

Experiences and shared meaning of teamwork and interprofessional collaboration among health care professionals in primary health care settings: a systematic review

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EXECUTIVE SUMMARY

Background

During the last decade, teamwork has been addressed under the rationale of interprofessional practice or collaboration, highlighted by the attributes of this practice such as: interdependence of professional actions, focus on user needs, negotiation between professionals, shared decision making, mutual respect and trust among professionals, and acknowledgment of the role and work of the different professional groups. Teamwork and interprofessional collaboration have been pointed out as a strategy for effective organization of health care services as the complexity of healthcare requires integration of knowledge and practices from different professional groups. This integration has a qualitative dimension that can be identified through the experiences of health professionals and to the meaning they give to teamwork.

Objective

The objective of this systematic review was to synthesize the best available evidence on the experiences of health professionals regarding teamwork and interprofessional collaboration in primary health care settings.

Inclusion criteria

Types of participants

The populations included were all officially regulated health professionals that work in primary health settings: dentistry, medicine, midwifery, nursing, nutrition, occupational therapy, pharmacy, physical education, physiotherapy, psychology, social work and speech therapy. In addition to these professionals, community health workers, nursing assistants, licensed practical nurses and other allied health workers were also included.

Phenomena of interest

The phenomena of interest were experiences of health professionals regarding teamwork and interprofessional collaboration in primary health care settings.

Context

The context was primary health care settings that included health care centers, health maintenance organizations, integrative medicine practices, integrative health care, family practices, primary care organizations and family medical clinics. National health surgery as a setting was excluded.

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There is no conflict of interest in this project.

DOI: 10.11124/JBISRIR-2016-003016

Types of studies

The qualitative component of the review considered studies that focused on qualitative data including designs such as phenomenology, grounded theory, ethnography, action research and feminist research.

Search strategy

A three-step search strategy was utilized. Ten databases were searched for papers published from 1980 to June 2015. Studies published in English, Portuguese and Spanish were considered.

Methodological quality

Methodological quality was assessed using the Qualitative Assessment and Review Instrument developed by the Joanna Briggs Institute. All included studies received a score of at least 70% the questions in the instrument, 11 studies did not address the influence of the researcher on the research or vice-versa, and six studies did not present a statement locating the researcher culturally or theoretically.

Data extraction

Qualitative findings were extracted using the Joanna Briggs Institute Qualitative Assessment and Review Instrument.

Data synthesis

Qualitative research findings were pooled using a pragmatic meta-aggregative approach and the Joanna Briggs Institute Qualitative Assessment and Review Instrument software.

Results

This review included 21 research studies, representing various countries and healthcare settings. There were 223 findings, which were aggregated into 15 categories, and three synthesized findings:

- i. The health professional's experience of teamwork and interprofessional collaboration process is based on daily practices triggered by users' needs, and include integration, trust, respect, openness to collaboration, a feeling of belonging, humility, and time to listen and talk. Teamwork and interprofessional collaboration require communication and sharing to ensure frequent contact and sociability, appreciation and knowledge of different practices and professional roles, especially in complex cases, and shared leadership to deal with conflicts and tensions.
- ii. The health professional's experience with conditions and consequences of teamwork and interprofessional collaboration shows the importance of a care philosophy guided by the connection with the patient and family. This is especially evident in the papers dealing with the Brazilian Family Health Program. This generates gains in collaborative care such as continuity of action, improvement in relations, time saving and continual learning. Teamwork is a practice facilitated by individual and collective initiatives in the areas of labor and management, although there are still structural, ideological, organizational and relational barriers.
- iii. The health professional's experience of teamwork and interprofessional collaboration is determined by the biomedical paradigm, social division of labor, provision of services in the referral network, and specific training in teamwork through undergraduate study and in the workplace.

Conclusions

This review shows that health professionals experience teamwork and interprofessional collaboration as a process in primary health care settings; its conditions, consequences (benefits and barriers), and finally shows its determinants. Health providers face enormous ideological, organizational, structural and relational challenges while promoting teamwork and interprofessional collaboration in primary health care settings. This review has identified possible actions that could improve implementation of teamwork and interprofessional collaboration in primary health care.

Keywords experience; Health care professionals; primary health care; qualitative; teamwork

JBIR Database System Rev Implement Rep 2017; 15(11):2723–2788.

ConQual Summary of Findings

<p>Systematic review title: Experiences and shared meaning of teamwork and interprofessional collaboration among health care professionals in primary health care settings: a systematic review. Population: All officially regulated health professionals that work in primary health settings. Phenomena of interest: Experiences of health professionals regarding teamwork and interprofessional collaboration in the primary healthcare settings. Context: Primary health care settings.</p>				
Synthesized finding	Type of research	Dependability	Credibility	ConQual score
The health professional’s experience of teamwork and the interprofessional collaboration process is based on daily practices triggered by users’ needs and includes integration, trust, respect, openness to collaboration, a feeling of belonging, humility, time to listen and talk. Interprofessional collaboration requires communication and sharing of work-spaces to ensure frequent contact and sociability, appreciation and knowledge of different practices and professional roles, especially in complex cases, and shared leadership to deal with conflicts and tensions	Qualitative	Downgrade 1 level [*]	Downgrade 1 level ^{**}	Low
The health professional’s experience with conditions and consequences of teamwork and interprofessional collaboration shows the importance of a care philosophy guided by the connection with the patient and family. This is especially evident in the papers dealing with the Brazilian Family Health Program. This generates gains in collaborative care: as continuity of action, improvement in relations, time saving and continual learning. Teamwork is a practice facilitated by individual and collective initiatives in the areas of labor and management, although there are still structural, ideological, organizational and relational barriers.	Qualitative	Downgrade 1 level [*]	Downgrade 1 level ^{**}	Low
The health professional’s experience of teamwork and interprofessional collaboration is determined by the biomedical paradigm, social division of labor, provision of services in the referral network and counter reference, and specific training in teamwork during undergraduate study and in the workplace. This synthesized finding consists of four categories.	Qualitative	Downgrade 1 level [*]	Downgrade 1 level ^{**}	Low

^{*}Downgraded one level due to common dependability issues across the included primary studies (the majority of studies had no statement locating the researcher and no acknowledgment of their influence on the research).

^{**}Downgraded one level to a mix of unequivocal and credible findings.

Background

Teamwork in primary health care settings involves workers from different professional groups responding to a wide range of health needs. Literature indicates that teamwork is especially necessary due to the increasing number of healthcare disciplines and shortage of human resources, particularly, medical doctors.^{1,2}

In the last decade, teamwork has been addressed under the rationale of interprofessional practice or collaboration,³⁻⁷ characterized by: focus on users' needs,^{3,5,7} shared aim and common objectives,^{3,5,6,8-10} complementary skills and interdependence of professionals actions,^{6,8,9} negotiation between professionals,^{3-6,11} shared decision making,^{6,10} shared accountability for the results or outcomes,^{6,8-10} mutual respect and trust among professionals,^{3-5,7,11} and acknowledgment of the role and work of the different professional groups.^{3-5,11}

Teamwork and interprofessional collaboration have been pointed out as an effective adequate strategy for the adequate organizing of health services, since the complexity of health care requires the integration of knowledge and practices of different professional groups.^{6,12-14}

A quantitative systematic review developed to verify the effects of interprofessional collaboration on healthcare outcomes included only five randomized controlled trials over the duration of the study. The conclusion of this review stated the following¹⁵;

“The review suggests that practice-based interprofessional care interventions can improve healthcare processes and outcomes, but due to the limitations in terms of the small number of studies, sample sizes, problems with conceptualising and measuring collaboration, and heterogeneity of interventions and settings, it is difficult to draw generalisable inferences about the key elements of interprofessional collaboration and its effectiveness.”^{15(p.8)}

The authors of that review¹⁵ emphasized the imprecision in the terminology and the problems in conceptualizing of the interprofessional collaboration as limitations to their study. These limitations compromise the generation and generalization of evidence on the usefulness of collaborative practice in teams. The authors of that review¹⁵ also pointed out the necessity of developing a greater conceptual precision in the research, and that it was necessary to develop qualitative studies focusing on teamwork and collaborative interprofessional practice.

Among qualitative studies, several dimensions characterize teamwork and interprofessional collaboration. Reeves *et al.*⁷ identified four domains that influence teamwork: relational, processual, organizational and contextual. The relational domain includes factors such as professional power and socialization, the processual domain includes space and time, the organizational domain includes professional representation and fear of litigation, and the contextual domain includes the broader social, political and economical landscape.

D'Amour *et al.*⁵ and Martin-Rodriguez *et al.*⁴ refer to determinants of teamwork that include: interaction factors, which relate to the interpersonal relationship between team members; organizational factors which relate to working conditions within institutions, and systemic factors that are elements external to work institutions, such as cultural, educational and professional systems. According to such determinants, the members' predisposition for interprofessional work may configure the different integration levels of the teams on daily health care settings.^{5,16-18}

These different levels of integration among health professionals in health services can be better understood through the experience of teamwork revealed by health providers. Therefore, this systematic review aimed to synthesize the best evidence available on the experiences of health professionals regarding teamwork and interprofessional collaboration in primary health care settings.

Searches in the *JBIR Database of Systematic Reviews and Implementation Reports*, Cochrane Library, Campbell Collaboration Library, Ovid SP and Bandolier indicated no quantitative or qualitative systematic review on this phenomena of interest and context. Instead there were a scoping review,¹⁹ an integrative literature review²⁰ and a systematic review in chronic care²¹ about interprofessional collaborative practice and teamwork.

This review was conducted according to an *a priori* published protocol.²²

Objective

The objective of this systematic review was to synthesize the best evidence available on the experiences of health professionals regarding teamwork and interprofessional collaboration in primary health care settings.

Inclusion criteria

Types of participants

The populations included were all officially regulated health professionals that work in primary health settings in: dentistry, medicine, midwifery, nursing, nutrition, occupational therapy, pharmacy, physical education, physiotherapy, psychology, social work, speech therapy. Community health workers, nursing assistants, licensed practical nurses and other allied health workers were also included.

Phenomena of interest

The phenomena of interest were experiences of health professionals regarding teamwork and inter-professional collaboration in the primary healthcare settings.

Context

The context was primary health care settings that included health care centers, health maintenance organizations, integrative medicine practices, integrative health care, family practices, primary care organizations and family medical clinics. National health surgery as a setting was excluded.

Types of studies

The qualitative component of the review considered studies that focused on qualitative data including designs such as phenomenology, grounded theory, ethnography, action research and feminist research.

Search strategy

The search strategy aimed to find both published and unpublished studies. A three-step search strategy was utilized in this review. An initial limited search of MEDLINE, using PubMed, and CINAHL was undertaken followed by analysis of the text words contained in the title and abstract, and of the index terms used to describe the article. A second search, using all identified keywords and index terms, was undertaken across all included databases. Thirdly, the reference list of all identified reports and articles was searched for additional studies. Studies published in English, Portuguese, Spanish and French were considered for inclusion in this review. Studies published between 1980 and June 2015 were considered for inclusion in this review. This period was justified by previous research made by our research group, which indicated that the first studies about this topic were published in 1980s.

The databases searched included: Web of Science, Scopus, CINAHL, PsycINFO, Embase, Eric, PubMed (including MEDLINE), Lilacs, ScienceDirect, Google Scholar.

Initial keywords to be used were: primary health care professionals; patient care team; health personnel; multidisciplinary care team; interprofessional team; experience; perception; meaning; conceptions; understandings; teamwork; collaboration; interprofessional collaboration; community health center; primary health care settings; health centers; primary health care. The full search strategy is provided in Appendix I.

Method of the review

Qualitative papers selected for inclusion were assessed by two independent reviewers (CS and MCS) for methodological validity prior to inclusion in the review. The team used standardized critical appraisal instruments from the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI) (Appendix II), after which, the five reviewers discussed the results of the appraisal. Any disagreements that arose between the reviewers were resolved through discussion, or with a third reviewer.

Data extraction

Qualitative data were extracted from papers included in the review using the standardized data extraction tool from JBI-QARI.²² The data extracted included specific details about the interventions, populations, study methods and outcomes of significance to the review question and specific objectives.

Data synthesis

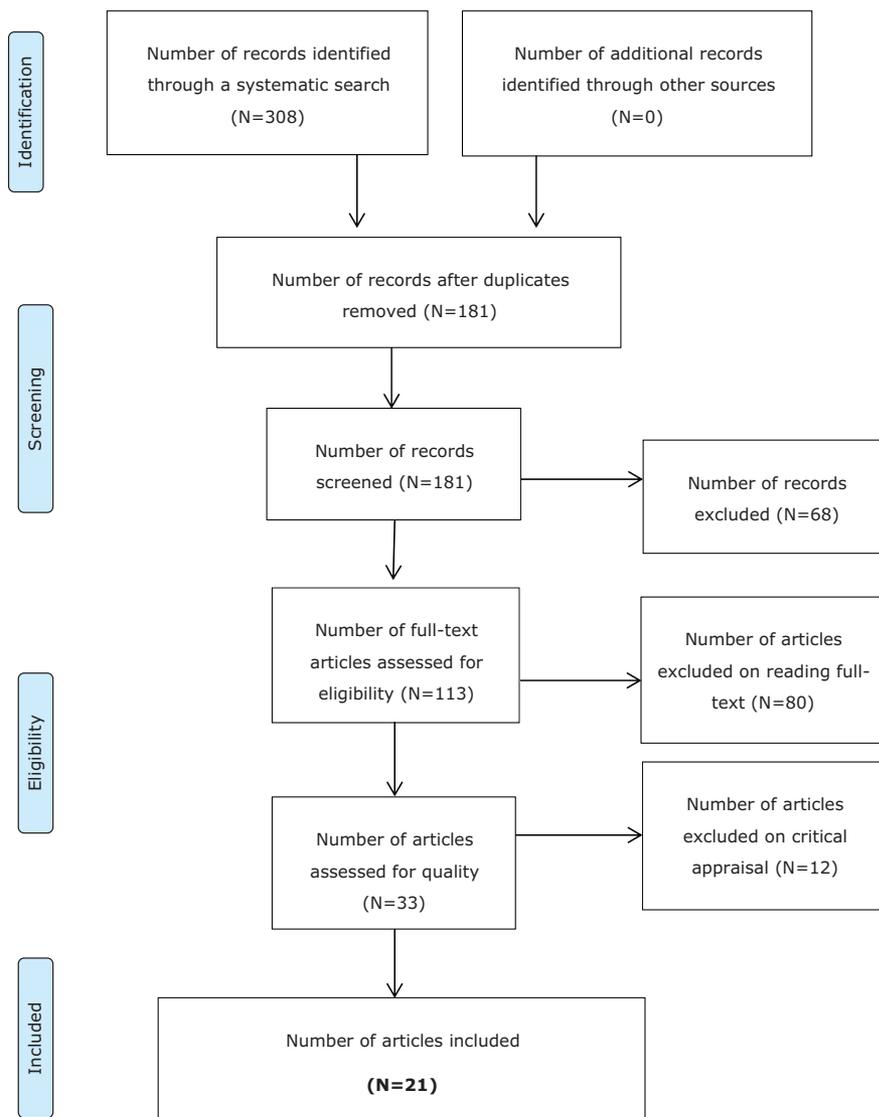
Qualitative research findings were, where possible, pooled using JBI-QARI. This involved the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings rated according to their quality, and categorizing these findings on the basis of similarity in meaning. These categories were then subjected to a meta-synthesis in order to produce a single comprehensive set of synthesized findings that could be used as a basis for evidence-based practice. Where textual pooling was not possible the findings were presented in narrative form.

Results

Search results

Following a comprehensive literature search (Figure 1), a total of 308 titles were identified (38 from Web of Science, 72 from Scopus, 67 from PubMed, 44 from CINAHL, 16 from LILACS, seven from Embase, 40 from PsycINFO, six from ERIC and 18 from Science Direct). There were 127 duplicates identified, leaving 181 titles that were screened by title and abstract. From these, 113 were identified

for full-text retrieval. After reading the full text, 33 papers were assessed for quality and 12 were excluded due to the absence of details for the assessment of eligibility (insufficient and unclear methodological approach, insufficient and unclear approach to the teamwork experience, voices of the professionals not adequately represented, unclear population and setting) (Appendix III). This left 21 articles eligible for inclusion in the review.²³⁻⁴³



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(6): e1000097.

Figure 1: Flow chart of the study and inclusion selection process

Description of included studies

This review included 21 research studies.²³⁻⁴³ Appendix IV shows the characteristics of the included studies. All included papers were published from 2001 to 2013. The included studies represented a wide range of countries, regions and continents. Of the 21 studies, six were from Brazil,^{28,33,36-38,41} five from Canada,^{23,27,29,34,42} two from USA,^{24,43} two from Ireland,^{25,35} two from New Zealand,^{39,40} two from Sweden,^{30,32} one from Lithuania³¹ and one from Australia.²⁶

The studies used phenomenology³⁶; ethnography,⁴³ case study,^{29,30,34,38} biopsychosocial theory and feminist ecological framework,²⁴ critical incident technique,³² grounded hermeneutic approach,⁴² theory of social representations⁴¹ and mixed-methods.²⁷ In regards to methodology, 12 studies used interviews,^{23,28-30,32-34,36,38-40,43} eight focus groups^{24-27,31,35,37,42} and one discourse of collective subject.⁴¹

Different settings were presented: public,^{32,34,36-38} private,⁴³ both public and private,³¹ urban,^{39,40}

rural,²³ both urban and rural,^{25,29,31} and there were seven primary care services with family health teams.^{28,29,33,34,36-38} In relation to participants, studies included: physicians, nurses and auxiliaries, pharmacists, dietitians, social workers, psychologists, dentists, health care agents, staff and allied professionals.²³⁻⁴³

Methodological quality

All papers assessed for quality were included in the review (Table 1). There was variation in the quality of included studies, although no study score a “yes” in less than seven out of the 10 questions. A little more than half of the studies did not address the influence of the researcher on the research or vice-versa,^{24-26,28,29,32,33,36,37,42,38} indicating that this was not a focus in the studies. Also, six studies^{25,28-30,37,42} did not present a statement locating the researcher culturally or theoretically, indicating the need to consider this aspect when publishing the results.

