

# Defining Person-Centred Teamwork: A Concept Analysis

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## ABSTRACT

### Background

The concepts of person-centredness and teamwork are both concepts that are embedded in healthcare and are both associated with improved patient outcomes. Person-centredness involves thinking about people within an environment and creating a culture of trust, respect and mutual goals. Effective teamwork creates an environment where the workload is shared and normally overwhelming tasks become more manageable. Person-centred teamwork is relevant to modern healthcare environments. The concept of person-centred teamwork has not been clearly defined. A clear definition is needed to develop the concept further and will allow us to implement and assess the efficacy of interventions aimed at improving person-centred teamwork.

### Objective

To examine the basic elements of “person-centred teamwork” and provide a clear definition of the meaning and context of person-centred teamwork.

### Method

The concept analysis model described by Walker and Avant, (1) was used to define the concept person-centred teamwork. Various bibliographic databases including EbscoHost, CINAHL, Health Source Nursing/Academic Edition and Web of Science were used to search in literature for the concepts. Peer reviewed



articles published between 2001 and 2021 were used. The attributes, antecedents, consequences and uses of the concept were identified.

## Results

A total of 40 studies were included. Four attributes were identified. Two attributes for person-centredness and two for teamwork. The four attributes are “recognising the uniqueness of the individual”, “relationship orientated”, “inclusivity” and “synergy”. The antecedents were found to be complementary to the attributes. The consequences of person-centred teamwork related to a focus on positive outcomes for the patient, significant others, healthcare team and organisation.

## Conclusion

A definition of person-centred teamwork was developed. The definition and constructs will assist in the development of an instrument to measure person-centred teamwork.

**Keywords:** person-centred care, teamwork, person-centred teamwork, hospital or acute setting

## Introduction

The concepts of person-centredness and teamwork are both concepts that are embedded in healthcare and are both associated with improved patient outcomes (2; 3; 4). In healthcare, person-centredness encapsulates all people involved in the healthcare process including patients, members of the healthcare team, significant others and community members (3). Person-centredness involves thinking about people within an environment and creating a culture of trust, respect and mutual goals (5). Similarly, effective teamwork creates an environment where the workload is shared, and normally overwhelming tasks become more manageable. When teamwork is effective, team members share a sense of belonging, interact positively and experience job satisfaction, staff productivity, staff retention and deliver high quality care (3,6,7). Effective teamwork is associated with improved job satisfaction and staff retention, which lead to better continuity of care and also contribute to improved patient satisfaction and patient outcomes (8,9). Teamwork is essential for successful person-centredness as it allows the multi-disciplinary team members, patients and community members to share in the care process (10).

Person-centeredness as a strategy has been supported by the WHO to assist the multi-disciplinary team, including the patient and significant others, to reach a patient’s desired outcomes (11). Person-centred care cannot be practiced by one individual of the inter-professional team but requires all team members to collaborate. High functioning teams that continuously improve the quality of care and patient outcomes, take time to develop (12). Effective teams have a clear purpose, communicate well, co-ordinate their

activities, have effective protocols and procedures, provide psychological security, have effective leadership, and even non-technical skills such as situational awareness (13). Effective teams may also be inherently more inclined towards person-centred teamwork. Working in a person-centred way, multi-disciplinary teams can deliver quality integrated care and accomplish improved patient outcomes (14). Person-centred teamwork is thus relevant to modern healthcare environments.

Although the concepts of person-centredness and teamwork have been dealt with individually (15,16,17), the concept of person-centred teamwork has not been explored in-depth. A clear definition is needed to develop the concept further and will allow us in the long-term to develop an instrument and provide healthcare organisations with a guide for the development of person-centred teamwork (1). In nursing research, concept analyses are used to refine and define concepts associated with nursing theory, practice and research (1). In this concept analysis, we examine the basic elements of “person-centred teamwork” and provide a clear definition of the meaning and context of person-centred teamwork. This concept analysis may guide interventions to improve person-centred teamwork in nursing practice as well as allow us to research the value of person-centred teamwork in healthcare. In this paper, we define the concept of ‘person-centred teamwork’ and identify and define key attributes, cases, antecedents and consequences.

