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Staff satisfaction with team conferences: development of a questionnaire

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The Rehabilitation Activities Profile (RAP) is part of RAP-TEAM which is a novel method for structuring multidisciplinary team conferences. As such, RAP-TEAM is intended to facilitate interdisciplinary team work in rehabilitation medicine. Before the effects of RAP-TEAM in team conferences can be studied, an assessment method had to be chosen. A questionnaire was considered the most appropriate. The present study describes the development of this questionnaire and its psychometric evaluation. Questions were drafted from three sources: literature, team conference observations, and discussion with professionals from various disciplines. Questions were divided among five dimensions: (1) problem analysis, (2) planning intervention, (3) evaluation, (4) organization, and (5) common viewpoint. For psychometric evaluation the questionnaire was completed by 39 professionals of various rehabilitation disciplines. After analysis of homogeneity (values of Cronbach's alpha range from 0.70 to 0.84), the predesigned dimension structure of the questionnaire was studied. The predesigned dimension structure could not be confirmed. Only one new dimension appears to be present which is post hoc defined as 'a professional's satisfaction with team conferences'. Homogeneity of this singular dimension is 0.92. Face and content validity of questions were established during construction of the questionnaire. Response to the questionnaire was not biased by social desirability. It is concluded that the questionnaire can be used to study the effects of RAP-TEAM.

Introduction

The Rehabilitation Activities Profile (RAP) is a novel instrument designed for functional assess-

ment in rehabilitation medicine.^{1,2} The domains of communication, mobility, personal care, occupation and relationships are covered by the RAP. It has three unique properties: (1) disabilities and handicaps are assessed (impairments are not recorded); (2) the perceived problem of a patient regarding a disability or handicap is determined;

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(3) there is a two-level structure, meaning that every domain contains a number of items which are further divided into subitems.

The Rehabilitation Activities Profile serves as a frame for RAP-TEAM. RAP-TEAM is a report system intended to structure team conferences. RAP-TEAM uses four types of forms designated A-, B-, C- and D-forms. A-forms are filled in by the physician and are used to provide professionals (e.g. physician, occupational therapist, physical therapist, social worker, etc.) with information at the beginning of the rehabilitation process. Professionals report on B-forms about their findings and treatments given. C-forms are the accumulation of properly arranged B-forms. These are distributed to all professionals prior to team conferences. After the team conference D-forms are obtained as the minutes. RAP information is given in profiles and textual information.

RAP-TEAM is meant to be used in team conferences where emphasis is laid on discussion of a patient's present functional status and his or her prognosis, but most of all on goal-setting and ways in which these goals can be achieved.

Communication during team conferences is often troublesome, because (1) a unified language is missing, (2) a common viewpoint, essential for goal-setting, is lacking, and (3) professionals insist on mentioning monodisciplinary observations, which are irrelevant for the other professionals. The authors consider RAP-TEAM to be a remedy for these problems. RAP-TEAM should provide professionals with comprehensible, relevant (especially for the patient) and concise information. In this way an interdisciplinary approach to rehabilitation is stimulated.³

A study with experimental teams (in which RAP-TEAM is to be introduced) and control teams (in which RAP-TEAM is not to be introduced) was designed to examine the effects of RAP-TEAM. Before this study can be carried out, an appropriate assessment method has to be chosen to evaluate the effects of RAP-TEAM. The subjects of interest for this study are the professionals, because they are the ones who should practise RAP-TEAM in their daily routine. How do we know whether information is comprehensible, relevant and concise for professionals? Do professionals really have a clear picture of a pa-

tient's functioning? Are professionals able to work towards goals which are set by the team instead of by individual professionals?

The best way to answer such questions is to ask professionals who are engaged in team conferences. They can answer the questions in the most valid way. Therefore, a questionnaire is needed in which a professional's opinion about the various aspects of team conferences is assessed. Through their opinion they express their satisfaction or dissatisfaction with team conferences. Available questionnaires were considered to be inappropriate for this assessment because they were too general, i.e. not specifically directed to the contents of multidisciplinary team conferences.^{4,5} Consequently, a questionnaire had to be developed which could bridge this gap and assess the professional's satisfaction with the various aspects of team conferences. In the present article the construction and psychometric evaluation of this questionnaire are described.

Methods

Question selection

Three sources were used to draft items for the questionnaire: literature, team conference observations, and discussion with six professionals from various disciplines.⁵⁻⁸

Literature

Rehabilitation medicine can be considered a problem-solving activity.^{6,8} In general, different phases are identified in the rehabilitation process which are partly reflected in team conferences.^{5,6,8} For each phase a number of questions have to be answered before professionals can carry out an effective and efficient rehabilitation process.

