Original research

Moving out of the silo: trialing a work-based education intervention to mobilise professional identity in integrated teams

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Abstract

Background/Aims Research on professional identity has largely focused on students, with limited knowledge of how professional identity is mobilised among integrated team members, especially in relation to how this might be achieved through education and training. This study aims to trial a work-based education intervention to mobilise professional identity and gather feedback on the impact on healthcare practitioners.

Method This multi-method interventional study was centred around 2.5-hour workshops delivered for multidisciplinary teams, aiming to discuss and increase understandings of professional identity and its impact. Participants (n=61) completed a pre-workshop survey to gauge their views of professional identity, teamwork and cognitive flexibility. Data from observation and workshop activities were recorded, and participants completed an evaluation survey at the end of the workshop to identify areas for improvement.

Results Participants generally welcomed the opportunity to discuss professional identity and the workshop was evaluated well overall. Most participants had a strong sense of professional identity. The design of the workshop needs to be reviewed to ensure that enough time is allowed for action planning.

Conclusion Managers need to identify opportunities to regularly discuss professional identity and identify the support required for new members of staff joining existing, well-formed integrated teams.

Keywords

Power, Professional identity, Reflective activity, Teamwork, Trust

Introduction

Traditionally, health and social care training prepares students to work in their specific chosen profession and largely exists in professional silos knowledge and skills unique to that profession are honed. Although interprofessional education is now a key element of degree education for students seeking to join healthcare professions, much of the existing workforce were taught within their individual professions. Professional identity—identifying oneself as a member of a professional group (Crossley and Vivekananda-Schmidt, 2009)—is established at this early stage. However, care provision often requires staff to work in multi-professional teams, requiring staff to move out of their established homogenous group into a team of other professions in order to optimise patient care (Beech and Verity, 2019).

Work outside of a professional group requires a shift in thinking about professional identity (Schein, 1978). In other words, professional identity needs to be mobilised (Best et al, 2020), which requires flexibility and fluidity of thinking and practise in the interprofessional health and social care team. Without this mobilisation of professional identity, the potential benefits of interprofessional working will be impeded (Nancarrow et al, 2013). The mobilisation of professional identity requires active management to maximise outcomes (Dubois and Singh, 2009; Best and Williams, 2018).

There has been little discussion about interventions that proactively manage the mobilisation of professional identity in integrated teams, although the challenges of making this shift have been recognised (Dallimore and Fiddler, 2018). Fortunately, many of the essential intervention components requiring attention have been identified (Best and Williams, 2018, 2019), including:

i) The role of 'others': locating one's role and that of others within the team (Lingard et al, 2002; Haddara and Lingard, 2013)
ii) Trust: Being able to appreciate how trust can be developed and/or lost (Johnson et al, 2020)
iii) Power: Being able to articulate how and who holds and uses power (Sommerfeldt, 2015)
iv) Reflective activity: a tool to constructively structure practitioners thinking (Britton and Di Napoli, 2020).

The present study trialed a prototype work-based education intervention to mobilise professional identity and gather feedback its the impact on health and social care staff, looking specifically at how feasible and acceptable (Proctor et al., 2011) such an intervention is to the workforce.

Methods

This interventional study used a convergent parallel mixed methods design (Creswell and Plano Clark, 2010), in which the researchers delivered a workshop to participants to mobilise professional identity. The design of the workshop reflected what Ørngreen and Levinsen (2017) referred to as 'workshop as practice', which investigates the relationships between the workshop and its form and outcomes. There are two perspectives of workshops as practice that were applicable to this study. First was the format of the workshop (Wiek et al, 2014) and second was the development dimension which, in this case, was learning about and mobilising professional identity. Transcribed outputs were collected from observational data and workshop activities.

Health and social care staff from integrated community teams based in South Wales were invited to participate in the workshops. Organisational approval was sought before approaching local quality improvement leads from three local health boards and three local authorities to share the invitation flyer. Interested teams contacted the researchers, who arranged to attend the team's workplace to deliver the workshop. Those attending the workshops were all members of the integrated team and thus represented various professions. Overall, six workshops were delivered over a 1-year period,

with group sizes ranging from 6–12, depending on the size of the team and the availability of team members.

Data collection and procedures

Before the workshop, participants were asked to complete a survey designed to collect demographic and gain an understanding of participants' perceptions of professional identity. For the latter, participants were given a cognitive prompt using a professional identity measure comprising three scales: a professional identity scale, a team scale and a cognitive flexibility scale (Adams et al, 2006). Each scale was scored on a 5-point Likert scale (1=strongly agree, 5=strongly disagree). Median and mean scores were calculated to aid interpretation.

Observational data from each of the workshops were gathered, along with flipchart notes and responses to workshop activities, such as Johari window exercises. At the end of the workshop, participants were asked to complete an evaluation questionnaire gauge what they had learned from the intervention and identify areas of improvement.

