

## INTER-PERSONAL RELATIONSHIP: IDENTIFYING BEHAVIORS FOR THE TEAMWORK IN A CORONARY UNIT

RELACIONAMENTO INTERPESSOAL: IDENTIFICAÇÃO DE COMPORTAMENTOS PARA TRABALHO EM EQUIPE EM UNIDADE CORONARIANA

RELACIÓN INTERPERSONAL: IDENTIFICACIÓN DE COMPORTAMIENTOS PARA EL TRABAJO EN EQUIPO EN LA UNIDAD CORONARIA

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## ABSTRACT

**Objective:** to identify, facilitating and hindering behaviors for teamwork in the multi-professional team of the coronary care unit, from the perspective of an inter-professional relationship. **Methodology:** this is a descriptive research/qualitative approach, using critical incident technique, developed in a coronary unit of a public hospital in Minas Gerais, Brazil. The data collection was held in 2014 through a semi-structured interview. Forty-five professionals from the multi-professional team participated in the study. The inclusion criterion was to work in the unit for at least 12 months and the exclusion criteria were being away from work at the time of definitive data collection and not being located after three attempts to schedule/conduct the interview. Data analysis was based on content analysis and critical incident technique. **Results:** there were 218 behaviors, 113 positive and 105 negative related to teamwork regarding the inter-professional relationship, emerging three categories: *collaborating with the colleague; exchanging information with another agent; and interacting with the colleague*. There was prevalence of facilitating behaviors for teamwork, especially communication between agents. **Conclusions:** there was evidence of investment and effort by professionals to overcome obstacles trying to implement teamwork as a power to act on the work object and successfully achieve the purpose of health work.

**Keywords:** Patient Assistance Team; Inter-professional Relationships; Cooperative Behavior; Nursing team.

## RESUMO

**Objetivo:** identificar, na equipe multiprofissional da unidade coronariana, comportamentos facilitadores e dificultadores, para o trabalho em equipe, na perspectiva do relacionamento interprofissional. **Metodologia:** pesquisa descritiva/abordagem qualitativa, utilizando-se técnica do incidente crítico, desenvolvida em unidade coronariana de um hospital público de Minas Gerais, Brasil. Coleta realizada em 2014, por meio de entrevista semiestruturada. Participaram 45 profissionais da equipe multiprofissional. Critério de inclusão: trabalhar na referida unidade há, no mínimo, 12 meses; critério de exclusão: estar afastado do trabalho à época da coleta definitiva dos dados e não ser localizado após três tentativas para agendamento/realização da entrevista. Análise de dados pautada na análise de conteúdo e na técnica do incidente crítico. **Resultados:** ocorrência de 218 comportamentos, sendo 113 positivos e 105 negativos, relacionados ao trabalho em equipe, quanto ao relacionamento interprofissional, emergindo três categorias: *colaborar com o colega, trocar informações com outro agente e interagir com colega*. Predomínio de comportamentos facilitadores para trabalho em equipe, destacando-se a comunicação entre os agentes. **Conclusões:** evidenciaram-se investimento e esforço dos profissionais para transpor obstáculos, na tentativa de implementar o trabalho em equipe como potência para atuar sobre o objeto de trabalho e atingir, com êxito, a finalidade

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do trabalho em saúde.

**Palavras-chave:** Equipe de Assistência ao Paciente; Relações Interprofissionais; Comportamento Cooperativo; Equipe de Enfermagem.

## RESUMEN

**Objetivo:** identificar comportamientos facilitadores y dificultadores del trabajo en grupo en el equipo multiprofesional de la unidad coronaria desde la perspectiva de la relación entre profesionales. **Método:** investigación descriptiva, cualitativa según la técnica del incidente crítico, realizada en la unidad coronaria de un hospital público de Minas Gerais, Brasil. Los datos se recogieron con entrevistas semiestructuradas a 45 profesionales del equipo multiprofesional. Criterio de inclusión: mínimo de 12 meses en la unidad; criterio de exclusión: bajo licencia de trabajo en la época de recogida de datos y después de 3 veces de no haberlo encontrado para la entrevista. Análisis de datos basado en el análisis de contenido y en la técnica del incidente crítico. **Resultados:** hubo 218 comportamientos, 113 positivos y 105 negativos, vinculados a la relación interpersonal en el trabajo en equipo. Se identificaron 3 categorías: colaborar con el compañero, intercambiar información con otro agente e interactuar con el compañero. Predominaron comportamientos facilitadores tales como la comunicación entre los agentes. **Conclusiones:** se observó que el personal se esmera para superar los obstáculos buscando implementar el trabajo en equipo como potencia para actuar sobre el objeto de trabajo y lograr la finalidad del trabajo en salud.