Table 1: Quality assessment of included studies

Citation	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Score
Pullon,Mckinlay, Dew(2009) ³⁹	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
Todahl et al. (2006) ⁴³	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	9
Bruner, Davey (2011) ²⁴	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	9
Burke, O’neil (2010) ²⁵	Y	Y	Y	Y	Y	N	N	Y	Y	Y	8
Filgueiras, Silva (2011) ²⁸	Y	Y	Y	Y	Y	N	N	Y	Y	Y	8
Loch-Neckel et al. 2009) ³³	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	9
Pedrosa, Teles (2001) ³⁷	Y	Y	Y	Y	Y	U	N	Y	N	Y	7
Kvarstrom (2008) ³²	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	9
Sargeant, Loney, Murphy (2008) ⁴²	Y	Y	Y	Y	Y	N	N	Y	Y	Y	8
Bailey, Jones (2006) ²³	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
Drummond (2012) ²⁷	U	Y	Y	Y	Y	Y	Y	Y	Y	Y	9
Goldmann (2010) ²⁹	U	Y	Y	Y	Y	N	N	Y	Y	Y	7
Cioff (2010) ²⁶	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	9
Pereira, Riveira, Artmann (2013) ³⁸	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	9
O’neill, Cowmann (2008) ³⁵	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
Pulon et al. (2011) ⁴⁰	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
MacNaughton, Chreim, Bourgeault (2013) ³⁴	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
Oliveira, Spiri (2006) ³⁶	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	9
Reis, Andrade (2008) ⁴¹	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
Jaruseviciene et al. (2013) ³¹	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
Hansson (2008) ³⁰	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9

N, no; U, unclear; Y, yes.

Findings of the review

There were 223 findings (Appendix V): 208 unequivocal, 14 credible and one unsupported. These findings were aggregated into 15 categories (Appendix VI), which were meta-aggregated into three synthesized findings (Table 2). These are described in detail below.

Synthesized finding 1

The health professional’s experience of teamwork and the interprofessional collaboration process is based on daily practices triggered by users’ needs and includes integration, trust, respect, openness to collaboration, a feeling of belonging, humility, time to listen and talk. Interprofessional collaboration requires communication and sharing of workspaces to ensure frequent contact and sociability, appreciation and knowledge of different practices and professional roles, especially in complex cases, and shared leadership to deal with conflicts and tensions.

This synthesized finding consists of seven categories.

i. Attitudes and beliefs

The attributes of working in teams are: understanding and appreciating what is teamwork, communication, confidence, humility, sense of belonging, shared responsibility, and time to listen and talk. These attitude and beliefs were shared by different professionals:

“So, teamwork is you doing your activities, but always consulting and interacting with other professionals to community well-being of the population.” (dentist) (p.331)³⁸

“To work as a team you must have a common goal, be willing to make your part well-made in pursuit of this objective, and a little humility to recognize that you do not know everything, that will not solve everything alone, enjoy collaboration.” (doctor) (p.332)³⁸

Table 2: Categories and synthesized findings

Categories	Synthesized finding
Attitudes and beliefs Roles and responsibilities Practice Communication Space Conflicts Leadership	The health professional’s experience of teamwork and the interprofessional collaboration process is based on daily practices triggered by users’ needs and includes integration, trust, respect, openness to collaboration, a feeling of belonging, humility, time to listen and talk. Interprofessional collaboration requires communication and sharing of workspaces to ensure frequent contact and sociability, appreciation and knowledge of different practices and professional roles, especially in complex cases, and shared leadership to deal with conflicts and tensions.
Facilities Benefits Barriers Philosophies of care	The health professional’s experience with conditions and consequences of teamwork and interprofessional collaboration shows the importance of a care philosophy guided by the connection with the patient and family. This is especially evident in the papers dealing with the Brazilian Family Health Program. This generates gains in collaborative care: as continuity of action, improvement in relations, time saving and continual learning. Teamwork is a practice facilitated by individual and collective initiatives in the areas of labor and management, although there are still structural, ideological, organizational and relational barriers.
Referral Education and training Working determinants Biomedical paradigm	The health professional’s experience of teamwork and interprofessional collaboration is determined by the biomedical paradigm, social division of labor, provision of services in the referral network and counter reference, and specific training in teamwork during undergraduate study and in the workplace.

ii. Roles and responsibilities

Teamwork requires recognition of the members' roles, which requires a willingness to understand and respect the specific work of the various professionals and rethinking traditional practices in order to handle complex cases of professional health care (PHC). Examples:

"We need to have mutual respect for each other. . . We need to have an understanding of each other's roles and. . . what people are capable of." (PN 2) (p.132)⁴⁰

"You know we really had to work at what's the role and how are we going to manage having various people do various tasks. So it took a while really for us to kind of sort that thing through. So I think that we're part of defining the tasks of each team as best we can so that they work at the top of their scope of practice and principle being having the right person doing the right thing on time." (Physician 1) (p.e455)²⁷

iii. Practice

Teamwork is daily practice and involves integration, synergy, availability, reliability, balance between autonomy and interdependence of professions, collaboration, and responding to the patient's integral care needs. However, making joint decisions, in practice, it is a hard task. Examples:

"Each member of the team has got different skills to offer, and they complement each other. . . you've got to use your team skills to provide the best service for those patients' needs. . . if you all work together, you can often find things that are useful to that individual patient. . ." (GP2) (p.133)⁴⁰

"I really rely heavily on the other people that work here. . . I often share my findings on a patient with other colleagues or they share with me." (NP) (p.5)³⁴

"I feel like collaboration happens. . . when I have a complicated patient particularly if they have lots of needs that affect what I'm doing with them but that required something that I can't provide so they really have a problem that has multidisciplinary needs." (p.161)²⁴

iv. Communication

Communication is necessary for teamwork and the realization of interdisciplinary environments. It involves: being open, understanding that it is necessary to listen and talk, informal meetings and frequent meetings, common language of the team,

explaining to others what is happening, discussion of cases and treatment ideas, recognition of the limits to share with the team information concerning the patient, exchange of specific information on the work, consensus building, and coordination of actions among professionals. Illustrations from small and large size institutions:

"Really listening means being not too quick on the advice; really listen to your teammate when he or she explains the situation of a particular patient; don't launch into advice; and then you have the responsibility to speak out when something's going wrong or you don't agree for good reasons about the treatment plan." (p.232)⁴²

"... it's often informal . . . same with the counseling team you might walk past their door and you'll go 'Oh, Mrs so and so . . . get a bit of an update.'" (p.65)²⁶

"We even have such a local telephone connection [between GP and CN offices]. If there is some question, we press a button and get in contact." (p.6)³¹

v. Space

Sharing the same space is important because it facilitates: access to others, face to face contact, and discussion, sharing and sociability. Illustration from a nurse-managed community-based health center:

"You need to walk around easier, you need to see people's faces, they need to see you. . . that's going to create collaboration and break down those silos. . ." (p.162)²⁴

vi. Conflicts

Conflicts in teams involve situations such as: acquisition of knowledge and skills (from other professionals); difficulties and bad communication strategies (gross); lack of a common vision; problems with physicians; referral as a source of tension; ambiguous relations between the Community Health Agents and nursing; cohesion of the team; trouble understanding the role of other members; the patient care is a source of tension; conflict between doctors and Community Health Agents because of these activities; struggle for power and space between professionals; tensions within the team; contribution of knowledge is undervalued and is not put into practice; questioning the competence of the nurse. Example:

“The difficulty with physicians’ becoming part of a team is accepting that sense of equality. It’s not so much respect in that sort of situation but to be equal with other people in saying, “your opinions are just as important as mine.” You can say it, but do you actually behave that way?” (p.231)⁴²

vii. Leadership

The leader’s impact on the operation of the nursing team is important. Leadership promotes interprofessional practice; it makes the team work together. Leadership must be shared; it is dependent on a set of skills and is influenced by the traditional status of the physician as a leader (privilege). Illustrations from urban and rural settings:

“...We are all clinically accountable for the decisions we make, if they are seen by a nurse then the nurse is accountable for the decisions they make. . . decisionmaking, we are all responsible for our own.” (GP2) (p.133)³⁹

“We recognize the physician as a chief. But there is a big question, whether he should be a chief... probably we simply inherited such understanding from those [sovietic] years.” (p.6)³¹

Synthesized finding 2

The health professional’s experience with conditions and consequences of teamwork and interprofessional collaboration shows the importance of a care philosophy guided by the connection with the patient and family. This is especially evident in the papers dealing with the Brazilian Family Health Program. This generates gains in collaborative care: as continuity of action, improvement in relations, time saving and continual learning. Teamwork is a practice facilitated by individual and collective initiatives in the areas of labor and management, although there are still structural, ideological, organizational and relational barriers.

This synthesized finding consists of four categories.

i. Benefits

Gains in collaborative care include improvement in relationships, more information, continuity, cooperation, extension, support and time saving. It is a gratifying experience since the team knows how to learn with the lack of consensus and put themselves in a learning position. Examples:

“Physicians may not have had the time to gather the information. Due to this, I might find something else; something else might be uncovered that they just don’t know about. Or, maybe it might be revealed in the context of this situation whereas they might not have talked with the doctors about it.” (p.54)⁴³

“... I don’t need to do the job of the psychologist or the physiotherapist... and I’m good in my field... and then we share information and knowledge with each other and help each other...” (p.9)³⁰

ii. Facilities

Interprofessional initiatives promote formal and informal communication: respectful and responsive relationships through dialogue, forming a team focused on care and with a common vision in fixed territories, and the introduction of innovations such as electronic medical records or health care model as the Family Health Program (the Family Health Program is teamwork). Illustrations from family health teams:

“The [key to] access and efficiency is making sure that people are getting to the right profession; for example, if somebody is coming in for their second hep B shot, they don’t need to see a physician. They could see a nurse. That opens up a 15-minute slot for the physician to use.” (p.e372)²⁹

The FHP is teamwork, as shown in the extract: “... I liked the fact of beginning to work in a team, the continuity of teamwork, you visit the patient, the nurse visits the patient, and then the physician...” (p.3)³⁶

iii. Barriers

The barriers to teamwork are structural, ideological, organizational and relational. Structural and ideological barriers are: factors related to the lifestyle of the patient, health system practices, lack of staff training, hierarchy and chain of responsibility, and lack of network services such as physiotherapy and occupational therapy. Organizational barriers are: work overload, power struggles in labor relations, gaps in care, efficiency, organization of practices, regulating the flow of patients and the lack of professionals. Relational barriers are: a professional thinks he/she is the owner of the patient and does not talk about the case with others, lack of common goals and space to exchange ideas, and lack of team cohesion as a source of tension. Examples:

“How do we work with therapeutic groups and has no psychologist? What is the training that I have to do therapeutic group?” (p.1466)³³

“When, instead of 12 patients with an appointment, 30 or even more come, this simply puts out of kilter all work in a team.” (p.6)³¹

“I think there is some ownership of patients that impedes collaboration. . . this is the exception. . . but there are staff members that feel like they can’t learn from other staff members or feel that they really know all there is to know about a patient. . . and that’s where collaboration immediately dies.” (p.161–162)²⁴

iv. Philosophies of care

Comfort and connection with patients are part of the collaborative process; the common goal of the team is meeting health needs; teamwork involves the family and community in the care process, as is the philosophy of the Family Health Program. Examples:

At the end of the day our main goal is to get patients what they need and it doesn’t matter if it comes from me or our co-ops. . . you know at the end of the day that patient gets what they need and they leave here satisfied.”(p.162)²⁴

“... it is easier to work as a team. . . you don’t do things alone. . . community health workers. . . are fundamental. . . they see the problem. . .” (p.3)³⁶

Synthesized finding 3

The health professional’s experience of teamwork and interprofessional collaboration is determined by the biomedical paradigm, social division of labor, provision of services in the referral network and counter reference, and specific training in teamwork during undergraduate study and in the workplace.

This synthesized finding consists of four categories.

i. Referral

Teamwork involves refererall to the network; effective relations facilitate the reference process, which must be patient centered care; and difficulty in getting the necessary references creates tension in the team. Illustration from a public health unit part of the Family Health Strategy:

“The main difficulty raised by physicians’ group was the referral and counter-referral subsystem (delay in the specialized consultation, central

congestion in appointments for consultation and exams).” (p.307)³⁷

ii. Education and training

Teamwork as part of undergraduate study is enhanced during practice. There is a lack of integration of teamwork into a dentist’s undergraduate study; the basis of nursing curricula does not rely heavily on the biomedical approach; physicians need specific training to work in a team, including specific skills and knowledge of primary care; it takes initiatives by educational institutions to build teams. Illustrations about undergraduate education and in-service training:

“I think nurses have a slightly different viewpoint of health. They are not necessarily as closely tied to the biomedical view [as doctors], which is both a strength and a weakness.’(doctor self-employed in private practice).” (p.195)³⁹

“In the beginning [of institution’s activity] we had a lot of training on team work. . . at that time this seemed stupid and incomprehensible, but now it seems that it was worthy, this turned our heads in other direction. I mean, some understanding emerge. . .” (p.6)³¹

iii. Working determinants

The social division of labor, workload, differences in employment contracts and wages are a source of tension in teams, therefore creating a sense of security for all team members with respect to labor rights is important. Illustration from a public family health care program team:

“Health workers are hired by their association with self-employed and service providers. For this group, the situation creates uncertainty, difficulty in the exercise of labor rights and claims as to professional recognition. Agents emphasized risk when working with infectious diseases and contradiction between his housing situation in the community and an integral condition of the health team, claiming benefits of social protection programs, such as home improvement, health plans and insalubrity.” (p.308)³⁷

iv. Biomedical paradigm

The prevalence of the biomedical paradigm affects the views of professionals and patients about teamwork: physicians feel responsible for everything; there is division of labor within nursing teams;

pharmaceutical collaboration depends on individual attributes; patients do not trust professionals who are not physicians and seek medical consultations in PHC. Illustrations from different professionals:

“[You are no longer]... the one who has chief control and power over the patient’s disease and its treatment.” (general practitioner) (p.12)³⁰

“Some providers feel that as primary care provider they should be providing all of the primary care and doing everything and they really don’t refer a lot. But they might use my services in another way: drug information questions. So for some physicians I’m really exclusively a drug information pharmacist. For other physicians, I’m much more involved in a collaborative care approach where they’ll refer me a patient and ‘can you recommend what should I do about this’ and in those instances it’s collaborative and I’m a part of patient care, whereas with others it’s very separate.” (pharmacist) (p.8)³⁴

“I say to the person: attention to breastfeeding. Do not give water, do not give some tea. The child is colicky, raises the child’s blouse and your blouse, leans the child in your belly. And live. Does not need some tea. “The mother does not believe. Here comes the doctor, the doctor gives the same orientation, then they talk like that, “someone said, but I did nothing, now that the doctor said.” Sometimes not very serious about what we say. I do not know if it’s because we live in the community. There are people who believe. But some people do not really believe what we say. I mean, it’s what I always say, it is like an ant work.” (community health worker) (p. 335)³⁸

“No, because, for them (patients) is okay, they came to me! But I have need of others. If they come for me, for them is enough, they succeeded” (p.1469)³³

In order to establish confidence in the evidence produced, the ConQual approach⁴⁴ was used to assess the confidence in the synthesized findings.

Discussion

This systematic review presented three synthesized findings. These meta-syntheses corroborate with findings of different researches¹⁰⁻²¹ and a conceptual framework for interprofessional teamwork.⁷

Some elements presented in the meta-synthesis of the teamwork process was also described in a previous integrative literature review²⁰ about

interprofessional collaborative practice in primary care teams, which highlighted the importance of frequent, shared informal communication, achieved through a multi-level approach. Moreover, this meta-synthesis considered attitudes and beliefs of professionals about teamwork, the importance of clarifying roles and responsibilities, shared space, intrinsic elements of practice, situations that trigger conflicts and the impact of leadership in PHC.

The conditions and consequences of teamwork synthesis corroborated with the need to strengthen the evidence base for the effectiveness of collaborative practice, as proposed by a previous scoping review.¹⁹ This synthesis included barriers, consequences and several benefits of teamwork and interprofessional collaboration. Furthermore, it showed that teamwork in PHC should involve the family and the community in the care process, as is the philosophy of the Family Health Program.

The Family Health Program⁴⁵ is a strategy proposed to implement PHC in Brazil since the 1990s. This strategy proposes that a family health team comprising different professionals (physicians, nurses and nurse technicians, dentists, oral health assistant community health agents) provide care to the community through family health units. The philosophy of this strategy is serving the community based on teamwork. This strategy guides the organization of health-care practices in PHC and was fundamental in the rapid progress made towards universal health coverage in Brazil.⁴⁵

Six (28.5%) studies included in this review were from Brazil and included family health teams.^{28,33,36-38} Studies from Canada also presented family health teams^{27,29,34} and one private care center from USA⁴³ was also family oriented. To organize teamwork based PHC, it is necessary to consider the needs of an interprofessional team in order that they can handle the complex cases of healthcare presented by families in the community and achieve positive health outcomes.

A systematic review²¹ on interprofessional teamwork in chronic care also suggested that there was low to moderate evidence that team interventions could positively impact healthcare team processes and team outcomes. However, this review²¹ achieved no consensus about the main features of interprofessional teamwork.

The determinants of teamwork synthesis were structured in order to better understand the elements

that determine teamwork in PHC, such as referral, education and training, working determinants and the biomedical paradigm. These categories presented findings related to the need for a strong healthcare network service, the inclusion of teamwork training during undergraduate study and in-service training, respectful labor rights and consideration of the influence of the biomedical paradigm over teamwork in PHC.

Considering the result of the three meta-syntheses, it was possible to organize a definition of teamwork and interprofessional collaboration in PHC.

