Mobilizing professional identity in multidisciplinary teams: An appreciative inquiry

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Abstract

Professional identity is how professionals identify themselves in their work role. Early career professionals categorize their role narrowly within the confines of their own profession. However, practicing clinicians working in multidisciplinary teams soon discover their professional identities must broaden and mobilize so that they can work seamlessly alongside other professions in order to maximize health and social care outcomes. Methods to mobilize professional identity in the workplace are not well understood and our study aimed to identify opportunities for facilitating flexibility of professional identity within the context of multidisciplinary teams. Building on formative studies we undertook an appreciative inquiry, with eight health and social care professions represented, to i) to assess how the mobilization of professional identity can be translated into the workplace, ii) to outline a mechanism that will support the mobilization of professional identity for health and social care practitioners working within a multidisciplinary team, and iii) to identify the implications of this research for managers of multidisciplinary teams.

We found that developing role models and shared workplace learning environments were important approaches to facilitate understanding of other professions. Participants suggested the use of a work-based intervention to support practitioners as they mobilize their professional identity within their teams. The contribution of this paper is a unique insight into the mobilization of professional identity within multidisciplinary teams and the development of a programme for a work-based education resource, which focuses on professional identity, encompassing the importance of the 'role of others', power and trust. A further unique insight of the paper is the identification of the implications for managers of multidisciplinary teams.

Keywords: Multidisciplinary care, professional identity, health and social care, appreciative inquiry, professional bodies, work-based education

1. Introduction

Coordinating care for individual patients/clients across professional and organizational boundaries requires effective teamwork [1]. Nevertheless, maximizing teamworking to improve patient care is a perennial challenge in health and social care [2] and the importance of optimizing staff contribution is well recognised [3,4]. While many factors contributing to teamwork have been recognized for example, communication within a learning organization [5] leadership [6] and trust [7], one often overlooked area is the professional identity of the team members. However, with the rising interest in new models of care that rely on multidisciplinary working there is a need to have a better understanding of how professional identity is managed and mobilized within these integrated team settings. In particular there is a need to outline mechanisms to support the mobilizing of professional identity within the workplace.

1.1 Applying professional identity theory in practice

Professional identity is the way people think about themselves within their work role. Placing health and social care practitioners in a multidisciplinary team will impact on their professional identity as they are no longer embedded in their own profession. Professional identity had been defined as, *"the relatively stable and enduring constellation of attributes, beliefs, values, motives, and experiences in terms of which people define themselves in a professional role*" [8]. This definition indicates a range of influences that impact professional identity, which include factors such as the profession, gender [9] and work experience [10]. Work experience includes two areas: activity (i.e. where a profession does what only it can do so ensuring colleagues and clients view them as distinct) and a personal sense of uniqueness [11]. Developing and retaining a '*sense of uniqueness'* [12, p295] requires an individual to identify as belonging to a profession with others who act in the same way as

themselves such as fellow physiotherapists or social workers. For individuals working outside a uni-professional health or social care group for example, in the context of a multidisciplinary team, each will be influenced by their work experience and their perception of their professional identity within their current role. In order to work across professional boundaries, multidisciplinary teamworking requires a shift in thinking about professional identity and a change in the understanding of professional identity as the practitioners '*define themselves in a professional role'* [8]. Professional identity needs to be mobilized, by which we mean there needs to be fluidity of thinking and practise in the multidisciplinary health and social care team: without this mobilization of professional identity the potential benefits of multidisciplinary working will be impeded [13]. Notwithstanding the evidence multidisciplinary teamworking can threaten professional identity [14,15], consequently there is a need to investigate the mobilization of professional identity to see how it can be used constructively to maximize teamwork, care delivery and therefore patient outcomes.

The extant literature focuses principally on *understanding* professional identity in integrated teams, identifying barriers and enablers [16]. There is less focus on the '*how to'* both support professional identity for its constructive features and to mobilize professional identity for its fluidity when individuals are working together in a multidisciplinary team. Multidisciplinary teamworking refers to a range of health and/or social care practitioners who work as an interdependent group to deliver care and can include team members from other academic disciplines [17]. Practitioners report the importance of retaining professional identity although they also recognized it was important to have fluidity of professional identity in order to maximize teamwork, care delivery and so impact patient outcomes. Challenges were noted (e.g. acting outside professional remit) as well as enablers (e.g. improved shared decision making) and professional bodies and educators are identified as playing a key role in facilitating the mobilization of professional identity [18].