- 1) Problem analysis: Which impairments, disabilities and handicaps does this patient have? What is his or her prognosis?
- 2) Goal-setting and intervention planning: Which goals are set for (and with) a patient? Which disciplines are to be engaged?
- 3) Evaluation: What is the present functional status of a patient? Have goals been met? Do goals need to be revised? Does a new treatment plan need to be formulated?

Team conference observation

Several team conferences were observed by the first author. The phases described in the literature could be confirmed. Other important elements of team conferences concern organizational matters such as duration of a conference, drawing up the agenda, and the minutes. It was striking to observe that most professionals report monodisciplinary information and have a tendency to formulate rehabilitation goals only for their own profession.

Opinion of professionals

Discussions with a physician, a physical therapist, an occupational therapist, a social worker, a psychologist and a speech pathologist from an inpatient rehabilitation centre were held to check whether all aspects of team conferences were covered by the questionnaire. This gave the questionnaire sufficient content validity.

A total of 45 questions were drafted and arranged in six dimensions: (1) problem analysis, (2) planning intervention, (3) evaluation, (4) organization, (5) common viewpoint, and (6) leadership.

Question reduction

A first draft was commented upon by two researchers of the department of rehabilitation medicine of a university hospital. Commentary concentrated on division of questions into dimensions, scores and formulation of questions.

A second draft was critically assessed by professionals from various rehabilitation disciplines in three different institutions. At the same time, two experts in the field of questionnaire development also commented on drafts of the questionnaire. On the basis of all their comments the second draft was thoroughly checked for redundant questions, readability, ambiguity, double-barrelled questions, jargon, value-laden words, and length of items.⁷ Attention was also paid to the layout of the questionnaire.

Professionals were repeatedly asked whether questions appeared to be measuring what they were intended to measure, namely a professional's satisfaction about the various parts of team conferences. Because all professionals responded positively, face validity was assumed. The third version was considered to be the semifinal ver-

sion because no suggestions for further improvement were made. The third draft contains 39 questions divided into five dimensions (see Table 1): (1) problem analysis (10 questions); (2) planning intervention (eight questions); (3) evaluation (11 questions); (4) organization (eight questions); and (5) common viewpoint (two questions). Questions in the dimension 'leadership' appeared to be ambiguous. This dimension was omitted. A short manual was written and added to the questionnaire.

Questionnaire construction

Thirteen of the 39 questions consist of an a- and b-part. The b-question asks the respondent to elucidate the answer to the a-question. B-questions are used for descriptive purposes only.

Answers were assessed on ordinal seven-point Likert scales.⁷ The description of the scores is the same for all questions and reads: 1 = very bad, 2 = bad, 3 = rather bad, 4 = neutral/no opinion, 5 = rather good, 6 = good, 7 = excellent. For each dimension the mean or median score can be calculated.

Study population

Professionals from a rehabilitation centre not previously engaged in construction of the questionnaire were willing to co-operate. The authors tried to include both professionals with limited and those with extensive experience in relation to team conferences. They were asked to judge team conferences during the previous three months.

Data analysis

The third draft (see Table 1) was subjected to an analysis of homogeneity, confirmation of pre-designed dimensions and checked for bias in response. For questions that consist of an a- and b-question (see Appendix), only the a-question was used for analysis. Statistical analysis was performed with SPSS/PC+ V3.1.⁹ Distribution of scores is reported as means, medians, standard deviations and coefficients of skewness.

If one question in a dimension had not been answered, the mean of the remaining answers of that particular dimension was used as an answer. With more than one missing answer a score for that particular dimension was not calculated. The

Table 1 Question content of the semifinal questionnaire per predesigned dimension^a*Problem analysis*

- 1) Overall impression at first conference
- 2) Detailed impression at first conference
- 3) Impression of prognosis at first conference
- 4) Impression of coping behaviour at first conference
- 5) Impression of ability to learn at first conference
- 6) Overall impression at subsequent conferences
- 7) Detailed impression at subsequent conferences
- 8) Impression of prognosis at subsequent conferences
- 9) Impression of coping behaviour at subsequent conferences
- 10) Impression of ability to learn at subsequent conferences

