PRACTICAL PRECONDITIONS FOR THE DEVELOPMENT OF THE INTERDISCIPLINARY COLLABORATION COMPETENCE IN HEALTHCARE

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This article presents the results of the fourth stage of the longitudinal research performed at Kaunas University of Medicine (since 2010 – Lithuanian University of Health Sciences) and Vytautas Magnus University. The main goal of the research was to investigate educational possibilities and preconditions for the development of the education of professional intercultural communication for students in the education programs of medicine and social work. Previous stages of the study revealed the peculiarities of intercultural/interdisciplinary teamwork, and educational premises for professional education of the team members. The fourth stage of the study is focused on the analysis of the practical activity of the interdisciplinary (intercultural) team, striving to improve health specialists' and social workers' interdisciplinary collaboration competence.

Keywords: interdisciplinary collaboration competence, medicine education program, social work education program.

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Theoretical and practical aspects of interdisciplinary teamwork

The longitudinal research performed at Kaunas University of Medicine (since 2010 – Lithuanian University of Health Sciences) and Vytautas Magnus University was aimed at investigating educational possibilities and preconditions for the development of interdisciplinary (intercultural) collaboration competence for students of Medicine and Social work education programs.

During the first stage of the study, we stated that new paradigms of learning and empowerment require competences empowering for functioning in an interdisciplinary (intercultural) team, as well as the creation of the environment where individuals would learn to communicate (Brunevičiūtė, Večkienė 2003; Brunevičiūtė *et al.* 2004). We highlighted that from the perspectives of historical and social transformation, the traditional concept of a profession – the one that emphasizes the distinction of the profession – predominates in the field of biomedicine, while social sciences are characterized by intensive transformations requiring a substantial revision of the concepts of social professions. This approach entails differ-

ences in both the creation and the realization of the analyzed professions; these differences have to be taken into consideration when comparing and evaluating educational aims in the aspect of the activity of interdisciplinary teams.

The analysis performed during the second stage of the research identified that aims in the health specialists' education and training curricula emphasized theoretical knowledge and interpersonal realization, while the curricula of social workers focused on practical activity; yet all the curricula lacked a concrete orientation towards teamwork (Brunevičiūtė *et al.* 2005). In order to highlight the directions of changes in the aims of the curricula, we generalized the results obtained from the analysis of the aims of the following curricula: two curricula of the education and training of health specialists – the curriculum *medicine* (integral studies) and the curriculum *nursing* (main studies) at Kaunas University of Medicine, and the curriculum of the education and training of social workers – *social work* (Bachelor and Master levels) at Vytautas Magnus University. The analysis of the aims of these curricula revealed the fragmentary character of the preconditions for social cohesion or preparation for cooperation when providing healthcare and social services on the levels of a community, a group, and an individual. This fragmentation impedes the creation of conditions for the development of the intercultural cooperation competence that would encompass the spheres of values, knowledge, and skills.

The results of the third stage identified the structure of the needs for intercultural communication among students of the *medicine* education program; we applied the general category system of the aims of the curriculum, substantiated during the second stage of the research (Brunevičiūtė *et al.* 2007). To indicate the students' needs for intercultural communication, an open questionnaire was used. Since greater problems emerged during the analysis of the aims of the education programs at Kaunas University of Medicine – namely, in the education program of *medicine* – 50 Master-level 5th-year students of the *medicine* education program were selected as the sample of the inquiry. The total number of 5th-year students in the program was 167, and thus the 50 students included into the inquiry made up 30% of the studied population. The respondents were selected randomly. Of significance here are the responses to the questions of whether intercultural cooperation-related issues are analyzed during the studies – they revealed the official (or formal) and the informal aspects, i.e. even though the issue is not officially analyzed during lectures, yet the students mention that it was discussed in students' local self-government. When answering the question about the general understanding of intercultural communication, students-respondents associated such communication with foreign students at the same university, and with student exchange programs. Only one respondent mentioned the possibility of communication with people of other professions and different cultures. When answering about personal practical experience, students-respondents emphasized the lack of cooperation practice. The second stage of the study revealed an apparent difference in the formulation of the aims of the education programs for social workers and health specialists. The sequence of the aims of the education and training program for social workers demonstrates a system, which creates conditions for the theoretical understanding of the intercultural cooperation phenomenon with respect to the profession, and for the recognition of the manifestation of this phenomenon in practice. Meanwhile, in the aims of the education and training programs for health specialists, this phenomenon is only addressed in a fragmentary manner. This suggests a conclusion that, the students' responses concerning intercultural cooperation differ in dependence on the aims set in their education and training programs.

