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How to Build Effective Health Care Teams in Caring for Heart Failure Patients: A Qualitative Study

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Abstract

Background: The Complexity of care for heart failure patients has increased the need for professionals to collaborate in the form of teams. Finding the right strategies to eliminate these problems will increase the effectiveness of care. This study was done to explore team members' experiences and provide strategies for building effective teams for the care of heart failure patients.

Methods: In this content analysis study, data were collected through unstructured in-depth interviews with 58 team members involved in the care of heart failure patients. The selection of participants began with purposive sampling and was extended using theoretical sampling. The interviews were transcribed verbatim and analyzed using an inductive conventional method.

Results: Fourteen subcategories and six categories were formed: equal professional rights in the team, embodying knowledge and experience, team integrity, self-awareness of teamwork, teamwork continuity, and skillfulness of the team. The final theme was "Striving for team evolution and consensus."

Conclusion: The results showed that the teamwork strategies are being used in Iranian health care centers, but different strategies should be used to provide more effective care for heart failure (HF) patients. These strategies are found at individual, organizational, and sociocultural levels. Training and application of these strategies by health care providers will facilitate the achievement of teamwork goals in the care of HF patients.

Keywords: Teamwork strategies, Healthcare team, Heart failure, Qualitative research, Iran

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Introduction

Heart failure (HF) is a rapidly growing public health issue with an estimated prevalence of 38 million individuals globally (1) and more than 800,000 new cases diagnosed annually (2). The adverse impact of HF goes beyond shortened life span, as frequent exacerbations of signs and symptoms requiring hospitalization are a hallmark of the severe morbidity of this clinical syndrome (1). Despite advances in medical treatments, HF contributes substantially to the burden of morbidity, mortality, and economic cost. The main aims of HF medical treatment include alleviating or controlling symptoms and enhancing quality of life. Applying effective care can reduce problems (3). One of the successful strategies for providing care for the HF patients is the teamwork approach (4). These complex, chronically ill patients require interprofessional teams to address their multiple health care needs because they require a host of healthcare providers to address their multiple health concerns, so interprofessional healthcare teams have become the preferred mode of care delivery (5). The advantages of providing health care using a team approach are undeniable, and nobody is able to complete the healthcare chain alone (6).

When different professions work together, job satisfaction increases, performance is at the optimum level, and patient outcomes are better (7, 8). Studies have shown that team approaches have improved the quality of care for HF patients (9). However, the team approach has some limitations. Each health care profession in the team has its own culture, which includes values, beliefs, attitudes, customs, and behaviors. This professional cultural diversity causes challenges to effective teamwork (10) and acts as an impediment to the care of HF patients (11). Zajac et al explored these obstacles in a framework of educational, psychological, and organizational challenges to the development of effective health care teams. They believe that identifying and eliminating them leads to significant gains in patient safety, increases the quality of care, and reduces complications of disease and mortality rate (12).

Because of the high prevalence of HF and the complexity of the care of these patients, scientific research in this area is necessary. The effectiveness of teamwork has been proven, but so far, in Iran, the strategies to remove its barriers have not been addressed in qualitative research; therefore, this

study aimed to explore the experiences of participants in the HF treatment team about strategies for building effective health care teams to care for HF patients.

Background in Iran

Teamwork is an essential part of workplace success. Like in a football team, when the members work together to accomplish goals, everyone achieves more. Attention to the importance and worth of individuals in the team and becoming an effective member is an important step in developing teams (11). The variety of teamwork practices in the care of HF patients in Iran is enormous. On one hand, the members of the treatment team have different characteristics, cultures, and levels of education. Differences in educational, cultural, and social levels between members of the treatment team lead to disruptions in communication and interactions. In some healthcare teams, physicians often occupy dominant roles, while non-physician members may have comparatively limited scope or autonomy.

On the other hand, the vast difference in financial payments has created a big gap between the two main members of the team, the doctors and the nurses (11). The result of this distinction affects the most important focus of the team: negligence of the patient's role. This also reduces the motivation and commitment of the members and affects the quality of teamwork in the care of HF patients (13). In these turbulent teamwork conditions, finding effective strategies can help improve teamwork in the care of HF patients. In this study, we seek to discover the barriers to teamwork and the creation of effective teams by exploring the experiences of different members of the treatment team.

