

Perspectives of Social Workers and Other Healthcare Professionals on Collaborative Work to Address Complex Situations

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Abstract: *This article presents results from an original study on the experience of health care and social work (SW) practitioners within interprofessional (IP) teams. This qualitative research project is based on an interpretive paradigm and seeks to understand various aspects of the interprofessional collaboration (IPC) experience. Participants in this study (n=35) work in different practice settings, both urban and rural regions of New Brunswick, Canada. Research team used semi-structured interviews with open-ended questions for data collection. The results discussed in this article highlight aspects (individual, inter-relational, organizational, and macrostructural) that foster or hinder IPC as well as benefits of collaborative work for service users, professionals, and agencies. To conclude, we propose ideas for future research, as well as ways to think about education for health and SW programs. More specifically, it is important to foster a culture of collaboration and to develop learning opportunities with regard to complex situations and interprofessional collaboration by offering students as well as practitioners common spaces for collaborative work.*

Keywords: *Interprofessional collaboration, social work, health care, complex situations*

Complex Situations and the Need for IPC

Economic, social, political, and environmental factors as well as technological advances have contributed to complex societal changes. As many of these complex changes are occurring at a faster rate, they require rapid adjustment, adaptation, and learning (Van Robaeys et al., 2017). In certain fields, Social Work (SW) practice is challenged by the complexity of situations, the standards for quality of services, the limited resources, and the complex care system that often requires interprofessional collaboration (IPC; Crête, 2019; Nigushi et al., 2021). Social workers must therefore adapt to organizational changes and address complex situations encountered in practice. In this article, we present an original study exploring collaborative experiences of health care and SW practitioners within interprofessional (IP) teams. First, we present complex situations that need IP collaboration, as well as common elements found when defining IPC, followed by certain of the challenges and advantages of collaborative work. Methodological considerations with regard to epistemic stance, research design and data collection along with the analysis method are described. The results highlight collaborative experiences of different professionals, notably aspects that hinder and foster IPC. In conclusion, we focus on future research and SW education.

Some complex situations encountered in practice call for hybrid models of collaboration, such as IPC and integrated care (Lanteigne & Iancu, 2020). In health care settings, situations prove harder to solve in silos, thus requiring collaboration, coordination, and networking (Reeves et al., 2018). When working collaboratively, IP

team members can benefit from the knowledge, values, and skills of various professionals (Crête, 2019; Stans et al., 2013). In the next section, we present different elements of IPC.

Defining IPC: Common Elements

An overview of the existing literature revealed multiple elements defining IPC. First, collaboration is an interactive process where team members deploy efforts to achieve common goals effectively (Aiguier, 2020; Schot et al., 2020). Second, negotiating roles, responsibilities, and tasks is necessary to attain these goals (Bordeleau & LeBlanc, 2017). Third, team members must agree on professional vocabulary, terminology, and knowledge integration (Bordeleau & LeBlanc, 2017). Fourth, having collaboration experience and displaying certain skills, such as negotiation, assertiveness, and problem-solving, can contribute positively to IPC (Boland et al., 2021). However, finding a common ground can be challenging, especially in linguistic minority contexts (Savard et al., 2013).

Benefits of IPC

IPC can be advantageous both for service users and professionals. Some benefits for service users include: greater access to professionals from multiple disciplines simultaneously; better ways to meet complex needs; increased access to services in their preferred language; enhancement of general well-being; and, higher success of intervention (Bordeleau & Leblanc, 2017; Savard et al., 2013). Literature review also showed some benefits for professionals doing collaborative work, such as: access to various disciplinary knowledge; support from other team members; use of collective approaches to overcome obstacles; greater professional satisfaction; better intervention outcomes; and a healthier work environment (Bordeleau & Leblanc, 2017; Morin et al., 2018). With regards to organizations, benefits include cost-effective services, along with better continuity of care and quality of intervention (Bordeleau & Leblanc, 2017).

Challenges of IPC

Although IPC has numerous advantages, some challenges can occur at individual, team and organizational levels, creating barriers to collaborative work.

Challenges of IPC on an Individual Level

At the individual level, challenges stem from team members' personal traits, perceptions about other professions, as well as emotions and attitudes towards collaboration. Some personal traits, such as the lack of flexibility, resistance to new ideas, and obstinacy, affect team dynamics and can result in negative experiences of collaboration (O'Carrolla et al., 2020). Lack of assertiveness also impacts IPC, especially when ideas or solutions are not shared with the team (Huq et al., 2017). The perceived worth of other professions can also become an obstacle to IPC when there is a tendency to undervalue or overvalue some professions, thus generating disparities in status and power dynamics among team members (Cole, 2018; Robinson et al., 2021). Some studies address the impact of negative attitudes on IPC and the presence of negative and positive emotions that can shape collaborative work (O'Carrolla et al.,

2020). Sometimes, professionals dread working in IP teams because they fear losing control of the intervention or showing vulnerability in front of others (Bordeleau & Leblanc, 2017). Moreover, they can feel discouraged, less confident, and frustrated towards some decisions made by the team, making them reluctant to take part in IPC (Huq et al., 2017).

