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## Bounded Team Dynamics

*A Case-Study of Interprofessional Health Care Teams*

By

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# Abstract

<b>Title</b>	Bounded Team Dynamics – A Case-Study of Interprofessional Health Care teams
<b>Authors</b>	Sofi Ingvarsson & Clara Lindström
<b>Supervisor</b>	Stefan Sveningsson
<b>Purpose</b>	The aim is to conceptualize and develop the understanding of interprofessional teams, team dynamics and job rotation to gain more nuanced knowledge about the phenomenon.
<b>Research Questions</b>	<i>How can team dynamics be understood in interprofessional health care teams?</i> <i>How is team dynamics affected by job rotations in interprofessional health care teams?</i>
<b>Theoretical Background</b>	In our theoretical background we present previous research on team, team dynamics and interprofessional teams. Furthermore, we introduce the concepts of interpersonal relationships, organizational culture, identity, and job rotation.
<b>Methodology</b>	This research is an inductive, qualitative case study used to understand the social phenomenon of interprofessional teams, thus, aligning with the interpretive approach. Data was collected through twelve in-depth, semi-structured interviews which is the empirical material of this research.
<b>Findings</b>	From the empirical material we found three aspects that had an impact on team dynamics within interprofessional teams, namely interpersonal relationships, organizational culture, and identity. In contrast, we found that the use of job rotations hampered team dynamics with regard to these three aspects.
<b>Contributions</b>	This thesis contributes to the literature with a more nuanced view of interprofessional teams. Furthermore, it provides a more critical view of the use of job rotations.
<b>Keywords</b>	Interprofessional Teams, Team Dynamics, Job Rotation, Interpersonal Relationships, Organizational Culture, Identity

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At last, we hope that you as a reader of this study enjoy and find it interesting!

Sofi Ingvarsson & Clara Lindström

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# Table of Content

1. Introduction .....	1
1.1 Background .....	1
1.2 Research Objective .....	3
1.2.1 Purpose .....	3
1.2.2 Research Questions .....	3
1.3 Outline of the Thesis .....	3
2. Theoretical Background .....	5
2.1 Team .....	5
2.1.1 Team Dynamics .....	6
2.1.2 Interprofessional Teams and Collaboration .....	8
2.2 Interpersonal Relationships .....	10
2.3 Organizational Culture .....	11
2.4 Identity .....	14
2.5 Job Rotation .....	16
2.6 Chapter Summary .....	17
3. Methodology .....	18
3.1 Philosophical Grounding .....	18
3.2 Research Approach .....	19
3.3 Research Background .....	20
3.4 Research Context .....	22
3.4.1 Description of the Wards .....	23
3.4.2 Description of the Interviewees .....	24
3.5 Data Collection .....	25
3.5.1 Semi-structured Interviews .....	25

3.6 Data Analysis .....	28
3.7 Credibility and Trustworthiness .....	30
3.8 Limitations and Reflexivity .....	32
3.8.1 Limitations.....	32
3.8.2 Reflexivity .....	33
3.9 Chapter Summary .....	34
4. Empirical Analysis .....	35
4.1 Team Dynamics in Interprofessional Teams.....	35
4.1.1 Aspects of Team Dynamics.....	36
<i>Interpersonal Relationships</i> .....	36
<i>Organizational Culture</i> .....	42
<i>Identity</i> .....	43
4.2 The Impact of Job Rotation on Team Dynamics.....	46
4.2.1 Contradictions Between the Aspects of Team Dynamics and the Job Rotations....	46
<i>Interpersonal Relationships</i> .....	48
<i>Organizational Culture</i> .....	52
<i>Identity</i> .....	54
4.3 Chapter Summary .....	57
5. Discussion .....	59
5.1 The Underestimation of Team Dynamics .....	59
5.2 Interpersonal Relationships .....	60
5.3 Organizational Culture .....	64
5.4 Identity.....	68
5.5 Chapter Summary .....	71
6. Conclusion.....	73
6.1 Empirical Findings .....	73

6.2 Theoretical Contribution .....	75
6.3 Limitations and Further Research .....	77
6.4 Concluding Comment.....	78
References .....	79
Appendix 1 .....	88

# 1. Introduction

This opening chapter will introduce the background of the research. First, the area of research will be presented, together with the grounding of the phenomenon of this research. Second, the purpose of the study will be presented, followed by the research questions. At last, the thesis structure will be outlined.

