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# Concepts of Multidisciplinary Teamwork in Public Health Care: Knowledge and Experiences Among Finnish Health Care Professionals

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<p>The purpose of this quantitative study was to add understanding of the importance of guidance given on teamwork when implementing new multidisciplinary working models into a public health care setting in Helsinki, Finland. In addition, the purpose was to serve employers with employees' experiences of teamwork for future development of implementation and execution of teamwork in other health care centres.</p> <p>The aim of this study was to examine to what extent members of multidisciplinary health care teams in Kalasataman Terveys- ja hyvinvointikeskus (Kalasatama Health and Well-being Centre) in Helsinki, Finland, are familiar with traditional concepts of teamwork, such as the Quadruple Aim, team building and multidisciplinary, and to gather experiences of teamwork for future improvement on execution of similar working models.</p> <p>The study was conducted as a quantitative study. Background information was gathered from databases and internal documents from Kalasatama Health and Well-being Centre. Based on the theoretical background, a web-based survey was conducted. The survey consisted of two parts: a test part to examine the level of knowledge on the topic among team members and another part to gather employees' experiences on teamwork. The whole population comprised 124 people, hence used as a census. The response rate was 27 %. Data from the test part was analyzed with Excel, calculating average scores and distribution of correct answers. The second part was analyzed with SPSS, using both frequency analysis and cross-tabulation.</p> <p>Results showed that knowledge on traditional concepts of teamwork on an average was on a sufficient level, most respondents scoring 6 / 12 points. Knowledge on concepts regarding Kalasatama Health and Well-being Centre was strongest out of three topics. Employee experiences showed a lack of training and guidance to teamwork, as well as weak signals of actual multidisciplinary teamwork being executed. Common work, intrinsic motivation and self-directedness, parts of a new management model, were embraced to a wider extent.</p> <p>This indicates that teamwork as a concept is not known to a very high extent. The results may also demonstrate that guidance given in advance can enhance execution of multidisciplinary teamwork in terms of team building, decision-making and performance. A following step could be studying composition of a training program for health care team members and implementing it.</p>	
Keywords	public health care, health and well-being centre, multidisciplinary teamwork, team building, Quadruple Aim, employee experience

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<p>Tämän määrällisen tutkimuksen tavoitteena oli lisätä ymmärrystä tiimityön perinteisten käsitteiden ohjauksen tärkeydestä uutta moniammatillista toimintamallia perusterveydenhuoltoon implementoidessa. Lisäksi tavoitteena oli tarjota työnantajille työntekijöiden kokemuksia tiimityöstä tulevaisuuden kehittämistä varten, tiimityötä implementoitaessa ja toteutettaessa muilla terveysasemilla.</p> <p>Tutkimuksen tavoitteena oli selvittää missä määrin Helsingin Kalasataman Terveys- ja hyvinvointikeskuksen moniammatillisten terveysasematiimien jäsenet tuntevat tiimityön perinteisiä käsitteitä, kuten nelimaalin, tiimiytymisen ja moniammatillisuuden, sekä kerätä tiimijäsenten kokemuksia tiimityöstä tulevaisuuden kehittämistä varten.</p> <p>Tutkimus toteutettiin määrällisenä tutkimuksena, jossa dataa kerättiin yhdeltä ajankohdalta. Taustatietoja kerättiin tietokannoista sekä Kalasataman Terveys- ja hyvinvointikeskuksen sisäisistä tiedotteista. Teoreettisen viitekehyksen perusteella laadittiin verkkopohjainen kyselylomake. Kysely koostui kahdesta osasta: testiosasta, jossa selvitettiin tiimijäsenten tuntemusta aiheesta, sekä toisesta osasta, jossa kerättiin tiimijäsenten kokemuksia tiimityöstä. Populaatio koostui 124 henkilöstä, joten päädyin kokonaistutkimukseen. Vastausprosentti oli 27%. Testiosan data analysoitiin Excelillä laskien keskimääriä ja oikeiden vastauksien jakaumia. Toinen osa analysoitiin SPSS:llä hyödyntäen sekä frekvenssianalyysejä että ristiintaulukointia.</p> <p>Tulosten perusteella tiimijäsenten tuntemus tiimityön perinteisistä käsitteistä oli keskimäärin tyydyttävällä tasolla enemmistön saadessa 6 / 12 pistettä. Tuntemus Kalasataman Terveys- ja hyvinvointikeskuksen keskeisistä konsepteista oli vahvinta kolmesta eri aihepiiristä. Henkilöstökokemus osoitti koettua puutetta ohjauksessa ennen tiimityön toimeenpanoa sekä heikkoja signaaleja moniammatillisen tiimityön toteutumisesta. Yhteinen työ, sisäinen motivaatio ja itseohjautuvuus, jotka ovat uuden johtamismallin ytimen osa-alueita, toteutuivat paremmin.</p> <p>Tulokset osoittavat, että tiimityö konseptina tunnetaan melko heikosti. Tuloksista voi myös päätellä, että etukäteen annettu ohjeistus / opetus voisi tehostaa moniammatillisen tiimityön toteutumista tiimiytymisen, päätöksenteon sekä suoriutumisen osalta. Seuraava askel voisi olla tiimityöohjauksen sisällöntarpeen selvittäminen sekä sen implementointi terveydenhuollon moniammatillisiin tiimeihin.</p>	
Avainsanat	julkinen terveydenhuolto, terveys- ja hyvinvointikeskus, moniammatillinen tiimityö, tiimiytyminen, nelimaali, henkilöstökokemus

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## 1 Introduction

Public health care management has been strongly profession-pledged and multi-levelled. The hierarchy of management has not encouraged the employees towards self-directedness. Whereas the power of decision-making is delegated downwards, it is also easily delegated back upwards of employees being unsecure of making decisions. Hierarchy seems to slow down achievement to change. (Martela & Jarenko, 2017:267)

Self-directed teamwork is gaining ground in many fields – now also in public health care in Helsinki, Finland. A self-directed team solves its problems and develops its work continuously. The way of working empowers employees and increases satisfaction and attraction towards working. As a result, customer satisfaction, productivity and innovation increases. (Martela & Jarenko, 2017:268-269)

In a few health care centres in public health care in Helsinki, multidisciplinary teamwork has been implemented during the last two years. From February 2018, a completely new operating model has been implemented in the new Kalasataman Terveys- ja Hyvinvointikeskus (Kalasatama Health and Well-being centre), where over 500 employees in public social and health care are gathered in the same building. The new model follows the Quadruple Aim in health care, comprising four topics in need of improvement: customer experience and availability, effectiveness, productivity and employee experience. Regarding employee experience, the management model has gone through a renewal as well. Changing the regime of management focuses on three crucial topics regarding empowering employees: common work, intrinsic motivation and self-directedness.

The previous model separated professionals; physicians and nurses worked in pairs, substance abuse and mental health nurses for themselves and physiotherapists on their own. The barrier to consulting was higher and there was no talk about mutual goals with the customer in focus.

The idea of working in teams is to facilitate closer collaboration over profession borders among employees. Moreover, the patient is supposed to obtain as seamless and convenient care as possible.

## 1.1 Background

The number of visits to public health care centres in Finland in 2016 were 24,5 million, out of which visits to a physician counted for 6,6 million and visits to other health care professionals counted for 17 million. The total amount of visitors was 3,8 million. On an average, one customer paid 3,9 visits. (THL (1) 2017)

In October 2017, 43 % of public health centre visitors got to meet a physician within a week with a non-urgent matter. Non-urgent visits to a nurse were actualized in three days or less for 58 % of the customers. (THL (2) 2017)

Freedom of choice is strongly linked to the upcoming social services and health care reform (SOTE) in Finland. Private health care actors will progressively participate in the production of health services. In case money follows the customer, the public sector will have an incentive to increase, or at least keep the customer base. The renewal of health care services aims at customer-oriented care and empowering the customer, hence corresponding to the needs and preferences of the customer. The aim is to create services mutually, the customer being a resource helping to solve his or her problem and defining the best possible service needed. (Kilpailu- ja kuluttajavirasto 2016)

Public health care is required to stay competitive on the market. Hence, the public health care in Helsinki is focusing on availability, customer experience, productivity, efficiency and employee experience – from a customer-oriented point of view. Renewing the working models to gain efficiency is an ongoing project in the public health care. Professionals are working in multidisciplinary teams across profession borders, being able to serve the customer in the most appropriate way possible.

Multidisciplinary teamwork is not a new concept – it is emphasized strongly in the basic education of health care professions. The preconception of the topic in this environment is that teams are built by putting people from different fields of professions together and calling them a team. Team leaders receive some training on directing teams, but employees seem to obtain only cursory advice on teamwork, with more focus put on daily operating factors. As Uimi (2012) states in her literature review about multidisciplinary teamwork, a team needs knowledge about teamwork and guidance on internalizing a new operating model alike. Hence, a wishful aim would be to add education for employees when implementing teamwork, if current guidance shows to be insufficient. In wider scope the aim is to develop the implementation and execution of teamwork by the employer, from the employee point of view.

This is something I as a researcher cannot do, but through this thesis I wish to broaden the employer view on team building. It is not an easy task to offer guidance on teamwork for a whole health and well-being centre, but in the long term I think it is a more efficient betting than working with teams running on half-pace. If results show unconsciousness of teamwork characteristics and implementation, there might be place for development.

There is much more than just employee experience behind such comprehensive change, but in this thesis, focus lies on this part of the topic.



## 2 Theoretical background

Theories, previous studies on the topic, as well as key concepts of the thesis are covered in this chapter.

### 2.1 Previous studies about team building and teamwork

The concept of multidisciplinary teamwork was conducted in three health care centres in Helsinki as pilot projects during the last two years, which, according to Spiik (2004:37), is recommended. Piloting a renewal of services aims to gain security to widen the range of implementation in the organization, that is if teamwork shows to be successful (Spiik 2004:37). In Helsinki, the chosen centres were Töölö, Vuosaari and Vallila. Teams were built, consisting of physicians, nurses, mental health and substance abuse nurses and physiotherapists. Each team had a team leader, overseeing coordination of daily routines, while unit managers still were in charge of administration and carried responsibility. Team leaders were chosen on a voluntary basis or through voting.

The pilot project was assessed by an external researcher and results were gathered from both project managers, employees and customers. Results were compared to Oulunkylä health care centre in fall 2017, showing both support and need of development. The results consisted of five different topics: change management, assessment of the need for treatment with its contents, the contact person model, the model of electronic contact and extended opening hours (piloted only in Vuosaari). Employee experience, which is the main topic in this thesis, was investigated in all areas. Results showed that employees appreciate participating in the planning of the model and wish clearance in roles and responsibilities. This, on the other hand, demands clear indicators and goals. Also, as fast information spreading as possible showed to be of huge importance. Greater freedom of planning one's shifts was appreciated, although a demand for precise plans and resource allocation still occurred. The multidisciplinary consultation possibility was valued, although it sometimes showed to be a bit difficult if physicians were not

available. Challenges came up among the team leader's roles and job descriptions. A new operating model alike requires continuous describing and developing as going along. (Deloitte 2017)

Teamwork had been running for a year and two months in Vallila health care centre, when it in February 2018 was merged with two other centres, creating the new Kalasatama Health and Wellbeing Centre. The other two centres, Kallio and Herttoniemi, begun working in teams four months before unifying. At the moment of writing the results part, the new centre has operated for nine months.

According to Xyrichis and Lowton's (2008) literature review, team structure and team processes seem to influence multidisciplinary teamworking. Team premises and composition, as well as clear aims, audit and organisational support fosters teamwork, whilst recommendations for practice seems to hinder the operation.