Methods

Design

This study was a conventional, qualitative content analysis with a descriptive, explorative approach. The selection of participants began with purposive sampling and was extended using theoretical sampling. Considering maximum variations in sampling, different members of the caring team for the HF patients, including nurses, doctors, physiotherapists, nutritionists, patients, and other people who are indirectly involved, were recruited. Sampling continued until the data were saturated and no new information was extracted. Viewpoints of 58 participants (42 women and 16 men) were collected in nine private interviews and six focus groups (Table 1).

Data Collection

Data collection was first conducted through unstructured interviews and continued with semi-structured interviews. The average time of the interviews was 67 minutes. The inclusion criterion for patients was hospitalization due to HF. The criteria for the inclusion of treatment team members were participation in care for HF patients and willingness to participate in the research.

Data Analysis

Data collection and analysis were performed simultaneously using inductive conventional content analysis based on the Graneheim and Lundman approach (14). The interviews were transcribed verbatim immediately after being conducted. They were read several times to achieve a general comprehension of the phenomenon. Meaning units and initial codes were identified

Findings

Of the 58 participants, 42 were women. The average age of the participants was 47.5 years in the private interviews and 35.3 years in the focus groups (Table 1). The overall age average was 41.3. During data analysis, 10 subcategories and five categories were developed. The emerged central theme was "Striving for team evolution and consensus" (Table 2). The merging of the subthemes to arrive at the main theme has been described below.

Equal Professional Rights in the Team

Considering that they are in a critical and complicated situation, HF patients need coherent and efficient teams who act quickly and effectively. One of the most important solutions that participants considered necessary for

Table 1. Individual characteristics of the participants

job	person	Years of Service	Age	sex		Level of education			
		mean	mean	Female	Male	Dip	BS	MS	PhD & Dr
Staff Nurse	39	11.4	32.7	27	12		31	8	
Head Nurse & Supervisor	11	20.6	45.4	10	1		7	4	
Senior Nurse	2	18.5	42.5	1	1				2
Physician	2	9.5	43.5	1	1				2
Patient	2		45	1	1	1	1		
Nutritionist	1	7	39	1				1	
Physiotherapist	1	4	41	1				1	
Total	**58**	**13.7**	**41.3**	**42**	**16**	**1**	**39**	**14**	**4**

Table 2. Subcategories, categories, and central theme developed in this study

Subcategories	Categories	Main Theme
Division of duties in the team	Equal professional rights in the team	Striving for team evolution and consensus
Team members alignment		
Knowledge	Using embodying knowledge and experience	
Experience		
Mutual trust of team members	Team Integrity	
Accountability of the team members		
Developing teamwork culture	Self-awareness of Teamwork	
Teamwork training		
Stability and persistence of the team members	Teamwork continuity	
Delegation of authority as a way for continuous caring in the team		

integrated teams was equal professional rights and equality among all the team members. Their statements led to the emergence of two subcategories.

Division of Duties in The Team

Participants believed that one of the most important strategies to have a good team is dividing the tasks. This will only be accomplished when the duties of the team members are specified. Of course, team management plays a vital role in the division of tasks. They believed that assigning clear tasks to team members provides a sense of responsibility and leads to an increase in their scientific and practical abilities. Participant 3 (**P3**) in focus group 3 (**F**3), a 39-year-old (39 **Y**) nurse, explained, "The expertise of the head nurse lies in knowing the suitable arrangement of the staff. She should arrange them based on their abilities and duties. For example, if a person is inexperienced, they should have an experienced staff member who can manage the HF patient with them." P3 (nutritionist, 34 Y) declared, "We need to specify duties accurately. If the responsibilities are made clear, staff know exactly what they should do in the team."