Challenges of IPC on a Team Level

When examining the challenges stemming from IPC, researchers often focus on roles and responsibilities of team members, professional identity of team members, decision-making processes, and divergent perspectives on intervention. One of the main challenges of IP teams is the lack of understanding regarding the roles and responsibilities of each professional, especially for new members (Robinson et al., 2021). This can create inadequate expectations towards IP team members resulting in gaps or overlaps in tasks being performed (O'Carrolla et al., 2020). Furthermore, challenges associated with professional identity include conflicts regarding divergent approaches and goals, hierarchy and power inequities, undervaluing others' contribution to intervention, and professional centrism (Kelly et al., 2020; O'Carrolla et al., 2020; Sloane & Haas, 2020). As a result, team members can feel disrespected, underappreciated, and insecure about their contribution to the team (Boland et al., 2021). Decision-making processes in IP teams are complex and are perceived both negatively and positively. Some of the barriers to decision-making in IP teams include: failing to recognize the complexity of problems; having opposing perspectives when assessing situations; prioritizing solutions previously used or choosing the ones that stem from their professional knowledge; assigning a higher status and authority to certain professions; trying to maintain the decisional power held in past collaborative experiences; ignoring existing tensions among team members; and having difficulties when collaborating remotely (Ambrose-Miller & Ashcroft, 2016; Huq et al., 2017). Ignoring unhealthy team dynamics can affect the collaborative environment and intervention outcomes (Huq et al., 2017).

Challenges of IPC at the Organizational Level

Besides issues at individual and team levels, challenges also occur at the organizational level. Some of these aspects involve changes in the environment and within the organization. When rapid and sudden changes are taking place in the environment of an organization, it can negatively affect the collaborative context. In such cases, it becomes more difficult for IP team members to adjust to new roles and responsibilities (Hunger & Schumann, 2020). This fast-paced dynamic, combined with the emergence of new or temporary IP teams, requires more effort to build and maintain relationships, which can be stressful (O'Carrolla et al., 2020). Certain organizational aspects, such as leadership, human resources management, and work relationships also affect IPC (Bordeleau & Leblanc, 2017). Hierarchy within IP teams can impact collaborative interactions, being a source of tension especially when team members belong to different agencies (O'Carrolla et al., 2020). Power relations due to a hierarchical structure sometimes results in status inequalities and tensions among professionals (Schot et al., 2020). Moreover, not all leadership styles ensure an open and equitable participation of team members (Bordeleau & Leblanc, 2017). The management of resources, use of technology and allocation of funds also have

repercussions on IPC. Other problems that impact teamwork are associated with different professional terminology and documentation styles, along with uneven case data sharing among professionals (Ambrose-Miller & Ashcroft, 2016; O'Carrolla et al., 2020). All these communication issues create gaps in documenting the progress of service users or produce delays in intervention, which have consequences on the quality of care (O'Carrolla et al., 2020; Robinson et al., 2021).

Aspects that Facilitate IPC

Although participating in IP teams can be challenging, there are numerous aspects that facilitate collaborative work, such as personal characteristics of members as well as inter-relational, organizational, and macro-structural dimensions.

Personal/Individual Aspects

Personal characteristics of professionals play a catalyst role in collaborative intervention. Some of these characteristics include leadership, negotiation and decision-making skills as well as understanding the principles of team dynamics, creating and nurturing alliances with other team members, communicating openly, solving conflicts, and contributing to the collective goals of interventions (Bordeleau & Leblanc, 2017; Schot et al., 2020). When professionals share core values, it helps to build unity within the team and enhance collaboration (Ndibu Muntu Keba Kebe et al., 2020). Certain beliefs held by professionals will similarly influence their attitudes and behaviors towards collaboration (Ambrose-Miller & Ashcroft, 2016). Furthermore, willingness to collaborate, professional humility, and valuing the contribution of all team members are aspects that promote IPC (Schot et al., 2020; Sloane & Haas, 2020).

Inter-Relational Aspects of a Team

Ability to function as a team, identity of team members and previous experience of collaboration are some components that facilitate IPC. Many aspects improve the ability to function as a team, such as effective communication, strong relationships, leadership capacity, and openness to others' perspective (Huq et al., 2017; Schot et al., 2020). Avoiding professional vocabulary improves communication and creates greater equality among team members (Huq et al., 2017). Professionals can develop positive relationships by taking part in social gatherings, team-building activities, and training together to strengthen collaboration and foster trust (Ndibu Muntu Keba Kebe et al., 2020; Schot et al., 2020). Mutual trust creates a space where individuals are comfortable sharing their knowledge and feel valued by others (Aiguié, 2020; Ambrose-Miller & Ashcroft, 2016). Managers and natural leaders can also promote greater equality by exploring all professionals' perspectives equally, especially in decision-making processes (Bordeleau & Leblanc, 2017). Openness to explore contradictory perspectives enables members to have a broader understanding of situations, which can be useful to find solutions and improve the quality of care (Huq et al., 2017). When addressing negative reactions towards conflicts, it requires team members to engage in respectful and honest negotiations (Sloane & Haas, 2020). In addition to improving the ability of professionals to work together, team identity represents another dimension that can help members collaborate. Employing strategies to build team identity will facilitate teamwork, especially when some members adhere

strongly to their professional identity (Ndibu Muntu Keba Kebe et al., 2020). In linguistic minority contexts, a shared identity based on a common language and culture can also have a beneficial impact on consolidating team identity (Savard et al., 2013).