Planning intervention

- 11) Comprehensibility of treatment goals of other disciplines
- 12) Attuned treatments given by various disciplines
- 13) Agreement about duration of treatment
- 14) Attuned successive treatments
- 15) Formulation of common goals
- 16) Priorities of patient
- 17) Priorities of other professionals
- 18) Priorities of family and relatives

Evaluation

- 19) Comprehensibility of reports about findings
- 20) Relevance of reports about findings
- 21) Amount of information in reports about findings
- 22) Comprehensibility of reports about treatments
- 23) Relevance of reports about treatments
- 24) Amount of information in reports about treatments
- 25) Comprehensibility of advice for further treatments
- 26) Relevance of advice for further treatment
- 27) Amount of information on advice for further treatment
- 28) Survey over course of disease or affection
- 29) Structure of reports about findings, treatments and advice

Organization

- 30) Which patients are put on the agenda
- 31) Reason why patients are put on the agenda
- 32) Amount of time spent on a patient
- 33) Frequency with which a patient is discussed
- 34) Representing a colleague during his or her absence
- 35) Completeness of the minutes
- 36) Scope of the minutes
- 37) Comprehensibility of the minutes

Common viewpoint

- 38) Presence of common viewpoint during conferences
- 39) Connection between treatments discussed

^aQuestions in abbreviated form.

dimension 'common viewpoint' only consists of two questions. If one answer was missing, no score for that dimension was calculated.

For every dimension Cronbach's alpha was calculated as a measure of homogeneity.¹⁰ A high value of alpha indicates that questions in a di-

mension assess the same aspect of a team conference. Values of alpha are considered to be high if they exceed 0.8, as recommended by various authors.⁷ Questions are to be discarded if their discarding results in a meaningful increase of alpha.

Every question was correlated with the totals of all five dimensions, including its own dimension total, to confirm or correct the predesigned dimensions.⁷

Biases in response may have a negative effect on the validity of a questionnaire. An important potential bias is social desirability.⁷ It may induce professionals not to give 'honest' answers, but to respond in accordance with what they think is socially expected. To assess the influence on the professionals' responses, a score for social desirability was calculated and correlated with the totals of the five dimensions. Social desirability was assessed by means of a scale composed by Hermans.¹¹⁻¹³ Spearman rank-order correlation coefficient (r_s) was used for the analysis. Correlation was tested two-tailed with 0.05 as the level of significance.

Results

Characteristics of study population

Thirty-nine professionals completed the questionnaire: 22 women and 17 men. Among the 39 professionals were five occupational therapists, 11 physical therapists, two speech pathologists, five social workers, one psychologist, seven physicians, six nurses, and two activity accompaniers.

Homogeneity of dimensions

The results of the homogeneity analysis are shown in Table 2. The question about 'representing a colleague during his or her absence' in the dimension 'organization' has been discarded because Cronbach's alpha increased following deletion from 0.57 to 0.70. Values of Cronbach's alpha range from 0.70 to 0.84.

In Table 2 the distribution of scores for every

dimension is reported. All mean and median values exceed score 4. All distributions are skewed. These findings indicate that most professionals are rather content with the present team conferences.

Confirmation of predesigned dimensions

Table 3 depicts the results of the analyses for confirmation of predesigned dimensions. Surprisingly, 31 of the 38 questions correlated significantly with at least one of the other dimension totals. In this study a correlation was significant if $r_s \geq 0.317$.¹⁴ Fourteen of these 31 questions (37% of all questions) showed correlations as high or higher with other dimension totals than with their own dimension total. Therefore, elimination of questions does not seem to be the right solution. The findings strongly suggest that only one dimension is present instead of five. Apparently, the satisfaction of professionals and staff with team conferences can be expressed in one single score. Value of Cronbach's alpha for this single dimension, which can be denoted as 'a professional's satisfaction with team conferences', is 0.92, with mean, median and standard deviation of scores of 4.89, 4.92 and 0.51, respectively. Coefficient of skewness is -0.20. The final version of the questionnaire is shown in the Appendix.

Social desirability

In the light of the findings in the preceding section, only the correlation of the social desirability score with the single dimension 'a professional's satisfaction with team conferences' was calculated. For one person, a social desirability score could not be determined because of missing values. The dimension was found to be not statistically significantly correlated with social desirability: $r_s = 0.089$ ($p = 0.589$).

