A Knitting Together of Practices: Reflections on the Phenomenology of an Interdisciplinary Rehabilitation Healthcare Team

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The phenomenon of the interdisciplinary healthcare team is relatively new, and the experience of being part of such a team presents particular issues as members knit together their practices to form a cohesive whole. This article presents the results of a study of such a team. The participants were 6 health professionals involved in a rehabilitation program in a small not-for-profit hospital in a regional area. They participated in in-depth interviews to assist an exploration of the experience of belonging to such a team. The rationale for using this team was that it was generally recognised as a professional and cohesive group of people who were particularly successful at setting and achieving team goals. Phenomenological philosophy and methodology underpinned data collection and analysis, particularly that described by Colaizzi, which requires rigorous adherence to several steps in the analysis and returning to each participant with the findings for their final validation. The data analysis revealed themes relating to relationships with each other, with the team, and with the hierarchy. The essence of these experiences emerged as a notion of shared reality within the context of the team. Thus this article concludes that the essence of a successful rehabilitation team lies in its shared reality comprising such concepts as respect, shared wisdom and effective communication.

In our present climate of longevity and increased retrieval and survival of victims of trauma and injury, the health system has seen an increased demand for rehabilitative services. Rehabilitation is a complex process, the goal of which is to assist the clients to return to their optimal functional (physical, psychological, educational and social) ability following an illness or injury.

It is generally recognised that this complexity of patients' needs requires a team approach, incorporating the expertise of a number of professionals from different disciplines. If they are to deliver cost-effective quality care to clients, rehabilitation

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teams must work in a collaborative and cohesive manner, something which is not automatically achieved or maintained in an interdisciplinary health team (Sellick, 1985). The study described in this article aimed to gain insight into the phenomenon of the interdisciplinary healthcare team through exploration of the experience of the team members. Gaining understanding of this experience will better equip healthcare planners and providers to promote and support a cost-effective, efficient approach to healthcare delivery through the interdisciplinary collaborative team approach. A qualitative research approach can facilitate this understanding (Crisp, 2000).

Method

The choice of a method for a research project is a practical and philosophical decision dependent on the research question. Phenomenology is both a philosophy and a research method; the purpose of phenomenological research is to describe the 'lived experience' of the participants involved in the study (Burns & Grove, 1997). In the study described here, in-depth interviews were carried out with individuals who were living the experience of participation in an interdisciplinary healthcare team in order to explore their particular human experience of team membership (Biondo-Wood & Haber, 1994).

Venue

The study was conducted in a small eight-bed rehabilitation unit in a 132-bed not-for-profit private hospital in a regional area. The rehabilitation unit had been a forerunner within the hospital in undertaking managed care.

Participants

The interdisciplinary healthcare team was responsible for providing client care in the rehabilitation unit. The team consisted of a core membership of rehabilitation specialist, rehabilitation coordinator, counsellors, physiotherapists, occupational therapists and rehabilitation nurses. Six members of the team, 4 men and 2 women, participated in the study. Four had permanent positions within the team and 2 were employed on 12-month contracts. They were selected from across four disciplines so that descriptions of the experience could be obtained from a variety of professional perspectives (Polkinghorne, 1989). This sample size lies within the range used in phenomenological studies as described by Polkinghorne (1989).

Data Collection

Long, in-depth unstructured interviews, recorded on audio tape, were used for data collection. The in-depth interview is a 'conversation with a specific purpose' (Minichiello, Aroni, Timewell, & Alexander, 2000, p. 87). Phenomenological interviewing is promoted as a discourse involving an interpersonal engagement where subjects are encouraged to share their experiences verbally with the interviewer (Polkinghorne, 1989). The researcher carrying out the interviews put into practice the suggestion that subjects are helped to report their experiences, rather than give descriptions of what happened, by the way the researcher frames the question; for example, 'What was it like for you?' rather than 'what happened?' (Polkinghorne, 1989, p. 50).