Organizational Aspects

At an organizational level, aspects that promote IPC include the agency's characteristics as well as its ability to provide resources and adequate support for employees. Positivity, openness to diversity and genuineness are values that allow members to express themselves freely without fear of being judged, thus fostering IPC (Regan et al., 2016). Collaboration can also be improved by creating non-hierarchical structures inside the organization that favor democratic decision-making processes (Källén et al., 2022). However, it is necessary to provide sufficient resources to promote IPC and occasions for collective reflection (Schot et al., 2020). Besides human resources, IP teams need collaborative spaces allowing team members to learn about each other and find a common ground regarding intervention goals (Schot et al., 2020). Moreover, organizations need to ensure adequate supervision and offer administrative support so teams can better coordinate services, improve communication, and manage resources needed for IPC (Ndibu Muntu Keba Kebe et al., 2020).

Macro-Structural Aspects

IPC is impacted differently by various systems, notably, the educational system. In practice settings, power dynamics between professionals have both positive and negative consequences on collaboration (Aiguier, 2020). Professionals, such as social workers, have a legal mandate which influences their role, intervention priorities and hierarchical position in a team. Social and cultural contexts can also foster values that influence IPC. Therefore, it may be difficult to reconcile certain values (e.g., autonomy and authority) with those that are conducive to collaboration (e.g., equality and interdependence) (Kosremelli Asmar & Wacheux, 2007). Furthermore, collaborative intervention needs to address privilege and oppression that permeates larger and smaller structures (Carey, 2020).

Method

In this article, we present a study that explores the experience of social workers and other professionals with IPC in New Brunswick, Canada. This study aims to understand the situations that require IPC in different practice settings and to better comprehend communication within IP teams, conflict management, complex problem-solving strategies, and ethical issues. Social constructivism and the interpretive-comprehensive paradigm were adopted as epistemological stances for this qualitative research. The participants (n=35) were health and social service professionals (nurses, psychologists, social workers, etc.) from seven urban and rural areas in predominantly Francophone or Anglophone communities. The sample included 21 social workers (18 women and 3 men) from health, child protection, school and community settings. The inclusion criteria to participate in the study were the following: a) health-related education (social work, psychology, nursing, medicine, etc.); b) at least two years of work experience in a field related to health or social services in New Brunswick; c) at least six months of experience in interprofessional collaboration; and d) the ability to

communicate in either English or French. Social workers' experience in the field varied between two and 20 years. Semi-directed interviews, field notes and researchers' journals were used for data collection that took place between 2019 - 2021. The interviews were conducted in English or French, taking into consideration the language of choice of participants. The interview guide started with a sociodemographic section that included questions regarding work experience, practice context, collaboration experience, language used at work, and mother tongue. This section was followed by open-ended questions organized into six topics consistent with the research objectives. These topics were: intervention contexts where professional collaboration was needed; interprofessional communication (terminology, communication style, aspects that facilitate or hinder communication, strategies to address communication challenges); conflict management (nature of conflicts; impact of conflicts on the team, strategies to manage conflicts); problem solving and intervention plans (assessment of the problem, decision-making, solutions, tasks and responsibilities); ethical issues, and training on interprofessional collaboration. Before proceeding with the analysis, interviews were transcribed verbatim and anonymized to ensure confidentiality. Subsequently, thematic analysis (Paillé & Mucchielli, 2021) was employed by using an on-going thematization process allowing to identify themes and subthemes, followed by a transversal analysis leading to the construction of the thematic tree. Data processing was carried out independently by the members of the research team, thus allowing for triangulation. Intercoder reliability was applied to ensure the transparency and objectivity of the coding process.

Findings

In this section, we will present some findings regarding the context where collaboration occurs alongside the collaborative approach adopted by professionals. To maintain confidentiality, we cannot offer more details about participants (the number of the male francophone social workers from predominately Anglophone regions is limited and it can lead to their identification).

Complexity of Situations: Collaborative Spaces and Organizational Resources

Participants shared many aspects that illustrate the collaborative context. Professionals helping individuals, families, and communities were often faced with "big and complex cases" (P5) which required collaboration as a way of responding quickly to situations. However, when a situation was not evaluated as complex enough, it prevented service users from accessing integrated services, a complex form of IPC. Additionally, professionals found it challenging to solve problems encountered by these families while working in silos. The type of collaboration among professionals depends on the complexity of each situation. In some cases, complex problems necessitated both intra and inter agency collaboration involving various professionals from different organizations or departments. In our study, a few participants raised the importance of providing spaces and organizing activities to improve collaboration. One participant identified the creation of a space at a regional level where managers from multiple departments discussed problems encountered during IPC to find solutions and another indicated the value of having many services sharing a physical space to facilitate both formal and informal contacts between professionals. A collaborative activity called a "huddle" where they meet every morning for 15 minutes for updates

was also described by a participant (P9). Finally, a professional emphasized the efforts deployed by the clinical coordinator to ameliorate the collaborative space. This coordinator employed team building strategies before starting a meeting, such as telling jokes, sharing positive experiences, or allowing them time to vent when an incident occurred, along with bringing coffee and pastries to meetings (P4).