## 1.1 Background



For more than sixty years, the concept of teams has been widely discussed (Gibson, Ivancevich, Donnelly & Konopaske, 2009). Throughout the years, different approaches have been identified, with more or less emphasis on the work design of teams (Wheelan, 2013). Nevertheless, during the 21st century, work tasks have developed into becoming increasingly complex, due to the knowledge explosion. In today's society people do not have enough competence and knowledge to solve tasks alone, they need to combine their competence with knowledge from other people within various areas of expertise. Due to this, working in teams has become prominent in all forms of organizations (Hackman, 2002). Previous studies have shown that when teamwork functions well, organizational outcomes and results will be improved (Humphrey, Morgeson, & Mannor, 2009; Klein, DiazGranados, Salas, Le, Burke, Lyons & Goodwin, 2009). Moreover, building effective teams has also been identified as improving employee commitment, enhanced collaboration within the organization, and increased performance (Gilley & Gilley, 2007). Hence, teamwork can increase an organization's productivity in various aspects, from organizational performance to employee benefits.

Meanwhile, a sector that has acknowledged aspects such as productivity, efficiency, and employee satisfaction as problematic, is the health care sector. Therefore, a constantly debated subject regarding health care is the development of the way of operating to increase performance and consequently be more efficient. The World Health Organization (WHO)



presented a report in 2010, 'Framework for Action on Interprofessional Education & Collaborative Practice', consisting of certain interventions to increase efficiency. In a health care context, the increased efficiency is translated to strengthening health systems and improving health outcomes. According to WHO (2010), the main intervention to achieve this is to work in interprofessional teams. WHO (2010) defines interprofessional teamwork as collaboration across various professions which enables coordination of health-services and decreases staff turnover and length of hospital stay.

In line with the presented facts from WHO (2010), Swedish health care has adopted these recommendations. The Swedish health care is now engaging in interprofessional teamwork, with the purpose to benefit the organizations, the patients, and the employees. To enhance knowledge sharing and development many organizations also engage in job rotations (Järvi & Uusitalo, 2004). The case organization of this study is a hospital in Sweden that work with both interprofessional teams and job rotations to enhance both organizational and employee outcomes. Organizing the teams interprofessional and simultaneously engaging in job rotations seems to be two important aspects to both benefit the organization and the employees; however, many problems still remains. In this study we discovered problems such as lack of trust, confidence, and cohesion to still be evident in interprofessional teams engaging in job rotations. With the issues remaining, we recognized a need for investigating the team dynamics of interprofessional teams in depth. Historically, team dynamics have been described in some way instrumental, going through different stages and not taking the process into account (Einola & Alvesson, 2019). Therefore, this study, wanted to get a deeper understanding of the more tacit aspects of team dynamics in interprofessional health care teams.

## 1.2 Research Objective



### 1.2.1 Purpose

The purpose of this study is to provide new perspectives on the phenomenon of interprofessional teams, team dynamics and job rotations, which can contribute to both academics and practitioners. The academic purpose of this study is to provide a deeper and more nuanced understanding of interprofessional teams by problematize the use of job rotations. Thus, we aim to conceptualize and develop the understanding of interprofessional teams. In addition, the study will provide practitioners with valuable insights into aspects that influence team dynamics within interprofessional teams. Consequently, we aim to encourage practitioners to understand the more tacit aspects of team dynamics.

### 1.2.2 Research Questions

In light of the above-stated purpose of the study, the following research questions have been formed.

- *How can team dynamics be understood in interprofessional health care teams?*
- *How is team dynamics affected by job rotations in interprofessional health care teams?*

## 1.3 Outline of the Thesis



*Chapter two* will outline the theoretical background and framework applied in this study. The chapter will provide the reader with knowledge that is useful to bear in mind when reading the subsequent chapters. Concepts such as teams, team dynamics, interprofessional teams and job rotation will be explained.