The object of the study is an interdisciplinary (intercultural) healthcare team.

The problem tackled in the fourth stage of this study: how does an interdisciplinary (intercultural) team function in practice, and how does practice help to project changes in

health specialists' and social workers' professional education and training orienting towards developing interdisciplinary collaboration competence?

The aim of the fourth stage was to analyze a team as a dynamic structure in practice by applying the theoretical model.

The objectives of the study were the following:

- to clarify the contradictions between vision and the reality, using the theoretical model as the basis;
- to clarify what may be improved in professional education and training programs.

Description of the problem. In Lithuania, the activity of health specialists is undergoing a transition from the biomedical to the social model. Health specialists are learning to work in a team, but this team is limited to the approach of one professional culture, i.e. biomedicine. Thus, health specialists are not trained for working in an interdisciplinary (intercultural) team. This entails setbacks and prevents viewing patients/clients and their close relatives as team members.

Human mental health is an interdisciplinary field. For this reason, psychiatry specialists and social workers always work in an interdisciplinary team. In the healthcare system of Lithuania, the notion of an interdisciplinary team is a newcomer. In fact, this concept is still under development (Alseikienė 2005), since psychiatry in Lithuania is still characterized by the predominance of the biomedical model that impedes the full realization of the possibilities of an interdisciplinary team, including the roles of a social worker.

In the field of psychiatry, the biomedical model raises the physician-psychiatrist above the rest of the team members, since the psychosocial model does not yet have the same weight as the biomedical model does (Stonytė 1997; Goffman 1961). For this reason, instead of a team we have professionals of various specialties following the physician's directions.

Meanwhile, the culture and the effectiveness of teamwork determine the possibilities for the manifestation of the roles of specialists (including the social worker) of the interdisciplinary team, since these are the essential factors conditioning the context of a professional role. In practice there are contradictions between the theoretical understanding and the actual realization of teamwork. Teamwork frequently remains a theoretical notion, which negatively affects the quality of healthcare services (Večkienė, Eidukevičiūtė 2005).

Social capital as the basis of teamwork

The methodology of the research is based on the theories of the human capital (Gendron 2004), the social capital (Coleman 2005), and the social construction of the reality (Berger, Luckman 1999). Social capital is created when relationships between people change to facilitate activity. Specialists (physicians, social workers, and nurses) working in a healthcare team use different knowledge and information. These specialists' competence is the precondition for human capital.

A qualitative study using the interview method was performed in order to clarify the contradictions between vision and the reality as well as to find possible solutions. The participants of the study were employees of the Department of Psychiatry in hospital N: 3 psychiatrists, 3 mental health nurses, a social worker, an occupation organizer, and a psychologist.

When a social worker, physicians, and other specialists work in a team to reach a common aim, certain social relationships develop. The social capital theory promotes viewing relationships as teamwork resources, and a team – as social capital that complements human capital and facilitates more effective activity. Coleman (2005) stated that social capital is created when relationships between people change to facilitate activity. According to Coleman, the information potential characteristic of social relationships is an important form of social capital. Information provides the basis for capability. Relationships in this respect are valuable for the information they determine/provide.

The associations between the human and the social capital are presented in the diagram (Fig. 1). Human capital is located at the apices of the triangle, and social capital – in the relationships connecting three different groups of subjects (A, B, and C).

