Common barriers to interprofessional healthcare team work[1]

Organizational barriers:

- lack of knowledge and appreciation of the roles of other health professionals;
- the need to make compelling arguments for team building to senior decision-makers;
- lack of outcomes research on collaboration;
- financial and regulatory constraints;
- legal issues of scope of practice and liability;
- reimbursement structures for different professions, including which services receive reimbursement; and
- hierarchical administrative and educational structures that discourage interprofessional collaboration.

Barriers at the team level:

- lack of a clearly stated, shared, and measurable purpose;
- lack of training in interprofessional collaboration;
- role and leadership ambiguity;
- team too large or too small;
- team not composed of appropriate professionals;
- lack of appropriate mechanism for timely exchange of information;
- need for orientation for new members;
- lack of framework for problem discovery and resolution;
- difference in levels of authority, power, expertise, income;
- difficulty in engaging the community;
- traditions/professional cultures, particularly medicine's history of hierarchy;
- lack of commitment of team members;
- different goals of individual team members;
- apathy of team members;
- inadequate decision making; and
- conflict regarding individual relationships to the patient/client.

Barriers faced by individual team members:

- split loyalties between team and own discipline;
- multiple responsibilities and job titles;
- competition, naïveté;
- gender, race, or class-based prejudice;
- persistence of a defensive attitude;
- reluctance to accept suggestions from team members representing other professions; and
- lack of trust in the collaborative process.

Barriers for independent providers:

- accustomed to assuming total responsibility;
- unease with allowing others to be involved in clinical decision-making;
- discomfort with performance review by team members of different professional backgrounds;
- legal liability for others' decisions; and
- dilution of traditional one-to-one relationship with patient/client.

Overcoming barriers

- agree on unifying philosophy centered around primary care of the patient/client and the community;
- develop a commitment to the common goal of collaboration;
- learn about other professions;
- respect others' skills and knowledge;
- establish positive attitudes about own profession;
- develop trust between members;
- be willing to share responsibility for patient/client care;
- establish a mechanism for negotiation and re-negotiation of goals and roles over time;
- establish method for resolving conflicts between team members; and
- be willing to work continuously on overcoming barriers.

Learning about other professions is an important first step in collaboration. Many professionals are remarkably ignorant of the other health professions due to a lack of collaboration during their respective education. In the course of their training, providers have a tendency to become socialized into their own professions and subsequently develop negative biases and naïve perceptions of the roles of other members of the health care team. To practice effectively in an interprofessional primary health care team, however, one must have a clear understanding of other members' unique contributions: their educational backgrounds, areas of high achievement, and limitations. Teamwork in primary health care setting in particular involves considerable overlap in competencies. Each provider should be knowledgeable of (and therefore comfortable with) the skills of the other members. Moreover, an oft-overlooked member of the health care team is the patient/client him- or herself, as well as the patient's family and community. In learning about interprofessional care, one must also learn to incorporate the patient/client and family into the care plan.

From a clear understanding of others comes the basis for respect which underlies all successful collaborative endeavors. The need to establish the trust and respect of other team members derives from a central feature of collaboration: no individual is responsible for all aspects of the patient's care, and therefore each member must have confidence that other team members are capable of fulfilling their responsibilities.

Territoriality

Another common barrier to interprofessional teamwork is the problem of "turf battles." These struggles over protecting the scope and authority of a profession involve issues of autonomy, accountability, and identity.

The principle of autonomy reflects the desire for each profession to define itself, to set its own criteria for practice and professionalism, and to maintain sole influence over its area of expertise. Loss of autonomy may lead to undesired changes in modes of practice and to loss of potential earnings.

Accountability, another key component of professionalism, refers to the evaluation and assessment of standards of care. Professionals both define how they want to practice and are accountable to others in their profession for practicing according to these standards. Collaboration introduces performance evaluation by team members from other professions, which for some individuals represents an invasion into their own professional domain.

Finally, identity as an individual practitioner is due in large part to the identity of the profession as a whole. Interprofessional collaboration, by blurring the margins that define the roles of the various professions, may also impact upon the identity of individual providers.

The task of the collaborative enterprise is to identify and address these underling factors that lead to territoriality and to thereby facilitate interprofessional collaboration.

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[1]Grant RW, Finnocchio LJ, and the California Primary Care Consortium Subcommittee on Interdisciplinary Collaboration. (1995). Interdisciplinary Collaborative Teams in Primary Care: A Model Curriculum and Resource Guide. San Francisco, CA: Pew Health Professions Commission, 1995.