s not so much respect in that sort of situation but to be equal with other people in saying, “your opinions are just as important as mine.” You can say it, but do you actually behave that way?

In summary, enhancing understanding and respect for each other’s roles requires, first of all, learning about their roles and appreciating their scope of practice, and, second, understanding how they are complementary to one’s own. Our findings suggest that effective teamwork does not happen without attention to these tasks and education.

2. Recognizing That Teamwork Requires Work

Several focus groups expressed that primary health care teams are dynamic and require commitment and work to develop and then maintain. Teams, according to experienced voices, are the result of active, ongoing effort. This requires time, interaction, and focused attention, as the following interaction conveys:

Participant A: ... the other thing about the team, it’s sort of like a relationship at home: it requires a lot of work. It actually doesn’t just happen.

Participant B: Yeah, it doesn’t just happen. . . .

Participant C: You have to work at team building. . . .

Participant A: I think that’s the most amazing thing, that even after all these years, it’s still work. You still have to work at it. You still have to have specific times for meetings, and ... it can’t be informal and hope it will happen; it always requires work. Everybody on the team is working very hard doing what they do best ... and so there’s this other whole big commitment that you have to make to the team and to ensuring that the team is functioning the way it should.

In building good interpersonal working relationships and respect for each other, the role of the individual and his or her contribution to the team is critical to the effectiveness of the team. While more experienced team members stressed the need for work, newer team members expressed some surprise at the amount of work required. Attending meetings was identified as one of the ways to work at making teams effective.

3. Understanding Primary Health Care

All groups indicated that a common understanding of primary health care principles and the ability to use a common language provide an important basis for building interprofessional primary health care teams. Specific topics included understanding what a primary health care team is, its philosophy and purpose, roles, responsibilities, services, competencies, and how it works. The immediacy of a particular learning need appeared dependent on the stage of the team development. As an immediate need, an increased understanding of primary health care was highly prioritized in groups where teams were not formalized or were in early stages of development, shown by this dialogue:

Participant J: ... need for common understanding is huge, because if you don’t have a common language, you can have different meanings for what you are talking about.

Participant K: And because, you’re a multidisciplinary team, half the team might know what population health is and what primary health care is, but the other half may not.

Participant J: Well, for a good example, [this] committee spent almost a whole year of meetings basically around “what is our job.”

More mature teams seemed to have moved beyond a basic understanding of primary health care and appeared more interested in how to apply concepts. Participants in these
groups sought to understand the team approach more fully. They wanted to learn how to be a team member and how to work with and collaborate with others. Representatives of a long-established team highlighted that orienting new members to the team approach is another important aspect of educational planning easily overlooked in the push to begin service delivery quickly.

4. Having the Practical “Know-how” for Sharing Patient Care

Another characteristic of effective primary health care teams was having the practical “know-how” for managing a common patient and appropriately communicating patient information. Managing a common patient required knowing how to identify and access the right provider; delegate, share, and transfer care; and address policy differences among organizations.

Appropriate communication of patient information included activities like sharing patient records and reports, attending to patient confidentiality, and communicating between institutions and community agencies, especially when under different governance structures. Such activities are necessary for interprofessional collaboration and pose questions outside the scope of a single profession that need to be integrated into the team.

Participant K: I need to know if I’m learning how to work as a team member, where I share information and where I don’t. I know it within my practice, but I don’t know it within a team. And I don’t know to what extent to tell my patient that I’m going to share that information.

Needs pertaining to sharing confidential patient information and charts were more prominent for evolving teams working to establish protocols and for teams involved in collaboration among organizations. Lack of established protocols can be a barrier to teamwork. Participants spoke of the need to develop appropriate policies and procedures collaboratively to guide these activities, particularly when communicating “between two worlds”; ie, the institution and the community.

5. Communication

Participants highlighted communication among team members as critical to effective teams. They referred to communication as “the big thing,” “the sine qua non,” the glue that holds the team together and enables collaborative work:

Participant C: You have to continually be open and communicate on a regular basis, and when you keep that ultimate goal in mind, it’s, well . . . everyone’s working to the same thing.

In order for regular and effective communication to happen, participants described two conditions: accessibility to the other members and ability to use appropriate communication skills.

Participants generally described having time for formal and informal communication as characteristic of effective teams. Established teams commented on the importance of formal and informal communication among providers and indicated that both require dedicated time and effort. Formal meetings were critical to communication and in supporting team functioning:

Participant W: . . . I was thinking to myself, “My goodness, they go to a lot of meetings!” [laughter]
Participant X: Like we said before, it’s work. You know teams just don’t work. You have to work at it, and one of the major ways you work at it is by meeting.
Participant Y: It’s a commitment on many levels actually. There’re times where you sit and really listen to others around that table, and that’s how that works.
Participant X: And I can tell you that the benefits far outweigh the costs.