In a study conducted by Molyneux (2001) an interprofessional health care team showed results on what characteristics are required for a team to work well and how teamwork differs from their earlier experience of working methods. Committed personnel, interaction within the team and the freedom to create methods of working efficiently showed to be the most significant factors. (Molyneux 2001)

Miskala, Saksa and Uurto (2017) researched employees experiences of self-directed teamwork in home care in Helsinki and found that the implementation of the model still occurs unsecure to employees, mostly due to the short period of time in use. Employees were positive about the change, being able to develop their work tasks and affect the results of their activities. Efficiency was estimated to have increased due to self-directedness and reduced bureaucracy.

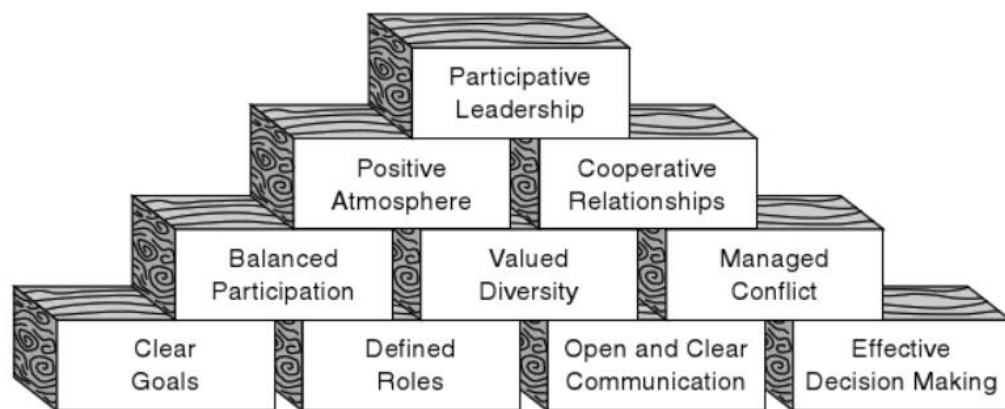
## 2.2 Multidisciplinary teamwork

Isoherranen (2005) talks about multidisciplinary collaboration and divides the term into two; *multidisciplinarity* imports several perspectives of knowledge and information, while *collaboration* implies having a common task to do, or a common problem to solve. Commonly known *inter-* and *transdisciplinary* give a

slightly different meaning to the term. In Finnish language the most commonly known word is multidisciplinary (fi. moniammatillinen, monialainen), which will be used in this thesis.

A multidisciplinary team is recognizable through their ability to share information understandably, the absence of strict profession borders, their capability to take mutual responsibility, willingness to take a role as a learner and an expert simultaneously and preparedness to adjust their roles inside the team in order to serve the customer's needs (Isoherranen 2005:17).

A team is not built by nominating a group of workers to a team. A team must obtain sufficient administrative power and responsibility. Additionally, a team needs training and guidance. Clear agreements of actions and goals, tasks and roles, norms and priorities must be founded and developed, measured and evaluated. Joint training and evaluation are key tools for development. (Isoherranen 2005:70-71)



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**Figure 1. Ten Characteristics of a High Performance Team**

Figure 1. Characteristics of a high-performing team (Biech 2007)

In Biech's picture, the bottom boxes are the foundation; if the team lacks those characteristics, it is difficult to build a strong and high-performing team. The second row is also established in the beginning of team building and the third row is

a “nice-to-have”, not necessary though. The uppermost box is, according to Biech (2007), the only characteristic not demanded for a team to work.

### 2.3 Team building theory

Teams and groups go through different development stages, which by Tuckmann are defined as forming, storming, norming and performing (Tuckmann, 1965). The first stage, **forming**, is exiting, new and weird, team members trying to orientate to the situation by clarifying the task and rules obliged. In this stage, the leader’s role is significant. (Isoherranen 2005:53).

The second phase, **storming**, challenges the team members, forcing them to focus on the goals, not letting formed cliques and relationships distract them. Members are searching for their spot in the team and the leader acts as a coach. (Tuckmann, 1965) Rebellion and critics towards the leader might occur, likewise resistance to the task might appear. Conflicts occurred provoke tension inside the team. (Isoherranen 2017:53)

The third phase, **norming**, builds common norms inside the team. The atmosphere clears up and roles are accepted. Feelings and visions are expressed freely, and decision-making happens both by the leader and in smaller teams. There is open discussion and development, and commitment is strong. Conflicts are solved constructively.

In the fourth stage, **performing**, the team works independently with clear visions of goals, decision-making and problem-solving. The norms and relationships support performance, as well as the flexible roles inside the team. The leader’s role is to delegate tasks or projects and to oversee the work of the team.

In 1975, Tuckmann developed his theory by adding one stage, **adjourning**. The fifth phase is more of a supplement to the original model. Adjourning is also called the break-up of the group, implying team members being able to move on to new tasks, hopefully having achieved what was supposed to. This additional stage is

meaningful to the team members, but not to the management of the original team.  
(Tuckmann 1965)

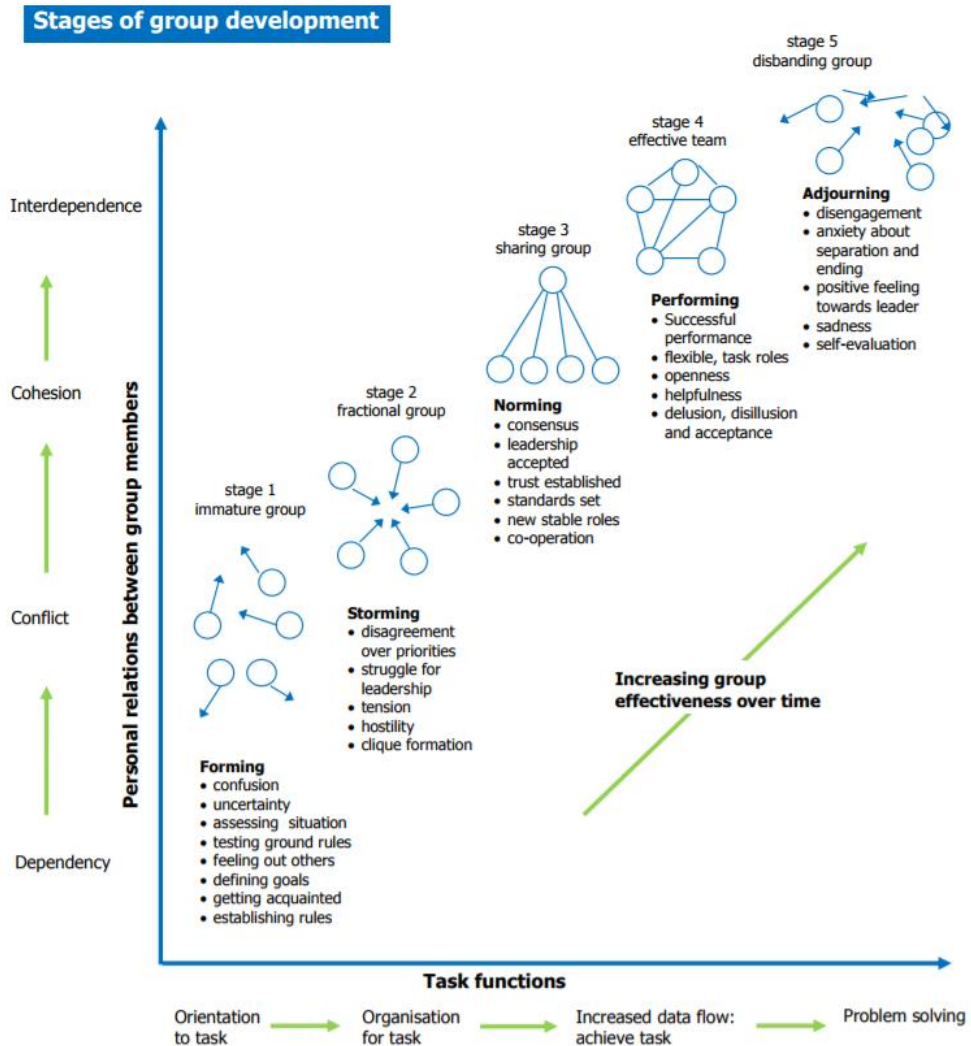


Figure 2. Bruce Tuckmann's Team Development model  
[https://www.researchgate.net/figure/Tuckmans-Stages-of-team-development\\_fig1\\_282442109](https://www.researchgate.net/figure/Tuckmans-Stages-of-team-development_fig1_282442109)

A strong cohesiveness of a team or group contributes to reaching a mutual goal and is an indicator for a well-working team where team members experience fellowship and dependency (Isoherranen 2005:43-44).

Team culture incorporates typical roles, norms, hierarchy, cohesion, interaction models and values. A part of the culture is also team atmosphere, which reflects the psychological climate or environment in the team. In a supportive and positive

atmosphere, the employee feels valued, is encouraged to express herself, is committed and involved. In a defensive atmosphere on the other hand, team members strive to control, manipulate and criticize their fellow team members, critics often targeting personality and not team-related issues. (Isoherranen 2005:44-45; Biech 2007:22)

## 2.4 Individual roles

Usually every member in a team takes a role. Specific characters are found in every team working together. According to Isoherranen (2005:60) there is the **initiator**, who is eager to make a proposal for change or solution. The initiator gets support by the **supporter** or is rejected or questioned by the **opponent**. Without the opponent, corrections seldom get done. In every team there is also a **bystander**, who mostly observes. Each team member should be able to take any role for the team to be diverse. Though, it is not only a matter of taking a role, but for the team to recognize individual members' talents and hence choose the most suitable role for everyone (Biech 2007), which in this case is not only a matter of personality and characteristics. Professional roles are also called task roles, which means achieving common goals and getting things done, e.g. by the coordinator or the proposer. The other aspect of roles related to group dynamics and effectiveness are maintenance roles – such as the motivator – focusing on the people and the atmosphere in the team. (Biech 2007)

## 2.5 Interaction in a team

Communication, discussion, interaction – many issues occurring in teamwork could be avoided through proper communication. According to Biech (2007:16), most people are bad listeners, prejudicing before knowing the whole story. Equal participation, in discussion as well as in working towards a mutual goal are crucial aspects for a well-performing team (Beach 2007:18) Isoherranen (2005:54-56) expands the concept and importance of discussion and points out four different stages of communication in teams. Firstly, the imbalance of a team shows as

incapability of listening to others and taking a defensive role. Secondly, internal imbalance quiets members, which creates hidden conflicts. At this stage, team members become afraid of bringing their dissenting opinion to discussion. In the third phase, focus lies on the issue. Waiting and listening often creates a comprehensive insight in the problem. In the fourth phase, a dialogue is created through social cognition.

## 2.6 Quadruple Aim - Employee experience

A widely used framework to optimize health care performance is the Triple Aim, developed by the Institute of Health Improvement (IHI), consists of three dimensions: *patient experience*, *improving health of the population* and *healthcare being cost-reductive* (2018). The Triple Aim has been further developed into a Quadruple Aim approach in many health care settings and it includes *employee experience* as one branch (Bodenheimer & Sinsky, 2014).

In the public health care in Helsinki the Quadruple Aim consists of the four dimensions above, whereas employee experience has been considered in the renewal of the management model as well. The core of the new management model, aiming at enhancing the employee experience comprises *common work*, *intrinsic motivation* and *self-directedness* in teamwork. (Uuden johtamisen käsikirja 2017) Implementing these into daily work is expected to increase agility of the business.

