

Chapter 1

Introduction to Team– Based Healthcare

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ABSTRACT

The importance of team based healthcare and collaborative practice has globally received more attention since the release of the World Health Organization's (2010) Framework for action on Interprofessional education and collaborative practice. Studies reporting the many advantages to healthcare teams working collaboratively to promote patient-centered care and improve patient outcomes have also been published. In this introductory chapter the origins of teamwork will be discussed as well as the advantages of implementing team based health care and collaborative practice in clinical settings.

INTRODUCTION TO TEAM BASED HEALTHCARE

Throughout my 40-year career in nursing, I have worked with many teams in different healthcare settings in Canada ranging from critical care areas to rehabilitation and community settings. I have also had the opportunity to work in teams in the academic setting. Reflecting upon my experiences, I have worked with teams that functioned well and some teams that did function as well. For the teams that functioned well, there was excellent communication and collaboration among the members, respect for each team member's role and their area of expertise, and most importantly from my perspective, the shared, common goal of patient-centred care, whether taught, facilitated organizationally, or directly delivered.

The idea of team collaboration in the practice setting is not new; patients have been cared for by teams for many years. Forty years ago, Simms et al. (1984) ad-

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ressed the need for making collaborative practice a reality in the clinical setting and the importance of collaboration to patient care. Furthermore, they discussed the need to focus on understanding the elements that make collaborative practice function well and recommended the need for further research to examine patient outcomes and healthcare provider outcomes resulting from collaborative practice (Simms et al., 1984).

For well over one hundred- and fifty-years physicians and nurses have worked together in hospitals (Helmstadter, 2002). Traditionally in the physician-nurse working relationship, there was a clear hierarchical structure with the physician being in charge and the nurse being in a subordinate role. The inequality in power between the two roles, without doubt, impacted on communication about patient care needs (Keddy et al., 1986) and was not seen as collaborative. Perceptions of power structures and hierarchy still exist in the workplace and can create barriers to interprofessional collaboration (Gergerich et al., 2019). This may impact what healthcare workers communicate, as some individuals carefully consider what message would be appropriate to convey in a situation because of the continuing existence of power structures (Essex et al., 2023).

Since 2010, when the World Health Organization [WHO] released their initial paper on interprofessional education and practice, there has been increased emphasis on collaborative relationships not only between physicians and nurses but with the entire healthcare team. Many factors account for the need to have all healthcare professionals collaborate: the evolution of technology in patient care (Voyer, 2013), the complexity of patient care needs due to multiple patient co-morbidities (van Klaveren et al., 2024), and the escalating costs of health care (O'Rourke et al., 2018). These factors have necessitated that all healthcare providers work together to deliver safe and quality patient care, while bearing in mind the fiscal realities in healthcare. Moreover, with the emphasis on quality outcomes for patients (Wei et al., 2022), healthcare providers must focus on both system and patient outcomes such as decreasing length of stay in hospitals, increasing safety, preventing harm and error, and reducing infection rates (Musgrove et al., 2024; Srisatidnarakul et al., 2021; Walter et al., 2022), all of which has further underscored the need to have a collaborative practice environment where clear and timely communication among team members is paramount and the expertise of various team members is optimally and fully operationalized.

The structure of healthcare teams varies in hospital settings depending on the organization and model of care and this can contribute to initial difficulties with team formation, but these challenges are not insurmountable to collaborating well as a team. For example, in one rehabilitation healthcare setting, the structure is such that all healthcare providers (e.g., physiotherapists, occupational therapists) may be part of a core team situated on a unit with the foci of meeting the rehabilitation

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