Teamwork is determined by the biomedical paradigm, the conditions and social divisions of labor, the provision of services in the referral network, and specific training in teamwork during undergraduate study and in the workplace. Teamwork is conditioned by a care philosophy guided by connections with the patient and family as part of the collaborative process, as is the philosophy of the Family Health Strategy. Teamwork generates gains in collaborative care, continuity of actions, improvement in relations, saves time and promotes continual learning. The practice of teamwork is facilitated by individual and collective initiatives in the field of labor and management, although there are structural and ideological, organizational and relational barriers. Teamwork is a daily practice triggered by users' needs and involves integration, trust, respect, openness to collaboration, a feeling of belonging, humility, and time for listening and talking. It requires communication and sharing of work spaces to ensure frequent contact and frequent, the appreciation and knowledge of different practices and professional roles, especially in complex cases, and shared leadership to deal with conflicts and tensions.

This definition supports the conceptual framework for interprofessional teamwork proposed by Reeves *et al.*⁷ These authors developed their conceptual framework based on the literature and their work in implementing and evaluating interprofessional education and practice. The present systematic review developed its meta-synthesis and definition of the framework based on low evidence from eight countries. Both studies found factors in common that affect teamwork. The teamwork process synthesis included relational and processual factors; the teamwork determinants synthesis

included organizational and contextual factors. Moreover, the systematic review synthesized conditions and consequences of teamwork, including philosophies of care. The systematic review meta-synthesis and the conceptual framework developed by Reeves *et al.*⁷ support each other and reinforce the recommendations for practice and research presented below.

Limitations of the review

Because of dependability and credibility issues, the authors decided to exclude studies based on methodological quality. This was decided during the review and a consensus was achieved through discussion. Nevertheless, the quality of the findings in this systematic review can be classified as low evidence, since the majority of studies had no statement locating the researcher or acknowledgment of their influence on the research, and presented a mix of unequivocal and credible findings. Although based on previous research^{7,19-21} and the perceived benefits presented by the professionals in relation to teamwork and interprofessional collaboration in PHC, it is possible to make a strong recommendation towards this practice.

Conclusion

This review shows that health professionals experience teamwork and interprofessional collaboration as a process in primary health care settings; the conditions and consequences (benefits and barriers) finally indicate their determinants. Health providers face enormous ideological, organizational, structural and relational challenges in promoting teamwork and interprofessional collaboration in primary health care settings.

This review has identified possible actions that could improve the implementation of teamwork and interprofessional collaboration in primary health care.

Recommendations for practice

Recommendations for practice arising from the review are provided in Table 3 and, as per guidelines from the Joanna Briggs Institute, have each been assigned a Grade of Recommendation. Grade A is a strong recommendation, whereas Grade B is a weaker recommendation. Recommendations for research are provided below.

Table 3: Recommendations for practice

Recommendations	Joanna Briggs Institute Grade
Professionals should invest in teamwork and interprofessional collaboration since they improves relations and continuity of care	A
Professionals should understand that interprofessional initiatives, respectful and responsive relationships, team-focused care and technological innovations improve teamwork	A
Professionals should overcome structural, ideological, organizational and relational barriers that hinder teamwork	A
Professionals should share the same space and maintain face-to-face contact in order to work every day as a team	A
Professionals should understand that communication is necessary for teamwork and should promote an interprofessional environment	A
Professionals should understand that interprofessional conflicts interfere with teamwork in primary health care	A
Professionals should invest in shared leadership in order to promote interprofessional practice	B
Professionals should invest in efforts to know of the roles and responsibilities of the different team members	A
Professionals should understand that teamwork is a daily practice and involves integration, synergy, availability and reliability	A
Professionals should understand that the prevalence of the biomedical paradigm affects the views of professionals and patients about teamwork in primary health care	B
Professionals should understand that teamwork depends on the referral and counter-referral network	A
Professionals should understand that the common goal of teamwork in primary health care is to respond to healthcare needs	A
Professionals should understand that teamwork is determined by undergraduate training and can be improved through in-service training	B
Professionals should understand that working conditions interfere with teamwork in primary health care	A

Recommendations for research

In order to strengthen the evidence on teamwork and interprofessional collaboration in primary health care, it is necessary to develop new research methods and approaches for studying teamwork with a focus on work processes, conditions, consequences and determinants in a broader context.

Acknowledgements

The team would like to thank National Council for Scientific and Technological Development (Capes) for offering a oostdoctoraal scholarship (the Post-doctoral National Program [PNPD]) to the second author, and the Department of Professional Orientation, School of Nursing, University of São Paulo, for supporting this review.

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Appendix I: Search strategy

Database	Search terms and combinations
Web of Science (WoS) Searched Jan/2013 and revised in June/2015	<p>Search # 1 Topic=(teamwork) AND Topic=(primary health care) AND Topic=(understanding)</p> <p>Search # 2 Topic=(primary health professionals) AND Topic=(concept of teamwork) AND Topic=(primary health care settings)</p> <p>Search # 3 Topic=(multidisciplinary health care team) AND Topic=(teamwork) AND Topic=(understanding)</p> <p>Search # 4 Patient care team AND Meaningfulness of teamwork And primary health care</p> <p>Search # 5 Teamwork AND Meaningfulness of teamwork AND primary healthcare</p> <p>Search # 6 Topic=(patient care team) AND Topic=(concept of teamwork) AND Topic=(primary health care)</p> <p>Search # 7 Multidisciplinary care team AND experiences of teamwork AND primary health care</p> <p>Search # 8 Topic=(multidisciplinary team) AND Topic=(experience) AND Topic=(teamwork on primary health care)</p> <p>Search # 9 Topic=(interprofessional team) AND Topic=(interprofessional collaboration) AND Topic=(primary health care)</p> <p>Search # 10 Topic=(health personal) AND Topic=(interprofessional collaboration) AND Topic=(primary health care settings)</p> <p>Search # 11 TS=(multidisciplinary team OR interdisciplinary team OR health personnel OR primary health care professional OR patient care team) AND TS= (understanding OR experience OR perceptions OR meaningfulness) AND TS= (teamwork OR interprofessional collaboration OR collaboration) AND TS= (primary health care OR primary health care settings OR health center OR public services)</p> <p><u>Legend</u> TS = topic</p>
CINAHL Searched March/2013 and revised in June/2015	<p>Search # 1 TX teamwork AND TX multidisciplinary team AND TX job experience AND TX primary health care</p> <p>Search # 2 Teamwork (abstract) AND perceptions (all text) AND primary health care (all text)</p> <p>Search # 3 Teamwork (abstract) AND perceptions (all text) AND primary health care (all text) AND multidisciplinary team (all text)</p> <p>Search # 4 teamwork OR interprofessional collaboration (collaboration) (Abstract) AND perceptions OR conceptions OR understanding (abstract) AND multidisciplinary care team (all text) AND primary health care (abstract)</p> <p>Search # 5 multidisciplinary care team (abstract) AND interprofessional relations (abstract) AND perceptions (abstract) AND primary health care (abstract)</p> <p>Search # 6 AB health professionals AND AB interprofessional teamwork AND AB primary health care AND AB perceptions</p> <p>Search # 7 AB primary health team AND AB teamwork AND AB primary health care AND AB perceptions</p> <p>Search # 8 AB health professionals AND AB collaboration OR AB cooperation OR AB interprofessional collaboration OR AB teamwork OR AB interprofessional teamwork OR AB interprofessional cooperation AND AB primary health care NOT AB hospital AND AB job experience NOT AB student NOT AB students</p> <p>Search #9 AB Multidisciplinary team care AND AB Attitude of health personnel AND AB primary health care AND AB teamwork</p> <p>Search # 10 AB health professiona\$ AND AB teamwork AND AB primary health care OR community health center NOT hospital</p> <p>Search # 11 AB health professiona\$ AND AB perceptio\$ OR AB meaning AND AB primary healthcare AND AB teamwork OR AB interprofessional collaboration</p> <p>Search # 12 (MH "Teamwork") AND (MH "Multidisciplinary care team") AND (MH "Primary health care")</p> <p>Search # 13 (MH " Primary health care") AND (MH "Multidisciplinary care team")</p>

<i>(Continued)</i>	
Database	Search terms and combinations
	<p>AND (MH "Collaboration") Search # 14 (MH "Job experience") AND (MH "Multidisciplinary care team") AND (MH "Primary health care") AND (MH "Teamwork") <u>Legend</u> TX = All text AB= Abstract MH = Exact Subject Heading</p>
<p>PubMed/MEDLINE Searched March/2013 and revised in June/2015</p>	<p>Search # 1 Interprofessional teamwork AND perception AND primary health care Search # 2 (teamwork [Title/Abstract]) OR interprofessional collaboration [Title/Abstract] AND perception [Title/Abstract] OR understanding [Title/Abstract] OR views [Title/Abstract] OR meaningfulness) AND health personnel [Title/Abstract] AND primary health care [Title/Abstract] Search # 3 (Health Care Facilities, Manpower, and Services [Title/Abstract] AND Attitude of Health Personnel [Title/Abstract]) OR Interprofessional relations [Title/Abstract] OR Cooperative behavior [Title/Abstract] AND Primary health care [Title/Abstract] Search # 4 (Health Care Facilities, Manpower, and Services) AND primary health care) AND cooperative behavior) AND perception (all fields) Search # 5 (patient care team) OR health professional\$) OR perception) OR understanding) OR views) OR meaning) AND teamwork) OR interprofessional collaboration) OR cooperative behavior) AND primary health care) AND health center\$ (all fields) Search # 6 (patient care team [Title/Abstract] OR health professionals [Title/Abstract]) AND perception [Title/Abstract] OR understanding [Title/Abstract] OR views [Title/Abstract] OR meaning [Title/Abstract] AND teamwork [Title/Abstract] OR interprofessional collaboration [Title/Abstract] OR cooperation [Title/Abstract] AND primary health care [Title/Abstract] AND primary health care settings [Title/Abstract] Search # 7 (health professionals) AND perception) AND teamwork) AND primary health care) Search # 8 The experience, understanding and meaningfulness of teamwork in primary health care settings Search # 9 (interprofessional relations) AND public health centers) AND primary care) AND understanding) AND experience Search # 10 Cooperative behavior AND primary health care AND comprehension Search # 11 collaboration[Title/Abstract] AND primary health care [Title/Abstract] Search # 12 Teamwork AND primary health care</p>
<p>Scopus Searched Jan/2013 and revised in June/2015</p>	<p>Search # 1 patient care team OR multidisciplinary team OR interdisciplinary team OR health personnel OR health professionals health care manpower OR primary health professionals AND interprofessional collaboration OR teamwork OR collaboration OR interprofessional "team working" AND primary health care OR primary health care settings AND understanding OR experiences OR meaningfulness OR views OR perceptions Search # 2 patient care team OR multidisciplinary team OR health personnel OR interprofessional team OR health professional OR health professionals AND perception OR perceptions OR understanding OR experience OR experiences AND teamwork OR interprofessional teamworking OR interprofessional collaboration OR collaboration AND primary health care OR primary health care setting OR primary health care settings Search # 3 ALL(patient care team OR multidisciplinary team OR health personnel OR interprofessional team OR health professional OR health professionals) AND ALL(perception OR perceptions OR understanding OR experience OR experiences) AND ALL(teamwork OR interprofessional teamworking OR interprofessional collaboration OR collaboration) AND ALL(primary health care OR primary health care setting OR primary health care settings) Your query: ALL("teamwork" AND "primary health care" AND "perceptions" AND "health professionals") Search # 4 ALL("teamwork" AND "primary health care" AND "perceptions" OR "understanding" AND "health personnel") Search # 5 ALL("teamwork" OR "interprofessional collaboration" AND "primary health care" AND "perceptions" OR "understanding" AND "patient care team") Search # 6 ALL(meaningfulness of teamwork AND primary health care)</p>

<i>(Continued)</i>	
Database	Search terms and combinations
	<p>Search # 7 ALL(the experience of teamwork AND “primary health care” OR primary health care settings)</p> <p>Search # 8 ALL(“teamwork” AND “interprofessional collaboration” AND “primary health”)</p> <p>Search # 9 (ALL(primary health care OR primary healthcare OR health center OR health centers OR family units OR family unity OR primary health care setting OR primary health settings) AND (ALL(understanding OR experiencies OR perceptions OR perception OR experience OR views OR judgement OR meaningfulness OR concept OR concepts) AND (ALL(primary health professionals OR health personnel OR health professionals OR multidisciplinary team OR interdisciplinary team OR patient care team OR health team OR primary health personnel) AND (ALL(teamwork OR interprofessional teamworking OR interprofessional collaboration OR collaboration)</p> <p><u>Legend</u> All = All text</p>
Lilacs Searched Feb/2013 and revised in June/2015	<p>Search #1 teamwork AND perception AND primary health care</p> <p>Search #2 Interprofessional collaboration AND perception AND primary health care</p> <p>Search #3 collaboration [Words] and understanding [Words] and primary health care [Words]</p> <p>Search #4 teamwork understanding in primary health care</p> <p>Search #5 (trabalho em equipe) AND (entendimento) OR (experiência) AND (atenção básica) AND (profissionais de saúde)</p> <p>Search #6 “trabalho em equipe” “atenção básica” “entendimento” OR “percepções” OR “experiências”</p> <p>Search #7 “colaboração interprofissional” AND “profissionais de saúde” AND “atenção primária em saúde”</p> <p>Search #8 (trabalho em equipe) OR (colaboração interprofissional) AND (trabalhadores de saúde) AND (entendimento) OR (percepções) OR (experiências) AND (atenção básica)</p> <p>Search #9 teamwork) OR (interprofessional collaboration) AND (health professionals) AND (perception) OR (understanding) OR (meaning) OR (experiencies) AND (primary health care)</p> <p>Search #10 interprofessional collaboration [Palavras] and primary health care [Palavras]</p> <p>Search #11 trabalho em equipe AND atenção básica</p> <p>Search #12 collaboration AND primary health care AND conceptions</p> <p>Search #13 visão dos profissionais sobre o trabalho em equipe na atenção básica</p> <p>Search#14 concepções profissionais sobre trabalho em equipe na atenção primária</p> <p>Search #15 experiências de trabalho em equipe na atenção primária</p>
PsycINFO Searched March/2013 and revised in June/2015	<p>Search #1 Any Field: teamwork AND Any Field: perception AND Any Field: primary health care</p> <p>Search #2 Any Field: interprofessional relations OR Any Field: collaboration AND Any Field: conception OR Any Field: understanding AND Any Field: health professional AND Any Field: primary health care</p> <p>Search #3 Any Field: teamwork AND Any Field: primary health care</p> <p>Search#4 Abstract: health personnel AND Abstract: collaboration AND Any Field: meaning AND Any Field: primary health care</p> <p>Search#5 Any Field: colletive behavior OR Any Field: job experience level AND Any Field: primary health care</p> <p>Search #6 Abstract: collaboration AND Abstract: primary health care</p>

<i>(Continued)</i>	
Database	Search terms and combinations
Embase Searched March/2013 and revised in June/2015	<p>Search #1 'patient care team'/exp/mj AND 'teamwork'/exp/mj OR 'interprofessional relations'/exp/mj AND 'job experience'/exp/mj OR 'perception'/exp/mj OR 'experience'/exp/mj AND 'primary health care'/exp/mj</p> <p>Search #2 professionals AND ('teamwork'/exp OR teamwork) AND ('perception'/exp OR perception) AND primary AND ('health'/exp OR health) AND care</p> <p>Search #3 'health'/exp OR health AND professionals OR 'patient'/exp OR patient AND care AND team OR 'health'/exp OR health AND ('personnel'/exp OR personnel) AND interprofessional AND ('teamwork'/exp OR teamwork) OR 'teamwork'/exp OR teamwork OR collaboration OR 'cooperation'/exp OR cooperation AND conceptions OR perceptions OR 'experience'/exp OR experience OR 'job'/exp OR job AND ('experience'/exp OR experience) OR 'understanding'/exp OR understanding AND primary AND ('health'/exp OR health) AND care AND [humans]/lim</p> <p>Search#4 interprofessional collaboration AND practices AND health professionals AND primary health care</p> <p>Search #5 'health professionals AND interprofessional cooperation OR 'job'experience' OR 'teamwork' AND primary health care.</p> <p>Search#6 primary health care team AND perceptions OR experiences OR views AND interprofessional teamworking</p> <p><u>Legend</u> Exp= explosion search Mj= major focus Lim = limits</p>
ERIC Searched March/2013 and revised in June/2015	<p>Search #1 (Keywords:health professionals) and (Keywords:teamwork) and (Keywords:perception) or (Keywords:understanding) and (Keywords:primary health care)</p> <p>Search#2 (Thesaurus Descriptors:health :personnel) and (Thesaurus Descriptors:teamwork) and (Thesaurus Descriptors:perception) and (Thesaurus Descriptors:primary health care)</p> <p>Search#3 (Thesaurus Descriptors:teamwork) and (Thesaurus Descriptors:patient care team) and ((Thesaurus Descriptors:cooperation) and (Thesaurus Descriptors:health personnel) and (Thesaurus Descriptors:job experience) and (Thesaurus Descriptors:primary health care)</p> <p>Search #4 Keywords:perception of teamwork)</p>
ScienceDirect Searched April/2013 and June/2015	<p>Search#1 TITLE-ABSTR-KEY(teamwork) and TITLE-ABSTR-KEY(primary health care)</p> <p>Search#2 TITLE-ABSTR-KEY(interprofessional collaboration) and TITLE-ABSTR-KEY(primary health care)</p> <p>Search#3 TITLE-ABSTR-KEY(multidisciplinary teamwork) and TITLE-ABSTR-KEY(primary health care)</p> <p>Search#4 TITLE-ABSTR-KEY(interdisciplinary teamwork) and TITLE-ABSTR-KEY(primary health care)</p> <p>Search#5 (TITLE-ABSTR-KEY(primary health care)) AND (TITLE-ABSTR-KEY(teamwork)) AND (TITLE-ABSTR-KEY(understanding)) AND (TITLE-ABSTR-KEY(health professionals))</p> <p>Search#6 (TITLE-ABSTR-KEY(primary health care)) AND (TITLE-ABSTR-KEY(health professionals)) AND (TITLE-ABSTR-KEY(interprofessional collaboration)) AND (TITLE-ABSTR-KEY(conception))</p> <p>Search#7 (TITLE-ABSTR-KEY(teamwork)) AND (TITLE-ABSTR-KEY(understanding))</p> <p>Search#8 (TITLE-ABSTR-KEY(primary health care)) AND (TITLE-ABSTR-KEY(understanding)) AND (TITLE-ABSTR-KEY(health professionals)) AND (TITLE-ABSTR-KEY(interprofessional collaboration))</p> <p>Search#9 health professionals views about teamwork in primary health care settings</p> <p>Search#10 TITLE-ABSTR-KEY(experience) and TITLE-ABSTR-KEY(teamwork)</p> <p><u>Legend</u> ABSTR = Abstract Key= keywords</p>

Appendix II: QARI appraisal instrument

JBI QARI Critical Appraisal Checklist for Interpretive & Critical Research

Reviewer Date

Author Year Record Number

	Yes	No	Unclear	Not Applicable
1. Is there congruity between the stated philosophical perspective and the research methodology?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there congruity between the research methodology and the research question or objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there congruity between the research methodology and the methods used to collect data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there congruity between the research methodology and the representation and analysis of data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there congruity between the research methodology and the interpretation of results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a statement locating the researcher culturally or theoretically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the influence of the researcher on the research, and vice-versa, addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are participants, and their voices, adequately represented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include Exclude Seek further info.

