Journal of Interprofessional Education & Practice 13 (2018) 27–32

Contents lists available at ScienceDirect

Journal of Interprofessional Education & Practice

journal homepage: www.elsevier.com/locate/jiep

What drives members of an interprofessional care team: A sense of self

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A B S T R A C T

Background/purpose: The purpose of this study is to identify what motivates practitioners who provide integrated, interprofessional, team-based care for triply-diagnosed adolescents: mental illness, medical illness and an appetitive drive disorder.

Method: Using rigorous qualitative methods, one author interviewed team members of the University of Texas Rio Grande Valley School of Medicine Integrated Care Collaborative Unit. The semi-structured interviews were recorded, transcribed verbatim and coded using Consensual Qualitative Research (CQR) methodology to determine key themes and domains. An interpretive analysis of the domains suggested an explanatory structure for the conceptualization of a collaborative team model focused on individual members' motivations.

Results/discussion: Self-actualization, working in a team and a sense of altruism were the three domains identified as important motivators for collaborative integrated care. Individual personal meaning appears to be tied to motives associated with achieving positive perceptions from other team members and patients as well as self-fulfillment at the highest level of human need.

Conclusions: Key factors influencing individual team members contribute to an integrated healthcare collaborative model in a manner not previously elaborated. The findings of this study offer insight into an alternative, innovative best-practice care model that considers team members' personal motivational attributes as a framework for team member selection, team structure and workplace environment.

1. Introduction

A confluence of factors relating to geography, socioeconomics, access to medical care, rapid population growth and disproportionately high rates of chronic disease and mental illness combine to make the Texas-Mexico border region among the most medically underserved in the United States.[1] In a population high in health disparities, unemployment, lack of education and inadequate sociocultural resources, the number of triply-diagnosed adolescents (medical illness, mental illness and appetitive drive disorder) quickly outstrips available resources for this patient group. Collaborative, integrated, interprofessional teams can maximize treatment resources.[2] Using healthcare providers from the newly-established University of Texas Rio Grande Valley School of Medicine (UTRGV SOM), the Integrated Care Collaborative Unit (ICCU) was established at the John Austin Pena Clinic (JAPC) in South Texas to address the needs of this vulnerable population.

2. Study overview

Opened in 2015, the JAPC ICCU is a product of collaborative and interprofessional efforts of several groups: the UTRGV SOM, the South Texas Interprofessional Team Collaborative for Health (STITCH) and a regional consortium of community and academic leaders. This consortium established the ICCU to provide the systematic coordination of general and behavioral healthcare that integrates mental health, substance abuse treatment and primary care services to produce a model to care for triply-diagnosed adolescents. The medical providers

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https://doi.org/10.1016/j.xjep.2018.08.009
Received 13 April 2018; Received in revised form 19 August 2018; Accepted 27 August 2018

(physicians, nurses, advanced practice providers) evaluate primary care related problems such as acne, obesity, hypertension, hyperlipidemia, asthma and sexually transmitted illness. A child psychiatrist participates in evaluation and management of mental illness and substance abuse. The family physicians trained in behavioral medicine prescribe necessary medications, including psychotropic medications, as well as other medications required to treat the adolescents' conditions. Other practitioners (counselors, educators, social workers and vocational rehabilitation) practice within their scope and provide appropriate treatment as well as recommendations as integrated members in this team-based, collaborative model.

The ICCU strives to address transitions of care/care navigation between the school, the home and the clinic to increase service capacity at these levels, as well as in the community, to empower adolescents and families to advocate for themselves and to provide opportunities for workforce development. The ICCU team collaborates in a dynamic and iterative process that also draws upon educational psychology, nutrition and pharmacy expertise.

As the ICCU approach to care for triply-diagnosed adolescents is new to the region, this study sought to determine what motivates members to work in an interprofessional, integrated collaborative care team that treats at-risk adolescents. Quantitative methods do not fully measure non-cognitive factors; therefore, qualitative research methods were used to obtain insight into team members' motivations to work in an integrated interprofessional team. Factors that enhance team performance include those that embody practice cultures emphasizing both team-based collaborative integrated care and workforce characteristics, such as team member availability and skill level, as well as those that facilitate communication, with and without the aid of technology.[2,3] The focus in this study was to determine what motivates individuals in a collaborative care model that is potentially useful for team design, member selection and maximization of workplace environment.