### 2.6.1 Common work

Otala and Mäki's (2017) definition of common work is having mutual goals and measurement methods for follow up. Teams need to have a collective vision of the goals and how to reach them (Kumar et al 2014), and the mutual pursuit for impressive service, efficiency and positive customer and employee experience gives direction to the activities (Martela & Jarenko 2017:275). The customer is in focus with needs defined by himself, and the professionals aim at engaging him in his care, simultaneously obtaining added value from the solutions offered by

professionals. Common work demands an open-minded attitude towards new employees, and team members must respect and utilize each other's knowledge (Martela & Jarenko 2017:276), holding each other mutually accountable (Kumar 2014). Transparency in every direction is valued, with mutual rules regarding actions. (Martela 2017)

## 2.6.2 Intrinsic motivation

“Only motivated team members can produce quality work” (Kumar et al 2014). According to Ojala and Mäki (in Martela & Jarenko 2017:277), motivated employees tend to get more done, learn quicker and more, want to develop their job and focus on tasks from the customer's point of view. Intrinsic motivation occurs when one knows his goals, his work is valuable, he is truly interested in the customer, he is trusted, his accomplishments are appreciated, his knowledge is recognized, he is allowed to develop and make mistakes, and he feels being part of the work society. Intrinsic motivation equates with intrinsic rewarding; when acting without the expectation of external rewards (Cherry 2018).

Kumar et al (2014) inserts motivation in the equation of job performance, where ability, motivation and organizational support creates high-performing teams. Different things motivate different people; some are motivated by money or position, whilst others get motivated by the work itself. The latter ones are more likely to have intrinsic motivation (Cherry 2018). According to Maslow's motivational theory, we live by a hierarchy of needs (physiological, safety, social, esteem and self-actualization), where we move upwards in the pyramid when we have satisfied the needs on the previous level. (Maslow 1954:35-46) Whether Maslow's latter approach to employees' needs in an organization is applicable or not to the health care industry, was discussed in an article about training and technology by Benson and Dundis (2003). The bottom layer is about wages; being fairly paid is in correlation with human needs such as food, water and shelter. The next level is security, which organizationally is about physical as well as mental safety; i.e. employees being offered training for the job implies being an asset for the company. The third level – social belongingness – correlates with workplace collegi-



ality, where the importance of establishing firmer bonds to peers is strongly underlined. Organizational self-esteem strengthens the employee's sense of confidence and productivity, being the fourth level, and finally enables the employee to move towards self-actualization developing one's potential and feeling more confident. (Benson & Dundis 2003) Maslow's model is applicable to organizational environments but requires intrinsic interest and willingness from the employees or team workers.

### 2.6.3 Self-directed work

According to Martela (2017), self-directed work is based on three principles: a) the organization consists of self-imposed employees who wants to do what is best for the organization, b) interaction in the team creates factual activity, c) decision-making is decentralized and employees have autonomy. Self-directedness is a way of organizing, divergent from traditional bureaucracy and the traditional activity of a workforce (Spiik 2004). A team should be a self-directed workforce (Spiik 2004) enhancing the company's ability to renew itself (Martela & Jarenko 2017:322), assuming that the teams are given the freedom.

Supporting the manner of working self-directedly has shown to increase the employee's motivation towards work, and the employee experiences accreditation, feels trusted and there is no need for higher level control since the objective is strong autonomy (Martela 2017). Self-directed employees confront management and aim on decisions based on each employee's opinion (Martela 2017), although expecting support and encouragement to set achievable goals and being given the freedom to find a suitable way to reach those goals (Sundholm 2000:27) A self-directed person searches for situations where she can actualise herself and work towards targets of her own appreciation. (Martela & Jarenko 2017:312-317)

## 2.7 Management and leadership

The regime of management changes in a self-directed work environment. The manager is expected to define a direction and meaningful purpose for the activity, without leading or commanding. (Martela & Jarenko 2017:315) The role of management or leadership is not considered in this thesis, since focus lies on the employees.

## 2.8 Summary of the theoretical background

Multidisciplinary teams are already a common term in the health care industry; companies and public health care providers aiming at increasing cost-effectiveness, customer satisfaction and employee well-being. A multidisciplinary team is recognized by its ability to take mutual responsibility, share knowledge understandably over profession borders and be able to act without strict management. Teams are not built by nominating a group of people, but by training the members into acting as equals and seeing the potential of multidisciplinaryity. According to Tuckmann, team building is characterized by four steps; forming, storming, norming and performing, each step picturing development stages of becoming a team. In addition to cohesiveness, teams are characterized by their members taking roles such as initiators, supporters, opponents and bystanders, everyone contributing to the creation of an effective team. Through recognizing and exploiting individual roles and features, teams can grow stronger.

Public health care in Helsinki, Finland has used the Quadruple Aim for development of services and performance. The Quadruple Aim consists of four topics to focus on when optimizing services. Employee experience is one of them, given much attention to, to increase employee satisfaction and productivity. As well, employee experience is part of the core of the new management model used in public health care in Helsinki, comprising common work, intrinsic motivation and self-directedness.

Common work implies having mutual goals and measurement tools for follow-up. In health care, common work aims at including the customer in planning of his / her care to optimize it. Intrinsic motivation is ought to drive employees towards efficiency and co-creation without expectance of external rewards. Maslow's motivational theory is applicable to individuals in their personal life as well as employees in an organizational environment. Being granted basic certainties such as salary and offered safety in terms of commitment, facilitates the establishment of peer relations and increases collegiality, which on the other hand strengthens employees' confidence and alleviates individual development. A self-directed team needs little managing and is recognized by autonomy. Nevertheless, direction-giving and measuring is facilitated by peer managers. Working in a self-directed manner has shown to increase efficiency and motivation among employees, who seldom hesitate to search for new, alternative targets and tasks for self-actualization.

### **3 Purpose, aim and research objectives**

Multidisciplinary teams are put together with only little guidance or education on how to work as a team, and there seems to be a lack of mutual goal setting and understanding of the concept in public health care. Hence, the aim of this study is to add understanding of the importance of guidance on teamwork for employees, if current guidance is not enough. In wider scope the aim is to develop the execution of teamwork by the employer, from the employee point of view. The purpose of this study was to examine to what extent employees in the health and wellness centre are familiar with concepts of teamwork across professional borders. Therefore, the research questions are;

1. To what extent are team members familiar with traditional concepts and guidelines of teamwork (multidisciplinary teamwork, team building)?
2. How could teamwork be improved?

## 4 Research methods

In line with the main research question, this research was conducted as a quantitative study. A quantitative study is deductive, where validity of a theory is tested in a practical environment (Kananen 2015:66-67), to obtain either support or resistance for the theory. Theories about teamwork and team building exist, and with this study I wanted to find out the level of knowledge in the topic among a population, to possibly point out the need for guidance on teamwork. Data was collected at one point to obtain statistics on the topic and find possible associations between different variables (Dawson 2002:15). With a quantitative approach it is possible to generalize (Kananen 2015:66), if criteria of generalization are met.

### 4.1 Sampling

Kalasadama Health and Well-being Centre is a completely new model of executing social and health care services in public health care in Helsinki, gathering over 500 professionals under the same roof, to enhance customer experience and enable seamless cooperation over professional borders. Approximately 120 professionals work specifically in multidisciplinary health care teams. Hence, no sampling was done, instead the study was conducted as a census (Kananen 2015: 266, 269), where all health care employees working in multidisciplinary teams in Kalasadama were chosen for participation. Every nurse, physician, mental and substance abuse nurse and physiotherapist working in multidisciplinary teams was the population studied. Operational managers and managers in daily activities were not chosen to participate (two physicians and two nurses). Due to the method, the results are generalizable to existing health care centres in which multidisciplinary teamwork applies, and to future Health and Wellbeing Centres. All in all, 149 professionals were listed as workforce in the centre at the moment of the survey. A closer research showed that only 124 professionals were active, since some were on parental leave, others on job alternation leave and some on summer holiday at the time of the survey.

## 4.2 Data collection

Before beginning collection of data, consent was applied from the City of Helsinki and a collaboration contract was signed between all parties: the researcher, the organization and the university of applied sciences.

Data collection was accomplished through a web-based survey conducted with E-lomake, with both close- and open-ended questions. A web-based survey is a good way to retrieve large amounts of data regarding behaviour and opinion (Easterby-Smith et. al. 2015:613). The questionnaire was divided into two parts, whereas the first part tested the employees' knowledge about team building and teamwork, and the second part focused on experiences of teamwork in the health care centre. The reason for separating the two parts, was to first examine the respondents' knowledge in the topic, without the opportunity to have a look at questions from the second part, which could have provided respondents with answers to the test part.

The survey included a cover letter with introduction to the topic, the purpose of the study and general information about participating.

The survey was conducted on the basis of the theoretical background. The questionnaire was designed using principles by Easterby-Smith et. al. (2015:635-636); presenting only one item per question, using plain language and simple expressions, avoiding negatives in the statements as well as avoiding leading questions.

All in all, 12 questions and statements were included to the test part, divided into topics such as multidisciplinary teamwork, team building and teamwork specifically in Kalasatama.

Experiences of the implementation of teamwork were gathered in the second part of the survey with 30 statements, respondents given the opportunity to answer with the help of a Likert scale. The Likert scale is a five-point response scale with a neutral mid-point, enabling the respondent also to not have an opinion. It is then

surrounded by two directions; agreeing and disagreeing, also enabling the respondent to have a strong feeling of either agreement or disagreement. (Easterby-Smith et. al. 2015:641).

A pre-test of the questionnaire was completed by a few colleagues, including the manager of the physiotherapy department, and a few fellow students from the university of applied sciences. The questionnaire was distributed to 124 respondents by email at the end of June 2018. One reminder was sent approximately two weeks after the initial email, and a second reminder five days prior to the end of the answering period of five weeks. The answering period was exceptionally long due to the timing of the survey. According to Kananen (2015), reminders might bring a few additional responds, and in this thesis the number of responds rose to 15 thanks to the reminders.

### 4.3 Data analysis

Close ended questions were analysed with the statistical software SPSS (Version 24) and Excel. The first part was corrected as a test, where an overall result of 50 % correct was required to pass. Experiences of teamwork were gathered from the second part of the questionnaire and was analysed with SPSS. Answers to open-ended questions were mostly used to obtain specifics, but also for ideas for future development of teamwork.

A univariate analysis was conducted for starters, to summarize the data (Easterby-Smith et. al. 2015:666) and give an insight in both demographics and frequencies of responses (Dawson 2002:124). Followed by a bivariate analysis (Dawson 2002:126), that offered a possibility to find different covariances between different variables (Easterby-Smith et. al. 2015:666).

#### 4.3.1 Analysis of the first part

The overall minimum percentage to pass the test was 50, derived from the average result of 6.1 points. The average score was rounded to the closest tenth since no half points or decimals were distributed. A total of 12 questions were included, and each question was worth one point. In questions requiring several answering choices, a minimum of 60 % correct alternatives chosen was required to get a point. To reach a total result of 50 % correct answers, respondents needed six (6) points. Question eight is here used to exemplify the grading; five answering alternatives were given, three of them were correct and were to be chosen. If the respondent chose at least two, he or she obtained one point (67 % correct), but if only choosing one, he or she did not obtain any point. In questions requiring one answer, respondents needed to choose the right alternative to obtain a point. Such an approving grading was suitable due to the fact that questions and answering alternatives were rather detailed. The grading was also compared to a frequently used grading scale (1-5) in universities (Helsingin yliopisto, Turun yliopisto, University of Eastern Finland). The overall score of the first part was evaluated as follows:

Table 1. Grading

	Score (points)	Percentage	Grade (number)	Grade (in words)
Grading criteria	6	50	1	Sufficient
	9	75	3	Good
	12	100	5	Excellent

#### 4.3.2 Analysis of the second part

The second part of the questionnaire contained statements about multidisciplinary teamwork in Kalasatama. The Likert scale was used for respondents to evaluate their standpoint on a scale from 1 to 5 (*1=I strongly disagree, 2= I partly disagree, 3=I cannot tell, 4=I partly agree and 5=I strongly agree*). Due to the low response rate, the scale was converted as follows:

1 and 2 = 1 (Disagree)

3 = 2 (I cannot tell)

4 and 5 = 3 (Agree)

Hence, the converted scale summed up answers of both strong (dis)agreement and (dis)agreement, creating a new scale from 1 to 3.