## Aim

The aims of this concept analysis were to explore, describe and explain the concept person-centred teamwork and provide a definition that clarifies the use and understanding of the concept. Having an improved understanding and definition of the concept will guide the development of an instrument to measure person-centred teamwork, through consensus methodology and instrument development.

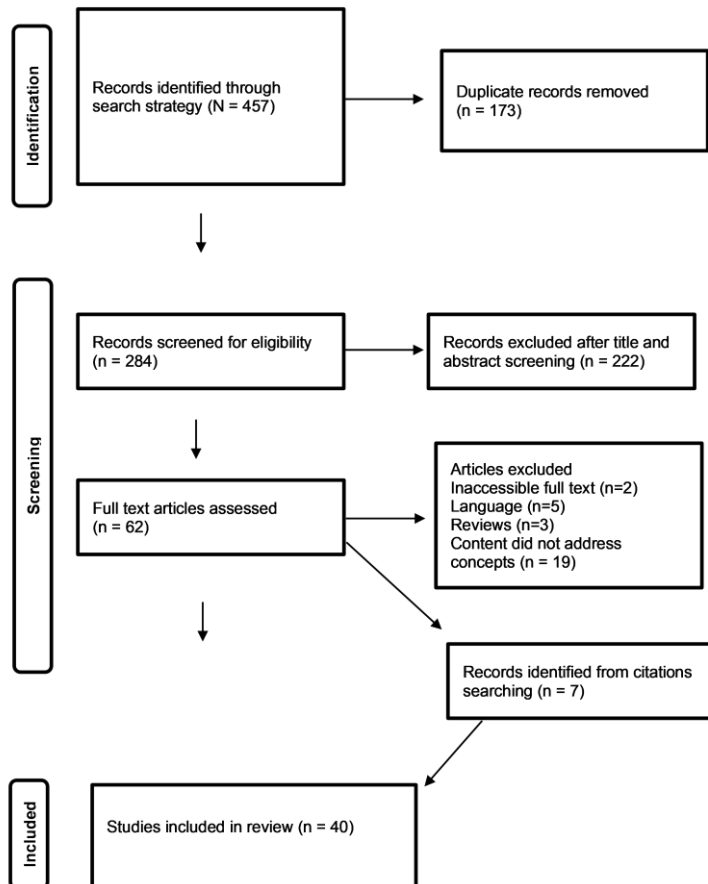
## Methods

This study has been approved by the Faculty of Health Sciences, Research Ethics Committee, [blinded] (11/2021). Various concept analysis methods have been tested and established (1,18,19). We used the concept analysis model described by Walker and Avant, (1) as the model is extensively used in nursing research and is well described (20). The Walker and Avant (1) concept analysis process was derived from Wilson’s model (21) and comprises eight steps: (1) selecting a concept; (2) determining the aims or purpose of the analysis; (3) identifying all discoverable uses of the concept; (4) determining the defining attributes; (5) identifying a model case; (6) identifying a contrary case; (7) identifying antecedents and consequences; and (8) defining empirical referents. The use of this process allowed the deconstruction of the concepts that are overlapping. By deconstructing the concepts, person-centredness and teamwork could be clearly understood and a single term defined, person-centred teamwork (1).

## Data collection

An extensive literature search was conducted in collaboration with an experienced librarian. Various bibliographic databases including EbscoHost, CINAHL, Health Source Nursing/Academic Edition and Web of Science were utilised. The following keywords were included in our searches “*person centred care*”, “*patient centred care*” “*holistic care*”, “*relationship centred care or individualised care*”, “*teamwork*” and “*hospital or acute setting or inpatient or ward*”. The Boolean operators ‘AND’ and ‘OR’ were used to combine search keywords. We included peer reviewed full text articles published between 2001 and 2021 in English. The reference lists of retrieved articles were scanned for additional resources. The researchers excluded non-primary research and grey literature.