Each workshop was lead and facilitated by the same three members of the research team, with additional team members acting as scribes when available. Those involved in designing and leading/facilitating the workshops all had experience of running education interventions and expertise in professional identity. The team also included quantitative and qualitative researchers.

Quantitative data (demographic data, results from the professional identity survey and evaluation questionnaire) were analysed descriptively, while observational data from the workshops were analysed thematically. Following the workshops, all data were validated with participants. Ethical approval was provided by the Swansea University Ethics Committee. Individual informed written consent was taken from all participants before the study began.

Workshop design

The workshops were designed with three learning objectives for participants:

1. To share experiences of professional identity and awareness of the identity/role of others in the team
2. To explore perspectives on trust and power, and the relevance of these two issues to integrated team working
3. To facilitate the identification of specific action points in relation to participants' professional identity and future teamwork.

These objectives were based on four central themes to the mobilisation of professional identity: the role of others, explored using a Johari window exercise (Luft, 1969) to reduce the sense of the 'unknown' associated with those considered 'other'; trust, facilitated by the ability, benevolence, integrity model (Mayer et al, 1995); power, using case studies of power in team dynamics; and reflection, using a tool based on research by Best and Williams (2018, 2019). The latter included questions such as 'Do you understand the role of all the other practitioners in the team?', 'Do you undertake joint clinical working?' and 'Do you access profession-specific training?' Other workshop activities aimed to prompt participants to think about what professional identity means, and how it is managed and mobilised within the context of an integrated team. Each workshop was scheduled for 2.5 hours.

Results

In total, 61 health and social care staff members took part in the workshops. Participants represented various professions, with eight holding management positions and 75% having at least 7 years of experience as a qualified professional. Over half of participants had been a member of their team for 3 years or less and over 85% of participants worked in the same location as their team (Table 1).

Table 1. Characteristics of workshop participants (*n*=61)

Variable	*n*	%
Gender		
Male	10	16
Female	50	82
Prefer not to say	1	2
Professional group		
Care workers	2	3
Mental health*	3	5
Medical**	8	13
Therapist***	25	41
Social worker****	23	38
Years in profession		
0–3	11	18
4–6	3	5
7–10	13	22
11–15	11	18
16–20	11	18
20+	10	16
N/A	2	3
Years in team		
<1 year	10	16
1–3	23	38
4–6	9	15
7–10	6	10
11+	13	21
Located in same area as team		
Yes	53	87
No	3	5
Some	4	6
N/A	1	2

*Clinical psychologists and counsellors; **doctors and nurses; ***occupational therapists, physiotherapists, dieticians and dietic support workers; ****social workers, social work students, social work assistants and case managers

Survey findings

The results of the pre-workshop survey, with mean and median scores for each professional group, are shown in Tables 2, 3 and 4. Generally, participants had a strong sense of professional identity, with the majority stating that they felt like a member of their profession, with strong ties and shared characteristics with other members of their profession. Most participants also perceived themselves as an active member of a team, with the majority strongly agreeing that they enjoyed working in a team. Many participants stated that they frequently interacted with other teams, with the exception of

mental health professionals (Table 3). The results for the cognitive flexibility scale were generally positive, with most participants feeling able to communicate, apply their knowledge to real-life situations and adapt their behaviour to different teams. However, the responses of care assistants reflected a sense of not always feeling able to make decisions on what to do or how to behave (Table 4).

Table 2. Professional identity scale results (1=strongly agree; 5=strongly disagree)

Survey item	Professional group									
	Care assistant (*n*=2)		Mental health (*n*=3)		Medical (*n*=8)		Therapist (*n*=25)		Social worker (*n*=23)	
	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean
I feel like I am a member of this profession	1.5	1.5	1.0	1.0	1.0	1.1	1.0	1.1	1.0	1.1
I feel I have strong ties with members of this profession	1.5	1.5	2.0	2.0	1.0	1.1	1.0	1.3	1.0	1.3
I find myself making excuses for belonging to this profession	4.5	4.5	5.0	5.0	5.0	4.5	5.0	4.4	5.0	4.2
I am pleased to belong to this profession	1.5	1.5	1.0	1.3	1.0	1.0	1.0	1.1	1.0	1.3
I can identify positively with members of this profession	1.5	1.5	1.0	1.3	1.0	1.1	1.0	1.3	1.0	1.5
Being a member of this profession is important to me	1.5	1.5	1.0	1.0	1.0	1.0	1.0	1.2	1.0	1.4
I feel I share characteristics with other members of the profession	1.5	1.5	1.0	1.3	1.0	1.3	1.0	1.5	2.0	1.7
Total mean score	13.5		13.0		11.1		11.7		12.2	