Team Members' Alignment

Many participants believed that all occupations and expertise in the team should be given equal importance. The members with different demographic characteristics and specializations should have the same professional values. They believed the team members are like the links in a chain, and a defect in any of these links results in the team breaking down. P3 (F2, nurse, 29 Y) said, "In teams, we need to be equal and we should be on the same side, not in confronting one another. We should not have a tyrannical approach. All the members must be the same." P2 (F5, nurse, 41 Y) explained, "The team is like a necklace, the person who everyone sees at the bottom, hanging from the necklace, is the patient, and the string of beads holding it is the healthcare staff. If the string is torn at any point, the beads will all be scattered." These statements can easily describe the importance of each member of the team.

Being Armed with Knowledge and Experience

Another way to have a successful team in caring for HF patients was to be armed with knowledge and experience. Many of the participants believed that knowledge and experience are like the two wings for professional performance.

Knowledge

Participants believed that the scientific knowledge of the members is a necessity for working in cardiac teams. This gives them more self-confidence and enables better professional communication in the team. They stated that there is a direct relationship between team efficiency and the professional knowledge of the team members. P6 (F5, nurse, 37 Y) said, "Nurses' high scientific and practical ability increases their self-esteem and their ability to express themselves to doctors. This mutual trust between doctor and nurse builds strong professional relationships and a successful team." P2 (physician, 42 Y) said, "Now, the value of a well-educated staff in the team is clear. A person with a higher academic ability has higher levels of self-confidence, is more successful in their work, and others like to work with them. These people make the team more coherent."

Experience

Participants believed that one of the important features of the team members is their experience. They stated that it would be far easier to work with experienced staff, and HF patients trust experienced members more. This mutual trust makes the care easier. P7 (supervisor, 36 Y) said, "One of the most influential factors in the care of HF patients is experience. Experienced people really affect the speed and accuracy of the team. I feel comfortable when I go to the CCU (cardiac care unit) and see one of the experienced staff members on shift." Participants believed that not only is having experience one of the requirements of a good member, but also that using experience depends

on being in the team, and they are connected.

Team Integrity

Another concept that emerged in relation to the strategies for building effective health care teams was "Team Integrity."

Mutual Trust of the Team Members

Participants believed that one of the important and influential strategies to have a good team is mutual trust among the members. They said in the context of trust, the quality of teamwork increases and tensions decrease. P5 (patient, 47 Y) said, "This trust should be so firm and strong that when someone cares for me, I trust them and the rest of their colleagues, completely. Sometimes I readjust the IV drip after the nurse has adjusted it. I think they do not trust me, and I do not trust them either." These statements reflect the dire consequences of distrust.

Accountability of the Team Members

Being accountable for the tasks was another strategy. Participants believed that one of the factors contributing to teamwork is the accountability of the members. They believed that all the professions involved in the teams, both specialists and non-specialists, should be aware of their responsibilities and be committed to performing their duties. P7 (supervisor, 36 Y) said, "I will give you a real example; yesterday, 30 patients were waiting for the surgeon. The doctor called me and said he would not come to the office. How could I cancel all those appointments!? Some of the doctors are not responsive at all. This reduces patient satisfaction."

Self-Awareness of Teamwork

This category is composed of two different subcategories.

Developing Teamwork Culture

Participants believed that teamwork is still not institutionalized in Iran and requires more effort. They even said that some team members still do not know the basics of teamwork. They stated that the implementation of teamwork in health care centers depended on its cultural acceptance. They acknowledged that many inpatients still do not recognize this and are unaware of their rights as a member of the team. The participants believed that enhancing teamwork through structured training would significantly improve future working conditions compared to the current situation. P6 (physician, 40 Y) said, "We need to develop teamwork in care. First, we should create its culture. To do so, I think each individual should start with themselves. If you start with yourself, you may slowly affect the whole community."

Teamwork Training

The participants mentioned the need for teamwork training, in addition to theoretical and practical education, in order to institutionalize teamwork and expand its culture at health care centers. They believed that teamwork education should start from the beginning of school to be successful in adulthood. One contributor stated, "When I was a kid, we had a day at school called 'the Day of Angels.' On that day, we were divided into some teams, and each team was responsible for doing a duty at school. I mean, they taught us how to work in teams from childhood, but now it is forgotten."

