



## Barriers to Disciplinary Teams within Healthcare

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### Commentary

Case review and discussion at multidisciplinary team meetings (MDTMs) have evolved into standard practice in cancer care with the aim to provide evidence-based treatment recommendations. As a basis for work to optimize the MDTMs, we investigated participants' views on the meeting function, including perceived benefits and barriers.

Harris states that patients with chronic diseases have a multidiscipline team of medical professionals to ensure that they receive the care they need to improve their health. Medicare introduced Team Care Arrangements (TCA) in 1999 to provide funding for complex and chronic disease patients to receive multidiscipline care plans. TCAs are formal agreements between several allied health professionals to provide care for one patient. "Although multidisciplinary care planning is associated with improved intermediate outcomes, there are significant organizational barriers to the use of TCAs for goal setting, communication and coordination."

Harris research findings showed that patients were more likely to have TCSs when they attended metropolitan practices, solo GP practices and the female patients had a higher rate in comparison to the men. The research also showed that patients with a TCA had a higher quality of care and treatment.

Stuart outlines a group project of 20 health professionals from different sectors with the aims to ensure the needs of children and young people were being met from the local authority. The multi-professional group met monthly for three hours, with their key tasks being strategic planning, analysis and implementation of training, development and promotion of integrated working. The interdisciplinary team malfunction failed to provide a positive collaborative advantage result due to five identified difficulties, the access of resources and compensation, personal identities, boundaries, relationships and trust.

One of the major areas mentions as being the major barrier to effective teamwork, is the interpersonal skills and relationships between the team. Stuart mentions that there is a need for "strong interpersonal relationships, communication and political skills". Within the team

lead, he saw many people being criticized for their roles or opinions, a hierarchical structure of power, covert conversations, a lack of trust and openness, and he stated that power within the group was based on privilege and influence. As the leader spent most of his time defusing interpersonal issues and trying to resolve conflict. A large percentage of patient care errors are due to poor communication between healthcare professionals.

Throughout research relational factors seem to always cause interprofessional collaboration to fail. These include interpersonal skills and relationships, different levels of knowledge, harmonization, mutual respect, role identification and trust within the team and strong leadership. To overcome this, relevant facilities, equipment, resources for treating patients is needed a framework of mutual trust, honesty, and respect is required and an understanding of individual authorities, responsibilities and capabilities. The team should be coordinated and task-oriented and there should be clear roles, this should lead to empowerment of trust amongst the team members.

In order to communicate and interact to facilitate team participation and enable negotiation and shared decision making, a framework of mutual trust, honesty, and respect is required as well as an understanding of individual authorities, responsibilities and capabilities. The inefficient team ('B' team) in mentioned that they felt they didn't have opportunities to express themselves, team members preferred working alone and the decision making was poorly negotiated or shared between the group. Many studies have shown that there are issues with the relationships between physicians and nurses. The results of studies show this is based on a lack of recognition of nurse's authority, abilities and autonomy that physicians underestimate the collaborative benefits of physician-nurse teams and historically view nurses as assistants rather than colleagues.

Fostering trust in any team is difficult even without historical mindsets, silos and hierarchies. Within a multi-professional health care team, trust, understanding and respect could be strengthened through training and developments. Medical professionals are trained in their respective areas with communication, trust, harmonization and teamwork skills less emphasized. Educational programs that address the differing needs of individuals such as conflict management, negotiation, assertiveness, diversity, stress reduction and communication skills and other areas that assist in strengthening interprofessional collaboration and break down the hierarchical solo structure. There should also be personal development and counseling sessions that address individual needs to build trust and respect of others and to promotion interprofessionalism.

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