Initially 457 articles were identified and 173 duplicate articles were removed. The researcher scanned the remaining titles and abstracts for suitability and relevance. A further 43 articles were excluded as these were irrelevant or did not contain one of the two main concepts ‘person-centredness’ and ‘teamwork’. Finally, the included articles (n = 62) were uploaded to a reference manager and the full articles were reviewed. Two articles were inaccessible (n=60). The researchers then continued the review of articles until consensus was reached that 40 articles were relevant and could be used. View Figure 1 for a diagrammatic representation of the identification and selection of the relevant articles.



**Figure 1:** Prisma flow diagram for identifying and selecting articles on person-centred teamwork in healthcare

### Data analysis to determine the attributes, antecedents and consequences

Using an iterative process, we collaboratively determined the attributes, antecedents and consequences of the concept “person-centred teamwork”. Two authors independently screened the title and abstract of each article, guided by the inclusion and exclusion criteria. Only articles that mentioned person-centred care / person-centredness and/or

teamwork in the title and abstract were selected. The authors then met online to discuss the disputed articles. A total of 40 articles were included (Figure 1). Data was extracted by means of a data spread sheet. Using content analysis, a researcher scrutinised the data, coded the attributes, antecedents and consequences of the two concepts, namely, person-centredness and teamwork, and then combined similar items with the same meaning. The spreadsheet was shared with another author and discrepancies reviewed during two online discussions. Through thorough review and careful consideration, the items were sorted, sifted and refined. The research team held two additional online discussions to further refine the data. During a fifth online discussion, all the authors reached consensus on the final list of items.

## Results

### Use of the Concept

The concept of person-centred teamwork has not been referred to in the existing literature. Most studies have focused on person-centred care and teamwork as separate entities.

### Defining the concept

#### *Dictionary definitions*

Concept analysis usually starts with dictionary definitions of the concept being analysed. Segen's Medical Dictionary defines "person centred" as 'mutually beneficial partnerships between patients, their families and those delivering health care services, which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision making' (22). Teamwork is defined as 'work done by several associates with each doing a part but all subordinating personal prominence to the efficiency of the whole' (23). To our knowledge, the concept 'person-centred teamwork' has not been defined in a dictionary.

#### *Other definitions and related concepts*

Person-centredness has been defined in various other ways. The World Health Organization (WHO) defines 'people-centred' as '...an approach to care that consciously adopts the perspectives of individuals, families and communities, and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways' (11). Similarly, McCormack and McCance, (3) define person-centredness as 'an approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons (personhood), individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development'.

Teamwork has also been well defined across multiple sectors. According to Salas and Cannon-Bowers (24) teamwork is described as a group of people with a common goal. Rydenfält et al. (25) define a team as ‘a group of people who are set to work together on a task’ and teamwork as ‘what this group does in relation to work together on a task’. In their concept analysis of teamwork, Xyrichis and Ream, (26) define teamwork as ‘a dynamic process involving two or more health professionals with complementary backgrounds and skills, sharing common health goals and exercising concerted physical and mental effort in assessing, planning, or evaluating patient care. This is accomplished through interdependent collaboration, open communication and shared decision-making. This in turn generates value-added patient, organisational and staff outcomes’.

### **Determining the defining attributes**

Defining attributes include the ‘characteristics’ or ‘trademarks’ that distinguish a concept (1). The concept of person-centred teamwork has not been previously clarified; hence we addressed the attributes of person-centredness and teamwork individually.

#### *Person-Centredness*

The two main attributes for person-centredness were 1) recognising uniqueness of individuals and 2) being relationship orientated (Table 1).