*Chapter three* consists of an explanation and motivation of the methodology that has been adopted in this study. The chapter will, for instance, provide the reader with the philosophical grounding, research background and context, data collection, and analysis.

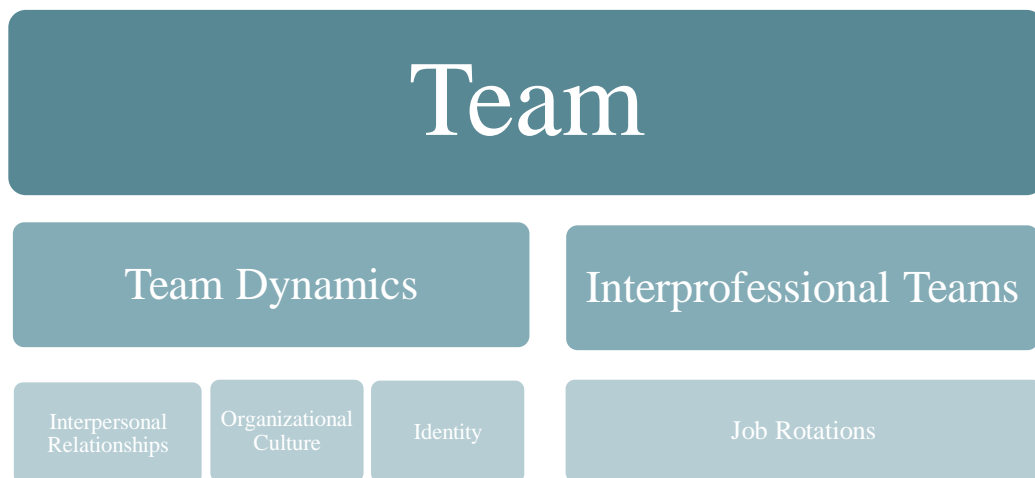
*Chapter four* is about the empirical findings of interprofessional teams. Through the use of quotes combined with analytical comments, the reader will be guided through which aspects that enable team dynamics. Further, the chapter will cover how team dynamics are hindered due to rotating personnel.

*Chapter five* will discuss the findings from chapter four together with the theoretical background in chapter two. The main themes are, team dynamics in relation to interpersonal relationships, organizational culture, and identity, in interprofessional teams. Additionally, job rotations will be discussed in terms of these three identified aspects.

*Chapter six* will summarize the research and provide the empirical implication and theoretical contribution. Furthermore, the limitations and suggestions of further research will be outlined.

## 2. Theoretical Background

In this chapter, a theoretical background will follow. First, the concept of team and team dynamics will be introduced along with the concept of interprofessional teams. Second, a theoretical background will be presented covering some of the key aspects of team dynamics; interpersonal relationships, organizational culture, and identity. Lastly, the concept of job rotation will be outlined.



*Figure 1. Structure of the Theoretical Background*

### 2.1 Team



Team is a concept that has been studied to a wide extent within the research field of social science (Brown, 2000). The famous Hawthorne experiments became the eye opener for the significance of teams in relation to organizational factors such as effectiveness and success

(Roethlisberger & Dickson, 2003). Findings from the Hawthorne experiments indicated the importance of team dynamics as an employee of a cohesive team both delivers higher quality work and becomes increasingly motivated (Roethlisberger & Dickson, 2003). Likewise, Albanese (1994) has identified several reasons for working in teams such as developing common goals, resolving differences, building and developing trust and commitment among team members. Furthermore, employees have also been identified as more efficient when working together (Fineman, Gabriel & Sims, 2010).

In order to understand the concept of teams, the term must be defined. However, there are many ways to define the term (Gilley, Lane Morris, Waite, Coates & Veliquette, 2010). Sinclair (1992) uses the definition of a team as different from a group in the sense that a team is more task-oriented than a group, and that it has established rules and rewards for its members. Katzenbach and Smith (1993) define a team as “[a] team is a small number of people with complementary skills who are committed to a common purpose, set of performance goals, and approach for which they hold themselves mutually accountable” (p. 112).