Table 3. Team working scale results (1=strongly agree; 5=strongly disagree)

Survey item	Professional group									
	Care assistant (*n*=2)		Mental health (*n*=3)		Medical (*n*=8)		Therapists (*n*=25)		Social worker (*n*=23)	
	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean
I am/have been an active member of some form of team	1.0	1.0	1.0	1.3	1.0	1.0	1.0	1.1	1.0	1.2
I enjoy working in a team	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.1

I have observed many other teams of which I am not a member	2.0	2.0	1.0	1.7	1.0	1.4	2.0	1.8	2.0	2.2
My participation in a team has facilitated how the team members work together	2.5	2.5	2.0	2.0	1.0	1.5	2.0	1.7	2.0	1.8
I know how to make teams more effective	2.0	2.0	2.0	1.7	2.0	1.9	2.0	2.0	2.0	2.1
I frequently interact with (ie work with, train) teams of which I am not a member	1.5	1.5	4.0	3.3	1.5	1.5	2.0	2.0	2.0	1.8
I understand how people should work together as a team	—	—	2.0	2.0	2.0	1.7	1.4	1.4	1.4	1.5
I contribute to the teams of which I am a member	1.0	1.0	1.0	1.3	1.0	1.4	1.0	1.3	1.0	1.4
I understand why some teams are ineffective	2.0	2.0	2.0	1.7	1.5	1.5	2.0	1.8	2.0	1.9
I contribute more than my fair share to the teams of which I am a member	1.5	1.5	3.0	2.7	2.0	2.0	2.0	2.3	3.0	2.4
Total mean score	15.0		18.0		14.6		15.9		16.4	

Table 4. Cognitive flexibility scale results (1=strongly agree; 5=strongly disagree)

Survey item	Professional group									
	Care assistant (*n*=2)		Mental health (*n*=3)		Medical (*n*=8)		Therapist (*n*=25)		Social worker (*n*=23)	
	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean
When working/learning together with other people in a team, I find it difficult to communicate my ideas effectively	5.0	5.0	4.0	4.0	4.0	3.5	4.0	3.2	4.0	3.8
When working/learning together with other people in a team, I avoid unusual situations	4.5	4.5	4.0	4.0	4.0	3.6	4.0	3.4	4.0	3.9
When working/learning together with other people in a team, I never get to make decisions	3.0	3.0	4.0	3.7	4.0	4.4	4.4	4.0	4.0	4.0

When working/learning together with other people in a team, I seldom seem to have choices when deciding how to behave	2.0	2.0	4.0	4.3	4.0	4.4	4.0	4.0	4.4	4.0
When working/learning together with other people in a team, I have difficulty using my knowledge on a given topic in real-life situations	5.0	5.0	5.0	5.0	5.0	4.5	4.0	4.2	4.0	4.3
When working/learning together with other people in a team, I do not feel sufficiently confident to try different ways of behaving	4.5	4.5	4.0	4.0	4.5	4.5	4.0	3.8	4.0	3.9
Total mean score	24.0		25.0		24.9		22.8		23.7	

Workshop observations and evaluation

Participants acknowledged not only that specific professional knowledge can be a source of power within a team environment, but also that it encompassed their awareness of one another's professional roles and responsibilities. This type of knowledge was found to be an important component in understanding one another's perspectives, roles and functions, and thus in developing and maintaining trust between team members. Maintaining the 'importance of difference' within the team and identifying clear professional boundaries between one another was identified as a means for practitioners to assert their own power. Participants spoke of numerous structural and cultural barriers between distinct professional groups and individuals. However, they saw the security that relationships could offer in terms of ensuring shared responsibility for decision making. Being part of a well-functioning group contributed to a sense of trust and belonging, which optimised the contribution of both the individual and the wider group.

The post-workshop evaluation survey was completed by 97% (*n*=59) of participants. There was consensus that the first two objectives (sharing experiences and gaining perspectives on trust and power) had been achieved. However, the achievement of the final objective (identifying priorities for actions when preparing professionals for integrated interprofessional team working) was less evident. The action planning activity was in the latter part of the workshop, so participants often decided to complete this after the workshop because of time constraints. The results of the evaluation survey are shown in Table 5.