Recognising the uniqueness of individuals acknowledges that each person is a unique human being with their own ideas and needs (15). People should acknowledge that participants are experts in their own lives (27,28). When practice is person-centred, people have an opportunity to participate and make choices (29). Shared decision making occurs when all stakeholders participate in decision making (30), where the healthcare team involves patients and their significant others and all participants work together, share information and then agree on the best treatment and care options. Participants value each other’s desire and freedom to make their own choices that support their needs, wishes and preferences (30). Self-determination allows people to choose and control their own path and also enables the team to share decision making responsibilities (29,31,32). When we recognise people as unique individuals, we encourage engagement, foster shared decision making, and allow people to practice choice and self-determination. Person-centred healthcare recognises that patients and their families also have a role to play in deciding what is best for them and their circumstances.

Being relationship orientated refers to the relationships between the healthcare team, patients and significant others. Person-centred interactions aim to maintain healthful relationships. People who are in healthful relationships are sympathetically present, show human kindness and compassion towards each other, try to understand each other’s viewpoint and value each other (15,29,32). Healthful relationships also aim to ensure that all participants are socially included. Social inclusion ensures that people feel supported and that their strengths are recognised, which then creates a sense of

community in the group (31). Being relationship orientated also allows participants to recognise individual differences, which is important when making decisions together or accepting different values. Ultimately, people in a group or community need to be able to agree on an idea, even if they do not fully believe in it (29,32)

### *Teamwork*

The two main attributes of teamwork included synergy and inclusivity (Table 1).

In a teamwork context, synergy refers to the combined efforts of a team that lead to improved patient outcomes (33). Synergy describes how collaboration, conflict management and cohesiveness attribute to teamwork. In the multidisciplinary healthcare team, collaboration refers to the daily practices that are used to meet the needs of patients. Multidisciplinary healthcare teams have to collaborate inter-professionally, which requires that team members show a combination of trust, respect, directness to collaboration, a feeling of belonging, humility, and time to listen and talk (25). The synergy of a team is also closely related to how conflict is managed. Conflict management should be focussed on obtaining consensus towards a common goal and should be underpinned by the principles of respect for others, autonomy and protecting the relationship (34,35). Once collaboration and conflict management is established, the team will become cohesive. Cohesiveness is combining parts to make a whole, which in teamwork refers to the combination of individuals and their contribution towards a collective goal (34,35).

Effective teamwork also depends on inclusivity of each member of the team (25,36,37). Inclusivity encompasses communication, task interdependency, sharing information and shared responsibility. Successful relationships are often defined by excellent communication which is essential for optimal functionality and efficacy. Effective communication is multi-dimensional and includes all team members (11,25,37,38). In any team, there is a certain level of task interdependence, necessitating excellent communication and interaction (25,33,36). Effective communication and information sharing establishes continuity, holistic care and inclusivity (34,35). When all team members are included in the team, there is also shared responsibility which helps each team member not to feel overwhelmed by the magnitude of a task. When responsibility is shared, the most suitable team member to perform a task is selected, for the best possible outcome.



**Table 1:** Defining attributes of person-centred teamwork

Concepts	Defining attributes	Sources
<b>Person-centredness</b>	<b>Recognise uniqueness of individual</b> -Ensure share decision-making -Facilitate participation -Self-determination (choice) -Engagement	Byrne et al. (2020) Louw et al. (2017) McCance and McCormack (2016) Røsvik et al. (2013) Waters and Buchanan (2017) Wilkinson and Reed (2008)
	<b>Relationship orientated</b> -Show human kindness -Share knowledge -Strengths / capacity focussed -Being sympathetically present -Feeling of belonging -Social inclusion / citizenship	Byrne et al. (2020) Santana et al. (2018) Wilkinson and Reed (2008)
<b>Teamwork</b>	<b>Synergy</b> -Collaborate -Cooperate -Cohesiveness -Manage conflict	Dietz et al. (2014) Franklin et al. (2015) Rydenfält et al. (2019) Sangaleti et al. (2017)
	<b>Inclusivity</b> -Effective communication -Task interdependency -Share information -Shared responsibility	Dietz et al. (2014) Mayo (2020) Rydenfält et al. (2019) Tremblay et al. (2017) Sangaleti et al. (2017) World Health Organization (2011)

### Identifying a model case

The model case combines all the attributes of the concept. The model case represents an ideal situation to illustrate the attributes.