Some challenging situations mentioned by the participants include problems related to policies, standards, and protocols, such as being unaware of procedures other professionals need to follow, thus creating expectations about service delivery. According to a social worker, some professionals believe that if they flag their request as urgent, it will necessarily speed up the process. The analysis of our findings also showed the importance of different types of resources for fostering collaborative work. Participants in this study emphasized the role human resources play in IPC, namely the contribution of multiple professionals from various disciplines to address complex needs, especially in the context of integrated care. However, the lack of human resources can deeply affect collaborative intervention and the quality of care:

Often, these situations [...] will double professionals' workload. [...] so they are less available for collaborative intervention plans. (P29)

The time necessary for intervention is also an important resource. In certain situations, professionals need to manage heavy caseloads, and extensive administrative tasks, thus limiting the time for collaboration. Participants also pinpointed the necessity of administrative support when the organizations are understaffed. To cope with these situations, some departments were obliged to share administrative personnel or to offer educational resources to their employees, such as tools for effective communication along with training about active listening, conflict management, collaborative work, and diversity, as mentioned by some participants.

Aspects Impacting Collaborative Practice

Three themes regarding aspects that influence IPC emerged from data: characteristics of professionals, dimensions related to team functioning, and elements of the intervention process.

Characteristics of Professionals

Data analysis allowed us to identify some aspects that foster collaboration. As such, many participants highlighted: knowledge about oneself; important values; and attitudes to adopt during collaboration. When talking about these aspects, participants described both challenges and advantages of IPC.

Knowledge About Oneself. Knowing oneself was a theme emerging from the interviews. Self-knowledge is useful when needing to set limits, because the professional boundaries are sometimes blurred:

I tell myself, if the staff does not have time to do it and it's in the interest of the patient [...] I will do it [but it's not part of my role]. (P20)

Such situations create challenging environments that can impact intervention outcomes and work dynamics.

Values Facilitating Collaborative Work. In addition, important values were identified as other aspects necessary to IPC. Participants mentioned respect as an essential value for good collaborative relationships, as illustrated in this excerpt:

I think that respect is essential. You have the right to your opinion, I have the right to mine, [...] so that “we can agree to disagree”. (P13)

However, mutual respect was not always present when professionals worked together. One social worker described instances when this occurred with various professionals:

There are situations when I didn't necessarily feel respected, worse, when my opinion wasn't worth much... (P20)

Sometimes, the absence of mutual respect is translated into situations where professionals feel undervalued by certain team members:

We save lives, we can help people reconnect. But other professionals don't see that. I think this is the biggest problem with social workers. No one knows what we do [...] we are not recognized for what we do. (P9)

Other participants feel like they are at the bottom of the hierarchy within the team, making it hard to maintain healthy collaborative relationships and efficient team functioning.

Attitudes to Adopt When Collaborating. Data analysis allowed us to identify attitudes that encouraged as well as hindered IPC. Participants in our study considered willingness to change and openness to work with others as attitudes essential to IPC:

You must develop this mentality that my profession complements others, not just that I'm a professional who does this or that... Sadly, there are many practice settings that don't teach you about what other professions do (P6)

Moreover, adopting a positive attitude is considered helpful when addressing challenging situations, for example, perceiving that team members are “trying to do their best” (P13). Other attitudes can hinder collaborative relationships. For instance, one participant described a confrontational attitude that led to heated exchanges among team members (P20). Another attitude having a negative impact on collaboration is the resistance to change, as indicated in this excerpt:

...sometimes, there are work cultures where you would like to implement changes, but it is not well received because it is not the traditional way of doing things. (P6)

Resistance to change is usually expressed towards technological advances or the implementation of new ideas and often translates in rigid stances negatively impacting IPC (e.g., “it's my way or the highway”). When confronted with negative attitudes, professionals habitually rely on helpful strategies, such as venting emotions to a colleague, discussing with their supervisor, or addressing the issues directly within the team along with using skills essential for collaborative work.

Elements Related to Team Functioning

Analysis identified the following themes associated to team functioning: previous IPC experience; identity related issues; communication; team meetings; and group dynamics. For some themes, positive and negative aspects were noted.

Previous IPC Experience. Past experiences with collaboration can influence both the team and its members. Despite obstacles encountered, professionals working together perceive past experiences as positive when the team acted in the “best interest of the child” (P22) or contributed to the “well-being of the patient” (P20). However, there are instances when IPC is seen negatively. When describing negative experiences, participants highlighted two aspects: challenging work relationships and their impact on team functioning. The following excerpt illustrates how negative experiences hinder collaboration:

We know which professionals are difficult to work with, when a conflict dragged on and you hoped things would improve, but they were always close-minded. (P27)

Moreover, professionals beginning their career often perceive IPC as more demanding as they feel intimidated working with team members from other disciplines.

