



Research Paper

Perception and Experiences of Rehabilitation Service Providers of Teamwork Barriers in Tehran Province, Iran



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ABSTRACT

Background and Objectives: The team plays a role as one of the crucial indicators in increasing the performance of the organization. Understanding the perspective of teamwork providers in rehabilitation regarding the existing obstacles can help a lot to improve the situation. This study aims to percept and experience rehabilitation service providers about teamwork barriers in Tehran Province, Iran.

Methods: This qualitative study was conducted by conventional content analysis. The participants included 15 service providers with different genders and locations of activities from within Tehran Province in a snowball pattern. The data were collected by in-depth and quasi-structured interviews and analyzed by conventional content analysis method and using constant comparison.

Results: After analyzing the meaningful statements of the interviewees, 3 sub-themes "regulations", "procedural" and "executive" emerged and from the integration of these sub-themes, the theme of "obstacles" emerged.

Conclusion: Some of the results of this research, such as defects in rehabilitation management, imposing double treatment costs on clients, and weakness of teamwork training in the university, have common results. Also, some phrases, such as not paying attention to the role of the municipality in rehabilitation and the number of rehabilitation trustees have not been mentioned in the interviews. Based on the results, it was found that obstacles based on regulations, processes, and implementation play a role in the development of teamwork in rehabilitation.

Keywords: Perception, Cognition, Rehabilitation, Holistic therapies



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↑ *What is “already known” in this topic:*

A general research has been done regarding the recognition of teamwork in rehabilitation in Iran and some countries, the results of which show the importance of teamwork in rehabilitation, and they all emphasized this issue. Little changes have been made to recognize clients and their families and service providers to form an overview of teamwork in rehabilitation.

→ *What this article adds:*

In this article, we qualitatively sought to understand the knowledge and experience of people providing rehabilitation services and finally its results on clients and their families and rehabilitation work.

Introduction

One of the vital, necessary and effective indicators in increasing the performance of the organization is the team, which inherently considered an interdisciplinary concept and is defined as a small group of people with complementary skills who strive to achieve a common goal. A group of people who each have special expertise are responsible for making their own decisions, pursuing a common goal with other members, cooperating and communicating with other members, and the team members all complement each other's knowledge in the form of a team [1]. Teams have been created and expanded to realize the changes and complex nature of organizational activities in the last three decades [2].

Jahanbin et al. define a team as a unit of two or more people who coordinate their work to achieve a specific goal and interact with each other. The concept of a team is the common mission and collective responsibility [3]. The World Health Organization (WHO) defines teamwork as “coordinated action taken by two or more people simultaneously, continuously and jointly”, and refers to mutually agreed goals, clear awareness, and respect for the roles of others [4].

Today, various institutions must institutionalize teamwork among their employees to have an effective activity. Also, teamwork has a vital place in healthcare systems because people from different disciplines work together and the smallest error in their performance can affect the health or life of individuals or communities [5]. Some key points of interprofessional teamwork are clear goals, shared team identity, shared commitment, clear team roles and responsibilities, interdependence among team members, and integration of different work styles.

Providing quality health care requires a large number of skilled workers working together effectively [6].

Also, since rehabilitation science is one of the sub-systems of the health field, the participation of different members is necessary to address all aspects and dimensions of disability, so that these limitations and disabilities can be overcome by working together [4]. In the second national conference on psychological, social, and cognitive rehabilitation at Kashan University of Medical Sciences (2017), the mediator said that every service and every activity to reduce the problems of rehabilitation patients should be done in a chain and requires the participation and interaction of all members of this chain [7]. The client reaches the maximum possible physical, psychosocial, and speech ability during the rehabilitation process, and will face different professions of medical sciences to achieve these goals [6].