A 62-year-old female patient was admitted to the ICU for respiratory failure. She became critical and was intubated and ventilated. She started showing clinical signs of multi-organ failure and sepsis. The healthcare team discussed the patient during morning rounds in the ICU. The healthcare team comprised nurses, the physician, dietician and physiotherapist. The primary nurse discussed her concerns regarding the patient's clinical picture. The physician confirmed the nurse's concerns. The dietician suggested adjusting the patient's nutrition to optimise care, contributing to synergy in the team. The physician agreed with the dietician. The physician further discussed the desired clinical outcomes and the physiotherapist suggested treatment. The team discussed the physiotherapist's treatment suggestions and agreed that they were

suitable. The physiotherapist felt valued and heard. The physiotherapist loves working in this ICU because he or she is recognised as a unique individual. The physician further mentioned contacting a specialist to assist with surgical intervention, contributing to synergy in the team. The healthcare team contacted the significant others of the patient, who did not wish for the patient to be on life support. The family wanted to discuss end-of-life care. This upset the primary nurse, who told the team how she felt. The nurse wanted to continue to fully support the patient. The physician agreed with her. The dietician acknowledged the nurse's feelings and mentioned that the patient's values and beliefs should also be considered. The healthcare team arranged a meeting to discuss the prognosis with the family, signifying being relationship orientated. During the meeting, every person had an opportunity to discuss their views of the patient's care and were able to relate it to the care required, desired outcomes and patient wishes, representing inclusivity. At the end of the meeting, the family expressed their gratitude for being allowed to participate in the decision making process regarding the patient's care. The health care team and the patient's family were able to agree on the way forward, which left all the stakeholders feeling grateful and satisfied. Healthcare workers felt valued and empowered to do their best.

### **Identifying a contrary case**

The contrary case has none of the attributes identified in the concept.

A 62-year-old female patient was admitted to the ICU for respiratory failure. She became critical and was intubated and ventilated. She started showing clinical signs of multi-organ failure and sepsis. The healthcare team comprised nurses, a physician, a dietician and physiotherapist. During rounds, the primary nurse discussed her concerns regarding the patient's clinical picture. The physician showed little to no interest in the concerns of the primary nurse and continued to write notes on the patient. The dietician wrote suggestions regarding the patient's nutrition to optimise care without discussing the suggestions with the healthcare team. The dietician then left the unit. The physician and nursing staff were irritated with the dietician because she did not include them in her decisions. The physiotherapist went into the patient room and started treatment. Conflict arose between the physiotherapist and the nurse because the physiotherapist did not discuss the patient's condition with the nurse. The nurse was concerned that the patient may not have been able to tolerate the therapy. Both parties walked away as there was no agreement. The physician asked to discuss end-of-life care with the significant others of the patient. The nurse was shocked by this sudden decision. The physician and the nurse met with the significant others of the patient, who were informed that there was nothing more to be done. Various options were not discussed with the family. The distraught family were left with unanswered questions. The primary nurse felt very upset and verbalised her feelings to the team. The team did not discuss the situation, and every person went on with their day.

## **Identifying the antecedents and consequences**

Antecedents are described by Walker and Avant (1) as the determinants that should be present before the concept can be implemented or exist. Consequences include the outcomes of implementing or practicing the concept (39). People may be attracted or motivated to practice a concept if the consequences or outcomes are favourable. The antecedents and consequences of person-centredness and teamwork are discussed individually.

### *Person-centredness*

The antecedents of person-centredness include supportive organisational systems, professional competence, interpersonal skills, commitment to the job, shared values, respect and self-awareness.