**Palabras clave:** Equipo de Asistencia al Paciente; Relaciones Interprofesionales; Comportamiento Cooperativo; Equipo de Enfermería.

## INTRODUCTION

The daily health services routine is still affected by the fragmented work process,<sup>1</sup> in which the actions occur alone or even jointly but without integration and articulation, following the functional method. This reality does not integrate professionals and their knowledge, leading to an isolated work, duplicated actions and segmented functions, hindering the practice of comprehensiveness.

Besides to not sufficiently responding to expectations and demands, this logic and still hegemonic occurring in the services does not potentiate the interaction of professionals to privilege collective and horizontal actions, does not encourage joint work and reinforces the maintenance of isolated and decontextualized practices, hindering the effective implementation of the teamwork.

Therefore, it is essential to recognize the limitations that isolated and individual practice generates, and it is important to broaden the references that guide the actions so, the functions are integral and patient-centered.<sup>2</sup>

Reliable and respectful relationships can help to build teamwork. The collaboration is highlighted as an important requirement for the team to jointly achieve the goals also

defined collectively. Teamwork has been linked to collaborative practice as it is not enough to have integrated teams, but it is crucial that there is collaboration between teams of the same service and between teams of different services. Thus, the terms collaboration and teamwork are still often presented as synonyms.<sup>3</sup> Also, communication and proper interaction between professionals represent powerful tools for enabling teamwork.

The multidisciplinary work based on collaboration enables the clinical process to consider the patient as a whole, favoring the early and adequate detection of problems.<sup>4</sup>

Teamwork requires communication that enables the exchange of information between team members, including patients and family members, to bring those involved closer together.<sup>5</sup> As the inter-professional collaboration favors broader patient perception,<sup>4</sup> communication, and sharing of information and observations among team members also enable the patient's full perception.<sup>6</sup> It is a powerful instrument for coordinating care and overcoming fragmented care.<sup>7</sup>

Regarding the interaction instrument between professionals and focusing on hospitals, although the tasks are interdependent, the agents who care for the same patient may interact little with each other and sometimes this is not enough for them to be identified as members of a team.<sup>8</sup> In this sense, if professionals do not realize the importance of rather than simply composing, acting as a team, then collective work as teamwork proves to be fragile and not favors comprehensiveness.

It is essential that hospitals advance in the implementation of work strategies to respond adequately to the health demands of individuals because equipping the hospital with high technology density and hiring professionals of several categories and specialties is not enough to offer care consistent with the complex needs mainly focusing on multi-professional teamwork.

In this study, the term inter-professional relationships are used in the perspective of inter-professionality,<sup>9</sup> considering it a powerful instrument to confront the fragmented logic in health, which can be constructed through a cohesive practice among different professionals. It presupposes the reconstruction of values and work processes and requires adequate interaction between managers and agents, stimulating and encouraging inter-professionality.

As being a closed sector with professionals who are part of a multi-disciplinary team does not guarantee that the work in the coronary care unit (CCU) is organized as an effective team. This physical approach between the agents does not necessarily represent an instrument that enables collaborative work, based on exchange, interaction, and reciprocity. In this sense, the question is: What are the behaviors of professionals

that facilitate and hinder teamwork at CCU, regarding the inter-professional relationship? The identification of these behaviors can greatly contribute to training, oriented in the real context and experienced in the service.

Thus, this study aimed to identify facilitating and hindering behaviors for teamwork in the CCU multi-professional team, considering the inter-professional relationship.