1.2 Appreciative Inquiry

The need to integrate research findings into health and social care practices in order to benefit clients is becoming more apparent [19] yet, all too often this phase of research is neglected [20]. When it does occur, the focus is often on what is lacking rather than acknowledging what is already known. By contrast, appreciative inquiry is a qualitative, organisational development approach which has been employed within various healthcare settings [21]. It allows a positive examination of what is known through identifying what is going well and how to make progressive improvements. In essence, appreciative inquiry is a four-stage model that calls for participants to move through phases from discovery (what is known), to dream, design, and destiny (how the future will look). Further details are identified in the methods section under data collection (2.3 and Table 1).

Cooperrider and Srivastva [21] first put forward the concept of appreciative inquiry to promote social innovation arguing that change requires new ideas noting a focus on deficit will generate more problems than solutions. Being problem-centred leads to a downward cycle of further problem discovery resulting in demotivated participants who are less likely to act [22]. Likely outcomes from appreciative inquiry are action plans and recommendations for improvement [23,24].As a result, we proposed the use of appreciative inquiry to promote the integration of research knowledge in the form of new ideas into action and to enable future studies to remain relevant to the contemporary challenges facing patients and practitioners. Utilising the term *inquiry*, rather than *intervention*, permitted stakeholders to explore options rather than rush to enacting a solution [21]. Furthermore, a virtuous cycle of positive action is set in play by employing the term *appreciative*. This approach stands in marked contrast to the traditional linear methodology to organizational thinking and it is a challenge to the mainstream research agenda [25]. However Cooperrider and Srivastva [21] argue that utilising this collaborative method can lead to more innovative thinking.

1.3 Problem statement and research objectives

The existing literature highlights an understanding of the challenges health and social care professionals face to delivering quality team based care when working in a multidisciplinary team. The implications of these challenges are that patients/clients risk receiving sub-optimal care and health and social care professionals are left unfilled. The lack of mechanisms to support the mobilization of professional identity within multidisciplinary teams leaves leaders, managers and health and social care professionals without a means to address these challenges.

This paper has three key objectives:

i) to assess how the mobilization of professional identity can be translated into the workplace;

ii) to outline a mechanism that will support the mobilization of professional identity for health and social care practitioners working within a multidisciplinary team; and

iii) to identify the implications of this research for managers of multidisciplinary teams.

This research is timely given the increased attention to multidisciplinary teams and the positioning of integrated care as a future model of care [26,27].

The remainder of this paper is divided into four sections. The methods section describes the research design, participants, data collection and analysis. The results are provided by phases of the appreciative inquiry and the subsequent discussion section identifies a mechanism in the form of a framework for an education resource to respond to the key findings. Finally, the conclusion section summarizes the key learnings from this study and identifies the implications for managers.

2 Methods

2.1 Research design

In the four-stage model of appreciative inquiry, participants at a one-day workshop moved through phases from discovery, dream, and design, to destiny. Appreciative inquiry used in this research has a cross-sectional, qualitative design; further details are identified under data collection (2.3 and Table 1).

2.2 Participants and recruitment

Participants were sought from professional bodies and undergraduate educators of the health and social care professionals within south Wales in the UK. Participants were identified through the authors' networks and publicly accessible email addresses. Ethical approval was provided by Swansea University's College of Human and Health Science Ethics Committee (11.3.16) and individual written consent was gained from participants at the event. In total 22 invitations were issued with reminders sent out two weeks later. There were four non-responders and we received additional requests to participate. The final number of participants was 18 representing eight of the nine professions engaged in previous studies [18].

2.3 Data collection

This one-day event was held in 2017 at a central location. The 18 participants were arranged on three tables with flipchart paper, post-it notes and pens. We actively encouraged the capturing of discussion throughout the event by using the note making facilities. Each group was asked to nominate a scribe so that key points from the discussion at each phase were captured. These key points were shared and discussed further during plenary sessions. The facilitators (SB and SW) captured additional notes during and after the event.