Supportive organisational systems promote initiative, creativity and safety of people in the organisation. Person-centeredness is reinforced by a governance framework that promotes culture, values, communication, professional autonomy and accountability (26). Support systems include administrative, professional practice and professional development systems (26). Administrative support allows for flexible working, supportive management, adequate staffing and the use of specialised, qualified and prepared executives. Professional practice includes implementing practice models, focussing on autonomy and responsibility, and ensuring teaching. Professional development includes continued education of staff, adequate orientation and professional development to implement care. Staff and teams that feel supported show greater job satisfaction and loyalty towards the organisation and its patients (26). Effective organisational support systems indicate well thought through, evidence based practices that benefit the whole organisation (32,41). Inadequate organisational support systems prevent teams from implementing person-centred care. Organisational barriers include poor staffing ratios, workload and lack of training related to specific care (32).

Professional competence is an important antecedent of person-centredness. All members of the multidisciplinary team need to be competent in their respective specialities, which requires continuous development and training (32,41). Teams also require soft skills such as interpersonal skills, communication, conflict management and leadership (26,32,41). If some team members lack professional competencies or resources, competent team members are often required to take up the slack, which may lead to feelings of being overwhelmed.

Interpersonal skills refer to the ability of team members to communicate with each other and the patient. Team members need to be able to communicate with kindness and truth while staying true to the values of the team. Interpersonal skills include skills such as conflict management and ability to collaborate. Interpersonal skills are an important antecedent of person-centredness, which is impossible if we cannot form relationships. Interpersonal skills can be developed by team members through positive interactions

that promote collegiality (26,32). Teams cannot function as units if team members lack interpersonal skills (32).

To be person-centred, healthcare workers need to be committed to the job and focused on caring for their patients. Being committed to the job allows team members and teams to be resilient towards the process and the vision. Committed healthcare workers often show endurance (41). Commitment to the job is also an antecedent of teamwork, where commitment refers to the commitment of the team. If team members are not committed, the functionality of the team will deteriorate and team will not be able to work towards a shared vision (26,32).

Shared values are fundamental to person-centred practice. Team members should have shared values which dictate how they practice (26). Before person-centred practice can be implemented, teams must have clarity on their values and beliefs (42). Having shared values, allows teams to stay focused and aligned if circumstances get difficult. Teams with shared values also have a stronger connection and good relations (29,43). A lack of shared values leads to conflict and isolation of team members, which may breakdown the team's functionality (29,42).

Person-centred practice requires respect for people, including patients and fellow team members. People need to respect each other's worth, their choices, their dignity and values. We should respect other people, even if they are different. Respect is a fundamental principle that needs to be practiced and re-practiced (15,27,29). A team cannot function effectively unless all the team members respect each other. A lack of respect could lead to a breakdown in communication, reliance on each other and sharing of practices, which will hinder the achievement of anticipated outcomes (15).

Successful relationships, and hence person-centeredness, require self-awareness. Self-awareness relates to people knowing their strengths and weaknesses. People also need to be aware of how their own values and beliefs influence their ability to function in a team (29,32). People who are self-aware know how and where they fit into the team. Self-awareness can be developed and improved by creating a reflective environment. Without self-awareness, team members will not be able to develop their roles within the team which will lead to less cohesion (29,32).

The consequences of person-centredness include high quality care (27,48), job satisfaction (15,46), a hopeful work culture (41,48) and ultimately human flourishing (30).

Quality care refers broadly to ideal patient care. Quality care can be measured using various metrics including length of stay, 30 day mortality rate, patient clinical outcomes amongst others (47). In the person-centred context, quality care refers to holistic care, which is determined by both the patient and the healthcare provider (45). Person-centred care refers to care where people are at the centre of the care. These people refer to both

patients and healthcare workers, who all contribute to the quality of care. The quality of care also depends on the relationship between the perception and measurement of quality care by both the receiver and provider (27,32,48).

Person-centred care is associated with job satisfaction which benefits all stakeholders. Although person-centred care benefits patients in obvious ways, healthcare workers also benefit by experiencing greater job satisfaction. Healthcare providers feel heard, valued and are able to provide quality care. Increased job satisfaction leads to less attrition of staff and more stable teams (15,46).