Table 2 Homogeneity and distribution of scores among the five dimensions

Dimension	No. of questions	Cronbach's alpha	Mean	Standard deviation	Median	Coefficient of skewness
1) Problem analysis	10	0.84	4.93	0.59	5.00	-0.32
2) Planning intervention	8	0.73	4.54	0.68	4.63	-0.46
3) Evaluation	11	0.83	4.92	0.56	5.00	-0.61
4) Organization	7	0.70 ^a	5.26	0.67	5.29	0.26
5) Common viewpoint	2	0.72	4.73	0.90	5.00	-0.52

^aAfter removal of one question; initially alpha was 0.57.

Table 3 Confirmation of five predesigned dimensions

Dimension	No. of questions	No. of questions correlated	
		Significantly with at least one of the other dimension totals ^a	Equally or higher with other dimension totals than with their own dimension total
1) Problem analysis	10	10	5
2) Planning intervention	8	7	5
3) Evaluation	11	8	1
4) Organization	7	4	3
5) Common viewpoint	2	2	0
Total	38	31	14

^aAlpha = 0.05; for two-tailed significance r_s should exceed 0.317.

Discussion

The different dimensions of team conferences reported in the literature could not be confirmed in the present study.^{5,6,8} It was postulated that professionals would judge each dimension independently of other dimensions. An analysis for confirmation of predesigned dimensions gave a strong indication that professionals judge team conferences as a whole. The 38 questions assess one new dimension which was defined post hoc as: 'a professional's satisfaction with team conferences'.

This finding has an important implication for the quality of team conferences. For optimal team conferences all aspects must be correct, whether it be goal-setting, the minutes or comprehensibility of information. The professional's discomfort with one of these aspects will have its implications for all other aspects. Therefore, the questionnaire may also function as an indicator for the quality of team conferences.

Although the questionnaire was initially developed for use in rehabilitation medicine, it can probably also be used in other multidisciplinary settings. In particular, team conferences in nursing homes have much in common with conferences in rehabilitation departments.¹⁵ To the best of the authors' knowledge this questionnaire is the first to be published that focuses on the content of multidisciplinary team conferences.

The final questionnaire (see Appendix) still contains the various sections on problem analysis, planning intervention, evaluation, organiza-

tion, and common viewpoint, but this is only done to help professionals with completing the questionnaire. Through the five headings professionals are made aware of to which part of team conferences the questions are related.

The presence of one single dimension implies that only an overall score can be calculated which expresses a professional's satisfaction with team conferences. With respect to missing values the authors suggest, on arbitrary grounds, accepting a maximum of three missing values.

It should be noted that mean and median scores indicate that professionals have judged the five separate dimensions positively. On account of their positive satisfaction, analysis for confirmation of predesigned dimensions has been performed. It is unknown whether a single dimension would have been found if professionals had judged one or more dimensions negatively. Possibly in that case the predesigned dimensions would have been confirmed.

The results of the psychometric analysis imply that the questionnaire can be used as an instrument for studying the effect of innovative methods that try to improve communication in team conferences, such as RAP-TEAM. However, other psychometric properties such as responsiveness must be studied before the questionnaire can be used on a wider scale. Reliability and validity could also be enhanced. The questionnaire is presently being used to evaluate RAP-TEAM as a tool for team communication.

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APPENDIX

Questionnaire: a professional's satisfaction with team conferences

Manual

Content of questionnaire

Thirty-eight questions about multidisciplinary team conferences are posed. Questions have been divided over five parts each covering a different aspect of team conferences: (1) problem analysis, (2) planning intervention, (3) evaluation, (4) organization, (5) common viewpoint.

Answers

The description of answers is the same for all questions: 1 = very bad; 2 = bad; 3 = rather bad; 4 = neutral/no opinion; 5 = rather good; 6 = good; 7 = excellent. A number of questions consist of an a-part and a b-part. Answers to the a-part have the same description as stated above. In the b-part it is possible to elucidate your answer to the a-part. Please answer all questions.

Remarks

Questions are solely directed to team conferences. Do not judge information you obtain outside team conferences. Only in this way can your satisfaction about team conferences be assessed validly. You should judge team conferences for the last three months.

Notions

Team conferences: formal discussion between professionals of different disciplines about the current status of a patient (medical and psychosocial condition, functional status) and his or her prognosis. Setting rehabilitation goals is an important part of the discussion. Patients could be involved in the conference.

Professionals: individuals from different disciplines who are involved in the rehabilitation process of a patient such as physician, occupational therapist, physical therapist, social worker, etc.

Reports: written as well as oral reports of professionals.