Data Analysis

Data analysis in a phenomenological study commences when data collection begins and the researcher becomes immersed in the data. In order for the researchers to obtain 'pure description', phenomenological reduction is essential. This reduction is a process by which researchers address their own personal biases, presumptions and assumptions, and bracket, that is, suppress, what they already know about the phenomenon. It also requires researchers to postpone the literature review until the data analysis has been completed. In this study, at the completion of each interview the tapes were listened to by the researcher and transcribed word for word. Transcripts were then compared with the tape for accuracy. The transcript was coded, and the sequential steps described by Colaizzi (1978) were used for the development of general structural descriptions. The purpose of data analysis in phenomenology is to derive from the collection of protocols (descriptions) a description of the essential features of the experience (Polkinghorne, 1989).

Validity

There is not consensus among qualitative researchers about how to claim validity for their research findings (Pyett, 2003). Generally, validity in phenomenological research is indicated by confidence in the conclusion, as it is supported by a persuasive agreement.

> The degree of validity of the findings of a phenomenological research project then depends on the power of its presentation to convince the reader that its findings are accurate (Polkinghorne, 1989, p. 57).

The findings in this study were validated by returning to the participants to see if the findings were recognised as true by the participants who actually live the experience. This is the method of validation used in the phenomenological method of Colaizzi, which insists on the involvement of the participant in the validation of the findings (Colaizzi, 1978).

Findings

The themes that emerged from the data analysis incorporated positive and challenging aspects of team membership for individuals in their relationship to the team as a whole, the team experience and the relationship of the team with the hierarchy. Progressively deeper reduction of the data revealed a core meaning, or 'essence', of team membership as a shared reality, which will be explained in more detail at the end of this section.

The Positiveness of Individual Experience in Relation to the Team

This theme incorporated ideas of tolerating and accepting people the way they are; a sense of rapport with, and trust in, colleagues; and work rewards and satisfaction. The recognition and valuing of individual contribution along with trust of each other are elements important to efficient and effective teamwork (Mickan & Rodger, 2000). Some participants expressed the understanding that it was not always possible to change colleagues in the team environment. Recognition and acceptance of this situation was perceived as essential, so that a collaborative approach to patient care could still take place despite the different personalities and work practices of some

team members. Appreciation of other team members' practice was also experienced. The theme of the positiveness of individual experience in relation to the team is reflected and supported in the following statements:

> However, then you accept that you can't change other people either, so you accept what you work within, like whether it be that of the constraints or of the environment or of the day, but you don't worry about that.

> Being part of an interdisciplinary team is a little bit unique in nursing in that you start to appreciate the contributions of the other team people, being the physiotherapist, occupational therapist, and nursing [staff].

> But you know you can't change other people within where you work — you can only work to the best you can in the collaborative team ideally.

Rapport and trust were also encompassed in this theme, as were tolerance and awareness. One of the participants related the experience of developing rapport and trust with other team members thus:

> ... and actually developed a quite good working rapport with them. So that I felt that my views were taken on board by the other members and over a period of time you develop, they start to trust you and you start to trust them.

Enjoyment in being part of an interdisciplinary team was expressed by 3 of the participants. Appreciation of the team and team members brought them a sense of enjoyment. The enjoyment came from both the relationships and from the patients' achievements:

> Oh very, most enjoyable and not only from the personal relationships point of view, but actually seeing the success that the patients get ...

> ... my experience of that is that I totally enjoyed it. I actually felt that this was an area that I had a great opportunity to actually contribute on an equal footing with other team members.

The terms 'reward' and 'satisfaction' were used by a number of participants to express their appreciation of their work. The rewards and satisfaction resulted from their relationships with other team members from various disciplines:

> So over a period of time I found it very rewarding working with each of the disciplines.

> I think it is the satisfaction of knowing that if you have a good relationship with other people in the team that you can talk about all the things that have to do with the patient.