Person-centredness also contributes to a hopeful work culture, because person-centred relationships recognise the uniqueness of each person (15,41). Human flourishing is a spiritual concept that allows the person to have deeper and more meaningful connections, feelings of happiness and being alive (30). Human flourishing is also associated with giving and receiving human kindness (45). Ultimately, workplaces should foster human flourishing (49) by creating conditions that allow people to have deep, meaningful connections and relations within the workplace (50).

### *Teamwork*

The antecedents of teamwork include establishing a team, mutual respect, shared vision, unified commitment and ability to lead.

Establishing a team is the first antecedent to teamwork. The team members need to know who all form part of the team. In healthcare, the size and composition of multidisciplinary teams is dynamic and will depend on the needs of the patient who is being treated (26).

Effective teamwork also depends on mutual respect between team members. Team members need to acknowledge and respect each other's values, beliefs, and professional contributions. Mutual respect will stabilize the team and help to resolve differences. Respecting that team members contribute in diverse ways also helps to strengthen the team (34,40,44). Similar to person-centredness, a lack of mutual respect will lead to a breakdown in team performance (15,34).

Effective teamwork requires unified commitment to a goal. Team members should be able to communicate and agree on a common goal, as well as agree on a strategy to reach that goal. Teams who share a common goal and are unified in their commitment will be more efficient (34,35,44).

A shared vision is an important antecedent for effective teamwork. Teams with a shared vision have direction and stability especially during challenging times. Teams with a shared vision are more open to exploring diversity and therefore more creative when seeking solutions (33,34,35).

Successful teams require strong leaders. Team leaders are responsible for directing team members' contributions towards the shared vision (25,34). Leadership in the team may be dynamic and determined by the task at hand. Teams without leaders may struggle to reach the goal of the team (25).

The consequences of teamwork include quality care, engaged healthcare teams and functional organisations (33,34,38).

Effective teamwork results in quality care, which results in improved health outcomes (33,40). Patients who experience improved health outcomes may be more willing to return to the same organisation for care, which leads to increased continuity and improved coordination of care (38). Effective teams share responsibility for care and each member contributes in their speciality, which ensures holistic care (33,38). Effective teams may be able to care for more patients.

Teamwork also results in engaged healthcare teams. In effective teams, each team member is empowered to confidently do their part in improving patient outcomes (34,56). All team members are encouraged and allowed to share in making decisions (26,51). Engaged healthcare teams are better at communicating with their patients (38,40). Team members also experience an increased sense of belonging if they are involved in making decisions and share unified goals (34). Engaged teams are more likely to make a concerted effort toward achieving positive outcomes (26).

Effective teamwork leads to improved organisational functionality, with less job stress, fewer medical errors, fewer unanticipated admissions, and reduced hospitalisation time and cost (6,40,52). The improved functionality associated with effective teamwork results in improved staff retention, reducing the need to recruit new staff, which is time consuming and costly for any organisation. Improved staff retention leads to improved relationships in multidisciplinary healthcare teams (34,40). Teams that have good relationships also tend to be more efficient, which saves time and resources (40).

### **Defining empirical referent**

Empirical referents help to identify and measure the concept. Empirical referents also demonstrate that the concept is tangible (1). Empirical referents do not offer an exact measurement of the concept, but rather indicate measurability (31). Many empirical referents exist for person-centeredness and teamwork as individual concepts. Slater et al., (53) developed the person-centred practice inventory. Teamwork can be measured using various instruments, including the Team Climate Inventory (54) and the TeamSTEPPS teamwork attitudes questionnaire (55). Dietz et al. (56) evaluated an instrument to measure team performance in ICU. Marsicano et al. (57) developed an instrument to assess the antecedents of teamwork process quality. These instruments and inventories all measure a specific aspect of either person-centredness or teamwork. We could not find any empirical referents for person-centred teamwork in the literature.

Although the two concepts are similar, we need a new tool to measure person-centred teamwork in healthcare settings.

### **Definition of the concept**

Based on the analysis and defining attributes of person-centredness and teamwork, we propose the following definition of person-centred teamwork:

Person-centred teamwork is a dynamic approach where healthcare professionals, patients and their significant others collaborate to meet the healthcare needs of the patient. Embedded in synergy, inclusivity and healthful relationships, the members recognise the uniqueness of each individual, allowing each team member to flourish and strive to attain optimal outcomes for all.

