The Effectiveness of Interdisciplinary Team Dynamics on Treatments in a Behavioral Health Environment

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THE EFFECTIVENESS OF INTERDISCIPLINARY TEAM DYNAMICS ON

TREATMENTS IN A BEHAVIORAL HEALTH ENVIRONMENT

by

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Abstract

The style of leadership in an interdisciplinary collaboration is an existing gap in collaborative literature. Studying the leaders in an existing interdisciplinary collaboration provided a description of the leadership style of the collaborative leaders of three behavioral health teams in New York City. This qualitative phenomenological study used structured interviews of interdisciplinary disciplines to describe the leadership style of the collaborative leaders within a team environment. The data collection and analysis were conducted using codes to identify dominant themes. The themes presented perceptions and experiences of three teams interacting collaboratively. The coding process identified five major themes that are unique components of leadership that suggests new methods of building collaborative leadership within the interdisciplinary team dynamics.

Dedication

I dedicate this journey in loving memory of my parents, Joseph Grange and Adassa Grange. Their belief in my education and me pushed me forward to succeed. This study is also dedicated to Lisa Johnson Grange, my sons Julian, Najai and Dante for their tireless encouragement and support of my dream. Lastly, I would like to dedicate this body of work to all those African-American men (young and old) who dear to dream that all things are possible with Christ. I am a living testament that dreams are only the beginning of the journey and hard work and perseverance is the realization of those dreams fulfilled.

Acknowledgments

First and foremost, I would like to thank God for blessing me with the perseverance and drive to complete my research. This study could not have been completed without the cooperation and support from the Participants in this study, who remain anonymous but were the catalysis that helped me to complete my doctoral journey.

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I will forever be humble to all my brothers and sisters for all your support. Thanks to our loving parents Joseph and Adassa we as a family can truly support each other during these times of great accomplishments. I want to acknowledge all of my friends who would inspire me over the phone and in person with words of encouragement and support. Finally, I acknowledge God for the many blessings bestowed unto me, all things are possible with Christ.

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CHAPTER 1: INTRODUCTION

Since the mid-90s, health care leaders have faced challenges when work groups attempted to integrate changes in organizational values with new models of service delivery (Waters, 2001). The challenges included creating collaboration among team members and leaders (Lindeke & Sieckert, 2005; Waters). Leadership is recognized when the environment in which individuals are empowered promotes and develops collaboration. Isaacs (1993) suggested that, if people could be brought into a setting where they, by their choice, could become aware of the very process by which they form tacit assumptions, solidify beliefs, and receive rewards from each other for doing so, they could develop a common strength and capability for working and creating together (Isaacs, p. 25).

The present study focused on the environment required for collaboration from teams of clinicians representing different disciplines in which services are delivered rapidly across diverse organizational structures. Faull, Hartley, and Kalliath (2005) suggested that, in a medical environment, interdisciplinary groups could be useful in solving multi-factored problems. In the health care environment, a well-functioning interdisciplinary team in which clinicians work as member-leaders has the potential to further organizational change and foster improvements in patient outcomes. It has been suggested in previous literature that interdisciplinary team leadership is a model of shared leadership that requires perfecting to become a useful form of leadership in the health sector that is undergoing radical reforms (Faull et al.).

The purpose of the present phenomenological qualitative study was to explore the nature of interdisciplinary leaders and collaborative teams in a health care setting and

construct a description and interpretation of how the interdisciplinary environment can eliminate multifactor problems and increase effective treatment practice (Leedy & Ormrod, 2001; Lindeke & Sieckert, 2005). Multifactor problems include improving patients' quality of life and developing communication skills among professionals (Fast, 2003; Garrett, 2005). Chapter 1 presents an overview of the background and nature of the study.

Background of the Problem

According to Galbraith and Lawler (1993), the importance and difficulty of integrating various parts of an organization increase when individuals are required to solve problems based on diverse knowledge from different parts of the institution. The approach that involves the least amount of organizational investment in new roles and structures is to encourage formal and informal integration through such means as purposeful establishment of interpersonal networks and rotation of individuals through multiple disciplines. An effective design formalizes responsibility for integration in leadership roles and team structures (Galbraith & Lawler, pp. 117-118). The dynamics for teamwork in the complex health care environment is necessary, and no single discipline is equipped or trained to offer effective solutions (Kaissi, 2005). Although the literature on interdisciplinary teams consistently indicated the importance of collaboration, many questions remain unanswered concerning the collaboration efforts of interdisciplinary teams while making group decisions.

According to the New York City Department of Health and Mental Hygiene (2005a), mental illness is a common and serious health problem that is treatable but often undiagnosed. The high number of hospitalizations for mental illness among Queens'

residents is one indication of the burden of mental illness. In Jamaica Queens, about 12,000 people, representing 6% of the adult population, reported experiencing serious emotional distress.