Comments (Including reason for exclusion)

Appendix III: List of excluded studies

	Study	Reason for exclusion
1	Dieleman S, Farris KB, Feeny D, Johnson JA, Tsuyuki RT, Brilliant S. Primary health care teams: team members' perceptions of the collaborative process. <i>J Interprofessional Care</i> 2004; 18(1):75-8.	Insufficient methodological approach; voices not adequately represented
2	Elia PC, Nascimento MC. The construction of the local plan as an attribution of the Family Healthy Team: the experience of three administrative regions in Rio de Janeiro city. <i>Physis</i> . 2011; 21(2): 745-65.	Planning was the focus, not teamwork
3	Finlayson M, Raymont A. Teamwork - general practitioners and practice nurses working together in New Zealand. <i>J Prim Health Care</i> 2012;4(2):150-155.	Insufficient methodological approach
4	Maestre MV, Simón SC. Views and Expectations of Primary Care Professionals on Teamwork. <i>Atención Primaria</i> . 2000; 26(5):309-16.	Insufficient and unclear approach in the teamwork experience
5	Martins AR, Pereira DB, Nogueira MLSN, Pereira CS, Schrader GS, Thoferhn MB. Interpersonal Relations, Teamwork, and the Impact on Primary Care. <i>Rev Brasileira Educ Médica</i> 2012;36(1,Supl.2):6-12.	Did not present the voice of the professionals
6	McClure L. Teamwork, myth or reality: community nurses' experience with general practice attachment. <i>J Epidemio Com Health</i> . 1984; 38:68-74	Insufficient methodological approach; voices not adequately represented
7	Medeiros CS, Carvalho RN, Cavalcanti PB, Salvador AR. The Process of (re) Building Multiprofessionalism in Primary Care: Limits and Challenges for Effective Teamwork in Family Health Strategy in Joao Pessoa – PB. <i>Rev Brasileira Ciências Saúde</i> 2011; 15(3):319-28.	Insufficient methodological approach
8	Moretti-Pires RO, Campos DA. Multidisciplinary Teamwork in Family Health: from a Documental to an Empirical Approach in the Amazon. <i>Rev Brasileira Educ Médica</i> 2010; 34(3):379-89	Voices not adequately represented, not possible to understand the relationship between the data analysis and interpretation
9	Ross F, Rink E, Furne A. Integration or pragmatic coalition: An evaluation of nursing teams in primary care. <i>J Interprofessional Care</i> 2000; 14(3):259-67.	Insufficient methodological approach
10	Shaw A, Lusigan S, Rowlands G. Do primary care professionals work as a team: A qualitative study. <i>J Interprofessional Care</i> 2005; 19(4): 396-405.	Insufficient methodological approach; unclear discussion and conclusions
11	Suter E, Arndt J, Arthur N, Parboosingh J, Taylor E, Deutschland S. Role understanding and effective communication as core competencies for collaborative practice. <i>J Interprofessional Care</i> 2009;23(1):41-51.	Unclear population and setting
12	Wiles R, Robinson J. Teamwork in primary care: the views and experiences of nurses, midwives and health visitors. <i>JAN</i> 1994;20:324-330.	Insufficient methodological approach; voices not adequately represented

Appendix IV: QARI data extraction of included studies

Pedrosa JIS, Teles JBM. Agreements and disagreements in the Family Health Care Program team. *Rev Saúde Pública* 2001;35(3):303-11.

Methodology:	Qualitative
Method:	Focus groups, participation of coordinator and observer
Phenomena of interest:	Issues that promote agreement and disagreement among professionals in the Family Health Care Program team
Setting:	Public, Family Health Care Program team
Geographical:	Teresina, Piauí, Brazil
Cultural:	Brazil
Participants:	22 health care agents, 10 physicians, 10 nurses
Data analysis:	Segmentation matrix, analytical tool used for institutional analysis
Author's conclusion:	Professionals do not consider themselves as a team, do not present collective responsibility for work results; new relationships between professionals are needed.
Reviewer's comments:	Identifies many issues

Oliveira EM, Spiri WC. Family Health Program: the experience of a multiprofessional team. *Rev Saúde Pública* 2006;40(4):727-33.

Methodology:	Phenomenology
Method:	Driving question, recorded statements
Phenomena of interest:	Analyze the significance of teamwork for professionals working in the Family Health Program.
Setting:	Public, Family Health Care Program team
Geographical:	Conchas, Southeastern Brazil
Cultural:	Brazil
Participants:	Eight professionals from two Family Health Program teams
Data analysis:	Description, reduction, comprehension
Author's conclusion:	Teamwork is characterized by dedication to daily activities. Interaction among all members is required for integral action, although there are differences in ideology and conduct between professionals. Close contact with families has allowed for more efficient interventions, and integrated work is essential for efficacious, high-quality care.
Reviewer's comments:	Shows the importance of the multiprofessional Family Health Team work

Pereira RCA, Rivera FJU, Artmann E. The multidisciplinary work in the family health strategy: a study on ways of teams. *Interface* 2013;17(45):327-40.

Methodology:	Case study
Method:	Semi-structured interviews, participant observations in team meetings, direct observations in the unit
Phenomena of interest:	To exam multiprofessional teamwork
Setting:	Public, one basic health unit part of the Family Health Strategy (ESF)
Geographical:	Rio de Janeiro, Rio de Janeiro, Brazil
Cultural:	Brazil
Participants:	1 physician, 1 dentist, 1 nurse, 1 nurse auxiliary, 1 dentist auxiliary, 4 health care agents
Data analysis:	Analysis of the discourse and observations based on the theory of conversations by Echeverria and in the analysis criteria built by Peduzzi.
Author's conclusion:	Teamwork in the ESF emerges as a possibility for a more communicative and cooperative practice in which professionals recognize the other's work and share the goals, setting up as a small network of conversations.
Reviewer's comments:	Shows the importance of the multiprofessional Family Health Team work

Filgueiras AS, Silva ALA. Community Health Agent: a new actor in the Brazilian health scenario. *Physis* 2011;21(3):899-916.

Methodology:	Descriptive study
Method:	Structured interviews
Phenomena of interest:	Work of the Community Health Agent
Setting:	Public, Family Health Unit
Geographical:	Volta Redonda, Rio de Janeiro, Brazil
Cultural:	Brazil
Participants:	12 Community Health Agents
Data analysis:	Categorization of findings
Author's conclusion:	Teamwork is recognized as a space for scientific knowledge circulation, and popular knowledge as a mediator between team and population. The work of Community Health Agents is centered on home visits, mainly focused on disease. Community Health Agents do not receive training to develop their activities.
Reviewer's comments:	Describes the work of Community Health Agents

Bruner P, Davey MP, Waite R. Culturally Sensitive Collaborative Care Models: Exploration of a Community-Based Health Center. *Families, Systems, & Health* 2011;29(3):155-170.

Methodology:	Biopsychosocial theory and feminist ecological framework
Method:	Focus group
Phenomena of interest:	Describe interdisciplinary health care team's collaboration
Setting:	Nurse-managed community-based health center
Geographical:	Northeastern region of the United States
Cultural:	USA
Participants:	39 staff (nurses, administrative personnel, physical therapist, health educator, pediatric social worker, pediatric and adult behavioral consultant, AmeriCorps volunteers, medical assistants, social worker, dentist, dental hygienist, dental assistants)
Data analysis:	Content analysis
Author's conclusion:	Overall the center demonstrated a strong working model of collaborative health care, need of more active inclusion of family and community in the health care process, continued work on cultural awareness. The practice functioned between levels three and four of collaboration (Doherty, 1995).
Reviewer's comments:	Identifies many issues

Burke T, O'Neill C. Community nurses working in piloted primary care teams: Irish Republic. *British Journal of Community Nursing* 2010;5(8): 398-404.

Methodology:	Qualitative
Method:	Focus groups
Phenomena of interest:	Nurse's experience of working in a piloted primary care team
Setting:	Mixed urban/rural areas
Geographical:	Irish Republic
Cultural:	Irish Republic
Participants:	14 public health nurses, 4 community registered general nurses, 3 practice nurses, 1 community mental health nurse
Data analysis:	Newell and Burnard's (2006) thematic content analysis framework
Author's conclusion:	Community nurses' roles and responsibilities have expanded within the team; nurses need additional support to manage, effective training and clear direction while adjusting to multidisciplinary teamwork.
Reviewer's comments:	Presents nurses' role in the primary care team

Todahl J, Linville D, Smith TE, Barnes MF, Miller JK. A Qualitative Study of Collaborative Health Care in a Primary Care Setting. *Families, Systems, & Health* 2006; 24(1):45-64.

Methodology:	Ethnographic
Method:	Interviews, open-ended (descriptive) and close-ended structural questions
Phenomena of interest:	Primary care practice practicing collaborative health care
Setting:	Private, family oriented, primary care center, colocation of therapists and physicians
Geographical:	Moderate-sized town in the southeastern United States
Cultural:	USA
Participants:	2 board certified primary care physicians, 5 psychotherapists, 1 nurse, 1 office manager
Data analysis:	Domain analysis (Spradley, 1979)
Author's conclusion:	This is a primary care practice that appears to value collaboration and colocation of therapists and physicians; physician professed an interest in holistic health care and active family involvement in care. The practice represented the third level of collaboration (Doherty, 1995).
Reviewer's comments:	Describes collaboration between therapists and physicians

MacNaughton K, Chreim S, Bourgeault I. Role construction and boundaries in interprofessional primary health care teams: a qualitative study. *BMC Health Services Research* 2013;13:486.

Methodology:	Holistic, comparative case study
Method:	Interviews (open-ended), written documents, non-participant observation of team meetings
Phenomena of interest:	Dynamics of role construction on two interprofessional primary health care teams
Setting:	Public, 2 teams that provide primary health care services, 1 Family Health Team, 1 NP-led team
Geographical:	Two different provinces in Canada
Cultural:	Canada
Participants:	1 clinical director, 2 managers, 6 nurse practitioners, 3 physicians, 3 nurses (RN and RPN), 2 pharmacists, 2 dietitians, 1 social worker, 1 mental health counselor, 1 chiropractor, 1 laboratory technician, 3 administrative assistants
Data analysis:	Thematic content analysis, atlas, development of conceptual model

Author's conclusion:	Implications of role construction were found to include professional satisfaction; autonomy may be an important element of interprofessional team functioning; empower team members to develop autonomy can enhance collaborative interactions.
Reviewer's comments:	Relation between professional roles, autonomy and interprofessional teams.

Jaruseviciene L, Liseckiene I, Valius L, Kontrimiene A, Jarusevicius G, Lapão LV. Teamwork in primary care: perspectives of general practitioners and community nurses in Lithuania. *BMC Family Practice* 2013; 14:118

Methodology:	Qualitative
Method:	Focus groups
Phenomena of interest:	Experiences of teamwork by general practitioners and community nurses involved in PHC
Setting:	25 PHC institutions, urban and rural, small and large sizes, public and private
Geographical:	Kaunas Region of Lithuania
Cultural:	Lithuania
Participants:	29 general practitioners and 27 community nurses
Data analysis:	Thematic analysis
Author's conclusion:	Both formal and individual behavioral factors should be targeted when aiming to strengthen PHC teams; need to provide explicit formal descriptions of the roles and responsibilities of PHC team members; training is an essential component of the teambuilding process, but not sufficient by itself.
Reviewer's comments:	Perspectives of general practitioners and community nurses

Pullon S, Mckinlay E, Dew K. Primary health care in New Zealand: the impact of organisational factors on teamwork. *Br J Gen Pract* 2009;59:191-197.

Methodology:	Qualitative
Method:	In-depth interviews, flexible question guide
Phenomena of interest:	Interprofessional relationships, teamwork and collaborative patient care
Setting:	Primary care, urban
Geographical:	Wellington, New Zealand
Cultural:	New Zealand
Participants:	9 nurses, 9 doctors
Data analysis:	Content analysis, nvivo, deeper inductive enquiry

Author's conclusion:	Health system, funding, and organizational factors still act as significant barriers to the successful implementation of, and training for, effective teamwork
Reviewer's comments:	Identifies many issues

Hansson A, Friberg F, Segesten K, Gedda B, Mattsson B. Two sides of the coin - General Practitioners' experience of working in multidisciplinary teams. *Journal of Interprofessional Care* 2008;22(1):5-16.

Methodology:	Case study
Method:	Semi-structured interviews
Phenomena of interest:	Deeper understanding of attitude to teamwork
Setting:	5 Swedish healthcare centres
Geographical:	Sweden
Cultural:	Sweden
Participants:	9 General practitioners
Data analysis:	Content analysis
Author's conclusion:	Gps' self perceptions has to be taken into consideration as has the prestige and status associated with their traditional role and the benefits of teamwork; teamwork requires supervision; doctors need to be trained in this method as early as in medical school
Reviewer's comments:	Focus on gps' perceptions

Loch-Neckel G, Seemann G, Eidt HB, Rabuske MM, Crepaldi MA. Challenges to an interdisciplinary action in basic care: implications related to composition of family health teams. *Ciência & Saúde Coletiva* 2009;14(Supl.1):1463-1472.

Methodology:	Correlational-descriptive
Method:	Semi-structured interviews
Phenomena of interest:	Relationship between integrality in basic care and the composition of family health teams
Setting:	Health care centers and health care units with Family Health teams
Geographical:	South of Brazil
Cultural:	Brazil
Participants:	7 physicians, 5 nurses, 3 dentists,
Data analysis:	Not stated
Author's conclusion:	Inclusion of other professionals in the family health care team depends of educative actions from the professionals that are part of it already; integrality should include closer awareness of users' needs

Reviewer's comments:	It presents difficulties to teamwork
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Kvarnstrom S. Difficulties in collaboration: A critical incident study of interprofessional healthcare teamwork. *Journal of Interprofessional Care* 2008;22(2):191-203.

Methodology:	Critical incident technique
Method:	Semi-structured interviews
Phenomena of interest:	Difficulties perceived by health professionals in interprofessional Teamwork.
Setting:	Public, 4 healthcare teams within one county council
Geographical:	South-eastern Sweden
Cultural:	Sweden
Participants:	18 professionals (occupational therapist, registered nurse, physiotherapist, medical social worker, administrative assistant, physician, practical nurse, psychologist, and speech therapist)
Data analysis:	Qualitative content analysis
Author's conclusion:*	Perceived consequences of difficulties included, firstly, restriction on the use of collaborative resources to arrive at a holistic view of the patient's problem and, secondly, the inability to provide patient care and service in the way that team members would have liked; team members had developed strategies for managing and attempting to resolve difficulties that involved various forms of interprofessional learning
Reviewer's comments:	Presents difficulties and strategies to develop teamwork

Sargeant J, Loney E, Murphy G. Effective Interprofessional Teams: "Contact Is Not Enough" to Build a Team. *Journal of Continuing Education in the Health Professions* 2008; 28(4):228-234.

Methodology:	Grounded hermeneutic approach
Method:	Focus groups
Phenomena of interest:	Effective primary health care teams
Setting:	Eight Nova Scotia District Health Authorities and one First Nations community
Geographical:	Canada
Cultural:	Canada
Participants:	61 (managers, team coordinator, directors 8; family physician 7; public health nurse 7; nurse 6; dietitian 5; mental health - psychologist, therapist, nurse 4; PHC coordinators 4; office manager, public health outreach, client rep. 4; nurse practitioner 3; occupational therapist 3; women's and family resource center directors 3; community health board reps. 3; addictions - therapist, worker 2; physiotherapist 2)

Data analysis:	Content analysis
Author's conclusion:	Communication was identified as the essential factor in effective primary health care teams. Effective teamwork requires specific cognitive, technical, and affective competence.
Reviewer's comments:	The study identifies many issues

Bailey P, Jones L, Way D. Family physician/nurse practitioner: stories of collaboration. *Journal of Advanced Nursing* 2006;53(4):381-391.

Methodology:	Narrative, interpretive analysis
Method:	Interviews
Phenomena of interest:	Nurse practitioners and family physicians working in collaborative practice
Setting:	Four Canadian rural primary care agencies
Geographical:	Ontario, Canada
Cultural:	Canada
Participants:	13 family physicians and 5 nurse practitioners
Data analysis:	Six-step narrative analysis process
Author's conclusion:	Placement of nurse practitioners and family physicians in a common clinical practice without some form of orientation process does not produce collaborative practice. Educational strategies related to role expectations are necessary
Reviewer's comments:	Focus fp and rn, shows the importance of education

Goldman J, Meuser J, Rogers J, Lawrie L, Reeves. Interprofessional collaboration in family health teams An Ontario-based study. *Can Fam Physician* 2010;56:e368-74.

