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Demands and Rewards of Working Within Multidisciplinary Teams in Pediatric Oncology: The Experiences of Canadian Health Care Providers

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Abstract

Pediatric oncology care in Canada is delivered by multidisciplinary teams consisting of healthcare providers with different areas of expertise. Limited information is available on how the multidisciplinary team influences jobrelated rewards, demands, and stress in pediatric oncology. A qualitative approach was adopted to learn about healthcare providers' experiences of working within a multidisciplinary team in pediatric oncology. Qualitative interviews were conducted with 33 healthcare providers (13 oncologists, 9 nurses, 5 social workers, and 6 child-life specialists) from four pediatric oncology centres. Topics explored included: demands and rewards associated with how the multidisciplinary team worked; description of one's area of expertise; and healthcare provider's responsibilities. Thematic analysis was used to identify sources of demands and rewards of working in a multidisciplinary team. Healthcare providers described rewards of working within a multidisciplinary team in three areas: sharing expertise and collaboration; giving and receiving social and emotional support; and being valued by and valuing team members. Healthcare providers discussed demands of working within a multidisciplinary team in four areas: interpersonal and communication tensions; conflicting views about providing care; role confusion, overlap and being undervalued; and hospital environment. These findings may inform interventions that alleviate healthcare provider stress and promote strategies that lead to greater job satisfaction.

Keywords

Pediatric Oncology, Burnout, Job Demands, Job Rewards, Multidisciplinary Team, Oncologists, Nurses, Social Workers, Child Life Specialists, Qualitative

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Demands and Rewards of Working Within Multidisciplinary Teams in Pediatric Oncology: The Experiences of Canadian Health Care Providers

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Pediatric oncology care in Canada is delivered by multidisciplinary teams consisting of healthcare providers with different areas of expertise. Limited information is available on how the multidisciplinary team influences job-related rewards, demands, and stress in pediatric oncology. A qualitative approach was adopted to learn about healthcare providers' experiences of working within a multidisciplinary team in pediatric oncology. Qualitative interviews were conducted with 33 healthcare providers (13 oncologists, 9 nurses, 5 social workers, and 6 child-life specialists) from four pediatric oncology centres. Topics explored included: demands and rewards associated with how the multidisciplinary team worked; description of one's area of expertise; and healthcare provider's responsibilities. Thematic analysis was used to identify sources of demands and rewards of working in a multidisciplinary team. Healthcare providers described rewards of working within a multidisciplinary team in three areas: sharing expertise and collaboration; giving and receiving social and emotional support; and being valued by and valuing team members. Healthcare providers discussed demands of working within a multidisciplinary team in four areas: interpersonal and communication tensions; conflicting views about providing care; role confusion, overlap and being undervalued; and hospital environment. These findings may inform interventions that alleviate healthcare provider stress and promote strategies that lead to greater job satisfaction. *Keywords: Pediatric Oncology, Burnout, Job Demands, Job Rewards, Multidisciplinary Team, Oncologists, Nurses, Social Workers, Child Life Specialists, Qualitative*

Introduction

Hospital-based pediatric oncology services in Canada are delivered by multidisciplinary teams (MDTs) that include health care providers (HCPs) from a range of disciplines with different areas of expertise. Collaboration of MDT members has emerged as the standard way of delivering care to children with cancer across the globe. Previous research has shown that a MDT approach is the most effective way to meet the needs of patients (McCallin, 2001, Catt, Fallowfield, Jenkins, Langridge, & Cox, 2005). A questionnaire mailed to 1016 HCPs in adult oncology in Ontario, Canada found that HCPs may experience high levels of stress, have considered leaving their job or decreasing their work hours, and may be at risk of burnout (Grunfeld, Whelan, Zitzelsberger, Willan, Montesanto, & Evans, 2000). A systematic review by Trufelli et al. (2008) found that the

prevalence of burnout is increased among cancer professionals across the world; while a literature review by Mukherjee, Beresford, Glaser, and Sloper (2009) found limited information on work-related stress and burnout in pediatric oncology staff. Given that many more children with cancer are surviving and are connected to the health care system longer, exploring the demands and rewards of working within a MDT is an important area of investigation.

