

Enhancing Patient Service through Team Collaboration: A Guide for Educating Health Workers

Ali Abdo Ali Alkhiri¹, Abdullah Ahmed Alshahabi², Ahmed Ibrahim Alshikhy³, Hassan Mohammed Alkhayri², Abdulaziz Mohammed Alkhayri², Ali Ayidh Alzahrani⁴, Hassan Ahmed Alkhayri⁵, Hussain Talal Ahmed Alkhayri⁴, Ibrahim Ali Mohammed Alharazi², Abdulmajeed Mohammed Yahia Alzahrani⁴

1. Emergency Medicine resident doctor, Almuzailif general hospital
2. Pharmacy technician, Almuzailif general hospital
3. Nursing technician, Almuzailif General Hospital
4. Paramedic science, Almuzailif General Hospital
5. Pharmacist, Almuzailif General Hospital

ABSTRACT

Advancements in healthcare have revealed the importance of effective teamwork and its relationship to the unique systems of service delivery, patient safety, and organizational effectiveness. Health workers at all levels must collaborate in order to provide high-quality patient care. Today, healthcare environments are more complex and demanding than ever before. As a result, employers are looking for highly skilled health practitioners who can work well within teams. Effective collaboration among team members in healthcare teams causes a positive impact on the quality of patient service. An understanding of the dynamics of teamwork, along with the knowledge and skills to foster effective collaborative processes, will serve the individual practice of our graduates, as well as enhance the overall effectiveness of healthcare delivery systems.

KEYWORDS: health workers, patient care, teamwork.

1. Introduction

Advancements in healthcare have revealed the importance of effective teamwork and its relationship to the unique systems of service delivery, patient safety, and organizational effectiveness. Health workers at all levels must collaborate in order to provide high-quality patient care. Today, healthcare environments are more complex and demanding than ever before. As a result, employers are looking for highly skilled health practitioners who can work well within teams. Effective collaboration among team members in healthcare teams causes a positive impact on the quality of patient service. An understanding of the dynamics of teamwork, along with the knowledge and skills to foster effective collaborative processes, will serve the individual practice of our graduates, as well as enhance the overall effectiveness of healthcare delivery systems.

In health services, employees in hospitals must work together to provide better patient care. Evidence shows that patient outcomes improve when healthcare teams collaborate. Healthcare organizations invest in team-based education due to the complexity of their services and the inability to solve collaboration problems through a top-down approach. Lack of teamwork and poor leadership skills can negatively impact patient care. Issues such as failure to provide life support, reluctance to seek help when needed, communication breakdowns, and lack of patient advocacy contribute to adverse incidents in healthcare.

1.1. Significance of Team Collaboration in Healthcare

What does it mean for a team to work effectively and collaboratively in the healthcare setting? It means that the team makes better decisions and achieves a higher level of patient care. In the healthcare setting, effective team collaboration means that the entire team listens to each other, respects the value that others bring to patient care, and makes it easier for a patient to receive care. Collaboration in healthcare means that the person who cleans the hospital room knows the resources and skills available in the hospital that might affect the patient. It means that doctors pay attention to nurses.

All healthcare professionals are important. A great need for health systems to adopt teamwork approaches in patient-centered care is that health issues and outcomes today are more influenced by the behaviors and lifestyles of those who live in the community. Many health issues are complex. Effective patient care often relies on the collaboration of multiple disciplines to keep the process safe and seamless for the patient. Finally, while not the only factor, a fair amount of data makes it clear that healthcare outcomes are usually better in settings where healthcare providers work as "high functioning teams." These healthcare settings seem to have lower error rates, lower staff turnover rates, less unexplained variation in the provision of less and more aggressive care, higher discharge planning quality, and higher patient satisfaction. There is a paradigm shift toward shared values about patient-centered care that requires multiple disciplinary perspectives. Team approaches are recommended as the necessary way to cross disciplinary lines, which are the traditional boundaries toward more person-focused, patient-centered care.