Methodology:	Case study
Method:	Semi-structured interviews
Phenomena of interest:	Perspectives and experiences of interprofessional Collaboration and perceived benefits.
Setting:	14 family health teams, urban and rural
Geographical:	Ontario, Canada
Cultural:	Canada
Participants:	Family physicians (n = 12); nurse practitioners and nurses (n = 6); Pharmacists (n = 5); and other FHT members, including Managers, social workers, and dietitians (n = 9).
Data analysis:	Inductive thematic approach

Author's conclusion:	Importance of issues such as roles and scopes of practice, leadership, and space to effective team-based primary care
Reviewer's comments:	The study identifies many issues

Drummond N, Abbott K, Williamson T, Somji B. Interprofessional primary care in academic family medicine clinics Implications for education and training. *Canadian Family Physician*. 2012; 58:e450-458.

Methodology:	Mixed methods
Method:	Focus group
Phenomena of interest:	Interprofessional work environments and the implications for interprofessional education
Setting:	Four academic family medicine clinics
Geographical:	Alberta, Canada
Cultural:	Canada
Participants:	Seven family physicians, 9 registered nurses, 5 licensed practical nurses, 2 residents, 1 psychologist, 1 informatics specialist, 1 pharmacist, 1 dietitian, 1 nurse practitioner, 1 receptionist, and 1 respiratory therapist.
Data analysis:	Data reduction, data display, and interpretation
Author's conclusion:	Leadership is the key factor in relation to the implementation of Interprofessional work in primary care
Reviewer's comments:	Governance is one of the findings

Cioff J, Wilkes L, Cummings J, Warne B, Harrison K. Multidisciplinary teams caring for clients with chronic conditions: Experiences of community nurses and allied health professionals. *Contemporary Nurse* 2010; 36(1-2):61-70.

Methodology:	Descriptive
Method:	Focus groups
Phenomena of interest:	Experiences of members in multidisciplinary teams caring for clients with chronic conditions
Setting:	Community health centres
Geographical:	Australia
Cultural:	Australia
Participants:	Twenty-one community nurses and 12 allied health professionals
Data analysis:	Inductive reasoning guided by Lincoln and Guba (1985).

Author's conclusion:	Need for leadership, role clarification, building interpersonal and professional relationships, developing conflict resolution skills, relevant evaluation of team performance
Reviewer's comments:	It presents requirements for effective teamwork, especially for population with chronic conditions

O'Neill M, Cowman S. Partners in care: investigating community nurses: understanding of an interdisciplinary team-based approach to primary care. *Journal of Clinical Nursing* 2008; 17:3004-3011.

Methodology:	Qualitative
Method:	Focus groups
Phenomena of interest:	Understanding of teamwork
Setting:	Not clear
Geographical:	Ireland
Cultural:	Ireland
Participants:	Public health nurses (n = 10), general nurses (n = 10) and practice nurses (n = 7)
Data analysis:	Thematic content analysis
Author's conclusion:	Collective team efforts enhance patient care and effective teamwork requires a greater understanding of group processes and team development.
Reviewer's comments:	Focus is nursing

Pullon S, Mckinlay E, Stubbe M, Todd L, Badenhorst C. Patients' and health professionals' perceptions of teamwork in primary care. *J Prim Health Care* 2011;3(2):128-135.

Methodology:	Qualitative
Method:	In-depth interviews
Phenomena of interest:	Perceptions about teams, team membership and roles
Setting:	Suburban, 2 medium-sized General practices
Geographical:	Wellington, New Zealand
Cultural:	New Zealand
Participants:	4 health professionals (nurses, GP)
Data Analysis:	Inductive thematic analysis
Author's Conclusion:	Patients and professional have different views about teamwork
Reviewer's Comments:	Use only findings from health care professionals

Reis CB, Andrade SMO. Social Representation of the Team Work in the Attention to the Woman According to the Nurse's View. *Esc Anna Nery Rev Enferm* 2008;12(1):50-6.

Methodology:	Theory of Social Representations
Method:	Discourse of Collective Subject
Phenomena of interest:	Social representations of nurses on workgroup
Setting:	7 small cities
Geographical:	Iguatemi, Mato Grosso do Sul, Brazil
Cultural:	Brazil
Participants:	10 nurses
Data analysis:	Discourse of collective subject
Author's conclusion:	Even if nurses notice that it is a link of connection between Professionals and patients, they feel there is a space/power Dispute among the professionals.
Reviewer's comments:	Identifies many issues

Appendix V: Findings and illustrations

Todahl J, Linville D, Smith TE, Barnes MF, Miller JK. A Qualitative Study of Collaborative Health Care in a Primary Care Setting. *Families, Systems, & Health* 2006; 24(1):45-64.

Finding	Illustration from study	Evidence
Collaboration essential to strategize, diagnosis and treatment planning.	Collaboration may be closer to the reality of the typical interaction in this office. It is different, for instance, than having a consultation with a neurologist. . . the neurologist may not see the patient more than once or twice—and it may be about seeking a second opinion—but typically with no expectation of a long-term interaction. With a referral to therapists, I sense a handing-off of the baton, that this is something where we would like to have the therapist assume certain roles and responsibilities.(p54)	Unequivocal
Referral decision	The referral is made when there is an issue that a person wants to deal with that I don't have enough time or expertise to deal with.(p.51)	Unequivocal
Positive effect of referral	I think that patients are more likely to comply with therapy if they feel like they have their doctor—I don't want to say looking over their shoulder—that's not it. But, they sort of have to answer to them in a way and if they really feel like they have a good relationship with the doctor I think they are more likely to keep their appointments.(p.52)	Unequivocal
Collaboration might gather more information	Physicians may not have had the time to gather the information. Due to this, I might find something else; something else might be uncovered that they just don't know about. Or, maybe it might be revealed in the context of this situation whereas they might not have talked with the doctors about it.(p.54)	Unequivocal
Collaboration improves relationship	It (the referral) improves our relationship. Most patients are grateful; most benefit so much from it that they are very thankful and feel closer to you as a physician for that.(p.54)	Unequivocal
Collaboration is most often spontaneous	In the hallway when time allows (p.54)	Unequivocal
colocation is beneficial	Having immediate access is to me an important part of what we are able to do in our office. patients tend to see the counseling referral as very natural, like a referral to any other specialist. (p.55)	Unequivocal
referral to counseling is mildly risky	If the therapist-patient relationship is not positive, there's a small potential for creating reluctance in the patient for seeking further treatment. (p.52)	Unequivocal

Bruner P, Davey MP, Waite R. Culturally Sensitive Collaborative Care Models: Exploration of a Community-Based Health Center. *Families, Systems, & Health* 2011;29(3):155-170.

Finding	Illustration from Study	Evidence
Communication systems (formal and informal) as facilitators of collaboration	... good communication lines, we do weekly interbuilding newsletters. . . we have scheduled transdisciplinary meetings and we have a strong management team that really works together to try to bridge the gap between any barriers (p.160-161)	Unequivocal
Respectful and receptive interactions between providers as facilitators of collaboration	The respect among those groups and teams is definitely seen, everyone is friendly and open.(p.161)	Unequivocal
Patient factor tend to trigger collaboration	I feel like collaboration happens. . . when I have a complicated patient particularly if they have lots of needs that affect what I'm doing with them but that required something that I can't provide so they really have a problem that has multidisciplinary needs.(p.161)	Unequivocal
Colocated services and easy access to other providers as facilitators of collaboration	... what really helps us collaborate is that everything is right here so you know everyone is within a phone call or within two flights of each other.(p.161)	Unequivocal
Shared vision as a facilitator of collaboration	The director has a vision/need for collaborative health care environment for years. . . Now we have an environment of people who are very open team players. . . people who are very interested in that vision and that common goal.(p.161)	Unequivocal
Patient factors as barrier to collaboration	Impediments toward reaching the goal of effective collaboration is being able to get in touch with the client again or difficulties keeping in touch and getting information conveyed. . . so it is not what is going on between departments here. . . it's more about how the client's life impacts the result.(p.161)	Unequivocal
Lack of follow through between providers and not communicating as barriers to collaboration	I think there is some ownership of patients that impedes collaboration. . . this is the exception. . . but there are staff members that feel like they can't learn from other staff members or feel that they really know all there is to know about a patient. . . and that's where collaboration immediately dies.(p.161-162)	Unequivocal
Busy or the volume of work as a barrier to collaboration	... the volume that we see, the amount of work that we do sometimes means we just need to keep going and don't have the time to step back, which is what it kind of takes to bring the other folks in to collaborate.(p.162)	Unequivocal

(Continued)

Finding	Illustration from Study	Evidence
Missing out on more informal face to face contact as a barrier to collaboration	You need to walk around easier, you need to see people's faces, they need to see you... that's going to create collaboration and break down those silos...(p.162)	Unequivocal
Comforting and connecting with their patients as an essential part of the collaborative process	At the end of the day our main goal is to get patients what they need and it doesn't matter if it comes from me or our co-ops... you know at the end of the day that patient gets what they need and they leave here satisfied.(p.162)	Unequivocal
Roles and duties affect collaboration	I would not have known about my one client ending up in the hospital if it had not been for our transportation person letting me know.(p.163)	Unequivocal
patients' demographic characteristics affect providers' collaborative process,	We treat all patients with respect regardless of their backgrounds... we listen to the patient and do not judge them.(p.163)	Unequivocal
Family and Community Involvement	... I think we lose our community perspective of what we have to do out there because we're so focused on kind of intense care of the few that we forget about sometimes the many... There's realities to that, you know it's reimbursement and productivity and things that have to be done and having the finances to do it.(p.164)	Unequivocal

Burke T, O'Neill C. Community nurses working in piloted primary care teams: Irish Republic. *British Journal of Community Nursing* 2010;5(8): 398-404.

Finding	Illustration from Study	Evidence
Being part of a team was a positive experience	'I was constantly being told I was part of a team but they weren't physical to me, when members aren't visible they don't seem to exist. Dieticians, speech therapists, physios, I recognized their voices on the telephone, but I didn't have a face to put with the name. Being part of a visible team, feeling their support is the biggest thing for me'.(p. 400)	Unequivocal
Greater understanding of one another's role	'You got to understand the role of the physio, the OT and how to integrate our skills with them,it united the team in working towards a common goal of bringing an accessible service to the people'.(p. 400-401)	Unequivocal
Interdisciplinary relationships	'Working together, communicating openly with one another while respecting one another's opinion'.(p.401)	Unequivocal
effective relationship facilitated smooth interdisciplinary referrals	'The referral system is so much easier than the old way when the doctor referred everything'.(p.401)	Unequivocal

(Continued)

Finding	Illustration from Study	Evidence
Nurses' role in the primary care team	'We have to be seen to be taking on more work, PHNs, practice nurses and CRGNs. We've set up leg ulcer clinics, breast feeding support groups, ante natal classes, men's health awareness, falls groups, we speak to the elderly at social meetings'. 'It isn't enough to manage an area, we have to push ourselves to the limit, prove that it can be done'.(p.402)	Unequivocal
Management supported daily work routines	'Management push general work, our health promotional initiatives are queried. We should have more time for health promotion but our work on the ground takes up most of our time'. (p.402)	Unequivocal
Managing complex cases	'Its fine saying you have a small area, but they have to look at the population within that area. I have a number of 92 year olds, my caseload is eighty plus. It's easy to say "your area has reduced in size" but that doesn't necessarily mean it. I am two hours in a car coming and going'.(p.402)	Unequivocal

Filgueiras AS, Silva ALA. Community Health Agent: a new actor in the Brazilian health scenario. *Physis* 2011;21(3):899-916.

Finding	Illustration from Study	Evidence
Teamwork considered a good activity	our work is teamwork, we must interact with each other, each one has an area, but since it is a team one must know about the area of the other. Inside the unit we will be able to pass to the nurse and physician what are the biggest family needs (p.908)	Unequivocal
Teamwork aspects of community health agents work	[...] Integration is good, once a week we help doctors, we know what is the patient's problem, before entering for physician's consultation, we tell to the physician what the patient has, how is his house, how many children the patient have (p.909)	Unequivocal

Lock-Neckel G, Seemann G, Eidt HB, Rabuske MM, Crepaldi MA. Challenges to an interdisciplinary action in basic care: implications related to composition of family health teams. *Ciência & Saúde Coletiva* 2009;14(Supl.1):1463-1472.

Finding	Illustration from Study	Evidence
lack of preparation for some activities of the family health program	How do we work with therapeutic groups and has no psychologist? What is the training that I have to do therapeutic group? (p1466)	Unequivocal

(Continued)

Finding	Illustration from Study	Evidence
isolated practices, curative focus and with lack of unity of knowledge	In fact in our day-to-day, do what you can, like I told you, according to the resources that we have, with the team that we have, we do what we can, okay more every professional doing so of their form. In fact, I think we are failing to meet this human being as a whole, no. I do not know what else to say ... [laughs]. (p1466)	Unequivocal
perform activities that are not specific to their professions because of a minimal team	Sometimes, for example, I feel a bit like a psychologist, because sometimes we really have to address other aspects of medicine that we are not prepared, right? The emotional side, it takes that person to have symptoms as well, not that I will perform psychotherapy, but we need to understand better (p1466)	Unequivocal
lack of knowledge of complexity of the work of other professionals	Could be just like that: a psychologist to attend five health centers. Then someone from the pharmacy, could it be like the psychologist, no need to stay here all the time. But if he stays in the unit twice a week and the rest of time in other units. (p1467)	Unequivocal
professional categories necessary for team	These professional were cited as necessary for the team, in these order: psychologists, social worker, nutritionist, physiotherapist, physical educator, pharmaceutical, occupational therapist, speech therapist and biochemical. Also spontaneously cited were professionals who do not belong to the health field, such as the music therapist and child educator. (p1469)	Credible
patients still look for medical consultation	No, because, for them (patients) is okay, they came to me! But I have need of others. If they come for me, for them is enough, they succeeded (p1469)	Unequivocal

Pedrosa JIS, Teles JBM. Agreements and disagreements in the Family Health Care Program team. *Rev Saúde Pública* 2001;35(3):303-11.

Finding	Illustration from Study	Evidence
problems with physicians	“In the beginning I had difficulty working with him (doctor), the relationship was difficult, but part of his personality; with time got better”(nurse). (p.307)	Unequivocal
community health agent and community	“The more he/she is integrated into the community, more he/she contributes to our work” (nurse) (p.307)	Unequivocal
difficulties with community health workers	“The problem is that the community health worker is president of the Community Association, participating in many meetings and sometimes does not go to ours” (nurse). (p.307)	Unequivocal
conflicts between physicians and health care agents	For doctors, one of the problems was the lack of definition of the agent’s role in the doctor/patient/service, ie, whether to opine/act directly on the diagnostic and therapeutic interventions or participate in data collection and facilitate access to services by the population. (p.307)	Credible

<i>(Continued)</i>		
Finding	Illustration from Study	Evidence
relationship between health care agents and nurses is divided	The relationship with the nurse divided the respondents (agents). Some point his performance as the basis of internal problems the team, but most considered adequate and communicative presence. (p.307)	Credible
delay accessibility	The main difficulty raised by physicians' group was the reference and counter-reference subsystem (delay in the specialized consultation, central congestion consultation marking and exams).(p.307)	Credible
difficulties to organize the demand	For nurses, the difficulty in organizing the demand was in the community's daily life, which, in addition to diseases, lived with violence, drugs, prostitution, problems for which they did not feel safe to intervene.(p.307)	Credible
For doctors and nurses, activities concerning the management of primary health care units represented backlogs.	For nurses, this work was offset by the independence and control. For doctors, the management of health facilities hurt the community because of the time spent on bureaucratic activities (p308).	Credible
lack of formal employment	The lack of formal employment with the Municipal Health Foundation was explained with greater emphasis by the nurses as determinants of anguish and uncertainty, despite the right to paid holidays and maternity leave guaranteed by the cooperative. (p.308)	Credible
health care agents not satisfied with employment conditions	Health workers are hired by their association with self-employed and service providers. For this group, the situation creates uncertainty, difficulty in the exercise of labor rights and claims as to professional recognition. Agents emphasized risk when working with infectious diseases and contradiction between his housing situation in the community and an integral condition of the health team, claiming benefits of social protection programs, such as home improvement, health plans and insalubrity. (p.308)	Credible
income differences between physicians and nurses	For doctors, the difference with the salary nurse was justified by the training, the responsibility and value in the labor market. Nurses argued that it is the most responsible for the relationship with the community and for most of the administrative activities.(p.308)	Credible
agents insufficient earnings	The agents found insufficient earnings considering the work performed, the value that society and the community attach to their activity and when compared to dengue fighting agents.(p.308)	Credible

Kvarnstrom S. Difficulties in collaboration: A critical incident study of interprofessional healthcare teamwork. *Journal of Interprofessional Care* 2008;22(2):191-203.

Finding	Illustration from Study	Evidence
Team characteristics	All respondents perceived their teams as being mainly interprofessional or transprofessional. None identified their team as multiprofessional (p.195)	Unequivocal
team tasks	The respondents regarded their teams as having mainly patient treatment tasks (p.195)	Credible
Role boundary conflicts	It ends up with me getting... damn. I got a little irritated. So, damn it, whatever, you know. Everybody is doing my job. Or think they are doing my job. (p.195)	Unequivocal
team members' experiences of interactions	There was little interest when I reported on [the patient case] to the team; the response was "is that so?"... The others yawn when I tell them what I encounter. (p.196)	Unequivocal
team not composed of the right professions	I'm thinking about a lady now who is... alone and has no children and a great many questions and worries, and in that situation we might of course think that contact with a [profession] might help her... when it used to be easier to approach [profession], we could go and ask the patient, would it be OK for us to contact [profession]... and we had one in our team and then she could get in touch with the patient, so of course it was easier.(p.196)	Unequivocal
Lack of consensus	[The question is:] How you should [treatment], what is best to [treatment] at that particular moment... if you have somewhat different opinions, you bring in other professions so that it is not just the two of you, and instead you bring in more professional categories so that you can gather round this patient and discuss other... and of course that makes it easier to arrive at a solution, if you have more people giving their opinions.(p.198)	Unequivocal
knowledge contribution was not valued or put to use	It is like that, we have meetings and of course it's the multiprofessional team sitting there, that's clear, that is just the way it is, that is the culture. And of course it may be that I am thinking of [professional group] especially, which has this [area of expertise], and I think we have to in some way assert our own worth among ourselves, emphasise that we also have an important role, important viewpoints, and then they pay attention for a while and then things go back to the way they were.(p.198)	Unequivocal

Sargeant J, Loney E, Murphy G. Effective Interprofessional Teams: “Contact Is Not Enough” to Build a Team. *Journal of Continuing Education in the Health Professions* 2008; 28(4):228-234.