Teamwork Continuity

Another important category of the strategies for effective teamwork in the care of HF patients was "teamwork continuity," which was composed of two subcategories.

Stability and Persistence of the Team Members

Participants believed that team members should be consistent and persistent in order to be efficient. Frequent replacement of personnel will undermine the integrity of the team and continuity of the teamwork, reducing team performance. They believed that the arrival of newcomers would create tension for other members, which would have inappropriate consequences for all, and affect the speed and performance of the team. P2 (F5, nurse, 41 Y) stated, "Staff rotation in different wards is undesirable. The newly appointed personnel do not have the necessary experience, and it takes a long time to learn the routine of the CCU or to learn how to treat an HF patient. Admitting new staff and constant changes in the HF team are challenges that are not in the best interest of the members."

Delegation of Authority, a Way for Continuous Caring in the Team

Participants believed that to have effective teams, teamwork should be sustained and continuous. They believed that a team format is not compatible with providing periodical and intermittent care. Most of them considered delegation of authority as a strategy for creating continuity in teamwork. Nurses believed that if the scope of practice of cardiac nurses is expanded, many limitations of teamwork would be eliminated, and they could compensate for many deficiencies caused by the absence of some other members. They even believed that if they had more authority, they would gain more scientific knowledge, because they would have to study more in order to be effective in the team. P6 (F6, head nurse, 38 Y) said, "Here (CCU), they trusted me and they gave me responsibilities. I also have to study and update my knowledge because I want to prove myself to the team. I do my job diligently and punctually." P2 (physician, 42 Y) said, "Most of the tasks in this ward (CCU) are not a nurse's duty, like extracting a chest tube, but doctors have delegated it to the nurses, and the nurses do it very well. I mean, delegation of authority to the team members will

improve the team and create a sense of mutual trust." Most of the nurses complained of their limitations in carrying out some tasks.

Discussion

Modern healthcare is delivered by multidisciplinary healthcare teams who rely on efficient teamwork to provide effective and safe care. Failures in teamwork lead directly to compromised patient care, staff distress, tension, inefficiency, and medical errors (11). Finding solutions to alleviate barriers to teamwork can help provide better care for HF patients. In this article, we refer to some of these strategies. One of them is the equality of professional rights. By dividing the duties and aligning the members, the team can perform the tasks more efficiently. To achieve the best results, the members of a team must share a clear understanding of what they are trying to achieve and how they are going to achieve it. Assigning specific duties also allows staff to specialize and perform their tasks efficiently (15). These tasks should be so cleverly assigned and they should be so specialized that members do not feel any discrimination; this is one of the main tasks of the team leader (11). Although the exact duties of staff are specified in Iranian health care centers, due to the unrealistic expectations of some physicians in the team and the lack of workforce, the tasks are not carried out.

Experience and knowledge are like two wings for professional performance, and in today's world, their role is undeniable. The positive impact of knowledge and experience on many aspects of the work, including teamwork, has been proven. Much of the team's success in caring for patients relies on the academic training and knowledge of the members (16). Research shows that having enough work experience and a strong scientific foundation not only increases self-confidence but also leads to the development of professional values and increased patient satisfaction (17). Therefore, selecting well-experienced and knowledgeable members in the team can be a dual strategy to improve team performance.

In this study, team integrity was found to be another important determinant for providing better care for HF patients in a team. Participants believed that if team members are accountable, trust each other, and have a proficient manager, it will be easier to achieve the care objectives. Accountability is an obligation or willingness to accept responsibility or accountability for one's actions, and it can lead to a safe climate for providing suitable care. Responsibility, accuracy, accountability, and commitment are aligned with one another and in opposition to wasting time and apathy (18). Costa et al emphasized that for improving the quality of health care services, standards like accountability are necessary (18).

In this study, results showed that the managers of treatment teams are not suitable for the job, and the participants declared that if management is passed from doctors to nurses, the efficiency of the team will increase. In their study, Asif et al stated that there is a direct relationship between nursing leadership and patient outcomes (19). If all the members acknowledge the team leader, mutual trust will increase among them, professional relationships will improve, and the team will be more integrated (11). Dillon et al say that if team members feel valued and feel that their contributions are important and acknowledged, trust can be established and tasks will be done far better (20). Peralta et al found that membership in a promoted team is positively correlated with mutual trust (21). All these ensure the integrity, coherence, and unity of the team.