Appreciative inquiry is a four-stage model that calls for participants to move through phases from discovery (what is known), to dream, design, and destiny (how the future will look). A

more detailed discussion of the appreciative inquiry stages can be found at Richer, Ritchie, & Marchionni [28]. Table 1 outlines the phases and how these were applied in the context of our workshop and we prompted discussion with a graphic of the findings, from earlier research with frontline health and social care practitioners [18], designed to facilitate dissemination of results (figure 1).

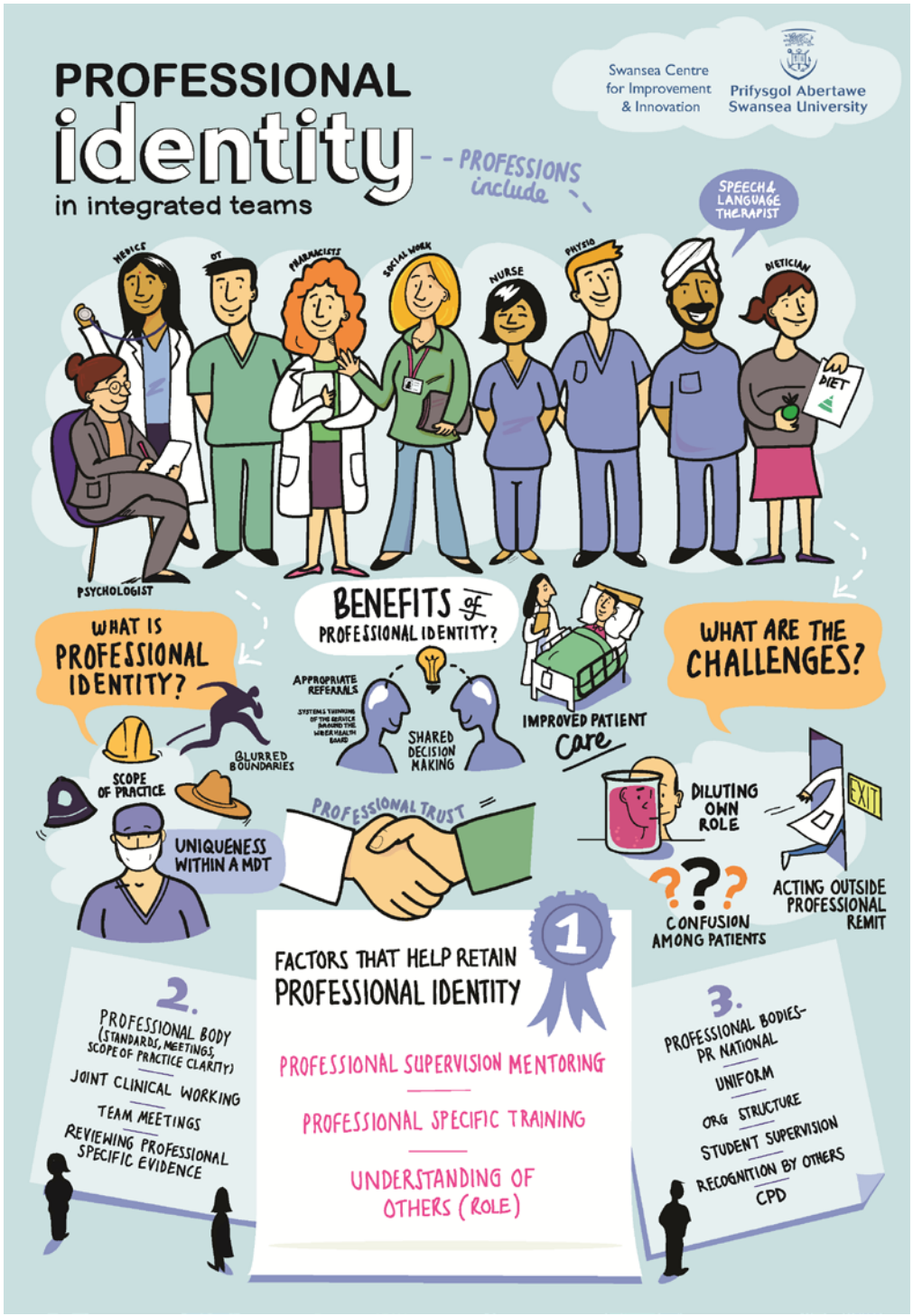

Figure 1: Findings from frontline health and social care practitioners (Source: Authors, 2018b)