The rehabilitation team approach moves the focus of health care from separate cross-sectional care by different professions to an integrated relationship resulting from coordination among different team members, in which members try to meet the needs of the client through cooperation and coordination [8]. The existence of such research can be considered as one of the reasons for the importance of teamwork in rehabilitation and the concern of working people or people with experience in treatment departments and learning about its problems and sufferings. Given that there is a lack of clarity among the fields of rehabilitation and from a holistic view of the client, which is one of the principles of rehabilitation, and a severe weakness in the training of rehabilitation disciplines in the form of teamwork and with regard to clinical experience And the researcher's education in rehabilitation sciences and the conversations held with people providing rehabilitation services during these years, the main concern about the weakness of teamwork

and its impact on the treatment process and the processes of the treatment centers emerged. Considering the need for a deep understanding of cognition, which has different dimensions and inherently has different descriptions, and the experience of therapists regarding teamwork, a qualitative research method has been used in this study. Also, the lack of qualitative research using the opinions of all therapists has been another reason for this necessity. This study was conducted to know the understanding and experiences of rehabilitation service providers about the barriers to teamwork in Tehran Province.

Materials and Methods

The present study was a qualitative study using a conventional content analysis approach. In this study, the participants included 15 service providers, including 3 occupational therapists, 2 physiotherapists, 2 speech therapists, 2 technical orthopedics and physical medicine and rehabilitation specialists, neurologists, optometrists, social workers, audiologists and rehabilitation nurses, 1 person each with gender and place of various activities from Tehran Province using targeted sampling to participate, whose demographic information is included in Table 1. The interview method was used to understand other people's experiences and the meaning of that experience. First, open-ended questions were asked orally with the help of guide questions in a quiet and peaceful environment, and then the answers to the research samples were noted down in addition to audio recording. Some of the questions raised are: How is your understanding and experience of teamwork? Have you experienced teamwork in implementing rehabilitation programs? If possible, describe it.

Have you ever experienced teamwork in the rehabilitation process? Please explain it.

Also, at times during the interview, points were raised that led to further questions in the context of the topic. All the interviews were recorded by a voice recorder and immediately implemented in full. After converting audio to text, the interview codes were extracted and sent to the research team. Finally, the next interview policy is designed and implemented according to the points raised by the research team. This method was continued until the new point was not repeated in the interviews and the points were saturated. According to the determined questions and the sampling method, the interview was conducted in person in the agreed places (in public places or private rooms with open doors) or online with qualified people and according to the request of the interviewee. Privately, all the steps were recorded by the interview-

er's mobile phone, due to the full implementation of the conversations and necessary and ethical points of the research, the interviewee was also reminded. In this research, the four criteria of acceptability, reliability, transferability, and verifiability were considered to evaluate and correct the data, and Granheim and Lundman content analysis was used [9, 10].

Qualitative content analysis tries to infer and reveal hidden patterns in interviews, observations, and written documents by analyzing concepts, terms, and connections between these concepts. When the researcher is dealing with a lot of data, the process of data classification in the content analysis method should be facilitated by the software to help the researcher in this field [9]. Therefore, after the complete implementation of the texts of the audio recordings of the interview, the frequency of words was determined with the help of EXCEL software, and the topics or areas were classified based on the frequency. In this research, the extracted materials and codes reached the saturation stage after interviewing 15 people qualified to participate in the research.

For example, the sub-theme of regulations emerged from the weak code of insurance coverage of rehabilitation services and similar codes, and then by merging the common sub-themes, the theme of obstacles emerged.

Results

The participants shared their opinions about the obstacles to teamwork in rehabilitation. According to the participants' statements and 42 extracted codes, 3 sub-themes, including "regulations", "procedural", and "executive" emerged, and from the integration of these sub-themes, the theme of "barriers" emerged; in the following, we will examine each of these sub-topics and their related codes.