This was seen to impact positively on clients as well:

> I think that's very positive both for the patient and for myself, to see something that I am a part of just click into action. The cogs go turning and out comes a result at the end, in a rapid frame, which is less deleterious for the patient.

Some discussed their most positive experiences as coming from their work with clients:

> That is the rewarding part of it, but more rewarding to me is working with the patient rather than working with the staff.

For another, the positive experience was the knowledge/skills gained:

> By positive — I have learnt a lot from it. I have learnt a lot of clinical skills through interacting with other staff members and health professionals.

The support of the team was integral to the positive experiences of team members:

> It is nice to know that if you don't know something or you are not quite sure, that there is somebody else there who is going to support you.

> ... it has been really pleasant, I would go home and say yeah, it's been a good day. I am working for this patient but there is also a heap of people behind me, backing me up and helping me achieve the best for this person.

The Challenging Individual Experience in Relation to the Team

Interspersed with the positiveness of individual experience was the challenging individual experience. This included difficulties in the role definition, group decision-making and the difficulty that some team members had in grasping the concept of an interdisciplinary approach to patient care. Barriers to effective teamwork can exist: differences in values, beliefs and attitudes, along with personal characteristics resulting in team conflict, role conflicts and difficulties in communication (Sellick, 1985). When working as an individual practitioner or in a multidisciplinary team, a health professional works independently and within the boundaries of their discipline, with little or no communication between each discipline. With an interdisciplinary approach, a team of individuals from different professional disciplines plus the patient work together in defining and achieving a common goal. The challenges faced by the participants are reflected in the following quotes:

> ... that might be their role, as there has been a bit of a problem with the boundaries between ... and me.

> They have a lot of difficulty in making decisions as a group.

> There are other people who do come and work within a team practice and have difficulty in understanding the concept.

> ... hard, it's hard work.

Conflict resolution was recognised by some of the participants as an issue that was appropriately dealt with in most instances:

> Conflicts either resolved or unresolved sometimes went unnoticed until, like in any conflict situation, something minor comes up that someone major reacts [to]. Once you sort of pick on that you need to start resolving the conflict.

For the most part, a team approach was taken to conflict resolution, with the person in conflict being addressed by the team or within the team environment:

> Oh that was, oh we really dealt with that by bringing the person back into the team meeting and sort of suggesting that, that was not a very appropriate thing to do, and that generally works.

> But as it stands my experience is more where we could take a team approach towards the person. Just say look, and all as a group say you've done this and this and that's really positive and it's been helpful but we've found that this works better.

Sometimes feelings of disappointment, frustration and sadness were expressed by the participants. Disappointment arose when a new member came into the team and wanted to change the way things were done:

> I guess my initial reaction was not hurt, not angry but just disappointment that we had a system working well and someone just buzzed in and said not this, the way I do it — this is the way I want to do it.

Episodes producing frustration were described by the majority of the participants. Reasons given for this frustration included constraints imposed within the institution. The following statements are reflective of these aspects:

> ... where as I feel as though we are being constrained within the confines of the institution.

> It makes you feel frustrated, it makes you feel as though you are not being able to do the best that you could for the institution itself and for the people. There are always blocks being brought up in front.

> Nowadays I find that probably it is a bit too busy so in terms of workload I do sometimes think that I can't spend enough with the team.

> A lot of frustration came out of not having the back-up support.

The lack of support from administration in terms of lack of information regarding change of treatment and practices, insufficient allocation of time for meetings, and insufficient human resources were all perceived by the participants as barriers to a collaborative team approach. This lack of support is described by Hamerie and Spross (1989, p. 213) as an 'organisation obstacle'.

The Team Experience

The experiences incorporated in this theme include cohesiveness, collaboration and teamwork, along with sharing control, power, equality and achieving patient goals. Prerequisite characteristics of effective teamwork in terms of team processes are coordination, communication, cohesion, decision-making, conflict management, social relationships and performance feedback (Mickan & Rodger, 2000). Other experiences referred to by the participants were adaptation or application, influence, power, professionalism, growth and development, autonomy, respect and relationships.