### **Discussion**

In this concept analysis of person-centred teamwork, we recognised that person-centredness and teamwork share similar antecedents, attributes and consequences. The analysis also highlighted differences between the two concepts. The differences complement the concept of person-centred teamwork. A discussion of the attributes, antecedents and consequences that support the concept of person-centred teamwork was done by the authors .

The attributes of person-centred teamwork, see , figure 2 recognising the uniqueness of all stakeholders, being relationship orientated, and striving for synergy and inclusivity. Individually, the concepts of person-centredness and teamwork shared these attributes. Both person-centredness and teamwork shared the attributes of recognising the uniqueness of people as well as being inclusive, which are both important to the process of shared decision making (29; 32). Effective person centred teamwork will require good communication and task interdependency, which relies on including all team members and recognising that each team member is unique and should be involved in the decision making process (25,33,36). Person centred teamwork also requires being relationship orientated and having synergy, two closely related concepts. Being relationship orientated preserves and strengthens the relationship between individuals, and results in synergies such as collaboration, cohesiveness and the ability to manage conflict (25,33).

The antecedents for person-centred teamwork, see figure 2, included shared antecedents for person-centeredness and teamwork. Person-centred teamwork can only occur if the stakeholders respect each other and share a unified commitment towards a goal. Certain unique antecedents for person-centredness and teamwork will also apply to person-centred teamwork. For example, effective teamwork relies on the presence of a competent team and a leader. Although competent teams and the presence of a leader were not explicitly stated amongst the antecedents of person-centredness certain

elements of person-centeredness are relevant to effective teamwork including professional competence, interpersonal skills and self-awareness (32,48).

The consequences of person-centred teamwork, see figure 2, include quality care, increased job satisfaction, a hopeful culture, engaged team members and improved organisational functionality. These consequences were shared between person-centeredness and teamwork. These consequences can be encapsulated in one term, namely human flourishing (30). Human flourishing describes benefits to the person as a whole, and includes physical, mental, emotional and spiritual wellbeing. Person-centred teamwork, if implemented and developed, will lead to the flourishing of the whole team.

ANTECEDENTS	ATTRIBUTES	CONSEQUENCES
<ul style="list-style-type: none"> <li>• Supportive organisational systems</li> <li>• Shared values</li> <li>• Shared vision</li> <li>• Commitment</li> <li>• Professional competence</li> <li>• Interpersonal skill</li> <li>• Self-awareness</li> <li>• Respect</li> <li>• Team</li> <li>• Leading</li> </ul>	<ul style="list-style-type: none"> <li>• Synergy</li> <li>• Relationship orientated</li> <li>• Inclusivity</li> <li>• Recognising the uniqueness of individual</li> </ul>	<ul style="list-style-type: none"> <li>• Quality of organisational functionality</li> <li>• Increased job satisfaction</li> <li>• Hopeful culture</li> <li>• Engaged team</li> <li>• Quality care</li> </ul>

**Figure 2:** Summary of the antecedents, attributes and consequences of person-centred teamwork

### Limitations of the study

Most of the articles referred to in this study were conducted in healthcare settings. Person-centred teamwork may present differently in other industries. A definition of person-centred teamwork was developed, that specifically refers to healthcare practice. The analyses of the concept did not address the measurement of person-centred teamwork. Only articles that were written and published in English were used and may have led to loss of information written in other languages.

### Conclusion

The authors conducted a concept analysis of person-centred teamwork to clarify and gain a better understanding of the concept. The authors identified the antecedents, attributes and consequences of person-centred teamwork. This concept analysis resulted in a definition of person-centred teamwork which allows for further development and research of the concept. The definition can be further refined through consensus and the constructs identified can be used to guide the development of a measurement



instrument. This concept analysis will promote improved practice and flourishing healthcare teams.

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