The study of interdisciplinary collaboration in a health care setting is significant in the understanding of how interdisciplinary teams communicate across organizational boundaries. Interdisciplinary leadership has emerged from traditional models of leadership such as classical leadership styles and classification systems. Interdisciplinary team leadership in health care embraces the notion of shared leadership. Teams need training and development as members change attitudes, thinking, and culture (McCallin, 2003).

Leaders across health care organizations face challenges when working with groups. The integrating changes that are associated with teamwork when leaders-members work in a group have the potential to foster a clear understanding of patients' social, mental, and medical needs. Hall and Weaver (2001) suggested that, as clinicians faced complexities of current patient care, the two issues that emerged in health care were (a) the need for specialized health care professionals, and (b) the need for these professionals to collaborate. In hospital settings where interdisciplinary teams are common, non medical professionals using the team approach have been able to collaborate and communicate closely to optimize patient care (Hall & Weaver). The current study is important to health care leaders because of the ever-increasing need to work effectively in socially complex and multidiverse disciplines.

Team Collaboration

A fundamental unanswered question is whether interdisciplinary collaboration truly improves outcomes for the delivery of care. Patients who experience high levels of social and health inequalities make large demands on the health care system and have complex needs in the delivery of health care (Bronstein, 2002). The challenges involved in delivering health care services to society calls for collaborative and well-articulated efforts by each discipline (Whiteside, 2004). Researchers have suggested that the development of treatment teams in care settings offers team members the shared knowledge to produce positive patient outcomes (Lindeke & Sieckert, 2005). Isaacs (1993) suggested,

> Given the nature of global and institutional problems, thinking alone at whatever lever of leadership is no longer adequate. The problems are too complex, the interdependences too intricate, and the consequences of isolation and fragmentation too devastating. Human beings everywhere are being forced to develop their capacity to think together – to develop collaborative thought and coordinated action. (p. 24)

As patients' needs continue to become increasingly complex, it is administratively impossible for any one profession to address the range of resources needed to deliver health care services. Providing competent treatment depends on the ability of teams to work together to deliver a comprehensive plan of treatment (Bronstein, 2002).

Pratt, Thomas, and Atkins (2005) indicated that patient safety was a top priority at hospitals across the country. Recent initiatives by Sharp HealthCare used an interdisciplinary leadership team approach to develop a real-time electronic measurement

of potential patient harm. The partnership between Sharp HealthCare and its vendors led to the creation of an electronic tool that generates a user-friendly measurement system to quantify patient harm. The team of nurses, pharmacists, physicians, and other clinicians developed the tool's criteria by working together to identify harmful or potentially harmful events to patients and provide real time information that allowed clinicians to prevent or reduce harm to patients (Pratt et al.).

Leadership Collaboration

Interdisciplinary leadership is different from the traditional forms of leadership that value disciplinary separation, individual professional expertise, consultation, and competition (McCallin, 2003). The traditional leadership models might not be useful in teaching the emerging concept of interdisciplinary team leadership. Traditional leadership models focused on helping staff survive chaos stimulated by organizational change whereas healthcare leaders today must influence different disciplinary groups and colleagues from different disciplines to build collaborative teamwork (McCallin).

In a global health care environment rapidly changed by the expansion of boundaries and use of technology, challenges emerge when creating an interdisciplinary team (Smithard, Baldwin, Stewart, & Tidmarsh, 2005). Walker and Elberson (2005) suggested that challenges, such as getting disciplines to work together, were inherent in the cultural and organizational changes needed to facilitate collaboration in the ever-changing health care environment. Leadership is needed to facilitate collaboration, which involves setting the stage in the organization, facilitating a new language of work and approach to working together, and shaping the implementation and integration of new approaches into the vision, processes, decisions, and outcomes (Walker & Elberson).

Garrett (2005) suggested interdisciplinary professional collaboration could be described as the nonhierarchical sharing of authority with power distribution among participants. The approach can be challenging because there are differences in the way members of various disciplines communicate. Differences in communication styles can affect the team endeavor, educational research, and knowledge generated from collaborative associations. Communication can be further confounded when other disciplines become a part of a collaborative team (Garrett).

Problem Statement

There are problems of unequal benefits of team participation for individuals at different stages of their careers and with different levels of academic credentials. The barriers in developing teamwork in a interdisciplinary environment are (a) variability in the organization and administration of each discipline resulting in tensions related to team participation, (b) different levels of personal commitment to the group process by various team members, and (c) disparate terminology and technologies as well as role confusion. A major difference between the approaches of various disciplines can be differences in perception about the objective of the interdisciplinary process (Lele & Norgaard, 2005). Disciplines have their own cultures, goals, and values.