### 2.1.1 Team Dynamics

Since a team consists of several people, it is essential to understand how the people interact and collaborate in teams. Understanding this dimension of a team will enable a broader understanding of how a team collaborates to reach the pre-defined goals. In academic literature, the term that describes these aspects is *team dynamics*. The concept of team dynamics has evolved from the conceptualization of group dynamics developed by Lewin (1947). The researcher relates the concept of how people and groups behave and act in a changing environment. In addition to Lewin, two prominent researchers in the field of team dynamics are Schutz (1958) and Tuckman (1965). Schutz (1958) developed a framework used to understand group dynamics; ‘Fundamental Interpersonal Relationship Orientation’ (FIRO). The theory explains the importance of interpersonal relationships which consist of three dimensions, *inclusion*, *control*, and *affection*. In short, *inclusion* concerns if members of a group feel included in the group and the term *control* explains the leader aspect of the group. Moreover, *affection* refers to whether team members feel that they belong to the group or not.

Tuckman (1965) describes team dynamics with a model of different stages that a team develops through. The revised model consists of five stages, including *forming*, *storming*, *norming*, *performing*, and *adjourning* (Tuckman, 1965; Tuckman & Jensen, 1977). In the first stage, *forming*, the team, along with its purpose, is unclear. The team members try to agree on goals and how to reach them. As the team is forming, it is starting to acquire a unified identity. The second step is *storming*, which is recognized by disagreements and conflicts as the team members start to work together and stress their opinions. Sorting out the tensions results in a better understanding and team spirit, consequently reaching the third step, *norming*. The team members have now accepted each other and are mainly working towards the mutual goal. The fourth step, *performing*, is recognized by effective work as the team members know how to tackle their tasks and cope with disagreements. Lastly, *adjourning*, is to complete the task, reach the goal, and split the team. Tuckman and Jensen (1977) further explain that a team needs to go through all these stages in order to be efficient.

More recent research on team dynamics is conducted by Hackman (2002). In this study, three factors were identified to contribute to the success of a group; the satisfaction of internal and external clients, the development of knowledge that can be used in the future and, that the members found meaning and joy within the group. From this, Hackman developed a ‘Five-factor model’ as a tool to shape effective and successful teams. The first factor in the model is to have clear goals that enable performance assessment. The second factor is team encouraging and goal-oriented leadership. The third factor is about the tasks within the team. Hackman (2002) explains that the tasks need to be possible to solve together in the team, and these kinds of tasks are often signified to be complex and demanding. The fourth factor is about having the necessary resources to complete the tasks. Lastly, the fifth factor relates to a supportive environment including the allowance to engage in decision making.

In contrast to the above-mentioned models for describing team dynamics, recent research on teams by Einola and Alvesson (2019) stresses that the previous research has a view of teams which is far too static. Instead, they stress that researchers need to investigate teams as an ongoing process where the essential parts of team dynamics are “shared, diverse and multiple sensemakings” (p. 1916). The sensemaking occurs at different levels, both vertical and

horizontal and goes beyond the understanding of team dynamics through different stages. The authors further express that alignment of team member's sensemaking is required for well-functioning teams. Additionally, team members must keep a balance between the work and the team itself depending on the context of the situation (Einola & Alvesson, 2019). The concept of sensemaking that the authors emphasize is described by Weick, Sutcliffe and Obstfeld (2005) to be about the ongoing process in which people give meaning and interpret social situations.

To summarize, team dynamics could be described in various ways, concerning the process of a team, taking the social, the communicative and the sensemaking aspects of a team into account. In our study, we will use Forsyth's (2017) definition of team dynamics since the empirical material applies to this definition. Forsyth (2017) defines the concept as "the influential interpersonal processes that occur in and between groups over time" where the interpersonal processes refer to "the actions the group takes, how it responds to its environment and what it achieves" (p. 18).