The first step in analysing was to sum up background information. Secondly, frequencies on each question were presented. Thirdly, cross-tabulation was used to point out connections between variables with the help of Pearson's Chi-Square test, using a significance level of 5 % (Jacobsen 2007:279).

## **5 Results**

The results will be presented separately, starting with the first part of the questionnaire containing test results about teamwork and team building. Thereafter the second part consisting of employees' experiences of teamwork will be presented. The questionnaire is to be found translated to English in the appendixes.

### **5.1 Results part one**

In this chapter the results from the first, or "test" part will be presented. The first part was answered by 36 respondents out of 124, representing 29 % of the census. A total of 12 questions were included, and each question was worth one point. In questions requiring several answer choices, a minimum of 60 % correct alternatives chosen was required to get a point. To reach a total result of 50 % correct answers, respondents needed six (6) points, no half points were given. All in all, 23 respondents or 64 % got at least six points. Thirteen respondents received less than six points, meaning 36 % of the respondents failed the test.



### 5.1.1 Background information and overall results

For starters, demographics and background information of the respondents will be presented.

Females represented 83 % of the respondents.

Table 2. Gender ratio.

<b>Gender</b>				
		Frequency	Valid Percent	Cumulative Percent
	Male	6	16.7	16.7
	Female	30	83.3	100.0
	Total	36	100.0	

Respondents aged 21 to 30 years represented the largest group, while 41-50-year-olds stood for 25 % of the answers. No respondent represented the age group < 21 years.

Table 3. Age in years

<b>Age in years</b>				
		Frequency	Valid Percent	Cumulative Percent
	21-30	14	38.9	38.9
	31-40	6	16.7	55.6
	41-50	9	25.0	80.6
	51-60	6	16.7	97.3
	>60	1	2.8	100.0
	Total	36	100.0	

Close to 40 % of the respondents had a work experience from 2 to 5 years. A mistake in the questionnaire unfortunately excluded those who had worked for more than one and less than two years. No respondent represented the work experience group 21-25 years.

Table 4. Years of work experience in a public health care center

Years of work experience from public health care center				
		Frequency	Valid Percent	Cumulative Percent
Valid	<1	4	11.1	11.1
	2-5	14	38.9	50.0
	6-10	7	19.4	69.4
	11-15	4	11.1	80.5
	16-20	3	8.3	88.8
	>25	4	11.1	100.0
	Total	36	100.0	

As seen in the table below, mostly nurses worked as team leaders at the moment of the survey, in exception of one physician. Four different nurses are presented due to different levels of education (mental health and substance abuse nurse, *fi. mielenterveys- ja päihdesairaanhoitaja*; practical nurse, *fi. perushoitaja*; nurse, *fi. sairaanhoitaja*; public health nurse, *fi. terveydenhoitaja*). Later in the result and discussion part, all nurses will be combined into one group due to low response rate.

Table 5. Occupation and prevalence of working as a team leader

Occupation and prevalence of working as a team leader in a health center				
		I am / have been working as a team leader in a public health care center		Total
		No	Yes	
Occupation	Physiotherapist	4	0	4
	Physician	8	1	9
	Mental health and substance abuse nurse	1	0	1
	Practical nurse	1	0	1
	Nurse	6	1	7
	Public health nurse	8	6	14
Total		28	8	36

The maximum score offered was 12, and the highest score among respondents was 10 points. Two respondents got 9 points and six respondents got 8 points, while there were six 7-pointers and eight 6-pointers. In the top quadrant (top 9

respondents), there was 6 nurses, 1 physiotherapist and 2 physicians. Among all approved respondents the ratio was as follows: 3.5 : 2 : 1 (14 nurses, 6 physicians, 3 physiotherapists).

The most represented work experience among respondents with an approved result was 2-5 years (8), followed by an experience of 6-10 years (6). Respondents with an experience of less than one year were 4, while 11-15 years of experience was represented by 3 respondents and more than 25 years by 2 respondents. Six of the approved respondents (26 %) had been or were working as team leaders.

Table 6. Approved results in relation to respondents' age and work experience

<b>Results, age and work experience</b>		
Score	Age	Experience
10	51-60	>25
9	21-30	6-10
9	41-50	6-10
8	21-30	11-15
8	21-30	2-5
8	31-40	2-5
8	31-40	6-10
8	41-50	6-10
8	41-50	<1
7	21-30	2-5
7	21-30	2-5
7	21-30	2-5
7	21-30	2-5
7	41-50	<1
7	51-60	>25
6	21-30	11-15
6	21-30	11-15
6	31-40	2-5
6	31-40	2-5
6	31-40	6-10
6	41-50	6-10
6	41-50	<1
6	51-60	<1

The overall average result was 6.1 points or 51 % correct answers. Physicians got an average result of 6 points, while the nurses' average was 6.1 points and the physiotherapists' average score were 6.3 points.

Overall scoring was inspected in relation to work experience, and respondents with an experience of 6-10 years scored the highest. The result looked as follows:

Table 7. Results and work experience

<b>Average score in relation to work experience</b>						
	<1	2-5	6-10	11-15	16-20	>25
Average	6.8	5.7	7.3	6	3.7	6.8
Median	6.5	6	8	6	4	6

Overall scoring was also inspected in relation to respondents' age, and respondents aged 41-50 years scored the highest. The result looked as follows:

Table 8. Results and age

<b>Average score in relation to age</b>					
	21-30	31-40	41-50	51-60	>60
Average	6.1	6.3	6.4	5.7	5
Median	6.5	6	6	5.5	5

Male respondents scored an average of 5.7 points, while the average on females' answers was 6.2 points.

The first part of the questionnaire was divided into three different categories. The first category contained four questions about multidisciplinary teamwork, the second category two questions about team building, while the third part consisted of six questions about teamwork specifically in Kalasatama Health and Well-being Centre.

The average of correct answers in the first category was 47 % (q. 1: 56 %, q. 2: 22 %, q. 3: 14 % and q. 4: 97 %). The average percentage of correct answers in the second part was 18 (q. 5: 22 % and q. 6: 14 %). In the third and last category,

the correct answers' percentage was 65 (q. 7: 56 %, q. 8: 56 %, q. 9: 75 %, q. 10: 50 %, q. 11: 50 % and q. 12: 100 %).

### 5.1.2 Multidisciplinary teamwork and team building

Questions in the first category were related to multidisciplinary teamwork, roles of team members and communication.

In the first question (1), regarding what effective and well-working teams are characterized by, 9 persons answered correctly, and 11 persons got 3 / 4 answers right, earning one point. Most respondents were on point with their answers but chose too few.

On the second question (2), on what kind of different team roles often are found in multidisciplinary teams, 8 out of 36 respondents answered correctly. Many respondents (58 %) chose to answer "Initiator and manager".

The third question (3) about development stages of team communication was answered correctly by five persons. All four alternatives were to be chosen, and most respondents chose two (15) or one (16), left without points.

On the question about what a supportive atmosphere is characterized by (4), all except one respondent answered correctly.

Table 9. Part one, category one

Question	Correct answers (No. of respondents)	Percentage (of all respondents)
1	20	56
2	8	22
3	5	14
4	35	97

The question about the basis for team building (5) was answered correctly by 8 respondents out of 36, while 47 % chose "Balanced participation, appreciation and co-operation skills", indicating that 31 % answered "Open communication, participating leadership and diversity".

Five out of 36 people answered correctly when asked about different stages of team building (6). 61 % chose “Establishment, familiarizing, collaboration” and the remaining picked the last alternative.

Table 10. Part one, category two

Question	Correct answers (No. of respondents)	Percentage (of all respondents)
5	8	22
6	5	14

On the question concerning the concept of the Health care and Well-being Centre’s quadruple aim (7), almost 70 % of the respondents got at least three correct answers; 5 people got 5 right, 15 got 4 right and 5 got 3 right. Development was an incorrect alternative chosen by many, as well.

The question about concepts included in the new management model (8) (intrinsic motivation, common work and self-directedness) was answered correctly by 10 respondents. As well, 10 respondents got two answers right. 16 respondents were left without points due to answering less than 60 % right; 12 people got one right and 4 people did not get any correct.

The question about what characterizes common work best (9), was answered correctly by 27 respondents, while 9 got it wrong.

On the question about motivation and what characterizes it best (10), 18 respondents answered correctly. Almost 50 % of the remaining respondents chose the alternative of working naturally and communicating inherently.

As well, 18 people answered correctly on what self-directedness in teamwork is about (11), while 31 % answered “Working without a manager / leader” and the rest (19 %) answered “A model of individual working”.

In the last question (12), all three alternatives were correct and at least one was expected to be chosen. Eight people chose 2 alternatives and the rest chose one. No one chose all three. The alternative chosen to answer what the basis for working self-directedly is, by most was the second one; “The team’s internal communication, that creates evidence-based activities”.

Table 11. Part one, category three

Question	Correct answers (No. of respondents)	Percentage (of all respondents)
7	25	69
8	20	56
9	27	75
10	18	50
11	18	50
12	36	100

Results from the test part show that specifically multidisciplinary teamwork is known when it comes to Kalasatama Health and Well-being Centre. Traditional concepts and theories about teamwork and team building were rather unknown among team workers.

## 5.2 Results part two

In this part of the results, the second part of the survey will be presented. The second part questioned execution of teamwork in Kalasatama Health and Well-being Centre. The second part was answered by 30 people, which is 24 % of the census. Respondents were asked to assess their agreement with 30 different statements. The first section included 11 statements on multidisciplinary teamwork and the execution of acquaintance to teamwork. The second section consisted of 8 statements on team building, and the last section stated 11 aspects on the individual in a team. Respondents' agreement to statements were made on a Likert scale from 1 to 5 (*1=I strongly disagree, 2= I partly disagree, 3=I cannot tell, 4=I partly agree and 5=I strongly agree*), which in the analysis stage was converted to a scale from 1 to 3 (*1=disagree, 2=I cannot tell and 3=agree*) to obtain more compact information.

### 5.2.1 Background information

In this chapter, background information about respondents will be presented. As mentioned, 30 respondents answered part two of the survey, which represents 24 % of the sample. The gender ratio was 5:25, as seen in the table below.

Table 12. Respondents, male-female ratio

<b>Gender</b>				
		Frequency	Valid Percent	Cumulative Percent
Valid	Male	5	16.7	16.7
	Female	25	83.3	100.0
	Total	30	100.0	

Most respondents were aged 21 to 30 years, representing 43 % of the sample.

Table 13. Age (in years)

<b>Age in years</b>				
		Frequency	Valid Percent	Cumulative Percent
Valid	21-30	13	43.3	43.3
	31-40	5	16.7	60.0
	41-50	7	23.3	83.3
	51-60	4	13.3	96.6
	>60	1	3.3	100.0
	Total	30	100.0	

Most respondents represented a work experience from 2 to 5 years. Again, there was no group for those with an experience of over one but less than two years due to a mistake in the making of the survey.



