An interdisciplinary workshop

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IN July 1971, the Royal College of General Practitioners, with the Council for the Training of Health Visitors and the Council for Training in Social Work, recommended that regional arrangements be made for interdisciplinary meetings for discussion of common interests and problems in dealing with patients. The recommendation was accepted by the nominated representatives of doctors, health visitors and social workers in the North-west England region and a first exploratory meeting was held on 11 August 1971.

From the outset it became apparent that there were areas of common interest and of misunderstanding. The original committee of three, who held academic appointments, was expanded to include three more members, one from each discipline, whose commitments were wholly in service. The expanded committee recognised that the objective of understanding interdisciplinary relationships could be defeated without a contribution from a district nursing sister. A more substantive working party was, therefore, established, which included two members from each of the disciplines—general practice, district nursing, health visiting and social work. This working party met at monthly intervals between October 1971 and March 1972.

A problem common to each member of the working party was that of clearly representing their own role, and understanding the roles of the other disciplines.

It was agreed to establish a workshop to examine these particular problems and the effect which a lack of understanding of role might have upon interdisciplinary relationships. The first workshop was held on 13 and 14 May 1972, at the Department of General Practice in Manchester.

Objectives

The three principal objectives were:

1. To understand the respective roles of the doctor, district nurse, health visitor and social worker—

   (a) as they are at present and (b) as they might be in the future.

2. To determine the nature of problems of interdisciplinary relationships which may arise when doctors, health visitors, social workers, and district nurses work together.

3. To determine if purposeful discussions can result by bringing together doctors, district nurses, health visitors and social workers.

The working party also agreed five subsidiary objectives:

A. To determine if any of the disciplines concerned emerge as dominant in group discussion.

B. To define areas of common agreement or interest.

C. To define areas of conflict and the relative significance of the conflicts observed.

D. To determine if small group discussions can become a useful interdisciplinary educational medium.

E. To determine the possible content of future workshops.

Method

Recent symposia, research reviews and reports in education emphasise the increasing role played by small group discussions and the group teaching methods of Marshall (1969), Joyce and Hudson (1968), Litterer (1968), Abercrombie (1970) and Beard (1971). Professional training, business methods, and the training of teachers are important examples. The degree of interaction involved between the members of a group is particularly useful when the question of interdisciplinary relationships is considered.

The working party agreed that small group discussion should be the basic instrument of the workshop. Eight representatives from each discipline were invited to attend. Selection for each discipline was made by the respective members of the working party and a number of common criteria for participants was agreed. These criteria were that each participant should have:

(a) Some experience of interdisciplinary relationships and good motivation towards improving these relationships.

(b) A willingness to participate in group discussion and a willingness to be observed.

The total of 32 participants were divided into four groups of eight, each group containing two members from each discipline. A brief questionnaire was completed by each of the participants and from the questionnaires some of the characteristics of the attenders were identified and are shown in Table 1.

TABLE 1—SOME CHARACTERISTICS OF THE PARTICIPANTS

	Doctor	*Nurse*	*Health Visitor*	*Social Worker*	*Total*
Sex					
M	7	2	0	3	12
F	1	6	8	5	20
Age					
Mean	43	41	38	35	39·6
Range	30–53	34–46	30–41	28–45	28–53
Duration in occupation					
Years:					
Mean	14	5	9	7·7	9
Range	4–25	1·5–9	3–20	2–20	2–25
Duration in present job					
Years:					
Mean	10·7	1·4	2·0	1·5	3·9
Range	1–25	0·5–3·5	1·4–5	0·5–2	0·5–25

The members of the working party were allocated among the groups as participant members. However, some of them found that in practice a tutorial role was ascribed to them by other group members, thus creating difficulties for the course organisers which merits special consideration in future workshops.

During the whole of the workshop, group behaviour was observed by three experienced observers, two of whom were psychologists. The method of observation (Byrne *et al.*, 1970) included measurement of individual contributions within the group, the flow of discussion and the nature of discussion in terms of emotional modality, content themes, dominant roles, and group activity. For the morning of the first day a fourth observer attended. The observers had opportunity to observe more than one group and three attended discussions held by all four groups. One of the psychologists agreed to prepare a summary of all the observations.

The first day of the workshop

During his opening address, the chairman revealed to the participants the three principal objectives. The subsidiary objectives were only known to the observers and the ' tutors '.