Finding	Illustration from Study	Evidence
Understanding and Respecting Team Members’ Roles	... in my role as a home physiotherapist, I don’t really feel like I’m working on a primary health care team. I feel like I have various partners in the community that I call on when needed, but the main drawback is they sometimes aren’t aware of my role and I’m not a hundred percent aware of their role, so there needs to be more education before we can work together as a team.(p.231)	Unequivocal
learning physicians experienced through working with a nurse practitioner	She’s learned to recognize that we have our own skill set, and I’ve learned to utilize her skills, which are far superior to mine when it comes to counseling patients.(p.231)	Unequivocal
Understanding and Respecting Team Members’ Roles-physicians in particular may hold more traditional roles of inequality among team members	the difficulty with physicians’ becoming part of a team is accepting that sense of equality. It’s not so much respect in that sort of situation but to be equal with other people in saying, “your opinions are just as important as mine.” You can say it, but do you actually behave that way?(p.231)p	Unequivocal
Recognizing That Teamwork Requires Work	I think that’s the most amazing thing, that even after all these years, it’s still work. You still have to work at it. You still have to have specific times for meetings, and... it can’t be informal and hope it will happen; it always requires work. Everybody on the team is working very hard doing what they do best... and so there’s this other whole big commitment that you have to make to the team and to ensuring that the team is functioning the way it should.(p.231)	Unequivocal
Understanding Primary Health Care	Participant J:... need for common understanding is huge, because if you don’t have a common language, you can have different meanings for what you are talking about. Participant K: And because, you’re a multidisciplinary team, half the team might know what population health is and what primary health care is, but the other half may not. Participant J: Well, for a good example, @this# committee spent almost a whole year of meetings basically around “what is our job.”(p.231)	Unequivocal
Having the Practical “Know-how” for Sharing Patient Care	I need to know if I’m learning how to work as a team member, where I share information and where I don’t. I know it within my practice, but I don’t know it within a team. And I don’t know to what extent to tell my patient that I’m going to share that information.(p.232)	Unequivocal

(Continued)

Finding	Illustration from Study	Evidence
Communication among team members as critical to effective teams	You have to continually be open and communicate on a regular basis, and when you keep that ultimate goal in mind, it's, well... everyone's working to the same thing.(p232)	Unequivocal
Communication requires "listening and speaking up"	Really listening means being not too quick on the advice; really listen to your teammate when he or she explains the situation of a particular patient; don't launch into advice; and then you have the responsibility to speak out when something's going wrong or you don't agree for good reasons about the treatment plan.(p.232)	Unequivocal

Bailey P, Jones L, Way D. Family physician/nurse practitioner: stories of collaboration. *Journal of Advanced Nursing* 2006;53(4):381-391.

Finding	Illustration from Study	Evidence
NP scope of practice	(FP)/I will/ah suggest to the patient that they/ah contact the nurse practitioner/ah/for follow up visits because/ah I may it may be six or eight weeks before they can get back to see me.(p384)	Unequivocal
FP confusion and concern about the NP knowledge base	(FP) I'm not clear as to what/you know/what they [NPs] should and shouldn't know.(p.384)	Unequivocal
NPs appeared compelled to continually explain their role	NP a lot of it has to do I think with a lack of/awareness [of the NP scope of practice].(p.385)	Unequivocal
collaborative practice could exist in traditional hierarchical relationships	(FP) Um/well um she's working pretty independently and then calling us when there's something that she wants to discuss.(p385)	Unequivocal
perception of NP competence	(NP)/most of the times I feel like I'm being talked down to/ because there's a lot of quizzing that goes on/um and I think sometimes really inappropriate quizzing/because sometimes I listen to how they quiz their resident/or the medical student/ and it's certainly not as harsh as they/quiz us.(p.386)	Unequivocal
management of the clinic	FP And I think that's just/I I have no idea/I think it's a bit of a mystery to me/who decides here who sees a physician and who doesn't/and for what reason.(p.387)	Unequivocal
patient assignment	(FP)/people have chosen to see the nurse practitioner/pe' patients are making those decisions/not us.(p.387)	Unequivocal

(Continued)

Finding	Illustration from Study	Evidence
structural and/or ideological factors that could affect any form of collaborative practice	FP Well uh. . .for I think the missing ingredient when you look at the nurse practitioner joining the collaborative practice/is the nurse buying into the idea that the the role has a primary group of people that they're responsible for. . ./what we have here is not collaboration but a provider that see herself as a special consulting service for wellness people/ (p.388)	Unequivocal
collaborative practice	(NP) But umm I would see collaboration occurring in it's we talk about a shared care model here/. . . (p.388)	Unequivocal

Drummond N, Abbott K, Williamson T, Somji B. Interprofessional primary care in academic family medicine clinics Implications for education and training. *Canadian Family Physician*. 2012; 58:e450-458.

Finding	Illustration from Study	Evidence
shared patient goals and vision	Yeah so sharing the care I see exactly what's described; that there's no barriers; the staff or the physicians aren't putting up a barrier for the health care providers to do their work in and the focus really is the patient and the needs of the patients are met. And that's done regardless if it takes you an extra 15 minutes or you have to go and talk to somebody else or ask for help; that seems to be done quite frequently within the clinic. (Dietitian 1) (p.e453)	Unequivocal
lack of a similar common vision	We have a number of shared care interdisciplinary teams in the clinic, but they're all funded separately. I mean they're funded differently, created differently. The terms of reference or whatever you want to talk about the way they work is different in each case. (Physician 4) (p.e453)	Unequivocal
communication as critical to effective interdisciplinary environments	I think that some of the confusion sometimes is that we have a mixed system. So some stuff comes in through the EMR; we talk about some things; and some things come through on paper. And so often when I'm doing things I'm actually doing things twice because I've done them once on paper and then I've done them once on the EMR because I haven't noticed that. (Nurse 2) (e453-e454)	Unequivocal
Shared decision making as a problem	There probably is room for us to do a little more in how we actually see our patients collaboratively; between the physicians we do it in terms of need rather than in terms of how we make our regular practice. And part of that is what we think our patients want and part of it is what we think we want. (Clinic C, Physician 3) (pg e455)	Unequivocal
Many instances of shared decision making	... a nurse practitioner substituted for physicians for walk-in patients and advised the clinic's registered nurses. The latter undertook assessment and triage on behalf of physicians and routinely dealt with laboratory requisitions and results, undertaking procedures as indicated (p455)	Unsupported

<i>(Continued)</i>		
Finding	Illustration from Study	Evidence
sense of belonging	I think there is a high level of respect for the different roles that people have. So I think there's that high regard that no one of us can do all the work ourselves and if we don't rely on each other we're lost. (Clinic B, Physician 2) (p.e455)	Unequivocal
Trust and a trusting relationship	"It's going to take 3 years for integration to occur." (Pharmacist 1)	Unequivocal
Willingness to collaborate	"[The dietitian] can be tasked by anybody in this room, or I can, and vice versa." (Dietitian 1) (p.e455)	Unequivocal
Understanding roles and responsibilities	You know we really had to work at what's the role and how are we going to manage having various people do various tasks. So it took a while really for us to kind of sort that thing through. So I think that we're part of defining the tasks of each team as best we can so that they work at the top of their scope of practice and principle being having the right person doing the right thing on time. (Physician 1) (p.e455)	Unequivocal
co-location important for building relationships, understanding, and trust.	I think being physically present is a huge part of it. Reminds you that those resources are available, plus I think you gain some of our relationship with the patient through being in the same location. Nothing replaces face to face, does it? (Clinic C, Nurse 3)(p.e455)	Unequivocal
leadership promoted interprofessional practice	There are times when people have not fit in as a team and you get the courage to confront because it's just not a personal vendetta, it's about what you know the place could be and how somebody is just dragging everyone down. (Physician 2) (p.e456)	Unequivocal
informal and frequent team meetings	"I'd say that I'm chatting with a nurse I bet you 4 to 6 times a day anyway about a patient and its usually around a patient, so I think that's the way we do it, not formally." (p.e456)	Unequivocal
Training and education about teamwork	My first observation is that most residents come here with very little if any exposure to team-based care or understanding of what multidimensional teambased care provides. So I think that there is a lack of any kind of prior awareness within their education. (Physician 1) (p.e456)	Unequivocal
team protocols and policies	"[Registered nurses] are involved in program management and protocol development, not just task-oriented roles." (p.e456)	Unequivocal

Goldman J, Meuser J, Rogers J, Lawrie L, Reeves. Interprofessional collaboration in family health teams An Ontario-based study. *Can Fam Physician* 2010;56:e368-74.

Finding	Illustration from Study	Evidence
Rethinking traditional roles and scopes of practice	I'm a pharmacist so I know how to be a pharmacist. I don't know how to be a pharmacist in a FHT because nobody knows about that yet. I walked in and I did pharmacy things, but I didn't know what that meant in relation to what the nurse does or what the dietitian does. (p.e371)	Unequivocal
Management and leadership	[The executive director] has a very clear vision as to where she sees our family health team going and how can we get that in action. So I think her communication skills are great. And really, having discussions with all of us versus just the doctors, just the allied health, or just the front staff, that really, really helps get everyone on the same page. (p.e371)	Unequivocal
lack of shared space	I think the biggest challenge for us currently is space, because our offices weren't designed to incorporate interprofessional staff and interprofessional care. So that's one of the biggest issues. (p.e371)	Unequivocal
lack of shared time	You have to have meetings to find a way to handle the uncertainty and ambiguity [when developing a FHT] . . . You're going to have to sit down and talk to each other about the ambiguity and uncertainty of the work they do. Yeah, it's a big change. (p.e372)	Unequivocal
Interprofessional initiatives to foster a team approach to care	We need to be flexible, both the new team members and the more established team members . . . I think people are quite prepared to be flexible, but it's a little bit of putting up with the uncertainty. So if you can imagine yourself as a person coming to a role that's never existed in a team, that you're being asked, as a newcomer joining a new team, to help define. (e372))	Unequivocal
Interprofessional initiatives to enable interprofessional dialogue	The [key to] access and efficiency is making sure that people are getting to the right profession; for example, if somebody is coming in for their second hep B shot, they don't need to see a physician. They could see a nurse. That opens up a 15-minute slot for the physician to use. (p.e372)	Unequivocal
Interprofessional initiatives to facilitate communication	The electronic medical record (EMR) was a further tool being used within some practices to facilitate collaboration (p.e372)	Credible
gains in collaborative care	It's great to be able to do the teaching for somebody (a patient) who has a high cholesterol level and has hypertension and talk to them about the changes that they need to make and how it will affect their longterm health from a medical point of view, but then it's great . . . to just be able to refer them to a dietitian and know that they're getting the best. (p.e372)	Unequivocal

<i>(Continued)</i>		
Finding	Illustration from Study	Evidence
perceptions of collaborative care	You would explain to them [patients] that their primary care person was going to be the nurse practitioner and that there was a physician partner that they were attached to but their primary person wasn't going to be a physician . . . [M]ost people were receptive to having a nurse practitioner. (p.e372)	Unequivocal

Cioff J, Wilkes L, Cummings J, Warne B, Harrison K. Multidisciplinary teams caring for clients with chronic conditions: Experiences of community nurses and allied health professionals. *Contemporary Nurse* 2010; 36(1-2):61-70.

Finding	Illustration from Study	Evidence
Shared purpose	. . . the multidisciplinary team . . . has a primary health care philosophy with the onus being . . . providing support, education, health care and empowering of the client to stay home as long as possible. (p.64)	Unequivocal
Informal communication	. . . it's often informal . . . same with the counselling team you might walk past their door and you'll go 'Oh, Mrs so and so . . . get a bit of an update. (p.65)	Unequivocal
Health service and meeting structures did not provide opportunities to discuss all	I see people from Y district for example, so I would never be in the same building as those nurses.(p.65)	Unequivocal
Working in a team	. . . bring your complex clients to the meeting and talk about them, and get ideas of what to do . . . we don't discuss all clients, just those that we have challenging issues with. (p.65)	Unequivocal
Working in a team involves referral and documentation process	. . . reasonable proportion of our referrals have come from a community nurse who's gone out and seen the person and said, look, this person needs physio or OT, or a dietician, or whatever . . .(p.65)	Unequivocal
Clinical record system as the formal documentation system	We do documentation when we go to the client's house . . . write what we have done and then we have the computer record (CHIME) too.(p.65)	Unequivocal
Limitation with documentation in clinical record system	CHIME is extremely time consuming, and they (nurses) just don't have time to . . . they see person after person every 20 min till 3:30PM. I just don't physically see how the nurses can do everything . . .(p.65)	Unequivocal
Working relationships as important in teams	. . . rely heavily on the nurse to do some acute management . . . to help guide me through things . . . those other medical issues that I don't understand.(p.65)	Unequivocal

<i>(Continued)</i>		
Finding	Illustration from Study	Evidence
Working relationships associated with the roles of team members	nurses ... understand our role ... we seem to work together really well. (p.66)	Unequivocal
Roles of team members	... helpful to have education about community nurse ... maybe we don't understand all of the facets of their role ... (p.66)	Unequivocal
Staffing as sources of tension	... we haven't actually got a team ... haven't got a dietician ... community health service X hasn't got a physio. ... The nurses do have to be all things ... (p.66)	Unequivocal
Team cohesion as sources of tension	... it sounds like there are a lot of people in it (team) ... but severe limitations ... long waiting lists ... often doesn't seem like you're in multidisciplinary team. (p.66)	Unequivocal
Referral as source of tension	... need a shower chair because you're (client) unsafe ... organize for a shower chair to be ... picked up, or dropped off ... I don't ... fill in a form, and say the OT needs to go out and do an assessment, and then wait six months for ... a shower chair. (p.66)	Unequivocal
Gaps in care	... get so used to having to do the role because the position isn't there ... I went in to see this client, and the community nurse had actually provided them with stuff ... and exercises that usually a physio would give ... because that nurse wasn't used to having a physio on the team ... (p.66)	Unequivocal
Team cohesion	... have to learn to work better with each other ... OTs (occupational therapists) and physios do work very closely together, but perhaps the nurses and the other staff may not be as interwoven ... (p.66)	Unequivocal
Tensions within the team	... some nurses have great knowledge of what other allied health people do, and some have very poor knowledge of what allied health people do. (p.67)	Unequivocal
Nurses needed to adjust to the team situation	I think it's also, nurses traditionally – like physio, occupational therapy, social work, all of that actually years ago these were aspects of nursing. And I think we still have that in us ... so we will do a lot of those things, and only really farm them out when it's absolutely necessary (CN2) (p.67)	Unequivocal
Client care issues as source of tension	Nurses have incredible power to do the reverse ... If ... doing something that they don't agree with ... that clash can ... influence the role of the other disciplines ... the trust that that family have in that discipline ... (p.67)	Unequivocal

Pereira RCA, Rivera FJU, Artmann E. The multidisciplinary work in the family health strategy: a study on ways of teams. *Interface* 2013;17(45):327-40.

Finding	Illustration from Study	Evidence
the work of each one in the team	“If the team does not exist my work does not move. I depend on what others do. Each case, I depend on someone. It gets an injured person, you need nursing technique for healing. If I have someone sick, I need the doctor for a consultation. I need guidance. The mother comes to ask me, “the vaccine X gives fever, gives what?”. I do not know. I have to ask for the nurse.” (Community Health Agent)(p330)	Unequivocal
conceptions of teamwork as cooperation and shared responsibility	“So, teamwork is you doing your activities, but always consulting and interacting with other professionals to community well-being of the population.” (dentist) (p.331)	Unequivocal
conceptions of teamwork as shared collaboration	“To work as a team you must have a common goal, be willing to make your part well-made in pursuit of this objective, and a little humility to recognize that you do not know everything, that will not solve everything alone, enjoy collaboration”. (doctor) (p.332)	Unequivocal
training potential of teamwork	“People already have this knowledge. This desire to be divided and not only bring to themselves. Or want to only use his knowledge. You know the importance of working with other sectors. Both the health and the education, the environment. Any area that reflects on health. So this first step of the professional, to have that understanding. And knowing what it takes to generate health, you have this set of factors. Not only will it be your role there, that will solve a problem of the individual and the community. So I think it’s the training. Suddenly, in the very training in curriculum of college to include teamwork. The importance of the team. Purpose, right? You are working with various sectors. And the person has come to this view. Not specialized as it was a time ago.” (dentist) (p332)	Unequivocal
Joint actions and expanded access to health care in the Family Health Strategy	“My biggest contact it really is with the nurse. We divide fairly the free demands. She attends, calls me and do interconsultation. I guide, prescribe and when it has a case that she can solve she solves [. . .]. We divided the prenatal care. Each month is with one of us attending, and in the end I’m attending. We divide child care, alternating consultations between us”. (doctor) (p333)	Unequivocal

<i>(Continued)</i>		
Finding	Illustration from Study	Evidence
nursing consultation as a way to extend healthcare coverage	“If I have any need that I will need the doctor to evaluate, I will make a referral to my doctor. We work very well in this interconsultation partnership. Because she can not absorb all these families. If you are counting underneath that are four thousand five hundred families. I believe that are more. Today I try to open my calendar for some children, it would be the pediatric case, but I am attending, I request the exams, make referral to the doctor to guarantee to everyone the rights of access to health care.” (nurse) (p334)	Unequivocal
exchange of information for coordination of actions among professionals	“We are and may be articulated along with the team, this exchange. This same manner of doing. We do this, this exchange with the whole team. Ah there’s no way to make an appointment? Let’s put him in the group. At least in the group, it will already have an appointment there for next month, is about to leave early all, going out with the medication. The community worker participates in it. Both in group formation, both in setting up appointments. So when I pull a record if the person say, “Oh I need to make an appointment.” No! He had consultation with the doctor, only scheduled in two months, three months, is possible to refer to the nurse. Then I sit and talk with the nurse. What do you think? The last visit was to the doctor, can it pass with you?”. (community health agent) (p334)	Unequivocal
distrust of patients with non-medical professionals practice	“I say to the person: attention to breastfeeding. Do not give water, do not give some tea. The child is colicky, raises the child’s blouse and your blouse, leans the child in your belly. And live. Does not need some tea. “The mother does not believe. Here comes the doctor, the doctor gives the same orientation, then they talk like that, “someone said, but I did nothing, now that the doctor said.” Sometimes not very serious about what we say. I do not know if it’s because we live in the community. There are people who believe. But some people do not really believe what we say. I mean, it’s what I always say, it is like an ant work.” (community health worker) (p335)	Unequivocal
consensus building	“I think they see my work as good. Eventually we discuss, we diverge from something, but I accept the criticism, I accept the suggestions, and we always come to an agreement.” (doctor) (p336)	Unequivocal
consensus building in team meetings	“At least I’ve left them quite comfortable to talk about it. In team meetings I say: people, if you have anything, that I’m doing, the way I work that you do not think it is cool for you, that I am not interacting with you, you can say. We can sit and discuss and see how we can solve it.” (dental assistant) (p336)	Unequivocal

O'Neill M, Cowman S. Partners in care: investigating community nurses: understanding of an interdisciplinary team-based approach to primary care. *Journal of Clinical Nursing* 2008; 17:3004-3011.

