

Teamwork in Primary Health Care Centres

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Teamwork is one of the latest buzzwords in the delivery of healthcare. Rightly so as when we consider team working from any perspective, be it administrative or clinical, it has been shown that

“The whole of the effort is greater than the sum of the individual contribution” R. B. Reich¹

Situational Analysis

Both in the publicly and privately owned health clinics together with general practitioners there are various secondary ambulatory and paramedical services available. However most of our general practitioners seem to be working in isolation. Patients in Malta are neither registered to practitioners nor are they entitled to see a particular doctor of their own choice in the public sector. They tend to wander from one doctor to another and from department to department without effective guidance or follow-ups. As no one seems to be responsible for the patient, very few carers tend to put an entry note in the patient's records when this is available or at least send a reply note to the referring practitioner regarding the patient's treatment and outcomes.

At the publicly owned health centres there is no co-ordination among the different sectors and no communication between the carers. This is leading to the delivery of a fragmented healthcare service characterised with a lot of work being duplicated and inefficient use of resources. In addition administration also has to deal with staff shortages as well as cost containment. In the meantime demand is on the increase due to demographic changes, a rise in patient expectations and the ever-increasing developments in medical technology.

Teamwork: A Possible Solution.

Teamwork has been shown to improve the quality of health care and patient satisfaction by putting an emphasis on an integrated patient-centred approach of health care delivery². This can only be achieved through successful partnerships of multidisciplinary carers involved in primary healthcare. So we are now moving away from health care provided by individual practitioners to healthcare delivered by a 'Team of Professionals'.

The team approach to patient care is viewed as a means of building and maintaining staff morale, improving status of a

given profession and creating overall improvements of organisational efficiency³.

Main Challenges

We must not delude ourselves in thinking that teambuilding is easy. The ability to create teams may not always come naturally. We can easily organise people to work in groups but this does not necessarily mean successful teamwork. Developing team spirit is crucial for coherent teamwork. We have the duty to provide the culture and structure in which good teams can flourish perhaps using protocols for their management and development in much the same way we would apply protocols for the management of patient care.

Multi-professional teams have to face new challenges. Only by being aware of these challenges and preparing to deal with them can these teams function efficiently and effectively. The local scenario presents three main challenges.

A. Diversity in Multi-professional Teams

Davis⁴ states that the problem of scientific professionals is essentially one of adjusting their own highly specialised interest and rather solitary way of life to the integrative way of life in an organisation that brings together many other different or specialised interests. The members in a multidisciplinary team will bring with them different philosophies of practice as well as diversity in their personal beliefs and culture. This reflects the situation at the health clinics. Davis describes professionals as 'cosmopolitan' oriented, that is, loyal primarily to their own profession's standard and goals rather than organisational/team oriented.

B. Scarce Resources

The increasing financial pressures, the limited resources and new technological development demand decisions regarding coverage and access to healthcare services. Teams responsible for the delivery of healthcare have a difficult task to ensure a fair balance between maintaining equity, cost-effectiveness, and improving the quality of care.

C. Holistic Care

Primary health care is only successful if patients are cared for in their real life situations. In general practice we are not only treating the individual but we are also concerned with the patient's family and their community. Our teams must maintain this holistic perspective when dealing with patients. Care has to be co-ordinated intersectorially and intrasectorially. It is the patient's right to be appropriately cared and have access to the necessary services according to his needs.

Key to Success: An Ethical Framework

A shared ethical code for all health care professionals is a guarantee for the successful performance of multidisciplinary teams at the primary healthcare centres. Bioethical values are based on Tolerance, Compromise and Education. This ethical framework is capable of co-ordinating the different sectors and guides them towards a common vision of patient-centred care. Through bioethics our professionals can settle their differences, overcome the new challenges and deliver integrated care.

The common code of ethics being proposed here consists of Basic principles and Teamwork principles.

1. Basic Principles

Separate ethical codes for different health care professionals do not encourage a cohesive approach to patient care. A shared ethical code unifies health care professionals. The British Medical Journal in 1997 recognised this shared ethical code as vitally important to bring all stakeholders together with a more consistent moral framework. Following this publication the Tavistock group⁵ of multidisciplinary professionals was set up in 1999. The group formulated a set of five basic and generic principles. These principles must be embraced by all health carers whatever the set up maybe. I am sure that many of us already have put to practice these general ethical values which include:

- Healthcare delivery should be patient-centred.
- Healthcare is a human right. WHO emphasises that everybody is entitled to live a healthy life.
- The responsibility of healthcare delivery systems should include the preventing of illnesses and alleviating of disability.
- Co-operation with each other and with patients is imperative for those working within the healthcare system. No man is an island.
- All individuals and groups have the continuous responsibility to improve quality of care.