Background

Burnout syndrome has been described as HCPs experiencing emotional exhaustion, psychological and emotional distancing, and reduced personal achievement, which evolves over time with repeated exposure to stressful work events (Maslach 1976; Maslach, Jackson, & Leiter, 1996; Penson, Dignan, Canellos, Picard, & Lynch, 2000; Italia, Favara-Scacco, Di Cataldo, & Russo, 2007). A stressful working environment has been linked to severe burnout syndrome for health care providers; one's ability to manage conflict may help to reduce stress (Schorr, 2009). Symptoms of burnout can be detrimental to MDT functioning and the delivery of care (Catt et al., 2005).

Staff members who care for children with cancer require different skills and expertise, and are required to work well together in order to modify interventions based on the child's status (Greenberg, Barrera, Nichol, Waterhouse, & Greenberg, 2004, Mukherjee et al., 2009), which may raise challenges for team functioning (Greenberg et al., 2004). To inform supportive interventions for staff members, a greater understanding of both the demands and rewards associated with working in a MDT is required from the perspective of team members in pediatric oncology (Mukherjee et al., 2009).

Authors' Interest in the Field of Pediatric Oncology

In this research endeavour, the first author, Dr. Sonia Gulati, a Postdoctoral Fellow at the time and an Occupational Therapist, is invested in helping to improve health service delivery for vulnerable groups, particularly immigrant families. Her postdoctoral work focused on understanding immigrant parents' experiences of caring for their child with cancer in the Canadian healthcare system. The second author, Dr. David Dix, a Clinical Associate Professor and Pediatric Hematologist/Oncologist, has a strong investment in the psychosocial impact of childhood cancer and improving the quality of health service delivery for children with cancer. The third author, Dr. Anne Klassen, an Associate Professor, has expertise in developing Patient-Reported Outcome (PRO) instruments to measure health and well-being in pediatric and adult patient groups. Dr. Klassen is actively involved in conducting research in the field of pediatric oncology. She is also the parent of a teenager who is a childhood cancer survivor. All authors were involved in analyzing the data for this project making important methodological decisions to focus the study.

The Study

Aim

The aim of our study was to better understand the demands and rewards of working within a MDT from the perspective of HCPs in pediatric oncology. Within the context of our study, the MDT was defined as HCPs with different areas of expertise who worked together to deliver care to children with cancer. MDT members who worked together on a regular basis formed the core of the team (e.g., doctors, nurses, social workers, child life specialists,

pharmacists, rehabilitation therapists, and nutritionists). Other health care providers and services (e.g., radiologists or anesthesiologists) within the hospital may be sought as needed for the child's treatment or care. This paper is part of a larger collaborative study designed to explore all sources of job demands and rewards experienced by Canadian pediatric oncology staff members.

Design

A qualitative approach including in-depth interviews was adopted to learn about HCPs' experiences of working within a MDT (see Table 1 for sample interview questions). The project was grounded within the constructivist/interpretive research paradigm in order to promote understanding of healthcare providers' experiences, perspectives, and the issues they consider to be important. Paradigms assist researchers in determining what is essential and how to approach daily research activities (Denzin & Lincoln, 2000; Lincoln & Guba, 1985). The interpretative paradigm was used to inform this study for the following reasons:

1) It promotes the understanding of multiple realities through naturalistic research methods, including interviewing key stakeholders in their "natural" work surroundings;
2) It aims to search for meanings and beliefs as they are created or constructed by key stakeholders; and
3) It supports the notion of subjectivity and individuality to describe experiences.

It is more likely that HCPs' will use information that they report as personally meaningful and important.

More specifically, aspects of a grounded theory approach (Charmaz, 2006) were used to guide the study. The intent of grounded theory is to construct theoretical insights from participants' experiences and perspectives, and to explain issues that are of relevance and importance to key participants. Participants were asked to describe frequent or occasional work-related demands and rewards that they had or were presently experiencing while working within a MDT. This paper is part of a larger study designed to explore all sources of work-related demands and rewards experienced by Canadian pediatric oncology HCPs from four centers which varied in terms of the model of service delivery. Two centres shared patient care where the physician on-service attended to all patients. The patient was assigned to a nurse case manager who was their primary contact. Two centres assigned patients to a primary oncologist who followed the patient throughout the treatment and/or made long-term management decisions. The child may be seen by another oncologist on-service during routine appointments and the patient may be linked to a nurse case manager.