Regulations

Interviews with rehabilitation service providers and conversion of speech into writing led the research team to reach codes, such as weak insurance coverage of rehabilitation services, lack of direct visits to patients by teamwork therapists, the existence of a physician-centered referral system, lack of full attendance of team members. rehabilitation in hospitals, poor presence of rehabilitation members in the ministry, lack of full presence of rehabilitation team members in hospitals, an increase in the cost of the patient in teamwork, imposing double treatment cost on the patient, lack of financial facilities for the rehabilitated in single-discipline centers of

Table 1. Demographic information of the participants in the research on the understanding and experiences of the rehabilitation service providers regarding the barriers to teamwork in Tehran Province, Iran, 2023

List of Interviewees							
Code	Field of Study	Gender	University	Activity Place	Job Position	Working Experience (y)	The Field of Activity
1	Technical orthopedics	Male	Isfahan University of Medical Sciences	Rehabilitation center	Department manager	>5	Public and private
2	Speech therapy	Female	Iran University of Medical Sciences	Rehabilitation center	Therapist	<5	Private
3	Occupational therapy	Male	Iran University of Medical Sciences	Rehabilitation center	Director of the center	>5	Private
4	Audiologist	Male	Iran University of Medical Sciences	Rehabilitation center	Therapist	>5	Private
5	Technical orthopedics	Male	Iran University of Medical Sciences	Rehabilitation center	Vice president of health	>5	Private
6	Speech therapy	Male	Tehran University of Medical Sciences	Rehabilitation center	Therapist	<5	Public
7	Optometry	Male	Tehran University of Medical Sciences	Rehabilitation center	Therapist	>5	Public and private
8	Nursing	Male	Tehran University of Medical Sciences	Day center	Technical assistant	<5	Public
9	Physiotherapy	Male	Shahid Beheshti University of Medical Sciences	Public hospital	Therapist	>5	Public
10	Occupational therapy	Female	Arak University of Medical Sciences	Day center	Therapist	<5	Private
11	Occupational therapy	Female	Arak University of Medical Sciences	Day center	Therapist	<5	Private
12	Physiotherapy	Female	Iran University of Medical Sciences	Day center	Therapist	>5	Public and private
13	Specialist in neurology	Male	Tehran University of Medical Sciences	Public hospital	Expert	>5	Public
14	Caseworker	Female	Allameh Tabatabaei University	Day center	Caseworker	<5	Private
15	Physical medicine and rehabilitation	Male	AJA University of Medical Sciences	Public hospital	Expert	<5	Public

teamwork in rehabilitation, lack of comprehensiveness of fields in medical centers, lack of physical infrastructure, high cost of equipment, an increase of single specialty centers, the combination of these codes led to the emergence of the sub-theme of “regulations”.

According to the participants in the research, weakness in the insurance coverage of rehabilitation services plays an effective role in creating obstacles in rehabilitation teamwork, considering the economic and living conditions of the people, because the integrated coverage of interdisciplinary joint meetings of comprehensive evalu-

ations of rehabilitation disciplines can be fruitful in promoting teamwork in rehabilitation.

“The most crucial thing is the “tariff” issue, because teamwork requires more people’s time, and teamwork will cost more than individual work. The most important thing is the tariff discussion, because team work requires the time of more people, and the costs of team work will definitely be higher than individual work. A person who wants to go to the ward should be hospitalized and hotelized, and then team work will be done on him, so the costs will be higher, so that a person who wants to

be a daily patient will return to the rehabilitation center, for example, for half an hour, forty minutes of therapy. Again two days, three more days” (M/13).

Also, one of the interviewers stated that:

“Many expenses incurred by the wealthy are because they have to use multiple fields, and they have to choose one field as a priority due to the high cost” (M/2).

The lack of necessary infrastructure for teamwork in rehabilitation, including physical infrastructure and specialized equipment, causes a significant decrease in the number of comprehensive rehabilitation centers compared to single-discipline centers, therefore, the necessary conditions for teamwork in rehabilitation and the existence of different specialized disciplines in a treatment center are not provided.

“Let me also remind you that there are no facilities. For example, many of your clinics only operate in the field of speech therapy. If a speech therapist wants to do teamwork, where should it be done? Should it be referred to another place? And maybe speech services there too. Take treatment and the other cases are not referred to me, and the work is done there. That is, teamwork is not formed. These facilities may exist in a complex area like here, where everyone can be together, and the equipment for speech and treatment is available separately. It has software facilities and meetings that are held, and to talk about someone” (M/6).

