The psychology of interprofessional collaboration:

*how ready are healthcare professionals to really work together?*

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What is a health care team?

- “A group of people with a full set of complementary skills, required to complete a task, job, or project”  
  National Health Service, UK 2001

- “A collection of people with a strong sense of mutual commitment, creating synergy and thus generating performance greater than the sum of its individual members”  
  Institute for Healthcare Improvement, 2002

- “A group operating with a high degree of interdependence, sharing authority and responsibility for self-management, accountability for collective performance working towards a common goal”  
  MOHLTC, 2003
No, but really, what is a team?

- Free riders on the coat-tails of others
- Ego-driven power-trippers
- Politically correct way of neutering certain individuals and professions
- Mechanism for diffusing responsibility
- Hideously inefficient
- Horrendously costly

So why do we have teams in healthcare?

- To manage clinical/therapeutic/scientific complexity
- To address increasing specialisation
- To mitigate uniprofessional strangleholds on public policy/governments
- Reduces medical error, burnout and enhances professional satisfaction

Is everything really awesome, when you’re part of a team?

What does it take to function effectively, efficiently – and happily – as a member of an interprofessional health care team?
Health Care Teams:

*The Presentation of Self in Everyday Life (Goffman):*

a) Health care professionals are generally intelligent, well-meaning individuals

b) As individuals, they are people who bring an entire psychological back-story to their day-to-day practice

c) Despite being intelligent and well-intentioned, this back-story is the filter through which interprofessional life is lived
What shapes individuals as professionals?

1. Internal psychological traits
2. Professional Education
3. Intra-, inter-, and extra-professional socialization
1. Trait Theory

Are health care professionals “born” or “made”? Can Big 5 traits predict what professions individuals will select? Do traits predict success within a particular profession?
1. Trait Theory

“Big 5” Comparison Class of 2T0 (University of Toronto)

- Openness
- Conscientiousness
- Extraversion
- Agreeableness
- Neuroticism

Pharmacy

Medicine
2. Professional Education

The formal curriculum shapes the way we interpret clinical problems, either as “story-oriented” or “problem-oriented” individuals:

a) Reasoning from first principles
b) Application of rules
c) Pattern recognition

3. Socialization

- Understanding the person who is the professional: “fusing” vs “compartmentalising” as part of professional socialisation
- From “professionalism” to “professional identity formation”
Miller’s Pyramid (1990)

- Knows (Knowledge)
- Knows How (Competence)
- Shows How (Performance)
- Does (Action)
Cruess/Cruess/Steinert (2016)

- Is (Identity)
- Does (Action)
- Shows How (Performance)
- Knows How (Competence)
- Knows (Knowledge)
What does this mean for collaboration?

Trust: “firm belief in the reliability, truth, ability, or strength of someone or something”

- Cognitive model of “trust” for “story-oriented individuals” more frequently shaped by externalities (e.g. degree, status, stature, non-verbal cues) than for “problem-oriented individuals” who are more influenced by history and personal relationships

What does this mean for collaboration?

Communication: “the imparting or exchanging of information or news”

- In a well-intentioned but spectacularly misdirected attempt to be polite, respectful and deferential to authority, story-oriented individuals frequently communicate indirectly – which may appear to be uncertain or unwilling to actually take responsibility (“power-distance index”)

What does this mean for collaboration?

Responsibility: “the state or fact of having a duty to deal with something, of being accountable or to blame”

- For story-oriented individuals, responsibility is about doing everything possible within the rules and respectful of processes, while for problem-oriented individuals it means willingness to put one’s own neck on the line to break a rule when necessary to solve a problem

What does this mean for collaboration?

Self-confidence: “assurance, belief in oneself and one’s abilities”

- For story-oriented individuals, clinical confidence means certainty in having the RIGHT answer, while for problem-oriented individuals it means serenity in believing that if/when things go wrong, they will cope and deal with it at that time

How psychologically ready are we to truly collaborate?

- We don’t really know
- What are the psychological propensities that facilitate collaboration? Trust, responsibility, self-confidence/self-efficacy/self-belief, communication....and what else?
- How do team structures conspire against or support effective collaboration?
For further reading