Identity-Related Aspects. The themes emerging from data analysis pertaining to identity-related issues included professional, cultural, gender and sexual identities. While three participants highlighted challenges linked to cultural biases, others identified conflicts stemming from professional centrism, as well as stereotypes associated with gender and sexual orientation. Problems arising from identity issues can affect team cohesion. Although organizations do not always directly address such issues, some make substantial efforts to improve team functioning by organizing team building activities:

At work, we participate in activities allowing us to bond. Once, we spent an afternoon at a sweat lodge. We go for lunch and supper regularly; we carpool to conferences, so we're creating bonds the whole time. (P6)

Our analysis revealed that these activities strengthen cohesion and create a sense of belonging.

Communication in IP Teams. Another predominant theme arising from analysis was team communication encompassing these aspects: frequency and styles of communication; strategies to improve exchanges; communication skills; language, vocabulary, and professional terminology. The ability to communicate effectively is essential when taking part in IPC. One participant identified problems that emerged when professionals lacked communication skills:

Some people aren't very good at communicating and like to do things their own way. So, when we don't have the same opinions about treatments and have trouble communicating, that creates problems. (P13)

The language spoken during intervention both by professionals and services users was a topic raised by several participants. One of the issues mentioned when offering services in linguistic minority contexts was the need for bilingual professionals to act as interpreters both for service users and team members. Furthermore, Francophone professionals felt the pressure to communicate in English to accommodate colleagues. The analysis also showed that professionals often had to translate reports previously prepared in the language of choice of service users so their supervisors or team members could read them. One participant explained:

In my unit, there's only me speaking French. There you are, stuck working five times as hard, because [...] all the documentation is in English, unless I translate it into French. (P12)

Another participant differentiated between their ability to express themselves in a second language versus the skills necessary as an interpreter/translator:

Just because you speak French doesn't mean you can translate everything into French. (P15)

IPC can bring together individuals speaking multiple languages and using different professional vocabulary, terminology, and abbreviations, which often create barriers to comprehension:

I don't know all the medical terms in English and sometimes it is confusing. (P20)

Another participant described the consequences of using abbreviations and symbols specific to each discipline:

Medical reports are sometimes handwritten by doctors, so it's hard to read them. Other times, it's the abbreviations used in reports, like a little heart with an arrow, that's high blood pressure. We didn't learn that [as social workers]. (P16)

Data analysis allowed us to identify divergent styles of communication or notetaking practices encouraged in certain disciplines (e.g., narrative vs. telegraphic style). There were also issues regarding the frequency of communication. For instance, participants mentioned that sporadic, partial, or absence of communication (e.g., withholding information or not replying to e-mails) can negatively affect IPC. To address some of these issues, professionals develop personal strategies:

When there was a challenge in communicating, I would take the time to either write an email, call to clarify the situation, or take a coffee break [with them]. (P15)

If these strategies fail, they had to find other solutions:

We had to send an e-mail to the professional which was also copied to our supervisor. (P22).

In addition, professionals can rely on organizational strategies to maintain regular exchanges.

Team Meetings. Coordination, structure, frequency, and availability of professionals are four themes deriving from data analysis with regard to IP meetings having an impact on team functioning. Managers, supervisors, or professionals (from specific disciplines or with a higher level of qualification) are often responsible for coordinating IP teams creating a hierarchical structure:

It's usually the doctor who leads our team meeting. We often go around the table to introduce ourselves. First, the doctor presents the medical report, followed by the occupational therapist, the nurse, and frequently the social worker goes last. (P7)

Planning regular meetings does not always increase the frequency of contact between professionals, as some meetings are often cancelled because of busy schedules as indicated in this excerpt:

We try to meet once a month, but we're so busy that, unfortunately, it rarely happens. (P9).

Therefore, professionals try to find other ways to spend time together over coffee breaks (P9). In some cases, organizations also take specific measures to ensure that employees attend IP meetings.

Group Dynamics. The last theme associated with IP team functioning was group dynamics which addressed the following aspects: interactions among professionals; power relations; and members' reactions to conflict. With regards to interactions between professionals, analysis showed that some exchanges are more demanding, thus affecting team dynamics. The arrival of new members also changed interactions within the team as it seemed to question established practices. When new ideas were rejected by professionals resistant to change, this sometimes resulted in unhealthy dynamics:

It is difficult for a new person in a team because there are dynamics established for many years, that are sometimes toxic. They're all nice people, but some always do things the same way, over and over, but at some point, it doesn't work anymore. (P15)

The second theme associated with team dynamics refers to power relations and positions held by professionals in the hierarchical structure. Analysis showed that existing power relations can affect the integration of new members to the team, the identification of team priorities, the space provided to express professional opinions, and the decision-making processes. These power dynamics have a negative impact on IP team as illustrated by this participant:

The challenge is often with doctors. They have the last word, they run the show. Even if you've studied medicine for 8-9 years, that doesn't mean you're capable of addressing all aspects of the case. (P13)

When professionals ignore the opinion of others or dictate what actions to take, this led to frustrations:

Sometimes, I don't feel heard, because no matter what I say, they're going to make their own decisions, and then tell me what to do. (P11)

Collaborative dynamics can also be affected by the existence of a hierarchy among professionals from different disciplines or organizations:

