CONFERENCE ABSTRACT

Factors influencing multiprofessional team work
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Background and purpose: Establishing multi-professional, interdisciplinary and inter-sectoral teams are presently regarded as a preferred strategy to address complex problems within person-centred services in health and social care. In Norway, successive governments have initiated the establishment of teams locally. However, despite national support for establishing teams, the local implementation remains a challenge. The purpose of this paper is to cast light on the piloting of two team organisations recently proposed by national health authorities to ease the co-work taking place in local multi-professional and inter-sectoral teams in health and social services. The analytical model used is presented by Reeves et al, (2009) and is a generic approach to factors that promote/prevent successful teamwork.

Theory/Methods: National policies are developed within silos and local governments and are designed as solutions to the inherent tensions of often inconsistent demands from users, services and health authorities. The analyses, thus, will use organisation theory to address the question of firstly, why teams are implemented locally (e.g. Thompson, 1964, Stabell and Fjeldstad, 1996). Secondly, the question of how teams are organised (e.g. Axelsson and Axelsson, 2009; Berlin et al, 2009; Reeves et al 2009, Øvretveit, 1996). The paper is based on mixed methods; document studies, a survey and interviews are reanalysed to synthesise findings about contextual, organisational, processual and relational factors determining the implementation of teams locally.

Findings and discussion: Findings indicate that it is difficult to establish generalised knowledge about factors determining the success of teams. Contextual factors are important especially in the matrix type of organisation, which create challenges of authority and autonomy. Teams may be “wedged” into a crowded service field, adding to the coordination problems they are supposed to reduce. Organisational factors separate particularly between cross-functional teams (members working mostly in their mother services) and multidisciplinary teams (members working full time in teams), the latter being more efficient in their internal work. Processual factors are particularly about the number of tasks and degree of complexity in work tasks: a high number of tasks and the more complex these tasks are, the less likely it is that the team manage to reach their goals. Relational factors deal mostly with the cooperation between representatives from different professions. The intention to work in non-hierarchical work settings is important, especially for the development of new roles and knowledge about team work.

Conclusions: In the context of Norwegian local health and welfare system, the "wedging" of teams into crowded service fields calls for clear leadership roles in teams as well as mother organisations. Routines for devolving authority for team members to actually engage in teamwork should be established, and knowledge about teamwork should be developed and distributed among relevant staff and team members to create roles efficient for teamwork.
Limitations/suggestions for future research: Data reanalysed for the purpose of this paper does not capture the whole picture of teamwork. Future research should use an explorative design and more ethnographic methods.

Keywords: team organisation; mental health; local services