Table 14. Years of work experience from a public health care center

Years of work experience from public health center				
		Frequency	Valid Percent	Cumulative Percent
Valid	<1	3	10.0	10.0
	2-5	13	43.3	53.3
	6-10	5	16.7	70.0
	11-15	2	6.7	76.7
	16-20	3	10.0	86.7
	>25	4	13.3	100.0
	Total	30	100.0	

The table below shows respondents' occupation in relation to working as a team leader. One physician and six nurses had been or were working as team leaders at the time of the survey. No mental health and substance abuse nurse answered the second part of the survey.

Table 15. The prevalence of team leaders in relation to occupation

Occupation and prevalence of working as a team leader in a health care center				
		I am / have been working as a team leader in a public health care center		Total
		No	Yes	
Occupation	Physiotherapist	4	0	4
	Physician	5	1	6
	Practical nurse	1	0	1
	Nurse	5	2	7
	Public health nurse	8	4	12
Total		23	7	30

### 5.2.2 Multidisciplinary teamwork

Results will be presented category-wise, since they are grouped according to different topics. Overlaps will be done, since some cross-tabulations require information from two categories. The first category contains aspects of multidisciplinary teamwork and orientation to it.

Frequencies are presented for single questions. Cross-tabulation is used to study two variables at once, and the Chi-Square test is used to determine whether there is significant association between different variables (Kananen 2015:371-373). With such a small population, high statistical significance was not expected, though.

### Familiarizing and guidance to teamwork

Most respondents implied being aware of why work is executed in teams (table 16), being a basic level of knowledge to achieve intrinsic motivation. On the other hand, 53 % felt they were not familiarized with teamwork in advance (table 17).

Table 16. Why teamwork

<b>I know why we operate in teams</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	5	16.7	16.7	16.7
	I cannot tell	3	10.0	10.0	26.7
	Agree	22	73.3	73.3	100.0
	Total	30	100.0	100.0	

Table 17. Familiarizing to teamwork

<b>Me or my team was familiarized with teamwork</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	16	53.3	53.3	53.3
	I cannot tell	2	6.7	6.7	60.0
	Agree	12	40.0	40.0	100.0
	Total	30	100.0	100.0	

Certain professionals had been familiarized with teamwork in advance, amongst them, all physiotherapists and 50 % of the physicians, which showed an association ( $p=0.004$ ). Most nurses disagreed or could not tell.

Table 18. Having been familiarized with teamwork (PT=physiotherapist, PH=physician, PN=practical nurse, N=nurse, PHN=public health nurse)

Familiarizing with teamwork								
Chi-Square test (p=0.004)			Occupation					Total
			PT	PH	PN	N	PHN	
Me or my team was familiarized with teamwork	Disagree	n	0	3	0	6	7	16
		%	0.0	50.0	0.0	85.7	58.3	53.3
	I cannot tell	n	0	0	1	0	1	2
		%	0.0	0.0	100.0	0.0	8.3	6.7
	Agree	n	4	3	0	1	4	12
		%	100.0	50.0	0.0	14.3	33.3	40.0
Total	n	4	6	1	7	12	30	
	%	100.0	100.0	100.0	100.0	100.0	100.0	

50 % of the respondents disagreed on having gone through the new management model in the work community, whilst 13 % could not tell and 37 % agreed.

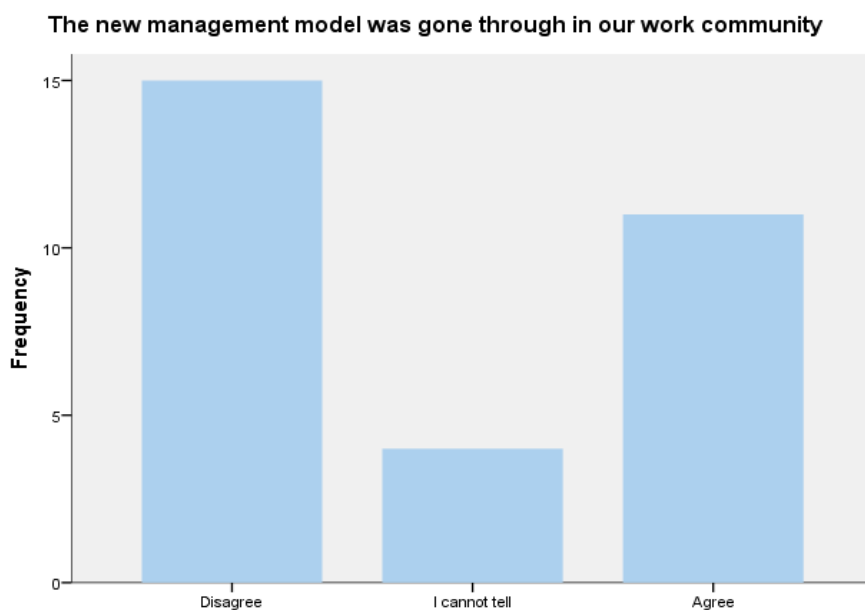


Figure 3. Familiarizing with the new management model

As well, 37 % agreed on the new management model being visible in daily work, while 47 % disagreed and 17 % did not know. A low rate of agreement implies self-directedness is lacking. A majority of those who felt they were not familiarized

with teamwork did not find working habits following the new management model (table 19). Among those who agreed on being familiarized, 50 % also found the model being part of daily work. The result was not statistically significant, though.

Table 19. Management model and teamwork

<b>Familiarizing to teamwork and management model</b>						
			Me or my team was familiarized with team-work			Total
			Disagree	I cannot tell	Agree	
Chi-Square test (p=0.129)						
The new management model is visible in daily work	Disagree	n	10	0	4	14
		%	62.5	0.0	33.3	46.7
	I cannot tell	n	3	0	2	5
		%	18.8	0.0	16.7	16.7
	Agree	n	3	2	6	11
		%	18.8	100.0	50.0	36.7
Total		n	16	2	12	30
		%	100.0	100.0	100.0	100.0

A statistically significant association was found between the variables “The new management model was gone through in our work community” and “The new management model is visible in daily work”, with a p-value of 0.001, showing that those who had received information about the model, also felt they apply it in their daily work vice versa (table 20).

Table 20. Management model

<b>New management model</b>						
			The new management model has been gone through in our work community			Total
			Disagree	I cannot tell	Agree	
Chi-Square test (p=0.001)						
The new management model is visible in daily work	Disagree	n	11	0	3	14
		%	73.3	0.0	27.3	46.7
	I cannot tell	n	3	2	0	5
		%	20.0	50.0	0.0	16.7
	Agree	n	1	2	8	11
		%	6.7	50.0	72.7	36.7
Total		n	15	4	11	30
		%	100.0	100.0	100.0	100.0

## Team leader training

Most respondents (47 %) did not know whether team leaders had been trained for their task, while 33 % implied they had and 20 % that they had not.



Figure 4. Team leaders' training

Amongst the 47 % who could not tell, nurses showed most insecurity, with both physiotherapists and public health nurses close behind. Though, half of the physicians and physiotherapists, one practical nurse and 33 % of public health nurses agreed that team leaders had received training. The result did not show to be statistically significant.

Table 21. Statement about team leaders' training in relation to occupation of respondents

Team leaders are trained								
Chi-Square test (p=0.523)			Occupation					Total
			PT	PH	PN	N	PHN	
Team leaders have obtained training for their task	Disagree	n	0	1	0	2	3	6
		%	0.0	16.7	0.0	28.6	25.0	20.0
	I cannot tell	n	2	2	0	5	5	14
		%	50.0	33.3	0.0	71.4	41.7	46.7
	Agree	n	2	3	1	0	4	10
		%	50.0	50.0	100.0	0.0	33.3	33.3
Total		n	4	6	1	7	12	30
		%	100.0	100.0	100.0%	100.0	100.0	100.0

There was a significant association between team leadership and obtained training (p=0.001), implying that those working as team leaders agreed on having obtained training. As well, a majority of those who did not work as a team leader, disagreed on team leaders having obtained training.

Table 22. Training and working as a team leader

Team leadership and training						
Chi-Square test (p=0.001)			Team leaders are trained			Total
			Disagree	Cannot tell	Agree	
Working as a team leader	yes	n	1	13	9	23
		%	16.7	92.9	90.0	76.7
	no	n	5	1	1	7
		%	83.3	7.1	10.0	23.3
Total		n	6	14	10	30
		%	100.0	100.0	100.0	100.0

### Decision-making, responsibility and measuring of results

43 % of the respondents did not agree on their team having decision-making power in their daily activities. One third agreed, though.

Table 23. Decision-making power

Our team has decision-making power					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	13	43.3	43.3	43.3
	I cannot tell	7	23.3	23.3	66.7
	Agree	10	33.3	33.3	100.0
	Total	30	100.0	100.0	

63 % agreed on their team taking responsibility of their activities, 20 % could not tell and 17 % disagreed.

Table 24. Teams' responsibility

Our team takes responsibility for our activities					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	5	16.7	16.7	16.7
	I cannot tell	6	20.0	20.0	36.7
	Agree	19	63.3	63.3	100.0
	Total	30	100.0	100.0	

All in all, 43 % disagreed and 40 % could not tell whether the team's results are being measured.

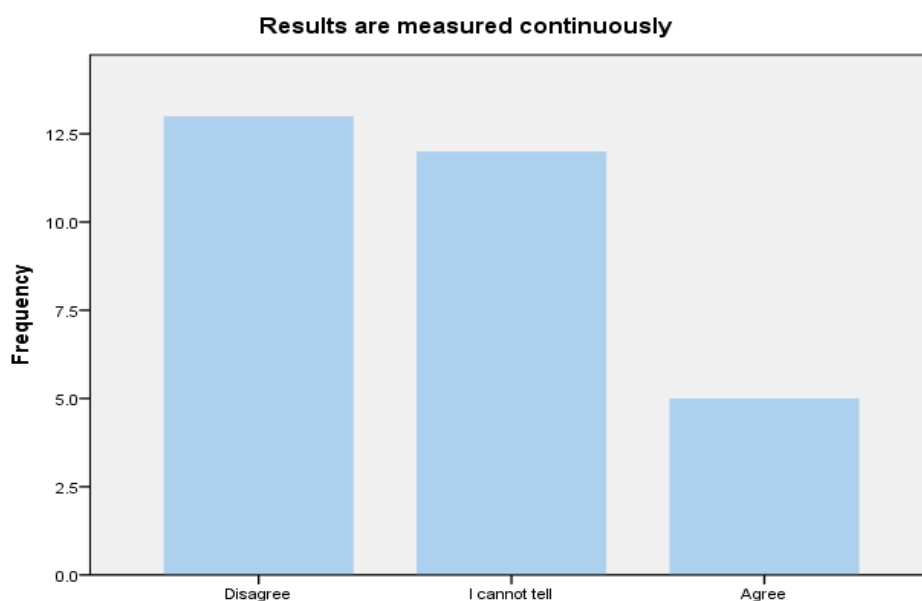


Figure 5. Measuring of results

Respondents disagreeing on having common goals, disagreed on results being measured to an extent of 57 %. No statistical significance was found between the variables.