Some professionals are higher in the hierarchy. Psychologists are situated higher than social workers. With people [social workers] from community organizations, you feel more equality, but when you work with social workers from governmental departments, you feel the inequality in power. (P11)

The ways professionals react to conflict was the third theme related to team dynamics and included the following aspects: disagreements regarding challenging situations, conflict management, and strategies employed. Some conflicts are the result of diverging perceptions about incidents in the workplace and lack of clear procedures to manage team conflicts:

In some situations, there are differences of opinions about the integrated care plan. Two professionals could not see the perspective of the other person. (P8)

Sometimes, conflicts among team members are difficult to resolve as illustrated in this excerpt:

If it doesn't get resolved, it just makes it worse, because the frustrations pile up, pile up until you just hate the person, and then, you're not even willing to cooperate. (P16)

Seeking guidance from colleagues or supervisors, discussing issues, exploring different perspectives, and trying to find solutions as a team were strategies considered useful to solve conflicts. When strategies to manage conflicts fail, it will generate negative emotions that can put a strain on relationships over a long period of time. However, if strategies to solve conflicts are successful, this will have a positive influence on team functioning:

The way we manage our conflicts brings us closer together, makes us more confident with each other, so we know we're able to give each other support, which is something I've never found in other teams. (P6)

In the next section, we present findings related to IPC during intervention.

Aspects of the Intervention Process

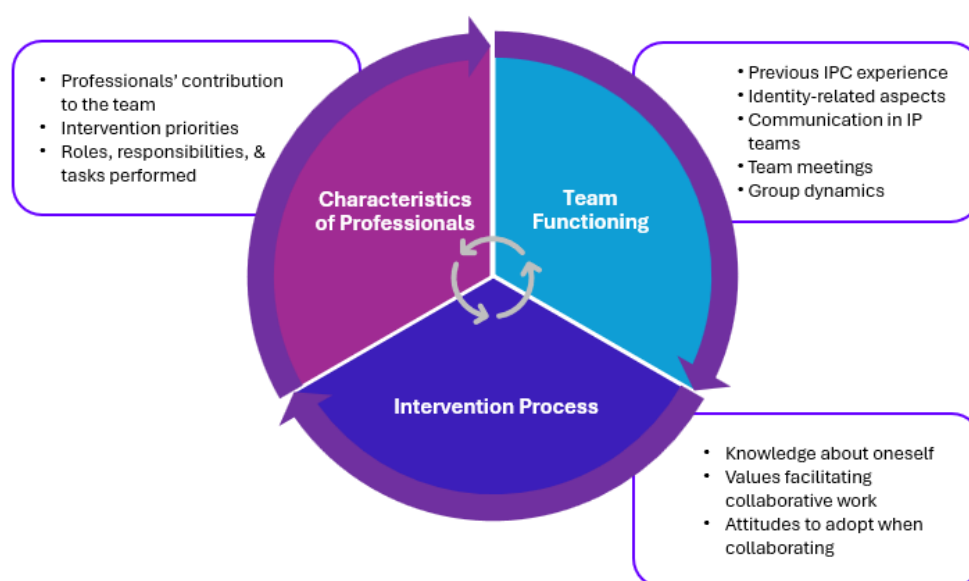
Data analysis allowed us to identify these three themes related to collaborative intervention: professionals' contribution to the team; intervention priorities; and roles, responsibilities and tasks performed. When different professionals work together, their disciplinary perspective and professional experience contribute to a better understanding of complex situations and to the development of integrated intervention plans:

We often work with other professionals. I find that we need them, and they need us. This collaboration is necessary. (P17)

Another theme emerging from analysis pertains to the establishment of intervention priorities. According to participants, it seems easier to reach a consensus regarding care plan goals when team members stay focused on the best interest of service users, setting aside professional centrism that can interfere with IPC. Moreover, certain difficulties arise when professionals have a limited understanding regarding the roles or responsibilities within the team, which can result in the duplication of services or gaps in service delivery. To address these issues, professionals are invited to describe their roles as well as review shared responsibilities and tasks:

We discussed ways to divide tasks, and while doing this, we got to understand better each other's point of view, our workload, and how we could work together. (P11)

The findings presented in this section highlighted the need of IPC when addressing complex situations, characteristics of professionals, the functioning of IP teams and aspects of intervention that can have an impact on collaborative work.

Figure 1. *Aspects Impacting Collaborative Practice*

Discussion

In this section, we address issues regarding the complexity of IPC. While complex systems and situations are often encountered in practice, the nature of complexity is not always easy to apprehend. Within this context, IPC is both a type of collaboration employed by professionals to solve complex problems and an approach to intervention. A complexity theory framework is used to understand findings with regards to the following aspects: complex structure of IPC; complex interactions among team members and non-linear causality; rapid and non-linear dynamics of situations encountered; non-transparency as a characteristic of complex systems; and strategies to address challenges emerging from the complexity of practice in an IP context.