### 2.1.2 Interprofessional Teams and Collaboration

Teams can be organized in various ways depending on the tasks that the team is supposed to perform. One common way of organizing teams in health care is *interprofessional teams*; teams consisting of persons from various disciplines (Comeau-Vallée & Langley, 2019; WHO, 2010). Nevertheless, interprofessional teams can also be applied to other types of industries, for instance, technology (Dougherty & Dunne, 2012) and construction (Ahuja, Nikolova & Clegg, 2017). The aim of this setting is to be able to solve difficult problems as a team with various knowledge and competencies (Comeau-Vallée & Langley, 2019). To solve these complex problems, the team needs to engage in *interprofessional collaboration*. Morgan, Pullon, and McKinlay (2015) define interprofessional collaboration as "[a]n active and ongoing partnership often between people from diverse backgrounds with distinctive professional cultures and possibly representing different organisations or sectors, who work together to solve problems or provide services" (p. 1218). The authors use the term as an umbrella to the sub terms 'teamwork' and 'interprofessional collaborative practice'. They further describe the sub term teamwork as "[a] deeper level of working together in an interdependent way" (p. 1218).

Moreover, the authors characterize interprofessional collaborative practice as “[t]he elements of interprofessional collaboration implemented in the practice setting” (p. 1218).

In the 1970s, research about interprofessional teams and collaboration started to grow (Paradis & Reeves, 2013). In the early years, the term was strongly and exclusively linked to the health care context. Nevertheless, during the start of the 2000s, the term entered other areas of research. At this point in time, the discussion around New Public Management became the entry for the concept of interprofessional collaboration into the management literature. The New Public Management was about reducing costs within health care and the cost responsibility shifted from the professionals to the health service managers (Ferlie, Ashburner, Fitzgerald & Pettigrew, 1996). Moreover, interprofessional collaboration has been studied together with theoretical terms related to management and organizational studies, for example *identity* (Lokatt, Holgersson, Lindgren, Packendorff & Hagander, 2019), *leadership* (Chreim, Langley, Comeau-Vallée, Huq & Reay, 2013), *boundary work* (Comeau-Vallée & Langley, 2019), and *organizational culture* (Hall, 2005).

The purpose of interprofessional collaboration is to enhance efficiency and reduce gaps in service delivery (Freeth, 2001). Additionally, it has been identified to increase job satisfaction along with patient safety and satisfaction (Proudfoot, Jayasinghe, Holton, Grimm, Bubner, Amoroso, Beilby, & Harris, 2007). WHO (2010) explains that the enhanced collaboration further makes the team members more empowered and confident within their professions. Moreover, the organization stresses that communication will be performed more efficiently, which will further help the process of knowledge sharing. In contrast, obstacles have also been identified regarding interprofessional collaboration, for instance, increased communication demands, resource requirements, conflicting agendas, replacement of previous team members, and creating shared goals and establishing relationships within a new team (Freeth, 2001).

To summarize, the three concepts above; teams, team dynamics, and interprofessional teams have been shown to be connected to each other. Team is a way of describing a group of people that collaborate to achieve a common set goal. The team consists of a certain team dynamic that could be described as the process of a team focusing on the social, communicative and



sensemaking aspects. A team can be formed in various ways and one is defined as interprofessional. These teams consist of people of different professions, mainly used in the health care sector. The team dynamics within the interprofessional teams are interesting in many aspects. These teams have an important goal, to cure patients, consequently, the team dynamics become even more essential. Yet, there is a limited amount of research on the relationship between interprofessional teams and team dynamics.

## 2.2 Interpersonal Relationships



As previously described, the social and communicative aspects are two important elements of team dynamics. Included in these aspects are the interpersonal relationships that have been described as crucial to create team dynamics (Schutz, 1958; Tuckman & Jensen 1977). Referring back to *2.1.1 Team Dynamics*, Schutz's (1958) model focuses on interpersonal relationships and Tuckman's (1965) model illustrates how relationships develop over time in teams to develop team dynamics. These two models, likewise to several other models about group creation and development, recognize social relationships (Bales, 1953; Bion, 1961).

Wheelan (2013) explains that building positive relationships among the team members will increase their cohesion, trust, satisfaction, and commitment. Furthermore, relationships will make collaboration clearer and the confidence within the group will increase. As the confidence increases, the communication between the team members is also likely to be of a more open character. Communication is further a key aspect for productivity within the team. Additionally, the author stresses that positive relationships are necessary for the team to be efficient. Moreover, Ensley, Pearson, and Amason (2002), concludes that if teams work together over a period of time, they develop closer relationships. Hence, the team members become aware of each other's personalities and knowledge, consequently creating a feeling of belonging. In addition, Granovetter (1973) emphasizes the time aspect and explains that relationships get stronger or weaker depending on the amount of time spent together. Strong relationships within

the team are based on reciprocity and last for a longer time (Aldrich, Brickman Elam & Ray Reese, 1997). Furthermore, Granovetter (1973) stresses that strong relationships are signified by trust and emotional closeness. In contrast, the author explains that weak relationships are signified to be less frequent and during a shorter time.