According to some interviewees, the problem of distance was crucial.

“Similarly, the physical space and limitations should be considered if a fruitful teamwork is to be done” (M/13).

The difference in the description of the task of the rehabilitation disciplines overlaps with parts of the treatment process and has created procedural barriers in rehabilitation teamwork.

“One thing that I also encountered during my student days was that the two disciplines of occupational therapy and physical therapy seemed to interfere with each other, or sometimes they did each other’s work, which I had heard among the children that this is not the duty of the individual, but it is done by him” (M/8).

Procedural

The participants in this study point to the use of codes of task difference between rehabilitation disciplines, the

overlapping of teamwork disciplines in rehabilitation, the lack of transparency of the scope of work between disciplines, the lack of clear boundaries of disciplines in reference books, the incomplete referrals of doctors to therapists, weak practical belief in teamwork in rehabilitation, lack of teaching the principles of rehabilitation in the form of teamwork in the first semesters, weak awareness of rehabilitation in other fields of medical sciences, weak teamwork in internship during studies, weak teaching teamwork in the university, lack of common educational units in the university, low attendance of professors for teamwork, lack of knowledge about other rehabilitation fields, lack of compassion of therapists, lack of favorable treatment results due to weakness in teamwork, weak concern for teamwork in rehabilitation experts, the need for high scientific mastery to resolve disputes, the mismatch of reference scientific sources with the reality of clinical environments. Then, by sharing the necessary meanings, the sub-theme of “procedural” appeared.

The lack of awareness of teamwork in rehabilitation during education and university was especially emphasized by the research participants. From their point of view, the reason for all this emphasis was the great influence and the high coefficient of studying in the university.

“Perhaps I want to say that when I was a student, I knew three fields, physiotherapy, audiology, and optometry. I mean, I did not know that occupational therapy or speech therapy existed, and I had rarely heard of it. We did not deal with them in hospitals either, but physiotherapy, of course, was a separate department, especially in hospitals that specialized in orthopedics, optometry and audiometry” (8/M).

According to the participant in the interview:

“Honestly, I think that the university should value this matter much more deeply, that is, for example, what I said was all the experiences that I gained after graduation and when I collaborated with my graduate friends, but I did not gain in the university. For example, I do not remember once that we did teamwork for a patient” (M/4).

Some issues mentioned by the interviewees include not passing the educational units while studying in the universities and the low presence of professors in the educational processes in the university as teamwork and the weakness of scientific resources and reference books to solve the specialized differences between the disciplines.

“It cannot be shared, it cannot be equal. Now I am not saying who is more and who is less, but both of them cannot know the same field. And that there is more profiteering involved. Now outside, we see the occupational therapy clinic where the psychologist works with a lower tariff” (M/10).

Executive

The following codes were obtained by further reviewing the texts of the interviews.

Increasing time and energy spent on teamwork in rehabilitation, resistance to change in teamwork in rehabilitation, lack of regular meetings of the rehabilitation team, difficulty in arranging treatment sessions at specific hours, priority of satisfaction, client over teamwork, priority of financial benefit to teamwork of rehabilitation, the difficulty of determining joint therapy time, lack of referrals to other disciplines, the resistance of therapists of each discipline to other disciplines, the preference of one discipline over others, and teamwork. The term “executive” was assigned as the sub-theme of these codes with revisions made with the help of the research team.

The need to spend more time and energy in teamwork compared to individual work and resistance to change in teamwork were mentioned as two critical factors by the interviewees.

“They could have, but the management of the team was good management and could do this” (M/8).

“The more cost and energy must be spent by people to coordinate with the team that is no longer individualistic or absolutist, one person comes and considers a prescription for the patient and provides an opinion (zero-hundred), the first and last treatment. That’s you because he has to listen to others’ opinions. He has to wait. He has to coordinate. Maybe the treatment takes more time, which in turn takes more time from the therapist. He may have more sessions” (M/9).