## METHODOLOGY

This is descriptive research with a qualitative approach, using the critical incident technique (CIT). CIT enables the collection of direct observations of human behavior in given situations,<sup>10</sup> favoring the identification of conceptions, attitudes, and perceptions regarding the object of investigation.<sup>11</sup> The stages proposed by CIT were: the determination of the objectives of the activity to be performed; the elaboration of the questions to be asked to the people who will provide the critical incidents (CIs) of the activity to be analyzed; the population delimitation; the collection of CIs; the analysis of the content of the collected incidents, and the issued behaviors highlighted; the grouping and the categorization of critical behaviors; and the survey of the frequencies of positive and negative critical behaviors.<sup>12</sup>

The collection place was a CCU from a public hospital in *Minas Gerais*, Brazil. This critical unit includes 10 beds aimed at assisting patients with the acute coronary syndrome, focusing on cardiac care. It had 68 professionals, in which 17 were doctors; 10 were nurses; a coordinator of the Nursing service; 33 were Nursing technicians/assistants and four were physiotherapists. Also, this CCU had a support team composed of a psychologist, a nutritionist, and a social worker.

Professionals who met the inclusion criteria participated in the study. The inclusion criterion was to work in the unit for at least 12 months, and the exclusion criteria were being away from work at the time of definitive data collection and not being located after three attempts to schedule/perform the interview. Thus, 45 professionals (66.2%) were part of the population, in which 20 of them were Nursing technicians/assistants (44.5%), 11 were doctors (24.4%), nine were nurses - including the Nursing service coordinator (20.0%), four were physiotherapists (8.9%) and one was a psychologist (2.2%).

Twenty-three of the 68 professionals did not participate, and 14 of them were excluded (eight Nursing technicians/assistants, two nurses, two physicians, one nutritionist, and one social worker) because they did not meet the inclusion criteria. Nine professionals (five Nursing technicians/assistants and four physicians) refused to participate in the research, justifying unavailability of time and/or difficulty in answering interviews.

A semi-structured interview was used for data collection, guided by a script previously submitted to apparent and content validation by three judges on the theme and the research methodology adopted. A pre-test was conducted with five professionals who would be away from work due to vacation at the time of the definitive data collection. The data collection instrument had two parts. Part A was about the identification data, and part B was asking the interviewee considering their professional experience in the sector, especially during the care of patients with cardiovascular diseases, who reported situations experienced or observed by him that made it difficult to work in the multi-professional team; people's behavior in these situations; and what were the consequences. Then, the same question was asked, however, considering situations, lived or observed by the interviewee, which facilitated multi-professional teamwork, behaviors of individuals and consequences.

Data collection was performed in 2014 by the researcher through a digitally recorded interview in person, at a previously agreed date and place, in agreement with the participants, the person responsible for the service and the researcher in a place with confidentiality. Participants were named E1, E2, E3, and so on, up to E45, and the letter E represented the participant's interview and the numeral represented the sequential order of the interview. There was no distinction of the professional category, as the focus of the study was on the team as a whole.

In the data analysis stage, the transcription of the interviews was performed by a specific professional, trained for the focus of this study. Then, the researcher checked all transcribed interviews, providing the necessary adjustments. After exhaustive reading of the interviews by the researcher, the CIs were extracted by separating the situations, behaviors, and consequences, identifying the three elements that characterize the CI. The reports received positive or negative attribution by the participants, understood as facilitating or hindering for the multi-professional teamwork. The reports of each situation, behavior and consequence were analyzed based on the content analysis<sup>13</sup> and the stages proposed by Dela Coleta<sup>12</sup>. Data analysis was based on concepts of the theoretical reference of the health work process<sup>14</sup> and in the object of the study. This study was approved by the *Comitê de Ética em Pesquisa* of EERP-USP with CAAE 19822813.1.0000.5393. The research participants signed the *Termo de Consentimento Livre e Esclarecido* (TCLE).

## RESULTS

In 45 professionals interviewed, there was a predominance of professionals aged 25 to 45 years old, mostly female and Nursing professionals included more than

half of the participants. The time of professional training was predominantly between five and 15 years, with working time in the unit between one and 10 years in the sector.