As individual leaders participate and communicate in teams, the value placed on individual autonomy and individual contribution can be an obstacle to cooperation (Thompson, Aranda, & Robbins, 2000). Thompson et al. noted that there is a need to develop interdisciplinary models that successfully create an environment in which building team collaboration among professionals who participate in shared leadership roles is successful, and that interdisciplinary collaboration is an important factor in

initiatives designed to increase the effectiveness of teams who deliver a variety of services to patients. According to Fast (2003), the lack of shared approaches among team members might be one of the obstacles in teamwork. Fast indicated that professions have their own cultures, goals, and ideologies, which sometimes differ radically from one another,and that professional interdependence further enhances the prospect for conflict. Fast also noted that there is a greater possibility for conflict to the extent that a larger number of disciplines depend on each other for assistance, information, or other coordinated activities. According to Drinka (1994), the autonomous nature of the health professions predisposes interdisciplinary health care teams(IHTs) to conflict. Because health professionals do not necessarily possess skills for addressing conflict and no health professions schools require interdisciplinary training, IHTs may have difficulty achieving a collaborative environment (Drinka).

Relationships among members of interdisciplinary teams can be characterized in terms of both members' autonomy and interdependence. Drinka (1994) suggested individuals from autonomous disciplines with specialized education and unique languages come to an IHT. The tendency toward separatism that exists among health professionals may make them reject leaders from other disciplines and may impede openness, innovation, and constructive confrontation in addressing complex problems (Drinka). The data suggested an ongoing tension between the potentially incongruent concepts of autonomy and interdependence (Martin, O'Brien, Heyworth, & Meyer, 2005). Because the intent of the study was to explore interdisciplinary collaboration as a practice that meets the intended goal of aiding patients, a phenomenological design was

appropriate to identify the structure and meaning of interdisciplinary team collaboration in delivering health care services.

<div align="center">Purpose of the Study</div>

The purpose of the study, using a qualitative, phenomenological research method, was to explore the nature of interdisciplinary collaborative practices among behavioral health teams located in New York City and construct a description and interpretation of how interdisciplinary team dynamics can affect team practices and effectiveness (Gillespie, Smith, Meaden, Jones, & Wane, 2004). For the purpose of the study, interdisciplinary team dynamics were defined as the process in which different professionals who are involved in the decision-making process develop and agree on a plan of treatment for individual patients. Professionals who work collaboratively on a common plan of treatment might not address the decision-making process within a common conceptual framework.

Field research was conducted with interdisciplinary treatment teams in Queens, New York. The sample for the phenomenological, qualitative study was drawn from three behavioral health interdisciplinary teams based in New York City, Queens County catchment area. The area of Queens was selected because there is a significant need shown in the literature for more complex health care services needing interdisciplinary collaboration in the geographic area of Queens (New York City Department of Health and Mental Hygiene, 2005b). The sample consisted of 26 participants in total with 14 females and 12 males. Each team delivered comprehensive and flexible treatment, support, and rehabilitation services to individuals with behavioral health issues. The research consisted of open-ended interview questions that addressed team members'

beliefs and concepts within an interdisciplinary team environment. Three interdisciplinary teams participated in a ten-question interview. The participants of each team were given a brief introduction to the nature of the questions. The data collection was conducted over one semester (i.e. four weeks). The area of Queens was selected because there is a significant need shown in the literature for more complex health care services needing interdisciplinary collaboration in the geographic area of Queens (New York City Department of Health and Mental Hygiene).

Gibbon et al. (2002) suggested that teamwork was the cornerstone of rehabilitation. The skills of an interdisciplinary team are required to provide the care and intervention necessary to maximize patients' recovery. In health care settings, teams appear to require support and leadership at the outset to assist in the acquisition of a clear, shared, and attainable vision (Gibbon et al.). Literature that focused on teams in treatment settings addressed main features associated with successful organized care that includes coordination between team members, early involvement, and good communication with patients.

<div align="center">Significance of the Study</div>

Research on the topic of interdisciplinary leadership in health care is limited. The literature on team effectiveness has not paid much attention to the role of team leadership and its influence on the delivery of care. Professional disciplines working together to address the critical social and health issues is an important strategy to deliver effective and efficient health care to patients. The significance of the qualitative phenomenological study was to identify effective and efficient collaborative strategies used by interdisciplinary leaders in the delivery of care to patients.

Significance of the Study to the Field of Leadership

Although the literature has offered some definitions of interdisciplinary collaboration, no model has identified either its components or its influence on the delivery of quality care. Given the absence of a model, there has not been a method available to measure and determine the extent of collaboration that exists among professionals in any organization (Bronstein, 2002). While interdisciplinary practice might be an effective approach to complex issues in health care, the concept continues to be misunderstood. Determining how interdisciplinary professionals in organizations collaborate is significant in finding effective and efficient approaches to treat patients with mental disorders.