2. Teamwork Principles

In addition to the basic ethical principles there are a few more concepts pertaining to the multidisciplinary team context. These are;

Common Goals: A well-functioning team is one where individual goals are congruent with team goals. In other words there must be a shared common vision. The setting up of teams

will help to increase professional empathy and awareness of other professional skills, raising confidence and taking patient care in a holistic perspective. The integrated approach to healthcare is only possible if decisions are made by consensus.

Respect: Each member of the team is equally important and his/her point of view must be taken into consideration. Every professional must know what his /her responsibility is and also be aware of the responsibilities of other members. The team must have a leader, not a dictator but mainly as a co-ordinator or catalyst helping team members to reach consensus.

Communication: Team members need to establish good communication among them. There should be regular meetings to evaluate the objectives and processes. Communication within teams will then reflect at their working level. Harmful health care often happens as a result of lack of communication or a breakdown in communication channels between several providers. It may also result from inefficient communication between providers and patients. So the teams must create efficient channels of communication not only internally but in all directions.

Learning: Health carers at the clinics should be given the opportunity to learn together especially at a postgraduate stage⁸. Postgraduate, because by this time the carers know the responsibility pertaining their specialised field and can extend their knowledge and skills in other disciplines. Through interdisciplinary learning, members of a team can proactively plan and co-ordinate care across disciplines. This performance model will lead to an increased level of trust among professions and a deeper level of understanding of what each profession can contribute. This will also bridge or minimise differences in the philosophies of practice among the different carers.

Guidelines for Team Working

So how can we go about developing a healthy team practice? What guidelines are available that may help to build a healthy team spirit? Sir Charles George³, a leader in the philosophy of teamworking expanded on the Tavistock group values and provided us with some concrete guidelines.

Multidisciplinary teams must;

1. Have a purpose and values, that is a common vision
2. Be open and honest about professional performance.
3. Persuade other team members to change their mind when decisions taken could harm a patient, and take actions themselves to protect the patient's safety
4. Use recommended clinical guidelines and standards set by professional bodies.
5. Take a consistent and systematic approach. They must have an organised way of doing things but not a rigid set of rules or red tape that may itself compromise the efficiency by which the teams can function
6. Effectiveness and efficiency must be reflected in the care delivered.

7. Transparency and openness so that colleagues/patients may review relevant information if required
8. Employ internal and external auditing, both administrative and clinical. Audits will capture the outcomes as they are, minimising biases possibly resulting from the subjectivity of self-reporting.
9. Overall acceptability of evidence-based performance as this will achieve trust and confidence of patient, employer and professional colleagues.
10. Willingness to learn
11. Adopt an active and supportive approach to professional development of team members.
12. Suitable procedure for looking into complaints and avoiding unnecessary risks. This will perhaps direct health care delivery towards a more customer oriented approach.

A Word of Caution

Teams must be aware of what may go wrong and try to avoid such situations⁶.

1. **Team Metaphor.** The word team may instil competitive feelings and behaviour. Medical and clinical teams are not in competition with one another. Performance measures and interpretations based on statistical values only, are detrimental. They may lead to a situation where team members indulge in cover-up behaviour for faults that endanger the patients' health.
2. **Locus of Authority for Decision-making.** In a team sometimes it may be difficult to define responsibility of action. Therefore each member must be considered as the professional expert in his discipline and should be the one responsible for decisions concerning that particular speciality.

Ideal Team: The Patient a Team Member

Patient participation is perhaps the ultimate expression of teamwork. Teamwork can potentially transform the present quality

of care in the clinics to a more patient-centred approach. Multidisciplinary teams can provide a framework which enhance patient empowerment and establish patient involvement in the delivery of healthcare. Multidisciplinary teams will deliver integrated, co-ordinated and patient-centred care. After all, is this not the shared vision we all have for primary healthcare in our country?

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Answers to Self-Assessment quiz on page 65

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| Q1 E | Q6 A B C D |
| Q2 E | Q7 B C D |
| Q3 C | Q8 E |
| Q4 E | Q9 B C |
| Q5 D | Q10 D |