One participant aptly summed up her feelings of cohesiveness when she described how she experienced the interdisciplinary healthcare team:

> This is sort of knitting together of practices, in other works to make a big jumper.

Another participant felt that there was more cohesiveness in dealing with patient issues within the team than outside the group:

> I think problems and issues for patients were identified a lot quicker, and dealt with in a more cohesive manner.

Collaboration was one of the stronger features of this theme, particularly in relation to making decisions, setting goals and sharing information. This is highlighted by the following statement:

> So together we just make decisions, together we make/formulate plans. It is a very effective way of sharing information and it is a very effective way of setting goals and making decisions and in turn reviewing the progress of the patient. It really brings together a lot of good minds.

Teamwork, along with collaboration, was also a feature that was often referred to by participants. Teamwork occurs when a group of individuals work together to achieve a specific task, and it forms a basis for collaboration. Collaboration occurs when these individuals from different disciplines value and respect each other's professional expertise and work together to define and achieve a common goal. Being part

of a team was seen by 1 participant as being more appropriate to human beings than being alone:

> Most human beings aren't loners and like to work in a group; they like to be together.

Another valued her experience of teamwork in resolving issues:

> But as it stands, my experience is more where we could take a team approach towards this person, just say look, and all as a group say you've done this, and this, and that's really positive and it's been helpful but we've found that this way works better.

The interdisciplinary team was seen by 1 participant as being a powerful tool in managing the rehabilitation unit:

> It is a very powerful tool in the management of the rehabilitation unit.

Others experienced a sense of equality despite personal differences and individuals coming from different disciplines:

> I actually felt that this was an area that I had a great opportunity to actually contribute on an equal footing with other team members.

For 1 participant teamwork meant working towards the patient's goal, not a goal set by the team without patient input. It was also the shared vision which existed within the team:

> Everybody is different and everybody has a different view of what they are getting out of their rehabilitation, and what they want to do with their lives and then you have to try and work towards that, not what you think is appropriate and is the standard goal.

Another participant referred to the importance of autonomy within the team. This enabled a team member to use their expertise in collaboration with other team members, engendering respect for, and understanding of, colleagues:

> Oh I think autonomy is very important within the team environment to allow each professional that has an individual job, or part of a job for the patient. The individual autonomy for each professional is very important.

> It is very rewarding to have a bit of autonomy within the broad spectrum of practice.

Several participants spoke of their experience of respect. This included the respect shown to them and the respect they had for individual team members, other disciplines and the opinions of others:

> They too will respect my judgement.

> So you can come together at the team meeting and each of the autonomies is respected, well understood and opinions given.

The Essence

Part of phenomenological research is a desirability to identify an essence, or a core meaning, of the experience being explored. Analysis of the data led the researchers to consider the nature of the sharing, communication, respect of expertise and difference, management of conflict and relationship with the hierarchy that were all part of the successful functioning of this team. The concept that seemed to have best 'fit' with the data was described in the literature as shared reality. This was the essence that gave each team member a sense of being an individual who related to the team, and also a sense of being a team member who was an integral part of the whole.

Shared reality, sometimes known as social verification, is a concept well known within social psychology, where it is seen as not only a 'defining group characteristic' but also as 'a fundamental group goal'. It allows team members to understand group action as representing their own and other's actions (Levine, Higgins, & Choi, 2000).

The notion of shared reality appears particularly in such concepts as the 'team mental model', and is described as developing when members come to a real understanding of the team and their role within it (Klimoski & Mahommed, 1994). In the case of this interdisciplinary care team some members were employed for their orientation to work practice; that is, they had experience and knowledge in the specific field of rehabilitation. This knowledge and experience provided them with an understanding of the team's reality. Others were given information on why the team was formed and how it would function, and were required to gain an understanding of its reality on becoming a member of the team. Both of these provided a sound basis for the development of shared reality that was to become the essence of team experience.