Participants

Participants include 33 HCPs recruited from June 2009 to March 2010 from four (of 17) Canadian pediatric oncology centres (see Table 1 for participant characteristics). Our sample purposely consists of HCPs who varied by age, length of time working in pediatric oncology, discipline (i.e., doctor or fellows, nurses, social workers and child life specialists), and pediatric oncology centre. Given the nature of the speciality of pediatric oncology, it was difficult to obtain a gender balance for each discipline.

Table 1. Participant characteristics

Job Type	n (%)
Oncologist	10 (30.3)
Sub-specialty Residents (Fellows)	3 (9.0)
Nurse	9 (27.3)
Social Worker	5 (15.2)
Child Life Specialist	6 (18.2)
Gender	n (%)
Male	5 (15.2)
Female	28 (84.8)
Age	n (%)
30-39 years	16 (48.5)
40-49 years	10 (30.3)
50-59 years	5 (15.1)
60 years or more	1 (3.0)
Missing	1 (3.0)
Years in Pediatric Oncology	n (%)
Less than 5 years	7 (21.2)
5-9 years	9 (27.2)
10-19 years	11 (33.3)
20 years or more	6 (18.2)
Hospital	n (%)
Site 1	6 (18.2)
Site 2	7 (21.2)
Site 3	7 (21.2)
Site 4	13 (39.4)
Province	n (%)
BC	13 (39.4)
Ontario	20 (60.6)

Data Collection

Staff members participated in a semi-structured interview that was facilitated by an interview guide (see Table 2 for sample interview questions applicable to work-related demands and rewards experienced by multidisciplinary teams in pediatric oncology). Our interview guide was built on the findings from a literature review on job-related demands (Mukherjee et al., 2009). Participants were asked to describe work-related demands and rewards that they had personally experienced (or were experiencing) while working within a MDT. Participants were asked to highlight both frequent and occasional situations and issues that they found demanding or rewarding when working with team members or colleagues. Interviews were digitally recorded and transcribed verbatim. Interviews lasted approximately 45 minutes (range 26 to 62 minutes). Twenty-four interviews were conducted via telephone and 9 were face-to-face. Identifiable information was removed from interview transcripts.

Table 2: Sample interview questions applicable to work-related demands and rewards experienced by multidisciplinary teams in pediatric oncology

1. Introductory questions: Do you have you any particular area of expertise, or work with any particular groups of pediatric oncology patients? Do you supervise any other members of staff?
2. In regards to the multidisciplinary team that you work within, is there anything about the way the MDT is organized, managed or works together that is, or has been demanding? Rewarding?
3. Is there anything about the physical environment or setting in which you work which is demanding? Rewarding?
4. Is there anything about working within this wider hospital organization which is demanding? Rewarding?
5. In addition to what you have already told me are there any other job responsibilities (e.g., research, teaching, management) which can be demanding? Rewarding?

Data Analysis

Data collection and analysis occurred concurrently, which allowed the research team to periodically revise the interview guide in order to ask new participants to reflect on emerging themes and categories concerning the MDT. Using components of a grounded theory approach (Charmaz, 2006), transcripts were coded line-by-line to examine, compare and develop conceptual categories within the two pre-determined areas of "demands and rewards"; however, no pre-defined framework was applied to the data. Line-by-line coding was performed by two members of the research team. Initial line-by-line coding remained very close to the data, and involved using action words (i.e., words ending in –ing) to provide a more concise overview and understanding of the "line/statement" in the transcript. Team meetings were used to discuss codes, emerging categories, and coding discrepancies. Although coding discrepancies were minimal, they were addressed until consensus among research team members was established. The constant comparison method (Charmaz, 2006) was used to examine relationships across codes and categories, and to develop higher-level themes. Interviewing continued until no new overarching themes were emerging. Data were managed using NVivo 8 software (Qualitative Solutions Research International, 2008).