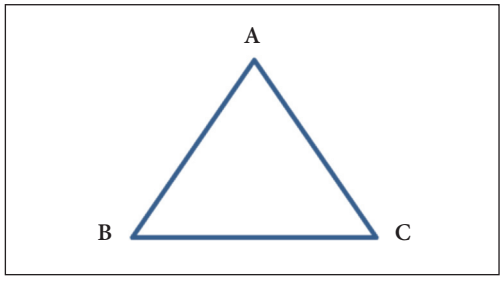

Fig. 1. *Associations between human and social capital*

Physicians, social workers, nurses, and occupation organizers use different information. Their competence is the precondition for human capital relevant for the provision of assistance to mental patients. It is only when these specialists exchange individual information resources that social capital is created in the process of a constructive communication. Information used by every team member complements the common "mental outfit" thus facilitating achievement of the set aims and increasing the effectiveness of the work (Berger, Lucman 1999).

When presenting definitions of a team, many authors indicate that role distribution is one of the preconditions for successful teamwork. Roles are associated with the division of labor. A team role is a role that we assume expressing our input and relationships with other team members. The choice of a role depends on the personality and learned behavior, as well as on how each team member performs his/her work, on certain situations, and on the character of the client's/patient's problems. Institutional order is real only to the extent to which it is realized through roles, and the latter represent institutional order that defines their character and provides them with objective meaning (Berger, Luckmann 1999).

The model of an interdisciplinary team: theory and practice

According to the psycho-social model of healthcare, the theoretical structure of an interdisciplinary team would look like a hexagon in which all relationships are equal. A client would be a full member within such structure (Fig. 2).

In practice, the structure of the team of a psychiatry department would look like a traditional biomedical triangle (Fig. 3). A closer

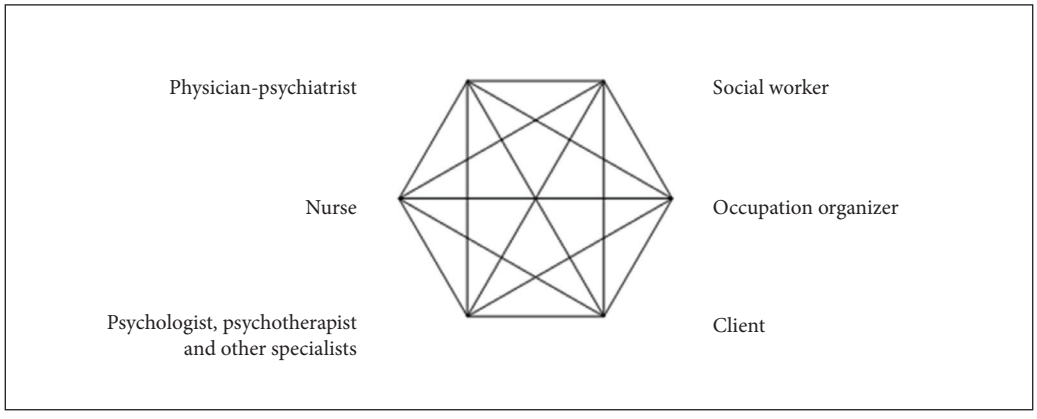

Fig. 2. *Structure of the team of a psychiatry department*

look would reveal different relationships. The highlighted triangle represents the relationships between the representatives of the field of medicine (the traditional approach). The social worker is not a full member of the interdisciplinary team, and the patient is absent altogether because he/she is merely a passive recipient of the service.

Impediments in the formation of an interdisciplinary team

Legal: The fields of healthcare and social work have long been perceived as separate systems. A social worker is still perceived merely as one of the agents of psycho-social rehabilitation (the Decree of the Minister of Health of the Republic of Lithuania), and psycho-social rehabilitation – as one of the stages of treatment.

Communication: The entry of social workers into psychiatry combines two novelties: psycho-social rehabilitation and social work. Obviously, communication in such situation is a stressful process since specialists of different fields differently understand health problems and their solutions.

Organizational/structural: The aims of a team should be coordinated with the aims of the organization, and the activity – with the strategy of the institution and the decisions it makes. Although the development of teams should be in the interest of the organization, in practice, as the documents of the organization show, this is not the case.