Schutz (1958) highlights trust as an important factor to create well-functioning teamwork in the above-mentioned framework 'FIRO'. Likewise, trust is identified by Wheelan (2013) as an effect of positive relationships between the members within the team. The author further states that trust develops between team members through actions, and not words. In addition, the collaboration will also become smoother if the team members can trust that their colleagues will perform what they are intended to do. Trust makes team members more comfortable to ask questions and suggest new ways of working that will enhance the efficiency of teamwork. Additionally, Hackman (2006) stresses that one of the most frequent factors that inhibit teamwork is the absence of trust. Confidence and cohesion have further been identified as important factors for team collaboration (Wheelan, 2013). These factors are often absent in the beginning when the team does not know each other and when social relationships have not been established. The confidence and cohesion evolve over time as the social relationships develop.

## 2.3 Organizational Culture



Sjøvold (2018) states that organizational culture is relevant to consider when analyzing a team, as culture provides a framework for significant elements in a particular group or organization. The author explains that the culture appears to become the group's 'personality' and is therefore making every group unique. Furthermore, the author states that the organizational culture becomes visible through the team members behavior and the group's role structure. Additionally, the culture controls the team member's feelings and evident actions about internal and external experiences. Consequently, organizational culture is stressed to influence team dynamics (Sjøvold, 2018).

The term organizational culture is used in various ways by different authors and there are therefore many definitions (Alvesson, 2013). Alvesson (2013) elaborates on this and states that culture is “a tricky concept as it is easily used to cover everything and consequently nothing” (p. 3). Due to the variation and its tendency to be used in a vague way, the term needs to be defined. Schein (2010) defines culture as:

The culture of a group can now be defined as a pattern of shared basic assumptions learned by a group as it solved its problems of external adaptation and internal integration, which has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems (p. 18).

Another definition that is more accessible is “the shared values, beliefs, and norms that influence the way employees think, feel and act towards others, both inside and outside the organization” (Palmer, Dunford & Buchanan, 2017, p. 150-151).

Alvesson, Blom and Sveningsson (2017) describe the relationship between organizational culture and meaning, as in making sense of events. As the organizational culture is all about shared sensemaking between the employees, the collective becomes of more relevance than the individual. The main goal therefore becomes to get employees to adopt the values of the organization and to develop a shared identity (Schein, 2010). Furthermore, Schein (1990) describes the importance of socialization in order for new team members to adopt to the organizational culture. Socialization is about more experienced organizational members helping new team members to embrace the existing organizational culture. Moreover, as people in an organization adapt to the culture and to a shared identity, they become more comfortable collaborating with each other, consequently developing a collective understanding (Keyton, 2005). The same principle could also describe the reversed concept. If organizational members do not share the same identity nor adopt the same culture, they will lack the comfort to work together.

Sjøvold (2018) explains that even though an entire organization has one described organizational culture, each team tends to form its own culture. The overall organizational culture and the team's culture determine what is perceived as 'normal' within the team and how the team members should act. Alvesson and Sveningsson (2016) discuss culture and highlight the importance of having a critical view of the assumption of a coherent organizational culture. They state that this critical view is essential as most organizations do not have a coherent organizational culture, instead subcultures are formed. Subcultures are created within a particular group and as each group creates its own culture it will affect the overall organizational culture. In addition, Schein (2010) explains that subcultures often are formed among people that work within the same function, have the same profession, or have a similar organizational background. Nevertheless, subgroups, that have formed their own culture, can have negative consequences as they can act without listening or informing the entire group (Wheelan, 2013).

