

副論文2

The development and validation of an interprofessional scale to
assess teamwork in mental health settings

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Abstract

Currently, no evaluative scale exists to assess the quality of interprofessional teamwork in mental health settings across the globe. As a result, little is known about the detailed process of team development within this setting. The purpose of this study is to develop and validate a global interprofessional scale that assesses teamwork in mental health settings using an international comparative study based in Japan and the United States. This report provides a description of this study and reports progress made to date. Specifically, it outlines work on literature reviews to identify evaluative teamwork tools as well as identify relevant teamwork models and theories. It also outlines plans for empirical work that will be undertaken in both Japan and the United States.

Keywords: interprofessional collaboration, interprofessional teamwork, mental health, forensic, instrument, cross-cultural validity

Introduction

In 2005, a new law was created by the Japanese government that offered care and treatment for mentally ill people who committed serious crimes (Weisstub & Carney 2006). Under this law, the Ministry of Health, Labour and Welfare established guidelines for standardized treatment and care. As a result, professionals from medicine, nursing, clinical psychology, occupational therapy and social work were obliged to practice in interprofessional teams. However, the implementation of this team-based approach resulted in professionals who are often confused about their roles and responsibilities that led to interprofessional tension and conflict (Mino, 2009). Subsequently, Japanese forensic psychiatry needs to identify strategies to resolve these problematic issues in interprofessional teams.

Interprofessional collaboration (IPC) is defined as the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients/families and communities to enable optimal health outcomes (Zwarenstein, Goldman & Reeves 2009). A review of IPC studies indicated that this interprofessional approach can positively impact on the length of stay and improvements to the delivery of care (Zwarenstein et al., 2009). While such findings are encouraging, it has also been reported

that effective IPC can be difficult to achieve due to problematic power dynamics, poor communication patterns and professional conflicts. In addition, this review identified that there is only limited evidence for the effects of IPC. Therefore further research is needed to better understand its impact. In attempting to generate evidence for IPC, this study aims to develop and validate a globally common scale to assess collaborative activities for professionals working in mental health teams.

The study

This study aims to employ an international comparative approach (based Japan and the United States) to develop and validate a global interprofessional scale to assess teamwork in mental health. Below we outline the progress made to date on this work.

Initial activities

A literature review was undertaken to identify an evaluative tool. The search process involved use of a report of interprofessional quantitative tools (CIHC, 2012). A search of Medline, CINAHL and PSYCH INFO and a hand-search of journals were undertaken to retrieve tools not included in the CIHC report. Two exclusion criteria were employed: scales with only one or two sub-scales, which were not validated psychometrically were excluded. Based on this process five scales were initially selected. After an assessment of each scale, the Collaborative Practice Assessment Tool (CPAT) (Schroder et al., 2011) was selected.

The CPAT includes 56 items across a fully set of IPC competencies. However, this tool has no evaluation of multi-cultural differences, nor does it represent specific characteristics in mental health settings, as the CPAT was designed to be used across different health and social care

contexts. Importantly, the CPAT only includes one part of Donabedian's (1988) 'structure-process-outcome' framework. As a result, it was decided to revise the CPAT to expand its focus to consider structures, process and outcomes, to provide a more comprehensive assessment of IPC in mental health teams on an international basis. This revision was conducted under permission of the developers.

A second literature review was undertaken to identify teamwork models and theories which could inform the development of the CPAT. The search strategy was developed which included a number of terms such as 'interprofessional, collaboration', 'theory', 'process' and 'mental health'. Following a search of databases and a hand search of journals, 12 theories of team process were identified and included. Moreover, we broadened the focus of the CPAT to include items that cover international interprofessional competences (e.g. CIHC, 2010; Ministry of Health, Labour and Welfare, 2011) to strengthen its relevance for a mental health setting. Following this conceptual work data collection will begin to test and then validate the scale.

Future activities

A pilot study followed by a wider administration of the modified CPAT will be undertaken in both Japan and the United

States. In the pilot study, 12 mental health professions and IPE experts will investigate item analysis and content validity. Secondly, a focus group of five different professional groups will be conducted in Japan to consider and revise each item depending on the results of the pilot study. Following revisions the CPAT will be used to assess cross-cultural validity as well as construct validity, criterion-related validity and reliability. It anticipated that we will recruit respondents from medicine, nursing, clinical psychology, occupational therapy and social work from the United States (n=100) and also in Japan (n=200) based at inpatient wards in mental health. Through this process, it is aimed that an international adaptation of the survey will be completed.

Discussion

While we recognize that the development of a global interprofessional scale to assess teamwork in mental health will be challenging, it is hoped that this scale will generate new and helpful insights in the following areas. First, the revised scale should be able to describe how interprofessional teams in mental health function, and also identify what factors might be needed to enhance their collaborative practice. Second, the revised scale will help generate more robust evidence for collaborative practice in mental health settings, on an international basis.

Declaration of interest

The authors report no conflict of interest. The authors alone are responsible for the writing and content of this paper. This study is supported by Intramural Research Grant (23-4) for Neurological and Psychiatric Disorders of National Center of Neurology and Psychiatry, Japan.

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