Complex Structure of IPC

Participants in this study collaborated with many professionals to respond more rapidly to situations described as complex cases. Valuing respect towards other team members and adopting a positive attitude are important characteristics of collaborative processes. Working collaboratively with professionals from multiple disciplines, services, and organizations helped them meet the needs of service users while also complexifying their work. Complex systems are larger structures with multiple elements that are interconnected in multiple ways, where the nature and number of such connections are not always easy to detect (Funke, 2010; Quesada et al., 2005). The environment where collaboration takes place also influences teamwork. In healthcare settings, the collaboration is rendered more complex depending on different aspects, such as services offered to clients, team size and its composition, and conflicting work schedules (Aiguier, 2020). However, despite sharing an organizational culture, professionals working in the same department or agency can have different

perspectives on intervention. Moreover, each professional contributes to the structural complexity by bringing their disciplinary knowledge, experience, and approach to intervention, along with their professional standards, and ethics. The work performed by IP teams is rendered more complex, not only by the number of professionals in a team, but also the collaborative work performed with multiple teams. The structure of the IP team will also become more complex if professionals in the team belong to different departments or organizations. For example, team members need to adhere to numerous policies and regulations both within their organization and the IPC team, in addition to answering to multiple supervisors. As a result, they can connect in complex and diverse ways forming numerous relationships that affect intervention processes and outcomes. As noted by Allenbach (2015), complexity is an important source of challenge for professionals during intervention.

Complex Interactions Among Members and Non-Linear Causality

Results showed that many aspects had an impact on team functioning and the intervention process. More specifically, these included: previous experiences of IPC, both positive or negative; identity related issues (e.g., stereotypes about gender, sexual orientation, culture, and professional disciplines); issues with communication associated to frequency, styles, and terminology; regularity of contacts; professionals leading team meetings; and group dynamics stemming from power relations and conflicts. Hence, IP team structure translated in complex interactions that were sometimes challenging due to unpredictable aspects, such as uncertainty about meeting outcomes, scheduling problems, and protocols regarding intervention priorities. In this context, collaboration consists of complex interactions that cannot always be explained by multifactorial linear causality. This type of causality consists of multiple aspects that contribute to a causative chain of events leading to specific effects that follow a linear process (Chettiparamb, 2014).

Complexity theory brings a different perspective on causality by replacing “linear thinking of causal lines, paths or chains with non-linear thinking, with webs of conditions, [...] contexts and contingencies and multiply interacting, multi-directional causality, which, in combination, exert an evolving and irreversible effect” (Morrison, 2012, p. 25). The nature or number of interactions among elements of a complex system often depends on time and can lead to unpredictable results. In the case of IPC, interactions among team members follow a similar non-linear dynamic when they collaborate. Moreover, disproportionate relationships between cause-and-effect results in unpredictable outcomes beyond short periods of time, which is referred to as the butterfly effect (Bussolari & Goodell, 2009; Healy, 2005). For example, a minor conflict during an IP meeting due to divergent perspectives has a considerable impact on team dynamics and its members. Similarly, a disproportionate cause and effect relationship can be observed when a larger benefit can come from a small encouragement, especially when some professionals have a higher status in the team (Huq et al., 2017).

Unpredictability is another aspect of non-linear causality observed both in the situations professionals try to solve and in the dynamics of collaboration. Because of this unpredictability, it is more difficult and even problematic, over larger periods of time, to anticipate behaviors or try to predict outcomes (Morrison, 2012). Thus, when

facing complex and unpredictable events, IP teams need to reassess situations more frequently and act quickly, to positively affect service delivery (Reeves et al., 2018).

Rapid and Non-Linear Dynamics of Teams and Situations Encountered in Practice

Findings in our study revealed that some professionals tried to help other team members better understand the complex dynamics of collaborative work. For instance, they signaled sudden changes in situations encountered, emphasizing the need to respond quickly, and having more frequent contacts. Although team members are not always able to name complex dynamics as non-linear, they often identify changes that urged them to act rapidly. However, several aspects affect professionals' responses to practice, such as agencies' lack of understanding regarding complex systems and situations, rigidity of some protocols and procedures, cutbacks in personnel along with scarcity of resources. These challenges associated with institutional constraints are also mentioned by Allenbach (2015) and Heron (2019).

Complex situations and systems entail changes that are often rapid, sudden, and unpredictable, therefore requiring constant adaptation (Prigogine, 1987; Walby, 2003). However, when these changes occur too quickly, it affects the system's ability to rapidly process information and adapt to new conditions. In a collaborative system, changes also happen at a rapid pace due to its complex environment and non-linear dynamics. When members of IP teams encounter these rapid and unpredictable changes, they need to adapt both quickly and frequently depending on the rhythm and recurrence of changes (Iancu & Lantaigne, 2022). Other authors (Fischer et al., 2012; Lindroos Soggiu et al., 2020) also mention the importance of taking into consideration the unicity of individuals' experiences, as well as the non-linear dynamics and the complexity of situations during interventions.

When IP teams intervene in complex situations, the combination of different approaches, the intensity and timeline of services, the interactions among numerous professionals, and the presence of sudden and unpredictable changes can result in complex dynamics and disproportionate effects. For instance, during the COVID-19 pandemic, many healthcare teams had to maneuver fast-changing and unpredictable conditions, to adapt to evolving policies and procedures as well as to find innovative ways to solve problems (Hunger & Schumann, 2020). Frequently, stakeholders in the social service and healthcare system make informed decisions requiring continuous assessments of situations and adaptation to the collaborative work. Therefore, IP teams need to show great flexibility when addressing complex, rapid, and non-linear dynamics in their work (Allench, 2015).