During the forming phase of a team, the team mental model evolves through the sharing of perceptions, problems and methods of working together. This can sometimes result in preliminary conflict, moving through to resolution and consensus. Factors that affect the development of team mental models include training that would speed up the process, change of membership, communication patterns and cohesion. If members of a team are cohesive it is more likely that these members will engage in talking collaboratively and in self-disclosure (Klimoski & Mahommed, 1994). Evidence of cohesion and collaborative talking and working was found in the data, with participants highlighting their experience of close working relationships, their coming together, their interaction and the existence of equality within the team. Participants referred to work relationships as being close and being a source of enjoyment. Their coming together like the *knitting of a jumper* and the equality in the team provided them with a great opportunity to *contribute on an equal footing with other team members*.

Teamwork has been defined as:

> a process of working together with shared goals and philosophies, mutual respect and trust, a clear knowledge and understanding of the expertise of each member, and a willingness to share, adopt and communicate directly and openly (Sellick, 1985, p. 35).

Shared reality thus develops through the interaction and communication of individuals. The complementary relationship between communication and shared reality is the means of developing 'systems of social representations at an individual level'; that is, 'socially shared knowledge and beliefs', which are central to culture (Lau, Chui, & Lee, 2001, p. 355).

In the current study, there emerged a strong sense of working together for a common goal. Each team member was an individual with his/her disciplinary expertise, autonomous in practice, but they came together to embrace a collaborative approach for the achievement of patient goals. Evolving from the core of this shared reality was the recognition of, and respect for, each individual's personal and professional contribution to the team. There was a general acceptance and appreciation of all team members, including old and new, patient and professional.

Despite the coming of new team members and the going of old, it became apparent to the researcher that the stability within the interdisciplinary healthcare

team did not waiver. It was the sense of shared identity and shared reality that promoted the positive aspects of the group experience.

Summary

The attitudes of team members, their social relationships and the dynamics of the group play a major role in the realisation of cooperative teamwork (Sellick, 1985). This team consisted of 6 individuals spanning four disciplines. It is in the nature of interdisciplinary teams that disciplinary boundaries will be crossed. In order for a team to function effectively, the roles of team members must be negotiated both formally and informally through interaction and one-to-one communication between all individuals. This 'bottom-up' approach becomes the building block for the individuals' relationship with the team as a whole and ultimately for the formation of the shared reality which leads to cohesive and productive functioning of the team.

If the future trend in health is to continue to adopt a team approach to healthcare delivery, healthcare planners and providers may benefit from further in-depth research into the significance of building strong individual and team relationships and the link between these and the 'shared reality' of teams, which has been shown to be an essential element in maintaining and developing a successful team approach to healthcare delivery.

Reflection

The intention of this study was one of reflection:

> as in poetry, it is inappropriate to ask for a conclusion or a summary of a phenomenological study (Manen, 1990, as cited in Parker, 1994, p. 11).

The experiences of members of the interdisciplinary healthcare team revealed in this research are many, but are best defined as a 'shared reality'. By studying these experiences we are able to view the lived experience of the phenomenon of an interdisciplinary healthcare team.

The emergence of shared reality as the essence or true meaning of this interdisciplinary healthcare team is the most significant aspect of the study. It is the fabric responsible for the harmonious, effective and efficient functioning of the team. Literature referring to the existence and relevance of 'shared reality' in teams, although sparse, is very convincing in highlighting the important part that shared reality plays in the successful outcomes of teams. This importance lies in shared reality not only changing 'subjective experience into objective reality for individuals', but also being 'critical to the formation, maintenance and functioning of groups' (Levine et al., 2000, p. 89).

> We gather and learn from other people's experiences because in ways, they allow us to become more experienced ourselves (Manen, 1990, as cited in Parker, 1994, p. 11).

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