Research has shown that one of the most important competencies of successful teams is self-awareness (22). In this study, teamwork training and the development of a collaborative culture served as foundational components for fostering self-awareness in team-based practice. The issue of teamwork knowledge has long been the subject of most academic disciplines (23). While considerable attention has been paid to staff-patient communication in the undergraduate medical curriculum, less is being done to train medical students on how to communicate with other health professionals in a team, and few healthcare providers receive specific training in teamwork. As teamwork impacts the effectiveness of care, patient safety, and clinical outcomes, teamwork training has been identified as a strategy for enhancing teamwork, reducing medical errors, and building a culture of safety in healthcare (16). In Guchait's study, teamwork knowledge was found to impact team outcomes (24). The second strategy for enhancing self-awareness of teamwork was the development of its culture. Khoshab et al mentioned cultural barriers as an impediment to an effective team (11). Morales et al showed that team culture turns out to be a fundamental determinant for team performance (25). The results of this study showed that caring for HF patients in Iran is done by teamwork to some extent, but its culture has not been well developed. Therefore, training the members about the culture of teamwork is an important strategy that should begin as soon as possible.

Teamwork continuity was another strategy in the care of HF patients, with the stability of the members as one of its important components. Professional collaboration over an extended period in a team causes congruence of values and makes the members generally stable over time. The stability of team members leads to a more precise decision-making process that strengthens the team structure (26). Since the care needs of HF patients are complex and varied, acquiring the skill to provide this type of care requires a relatively long time (11). Displacements and unnecessary changes of the fixed team members weaken the foundation of the team. On the other hand, removing professional restrictions can make collaboration meaningful.

Conclusion

The results of this study indicated that staff can provide much care, but the existing legal limitations have restricted them. By trying to eliminate these restrictions, team members can compensate for the deficiencies caused by the scarcity of the workforce or the absence of some members. If the staff has a sense of freedom of action within the framework of the law, teamwork results will be more favorable, leading to teamwork continuity. On the other hand, in creating democratic teams, each member of the team should feel valued. By giving workers a voice in decisions, democratic leaders build a flexible and responsible team and help generate fresh ideas and achieve the required output.

With the increase in the complexity and specialization of professions, the current healthcare providers demand effective teamwork to deliver the best care reliably. We have perhaps paid insufficient attention to the new challenges modern healthcare poses to effective teamwork. This article has provided a range of strategies to address the most important impediment to the care of patients with HF. It implies that the staff who is a member of the team should be experienced and have enough theoretical and practical knowledge. Educators and managers should therefore ensure that these types of knowledge, including behaviors that facilitate the achievement of maximum effectiveness, are fully developed in teams. The members should have equal professional rights and work in a free environment with legitimate freedoms. Of course, they should be disciplined and committed to the team. Cross-sectional care is not desirable; a team can be successful when it is integrated and the care is continuous and permanent. All these are obtained when the necessary social and cultural infrastructures are provided. It seems that strategies at the individual, organizational, and sociocultural levels are necessary to improve the function of healthcare teams.

The strength of this study was in-depth interviews with a variety of members of the health care team. The researchers faced no notable limitations during this study.

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Authors' Contribution

Conceptualization: Hadi Khoshab.
Data curation: Hadi Khoshab.
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Writing–original draft: Hadi Khoshab.

Competing Interests

The authors report no conflicts of interest. The authors alone are responsible for the content and text of this article.

Data Availability Statements

The data underlying this article will be shared on reasonable request to the corresponding author.

Ethical Approval

The aims and the process of the study were explained to the participants, and their informed consent for participation in the study and for recording their voices was obtained. They were informed of the voluntary nature of participation in this study and the confidentiality and anonymity of the data. They could freely withdraw from the study without being penalized. The Ethics and Research Boards of Bam University of Medical Sciences (ethics approval code: IR.MUBAM.REC.1396.73)

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