Table 25. Goals and measuring

<b>Common goals and measuring of results</b>						
			Our team has common and clear goals			Total
			Disagree	Cannot tell	Agree	
Chi-Square test (p=0.308)						
Results are measured continuously	Disagree	n	8	3	2	13
		%	57.1	50.0	20.0	43.3
	Cannot tell	n	4	3	5	12
		%	28.6	50.0	50.0	40.0
	Agree	n	2	0	3	5
		%	14.3	0.0	30.0	16.7
Total		n	14	6	10	30
		%	100.0	100.0	100.0	100.0

Decision-making power and taking responsibility did not show statistical significance (p=0.132). Still 80 % of those who thought their team could make decisions, also found their team taking responsibility for their actions.

Table 26. Decision-making power and responsibility

<b>Decision-making power and responsibility</b>						
			Our team has decision-making power in our own activities			Total
			Disagree	I cannot tell	Agree	
Chi-Square test (p=0.132)						
Our team takes responsibility of our activities	Disagree	n	3	1	1	5
		%	23.1	14.3	10.0	16.7
	I cannot tell	n	5	0	1	6
		%	38.5	0.0	10.0	20.0
	Agree	n	5	6	8	19
		%	38.5	85.7	80.0	63.3
Total		n	13	7	10	30
		%	100.0	100.0	100.0	100.0



## Answers to open questions from section one

The open question at the end of section one asked those who stated to agree or strongly agree on the teams' results to be measured for examples on how measurements are made.

Superiors monitor precisely i.e. the number of calls made and patients treated

With Happy or Not

The number of managed calls is monitored, that is, the number of calls that the nurse has taken during the day.

Measuring team performance is not visible at all

waiting times, patient amount

There are both statements on results being measured as well as not being. The number of patients and received phone calls were used as an example. Original answers in Finnish are found in the appendixes (3).

### 5.2.3 Team building

The second section consisted of 8 statements on team building. Again, number 1 stood for disagreement, while number 3 stood for agreement.

50 % agreed that the team has common rules, but 47 % disagreed (figure 6). Clear goals were set according to 33 %, while 47 % did not feel that way (figure 7). The results imply that some teams still might be in the forming phase of team building, not having clear rules and goals set.

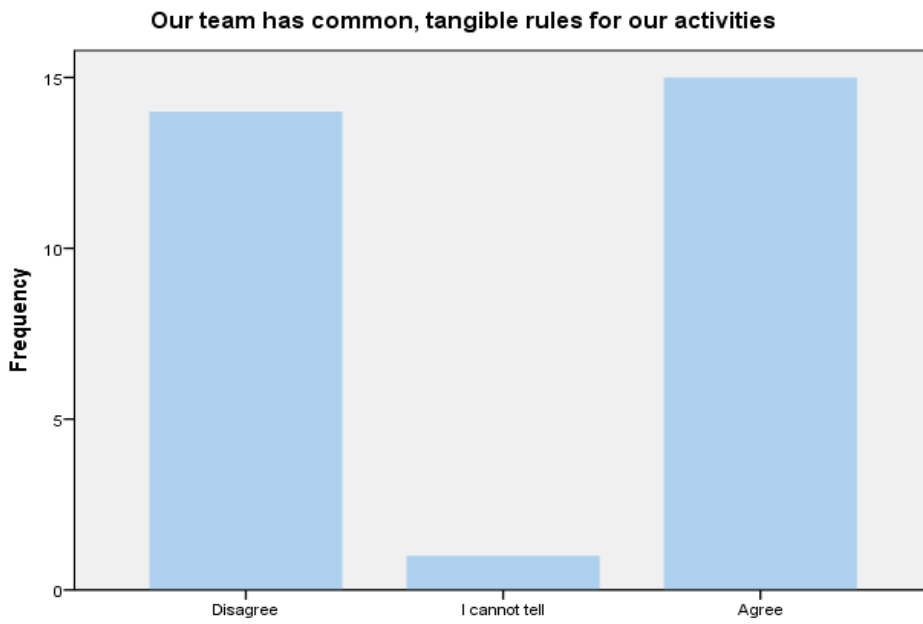


Figure 6. Common rules inside the team

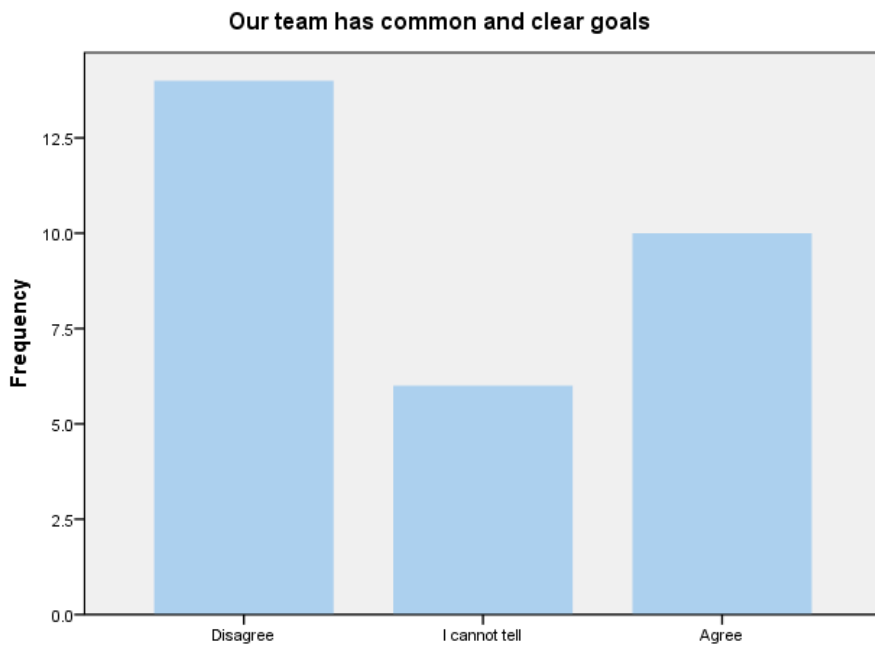


Figure 7. Common goals

60 % implied they work towards the common goals on a daily basis, while 27 % could not tell and 13 % disagreed.

Out of the 10 respondents that agreed on their team having goals, 90 % also agreed on working daily to reach the goals. The result did not show to be statistically significant, though. A larger sample might have shown a different result.

Table 27. Having common goals and working towards them

Common goals visible in daily work						
			Our team has common and clear goals for our activities			Total
			Disagree	I cannot tell	Agree	
Chi-Square test (p=0.069) I work daily to reach our common goals	Disagree	n	3	0	1	4
		%	21.4	0.0	10.0	13.3
	I cannot tell	n	6	2	0	8
		%	42.9	33.3	0.0	26.7
	Agree	n	5	4	9	18
		%	35.7	66.7	90.0	60.0
Total		n	14	6	10	30
		%	100.0	100.0	100.0	100.0

A rather low percentage (13 %) of respondents experienced internal conflicts, but 50 % did not, partially implying that not many respondents find their team in the storming phase of team building.

Most respondents agreed that the team can make common decisions (67 %). As well, the majority implied that open discussion occurs in the team (83 %). Team members seemed to have clear roles according to 47 % of the respondents (27 % disagreed and the same amount could not tell) and equality was experienced to exist inside the team (77 %). Dissenting opinions were accepted to an extent of 87 %. Those implying that open discussion occurs, also agreed that dissenting opinions are accepted. The result was not statistically significant though. The result would imply some teams being in the norming phase of team building.

Table 28. Open discussion and dissenting opinions

Open discussion and dissenting opinions						
Chi-Square test (p=0.224)			Open discussion			Total
			Disagree	Cannot tell	Agree	
Dissenting opinions are accepted	Disagree	n	0	0	1	1
		%	0.0	0.0	4.0	3.3
	Cannot tell	n	1	1	1	3
		%	33.3	50.0	4.0	10.0
Agree	n	2	1	23	26	
	%	66.7	50.0	92.0	86.7	
Total		n	3	2	25	30
		%	100.0	100.0	100.0	100.0

Independence shared opinions; 57 % agreed that their team work independently, but 23 % disagreed and 20 % could not tell.

Table 29. Team independence

Our team works independently					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	7	23.3	23.3	23.3
	Cannot tell	6	20.0	20.0	43.3
	Agree	17	56.7	56.7	100.0
	Total	30	100.0	100.0	

The next phase of team building, performing, did not appear very strongly at this point, including questions about clear goals, common decision-making and working independently.

### Answers to open questions from section two

Answers to open questions after the section aimed to find out what the most important common rules the team has. A few answers were obtained:

“Everybody is listened to, a good team leader guides the activities”

“Listening to everyone’s opinions. Deciding together.”

“Unwritten. Including cooperation, equality and the chance to bring one’s errands up.”

“Flexibility”

“Respecting others. Cooperation.”

“Agile consultation, working together.”

“No rules have been made”

“Everybody works.”

“I don’t know.”

The second question gave place to write down the team’s goals. Answers were as follows:

“To work for the patient’s best as a team as fluently as possible”

“Commitment to the activities of the Health and Well-being Centre and its objectives regarding the health care centre”

“The quadruple aim”

“Goals are not set”

“I don’t know”

“Going to work”

“Encouraging health benefit patients to self-care”

“To treat patients”

Original answers in Finnish are found in the appendixes (3).

#### 5.2.4 The individual in a team

The third section consisted of 11 statements on the individual’s role and experience of teamwork, here presented in terms of the core of the new management model and its contents. Disagreement was expressed through number 1 and agreement through number 3.

## Common work

Over 70 % of the respondents said they learn from their fellow team members, but 20 % did not feel that way (table 30). Still 90 % said that they share their knowledge with others (figure 8). Results imply common work is being executed.

Table 30. Learning from other team members

<b>I continuously learn from my team members</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	6	20.0	20.0	20.0
	I cannot tell	2	6.7	6.7	26.7
	Agree	22	73.3	73.3	100.0
	Total	30	100.0	100.0	

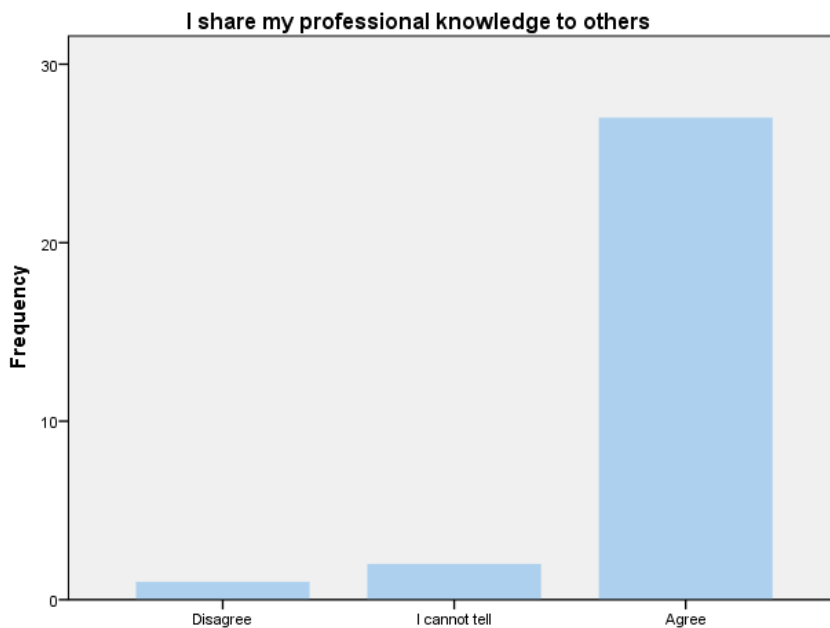


Figure 8. Sharing knowledge

## Intrinsic motivation

Individual intrinsic motivation was evaluated through four statements and the results were as follows:

- 67 % felt that their work is being appreciated
- 80 % felt being interested in their work and their work tasks
- 90 % felt being trusted
- 60 % felt that they can affect the activities of the team, 20 % disagreed and 20 % could not tell.