On the first day emphasis was placed on the first revealed objective. Each discipline in turn presented two ten-minute papers on its present and future role. The presentation of each discipline was followed by a 30-minute period of group discussion. Each group elected a reporter and, at the end of the first day, a plenary session was held when reports of group activity were received by the assembled participants.

During this session a number of common areas of discussion was identified. Some of these seemed to commend further exploration and were:

(a) Should the social worker be a member of the team working in a health centre?

(b) Is status an important aspect of interdisciplinary relationships?

(c) The significance of communication and records in team effort.

(d) The importance of understanding one another's role and the need for special training to achieve such understanding.

The working party, with the observers, discussed the possible content of the second day during the evening of the first day. It was agreed that sufficient observational evidence of group interaction had already been achieved to permit a relaxation of the observational method. One of the observers was invited to present at the start of the second day to the assembled participants a brief interpretation of group behaviour. It was also agreed that the topics which had emerged at the preceding plenary session should be offered as alternative topics from which each group could elect to discuss one or more.

Second day

During his opening address the chairman presented the agreed topics for discussion. The brief account of group interaction presented by the observer was subsequently criticised by many participants on the grounds that it was disruptive of the natural flow of the group process. For most of the second day, each group was permitted considerably longer periods of discussion of their chosen topic. A final plenary session permitted further reporting of group deliberations and some discussion about the nature of the continuing workshop.

RESULTS

The results of the first workshop were obtained from the reports of the observers and from individual and collective reports from the participants.

Reports of observers

One of the observers—observer A—had agreed to present a consolidated report of the results of group behaviour, resulting from the observations made on the first day. Another of the observers—observer C—was also chairman of the plenary sessions.

Report of group behaviour—observer A (psychologist)

Results of the group discussions—day 1

Table 2 shows the overall average number of contributions made in each group.

TABLE 2—AVERAGE NUMBER OF CONTRIBUTIONS

Group	*Number of contributions*
A	134
B	107
C	128
D	127
Average	124

The results of this simple numerical count suggest a lower interaction in the case of group B, but subsequent examination of the flow diagrams show that interaction in group B was good, but perhaps dominated—at least in the early sessions—by one or two speakers. As a general consequence of this, interaction was sometimes interrupted and the dominant speakers tended to deliver one or two rather long contributions.

The overall average of 124 contributions in a 30-minute discussion period indicates a general high level of activity—a factor supported by the flow chart diagrams and remarks of the observers.

The content of the group discussions was rated evenly between the four groups, although the observers were not subject specialists and in consequence possibly not sufficiently discriminating.

The discussions tended to follow a typical pattern in terms of distinct and general stages—an early stage which was an introductory, warm-up period tended to become shorter as the day progressed, indicative of the ' working party effect ' as the individual groups developed cohesion. In the opinion of two observers, the general practitioners enjoyed some authority on the basis of their greater knowledge and command of the medical terminology which characterised the verbal aspect of their discussions. This varied from group to group and was least marked in group B.

The psychologists reported that the widest general personality differences occurred among the general practitioners. The social workers were markedly theoretical in their orientation—notable in the reports of all the observers. The role they adopted was essentially evaluative and one observer reported a case where the social worker decisively ' brought the group back to the meat of the discussion '.

In the words of two reporters, the district nurses were the most aggressive and assertive; in the words of another they were ' direct, practical, and compact '. The health visitors asked the most questions in the discussions in which they were not the subject specialists.

Leadership functions tended to fluctuate during the discussions. There were two members of each discipline in each group and the members of the discipline under discussion tended to lead, as subject specialists. This however, varied from group to group. Sometimes leadership was shared between the two subject specialists, while in some groups, one of them was noticed to remain in the background.

Most of the observers reported that all the groups lacked planning and order, except perhaps group C where there was an attempt at planning and where leadership functions were more clearly separated. In this group one member tried to allocate time—two other members carried out the evaluative function while the subject specialist led the discussion.

Other reports

This report is supplemented by individual reports made by two other observers, and a detailed report by observer A of the deliberations of one of the groups on the second day.

Observer B (psychologist)

" Doctors, presumably by virtue of the unique position they hold in the patient-orientated services, were able to use this in order to dominate groups. The doctors were assisted in their dominance by the explicit support of the nurses who appear to me, to be conditioned to such a supportive role.

" The primary source of opposition to the doctors came from the social services group, which appeared to resent the fact that doctors managed to occupy such dominant roles.

" Another source of friction was between nurses and health visitors, who appear to have a series of well formulated prejudices towards (or against) each other. The effect of this was to interfere with effective communication. Most communication was rooted in professional positions, and took very little cognisance of the fact that speakers usually knew very little about the training, expertise and viewpoint of others ".