The results are presented through the behavior identification of the reported CIs, regarding the multi-professional teamwork at CCU, about the inter-professional relationship. Reports that had not been experienced or observed, representing opinions and generic reports rather than CIs were not considered. The behaviors reported representing the actions of professionals in teamwork situations, from the perspective of inter-professional relationship, facilitating or hindering the implementation of such modality of work.

There were 218 behaviors related to situations experienced or observed in the multi-professional teamwork in the CCU regarding the inter-professional relationship, and 113 of them were positive and 105 were negative. Such behaviors had three categories, which emerged due to content affinity: *collaborating with the colleague, exchanging information with another agent, and interacting with a colleague*.

The category of collaborating with a colleague is about the agents' collaboration with each other in soliciting and helping each other and includes 58 negative and 56 positive behaviors.

Negative references in this category can be illustrated by the following lines:

*I called the doctor and told him: 'oh he has subcutaneous emphysema [...]. It appears as pneumothorax on X-rays, but I wanted you to [...] give your opinion too'. He said 'just a moment ... I'm doing something else' [...] (E10).*

*[...] I asked to call more people because it took a little more time [...] then it takes time because who come, come unhappy to have been called, to have been awakened at that time that was his rest period [...] (E11).*

*[...] he communicated with the sector nurse. The nurse did not come to take care [...] to help in care (E11).*

Negative reports revealed low collaboration between agents at CCU. Even when requesting for help to perform patient care, some professionals had a non-collaborative, isolated and in a poorly cohesive manner, which often impacted the quality of health care.

The positive references that emerged from the interviews in this category are shown in the following reports:

*I remember one patient we had here [...] he was a 150 kg patient [...] I said I was going to put him sitting, people came and helped me (E20).*

*[...] the nurse called the technician, who made all the mess, a big mess, to talk and say that he would help in everything, that she would not be alone at any moment [...] (E30).*

*One day [...] a patient stopped. An intensive care agent maneuvered everything and reversed the situation. When we looked to the side, tidying up, taking things out, thank God it worked, and we look, 'Doctor! It was the other.' In twenty minutes. You see the team! We reverted the situation! We got two good things [...] (E31).*

Reports with positive attribution in the category of *collaborating with a colleague* indicated that some professionals collaborate with each other, often upon verbal request or not. There is a harmony between them and the team behaves in a very cohesive and integrated way in some situations, facilitating the provision of care to the patient and the accomplishment of work in the teamwork.

The category *exchanging information with another agent* is about behaviors related to communicating information about the patient and the therapeutic behavior to a colleague as well as using information provided by another professional to take care behaviors. This characterizes information exchange between the different agents of the team. It includes 42 positive and 30 negative behaviors.

References with positive attribution can be seen by the statements:

*[...] I have an isolated patient here who is having difficulty getting out of mechanical ventilation [...] I talk to the physiotherapist [...] talking to him, he told me that at first, he will have a little effort (E7).*

*[...] he sees that you have valued what he is talking about and that the doctor has come and will still do a procedure [...] (E10).*

*[...] do you think you he did it [...] has a heart attack? 'I think he had a heart attack. You have to go to the table.' 'Then I'm going there.' And, they came, they did the angioplasty [...] (E48).*

These statements showed behaviors based on the exchanging of information and dialogue between team agents. This can reveal trusting relationships built between

them, leading to teamwork for proper and dignified patient care.

The following statements exemplify negative behaviors regarding the exchange of information with other professionals.

*[...] we say 'oh the patient is stable, he has good parameters, but in practice the patient is tired, tired' [...] we don't hear much about Nursing [...] we say, we report, we communicate. He says that everything is fine [...] he does his job, he doesn't care about the position of other professionals (E4).*

*[...] I went to a doctor to ask, 'Oh, please, give me the case report?' He said, 'This is just for the doctor.' He turned his back on me and left (E10).*

*[...] It happened. He put pause the bomb and did not communicate [...]. Then you go and think that someone went there accidentally touched and calls again [...] that damn thing was supposed to be already suspended and you start it again (E47).*

The reports reveal that there are still professionals in the CCU team that limit the information of patients and procedures to be taken, restricting the access of information due to the professional category. This undermines teamwork and makes full care impossible.