3. Participants and recruitment

Following Institutional Review Board (IRB) approval for research involving human subjects, a study recruitment email was sent to all ICCU team members (n = 59) involved with the ICCU during the previous two years. The informed consent form and project scope were included in the email. Twenty-seven (n = 27) ICCU team members consented to be interviewed for the study. To reduce selection bias, these 27 ICCU team members were contacted in random order to schedule the interview. Information saturation was reached after the tenth interview: 5 males, 5 females; ages 21–65 years; 8 Hispanic, 2 Southeast Asian (India). Provider areas represented by the interviewees include clinical medicine (Family Medicine, Psychiatry), education, medical assistant, medical family therapy, nursing, rehabilitation and behavioral health counseling and social work. Saturation was defined as when question prompts and discussion did not provide any new information from participants.

4. Data collection

A literature search was conducted with the objective to obtain and synthesize the best available evidence on health professionals' perceptions of success of integrated collaborative care teams in primary health care settings. A literature search on PubMed selected studies published between 1980 and 31 May 2018 relevant to collaboration, team-based care, integrated care, interprofessional care and multi-discipline care among health professionals who work in primary health settings: medicine, nursing, nutrition, pharmacy, psychology, and social work.[3–12] A manual search also was performed by using references of key articles published in English. Additional sources were included as appropriate.

The literature review was utilized to develop a list of open-ended questions (Appendix 1). The interviewer (VT), with experience in qualitative research and not part of the ICCU team, conducted the 60–90-min in-person interviews.

The interviews were conducted in private, with only the interviewer and interviewee present, without interruptions. After informed consent, the interviewer asked question prompts (Appendix 1). The semi-structured interview format allowed for detailed conversational interaction. Interviewees responded to the open-ended questions; follow-up questions (Appendix 2) encouraged clarification and elaboration. As per Consensual Qualitative Research (CQR) methodology, interviews continued until no new information was forthcoming (saturation). The interviewer audio-recorded the sessions and research assistants transcribed the blinded interviews verbatim.

5. Data analysis

Two approaches were used for data analysis: CQR[13,14] and cluster analysis.[15–17]

5.1. Consensual qualitative research (CQR)

CQR is "an inductive method that is characterized by open-ended interview questions, small samples, a reliance on words over numbers, the importance of context, an integration of multiple viewpoints, and consensus of the research team. It is especially well-suited to research that requires rich descriptions of inner experiences, attitudes, and convictions."[14] The senior author has expertise in CQR and based this study's design on previous research that also examined participants' verbal expressions meaningfully.[18]

The study team, comprised of educators, researchers and clinical practitioners, met first to standardize the CQR methodology. The team then divided randomly into two independent groups, read the transcriptions and coded words and phrases for core ideas and themes. Each group categorized the core ideas and themes into domains as identified by the group. The two groups then met together to discuss their respective findings and reach consensus on the core ideas, themes and domains. The interdisciplinary nature of the study team and the CQR methodology created robust conversations and debate.

To further reduce group-think type bias, strengthen the validity of the CQR analysis and provide inter-rater reliability, another study team member, a board-certified child and adolescent psychiatrist (ADD), who served as study auditor and did not participate in either of the two coding groups, reviewed three randomly-selected transcripts. A sample of verbatim quotations from the interview transcripts were then selected from among the 169 total quotes transcribed to serve as illustrations of and evidence to support the coded content.

5.2. Cluster analysis

Cluster analysis is an interpretative methodology adapted from literary criticism.[15–17] Similar to CQR, cluster analysis examines key words and repeating patterns of expressions associated (or "clustered") around these key words. Distinct from CQR, cluster analysis looks for word associations that give insight into possible motives that drive individuals' attitudes, opinions and behaviors.[15,16] A type of cluster analysis known as agon analysis explores more specifically for word clusters that oppose each other (e.g., weak versus strong; happy versus sad). Because agon analysis focuses on conflict, it adds a dramatic dimension to a basic cluster analysis.[17]

CQR and cluster analysis enhanced the examination of potential conflict expressed in word choice and helped illuminate what was important to the interviewees and why. What constitutes a meaningful collaborative care team, what factors or other indicators contribute to this meaning for the team members and what characteristics contribute significantly to team member satisfaction all are made evident from the unique perspective of the individual team members themselves.