Table 5. Participant evaluations of the workshop intervention (*n*=59)

Workshop learning objectives	**Was the objective met?**		
	Not at all (*n*)	**Partially (*n*)**	**Yes (*n*)**
To identify the most important benefits of professional identity in integrated, interprofessional team working	0	4	55

To identify the most important challenges of professional identity in integrated interprofessional team working	0	7	52
To facilitate the identification of priorities for actions when preparing professionals for integrated interprofessional team working and to consider who should take those actions	2	16	41
Evaluation of workshop design			
Introductions, setting the scene, background	0	13	45
Exploring the benefits of professional identity	2	27	30
Exploring the challenges of professional identity	0	14	45
Individual planning to identify actions regarding professional identity when preparing professionals for integrated, interprofessional team working	3	14	42
Conclusions, further issues, next steps	2	23	34

Discussion

Before the intervention, a strong sense of professional identity was held by participants, regardless of their profession. Observational data showed that individual professional identity was generally defined as the professionally distinct set of knowledge, skills and expertise that practitioners contributed to integrated working. Participants identified pre-qualification learning and training as a key point at which professional identity was formed. This contributed to the identification and location of power, both in themselves and in others within the group. Participants generally portrayed their identities, knowledge and skills as commodities, with participants reporting concern of the potential to lose the unique skills and qualities of each profession, and traded as a form of currency. This may explain why some participants reported some anxieties regarding the dilution of roles, working outside of professional roles, loss of professional voice and the potential loss of one's professional identity. These anxieties seemed to be present when there were some issues of role ambiguity and different professional roles were not understood.

The results to the survey section on team working suggested that most participants saw themselves as active members of their team. The majority also reported regularly interacted with other teams, with the exception of participants who were mental health practitioners (psychologists and counsellors), who were more likely to work within their allocated team only. This may reflect the way in which mental health services are structured and/or the availability of resources. All participants strongly agreed that they enjoyed working in teams, but many (particularly care assistants) also felt that they contribute more than their fair share to those teams. Generally, participants did not report any difficulty in communicating their ideas or using their knowledge, and most felt sufficiently confident to try different ways of behaving when working with others. The observational data provided more insight into some of the reasoning around this cognitive flexibility, with participants reporting that upskilling, acquiring a wider skill set and having more security in their role were important. Feeling part of team and a sense of belonging were also considered to be good for morale and cohesiveness.

For the majority of participants, all elements of the workshops either completely or partially helped to achieve the learning objectives. However, results indicated that the latter part of the workshop needs more attention to ensure that these objectives are fully achieved by all participants. Because of time constraints, there was often not time to complete the action planning activity during the workshop. Although this is a reflective tool and can be used after the workshop has ended, the evaluation suggests participants would have preferred to have the time to do this during the workshop. Furthermore, the open comments from the evaluation questionnaire highlighted that the use of Johari's window, where participants were required to explore the level of understanding of each other's role, caused some initial confusion until group discussions were facilitated. However, the majority of participants reported being satisfied with the workshop overall, indicating that an education intervention about professional identity that is based in the workplace can be feasible and acceptable to health and social care staff.

Implications for managers

Participants clearly benefitted from discussing and reflecting on professional identity and how this is mobilised within the workplace. Healthcare managers should consider what mechanisms are used within the workplace to enable discussions concerning professional identity and what support is required for new members of staff joining existing, well-formed integrated teams, which may be well-versed in understanding each other's professions and roles.

Limitations

This study is limited in terms of the self-selection of participants. Although the authors encouraged practitioners from all professions to take part, some groups were not represented, such as speech and language therapists and psychologists. This was largely a result of lack of availability and the need to ensure services were covered during the workshop period. Having other professions present could impact on the results. Similarly, managers of the team were usually present during the workshops, which could have influenced the behaviour of participants. The participatory design of the workshop attempted to minimise this, but could have impacted the results. The limited number of participants meant statistical analysis of the significance of the tests was not possible.

Further research is required to expand the scope of this study, both in terms of geographical coverage and the impact of integrated team members who have both a professional and managerial identity. The authors developed a tool to prompt reflection and to develop an action plan, but participants took this away with them, and feedback on the acceptability or feasibility of this tool was not collected. The teams who participated were all based in primary care and were all in established groups. Therefore, the transferability of the results to other teams needs to be considered with caution.

Conclusions

It is evident from the workshop discussions that professional identity is not a fixed concept in terms of professional roles, responsibilities and requirements, but is fluid depending on which part of the identity and role is being exercised. The participants generally found the intervention workshops acceptable. However, covering four key areas of professional identity was ambitious and not entirely feasible within one 2.5-hour workshop. Discussions among the participants were more extensive than the authors predicted, and the Johari window required more explanation than expected. All work-based education interventions must consider the trade-off of time away from the workplace and benefit of the activity. Managers have a key role to play in building on the discussions initiated in the workshop and following up on the action planning to ensure that the conversation is ongoing rather than a one-off event.

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Conflicts of interest

The authors declare that there are no conflicts of interest.

Key points

- Professional identity in integrated teams requires active management.
- A work-based education intervention is acceptable to health and social care practitioners.
- More consideration of the feasibility of this intervention is needed to optimise impact.
- Health and social care practitioners recognise the value of discussing professional identity, both for themselves and the wider team.

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