Appreciative inquiry is presented as a linear process where each phase develops from the previous one, however, there were instances where it was necessary to revisit previous phases to check the understanding of mobilizing professional identity from the literature and practitioners. Given this need for clarity and confirmation, the process became more

Appreciative Inquiry Phase	**Purpose of phase**	**Applied in context**
Discovery	To positively share previous knowledge and experience.	Previous research findings were shared (see the rich picture Figure 1). Discussion focused on managing professional identity when working in interprofessional teams. Participants were encouraged to explore their individual and collective views on their understanding of professional identity.
Dream	To explore what is known and potential future possibilities.	Participants were encouraged to explore current, and potential future, provision offered by their own organizations, Institutions and any other educational/professional development they may have experienced.
Design	To create a vision of how the groups see future activity.	Reflecting on the earlier phases and research findings discussed participants considered what more could be done to support health and social care practitioners manage their professional identity when working interprofessionally to work within interprofessional teams.
Destiny	To develop a plan of what actions should be taken next.	Participants prioritised the next actions required focussing on what could be achieved in the local health and social care context, what activity should be prioritised, and which stakeholders would need to be involved.

iterative.

Profession	Representative from education	Representative from professional body

Table 1: Phases of appreciative inquiry applied in context

2.4 Data analysis

As data were generated by participants the findings were written up on flipcharts and put up on the walls around the room to promote knowledge sharing and dialogue. All flipchart and post-it notes were fully transcribed. The data collected were analysed by two of the authors using conventional or inductive content analysis [29]. Each author reviewed the transcripts independently to identify themes before coming together to debate the findings. Differences were negotiated and an arbitrator was not required to achieve the final set of findings (table 3).

3 Results

Here we report the characteristics of the participants (table 2) and results from the appreciative inquiry event by phases; discovery, dream, design and destiny. A summary of the findings can be found by phase (table 3) and shown graphically in figure 1.

In total 18 people attended the event. There was broad professional representation including participants from both health and social care education and professional bodies. The professional bodies made up the majority of the workshop attendees. For the activities we ensured that each table had representation from education to inform the discussion.

Social work	1	2
Nursing	1	1
Doctors		3
Physiotherapy	1	1
Occupational therapy		2
Dietetics	1	3
Speech and language therapy	1	
Pharmacy		1

Table 2: Characteristics of participants

During the **discovery phase** participants identified the value of the multiple professional approach providing benefit for the patient; this echoes the sentiment from our previous studies [16,18]. While exploring what professional identity meant to workshop participants the concept of a unique selling point (USP) for each profession was raised alongside profession specific skills, aligning this with the need for standards of care and professional behaviours across the professions. Values for each profession were discussed and the importance of aligning these with organization and team values was also recognized. Participants stressed the need to understand your own profession and identity before being able to become more flexible and mobilize it in a multidisciplinary team setting. There was an agreement among participants that several mechanisms existed within individual professions that enabled practitioners to continue to reinforce their professional identity (e.g. professional body events, continuing professional development).

<table>
<tr><th colspan="3">Discovery</th></tr>
<tr><td>What is professional identity?</td><td>What are the challenges?</td><td>What (if any) are the benefits of professional identity?</td></tr>
<tr><td>Our unique selling point (USP)
Profession specific skills
Professional code of conduct
Being accountable to our professional body and our peers
Explicit values</td><td>Fear of letting go of extant professional identity from early in our careers
Brick walls and preference for siloed professional working
Hierarchy within and across professions</td><td>Shows the value of each profession
Implicitly and explicitly informs the way we act
Better for patients as they receive holistic individualised care</td></tr>
<tr><th colspan="3">Dream</th></tr>
<tr><td colspan="3">What do we do to prepare and support people to work in interprofessional teams?</td></tr>
<tr><td colspan="3">Undergraduate interprofessional education
Developing a common language in the workplace
Breaking boundaries between sectors - by profession and by organization (e.g. social care and health care but also education, housing etc)
Celebrating achievements when they occur in the workplace</td></tr>
<tr><th colspan="3">Design</th></tr>
<tr><td colspan="3">What more could we do to prepare people for working in interprofessional teams?</td></tr>
<tr><td colspan="3">Integrated formal/informal education once working in integrated team – not just undergraduates
Development of role models in interprofessional teams the workplace
Interprofessional undergraduate placements
Shared workplace learning environments
Challenges include: Competitive people (within each profession)
Hidden curriculum and hidden power
Not having a will to change the way we work to fit into the interprofessional team</td></tr>
<tr><th colspan="3">Destiny</th></tr>
<tr><td colspan="3">What needs to be done first? Prioritisation of activity.</td></tr>
<tr><td colspan="3">Focus on those currently in practice
Development of work-based education interventions to facilitate teamworking by focusing on professional identity</td></tr>
</table>