Finding	Illustration from Study	Evidence
effective teamwork revolves around communication	If you have a good team that works well together there would be better communication. Group 1 – Public Health Nurses (p.3007)	Unequivocal
effective teamwork revolves around clarity around individual contribution	It would be to the detriment of nursing and the community if it is was totally GP lead because it's heading down a medical model. Group 1 – Public Health Nurses (p.3007)	Unequivocal
A team leader would impact on team functioning	If somebody is a team leader we're not all equal. . .how can we function as a team? . . .You always have to answer to that person who is higher then everybody else. . .that person is on a pedestal. Practice Nurses (p.3007)	Unequivocal
promoting community service	Community services are a poor relation of health services. Group 2 – General Nurse (p.3007)	Credible
Promoting health	It's ingrained in us, . . .You just don't have people coming in for a blood pressure check, it's not in and out the door, you talk about their smoking, their diet, their exercise. Group 3 – Practice Nurses (p.3007)	Credible
Professional roles	I think because I am quite young. . .the older GPs and I might have a difference of opinion. . . he forgets that things move on so quickly so he is not as up to date as I would be. . . he just thinks I'm the young nurse. . . off you go now. . .so it is very hard to get away from that submissive little nurse that I am not. Group 3 – Practice Nurses (p.3008)	Unequivocal

Pullon S, Mckinlay E, Stubbe M, Todd L, Badenhorst C. Patients' and health professionals' perceptions of teamwork in primary care. *J Prim Health Care* 2011;3(2):128-135.

Finding	Illustration from Study	Evidence
Perceived value of team care	A team is many different people, and with many different qualifications and backgrounds, and contributions to make. . . it gives you. . . a pool of skills for any one problem. . . no individual can provide a complete service. . ." (GP2) (p.132)	Unequivocal
Qualities facilitating good teamwork	"The old GPs are the ones that struggle with the team. . . but these doctors here. . . well, they're young, which helps, but they're also willing to listen to what we have to say and they're willing to work together with nurses." (PN2) (p132)	Unequivocal
mutual respect and interprofessional trust	"We need to have mutual respect for each other. . . We need to have an understanding of each other's roles and. . . what people are capable of." (PN2) (p.132)	Unequivocal
clearly defined roles as a prerequisite for effective teamwork	"Most patients would see the doctor at least once a year. . . But a lot of the time in between it's a nurse consultation." (PN2) (p132)	Unequivocal

<i>(Continued)</i>		
Finding	Illustration from Study	Evidence
shared leadership and skill-set dependent	“... We are all clinically accountable for the decisions we make, if they are seen by a nurse then the nurse is accountable for the decisions they make... decisionmaking, we are all responsible for our own.” (GP2) (p133)	Unequivocal
Chronic conditions required a strong team-based approach	“Each member of the team has got different skills to offer, and they complement each other... you’ve got to use your team skills to provide the best service for those patients’ needs... if you all work together, you can often find things that are useful to that individual patient...” (GP2) (p133)	Unequivocal

Pullon S, Mckinlay E, Dew K. Primary health care in New Zealand: the impact of organisational factors on teamwork. *Br J Gen Pract* 2009;59:191-197.

Finding	Illustration from Study	Evidence
need to run a health-care business efficiently	‘It’s generally very hard for practices to make money these days, isn’t it, so in fact one way of turning that around is maybe utilising the nurses more effectively, but then at the same time I think ... the overall job satisfaction then for a doctor might not be quite so good, because [when they are there] they would perhaps be seeing way more patients.’ (nurse employed in nurse-owned and led private practice) (p194)	Unequivocal
no opportunity for sharing of ideas and common goals	‘In some practices I think that you just don’t have that team scene at all ... some practices don’t have staff meetings full stop ... so how can you have collaboration if people are not communicating?’ (nurse employed in private practice) (p194)	Unequivocal
Organisation within practices	‘Financial viability in [New Zealand] general practice is something that underpins everything you do ... if you’re not in front of the patient, you’re not earning money ... you need to maximise contact time, maximise charging, leave off other things that we are not going to be reimbursed for.’ (doctor, independent contractor) (p194)	Unequivocal
practice systems as a constant source of stress	‘So you have this patient who is half sorted and you have got nowhere to put them, and ... they’ve got their bandages down ... and I think a lot of the stress came from the fact that ... not enough attention had been paid to ... basic systems ... you get your systems right, everything works, everything works without you thinking about it.’ (doctor, independent contractor) (p194)	Unequivocal
funding as potentially supporting teamwork	‘if they [the nurses] were to do that [task] autonomously we wouldn’t get funded as much whereas if we do it we get to claim [more] ACC funding for it which is ridiculous ... the same job but done by different people but that is the way the system works.’ doctor self-employed in private practice) (p193)	Unequivocal
healthy systems	‘it’s a huge relief [to be salaried]’ (doctor) (p193)	Unequivocal

(Continued)

Finding	Illustration from Study	Evidence
salaried practice as promoting teamwork	'I think that the personnel there ... were conducive to working as a team, but also the fact that we were all salaried made a huge difference. I mean everybody was on the same sort of level.' (nurse employed in private practice) (p195)	Unequivocal
good teamwork and interprofessional practice	'We have the doctors' and nurses' meetings every second month; we have all-staff-rightacross-the-board meetings every other month. We have strategic planning once a year, everyone is very approachable. [In our practice] I think everyone feels they can say ... about things that are worrying them. We have a stress monitor that we fill in at our staff meetings ... red is the danger area so the practice manager monitors that ... and she can start putting things in place.' (nurse employed in private practice) (p194)	Unequivocal
Education and ongoing training	'I think nurses have a slightly different viewpoint of health. They are not necessarily as closely tied to the biomedical view [as doctors], which is both a strength and a weakness.'(doctor self-employed in private practice) (p195)	Unequivocal
good teamwork but far from universal	'I think it is very variable actually. I think I work in a really good practice ... in terms of how people get on, how people's skills are valued ... and where I know I can make a good contribution and where people are appreciative ... doctors and patients and receptionists, everyone, and nursing colleagues too. [But] I'm on the practice section, which is the local practice nurse committee ... I certainly hear a lot of gripes ... I mean some practices don't probably even have team meetings or anything like that, and so I think ... I do work for a good practice and I think it is probably exceptional rather than the norm.' (nurse employed in private practice) (p195)	Unequivocal

MacNaughton K, Chreim S, Bourgeault I. Role construction and boundaries in interprofessional primary health care teams: a qualitative study. *BMC Health Services Research* 2013;13:486.

Finding	Illustration from Study	Evidence
Collaborative roles	I really rely heavily on the other people that work here. . . I often share my findings on a patient with other colleagues or they share with me.NP (p.5)	Unequivocal
Autonomous roles	I'm with patients all day. . .I'm not going to sit there and talk about work ever with anybody really. . .I'm more independent.(chiropracist)(p.5)	Unequivocal
Interchangeable roles	[New patients] fill out an intake form. . .Once that is filled out, we have them book an intake appointment where they may meet with the RN, RPN or the NP, depending on availability, where the intake is reviewed.(p.6)	Unequivocal

<i>(Continued)</i>		
Finding	Illustration from Study	Evidence
Differentiated roles	NPs have a larger practice. . . They can prescribe, they can make a diagnosis, we (RNs) cannot. (p.6)	Unequivocal
Workloads influence role construction	The chiropodist is specialized in foot care, wounds, warts, injuries, nails. . .But we [NPs] still do wart treatments. So there is a duplication of services provided but she can't see everyone: she's already got a ridiculously long waiting list.(p.6)	Unequivocal
Hierarchy and chain of responsibility	There are definitely power dynamics. I think in general physicians tend to hold more weight. (p.7)	Unequivocal
Positional power may be used to influence roles	One of the interesting things that we found and worked through was the whole 'grabbing-and-letting-go' process because there are a lot of similar tasks in the roles [of NPs and RNs]. . .How we worked to build a process was to keep reminding the nurse practitioners in this model that you are now similar to a family doctor and those RNs are similar to the nurse practitioners. So you know exactly what it's like to feel like you're compressed and not working your full scope, why would you do the same to an RN? And when they start thinking like that and putting themselves in that position, that's when they start working together and they learn how to truly work as colleagues. (p.7)	Unequivocal
Interpersonal dynamics between team members	As part of my orientation when I started working here, I spent some time with each of those disciplines to get a little bit clearer idea of what their role is. I think it enhances the team, it enhances my work.(p.7)	Unequivocal
Trust affects the extent to which professionals are collaborative	If you've got a clinical pharmacist who is very approachable, demonstrates to the physicians and NPs. . .that she's very knowledgeable. . ., answers their questions in a very helpful manner, provides good advice to them and to their patients, then people consult the pharmacist and the things they ask the pharmacist to do on behalf of their patient continue to increase.(p.7)	Unequivocal
Leaders help to integrate new professionals into the team	We all have a say in the hiring of our teammates and we discuss roles ahead of time. We collaboratively get together and say 'okay, what are we missing in our model of care and which position would be able to fill that void'.(p.7)	Unequivocal
Professional knowledge is an influence on collaborative role boundaries	I really rely on the pharmacist to ensure. . .I'm using the optimal medication for an individual patient. . .so I interact with him a lot. I do interact with the dietician and social worker as well, but it's more. . .on a nice-to-know type of basis rather than really relying on the skill set of another professional to help me in my role. (p.8)	Unequivocal

(Continued)

Finding	Illustration from Study	Evidence
Individual attributes as a factor in determining how much team members are willing to work and grow in their role collaboratively	Some providers feel that as primary care provider they should be providing all of the primary care and doing everything and they really don't refer a lot. But they might use my services in another way: drug information questions. So for some physicians I'm really exclusively a drug information pharmacist. For other physicians, I'm much more involved in a collaborative care approach where they'll refer me a patient and 'can you recommend what should I do about this' and in those instances it's collaborative and I'm a part of patient care, whereas with others it's very separate. (p.8)	Unequivocal
Professional satisfaction	I love having our pharmacist here...the NP. They're great supports and it's nice feeling that you're not alone in taking care of a huge number of people. That there is a safety net. It's nice to know that there are other people you can call and say I've got to change her off of all of these medications, can you please help me here.(p.8)	Unequivocal
Gained satisfaction from the autonomous dimensions of their role	I think if I were on [another team], I would not be seeing every patient; I would be perhaps seeing more routine types of patients; and then there would be these doctors asking me about my patient care all the time, and questioning me on that. And here we don't have that. So being given that autonomy, being given that responsibility for me is just to work extra hard to do a really good job, and that's what I strive for every day...It's like a breath of fresh air, compared to anywhere else I've ever worked. Even though they all say it's a team, it's not a team compared to here. I can't stress that enough; this is amazing here in that way.(p.8)	Unequivocal
Alleviating the burden of the workload.	With the 'Well-Baby' visits...I usually do immunizations but, if I've got two to give, then sometimes they [NPs] will come in and help me, even though that's really not their role. But it's still within their scope...so they will come and help me do it. (p.8)	Unequivocal
Maximization of skills	I don't know if I think anybody has any more power. I work really collaboratively with most of the NPs. I don't feel like I could do their role and I don't think that they really feel that they could do mine. So I think that we respect each others' boundaries and limits. (p.9)	Unequivocal

Oliveira EM, Spiri WC. Family Health Program: the experience of a multiprofessional team. Rev Saúde Pública 2006;40(4):727-33.

Finding	Illustration from Study	Evidence
Family Health Program is teamwork	"... it is easier to work as a team... you don't do things alone... community health workers... are fundamental... they see the problem..."(p.3)	Unequivocal

(Continued)

Finding	Illustration from Study	Evidence
Family Health Program is teamwork	"... I liked the fact of beginning to work in a team, the continuity of teamwork, you visit the patient, the nurse visits the patient, and then the physician..."(p.3)	Unequivocal
training may not be sufficient	"... when I got here to work, I didn't know what it was to be a community worker... we had some training before, a course, but still, that was very new. You watch the person explaining, telling you how things are. It's different from going there and knocking at a door to collect information ... (p730)	Unsupported
integration between team members	: "... everything is done in order to help the patient... everything is discussed so as to avoid contentions..." (p4)	Unequivocal
coordinating role of the nurse	"... the unification that I'm achieving here... makes me happy... the care... the doctor and I, we work as a team..." (p.5)	Unequivocal
teamwork is gratifying experience	it is very gratifying work... I like what I do... it's great to work in a team..." (p.6)	Unequivocal

Reis CB, Andrade SMO. Social Representation of the Team Work in the Attention to the Woman According to the Nurse's View. Esc Anna Nery Rev Enferm 2008;12(1):50-6.

Finding	Illustration from Study	Evidence
power and space struggle between professionals	As I quoted that the team is good, the doctor is good, but I see that he did not want to lose his space. Only he could have given an opening for me. Also because he will think like this: what will I do here in this post? And then they do not talk to each other, the class itself is disorganized, even though they are disorganized, they are very close. In my opinion, they do not take a lot to us ... Here no one is willing to go over anyone, I think would be better ... is working in group. But (laughs) ... it's hard, especially with the medical profession. Unfortunately my doctor thinks that his figure in the team is much more important than any other professional, my doctor does not help in emergency he gives me autonomy also to evaluate the need to actually go urgently, then I'll be telling and he attends. Thus, the medical part, it always in contradiction, there's no way, right? Here who is not involved to speak the Family Health Program really works is the doctor.(p.54)	Unequivocal

(Continued)

Finding	Illustration from Study	Evidence
planning as a nurse role	It seems that everything has to be the nurse to start, all programs; if the nurse does not give the kickoff the program will not. I have a very good job, so I've got that they have my thoughts. I do, I work in one way and another nurse can work otherwise. So all that is going to decide, we (nurses) decided together. We try to get together and discuss these issues. As the coordinator will decide, she is not alone, she invites all; we do a meeting, and the idea has value, and we close with the ideas of all. But actually it ends up not being PSF. Who plays the role of PSF are nurses, doctors do not.(p.54)	Unequivocal
more training	I feel that should have more training, more graduation, right? They are not able to fill out a report. Vocational training influences, because after they made that course of auxiliary it helped a lot. As you get better training, you will reach better results with the team you are working with. Because every time someone goes in training, we get together to talk, so we see that when he gets back of the training he is better, even to express his opinions. Lack of staff preparation to work with women's health, it lacks professionals training to, if at least one fails, the other is able to pick up, and then be guaranteed at least the woman [care].(p.53)	Unequivocal
work team is incomplete	Well, our team is with the agents, the auxiliary professional, we do not have a satisfactory demand, then our team is difficult. It is incomplete. My team is me and my agents. The doctor I can count sporadically, because the doctor is of the health center. Because the doctor, he does consultation and wants to run. The doctor who is in office does not do prenatal care, preventive examinations are conducted by auxiliaries, so there's no integration.(p52)	Unequivocal

(Continued)

Finding	Illustration from Study	Evidence
each one is doing their part	Difficult, is not teamwork, each one does their job, we do not sit down to discuss data, to discuss quality of what we are doing, to see the patient who can along the way take a different course. The psychologist, we can work together, because sometimes she is treating her part, the patient psychologically, so then she says that the patient is taking the drug such, complaining that, so you can refer to such a place. Physiotherapy... just if it is a very serious thing that they pass to me, otherwise they treat the symptoms. I think that's how the old custom of each one doing their part, right? She's got a gynecological complaint, so it's not my purview, right? What hinders rather it is the lack of a gynecologist, more specialized care, but a reference. The integral care? No leads because you're each going their way, then, does not take. Are all parts of integral health, but each does it their way and separately. Lack of preparation of staff to work with women's health and understand that overall health is not each one doing their part. Except that for what we talk it is something like this, except that each one directs their way.(p.52-53)	Unequivocal

Jaruseviciene L, Liseckiene I, Valius L, Kontrimiene A, Jarusevicius G, Lapão LV. Teamwork in primary care: perspectives of general practitioners and community nurses in Lithuania. BMC Family Practice 2013; 14:118.

