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# The problem-avoiding multi professional team—On the need to overcome protective routines



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## KEYWORDS

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**Abstract** This study examines how compartmentalization in multi-professional teams in healthcare, inhibits productive interaction and the role of team leadership in the institutionalization of professional identity protective routines used in these units as they affect teamwork. The main finding is that protective routines that create compartmentalization reduce the threat to professional identity, but also influence potential affording situations negatively. The positive effect of protective routines in reducing the professional identity threat then is neutralized by this negative effect on affording situations. This explains why the effect of multi-professionalism on creative and effective teamwork may still be minimal despite the low level of professional identity threat. The paper adds to previous research on how team leadership can enhance the performance of multi-professional teams.

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## Introduction

The concept of “team” connotes a collaborative effort in which two or more people work jointly to achieve mutual goals they could not have achieved individually (Huxham, 1996). According to Payne (2000), a potential benefit of such collaboration in professional healthcare teams is that professional actors on teams are more likely to recognize and

accept other actors’ expertise and skills in the interest of achieving better results. Professionals are individuals practicing an occupation, a profession, in which a member “gains the power to determine who is qualified to perform defined set of tasks, to prevent all others from performing that work, and to control certain criteria by which to evaluate performance. ...The organized occupation creates the circumstances under which its members are free of control by those employ them” (Freidson, 2001/2004: 12).

In healthcare, the context of this study, it is reasonable to expect, as Addicott and Ferlie (2007) claim, that multi-professional collaboration helps streamline patient pathways and foster the flow of knowledge and good practices between the professionals and their employer organizations. To

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achieve this, the teams probably have to be multi-professional because the treatment of patients requires many professional skills. Moreover, several studies on cooperation by individuals in mono-professional teams show that actors, rather than collaborate, reconcile themselves to mere peaceful coexistence. For example, researchers have studied teachers (Arfwedson, 1983), soldiers (Axelrod, 1987), accountants (Morrill, 1992), product development managers (Trägårdh, 1997), and the police (Van Maanen, 1992).

However, for the multi-professional team (MPT), simple co-existence in the ways of working is insufficient. Oborn and Dawson (2010) argue that the MPT, which is an institutional response that enables translation of knowledge across occupational boundaries, is a tool to improve performance through innovations. Greater innovativeness is expected from MPTs than from mono-professional teams.

Positive benefits are expected from collaborative multi-professional teamwork. The MPT requires a structure in which several professions, working together in boundary-spanning activities, can use their various areas of expertise to solve complex problems. For example, in the last decade a strong claim has been made that healthcare organizations should integrate their various areas of expertise and their different skills in order to provide more patient-centred care. Such care focuses on patients as a whole in their (often) unique medical situations. In healthcare (e.g., psychiatric care), the MPT may be the organizational solution that leads to improved patient-centred care.

However, previous findings on multi-professional teamwork in healthcare show that its positive benefits mainly relate to activity coordination (Reeves, Goldman, & Oandasan, 2007; Tieman et al., 2006) and, to a lesser extent, to knowledge sharing (Atwal & Caldwell, 2005; Caldwell & Atwell, 2003; see also Mitchell, Parker, & Giles, 2011). Many studies report cooperation difficulties in multi-professional teamwork in their descriptions of MPTs as networks (e.g., Larkin & Callaghan, 2005; Payne, 2000). In fact, some researchers have found no direct causal effect between multi-professional teamwork and team innovations (Gebert, Boerner, & Kearney, 2006) or team effectiveness (Mitchell et al., 2011).

Several studies emphasize the importance of establishing teamwork prerequisites and of examining the difficulties involved in such teamwork. Finn, Currie, and Martin (2010) argue that the main challenge in forming teams is finding local environments that support transformative, multi-disciplinary teamwork. Noordegraaf (2011: 1349) argues that professionals, in seeking organized work conditions, “face new cases, which are difficult to categorize and call for well-organized multi-professional acts”. Other studies argue that team leaders who work with boundary management should develop their organizational abilities through multi-disciplinary actions (e.g., Argyris, 1993; Altman & Iles, 1998; Iedema, Degeling, Braithwaite, & White, 2004; Pethybridge, 2004; Peck & Norman, 1999; Ratcheva, 2009; Reiter-Palmon, de Vrede, & de Vrede, 2013; Saltz, 1992).

Furthermore, a large body of literature explores the difficulties MPT members face as they try to expand their professional roles beyond the mere coordination of practice-oriented activities. In addressing these difficulties, the literature identifies certain necessary conditions for successful teamwork: a mutual vision, commitment to mutual goals,

good communications, role-valuing, clear team identity, and support for professional identity (Currie & Hodges, 2011; Freeman, Miller, & Ross, 2000; Mitchell, Parker, Giles, & White, 2010; Onyett, Pillinger, & Muijen, 1996; Poulton & West, 1993).

According to Mitchell et al. (2011), the members of successful teams have the ability to work cooperatively as they try to achieve team-related goals. In their investigative survey of “interprofessional” (i.e., multi-professional) teams, Mitchell et al. uses a variable labelled “effectiveness” to measure team success. They asked the team members: How well do you think this team performed its task? In this study, then, the team members defined success. The researchers also asked: “When do interprofessional teams succeed?” In examining the professionals’ responses, they looked at the moderating roles of the *team identity* and the *professional identity threat* when the interprofessional team’s diverse composition may inhibit effective performance. They concluded, “Commitment and attraction to their team enhances members’ ability to work together cooperatively ... that threat to professional identity plays a deleterious role by moderating an inverse relationship between diversity and effectiveness...” (Mitchell et al., 2011: 1321). However, they admit that their “overall model explained 57 percent of the variance in team effectiveness” (Mitchell et al., 2011: 1333). We are interested in finding other reasons for the ineffectiveness of MPTs.

It is our contention that the threat to professional identity normally is low if there is any evidence of teamwork. The cause of teamwork difficulties, in large part, may be the professionals’ desire to protect their professional identities. The threat to professional identity, defined as the perception of the loss of professional values and professional status, and eventually the loss of professional boundaries (Hornsey & Hogg, 2000a; Steele, Spencer, & Aronson, 2002), may provoke the threatened professionals to implement strategies designed to restore the integrity of their professional boundaries (Hornsey & Hogg, 2000b).

However, the research on professional identities is conducted from a Social Identity Perspective and focuses mainly on the role of inter-group relations in constructing social identities rather than on the role of interprofessional relations used to build professional identities. In our study, we integrate organization theory – our primary research field – with Social Identity Theory (SIT) that is based in social psychological theory. Our intent is to advance our understanding of the organizational behaviour of a professional team and its members (see Hogg & Terry, 2000). However, we examine how individuals manage their professional identities rather than their personal identities. We aim to investigate how individuals try to maintain their professional identities in a competitive, yet cooperative, environment.

Obviously, the “threat to professional identity”, which can be deleterious to cooperation, must be reduced if the MPT is to survive. In this attempt, however, MPTs may also limit their ability to innovate. Preservation of professional identity may merely restore the coordinating situation amongst professionals.

We contend, nevertheless, that a low level of threat to professional identity is a necessary prerequisite for successful cooperation. However, the protection of professional identity may still be insufficient for successful

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