In this case, a social worker would be of special significance because of the interdisciplinary character of his/her work in performing professional roles. A social worker must productively cooperate with specialists in other fields and use their knowledge to reach the most effective solution to the patient's/client's problem.

An interdisciplinary team in practice: the reality

In order to clarify the inconsistency between the vision and the reality, and to find possible solutions, we performed a study that included employees of one department of hospital N: 3 psychiatrists, 3 mental health nurses, a social worker, an occupation organizer, and a psychologist. The study was performed using the semi-structured interview technique. During the interview, 3 topics were discussed with the participants of the study:

I. An inside look to the team.

II. A social worker in the team.

III. An outside look to the team (team members' reflection).

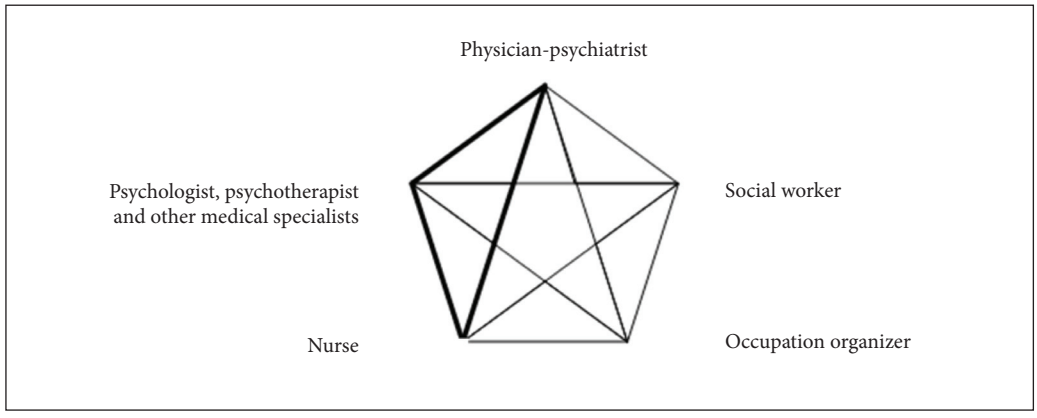

Fig. 3. *Structure of the team of a psychiatry department*

For each topic, interview questions were formulated. Data analysis was performed using the data interpretation technique – the thematic coding procedure (Flick 1998). The data analysis allowed for the identification of topic fields, comparing each topic separately with all participants' responses in order to identify similarities and differences. The interview revealed the topic of a common goal and efficiency.

The responses to the question concerning the composition of the team of the psychiatry department were all different. A noticeable regularity was that the majority of the participants named as team members those people with whom they most frequently cooperated, exchanged information about clients/patients, etc. For instance, differently from physicians, nurses mentioned assistant nurses and auxiliaries as team members - but none of them mentioned a psychologist.

The responses of the participants revealed that teamwork at the department that participated in the study was not organized. Information exchange among team members mostly occurred during "five-minute conferences"; other team discussions were non-existent. The participants of the study thought that there was no team at the studied department, since people mostly worked individually, and there was a lack of communication.

Physicians in their answers directly or indirectly revealed that they were the ones who organized the solution of the client's problems in the team. All participants of the study admitted that the physician played the main and the leading role in the team. The physician controlled the situation and assumed the role of a mediator between the client and other staff members at the department. The team leader, i.e. the head of the department, is a physician as well. Heads of healthcare institutions are also physicians. This is a traditional situation, and it is ubiquitous.

The participants of the study ranked the team members according to their importance. This reveals the opinion that some team members are more important, and some – less so. The generalized survey of the responses is presented in Fig. 4.