Validity and Reliability/Rigour

Primary methods to ensure the trustworthiness and rigour of this study included maintaining an audit trail, providing a rich/thick description, member checking within interviews and peer-debriefing with research team members; these methods have been described widely in the literature (e.g., Creswell, 1998; Krefting, 1991; Lincoln & Guba, 2005). Conducting data collection and analysis simultaneously allowed the research team to revise the interview guide in order to ask new participants to reflect on emerging themes and categories concerning the MDT. Team meetings were used to discuss codes, emerging categories, and coding discrepancies. Coding discrepancies were addressed until consensus among research team members was established.

Ethical considerations

Approval from the relevant ethics boards were obtained prior to commencing the study. A convenience sample of HCPs was sent an email that explained the study. HCPs who agreed to an audio-taped interview were asked to review and sign a consent form. A member of the research team contacted participants to schedule an interview.

Results

We sought the perspectives of the following HCPs: oncologists and fellows, nurses, social workers and child life specialists. Overall, participants found it rewarding to collaborate with colleagues to provide care to children with cancer. HCPs described the rewards of working within a MDT in three areas:

1) sharing of expertise and collaboration;
2) giving and receiving social and emotional support; and
3) being valued by and valuing team members.

Given the close collaborative relationship among MDT members, challenges arising within the MDT were inevitable. HCPs discussed the demands of working within a MDT in four areas:

1) interpersonal and communication tensions;
2) conflicting views regarding the provision of care;
3) role confusion, overlap and being undervalued; and
4) hospital environment.

Rewards of Working within a MDT

Sharing of Expertise and Collaboration

HCPs (20 of 33) expressed that the greatest benefit of working within a MDT was having access to the extensive knowledge and skills of colleagues. Sharing expertise and new information allowed HCPs to address diverse patient cases. Team members' level of training, years of experience, and familiarity with different types of cancers, were described as valuable resources.

> "You are talking about people that … have hundreds of years [of] experience combined. … And provide great care. It's great to have them at my fingertips." (Nurse)

HCPs (12 of 33) discussed the ease with which they could consult with MDT members about how to proceed with specific patient issues, which allowed them to achieve a holistic picture and different perspective of the needs of patients. HCPs acknowledged the contribution of external members of the MDT, including ethicists and nutritionists, whose assistance they sought to make decisions about the child's care and to respond to parent inquiries. Problem solving with MDT members was described as an important reward of working within a MDT.

> "As we work with families during their journey … I often sit down with other members of the team to … discuss things or problems that might arise … and how should we handle this as a team. [It's] rewarding to discuss those things … and to work that out." (Nurse)

No one individual was seen as having the entire range of expertise required to successfully care for a child with cancer. All team members played an instrumental and important role in delivering care to children. HCPs felt a sense of relief knowing that a team

was caring for the patient rather than any one individual or discipline.

> "It's a great sense of security that it's a team that's taking care of this family. … One person's abilities and talents are more needed in [certain] situations." (Social Worker)

Sharing and negotiating ideas allowed team members to feel more confident about the decisions being made, for example in terms of making adjustments to interventions.

> "I like having the support of being able to refer to all these different people for different aspects of child's care. … [N]ot having to be the nurse, the physiotherapist and the social worker all at the same time is wonderful." (Nurse)

Being able to rely on team members' expertise and skills was reported to make the job easier.

Receiving Emotional and Social Support

Many HCPs (15 of 33) reported that they appreciated having colleagues they could rely on for emotional support or advice when others had experienced similar emotionally stressful clinical and psychosocial situations.

> "[W]e sit together and talk about the patients once a week. … It's helpful to discuss problems. It's a way to relieve tension. … [T]hat's a huge reward … even if we can't really solve them, just the fact that other people feel the same way…" (Oncologist)

HCPs expressed that MDT members were able to provide the needed emotional support to one another, especially in difficult situations such as the death of a child. .

> "If it is a child that is not doing well, that's dying, it's obviously stressful for everybody and I find that talking to the other members of the team really helps." (Oncologist)

Receiving and providing emotional support from colleagues was also needed in relation to highly-sensitive meetings with families (e.g., disclosing a child's poor prognosis). At times, team members held debriefing sessions to discuss issues in order to relieve tension.

> "We do a lot of debriefing sessions and just provide the opportunity for everybody to get their feelings out, talk about what the issues are. … It's a good support system." (Nurse)

Debriefing with colleagues helped to lessen the stress that one may otherwise "carry home."