Table 3: Findings from the Discovery, Dream, Design and Destiny phases

We explored challenges to the mobilization of professional identity within a multidisciplinary team in order to identify and record them, which was helpful in establishing a foundation for the next phase of the workshop. Participants did not identify a silo culture but did recognize the difficulty of change and moving away from traditional practice. This can be reinforced with unreceptive work environments or '*brick walls*' that discourage practitioners from practising outside the mainstream. For example, practitioners recognized that a community environment was more supportive of multidisciplinary teamworking than some hospital ward environments where professionals often work independently of one another. The community setting demands teamwork and offers opportunities to observe other professions and the multidisciplinary interplay of trust, power, knowledge and practice. Benefits from mobilizing professional identity in the community setting were noted as facilitating the value of each profession resulting in better patient care; the latter proving a central tenet to much of the appreciative inquiry discussions.

The second phase, **the dream phase** recognizes what is already being done by professional bodies and educators to support mobility of identity of practitioners for working in multidisciplinary teams. In line with the concept of appreciative inquiry participants comprehended the need to applaud what is successful as well as the need to develop new ways of working. Here activities such as undergraduate multidisciplinary education were highlighted as key to facilitate developing awareness and knowledge of the activities and values of other professions. Learning in practice was identified as a key tool for affirming the individual profession's own role, supplementing the understanding of the role of others and allowing trust to develop between professions.

In **the design phase** a range of ideas on how to prepare/support health and social care practitioners to enable them to facilitate mobilizing their professional identity in order to work effectively in multidisciplinary teams. Developing work-based role models, multidisciplinary student placements and shared learning environments were discussed as approaches that facilitate understanding of others. The concept of multidisciplinary education in the workplace was raised by several of the participants, along with a range of other activities, as an area for development. The need for postgraduate health and social care practitioners to be trained alongside each other was a strong theme from this phase – in part for the content of the education but more for the contextual experience of learning side by side with other professions. Sharing concepts of teamworking, including power and trust, through training were discussed as essential components to supporting the mobilization of professional identity.

During the final phase, the **destiny phase**, there is a need to create and, importantly, to implement actions arising from the earlier three phases of the process. The Discovery, Dream and Design phases identified the need for work-based multidisciplinary education within the contextual settings of the multidisciplinary teams. Clinical experiences, patient experiences and research findings were also noted as essential to draw upon in line with a broad appreciation of what is counted as 'evidence' while all the time working towards the objectives of 1) promoting support for mobility of professional identity, and so 2) multidisciplinary working. In order to achieve these two objectives, appreciative inquiry participants identified the need to develop a work based education resource that seeks to achieve the balance between mobilizing professional identity and therefore multidisciplinary teamworking through highlighting the significance of the role of 'others', trust, power and the use of reflective activity.

We encouraged an appreciative focus based on being positive during each of the phases. However, some participants spontaneously identified problem-centred issues or challenges when designing ways to prepare practitioners for working in multidisciplinary teams. For example, some participants cited the hidden curriculum whereby people were influenced by their fellow professionals to develop their professional identity with a narrow focus within their profession in contrast to the formal dialogue that promotes multidisciplinary collaboration. However, the overall the appreciative focus was based on being positive and any problem-centred issues were limited, they appeared to provide context to the discussion and thereby to facilitate the development of potentially realistic future activities. For example, it was identified that the desire for change can be supported by the leadership of the professional bodies.

4 Discussion

The appreciative inquiry methodology was used to assess how the mobilization of professional identity can be translated into the workplace. The methodology has led to an increased *understanding* of how themes that included drawing on the role of others, using the 'USP' and scope of practice of professionals, building trust, and applying power, mobilized professional identity. The other objectives were to outline a mechanism that will support the mobilization of professional identity for health and social care practitioners working within a multidisciplinary team, and to identify the implications of this research for managers of multidisciplinary teams.