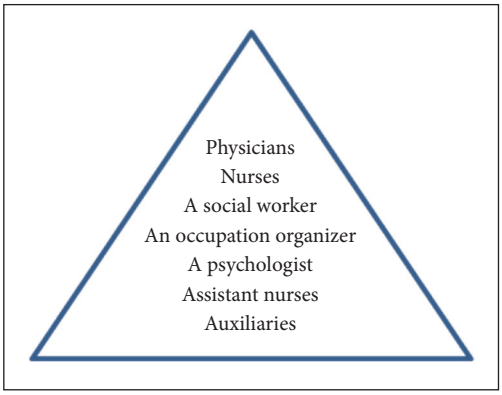

Fig. 4. *The importance of team members according to the participants of the study*

The participants directly or indirectly mentioned that relationships at the department were formed using the hierarchy principle, and subordination was very clearly manifested. The responses to the question concerning team members' responsibility were differing. The participants tended to associate responsibility with competence. According to the respondents, responsibility in reality was unequal and individual.

Answers to the question "What work does a social worker/an occupation organizer perform in your team?" revealed that physicians knew more about social work than nurses did. Physicians were more familiar with their clients' case histories that also included information added by social workers. These case histories provided physicians with more information about work done by social workers, whereas nurses were significantly less familiar with case histories and thus with such information.

The study showed that patient-related information exchange between social workers and physicians did exist, while between social workers and nurses it was non-existent. Since nurses do not exchange much information with social workers, it is natural that they know little about social work and tend to think of social workers as the executors of physicians' orders. The participants found it more difficult to speak about the role of a social worker than about that of the occupation organizer, since the activity of a social worker is less

visible. A social worker may perform each of the nine team roles: a specialist, a seeder, a resource researcher, a coordinator, a finisher, a former, an executor, a team person, and an advisor-evaluator (Štuopytė 2007). The findings of the study showed that of the nine possible roles, the team members assigned the social worker with only two – those of the executor and the specialist.

The interview with physicians showed that a social worker was considered to be a specialist in his/her field, and his/her assistance to the patient in certain situations was seen as even more important than the physicians' assistance. The fact that a social worker sees him/herself as a resource researcher as well, while other team members recognize him/her as a specialist is very important.

The study showed an essential difference between physicians' and nurses' opinions about a social worker. Physicians emphasized that a social worker was useful not only to the clients but to the physicians as well because he/she assumed a part of their workload. Nurses only emphasized that social workers were needed by the clients.

The interview with the participants showed that most intensive relationships - including certain emotional stress - were between physicians and nurses (Fig. 5). According to Gendron (2004), tension caused by emotions may impede the realization of rational resources of the team, i.e. the usage of one's knowledge, experience and ideas for a common goal. Fig. 5 shows the lack of collaboration between nurses and the psychologist and between nurses and the social worker and the occupation organizer.

This means that so far social capital may not be created. Human capital is there, but social capital is not suitably used and developed, and cooperation is not properly balanced. A team that does not use and develop its available social capital cannot function effectively.

We expected to hear about concrete ways to solve the arising problems, but the participants of the study only presented their expectations. The participants - independently of their profession – tended to think that the impulse for changes should come from the administration of the hospital and the team leader.

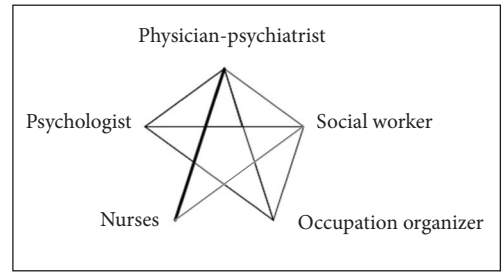

Fig. 5. *The structure of the studied team*

Development of the professional education and training programs

What has practice shown us? How would that influence studies of medicine and social work? The study showed that social workers perceive themselves more broadly than as mere executors of orders, while other members of the interdisciplinary team recognize them as specialists in a non-medical field. The participants noticed that a well-functioning team provides wider possibilities for the expression of different roles. Differences are accepted and valued, which creates possibilities for interdisciplinary communication. Obviously, when developing interdisciplinary collaboration competence, the program of education and training of medical specialists (and especially nurses) should provide facilities for learning more about social work, and vice versa.

However, patients – not to mention their relatives – are not considered to be team members. Ignorance of patients may be related to the problem of the aim of the team – specialists of different fields do not see any need to unite. This is the principal barrier in the process of team formation, impeding the development of cooperation-based relationships with people to whom assistance is oriented to empower them for changing the situation.