The category *interacting with a colleague* shows behaviors related to respectful relationships between the agents; support; tuning; conflict overcoming and interaction among the professionals of the CCU multi-professional team. This category includes 17 negative and 15 positive behaviors.

The following reports show negative behaviors regarding the interaction between professionals:

*[...] puts you with the hard-to-live person, the hard-working person, that person who leaves the sector a lot [...] that person who doesn't help you in the service, making you work more alone (E15).*

*Each one has to act individually at the time [...] the workload is very large [...] we have to act individually [...] (E19).*

The statements translated distancing behaviors among the professionals of the CCU team. Such actions do not contribute to the proper interaction between them, compromising the teamwork.

On the other hand, the following records show the positive attributions regarding interaction among colleagues:

*With the physiotherapy people, the relationship is peaceful because they are here every day (E25).*

*The team is more united than in the night. At night, the team is more united, we know each other more [...] (E25).*

*We do our best to feel good in the area because we need this manpower, even if he doesn't help in an emergency, he helps in the routine (E45).*

These reports showed the proper interaction between the agents of the multidisciplinary team favors the accomplishment of the work because the harmony and support to the colleague generate positive impacts not only for the professional but also for the patient.

## DISCUSSION

The facilitating and hindering behaviors for teamwork on the inter-professional relationship were analyzed in real situations that would bring out what happens in the daily life of this unit that can promote or inhibit teamwork. According to the study participants, positive references are understood as facilitators for teamwork, while negative references are difficult for such work.

The analysis of the interviews showed that the actions were more positive than negative and referred to the relationship with the other agents.

These aspects are based on the non-material instruments of the health work process, permeating and guiding the work in the real scenario, in the dimension of the relationships built between the professionals.

Considering the non-material instruments of the work process, teamwork is done through the relationships established between the professionals, managers, and patients,<sup>5,15</sup> requiring effective integration between professionals, knowledge, and perceptions<sup>16</sup> to solve problems and promote qualified assistance<sup>17</sup> in integral actions. This is facilitated when interaction between agents favors collaboration<sup>18</sup> and inter-professional exchanges.

Thus, the collaboration is observed as a facilitator for teamwork, requiring the development of joint, articulated and cohesive work between the different agents.

In this perspective, teamwork requires articulated agents who act, in an integrated manner on the object of work



through non-material instruments, providing fair, dignified and quality care to the patient, reaching, then, the purpose of the health work process.

Teamwork should result from shared construction<sup>19</sup> as one of its pillars, as health work demands the permanent renewal of knowledge based on inter-professional education. Thus, it is crucial that professionals, faculty, and academics engage in these processes.<sup>5</sup>

This situation unveils a strong bond between collaboration and teamwork, highlighting the need for the agent to have support, be prepared/empowered to act collaboratively.<sup>20</sup> Effective collaborative practice<sup>5</sup> and teamwork are important to provide comprehensive health care.<sup>21</sup>

According to the results found, the behaviors regarding the relationship between agents converge to some concepts about teamwork as a possibility of collective work, in an attempt to overcome individual and segmented work, extrapolating isolated actions and valuing communication and interaction between agents.

These results are close to some aspects proposed by the team integration mode,<sup>22</sup> revealing that the agents strive to build appropriate relationships between them that enable interaction and articulated actions.

This is supported by the scientific literature, by arguing that health work requires collective work, usually achieved through the performance of teams,<sup>23</sup> and goes towards what is intended to be achieved, anchored in relationships between professionals that enable to perform comprehensive work and a better quality management.<sup>21</sup>

The positive results in the relationship between agents highlight the relationships between professionals that favor collaboration, communication, and interaction as facilitating elements for teamwork, extrapolating the personal dimension, stimulating mutual help and anchoring themselves in dialogical and horizontal relationships.

Collaboration in the sense of mutual help is a crucial element of teamwork. Working together and supporting each other among team members enables a climate of more exchange and sharing, and may even help to avoid work overload.<sup>24</sup> Teamwork requires cooperation and participation of professionals to strengthen multi-professional work.<sup>25</sup>

As in collaboration, communication has also been identified as a crucial element for teamwork. The participants emphasized that the exchange of information between them occurs and contributes to the dynamics of work in the unit. Such results are similar to the literature proposal.