Of the 80 % who agreed on being interested in their work, 90 % also felt their work being appreciated (table 31). The result almost showed statistical significance ( $p=0.052$ ).

Table 31. Interest and appreciation towards work

<b>Interest and appreciation</b>						
			I feel that my work is appreciated			Total
			Disagree	I cannot tell	Agree	
Chi-Square test ( $p=0.052$ )						
I experience interest towards my work and work tasks	Disagree	n	0	1	2	3
		%	0.0	16.7	10.0	10.0
	I cannot tell	n	2	1	0	3
		%	50.0	16.7	0.0	10.0
	Agree	n	2	4	18	24
		%	50.0	66.7	90.0	80.0
Total		n	4	6	20	30
		%	100.0	100.0	100.0	100.0

Questions about operating in teams and having clear goals also measures intrinsic motivation, claiming that many respondents felt motivated.

### **Self-directedness**

Self-directed work is characterized through following the new management model, answered in section one, as well as having decision-making power and working independently. In addition, trustworthiness and working in a way that's best for the organization (table 32) pictures a self-directed way of executing activities.

Table 32. Working organizational-friendly

<b>I work in a way that is best for the organization</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	1	3.3	3.3	3.3
	I cannot tell	6	20.0	20.0	23.3
	Agree	23	76.7	76.7	100.0
	Total	30	100.0	100.0	

An important part of working self-directedly is good interaction in the team. 90 % felt they could express themselves, not being afraid of saying their opinion. Still, only 40 % felt some of their ideas were taken into implementation (table 33).

Table 33. Development ideas

<b>Development ideas presented by me have been taken under implementation</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	9	30.0	30.0	30.0
	I cannot tell	9	30.0	30.0	60.0
	Agree	12	40.0	40.0	100.0
	Total	30	100.0	100.0	

83 % claimed they are supporting other's ideas, no one disagreed.

Table 34. Supporting other's ideas

<b>I cheer on other's ideas saying it out loud</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I cannot tell	5	16.7	16.7	16.7
	Agree	25	83.3	83.3	100.0
	Total	30	100.0	100.0	

Factors such as saying one's opinion out loud and supporting other's opinions refer to a positive atmosphere inside the team.



Cross-tabulating intrinsic motivation and self-directedness did not show statistical significance although 90 % of those who agreed on the possibility to influence team activities also agreed on their team having decision-making power (table 35).

Table 35. Decision-making power and influencing team activities

Decision-making power and influencing						
			Our team has decision-making power in our own activities			Total
			Disagree	I cannot tell	Agree	
Chi-Square test (p=0.139)						
I feel that I can influence my team's activities	Disagree	n	4	2	0	6
		%	30.8	28.6	0.0	20.0
	I cannot tell	n	4	1	1	6
		%	30.8	14.3	10.0	20.0
	Agree	n	5	4	9	18
		%	38.5	57.1	90.0	60.0
Total		n	13	7	10	30
		%	100.0	100.0	100.0	100.0

### 5.2.5 Additional feedback

Some additional feedback was given at the end of the questionnaire after section three. The quotes below are freely translated. Finnish versions of the quotes are found in the appendixes (3).

“Teams take care of their own tasks and there is no job rotation, so groupings have already started to form, and some have more versatile and smarter division of work than others.”

“No prerequisites are given to the development of teamwork in Kalasatama, a weakening of multidisciplinary teamwork took place when health care services were moved to another floor separate from other actors in the Health and Well-being Centre. For me, it affects the level of comfort in work.”

## 6 Discussion

The main objective in this study was to find out to what extent health care employees in Kalasatama Health and Well-being Centre are familiar with traditional concepts of teamwork in a multidisciplinary work environment. The average result corresponded to a university grade of 1, on a scale from 1-5, where 1 is sufficient knowledge and 5 is excellent knowledge in the topic. No respondent obtained full 12 points. Three respondents obtained 9 or more points, referring to a good result, while the rest scored 6 to 8 points, placing in between a sufficient and good result. The grading was rather kind, with an approval percentage of 50, according to the average result.

Multidisciplinary teamwork was known to the extent of internal atmosphere, an overall important aspect of well-being in a team. Some respondents chose independent working as part of creating a supportive atmosphere, but individuality is not seen as a separate supportive characteristic to team atmosphere (Biech 2007). The roles of team members were unknown, plenty respondents choosing the answer containing an initiator and a manager. A self-directed, well-performing team should require no management, rather leadership to some extent (Biech 2007). Perhaps the team leader was seen as a manager. Communication was seen as waiting and listening as well as the creation of dialogue, which are accurate. The question might have been a bit misleading due to its character ("choose one or more"), but all possible stages were expected to be picked, to gain understanding in the overall creation of dialogue. Respondents might have forgotten about the early stages of communication and were now happy with interaction as it is. New co-workers, unfamiliar with teamwork, ought not to be forgotten though.

Team building had happened already at the time of merging to Kalasatama. In Vallila teams had been working together for over a year, while in Herttoniemi and Kallio teams had worked for over four months. There was some change in team composition when merging to Kalasatama, so the stages of team building could have been gone through. In this research results show little knowledge about

team building theories, which should be the base for a team to be created. Alternatives to choose from were rather similar and in fact possible but having specific goals and practicing effective decision-making are vital for building the base, before creating a balanced participation or value diversity (Biech 2007). Development stages in team building were based on Tuckmann's theory (1965) on team development and were not very familiar to the respondents. Tuckmann's theory seemed to be the most common when talking about team building.

According to Salas et. al. (2008) "team training interventions are a viable approach for organizations to take in order to enhance team outcomes" and they are "useful for improving cognitive outcomes, affective outcomes, teamwork processes, and performance outcomes." Knowledge in theories behind team building could enhance feelings of cohesiveness and understanding of why certain team members act as they do or why communication seems difficult. As well, training could add to efficiency and outcomes.

Results show that the last part, consisting of questions about teamwork specifically in Kalasatama, was handled strongly by the respondents. They were quite familiar with the Quadruple Aim, which had been gone through at meetings before implementation, implying that training and repetition has a positive effect on learning. The Quadruple Aim, as well as the core of the new management model, are also visible in several presentation templates used in meetings etc. That's probably why over half of the respondents also remembered at least two of the main factors in the management model. Questions about core concepts, such as common work, intrinsic motivation and self-directedness were also familiar, 50-100 % answering these correctly. Again, repetition and visibility seem to enhance learning.

Results from the second part envision how teamwork could be improved pointing out defects of current execution of the operating model. Results state that a majority is aware of why work routines are executed in teams, but questions regarding training, familiarizing and guidance to teamwork showed that little information or training has been offered in advance. Some teams are probably in the forming and norming phases of team building, with little proof of any team performing yet

(Tuckmann 1965). As well, mostly team leaders knew about their obtained training, others were merely aware that they had received training.

Work executed did not follow principles of multidisciplinary teamwork to a very convincing extent with lack of decision-making power (Biech 2007), measuring of results (80 % disagreed or could not tell) and common goals (50 % agreed). Amongst them who said goals are set, a majority also stated working to achieve the goals on a daily basis. On the other hand, common work seemed to have gained ground amongst the team workers to a certain extent, which is seen as one of the main topics in the management model (Ojala & Mäki 2017), but a rather low percentage of the respondents agreed on the existence of common goals and the majority disagreed or were not aware of results being measured. Knowledge-sharing was supported in both ways, which as well is a characteristic of common and self-directed work (Martela 2017). Self-directedness in teamwork was experienced a bit stronger with the majority working in a way that is best for the organization (Martela 2017), but with lacking decision-making (Biech 2007) and approval of one's own ideas (Martela & Jarenko 2017). Intrinsic motivation, the third part of the new management model (Ojala & Mäki 2017), was experienced good among many respondents, which could be seen as the most important individual factor. As well, high intrinsic motivation enhances self-directedness (Martela 2017).

Most roles were represented (initiator, supporter, opponent, bystander) in terms of open discussion, supporting other's ideas, not getting support for own ideas etc (Isoherranen 2005). Mostly, interaction was seen in a positive manner, which is a major factor when working together. A positive atmosphere seemed to exist according to many respondents as well, corresponding to the experience of a good team culture (Isoherranen 2005).

In comparison to the pilot project (Deloitte 2017) made earlier in City of Helsinki, similar results appear. Less than half of the respondents found clear roles in daily work and only a third agreed on having decision-making power, which perhaps is a mirroring of the lack of common goal setting and result measuring. In Xyrichis and Lowton's literature review (2008) clear goals were a presumption for a well-

working team, as well. Molyneaux (2001) on the other hand pointed out committed personnel and interaction as important characteristics, which in this study showed strong.

Based on the results, actions need to be taken both before implementation and during execution of multidisciplinary teamwork. Results show a slight lack of knowledge in concepts of multidisciplinary teamwork among health care workers in public health care, as well as both supportive and opposite opinions on the implementation of teamwork.

If team members received training on how teams typically are built or what characterizes a high-performing team, the execution could be smoother, without unnecessary conflicts and with focus staying on the customer.

## 6.1 Ethics

This thesis was conducted in line with the ethical principles of the European Code of Conduct for research integrity, which states that reliability is acquired through quality of research in terms of design, methodology, analysis and use of resources; honesty is achieved through transparency, fairness and neutrality; respect is to be paid towards all parties and accountability throughout the research. (ALLEA 2017) Methods used were valid and final data was presented in an honest and transparent way. Participants were thoroughly informed about the research and convinced that the information would not be possible to target to them. The researcher's responsibility granted accountability.

## 6.2 Reliability and validity of the research

Reliability in the study was granted through using reliable methods and a proper research approach, that would give the same results if repeated (Dawson 2002:46). Another researcher could choose to include other theories or concepts, but at that point it would not be the same study. Repeatability of this study is high when it comes to research methods.

As well, formulating the survey properly, adds to reliability when it comes to the results (Dawson 2002: 285). Aspects that can not be affected are respondents' interests and knowledge, which could be re-tested by re-sending the survey to a smaller part of the sample and comparing the results (Dawson 2002:286-287). This would have been too time consuming in this type of study and respondents' experiences may change over time. Results were presented reliably and unbiased.

Validity is granted through measuring the right things (Kananen 2015: 346). In this thesis, the aim was to find out the level of knowledge on teamwork among health care professionals, and that aim was reached. In addition, experiences were collected through a comprehensive questionnaire, and answers were used to present development ideas, indicating that the second aim also was reached. Questionnaires were conducted on the basis of the theoretical background including theories and key concepts of the topic. External validity (Kananen 2015:347) in this study was difficult to achieve due to the low response rate, since generalization cannot be done with low statistical reliability. When using sampling methods, the sample could have been compared to the population, but this study was conducted as a census where the whole population was included. The ratio of respondents in matter of occupation did not exactly represent the census, but quite close, though, as seen in table 36. Age and work experience information of the whole population were not available.

Table 36. Representation of occupations among respondents

	Population	% of population	Respondents	% of respondents
Physicians	45	36	9	25
Nurses	73	59	23	64
Physiotherapists	6	5	4	11
Total	124	100	36	100

In a small population as in this study, thorough statistical tests are seldom reliable (Kananen 2015:264). Since some validity issues occurred, reliability also suffered to some extent.