2. Understanding the Concept of Team Collaboration

Team collaboration is a well-structured process where individuals fulfill their roles and coordinate their actions according to particular norms to reach a common goal. In healthcare, the ultimate goal of healthcare teams is to optimize a patient's clinical outcome. Members of the healthcare team have different roles and responsibilities and can influence each other for optimal contributions to the patient's health. Healthcare institutions should ensure that members of healthcare teams are able to function well in teams. This can be supported by curriculum content for health workers around teamwork to facilitate development. Hence, an understanding of what teamwork is, core theoretical frameworks, and salient elements in team science are important when developing an integrated curriculum for health workers to function in teams. (Arnetz et al.2020)(Karunarathna et al., 2024)(Drossman et

al.2021)

Providing an unambiguous definition of teamwork appears to be difficult as it is conceptually complex. To facilitate the following discussions, a few terms were defined which may clarify the meaning of teamwork. Generally, teamwork is considered a collaboration between a group of members of an organization with a common purpose or to solve problems and deliver results superior to their individual member capacities, skills, and effectiveness. Collaboration may be defined as a working practice whereby individuals work together towards a common purpose to achieve business benefits. The terms 'team' and 'group' are generally used interchangeably, but a group can also be a collection of individuals subordinated to a manager who does not necessarily control the members of the team and also does not have a common goal.

2.1. Definition and Components of Team Collaboration

Team collaboration has been defined as a process that involves two or more members who influence each other, not necessarily to achieve a common outcome, but to strengthen each other's impact in their clinical decision-making and articulation of care plans. Contemporary healthcare emphasizes collaboration in the management of patient care as not merely working together, but as a carefully planned and concerted effort that integrates each member's skills and knowledge in the best interest of the service recipient. Collaboration is multi-faceted and includes a range of components, including having mutual respect and the need to understand and respond to differences in culture, values, expertise, responsibilities, and accountabilities that arise between different disciplines. Collaboration, in particular, requires excellent communication skills, sharing and championing models of care and outcomes, team leadership, and a common vision. These form part of the enablers that have been identified to lead to effective teams in healthcare.

Sharing similarities, team collaboration also places great emphasis on the concept of a common vision, as well as the maintenance of trust. Sharing a common vision and producing collective decision-making is particularly important because this has the capacity to prevent individuals from working towards outcomes that do not align, later causing breakdowns such as turf battles, ethical dilemmas, and excessive competition, thereby detracting from optimal patient care. Collaboration thrives on mutual respect between team members, and it is fundamental within a healthcare context to create an environment that is supportive and respectful of each member, which makes such experiences particularly important for overcoming work dissatisfaction and reducing the risk of burnout. Staff are often required to add value to both the patient journey and the hospital, and so many competencies will overlap, all contributing to the shared desired outcome of quality patient care. The team's goals need to be aligned within the professional practice and with the vision of the organization. Staff need to have extremely clear job descriptions so that they work as part of a shared model of care, which includes internal and external functional collaborator interactions. Position descriptions are to be highly valued and to meet the standards of the relevant professional bodies.

3. Benefits of Team Collaboration in Healthcare

Despite the extensive history of professionals working together, team collaboration is a relatively recent addition to healthcare settings. However, research has suggested multiple benefits of collaborative teams within healthcare. Combining diverse expertise with teamwork allows health workers to develop enriched diagnoses and best-care treatment planning. A mental health care provider can address the psychological effects of a diabetic diagnosis. Such collaboration in developing complex care plans reflects the goals of millions of healthcare patients, which have become a real-world plan of multiple, common, best-practice care plans. Efforts to achieve these care plans target personalized efforts on the person receiving the care; a patient should also be included in the development of their specialized care plan.

In the last ten years, professionals have reported that teams also become more innovative and can offer new solutions. A café was created to better support the community's needs. It didn't take long for Recovery United to notice that the café has a lower rate of returning to the hospital than any other community. Furthermore, teams can avert serious errors by enhancing communication. Patients – both the young and young at heart – report that team treatment and engagement in decisions about their care and condition, as in cases diagnosed with more than one health issue or situations involving a chronic disease, are definitely much safer.