In this sense, the dialogue allows the communication to act as an aggregating element and is one of the assumptions of teamwork in the search for comprehensive care.<sup>26</sup>

Therefore, the communication favors the sharing of information between team members and may result in an adequate patient care, as it effectively represents a powerful instrument to integrate the team, favoring the development of listening, argumentation and negotiation skills, and enabling consensus to be reached.

For communication to be effective, it requires completeness, clarity, coherence, and conciseness at the right and appropriate time.<sup>19</sup> When communication skills increase the sensitivity and listening of professionals, they promote teamwork. In this way, the communication facilitates teamwork when these skills exist and when their components are involved, listening and negotiations skills developed.<sup>8</sup>

The effective articulation between inter-professional communication and collaboration/cooperation between different health professionals can enable an adequate response to complex health demands, leading to the improvement of patient care.<sup>7</sup>

It is evident that the relationship between the agents, based on effective/horizontal communication and collaboration enables better articulation between them, facilitating multi-professional teamwork.

It is admirable that agents try to act in a way that favors teamwork. Just the fact that they want to overcome adverse situations and perform behaviors with to develop work from a team perspective is not enough to achieve this type of work and contribute to the generation of positive consequences, which was found in this study.

Considering that positive and negative references are defined by the study participants, negative references were also detected, although there was a predominance of positive references regarding the relationship between agents, which may have important significance for the analysis of teamwork dynamics in this CCU. Also, some comments were important to be made regarding these negative references identified in the categories.

They are in line with authors who argue that effective interaction between team members does not always occur, revealing fragility in the relationships between the agents. This can lead to the performance of the work from the individual perspective of action, based on distance and isolation between professionals<sup>15</sup> and impairing the quality of care provided, as it depends on collaborative actions and collective work.<sup>27</sup>

The behaviors with negative and positive attribution have been described. It is important to consider these two facets, that is, agents do not act the same way in the same situations. This reinforces the dynamic and unpredictable character in working relationships, and the individuality of each professional, their values, their culture, and their background.

The limitation of the study was that the data collection was held during a hospital management restructuring period, in which many professionals were anxious and apprehensive. Despite an unstable and uncertain moment, most professionals were receptive and welcoming to the research proposal. Also as a limitation, this research also has a small and non-probabilistic sample, in a single context, which is consistent with the assumptions of qualitative research. Although the results obtained cannot be generalized, they are in line with the reality of other public teaching hospitals, inserted in an organizational and work context very similar than the hospital under study.

## CONCLUSION

Behaviors, actions, and attitudes of collaboration, communication, and interaction among professionals facilitate multi-professional teamwork. Positive/favorable references to multi-professional teamwork proved the agents' investment and effort to overcome obstacles, from the perspective of teamwork, as a power to achieving the purpose of health work.

The results of the study enabled to realize that, for participants, teamwork emphasizes relational aspects among professionals, which is manifested through relationships between agents, collaboration, communication, and interaction.

Such behaviors may be closely related to the management model. If such a model is adjusted to the demands and reality of the CCU, it may trigger a new way of working in health, enhancing dialogical, collaborative relationships, with appropriate interaction of agents and support to the difficulties of the other as potentialized for an integrated and team practice. Only the goodwill of the agents for the development of work is not enough to transform reality in the direction of teamwork as an instrument and strategy for integrated, articulated, collaborative and horizontal health care.

As an important devolution service, an intervention project to be developed in the health team of the referred CCU is highlighted, to discuss and reflect on the daily work from the perspective of the team modality, in an attempt to collectively elucidate instruments to overcome the weaknesses. This collective construction is important as a possibility of qualified listening and design of actions and strategies by those who experience daily life, which makes the discussion more feasible. The discussion of the team with the unit management is also important as a possibility to confront the behaviors that make teamwork in the CCU unfeasible and the strengthening of the actions reported as drivers for this work.

There will be future studies to investigate how service management can influence and intervene in the work process

in order to produce more integrated agents and more articulated and comprehensive health practice in daily life.

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