### 6.3 Response rate

The response rate remained rather low on both parts, 29 % and 24 % respectively, which unfortunately does not make the sample representative (Easterby-Smith et. al. 2015:618) and the study statistically reliable (Kananen 2015:261). According to Kananen (2015:279), a response rate of 10 % is typical for a web-based survey, and 70 % often answer during the first three days. A reason for low participation might be the timing of the survey; it was released at the latter part of June and closed at the very end of July, the highest summer holiday season. Another reason could be the number of earlier surveys done in Kalasatama; this was the third, for some people the fourth during spring and early summer. This was not known by the researcher during scheduling of the survey. Two reminders were sent to all respondents per email during the time of the survey.

It will remain unknown why the first part was answered by 36 people and the second only by 30 people, since the questionnaire was built on two pages linked to each other with a "Save"-button. One option is that the instructions were not clear enough, and the other that the window was closed immediately after answering the first part, not having time or energy to answer another page of questions.

### 6.4 Defects of the research

A few things came up during the process, that given a thought afterwards, could have been done differently.

The studied area was quite wide although narrowed down from the initiation of the process. An even more specific approach could have given more precise and practical results.

The questionnaire was rather long. Kananen (2015) suggests a maximum of 15 questions, and this study consisted of 42 questions and statements. The survey also lacked a group for those, who had been working for one year. By mistake,

the groups were defined as <1 year and 2-5 years of work experience. As well, the timing of the survey might have affected the response rate negatively. Generalization cannot be made with an average response rate of 27 %.

Grading could have been done differently in the first part of the questionnaire. The approval score of 6 was based on the average of respondents' answers, but the comparison to university degrees could have been done in another way. An excellent grade could have been accomplished with 10 points, a good grade with 8 points and a sufficient grade with 6 points. Hence 12 points would not be required to obtain an excellent grade. It would not change the results much; instead of no excellent grades there would be one, three good grades would be replaced by nine and sufficient results would be obtained by 14 respondents instead of 20.

The second part of the survey lacked an alternative representing a neutral opinion, where the respondent's opinion falls in between agreement and disagreement. The alternative "I cannot tell/say" would imply actually not being able to tell / not knowing / not wanting to tell. (Kananen 2015)

With this amount of information, the researcher retrieved the most important data, although another researcher might have dug even deeper in the material.

## **7 Conclusions**

The purpose of this study was to find out to what extent health care teamworkers in Kalasatama Health and Well-being Centre are familiar with traditional concepts of multidisciplinary teamwork. Results showed a sufficient knowledge, indicating that a need for training and guidance exists. Crucial factors, such as training, team building, and multidisciplinary teamwork did not get significant support from respondents' experiences either.

In wider scope, the aim was to add understanding of the importance of training and guidance on teamwork through employee experiences. If employees do not understand concepts of teamwork, for example in what team building stage they



are or how dialogue is created, there is a risk that the team will not perform as high as they could. When adding training, teambuilding will probably happen more naturally and without additional conflicts. After all, a multidisciplinary team is not created through putting people together and calling them a team.

The next step would be to find out what kind of training to address in order to obtain high-performing multidisciplinary teams into public health care. Thereafter actions should be taken, for example including teamwork and team building training to orientation of new employees.

Multidisciplinary team work in health care is here to stay. Productivity, availability, effectiveness and pleasant customer experience in health care services is a result of a good employee experience.

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## Questionnaire part one

### I. Multi-disciplinar teamwork

1. An effective and well-working teamwork is characterized by (choose one or more)
  - i. Hierarchy between team members
  - ii. **Common decision-making and responsibility taking**
  - iii. **Measuring the results of the team**
  - iv. Visibility of professional borders among team members
  - v. **Teaching other team members**
  - vi. **Modulating one's role**
  - vii. Resolving things in smaller groups inside the team
2. The next roles are often found in team members (choose one)
  - viii. Initiator and manager
  - ix. **Opponent and bystander**
  - x. Supporter and complainer
3. Development stages of internal communication in teams are (choose one or more)
  - i. **Waiting and listening**
  - ii. **Defense and non-listening**
  - iii. **Creation of dialogue**
  - iv. **Quieting down**
4. An internal supportive atmosphere is often seen as (choose one or more)
  - i. **Appreciation of other team members**
  - ii. Independent working
  - iii. **Praising other team members**
  - iv. Controlling the team

### II. Team building

5. The basis for a well-performing team is (choose one)
  - i. **Specific goals, open communication and effective decision-making**
  - ii. Open communication, participating leadership and diversity
  - iii. Balanced participation, appreciation and co-operation skills
6. Different development stages of a team are (choose one)
  - i. Establishment, familiarizing, collaboration
  - ii. **Forming, storming, norming**
  - iii. Storming, familiarizing, collaboration

III. Teamwork in Kalasatama Health and Well-being Centre

7. Parts of the quadruple aim in the new Health and Well-being Centre-concept are (choose one or more)
- i. **Effectiveness**
  - ii. **Customer experience**
  - iii. Ecology
  - iv. Development
  - v. Attractive workplaces
  - vi. **Availability**
  - vii. Renewal
  - viii. Intrinsic motivation
  - ix. **Employee experience**
  - x. **Productivity**
8. The core of the new management model consists of (choose on or more)
- i. **Intrinsic motivation**
  - ii. Communication
  - iii. **Common work**
  - iv. **Self-directedness**
  - v. Agile developing
9. Common work is best described as (choose one)
- i. **Common goals and suitable measuring methods**
  - ii. Working models best suitable for employees
  - iii. Individual responsibility of customer
10. An intrinsically motivated person is characterized by (choose one)
- i. Being diligent and hiding his/her mistakes from others
  - ii. Working naturally as part of the workforce and communicating inherently with other team members
  - iii. **Experiencing appreciation for his/her work and being interested in his/her customer**
11. Self-directedness in teamwork is (choose one)
- i. A model of individual working
  - ii. **A way to organize**
  - iii. Working without a manager / leader
12. The basis for self-directedness is (choose one or more)
- i. **A self-imposed employee, who wants to do what is best for the organization**
  - ii. **The team's internal communication, that creates evidence-based activities**
  - iii. **Decentralized decision making and strong employee autonomy**

Correct answers are written in **bold**.

## Questionnaire part two

- I. Teamwork and induction
  1. I know why we operate in teams
  2. Me or my team was familiarized with teamwork
  3. The new management model was gone through in our work community
  4. The core of the new management model is recognizable in our daily work
  5. Team leaders have obtained training for their task
  6. Our team members have clear roles
  7. Equality exists in our team
  8. Our team has decision-making power in our own activities
  9. Our team takes responsibility of our activities
  10. The turnover rate of team members is high
  11. Results of our team are measured continuously
  
- II. Team building
  1. Our team has common, tangible rules for our activities
  2. Our team has common and clear goals for our actions
  3. I work daily to reach our common goals
  4. Internal conflicts occur in our team
  5. Our team can make common decisions
  6. Open discussion occurs in the team
  7. Our team works independently
  8. Dissenting opinions are accepted in our team
  
- III. As an individual in a team
  1. I continuously learn from my team members
  2. I share my professional knowledge to others
  3. I feel that my work is appreciated
  4. I experience interest towards my work and my tasks
  5. I experience that I am trusted
  6. I feel that I can influence my team's activities
  7. I dare to say my opinion
  8. I like taking responsibility / guiding other team members
  9. Development ideas presented by me have been taken under implementation
  10. I cheer on other's ideas saying it out loud
  11. I work in a way that's best for our organization

### Answering options

1 = Strongly agree, 2 = Partly agree, 3 = Neither agree nor disagree / Cannot say, 4 = Partly disagree,  
5 = Strongly disagree

## Answers to open questions in Finnish

### Second part of the questionnaire

#### Section one: Miten tuloksia mitataan

*"Esimiehet seuraavat tarkkaan esim. soitettujen puheluiden määrää ja hoidettujen potilaiden määrää"*

*"Happy or Not-mittarilla"*

*"Hoidettujen puheluiden määrää seurataan eli katsotaan monta puhelua hoitaja on päivän aikana hoitanut"*

*"Ei näy mitenkään tiimin toiminnan mittaaminen)."*

*"odotusajoilla, potilas määrillä"*

#### Section two: Tiiminne tärkeimmät pelisäännöt

*"Kaikkia kuunnellaan, hyvä teamleader ohjastaa toimintaa."*

*"Kirjoittamattomat. Näihin sisältyy yhteistyö, tasa-arvoisuus ja mahdollisuus tuoda asiansa esille."*

*"Joustavuus"*

*"Kaikkien mielipiteiden kuuntelu. Yhdessä päättäminen."*

*"Pelisääntöjä ei ole tehty"*

*"Kaikki tekee töitä."*

*"Toisten kunnioittaminen. Yhteistyö."*

*"Ketterä konsultaatio, yhdessä työskentely."*

*"En tiedä."*

#### Section two: Tiiminne tavoitteet

*"Toimia potilaiden hyväksi tiiminä mahdollisimman sujuvasti."*

*"Sitoutunut THK:n toimintaan ja sen tavoitteisiin terveysaseman osalta."*

*"en tiedä"*

*"Nelimaalin tavoitteet."*

*"Tavoitteita ei ole asetettu"*

*"Käydä töissä."*

*"Terveystyöpotilaiden kannustaminen omatoimiseen terveydestä huolehtimiseen."*

*"Hoidetaan potilaat."*

#### Section three: Additional feedback

*"Tiimit hoitaa omat työnsä ja työn kiertoa ei ole, eli kuppikunnat ovat alkaneet jo muodostua ja toisilla työnkuva monipuolisempi ja järkevämpi kuin toisilla."*

*"Kalsatamassa tiimityölle ei ole annettu kehittymisen edellytyksiä, takapakkia moniammatilliseen yhteistyöhön otettiin kun ta toiminnot siirtyivät erilleen Kalastaman thk:n muusta toiminnasta omaan kerrokseen."*

*"Omalla kohdallani vaikuttaa työssä viihtymiseen"*



## Cover letter



21.4.2018

# Moniammatillinen tiimityö

Arvoisa kollega,

teen ylemmän ammattikorkeakoulututkintoni opinnäytetyönä tutkimusta moniammatillisesta tiimityöstä Kalasataman Terveys- ja hyvinvointikeskuksessa Helsingissä. Tutkin henkilöstön kokemuksia tiimiytymisestä, tiimin jäsenten rooleista, uuden johtamisen mallin ytimen osa-alueista ja tiimin keskeisestä kommunikaatiosta. Tutkimuksen tavoitteena on selvittää missä määrin tiimityöntekijät tuntevat tiimityön ja tiimiytymisen perinteiset käsitteet ja ohjeet. Tutkimuksen tuloksilla voidaan tulevaisuudessa tarvittaessa kehittää tiimityön toimeenpanoa muilla terveysasemilla ja muissa terveys- ja hyvinvointikeskuksissa.

Kyselyyn vastaaminen vie 10 – 15 minuuttia. Kysely suoritetaan nimettömänä ja vastaukset käsitellään luottamuksellisesti. Tutkimusaineisto kerätään ainoastaan tähän saatekirjeeseen liittyvään tutkimukseen.

Tutkimusraportti valmistuu keväällä 2019, ja se on kaikkien asiasta kiinnostuneiden luettavissa.

Vastaan mielelläni tutkimusta koskeviin kysymyksiin sähköpostitse [eva.englund\(a\)hel.fi](mailto:eva.englund(a)hel.fi)  
Suora linkki kyselyyn: <https://elomake.metropolia.fi/Lomakkeet/22640/lomake.html>

Yhteistyöstä kiittäen,

**Eva Englund, fysioterapeutti**

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