Investigating what professional bodies and educators *currently* provide reveals a focus on undergraduates and shared learning approaches rather than specific activities to support practitioners in multidisciplinary teams. This reflects a strong theme in the multidisciplinary

literature of multidisciplinary undergraduate education, which may ultimately facilitate mobility of professional identity but does not support those currently in practice [30].

Perhaps unsurprisingly, when considering whether further support is required, the appreciative inquiry participants felt more needed to be done. There was a realisation that the focus to date had been too narrow (e.g. largely focused on individual professions) and as the demand for multidisciplinary teamworking grows those already working in teams require support. Participants recognised that greater collaborative working was more likely to occur when both a change of context (in this case multidisciplinary working) and professional identity mobilization were present [31].

From the discussions, a range of potential mechanisms were identified that could be developed and participants gave high priority to an education resource The resource will need to be based on principles identified in the literature [16], on themes from practitioners working in multidisciplinary teams [18] and on features from the appreciative inquiry event reported here.

The resource needs to bring together members of multidisciplinary teams to reflect on the role of the team, the roles of each profession [32], and explore the unique contributions and scope of practice [11] of the members and to consider other key elements of mobilizing professional identity such as the role of trust [7], understanding the perceptions about the location of power [33] and other constructed social narratives. The managers of multidisciplinary teams have central roles to create the environments that will promote the mobilization of professional identity in day to day work and in the development of a work-based education resource.

4.1 Framework for mobilization of professional identity management

Drawing on the findings from the formative stages of our research to date, we have devised a prototype framework for a work-based education resource to facilitate multidisciplinary teamworking focusing on mobilizing professional identity. The framework consists of four elements to address the key components identified including a) the role of 'others', b) trust, c) power and d) a tool to promote reflection.

4.1.1 Role of others, uniqueness and scope. The inherently social nature of professional identity formation and teamworking indicates the 'role of others' will need to play a significant role in the final format of the education resource. Clark [34] recognizes the need for a variety of voices, rather than the monotone of a single profession, to enable multidisciplinary teamworking. His previous work identifies the need for socialization with each profession having a unique perspective that can combine when patients/clients/ service users present with complex needs [35]. Mitchell, Parker and Giles [36] highlight the need for open-mindedness defined as, the willingness to question one's own position and find evidence against one's belief or perspectives [37]. This may prove challenging for some practitioners indicating a need for a resource as opposed to a 'hope and see' approach that relies on luck to facilitate multidisciplinary teamworking. A work-based education resource needs to ensure participants are not only aware and confident with their own unique team contribution and scope of practice but also aware and fully sensitive to these factors in other team members. Johari's window [38] with open, blind and hidden areas could be used to enable participants to recognize the value of their own role and also that of others.

4.1.2 Trust: Schwartz [7] highlights the need for an environment of trust to enable activity that could prove vital in multidisciplinary teams where working across professions can lead to uncertainty and risk [33] with trust presenting as essential for collaborative working. Mayer, Davis and Schoorman [39] put forward three pillars of trust (ability, benevolence and integrity) that can be adopted into the education resource. A reflective practice model will be

designed incorporating these pillars to encourage participants to recognize and manage trust and to rebuild trusting relationships where necessary.

4.1.3 Power: The growth in multidisciplinary teamworking is leading to a shift in power dynamics, from previously stable to more unpredictable and less hierarchical scenarios [40]. In the context of power and multidisciplinary teams, workshop participants referred to the hidden curriculum in which professions can promote a narrow focus of professional identity within their own profession. More positively, learners can be influenced by fellow professionals, through the hidden curriculum, to develop their professional identity with a wider focus embracing other professions. These positive influences can in turn reinforce a formal programme [41] through "real world" enculturation and situated learning environments [42].

An awareness of power, within one's identity, impacts on relations with colleagues from this profession and from other professions [43]. If this presents as a sense of superiority then it can be deleterious for teamworking [41]. For the work-based education resource, case studies will be developed to facilitate a practical understanding of power dynamics within the multidisciplinary teams and the role for mobile professional identity, with mechanisms to support action if required.