This essential problem may be related to the fact that neither medical specialists nor social workers during their studies have any possibility to develop their interdisciplinary communication skills and thus have no experience in the area. For this reason, upon graduation and

beginning of the working career, transferring teamwork knowledge and values into the complex practical situation becomes complicated. The social work education program should include development of teamwork skills, and the program of the education and training of medical specialists should be renewed, grounding the studies on the methodology (principles) of problem-based learning, which is inseparable from teamwork and recognition of the patient's "activeness". This orients towards the vision that the team structure may be further developed to include the client's family and organizations ensuring continuous assistance.

Conclusions

1. For the analysis of the practical activity of the interdisciplinary team in the theoretical healthcare model based on Coleman's (2005) theory, the concepts of human, social and emotional capital, and an interdisciplinary team were used:
   - in one case, this was applied for the analysis of the situation of teamwork at the Department of Psychiatry and for the interpretation of the findings;
   - in the second case – for the planning of the directions of team development.
2. The analysis of the practical situation in healthcare showed the presence of external obstacles, i.e. the development of the team was impeded by the predominance of the biomedical model, a lack of order in the legal basis, resistance to progressive changes in the organization where the interdisciplinary team is operating, and unsuitable role distribution.
3. The interpretation of the findings of the study revealed that:
   - constructive relationships at the Department of Psychiatry corresponded to the principles of hierarchy. This impeded cooperation between team members: some team members were seen as more or – conversely – less important than the others;
   - the participants of the study, independently of their profession, tended to think that the stimulus for a change should come from hospital administration or the team leader;
   - the determined structure of the studied team may be evaluated in two ways: as a "crumbling hierarchical pyramid" or as a forming team structure that has not yet revealed its possibilities; this structure still has no place for a client as a possible team member;
   - the development of interdisciplinary collaboration at the Department of Psychiatry would allow for a more effective organization of the process of assisting the patient/client and satisfying his/her needs.
4. The performed study allowed for the identification of three main areas of changes in education and training of physicians and social workers:
   - the first area focuses on the distribution of values and relationships between health care and social work specialists in practice; changes in the curriculum of professional education and training are needed for the creation of the basis for the development of common values - and thus the basics of cooperation in an interdisciplinary team;
   - the second area focuses on the main miscommunication barrier, i.e. different viewpoints of health specialists and social workers; the specialization of the profession of a social worker within healthcare system should be taken into consideration, extending the limits of the biomedical model;
   - the third area is to develop an understanding that the axis of interdisciplinary collaboration is the participation of the patient/client as a team member.

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TARPDALYKINIO BENDRADARBIAVIMO KOMPETENCIJOS SVEIKATOS PRIEŽIŪROJE PRAKTINĖS TOBULINIMO PRIELAIDOS

Raimonda Brunevičiūtė, Nijolė Petronėlė Večkienė, Jelena Bogdanova, Antanas Pikčiūnas

Šiame straipsnyje pristatomi longitudinio tyrimo, kuris buvo atliekamas Kauno medicinos universitete (nuo 2010 m. – Lietuvos sveikatos mokslų universitetas) ir Vytauto Didžiojo universitete, ketvirtojo etapo rezultatai. Viso tyrimo tikslas buvo ištirti medicinos ir socialinio darbo studijų programų studentų profesinio tarpkultūrinio bendravimo ugdymo galimybes ir prielaidas. Ankstesniuose tyrimo etapuose išryškėjo tarpkultūrinės (tarpdalykinės) komandos darbo ypatumai ir edukacinės tokios komandos narių profesinio rengimo prielaidos. Ketvirtasis tyrimo etapas skirtas tarpdalykinės (tarpkultūrinės) komandos praktinės veiklos analizei, siekiant tobulinti sveikatos specialisto ir socialinio darbuotojo tarpdalykinio bendradarbiavimo kompetencijos ugdymą.

Reikšminiai žodžiai: tarpdalykinio bendradarbiavimo kompetencija, medicinos studijų programa, socialinio darbo studijų programa.

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