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**POSTER ABSTRACT****Interdisciplinary Teamworking in Rehabilitation: Key learnings and perceived challenges to change from healthcare professionals at a National Rehabilitation Hospital**23<sup>rd</sup> International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023Lauren Christophers<sup>1</sup>, Zsofia Torok<sup>1</sup>, Catherine Cornall<sup>2</sup>, Aoife Henn<sup>2</sup>, Clare Hudson<sup>2</sup>, Theresa Whyte<sup>2</sup>, Aine Carroll<sup>1</sup>

1: National Rehabilitation Hospital/University College Dublin, Ireland

2: National Rehabilitation Hospital, Ireland

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In Ireland interdisciplinary healthcare teams have been recognised as a key component of integrated care and research recognises importance of teamwork for patient care and safety (Leonard, 2004; Manser, 2009; Forse et al., 2011; Sacks et al., 2015). Within rehabilitation care, teamwork is essential in addressing complex health challenges such as chronic impairments, co-morbidities and more complex problems (Ouwens et al., 2005; Wade, 2015). Yet research on teamwork in non-acute settings is far behind that of acute settings (Miller et al., 2018). In rehabilitation, healthcare teams naturally include a wide range of professions, from multiple disciplines (Wade, 2016), often in a multidisciplinary approach with different professions focused on different goals (Koroner, 2010). Little is known about how rehabilitation teams can optimise communication, work together to create common goals and effectively function as an interdisciplinary team. The complexity of creating this type of change and shifting to new models of teamwork is captured in this study, which details the efforts of a self-organised “grassroots” group of healthcare professionals who created and implemented an interdisciplinary teams framework within a national rehabilitation hospital. A focus group was utilised to capture the shared lived experience of the participants and thematic analysis with a critical approach (Braun & Clarke, 2006) was selected as an appropriate method for the purposes of constructing latent themes around key challenges and perceived barriers to change. Participants described resistance to shifting to an IDT model of care as stemming from cultural issues of hierarchy, power and control, disciplinary loyalty and identity. Key learnings are drawn from these experiences to form recommendations for organisational efforts to shift to interdisciplinary and transdisciplinary ways of working. This study is part of a larger action research project, and embedded academic researchers worked collaboratively with the participants as co-researchers to design this study and others focused on teamwork. The co-research team deemed this study's topic a priority due to its potential significance for other healthcare professionals seeking to create change and collaborative working in their organisations.