HCPs provided support both within the hospital setting (e.g., emotional support), and outside of work (e.g., during social gatherings). Several HCPs reported that the close relationship with MDT members led to the development of good friendships outside of work.

> "Here everyone is very cohesive and friends. … Like we just organized this night to go out to watch the fireworks and, yeah, it expands your circle of

> friends …" (Oncologist)

Being Valued by and Valuing Team Members

HCPs (11 of 33) reported that they valued their colleagues and found it rewarding to be valued by MDT members.

> "Everybody has their own job and we, they, appreciate what you do and they will call on you to help out or to … support [them] in something that they are doing." (Child Life Specialist)

HCPs appreciated when their role and contribution to the team was explicitly acknowledged by their colleagues, including receiving or being nominated for awards. Participants mentioned that they valued receiving positive feedback from their peers.

> "It's very rewarding working with people that acknowledge you. And that see your efforts as beneficial to the program." (Social Worker)

Mutual respect and recognition of one another's role and working towards a common goal led to more open communication about work-related matters among the MDT. HCPs felt more comfortable asking for assistance when their role within the MDT was valued.

> "There's a certain amount of professional respect amongst everybody; everyone realizes that they have something to contribute, and that they're welcome to contribute it." (Oncology Fellow)

Participants added how fortunate they felt to work alongside such committed MDT members.

> "You are working beside some of the brightest people in the world and some of the most committed and passionate people. … [T]hey teach you how to be a better person." (Social Worker)

Some HCPs highlighted how a lack of hierarchy within the MDT allowed the team to function more effectively. HCPs appreciated when colleagues were kind and respectful of one another and did not display egotistical personality characteristics.

> "I feel like everybody is more on an equal playing field and everybody recognizes the significance of someone else's role and what they have to add to the care of a child." (Nurse)

It was necessary to understand and respect the role of each MDT member in order for the team to be more efficient at addressing potential problems concerning patient care.

Demands of Working within a MDT

Dealing with Interpersonal and Communication Tensions

Many HCPs (15 of 33) found it demanding when team members did not communicate respectfully or when communication about patients was problematic. Nurses and child life specialists appeared to experience more challenges communicating with other MDT members

than other disciplines. Gaps in communication (e.g., failing to send emails to all necessary team members) was mentioned as stressful. Limited time and resources, and a heavy workload made it difficult for MDT members to address communication conflicts amongst themselves.

> “Where communication is not happening well about very complicated matters … how nuts you can make it for family? How easy it is to really cause suffering through poor communication among a team. … That communication team piece, when they are ineffective and insufficient … is the number one challenge.” (Social Worker)

HCPs (12 of 33) reported having trouble dealing with clashing personalities, including the challenge of working with people they disliked or team members who did not get along.

> “The test of our abilities is when we interact with people we don’t like very much -- who are really hard to be with. That’s a true challenge of doing good work.” (Social Worker)

Interpersonal conflicts, including HCPs’ gossiping and negative personality traits (e.g., pessimism), created tension among the team. HCPs disliked when certain disciplines’ perspectives were not considered.

Conflicting Views Regarding the Provision of Care

HCPs (13 of 33) emphasized that conflicting views regarding approaches to care were inevitable when different disciplines were required to work as a team. HCPs described it as demanding to navigate through different philosophies of care and opinions on how to proceed with care.

> “When there is more than one option and both options will probably be reasonable, people within the multidisciplinary team may differ on what the best approach should be.” (Oncologist)

It was described as challenging to integrate differing opinions into the child’s care plan.

> “You talk to one person and they list an opinion on the kid and then you talk to another person and they have a completely opposite opinion … how do you merge those opinions?” (Child Life Specialist)

HCPs disliked when team members were confrontational when enforcing their opinion. HCPs had to learn to adjust to the diverse beliefs of team members. HCPs emphasized that it was difficult when people failed to recognize that the focus should be on caring for the child.

Dealing with disagreements about patient care was demanding, especially when disagreements concerned end of life decisions or what the primary/long-term needs of the family should be. The large number of MDT members could make it difficult to reach consensus about patient issues. Conflicting views and disagreements created the potential for hierarchical-ordering of disciplines, especially when the physicians’ role or biomedical issues were viewed as more important than other disciplines’ work.