Additionally, informal opportunities or “corridor consultations” were termed the “backbone” of teamwork as providers exchange patient information, consult each other, and make referrals.

Appropriate team communication requires using effective skills. Participants described two key ones—listening to team members and offering one’s perspectives respectfully and assertively, or “listening and speaking up”:

Participant G: Really listening means being not too quick on the advice; really listen to your teammate when he or she explains the situation of a particular patient; don’t launch into advice; and then you have the responsibility to speak out when something’s going wrong or you don’t agree for good reasons about the treatment plan.

Others emphasized the need for skills in conflict resolution, and in giving and receiving constructive feedback in a nonconfrontational manner.

In summary, from the participants’ perspectives, team communication is an explicitly significant component of effective teamwork. Most groups also identified effective team communication skills as a continuing education priority. Improving communication would increase understanding, cooperation, and collaboration among team members.

Discussion

In this study we aimed to increase understanding of the characteristics of effective interprofessional primary health care teams and related learning needs to make more effective teamwork possible. We learned that members of effective teams demonstrate five general characteristics: they understand and respect team members’ professional roles,
recognize that teams require work, share a common understanding of primary health care, share protocols to guide patient management across professions, and communicate well and frequently with each other both formally and informally. These are specific characteristics requiring conscious development.

Results highlight that effective teamwork is not a simple undertaking. Contact, ie, just working with others, is not enough to build an effective team. Teamwork is a sophisticated social activity requiring cognitive (knowledge), technical (skills), and affective (attitudes) competencies, and education for developing these. With respect to knowledge, findings reinforce the need for understanding the roles and scopes of practice of other team members and the way teams function within the realm of primary health care. Regarding technical expertise and skills, acquiring specific communication and team meeting skills is critical. Affective capacities include the ability to convey respect and appreciation of others, a willingness to learn new ways of interacting and working, and a giving up of more traditional hierarchal communication practices. Targeted interprofessional educational interventions can develop such knowledge, skills, and attitudes, although changing entrenched attitudes and styles of communication is challenging. Effective primary health care teams also require support by institutional and cross-institutional systems and protocols to work with shared patients.

Teamwork as a topic has traditionally not been included in medical curricula and continuing professional development. Until recently it seems to have been expected that health professionals intuitively knew how to work together effectively in teams and the need for specific capacities was not recognized. The actual “work” of teamwork was not recognized. This research stresses the need for inclusion of team skills and the recognition of the work that teams require in professional education.

Implications for education are to integrate content and opportunities to foster effective interprofessional teamwork explicitly in prelicensure curricula and continuing education. It means that physicians cannot be educated solely in isolation from other professions. It means restructuring both prelicensure and continuing education so that health professionals can learn together, “with, from, and about each other” and their respective roles. For accrediting bodies, there is a need to promote teamwork formally and align such educational interventions with quality improvement efforts. Integrating content from other disciplines, eg, social psychology, to inform topics such as building respect and changing attitudes, will also prove beneficial. Not taking these steps can result in maintaining the status quo.

An important limitation of this study was the volunteer nature of the study population: ie, participants, including physicians, had an enthusiastic interest in primary care teamwork and in making it work, and their perspectives and learning needs may not be representative of health professionals less supportive of team-based primary health care.

However, perspectives of enthusiasts such as these, especially those with experience in developing teams, are valuable for informing the positive characteristics of effective teams. Alternatively, some participants were from newly emerging teams, and hence their views may have been less well developed than those of more mature teams. Some professions involved in primary health care were under-represented (eg, physiotherapists), and further research should involve these professions more fully. Finally, this study was also limited by study funding and schedule. Further and more comprehensive research with both mature teams and those less enthusiastic about teamwork could contribute to the rigor of this work, as could observational studies of teams at work.

Effective primary health care requires teams of diverse health professionals and institutional and community resources to address patients’ needs and the broader call for health promotion and illness prevention. This research increases understanding of the characteristics of effective primary health care teams and educational needs of physicians and other health professionals. While much of the interprofessional study to date has been funded as individual development projects, the challenge for many jurisdictions is to move from development and research education “projects” to sustainable education “programs.” Securing funds to support this work remains a challenge. Implications for research are to conduct increasingly sophisticated studies that build on the growing body of knowledge in interprofessional education and teamwork to determine, for example, how the knowledge of other professionals’ roles, respect for other team members, or specific team communication skills contributes to improved patient care.
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References