3.1. Enhanced Patient Care and Service

Integrating care across practitioners is known to be of benefit to patients. Collaborative healthcare teams are more attentive and patient-focused. Service time is an important contributing factor to patient satisfaction, and improved discharge planning in patients with chronic conditions has been shown to decrease the need for readmission to the hospital. Through team synergy in orderly and efficient communication among members and common goals, practitioners are able to discharge patients in the timeliest manner in addition to being able to follow patients more closely during their problem and transition points. Patients also enjoy the confidence of knowing that their health workers are collaborating. This gives them the assurance that not only are their primary needs met, but also their oppressed ones do not interfere with their care plan. The care plan is more thorough and cohesive, supporting the patients' holistic needs, leading to a higher percentage of treatment adherence, granting more positive patient health outcomes and fewer readmission rates. An example of a heart and stroke project across the province of Saskatchewan, Canada, using multiple strategies, such as pre-ordering a deranged coagulant profile or an INR if patients had recently been receiving anticoagulant therapy, to the use of 'anticipate and discontinue' stop orders, has resulted in a one-day decrease in the mean length of hospital stay—a reduction of healthcare costs. The transition of care between the acute care settings and the first point of contact in the patient's new caregiver network must be as seamless as possible in order to have a continuum of quality care. For this to occur, a strong connection must be built within the acute care setting, as this can form the base of a trusting relationship within a continuum of care. (Kumah et al.2020)(Vogus et al.2020)(Chen et al., 2024)

4. Barriers to Effective Team Collaboration

Effective team collaboration can be a challenge in healthcare delivery systems, where the multidisciplinary team often includes individuals with widely varying professional disciplines, educational backgrounds, and training regimens. Some minorities, in particular, are often those with the least power within the healthcare system, for instance, junior doctors and nurses. Hierarchical systems not only reflect unequal power distribution but are maintained by those in power. Rooted deeply in the power differentials, competing priorities, and differing values, team members may experience a variety of challenges that interfere with their ability to work as a coherent team. Examples of structural barriers include differences in communication strategies, poor integration, or unclear understandings of working roles and limits. The consequences of these communication barriers can range from the team working inefficiently to risking the safety of the patient.

Despite these challenges, collaborating in teams offers the promise of improving our performance beyond what any individual can provide in a clinical environment. In part, collaborative teamwork allows individual members to contribute skills, knowledge, and experiences that generate a highly effective team. However, if the team is not working collaboratively, there can be a negative impact on patients and staff. It is possible that working as a cohesive team will not always face resistance. In some cases, healthcare professionals are willing to learn the practice of collaboration and to be part of it. Healthcare workers may also be willing to recall how important teams are, and how poor team functioning makes them feel as workers. It is likely, however, that all members will require additional training in collaborative practice for dealing with the other common barriers. Organizational culture, for example, may not be supportive of collaborative practice.

4.1. Communication Challenges

Despite understanding the importance of communication across disciplines, shifting work and team dynamics can lead to significant challenges with effective communication among care teams. Such broken communication can lead to compromised patient care, misunderstandings, and errors. One factor contributing to misunderstandings and poor collaboration across disciplines is the use of divergent jargon. Because care teams differ in terms of specialty training and medical backgrounds, meanings of words may vary according to practice setting. Differences in healthcare training may shift a balance from a nurse-centered intensive care unit team to a more physician-centered specialty care team. Other factors, including self-regarding communication during discussions, lack of an effective means of communication, physical separation of care team members, and interruptions during rounds, contribute to communication breakdowns across care teams.

As team members become more reliant upon electronic health records, communicating with a care team that includes more than one discipline has shifted to a more electronic platform. However, electronic health records can disrupt communication during rounds because the interface between physicians, nurses, respiratory therapists, and other team members is electronic. This calculation of electronic health records as a disruptive communication tool diverges from another study in the intensive care unit, which found that an electronic dashboard used