> “For the oncology meetings it’s very physician driven. They don’t really look

> at all the different disciplines in our rounds, unfortunately. … You really have to push to let them know that something is going on … because they are very self-centered sometimes." (Child Life Specialist)

Role Confusion, Overlap and Being Undervalued

Role confusion, conflict and overlap were identified by several HCPs (8 of 33) as important demands experienced within the MDT. Role overlap, when more than one discipline did the same task, was a source of frustration for MDT members.

> "The part that's demanding is … where there's overlap … because there's lots of conflict and friction and obviously we have to work that out as staff members." (Nurse)

Role overlap was particularly evident, for example, when social workers and nurses assumed similar responsibilities (e.g., accessing community resources). It was demanding for some HCPs when their role was misunderstood and they felt the need to constantly educate people of the scope of their position within the MDT.

HCPs expressed frustration when MDT members assumed tasks which they felt were outside the other MDT members' area of expertise or for which they were not adequately trained.

> "The number of team members that may step over their line of practice as far as child life, social work, and psychology [are concerned] because there is no actual task, medical or nursing task, it almost seems like free-range … when it's not always a great idea for other disciplines to be wandering in that area." (Social Worker)

Overlap in roles occasionally resulted because families were not always aware who to ask for help with certain issues and would ask the wrong staff members to assist with a task, or ask more than one person to do the same task. Questions were raised about whether work-related activities were being duplicated and families were sometimes confused about team members' roles.

Role confusion appeared to be most demanding for social workers, nurses and child life specialists. Occasionally, role confusion led to certain HCPs feeling undervalued.

> "Just the expectation that like at a drop of a dime we are going to be able to look after that child, they don't understand we have schedules and we have appointments." (Child Life Specialist)

Some HCPs felt their work was undervalued when medical issues frequently took priority over equally important psychosocial issues.

> "The psychosocial part of it is often put aside. And that's very important. … I think sometimes they are so focused on the body itself that the rest … they don't treat that. … [T]hey are really focused on the medical perspectives." (Child Life Specialist)

Hospital Environment Impacting MDT Function

The organization of the pediatric oncology department and hospital had an important impact on MDT functioning. MDT members have to work in collaboration with specialists located in different departments in the hospital (e.g., pharmacy). HCPs (25 of 33) identified working within a busy clinic in the midst of staff and resource shortages (e.g., fewer beds available for patients, less equipment, and limited clinic or office space) as an important demand for the MDT. This increased the workload of MDT members and sometimes caused delays in seeing patients.

> "Our job is doubled and of course the staff's hasn't. So it has more demands on you and you are still working with the same amount to people." (Child Life Specialist)

A noisy clinic environment and lack of space to work without distractions added to the stress experienced by some MDT members. Financial cut-backs made it challenging for the MDT to address the wide range of issues experienced by patients with cancer and their families.

> "Working for a big corporation …. [where] the bottom line [is] of making the budget work rather than … understand the hospital and know the people and know the patients and know what we're all busy doing here." (Oncologist)

Some HCPs felt frustrated when they represent their team's interests at hospital-based meetings yet little or nothing would be done to improve conditions regarding the organization and provision of care. It was challenging for MDT members when the hospital management would attempt to impose imperatives with minimal consultation with HCPs.

> "We seem to be having a lot of people outside of the department suddenly deciding on what the best practice is. … I mean a lot of the time it doesn't make common sense to me." (Nurse)

Finally, HCPs found it demanding when they were required to be a part of hospital-wide initiatives that were not particularly relevant to their role in helping children with cancer.

Discussion

Overall, HCPs in our study were pleased with how the MDT functioned. Sharing knowledge and expertise, receiving support, and valuing one's contribution were important rewards of working within a MDT. Previous research in adult and pediatric oncology have also described sharing patient care and emotional strain (Rohan & Bausch, 2009), discussing patient issues and not working in isolation (Penson et al., 2000), and sharing difficult experiences (Stenmarker, Palmerus, & Marky, 2009) as benefits of working within an MDT. Linder (2009) found that senior team members also tend to serve an important resource and source of encouragement. Working in MDTs that provide clinical and emotional support can help to reduce burnout in HCPs (Penson et al., 2000) and ameliorate compassion fatigue (Rohan & Bausch, 2009). Participants in our study reported that emotional and social support from MDT members helped to alleviate daily stressors, especially those associated with adverse circumstances such as working with children with a poor prognosis.