Also, according to one of the participants in the interview:

“The therapist should also spend time and energy on this issue, but everyone tries to do something independently, and we know that time should be spent on this issue. That means the therapist can spend that time somewhere else. Yes, but he should come and spend time on this work” (M/11).

The difficulty of setting the right time for therapists and clients to meet, and on the other hand, the priority of financial benefit in individual rehabilitation work has increased the difficulties of teamwork in rehabilitation. Keep in mind that different people’s goals are different. Perhaps, if you ask me, I will say that difficulties in this process delay me in achieving my main goal, economic benefit. Until this system is formed, considering the current economic conditions, it has become more difficult for me to talk about income, and I prefer not to talk too much about it because the personal result in the short term has been more positive for me in the economic discussion” (M/7).

Discussion

The present study was conducted to explain the understanding and experience of rehabilitation service providers of teamwork in Tehran Province. Farpour et al., considering the positive attitude of rehabilitation majors to group work, have concluded that according to the responses of most participants to the relevant item in the questionnaire, the following item has been raised a lot, lack of interdisciplinary cooperation and teamwork spirit among different job groups. Perhaps the best reason for the apparent difference in people’s attitudes from what governs the treatment process can be attributed to the lack of sufficient awareness of the group work process. For example, more than 50% of people participating in morale research considered a member’s request for help from other team members as a negative characteristic of the said member; while this issue promotes the participation of members in group therapy in doing group work [4]. This statement is not consistent with the research results.

Jahanpour et al. in a study concluded that obstacles to teamwork based on the experience and understanding of the participants include disorganized structure and planning, poor communication and coordination, lack of financial resources, defects in the university education system, incorrect cultural beliefs, and insufficient knowledge and experience [3]. This result is consistent with the results of the existing research.

Farpour et al. in a study concluded that some risk factors for the teamwork process include personal differences and weak intragroup communication, and inappropriate thinking about asking for help, sufficient knowledge about the process of teamwork and not having enough knowledge about the role of oneself, and other group members [4]. This result is consistent with the results of the current research.

Rosentin et al. in a research found that based on data analysis, poor communication, and coordination are considered the crucial barriers to teamwork, the categories of which are unclear leadership, lack of agreement between team members, disharmony between team members, the limitation of teamwork to specific disciplines, and the disconnection of communication. Unfortunately, many healthcare workers are accustomed to poor teamwork due to a culture of low expectations and a culture in which healthcare workers tend to exchange information incompletely; so that even experts ignore clinical differences [11, 12]. According to the results of the research and analysis, this result is consistent with the results of the current research.

It is possible to deal with issues, such as the weak insurance coverage of services that lead to the lack of use of the lower deciles of the society and as a result of reaching the recovery or treatment goals later due to the many problems and obstacles that the rehabilitation team work will face. From the researcher's point of view, the factor of increasing cost of the client and the lack of financial facilities for the needy is one of the vital reasons hindering teamwork. Also, some obstacles to teamwork in rehabilitation include the weakness of the necessary infrastructure to establish comprehensive rehabilitation centers that have various disciplines and provide the ability to implement teamwork in rehabilitation. It should not be forgotten that some problems in the process include the overlap of the functions of rehabilitation fields, and the lack of clear boundaries of the fields in the reference books, which is the result of the incompatibility of scientific reference sources with the realities of the clinical fields, and the weakness of scientific associations and the specialized fields of fields for discrepancies. After a detailed examination of the extracted codes from the interviews, it can be concluded that serious weakness in the academic and scientific environment for the implementation of teamwork during students' education plays a significant role as an obstacle to rehabilitation teamwork.

The patient referral system and the role of doctors in the country's health system are vital, considering the points raised by the people participating in the research. This issue has caused the therapists alone to be unable to refer the client to other required fields and complete the referral chain of team evaluations, which are an effective factor and an obstacle to the formation of teamwork in rehabilitation. According to the results of the past research, the results of this research, such as deficiencies in rehabilitation management, share findings. Based on the knowledge obtained from the research results, it is

possible to plan and implement corrective programs to eliminate obstacles to teamwork in rehabilitation.