4.1.4 Action plan tool: Finally, the work-based education resource will close with a 'take away' tool highlighting activities already recognized [16] as playing a key role in managing professional identity. Through guided personal reflection participants will be asked to self-score where they feel their current way of working sits in relation to key professional identity activities, for example, do you access professional supervision/mentoring, or do you attend team meetings? Participants will then be invited to consider whether they might need to change their score, what actions are required to support this change (if required) and to

develop a personal action plan which could be reinforced through collaborative reflections with other members of the team [44].

The impact of the work-based education resource will require evaluation to establish whether it: facilitates mobilization of professional identity; influences multidisciplinary teamworking; and finally, and most importantly, impacts on the patient experience. Methods to assess these areas will be developed prior to delivery of the resource. For example, established and validated instruments (e.g. Adams et al [9] to assess professional identity could be employed before the resource and a period after the resource when participants have returned to practice and had time to reflect on their learning from the resource.

5 Conclusion

5.1 Unique contributions in relation to objectives i) and ii)

This paper follows on from formative research and plays a pivotal role in directing future studies. We had three objectives i) to assess how the mobilization of professional identity can be translated into the workplace, ii) to outline a mechanism that will support the mobilization of professional identity for health and social care practitioners working within a multidisciplinary team; and iii) to identify the implications of this research for managers of multidisciplinary teams.

The appreciative inquiry event found that the views about the mobilization of professional identity from professional body representatives, educators, and clinical practitioners were coherent with those found in the literature and the need for further support to enable the mobilization of identity was clearly expressed.

Participants recognised that the level of collaborative working required to deliver multidisciplinary models of care requires mobilization of professional identity.

The appreciative inquiry approach provided a structure to investigate the mobilization of professional identity and it provided guidance towards formulating an education resource .This approach emphasised participation and collaboration across the various professions and educators involved in the study and arguably led to greater engagement and urgency for a work-based resource to support professional identity mobilization. Another strength of the appreciative inquiry approach was its ability to accommodate the various stakeholders involved in the study by capturing all their respective contributions and providing a structure to consolidate and integrate discussions.

5.2 Unique contributions in relation to objective iii)

A further unique contribution of this paper is to identify the implications for managers of multidisciplinary teams which are that i) they should focus on promoting the mobilization of professional identity and ii) they should take action to develop a work-based education resource. Healthcare managers need to be aware that working in a multidisciplinary team challenges health and social care practitioners' sense of professional identity and needs to be proactively supported to promote team working. This study has identified some of the key elements of that support and it has translated those elements into a prototype education framework. By employing the elements in the framework e.g. promoting trust and recognizing the role of 'others', healthcare managers can create a culture conducive to the mobilization of professional identity in a team environment. Other tools available to healthcare managers include the development of role models, use of multidisciplinary undergraduate placements and facilitating shared learning environments. Our study also highlights the role professional bodies and educators can play in supporting healthcare

managers to further develop the mobility of their health and social care practitioners' professional identity.

5.3 Limitations

We endeavoured to limit the potential for bias by inviting a wide group of professional representatives. Workshop participants did not represent the entire multidisciplinary team likely to be present in health and social care teams. The concept of appreciative inquiry can be challenged. Clouder and King [45] critique the positivity of appreciative inquiry suggesting danger in applying the approach in an ill-conceived way due to its "*seductively plausible causal model*" [46]. We endeavoured to counter this by stimulating criticality, while retaining positivity, in allowing contextual information to come to light. The interactive and multidisciplinary nature of the workshop was well received. The appreciative inquiry was evaluated, and typical comments received included; '*A good example of research dissemination/reflexivity'* and '*Your work is applicable to the whole UK workforce*'. This positive affirmation of the appreciative inquiry suggests the concept of sense checking findings can add value to the primary research study.

5.4 Future research directions

Our study has confirmed findings from previous work on understanding the mobility of professional identity in multidisciplinary teams and that working across professional and organizational boundaries is challenging. Having a better *understanding* of the role of professional identity within multidisciplinary teams and appropriate work-based education/support should assist those working across such boundaries to some extent. This paper progresses the discussion by examining the practicalities of '*how to'* support health and social care professionals manage the mobilization of their professional identity, offering a potential framework for a work-based education resource. We also identify the implications for those managing multidisciplinary teams and their role in supporting their team members

to work in an integrated care setting. Further research is required to assess the impact of the education resource on health and social care practitioners and importantly on patients/clients and service users, and to continue to explore the role of managers within this evolving context of new models of care and multidisciplinary teamworking.

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