Research has highlighted that effective MDTs require a shared culture, common

goals, strong communication skills, mutual respect, and recognition of team members' contribution (Catt et al., 2005; Rohan & Bausch, 2009). HCPs in our study also reported that communicating effectively, "being on the same page," and being able to rely on the MDT were instrumental to successful MDT function. Thus, our participants found it especially demanding when communication was poor within the MDT, interpersonal challenges existed, conflicts occurred about clinical care of patients and families, and people's roles were devalued. Quality of teamwork has been identified as one factor influencing people's decision to leave a health profession (Estryn-Behar et al., 2007). Enhancing MDT communication has been associated with greater job satisfaction and the ability to solve problems, lowering perceived stress, and decreasing feelings of isolation (Schorr, 2009). Furthermore, some HCPs felt compelled to regularly educate the MDT about their role. Increased problems with role clarity have been linked to greater emotional exhaustion (Liakopoulou et al., 2008). Clarifying HCP roles and being inclusive of all MDT members may enhance team functioning (Penson et al., 2000).

Workplace empowerment and the hospital climate are important components of work effectiveness (Tourangeau, Widger, Cranley, Bookey-Bassett, & Pachis, 2009), and MDT functioning. At an organizational level, limited resources, budget cuts, clashing values, lack of control, high volume of work, and conflicting demands may lead to greater job stress (Grunfeld et al., 2000; Greenberg *et al*., 2004); while receiving recognition, opportunities for professional growth, and an equitable workplace may be sources of job satisfaction (Greenberg et al., 2004). Supporting equality in the workplace has been proposed as an important factor in promoting employee health and alleviating job stress (Fujishiro & Heaney, 2009). Although HCPs in our study reported stressful events at the level of the hospital and MDT, they seldom described experiencing symptoms of burnout such as decrease commitment to work or absenteeism, which have been reported in other literature (Greenberg et al., 2004).

MDT members' ability to recognize stressful conditions and respond collaboratively is vital for implementing effective coping strategies (Schorr, 2009). Maintaining a network of supportive relationships has been used by clinicians to cope with work-related stress (Rohan & Bausch, 2009). Recently, tools have been developed (e.g., the Work Stressors Scale-Paediatric Oncology and the Work Rewards Scale-Paediatric Oncology) to explore factors associated with work-related stress/burnout and to inform the development of interventions for HCPs (Mukherjee, Beresford, & Tennant, 2014).

Conclusion

Our study has several limitations. First, we acknowledge that other disciplines within the MDT play a fundamental role in delivering care to children with cancer. The perspectives of these HCPs may have provided a more comprehensive understanding of the demands and rewards of working within a MDT. Second, a gender imbalance existed in our sample as most MDT members that we interviewed were female; however, this imbalance reflects the nature of the workforce in pediatric oncology. Third, our participant sample was recruited from only four of the 16 pediatric oncology centres across Canada, but we interviewed MDT members working within different models of care and different sizes of centers.

For HCPs in our study, the rewards of working within a MDT appeared to help them cope with adverse work-related issues (e.g., death of a child; administrative stress). MDT members may benefit from learning strategies targeted at long-term team building skills and recognizing when they or their fellow colleagues show signs of stress or burnout in order to address issues before they escalate.

A systematic review of burnout in cancer professionals has raised questions about

how certain professional groups may be subject to different stressors (Trufelli *et al*., 2008). Further research may explore (i) how length of time working in a MDT and how working within a specific discipline influences the demands and rewards reported by MDT members, and (ii) how the hospital environment can support the collective health of MDT members.

References

Catt, S., Fallowfield, L., Jenkins, V., Langridge, C., & Cox, A. (2005). The informational roles and psychological health of members of 10 oncology multidisciplinary teams in the UK. *British Journal of Cancer, 93*, 1092-1097.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London, England: Sage.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* Thousand Oaks, CA: Sage.

Denzin, N. K., & Lincoln, Y. S. (2000). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 1-28). Thousand Oaks, CA: Sage.