Garrett (2005) suggested there is a new emphasis on interdisciplinary research in health settings. It is important to investigate whether professional disciplines can collaborate with colleagues in different occupations and what effects such collaborations might have on patient outcomes. Health care problems do not fit perfectly within specific disciplines. Health care disciplines must not limit the parameters in which health care problems can be studied and solved. Many complex problems can only be understood when collaborative disciplines come together in a clinical setting to make decisions.

The study of how leaders collaborate on interdisciplinary teams is important to identify what strategies can be effectively used when leaders come together to achieve a common objective. As they develop complex forms of service delivery, health care systems will need effective leadership to participate in the process of shared decision-making. Collaborative teamwork is an integral part of the endeavor to improve the nation's health (Garrett, 2005). The present study offers significant findings to improve

collaborative teamwork in diverse interdisciplinary environments where health care is delivered.

Nature of the Study

The nature of the qualitative phenomenological study was to explore the dynamics of team collaboration as an important element of effective interdisciplinary practices among behavioral health teams located in New York City. The goal of the study was to offer a description and interpretation of whether a shared team approach could be connected with effective teamwork. Interview questions were used to collect the data from individuals on the three interdisciplinary treatment teams. The following overview discusses the appropriateness of the research method and design and why the planned design accomplished the study goals.

Research Method

A qualitative, phenomenological research method was used to examine and describe the influence of collaborative practices of leadership among behavioral health teams. In order to collect data for the research study, ten open-ended qualitative interview questions were used. With the phenomenological approach, it was possible to discover themes of group collaboration from data obtained with exploratory questions (Tashakkori & Teddlie, 2003). The study added to existing literature with data collected in the field. Creswell (2003) explained,

> The intent of qualitative research is to understand a particular social situation, event, role, group, or interaction. It is largely an investigative process where the researcher gradually makes sense of a social phenomenon by contrasting, comparing, replicating, cataloguing, and classifying the object of study. (p. 161)

Research Design

Chapter 3 will present in detail the phenomenological qualitative method that explored the nature of interdisciplinary collaborative practices among interdisciplinary teams. The following is an outline of Chapter 3: (a) research method and appropriateness of the design, (b) research questions, (c) population sampling, (d) and data collection. A phenomenological qualitative study helped identify effective methods of engagement within the interdisciplinary team environment. The phenomenological method includes a philosophy and a research method for studying the meaning of collaboration among interdisciplinary team members as a group experience (Lindseth & Norberg, 2004).

In the present study, phenomenological evaluation engaged a number of professionals to reflect upon their experiences and determine the applicability, usefulness, and relevance of their experiences to interdisciplinary collaborative practices. A pilot study of leaders from different disciplines was conducted in a health care setting, using the ten interview questions. The questions were used as an investigative instrument to determine whether the questions were appropriate to collect specific beliefs and values of collaborative practice in the decision-making process.

The interviews were conducted with active participation from individuals from various disciplines who deliver care to patients. The sample for the phenomenological, qualitative study was drawn from three behavioral health interdisciplinary teams based in New York City, Queens County catchment area. The sample consisted of 26 participants in total with 14 females and 12 males. Each team delivered comprehensive and flexible treatment, support, and rehabilitation services to individuals with behavioral health issues. The research consisted of open-ended interview questions that addressed team

members' beliefs and concepts within an interdisciplinary team environment. Three interdisciplinary teams participated in a 10 question interview. The participants of each team were given a brief introduction to the nature of the questions. The data collection was conducted over one semester (i.e. four weeks). A pilot study was conducted prior to the actual on-site collection interviews. Behavioral health discipline outside of the study area was targeted to review the interview questions prior to the actual on-site data collection. The current study's goals were accomplished by using interview questions to identify leadership approaches and dynamics within interdisciplinary teams.

Research Questions

Two research questions were designed to guide the current phenomenological qualitative study. Question 1 sought to develop a step-by-step mechanism used to make decisions about a patient's treatment. Question 2 sought to define the important values each discipline believed was effective in the process of team management.

R_1: What type of leadership approach will be utilized to effectively develop a

treatment plan for the patient's overall continuum of care?

R_2: What important factors are associated with good team management?

Conceptual Framework

The conceptual framework of the current study was based on (a) leadership styles and (b) group dynamics. Commonly studied leadership theories include autocratic, transactional, and transformational leadership (Murphy, 2005).

Leadership Styles

Based on the review of literature of interdisciplinary teams, leadership is shared among disciplines. Substantial research identifies leadership as a specific characteristic