Observer C (Professor of general practice)

" New understandings and new insights were achieved. It became quickly apparent that there was wide mutual ignorance among the professions present, but on shining the light of discussion into this darkness, several interesting and useful points emerged. The first was the unexpected degree to which three of the professions—nursing, health visiting, and general practice—claimed common functions and skills in the areas of health education, of patient support, and particularly of reassurance.

" The second surprise concerned the degree of doubts shared by the social workers as to whether they should be close members of the community health team or not. There seemed no doubt that they, in achieving professional independence, were still uncertain of their professional identity.

" The substantial waste of time by nurses and health visitors engaged in longhand writing was strongly disapproved. The whole question of records is one which should be further considered.

" The general practitioners were least concerned about status because they were obviously confident of their own position. A self-conceived pecking order was discernible between nurses and health visitors, while the social workers continued to reflect and toss reflected questions back into the discussion when the going was rough.

" A start has been made in this region to make possible practical progress in the thorny field of interdisciplinary relationships. It is a field which will respond well to mutual understanding and perception of roles, and without these being developed throughout the country, then 1974 may turn out to be 1984, both in connotation and in practice ".

Report of group behaviour of one group—second day

Observer A—(psychologist)

The group quickly decided on a topic—methods of communication—which was quickly refined to specific areas, e.g. physical means, and how these are used. The dynamics of

group behaviour were illuminated at this point by some fascinating exchanges. Earlier reports on this group had commented on its comparative tranquillity—with undertones of ' malice ', to quote one judge. This apparent contretemps was quickly brought to the surface and amicably resolved. Two members were mildly reproached, each in turn, for failing to participate to their full ability. One member was excused on the basis of his role of reporter and he was consequently relieved of this duty. The observer was appointed reporter since the strict experimental mode of procedure adopted on the first day was to be relaxed. These early decisions had a signal efiect on the progress of this group and were probably responsible for the amount of work completed. The reporter was not a member of any of the disciplines represented in the group, but noted the following points on ground covered:

1. A discussion of casework and communication.
2. A comparison of communication systems between local institutions.
3. Facilities for communication, need for lectures, consulting rooms to be shared by all disciplines.
4. Rigid nature of existing systems as inhibitors of communication.
5. Idea of whole team meeting frequently to discuss problems.
6. Role of local authority.
7. Legal responsibilities.
8. Ideas of job analysis.
9. Hierarchies as inhibitors to communication.
10. Health centre managers—an idea.
11. Tendency for the team to disregard feelings of individual members—a barrier to communication.
12. Idea of a shared, working lunch-hour on problems.

The reporter submits that this was an excellent discussion in terms of group participation, discussion content, and ideas produced. For him it was a justification of the exercise.

REPORTS FROM PARTICIPANTS

The reports from participants contained both conclusions which had been reached and questions which had remained unanswered. An analysis of the reports by members of each discipline is presented for each of these categories.

Doctors' reports

Conclusions reached

" What was very evident was the easy and friendly relationship that was established quite early on in the course and the informed and relaxed discussions that took place in between sessions and in the lunch hours ".

" I thought it was a mistake to give the group behaviour assessments at the beginning of the second day. It would have been much better, I think, to have done this at the very end ".

" That we think in terms of functions rather than roles, and that we get the ' outsider ' to lead on it: for example, the health visitor could discuss the functions of the nurse, social worker, or general practitioner, as she sees them. This may reveal misconceptions and provide stimulating discussion."

" There was a great deal of ' flag-waving ' among members of the various disciplines, for instance: ' We must put up a good show as district nurses '—which is one of the attitudes we should be discouraging ".

" There was an air of suspicion from the other three disciplines as to the true motives for the general practitioners' obvious enthusiasm for health centres ".

" Nobody came forward to say what some of them wanted to say—that the general practitioners they had met and dealt with were not good enough for the job they were being asked to do ".

" Another point was the lack of understanding amongst the other disciplines of what the social worker's role would be. This came across particularly strongly from the social workers themselves ".

" There is a great difference in approach between the medical people and the social workers; so much so that the social services will run their own show and will not work from the health centres ".

" The general practitioner, being the one who is ultimately accountable, is the natural leader of the team ".

" The bringing in of members of the health team at an early date to discuss the plans of the building of the health centre is also important."