Questionnaire*Problem analysis*

A distinction is made between overall and detailed impressions of a patient. Overall impressions relate to identification of problem areas such as communication, mobility, activities of daily living, etc. Detailed impressions concern a further analysis of the overall impression. For instance, regarding a walking disability, does this relate to walking inside? outside? on what surface? etc. Five questions focus on first and five on subsequent team conferences.

- 1) As a rule, what do you think of your overall impression about a patient at a first team conference?
- 2) As a rule, what do you think of your detailed impression about a patient at a first team conference?
- 3) What do you in general think of the picture you form about the prognosis of a patient at a first team conference?
- 4) What do you in general think of the picture you form about coping behaviour with regard to the disease or affection of a patient at a first team conference?
- 5) Generally, what do you think of the picture you form about a patient's ability to learn at a first team conference?
- 6) As a rule, what do you think of your overall impression about a patient at subsequent team conferences?
- 7) As a rule, what do you think of your detailed impression about a patient at subsequent team conferences?
- 8) What do you in general think of the picture you form about the prognosis of a patient at subsequent team conferences?
- 9) What do you in general think of the picture you form about coping behaviour with regard to the disease or affection of a patient at subsequent team conferences?
- 10) Generally, what do you think of the picture you form about a patient's ability to learn at subsequent team conferences?

Planning intervention

- 11) Generally, to what extent are the treatment goals of other disciplines comprehensible to you?*
- 12) To what degree do team conferences attune treatments given by various disciplines for the same patient, i.e., which discipline does which part of the rehabilitation programme?
- 13) To what extent do professionals agree upon duration of treatment in team conferences?
- 14) To what degree do team conferences attune successive treatments in time, i.e. when should treatments start and be terminated?
- 15) How does formulation of common goals take place in team conferences?
- 16) To what degree are you familiar with the priorities of a patient towards rehabilitation goals through team conferences?
- 17) To what degree are you familiar with the priorities of other professionals towards rehabilitation goals through team conferences?
- 18) To what degree are you familiar with the priorities of a patient's family and relatives towards rehabilitation goals through team conferences?

Evaluation

In team conferences professionals may report (orally and in writing) on their findings and treatment, and they may give advice for further treatment.

- 19) What do you think in general of the comprehensibility of reports with respect to findings of other disciplines about a patient?*
- 20) Generally, what do you think of the relevance of reports with respect to findings of other disciplines about a patient?*
- 21) As a rule, what do you think of the amount of information given by other disciplines with respect to their findings about a patient?*
- 22) What do you think in general of the comprehensibility of reports with respect to treatments given to a patient by other disciplines?*
- 23) Generally, what do you think of the relevance of reports with respect to treatments given by other disciplines to a patient?*
- 24) As a rule, what do you think of the amount of information given by other disciplines with respect to treatments given to a patient?*
- 25) What do you think in general of the comprehensibility of advice for a patient's further treatment given by other disciplines?*
- 26) Generally, what do you think of the relevance of advice for a patient's further treatment given by other disciplines?*
- 27) As a rule, what do you think of the amount of information given by other disciplines with respect to advice for a patient's further treatment?*
- 28) To what extent do you have an overview over the course of a disease or affection of a patient by team conferences?
- 29) To what extent do other disciplines structure their reports about findings, treatments and advice for further treatments?*

Organization

- 30) In general, to what extent is it clear to you which patients are put on the agenda?
- 31) To what extent is it clear to you why patients are put on the agenda?
- 32) Considering all team conferences for a single patient, what is your opinion of the amount of time spent on a patient?†
- 33) Considering all team conferences for a single patient, what is your opinion of the frequency with which a patient is discussed?‡
- 34) Generally, what is your opinion of the completeness of the minutes?
- 35) As a rule, what is your opinion of the scope of the minutes?
- 36) What do you in general think about the comprehensibility of the minutes?

Common viewpoint

Patients are treated by professionals from various disciplines. These professionals work together in a team. However, each discipline has its own identity and approaches a patient in a different way. For instance, patients may be observed from a psychosocial or a medical viewpoint. Despite

these differences, professionals should adopt a common viewpoint to treat patients in the most effective and efficient way.

- 37) To what extent is a common viewpoint present during team conferences?
- 38) To what extent is the connection clear to you between discussed treatments of the different disciplines?

*As a b-part of this question, you may mention with which discipline(s) you are dissatisfied.

†As a b-part of this question, you may indicate whether the amount of time, as a rule, is too short or too long.

‡As a b-part of this question, you may indicate whether the frequency, in general, is too little or too often.