Finding	Illustration from Study	Evidence
Main members of a PHC team	“The team probably consists of a nurse and family physician, which is the most common primary care team model.” (p5)	Unequivocal
Hierarchy in PHC teams	“Our duties are different, but we should all be on a line, more horizontal.”(p5)	Unequivocal
Leadership in a team	Somebody should manage this team. (p5)	Unequivocal
“Intangible” team unity	“...nurse and physician [...] – everything is operating automatically between them.” (p5)	Unequivocal
Common goals of team members	“The goal is common – that patient should be stroked around from all sides; he should be happy... (p5)	Unequivocal
Individual motivation to work in a team	“This depends on the person. One would do everything, another would say: ‘I was told to do that and I will not do anything more.’ There are such people in a team too...” (p5)	Unequivocal
Trust between teammates	“A physician should trust the nurse. If there is no trust, there is not any team.(p5)	Unequivocal
Respect between teammates	Good relationships are most important, when you are working together and do not humiliate each other. (p.5)	Unequivocal
Executing commands of physician	“And afterwards, in the office, she [the nurse] is doing what I am telling her to do (p.5)	Unequivocal

<i>(Continued)</i>		
Finding	Illustration from Study	Evidence
Well-described, known roles of team members	“Everybody should know what he must to do (p5)	Unequivocal
confusion of roles	“I do not know what her [CN] functions are. In fact we do not know what her duties are.” (p.5)	Unequivocal
Overlap of responsibilities	“If you take physician and nurse job descriptions, you see that many roles between them are overlapping.” (p5)	Unequivocal
Explicit boundaries of the roles and responsibilities of team members	“The most important is not to intervene in treatment, since treatment belongs to the physician [. . .]; the most important is to work within our own framework. (p5)	Unequivocal
Delegation of tasks	“Physician should say [. . .] what he wants from the nurse (p5)	Unequivocal
Assumed individual responsibility	“The nurse should know the boundaries of her work and take responsibility for their own actions.” (p5)	Unequivocal
Overlapping activities	“It might they [nurses] are performing some tasks that belongs to us, but they are not fulfilling their own tasks (p5)	Unequivocal
Work in stable districts	“You feel pleased when you are going to your own district; you know all the tasks [. . .]. It’s very important this many years to work in one place.” (p6)	Unequivocal
Autonomous performance of one’s own duties	“You should not say to a nurse, ‘You should do this or this.’ She should do this herself on the spot (p5)	Unequivocal
Sanctions for CN’s for overstepping boundaries	“And during the meeting it was said that [name] is commenting on exam results. [. . .] They made mud out of me so badly! [. . .] (p5)	Unequivocal
Positive expectations towards CN’s “doctoring”	“She (CN) has my small stamp. I gave it to her that she could prescribe tests when I am absent” (p5)	Unequivocal
Appropriate knowledge and skills	Sometimes I hear [. . .] our nurses who are consulting patients by phone [. . .]. Once in a while [. . .] such a consultation makes me cover my ears and not listen anymore. Really, the knowledge is outdated or inaccurate. . . (p5)	Unequivocal
Introduction of innovations	Everything is on an electronic record system – if you had it, you wouldn’t need to rewrite information in referrals, recipes, etc. . . (p6)	Unequivocal
Team building initiatives	In the beginning [of institution’s activity] we had a lot of training on team work. . . at that time this seemed stupid and incomprehensible, but now it seems that it was worthy, this turned our heads in other direction. I mean, some understanding emerge. . . (p6)	Unequivocal

<i>(Continued)</i>		
Finding	Illustration from Study	Evidence
Communication as a tool to transmit work-related information	Since we [GPs and CNs] are working in separate offices, communication is very important [...]. We are referring all the information to the physician [...]. It's time saving for the physician and his consultation (p6)	Unequivocal
Means to optimise communications in a team	We even have such a local telephone connection [between GP and CN offices]. If there is some question, we press a button and get in contact. (p6)	Unequivocal
Difficulties in mutual communication	"They [CNs] react very sensitively [...], even when you are talking very amiably [...]. You see that she feels offended. . . somehow offended." (p6)	Unequivocal
Inner language of team members	We understand one another in a glance. (p6)	Unequivocal
Communication strategies	"I have heard about, when a physician who was close to the patient snapped out to the nurse everything he is thinking and. . . and had done this so awfully (p6)	Unequivocal
Synchronisation of compensation policies for team member	"Our nurses have a fixed salary, so, the less patients I have, the happier she is, since she can sit and look through a window (p6)	Unequivocal
Workplace of team members	We do not have where to let them [CNs] sit down normally so we cannot ask them to perform tasks independently. It's really so – there is no place to sit down." (p6)	Unequivocal
Regulation of patient flows	"When, instead of 12 patients with an appointment, 30 or even more come, this simply puts out of kilter all work in a team." (p6)	Unequivocal
Involvement of all personnel in non-clinical activity	"All of us – doctors and nurses – were involved in preparation of office rules [...]. We had to go through the legal acts and prepare internal policies. We were not happy about that, but after that we knew each other better (p6)	Unequivocal
Best practice exchanges with other institutions	"The heads of health care institutions should sit together and decide [...] how to improve things [...]. Now they are only competing with each other. (p6)	Unequivocal
traditional higher status of GPs	WE recognize the physician as a chief. But there is a big question, whether he should be a chief. . . probably we simply inherited such understanding from those [sovietic] years (p6)	Unequivocal
younger GPs	The younger physicians[...], they are different [...]. It might be more conscious [...] friendlier [...]. They are addressing us differently, communicating differently, . . . but I am not saying that all sovietic physician are like this. . . (p8)	Unequivocal

Hansson A, Friberg F, Segesten K, Gedda B, Mattsson B. Two sides of the coin - General Practitioners' experience of working in multidisciplinary teams. *Journal of Interprofessional Care* 2008;22(1):5-16.

Finding	Illustration from Study	Evidence
Teamwork as more time-consuming	"... sometimes it can be a bit tedious, I think, a bit time-consuming, there are a lot of people who have lot to say, who keep talking for a very long time... everybody is full of their own view of the matter..." (p.9)	Unequivocal
Teamwork as time-saving	"... I don't need to do the job of the psychologist or the physiotherapist... and I'm good in my field... and then we share information and knowledge with each other and help each other..." (p.9)	Unequivocal
Cooperation	"We can consider together what treatment is the best and the most effective for the patient – conversation instead of physiotherapy for example and this cuts costs. One can motivate a standpoint from different starting points." (p.9)	Unequivocal
Extension	"(Teamwork)... provides you with possibilities for home- and work-visits to another extent."(p.10)	Unequivocal
Support	"You can be spared the paternalistic role and total responsibility for the patient." (p.10)	Unequivocal
Continuity	"High continuity (is provided) that doesn't depend upon one person..." (p.10)	Unequivocal
All in one hand	"The doctor has the leading role anyhow as you are the person who has the ultimate responsibility for the patient." (p.10)	Unequivocal
Explicit bounds	"You go from the position of an all-knowing person to a more limited 'expert-role', with delimited responsibility." (p.10)	Unequivocal
By belonging to a team the doctor was able to realize patients' expectations of medical competence: pure doctor	"You can meet patients' expectations as to what a doctor should do." (p.11)	Unequivocal
Doctor tasks	"You become the one whose job it is to "... estimate the patient's capacity from a medical point of view". (p.11)	Unequivocal
Spider in the web to define the old generalist position	"You are some type of mediator, the person in the team with the most comprehensive view, in comparison to the health insurance representative, the psychologist, for example, and all those whose financial incitements are different." (p.11)	Unequivocal
Learning position	"[In the old role]... you got a 'feeling' of there being different things that influenced the patient's health, but you never got at deeper knowledge of the problem in such a structured way..." (p.11)	Unequivocal

<i>(Continued)</i>		
Finding	Illustration from Study	Evidence
Getting new perspectives	“Many different categories of professionals are needed to get a complete picture of the patient.” (p.12)	Unequivocal
Superficial knowledge	“The immediate contact with the patient becomes more superficial – thoroughgoing contact will be taken over by others. . .” (p.12)	Unequivocal
Fear of losing control over the patient in medical matters	“[You are no longer]. . . the one who has chief control and power over the patient’s disease and its treatment.” (p.12)	Unequivocal

Appendix VI: Results of meta-synthesis

Finding	Category	Synthesized finding
Understanding Primary Health Care (U)	Attitudes and beliefs	<p><i>Synthesized finding 1:</i></p> <p>The health professional’s experience of teamwork and the inter-professional collaboration process is based on daily practices triggered by users’ needs and includes integration, trust, respect, openness to collaboration, a feeling of belonging, humility, time to listen and talk. Interprofessional collaboration requires communication and sharing of workspaces to ensure frequent contact and sociability, appreciation and knowledge of different practices and professional roles, especially in complex cases, and shared leadership to deal with conflicts and tensions.</p>
Being part of a team was a positive experience (U)		
Collaboration essential strategize, diagnosis and treatment, planning (C)		
Collaborative practice (U)		
Conceptions of teamwork as cooperation and shared responsibility (U)		
Conceptions of teamwork as shared collaboration (U)		
Effective teamwork revolves around communication (U)		
Good teamwork but far from universal (U)		
Interactions between team members (U)		
Interdisciplinary relationships (U)		
Main members of PHC team (U)		
Perceived value of team care (U)		
Professional categories necessary for team (C)		
Professional satisfaction (U)		
Recognize that requires work (U)		
Respect between teammates (U)		
Sense of belonging (U)		
Shared purpose (U)		
Team characteristics (U)		
Teamwork as more time-consuming (U)		
Trust and trusting relationships (U)	Communication	
Trust between teammates (U)		
Communication (U)		
Communication as a tool to transmit work-related information (U)		
Communication as critical to effective interdisciplinary environments (U)		
Consensus building (U)		
Consensus building in team meetings (U)		
Exchange of information for coordination of actions among professionals (U)		
Having the Practical “Kwon-how” for Sharing Patient Care (U)		
Informal and frequent team meetings (U)		
Informal communication (U)		
Inner language of team members (U)		
Interprofessional initiatives to facilitate communication (C)		
Means to optimize communication in a team (U)		
Roles and duties affect collaboration (U)		
Team members’ experience s of interactions (U)		
Working in a team (U)		

<i>(Continued)</i>		
Finding	Category	Synthesized finding
Appropriated knowledge and skills (U)	Conflicts	
Client care issues as source of tension (U)		
Communication strategies (U)		
Conflicts between physicians and health care agents (C)		
Difficulties in mutual communication (U)		
Difficulties with community health workers (U)		
Hierarchy and chain of responsibility (U)		
Hierarchy in PHC teams (U)		
Knowledge contribution was not valued or put to use (U)		
Lack of a similar common vision (U)		
Oral health as a privilege (C)		
Perception of NP competence (U)		
Power and space struggle between professionals (U)		
Problems with physicians (U)		
Relationships between health care agents and nurses is divided (C)		
Sanctions for CN's for overstepping boundaries (U)		
Team cohesion (U)		
Tensions with the team (U)		
Understanding and respecting team members' roles (U)	Leadership	
A team leader would impact on team functioning (U)		
Leadership in a team (U)		
Leadership promoted interprofessional practice (U)		
Management and leadership (U)		
Shared leadership and skill-set dependent (U)		
Traditional higher status of GPs (U)	Practice	
"Intangible" team unity (U)		
Alleviating the burden of the workload (U)		
Autonomous performance of one's own duties (U)		
Autonomous roles (U)		
Chomical conditions required a strong team-based approach (U)		
Collaboration is most often spontaneous (U)		
Collaborative practice could exist in traditional hierarchical relationships (U)		
Collaborative roles (U)		
Coordinating role of the nurse (U)		
Each one is doing their part (U)		
Gained satisfaction from the autonomous dimensions of their role (U)		
Getting new perspectives (U)		
God teamwork and interprofessional practice (U)		
Patient factor tend to trigger the collaboration (U)		
Professional knowledge is an influence on collaborative role boundaries (U)		
Qualities facilitating good teamwork (U)		
Shared decision making as a problem (U)		
Shared patient goals and vision		
Superficial knowledge (U)		
Team characteristics (C)		
Teamwork considered a good activity (U)		
The work of each one in the team (U)		

<i>(Continued)</i>		
Finding	Category	Synthesized finding
Trust affects the extents of which professionals are collaborative (U)	Roles and responsibilities	
Willingness to collaborate (U)		
Working relationships as important in teams (U)		
Mutual respect and interprofessional trust (U)		
Assumed individual responsibility (U)		
Be belonging to a team the doctor was able to realize patients ' expectations of medical competencies: pure doctor (U)		
Clearly defined roles as prerequisite for effective teamwork (U)		
Confusion of roles (U)		
Delegation tasks (U)		
Differentiated roles (U)		
Effective teamwork revolves around clarity around individual contribution (U)		
Explicit boundaries of the roles and responsibilities of team members (U)		
Explicit bounds (U)		
FP confusion and concern about the NP knowledge base (U)		
Greater understanding of one another's role (U)		
Individual motivation to work in a team (U)		
Interpersonal dynamics between team members (U)		
Lack of knowledge of complexity of the work of the others professionals (U)		
Leaders help to integrate new professionals into the team (U)		
Learning physicians experienced through working with a nurse practitioner (U)		
Managing complex cases (U)		
Maximization of skills (U)		
NPs appeared compelled to continually explain their role (U)		
Nurses 'role in the primary care team (U)		
Overlap of responsibilities (U)		
Overlapping activities (U)		
Performing activities that are not specific to their professions because of a minimal team (U)		
Positive expectations towards CN's "doctoring" (U)		
Rethinking traditional roles and scopes of practice (U)		
Role boundaries conflicts (U)Roles of team members (U)		
Spider in the web to define the old generalist position (U)		
Team protocols and policies (U)		
Teamwork aspects of community health agents work (U)		
Understanding and respecting team members' roles (U)		
Understanding roles and responsibilities (U)		
Well-described, known roles of team members (U)		
Working relationships associated with the roles of team members (U)		
Co-location important for building relationships, understanding and trust (U)	Space	
Collocated services and easy access to other providers as facilitators of collaboration (U)		

<i>(Continued)</i>		
Finding	Category	Synthesized finding
Busy or the volume of work as a barrier of collaboration (U)	Barriers	<i>Synthesized finding 2:</i> The health professional's experience with conditions and consequences of teamwork and interprofessional collaboration shows the importance of a care philosophy guided by the connection with the patient and family. This is especially evident in the papers dealing with the Brazilian Family Health Program. This generates gains in collaborative care: as the continuity of action, the improvement in relations, time saving and continual learning. Teamwork is a practice facilitated by individual and collective initiatives in the areas of labor and management, although there are still structural, ideological, organizational and relational barriers.
Difficulties to organize the demand (C)		
Employer/Employee relationship (U)		
Gaps in care (U)		
Lack of follow through between providers and not communication as barriers to collaboration (U)		
Lack of preparation for some activities of the family health program (U)		
Lack of shared time (U)		
Need to run a healthcare business efficiently (U)		
No opportunity for sharing of ideas and common goals (U)		
Organization within practices (U)		
Patient factors as barrier to collaboration (U)		
Practice systems as a constant source of stress (U)		
Promoting community service (C)		
Regulation of patient flows (U)		
Structural and/or ideological factors that could affect any form of collaborative practice (U)		
Team cohesion as sources of tension (U)		
Team not composed of the right professions (U)		
Collaboration improves relationship (U)		
Collaboration might gather more information (U)		
Continuity (U)		
Cooperation (U)		
Extension (U)		
Gains in collaborative care (U)		
Lack of consensus (U)		
Learning position (U)		
Support (U)		
Teamwork as timesaving (U)		
Teamwork is gratifying experience (U)	Facilities	
Communication systems (formal and informal) as facilitators of collaboration (U)		
Family Health Program is teamwork (U)		
Interprofessional initiatives to enable interprofessional dialogue (U)		
Interprofessional initiatives to foster a team approach to care (U)		
Introduction of innovations (U)		
Respectful and receptive interactions between providers as facilitators of collaboration (U)		
Shared vision as a facilitator of collaboration (U)		
Work in stable district (U)	Philosophies of care	
Comforting and connecting with their patients as an essential part of the collaborative process (U)		
Common goals of team members (U)		
Community health agent and community (U)		
Family and community involvement (U)		
Family Health Program is teamwork (U)		
Isolated practices, curative focus and with lack of unity of knowledge (U)		
Promoting health (C)		
Understanding Primary Health Care (U)		
All in one hand (U)		

<i>(Continued)</i>		
Finding	Category	Synthesized finding
Distrust of patients with non-medical professionals practice (U)	Biomedical paradigm	<i>Synthesized finding 3:</i> The health professional's experience of teamwork and interprofessional collaboration is determined by the biomedical paradigm, social division of labor, provision of services in the referral network and counter reference, and specific training in teamwork during undergraduate study and in the workplace.
Doctor tasks (U)		
Fear of losing control over the patient in medical matters (U)		
Individual attributes as a factor in determining how much team members are willing to work and grow in their role collaboratively (U)		
Nurses as "bombri!": no one does their job, but they do the job of everyone (C)		
Nurses as the leaders (C)		
Nurses needed to adjust to the team situation (U)		
Nursing consultation as a way to extend healthcare coverage (U)		
Others are physicians auxiliaries in the team (C)		
Patient assignment (U)		
Patient still look for medical consultation (U)		
Patients ' demographic characteristics affect providers' collaborative process (U)		
Perceptions of collaborative care (U)		
Planning as a nurse role (U)		
Positional power may be used to influence roles (U)		
Privilege about prescribing (C)		
Professional roles (U)		
Younger GPs (U)		
Training potential of teamwork (U)		
Dentists undergraduation education lacks integration (C)		
Education and ongoing training (U)		
More training (U)		
Team building initiatives (U)		
Training and education about teamwork (U)		
Delay accessibility (C)	Referral	
Effective relationship facilitated smooth interdisciplinary referrals (U)		
Interchangeable roles (U)		
NP scope of practice (U)		
Positive effect of referral (U)		
Referral as source of tension (U)		
Referral decision (U)		
Referral to counseling is mildly risky (U)		
Working in a team involves referral and documentation process (U)		
Agents insufficient earnings (C)		
Executing commands of physician (U)	Working determinants	
Funding as potentially supporting teamwork (U)		
Healthcare agents not satisfied with employment conditions (C)		
Healthy systems (U)		
Income differences between physicians and nurses (C)		
Joint actions and expanded access to health care in the Family Health Strategy (U)		
Lack of formal employment (C)		
Salaried practice as promoting teamwork (U)		
Staffing as sources of tension (U)		
Synchronization of compensation policies for team member (U)		
Work team is incomplete (U)		
Workload influence role construction (U)		