" One of the main things that was demonstrated at this weekend is a quite considerable lack of knowledge of the function of health visitors by general practitioners. Perhaps more can be done in the training of both of these disciplines to inform them of their respective functions ".

" The role of the doctor and district nurse was, to a very great extent, quite clear ".

" The majority of problems that had arisen for the members of the weekend workshop were those that had arisen because of personality problems ".

Questions unanswered

" Why should the general practitioner (properly trained) *NOT* be the leader of the health team? The general practitioners on the course were reluctant to argue their case too strongly for fear of upsetting the others ".

" At some stage in the weekend could the groups discuss a clinical situation, simulating a case conference such as might occur in practice? I think a practical task of this kind could be very valuable."

" Was the field of discussion narrowed because, inevitably, a person's own problems within the work situation became the focus of attention?".

" Is it valuable to have the longer discussions periods? A residential weekend might have been even more valuable ".

" For the second workshop it might be useful to have a quick résumé from a member of each discipline stating in their opinion the role of the other professions within the health team ".

" Had we achieved any real clarification of roles and methods of working together? Perhaps various experiments in the actual practice of running health centres will be needed before any useful discussion can take place ".

" One point which was not discussed is the role of secretary-receptionist in the practice team. She occupies a unique position especially in making the appointment system work, and should be considered as a member of the team ".

" Perhaps the social worker and general practitioner have not yet come often enough into contact, there has been insufficient time so misunderstandings arise ".

Health visitors' reports

Conclusions reached

" The assessment of groups' function by observers on the second day tended to destroy any relationship that had emerged within groups ".

" There was an overloading of social workers with tutorial or administrative roles. Most other representatives were field workers coping with 'grass roots' problems of which it seemed many social workers present were unaware ".

" Social workers as a group made little contribution except as observers or critics. Several said very little, and those that did speak tended to adopt a teaching role ".

" The district-nurse group tended to be fairly reticent. Many health visitors felt that presentation of role of the district nurse was in fact nearer that of the health visitor (perhaps because the person presenting holds both qualifications). Too little emphasis was given to practical nursing carried out by district nurses, and too much emphasis was given to general health education—for example, contraception and care of adolescents, which most health visitors feel is likely to be incidental to the district nurse's work ".

" The health-visitor group feel that a workshop should be held for each team likely to have to work together as a health team. Ideally this group should start at the planning stage of a group practice or health centre ".

" Health visitors feel that they are the buffer at present between dissatisfied general practitioners on the one hand and re-organised social services departments and the administrators of the local health authority on the other ".

" That the success of attachment schemes in practice seems to depend to a large extent upon the personalities of the people involved rather than on the disciplines from which they come ".

Questions unanswered

" Is there a need for an informal gathering of participants before the start of the workshop, to enable people to meet? At the informal meeting, aims and objectives of the workshop should be made clear ".

" Discussion might have developed more satisfactorily if a leader had been appointed to each group ".

" Consideration of other methods of reporting may be of value but may also be more intrusive—i.e. stenographer, tape or video ".

" The health-visitor group wondered whether the 'client determining' method of casework adopted by social workers affected their ability to speak their mind in a discussion group—i.e. their wish or ability to define their role and function ".

" Could some problems and areas of difficulty be more readily identified when only two of the four disciplines meet together?".

District nurses' reports

Conclusions reached

" The health centre was certainly a place in which district nurses would visualise their future role, and in the last few years, the emphasis has been more and more with this end in view ".

" The need for good communications was vital, although the majority of the nurses did not feel they had the same difficulties as was the experience of others, but as the time factor was so limiting, physical proximity made this more easily achieved ".

" The general consensus of opinion was that the social workers were not eager to see their role as being part of the health team. We as district nurses felt that the closer contact would be advantageous to many of their clients ".

" As we looked at ourselves, we concluded that at a service level, were we perhaps too ready to make ourselves available—thus preventing the opportunity for attendance at meetings and lectures ".

" We are also aware as a group that our limited time of postregistration training must be, and is, being extended to allow for more aspects to be covered ".

Questions unanswered

" Did we make our function too clear and take away much of the mystery which surrounds other disciplines? Could it also be that because of the essentially practical emphasis on our work, the other aspects of support which we give, called total patient care, are not recognised "?

" Perhaps it is possible to acknowledge that all our roles complement and even overlap each other and this may not necessarily be a disadvantage provided that there is no wastage of human resources ".

" Perhaps it would be as worth while to discuss whether our roles are meeting the needs of the ' consumer '?"