Conclusion

According to the results of the current research and comparing them with the results of previous research, some obstacles to teamwork from the point of view of rehabilitation service providers are deficiencies in rehabilitation management, imposing double treatment costs on the client, weakness in infrastructure and lack of support for their creation, lack of transparency. According to the findings of the current research and the comparison of the results of the research done in the past, from the results of this research regarding the recognition of teamwork obstacles from the point of view of the rehabilitation service providers, it can be identified as defects in rehabilitation management, imposing double treatment costs on the client, weakness in the infrastructure. and the lack of support for their creation, the lack of transparency of the scope of work among disciplines, and the weakness of teamwork training in the university. The results show that obstacles in the three areas of regulation, process, and implementation play a crucial role in the development of teamwork in rehabilitation, and cause slowness in the growth and weakness of teamwork. Therefore, according to the obtained results, it is suggested that the following items should be included in the agenda of the relevant groups, education and awareness of students during their studies by scientific professors and research centers, and increasing the platforms for the establishment of comprehensive rehabilitation centers in all parts of the country with the support of the government and related institutions and the allocation of insurance coverage services for rehabilitation services for patients and in a serious manner.

Ethical Considerations

Compliance with ethical guidelines

The ethics committee of [Iran University of Medical Sciences](#) approved this study (Ethics Code: IR.IUMS.REC.1400.337).

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Conceptualization, supervision: Seyyed Hassan Tagavi; Methodology: Mohammad Kamali; Research, writing - review and editing: All authors; Writing - original draft: Reza Salehi.

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مقاله پژوهشی



شناخت درک و تجربیات ارائه‌دهندگان خدمات توانبخشی از موانع کار تیمی در شهر تهران

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چکیده

مقدمه تیم به‌عنوان یکی از شاخص‌های مهم در افزایش عملکرد سازمان نقش دارد. شناخت دیدگاه ارائه‌دهندگان کار تیمی در توانبخشی نسبت به موانع موجود می‌تواند کمک زیادی به بهبود اوضاع کند. این مطالعه با هدف شناخت درک و تجربیات ارائه‌دهندگان خدمات توانبخشی از موانع کار تیمی در شهر تهران انجام شد.

مواد و روش‌ها در این مطالعه کیفی که به شیوه تحلیل محتوای قراردادی انجام شد، ۱۵ فرد ارائه‌دهنده خدمات با جنسیت و محل فعالیت‌های متنوع از داخل شهر تهران به‌صورت گلوله‌برفی جهت شرکت در مطالعه انتخاب شدند. داده‌ها با مصاحبه‌های عمیق و نیمه‌ساختاریافته جمع‌آوری شد و با روش تحلیل محتوای قراردادی و با استفاده از مقایسه مداوم مورد تجزیه و تحلیل قرار گرفتند.

یافته‌ها پس از تحلیل گزاره‌های معنی‌دار افراد مصاحبه‌شونده، ۳ زیرمضمون «مقررات»، «فرایندی» و «اجرایی» ظهور یافتند و از ادغام این زیرمضمون‌ها، «مضمون موانع» پدیدار شد.

نتیجه‌گیری برخی از نتایج این تحقیق همچون نقص در مدیریت توانبخشی، تحمیل هزینه درمانی مضاعف به مددجو و ضعف آموزش کار تیمی در دانشگاه دارای اشتراک یافته‌هاست. به برخی از عبارات مثل عدم توجه به نقش شهرداری در توانبخشی و تعدد متولیان توانبخشی در مصاحبه‌های صورت‌گرفته اشاره‌ای نشده است. براساس یافته‌ها، مشخص شد موانع مبتنی بر مقررات، فرایندی و اجرایی در توسعه کار تیمی در توانبخشی نقش دارند.

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