Non-Transparency as a Characteristic of Complex Systems and Situations

Results showed that many professionals recognize the limits of their knowledge base to grasp all aspects of a situation. While some participants had negative experiences with team members who were close minded or undervalued their knowledge, they still appreciated when other professionals offered their perspective. In such cases, the lack of integration of other viewpoints can prevent team members from assessing appropriately the complex nature of situations because of their non-transparency (i.e., intransparency or opacity). This characteristic of complex situations and systems, which describes the inability of solvers to fully perceive and understand

all elements of the problem or the multiple relationships among them was highlighted by several authors (Dörner & Funke, 2017; Funke, 2010; Funke & Frensch, 1995). Moreover, situations with a higher level of complexity can exhibit a greater degree of opacity (Iancu & Lanteigne, 2022). Hence, when professionals are working in silos, it is more difficult to address the non-transparency of complex systems, which results in some aspects of the situation being ignored when trying to find solutions (Lanteigne & Iancu, 2020). However, not all team members have a silo mentality as many professionals see the need for IPC to access collective knowledge and skills. Another aspect that hinders collaborative work and limits the IP team from overcoming challenges related to non-transparency is *professional-centrism*, which stems from the idea that one's professional knowledge and experience is better than others (Sloane & Haas, 2020, p. 811). Certain professionals feel uncomfortable sharing ideas in a team setting, which can prevent them from accessing the collective knowledge. Furthermore, IP team members will often favor distinct intervention models that are rooted in different epistemological stances, affecting the ways they establish priorities as also raised by other authors (Lee et al., 2013; Williams, 2006). For instance, a team member adopting a constructivist stance may be more concerned with relationship building whereas another professional having a critical stance will be more focused on fighting for greater access to resources for service users. We argue that having divergent epistemological stances adds to the complexity of collaborative work. In addition, social services and health care systems have become more complex, especially with budgetary constraints, which puts a strain on professionals, such as social workers, nurses, and psychologists (González-Martínez & Bulliard, 2018). Thereby, the work performed by IP teams can be more demanding, aspect that was also stated by Reeves et al. (2018).

Strategies to Address Issues Related to the Complexity of Collaborative Work

Our findings highlighted several strategies employed by IP teams to address complexity. Both individual strategies (e.g., using humor, venting, clarifying issues, prioritizing the best interest of service users) alongside with organizational strategies (e.g., communicating frequently, having regular meetings, and adopting clear procedures to resolve conflicts) were mentioned. Most of the conflict management strategies aimed to find solutions as a team, get supervisors involved, and negotiate with other service providers. Topics of contention often included roles, responsibilities, and knowledge base. Schot et al. (2020) also highlighted that knowledge base was a major source of conflict when working collaboratively, which “requires active work to get familiar with other knowledge bases and other professional values and norms” (p. 335). We argue that it is essential to create an environment allowing team members to integrate their knowledge and experience for a shared vision on intervention. Knowledge integration and positive team climate are two aspects also conveyed by Ndibu Muntu Keba Kebe et al. (2020). Furthermore, it is helpful for professionals to take part in activities that help members feel a sense of belonging to the IP team. By promoting team identity, professionals create an environment that is more conducive to collaboration, resulting in more positive experiences. As indicated by Ndibu Muntu Keba Kebe et al. (2020), when team members have positive experiences of collaboration, it encourages their empathic responses towards professionals from other disciplines. Both the complex structure and non-linear dynamics associated with

collaborative work addressed in this section have implications for SW education and practice.

Implications for Social Work Education and Practice

Many professionals have developed values, knowledge, and skills (e.g., patient centered values, knowledge about group dynamics and critical thinking) that are useful for IPC through education and work experience. However, they still require additional training for collaborative work (Bordeleau & Leblanc, 2017; Comer & Rao, 2016). Organizational culture is a key factor that can both hinder and promote collaboration. For example, an organization that favors “learning in professional silos” can limit the learners’ collaborative experience, which can impact their future collaborative work with other professionals (O’Carrolla et al., 2020). Furthermore, professionals that prefer working in silos are less likely to fully comprehend the contribution of other professionals to the team and be reluctant to IPC. Nevertheless, organizations can encourage a culture of collaboration by offering employees more opportunities to be involved in collaborative practice and nurture their openness towards different perspectives. Professionals must be exposed to collaborative work as part of their continuing education, which can include knowledge about groups, teamwork, and IPC. More specifically, it is important to cover topics such as: structural characteristics of collaboration; roles of professionals in IP teams; effective ways of communicating with other professionals; approaches to address challenges when working in groups; strategies to resolve conflicts and solve complex problems; as well as how to undertake ethical issues (Kelly et al., 2020). Educational programs play an essential role in the development of students’ professional identity as they promote important values, knowledge, and skills for professional practice. The way individuals perceive their professional identity will further be transformed over time by the experience gained in various practice settings (Crête, 2019; Fitzgerald, 2020).

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Acknowledgements: Funding was provided by the National Health Training Consortium as part of the Official Languages Action Plan 2018-2023.

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