Estryn-Behar, M., Van der Heijden, B. I. J. M., Oginska, H., Camerino, D., Le Nézet, O., Conway, P. M.,… Hasselhorn, H. M. (2007). The impact of social work environment, teamwork characteristics, burnout, and personal factors upon intent to leave among European nurses. *Medical Care, 45*(10), 939-950.

Fujishiro, K., & Heaney, C. A. (2009). Justice at work, job stress, and employee health. *Health Education & Behavior, 36*(3), 487-504.

Greenberg, C. M., Barrera, M., Nichol, E., Waterhouse, L., & Greenberg, M. L. (2004). Recognition, prevention, and remediation of burnout in pediatric oncology staff. In *Supportive care of children with cancer: Current therapy and guidelines from the children's oncology group* (3rd ed., pp. 354-369). Baltimore, MD: The Johns Hopkins University Press.

Grunfeld, E., Whelan, T. J., Zitzelsberger, L., Willan, A. R., Montesanto, B., & Evans, W. K. (2000). Cancer care workers in Ontario: Prevalence of burnout, job stress and job satisfaction. *Canadian Medical Association Journal, 163*(2), 166-169.

Italia, S., Favara-Scacco, C., Di Cataldo, A., & Russo, G. (2007) Evaluation and art therapy treatment of the burnout syndrome in oncology units. *Psycho-Oncology, 17*, 676-680.

Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy, 45*(3), 214-222.

Liakopoulou, M., Panaretaki, I., Papadakia, V., Katsika, A., Sarafidou, J., Laskari, H., . . . Haidas, S. (2008). Burnout, staff support, and coping in pediatric oncology. *Supportive Care in Cancer, 16*, 143-150.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.

Linder, L. (2009). Experiences of pediatric oncology nurses: The first year of hire. *Journal of Pediatric Oncology Nursing, 26*(1), 29-40.

Maslach, C. (1976). Burned-out. *Human Behaviour, 5*, 16-22.

Maslach, C., Jackson, S., & Leiter, M. (1996). *Maslach burnout inventory manual* (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.

McCallin, A. (2001). Interdisciplinary practice–a matter of teamwork: An integrated literature review. *Journal of Clinical Nursing, 10*, 419-428.

Mukherjee, S., Beresford, B., Glaser, A., & Sloper, P. (2009). Burnout, psychiatric morbidity, and work-related sources of stress in paediatric oncology staff: A review of the literature. *Psycho-Oncology, 18*(10), 1019-1028.

Mukherjee, S., Beresford, B., & Tennant A. (2014). Staff burnout in paediatric oncology: New tools to facilitate the development and evaluation of effective interventions. *European Journal of Cancer Care*. Advance online publication. doi: 10.1111/ecc.12176.

Penson, R. T., Dignan, F. L., Canellos, G. P., Picard, C. L., & Lynch, T. J. Jr. (2000). Burnout: Caring for the caregivers. *The Oncologist, 5*, 425-434.

Qualitative Solutions Research International. (2008). Nvivo 8 [Software]. Australia: QSR International.

Rohan, E., & Bausch, J. (2009). Climbing Everest: Oncology work as an expedition in caring. *Journal of Psychosocial Oncology, 27*, 84-118.

Schorr, C. (2009). Planes, trains, and the intensive care unit: The impact of stress on the multidisciplinary team. *Critical Care Medicine, 37*(4), 1494-1495.

Stenmarker, M., Palmerus, K., & Marky, I. (2009). Stress-resilience capacity of pediatric oncologists: A Swedish nationwide and population-based study of motivation, emotional distress, and overall life satisfaction. *Pediatric Blood and Cancer, 52*, 503-509.

Tourangeau, A. E., Widger, K., Cranley, L. A., Bookey-Bassett, S., & Pachis, J. (2009). Work environments and staff responses to work environments in institutional long-term care. *Health Care Manage Review, 34*(2), 171-181.

Trufelli, D. C., Bensi, C. G., Garcia, J. B., Narahara, J. L., Abrão, M. N., Diniz, R. W.,… Del Giglio, A. (2008). Burnout in cancer professionals: A systematic review and meta-analysis. *European Journal of Cancer Care, 17*, 524-531.

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