during physician rounds increased patient satisfaction and reduced patient stays. In essence, the use of electronic communication may be a mixed method in terms of increasing patient satisfaction and representing a useful tool to decrease patient length of stay. Nevertheless, electronic record keeping can decrease face-to-face communication. The use of an electronic provider-order entry running through an electronic medical record and organizational patient tracking system reduced communication among care teams until participants became accustomed to the social norms of electronic health record use. Technology can be used to increase communication between multiple constituencies. When mentorship of supportive care team members to attend interdisciplinary meetings using a series of electronic techniques was completed, greater attendance was noted. When email and telephone calls were employed, a portion of invited members attended the inter-professional team multidisciplinary round, respectively. This rose to a higher percentage when an invitation for rounding was hand-delivered. If the use of electronic health records decreases communication between care team members, it is important to consider these challenges when designing future studies, training, or interventions. These current studies underscore the importance of continuing to supplement professional education with new techniques and skills to foster trusting partnerships to care for patients. The use of electronic health records may present one such opportunity. Ongoing education of new curricula in communication skills is also needed.

5. Strategies for Educating Health Workers on Team Collaboration

Educating health workers about the need for teamwork in patient care can be executed in a variety of ways, ranging from the provision of information to skills building, to involvement in experiential workshops and training sessions. Many disciplines provide education about team dynamics in workshops, in-training seminars, and didactic sessions; however, the most effective form of learning is through the use of small groups organized into case-based discussions and role-play sessions. This method of education is particularly helpful, as it diminishes the professional stereotypes often held by each profession. The importance of educating learners in multidisciplinary teams cannot be underestimated. The inclusion of a variety of health disciplines can not only provide learners with a multidisciplinary approach to care, but it can also encourage exposure and understanding of other health care professionals' roles and responsibilities. This level of education would increase the understanding of all disciplines involved, reducing the disparities between competent and confident practitioners of healthcare. While some practitioners may come to learn the principles of collaborative, patient-centered clinical practice through the informal opportunity to work with others, more structure from an early stage, such as participation in mentorship programs, would go a long way to assist the acquisition of the necessary collaborative values. In addition, ground-up programs should recognize the fact that, over time, leadership by committee represents the greatest potential advantage in advancing and sustaining a team culture. Further, from a theoretical perspective, positive team outcomes generally result from a formal approach, such as moving through stages, clarifying words, and each member of a team having a well-defined role or task. Going through orientation processes is deemed to teach a form of leadership that emphasizes the

willingness to shape others' behaviors and the necessity for particularly supportive group environments. Thus, teamwork is a priority in this profession, and developing a framework for team cohesion and trustworthiness will contribute to clinical practice.

5.1. Training Programs and Workshops

Subsection 5.1. Training Programs and Workshops

Training programs should be considered as a kind of intervention within a strategic framework for substantial cultural change, with continuous training work-setting teams. These programs should combine practical exercises with short lectures, reinforce facilitation skills of the professionals, and favor the strong participation of its practitioners through roundtables. In terms of content, the practical exercises should focus on capacity building and development, such as the skills for communication, conflict resolution and negotiation, collaborative leadership, problem-solving using a participative approach, and the identification and design of tools to facilitate working across professional interfaces.

Most of the training efforts need to focus on the development of competencies at an individual level, e.g., conflict resolution and negotiation, as this can be a first step. However, the participation and learning process itself should model team collaboration; hence, using interactive and participatory methods is crucial. It is proposed that the educational process of team management and teamwork setting should involve a continuous educational setup that enables students to develop their qualifications gradually, from learning more about unfamiliar aspects of their work to participating directly in the development of integrated approaches in multidisciplinary teams. Collaboration is constantly changing, and so the educational program needs to emphasize to students that collaboration is not an end product but an ongoing competency, hence requiring continuous learning and interest in the subject. Teamwork should be integrated into the existing education structure with different learning outcomes associated with it. Ensuring that a professional in one of the backgrounds can acquire the same content will mean that the integrated programs will contribute to breaking down organizational barriers and dividing lines. In addition, since integrated and multidisciplinary teams have played a strong role in a number of different disease states, didactic learning may involve an integrated approach tailored to specific conditions or situations. The principles of team management could be applied to the diabetic nurse practitioner or the nurse working in asthma care. Such a program answers the claims and requests for professional integration and could contribute to the change of consumer beliefs and attitudes, as well as empowering clients to influence the services with which they engage. Providing services that are appropriate to the needs of our population group can ensure that job security is maximized. However, there are examples of education and training in place for integrated care in some areas.

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