Social workers' reports

Conclusions reached

" In presenting introductory papers, the need felt by those other than doctors—who have a secure position anyway—to create a good impression of their discipline, led perhaps to a measure of overstatement at a very generalised level ".

" It was difficult to distinguish from the presentations between what health visitors, district nurses and social workers do, even though there are quite fundamental differences in role ".

" The nature of the group interaction led to anticipated communication problems which hampered learning about specific roles ".

" I think we should have been clearer at the outset about the role and purpose of observers at the workshop ".

" One social worker welcomed the use of observers but felt that comment made at the time about the nature of the group dynamics would have helped the group to look at the problems of co-operation more usefully ".

" The first day was seen as planned and workmanlike and the second day as formless and unstructured, with members anxious and uncertain about the purpose of the day's proceedings ".

" Another social worker felt that he had a new view of the health visitor's role as a result of the workshop. The things which are of considerable interest to social workers—i.e. preventive work and use of scarce resources, seemed to light no sparks, for example, in the doctors ".

" I wish the conference itself could have had more opportunity to define its tasks. For example, on the second day it would have been helpful for the whole group to indicate what were seen as the main areas needing further exploration rather than having these so tightly prescribed by the organisers ".

Questions unanswered

" One felt frustrated that more had not been achieved, and wondered whether the presence of district nurses, who have a more clearly defined role anyway, blurred the issues at some points ".

" One group highlighted some of the problems likely to occur in interdisciplinary teams; it would have helped if these could have been commented upon and brought out more forcefully instead of denying that such problems existed ".

" It seemed clear that the medically orientated members of the workshop were most unsure of the role of the social worker in relation to medical care. What is more singular,

perhaps, is that there seemed to be divided opinion among the social workers themselves on this topic. It appeared that those with no previous experience of working with doctors were more ambivalent in their attitudes than were those social workers with such experience ".

DISCUSSION

It is not easy to measure the success of the workshop. All who attended wished to continue the exercise and the next workshop is being organised. There were many expressions of enjoyment by the participants.

In the reports there are indications that many had been helped to appreciate more clearly that problems do exist in terms of interdisciplinary relationships and that an active programme of education may be one way of offering solutions to such problems.

Some of the objectives were wholly, while others were only partially achieved. Probably all the participants did not come to understand the respective roles of the four disciplines represented. There is much evidence in the reports, however, that many of the participants came to realise that they lacked a proper understanding of their own role and that of other members of a health team. It would seem likely that a clear identification or role requires a great deal more consideration.

Many problems which arise when doctors, district nurses, health visitors, and social workers work together were identified during the workshop. The significance of status, communication, medical records, and training, are examples of common interest. Definition of these problems in precise terms and an outline of educational need must require more than two days of interdisciplinary interaction.

The account of the discussion on the second day presented by observer A shows that purposeful discussion can result by bringing together representatives of the four disciplines. One of the doctors reported that on return to the environment of his health centre he was able to " examine my attitudes to the nurses and health visitors in the health centre in a new light ". This workshop has identified several interdisciplinary and interpersonal problems and produced a commonly expressed desire by all who attended to continue the discussion until more definitive conclusions are reached.

In the main, the principal objectives were achieved and perhaps as well as possible within the constraints imposed by time.

One of the problems encountered was that of differentiating between interdisciplinary and interpersonal relationships. This argument becomes particularly significant when the application of group process in the environment of a health centre is considered. The conduct of group discussion requires further evaluation if the danger of confusion between interpersonal and interdisciplinary conflicts is to be both recognised and avoided. The workshop described is intended to be the first of a long series of such events. It has at least achieved the realisation of the need for continued organised discussions, and the probability that such discussions can have effective results. The first workshop had many more objectives than could reasonably have been met and the lesson has been that future workshops need to have narrower objectives which, hopefully, can be pursued to more definitive conclusions.

Organisation

The organisation and administration of workshops of the kind described requires financial support which the National Health Service Acts, in their present form, do not readily provide. Expenses incurred may be recovered through Section 63 for general practitioners and ancillary staff directly employed by them.

However, health centres, by their very nature, contain staff which general practitioners do not employ. The continued survival of such necessary workshops, with this

type of membership, could be in jeopardy for lack of necessary, yet small, financial support.

Summary

An interdisciplinary workshop is described and some problems of interdisciplinary misunderstanding have been documented. Small group discussion, as assessed by trained observers, is seen to offer a valuable method of identification of interdisciplinary problems and is likely to prove to be an effective instrument for achieving solutions to some of the problems.

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