Organizational culture connected to interprofessional teams have been researched to a limited extent in the academic literature. However, Sinclair, Lingard and Mohabeer (2009) investigated interprofessional collaboration in health care and found that organizational culture enables collaboration in this setting. In their study, organizational culture consisted of *collaborative leadership*, *care philosophy*, *relationships*, and *environmental context*. *Collaborative leadership* is about the hierarchies in the interprofessional teams. The interprofessional teams are semi-hierarchical which means that nobody had the leader role and that everyone was confident to express their opinion during meetings. *Care philosophy* concerns if the team's culture aligns with the vision of interprofessional teams such as having shared goals and engaging in knowledge sharing. Regarding *relationships* it was found that a division was visible within the interprofessional team. The division was explained to be between the nursing team and the other professions. The interviewees mention that the divisions within the team occurs because of various staffing patterns and focus areas. One common relationship pair consisted of one occupational therapist and one physiotherapist. Lastly, the *environment context* had an impact on the interprofessional team. The significant factor was the physical distance as some of the professions were not being located close to the patients and the interprofessional team (Sinclair, Lingard & Mohabeer, 2009).

Hall (2005) has investigated the liaison between organizational culture and interprofessional teams. From this study, it was found that the various health care professions held different cultures. These professional cultures had developed due to a number of factors such as history, social class and gender issues. Furthermore, this cultural difference is already established during education where the professions establish common values, approaches to problem solving and verbal communication. These cultural differences between the professions creates obstacles for the interprofessional teamwork to be efficient. Awareness of these differences can contribute to practical implications for interprofessional teamwork (Hall, 2005).

## 2.4 Identity



With regard to the social and sensemaking aspects of team dynamics it is important to understand and consider identity. Identity is explained by Alvesson (2004) to “be seen as the response to the question ‘Who am I?’” (p. 190). Identity is a reflection of the self and is defined as “how individuals or groups of people understand and define themselves” (Alvesson, 2004, p. 190). Identity is described to be constructed through the comparison between groups and people, therefore created in social interactions. For instance, identity can relate to a nationality, a profession, or a company. From this, it can be observed that identity forms on various levels, both individual and organizational. However, Alvesson (2004) explains that, it is often social identities that are relevant in a work context, rather than the individual identity. The social identity is described to be a group such as a company, division, or occupation that the individual identifies with (Ashforth & Mael 1989; Turner 1982). Alvesson (2001) explains that identity can be seen as a process and therefore might change as time passes by. Further, identity appears to be remarkably subjective. In organizations that are more professionalized, employees tend to identify to a greater extent with their work. In these types of organizations, the identity of an organization or with a profession will become internalized. Therefore, the employees are more likely to perform and become motivated to accomplish tasks to fulfil that identity (Alvesson, 2004).

Identity is described in teams as having a positive impact on teamwork. A shared identity within the team creates a tendency to more loyalty, trust, and care among the team members (Brewer & Miller, 1996 in Hinds & Mortensen 2005). A coherent identity may further help the formation of social relations within an organization that can facilitate teamwork (Alvesson, 2004). In contrast, if a strong shared identity does not appear it can have negative impacts on the collaboration within the team. As team members have various identities, conflicts and problems can arise to a wider extent than if a team has a shared identity. Not having a cooperative identity, people are more likely to view the people associated with another identity negatively. Conflicts can arise regarding problems linked to communication and relationships (Jehn, Northcraft & Neale, 1999).

Hall (2005) has studied interprofessional teams and identity and found that teamwork is hampered when employees identify with the profession, as it inhibits communication and common interpretations of certain situations. Furthermore, Cain, Frazer and Kilaberia (2019) highlight the issue of how identity work becomes complex in an interprofessional context since employees need to have a two-parted identity. What the authors mean by a two-parted identity is that the employees need to identify with the profession simultaneously with the team. They analyze how the two-parted identity conflicts when disputes occur, whereas the two identities can enhance each other in other situations. Furthermore, they found that when employees identified as team members instead of professions it encouraged interpersonal relationships. However, the team members found this difficult as it might threaten their status when ‘losing’ their professional identity (Cain, Frazer & Kilaberia, 2019). Alvesson (2000) states that having a strong identity can create an ‘us’ versus ‘them’ mentality within an organization. The author stresses that the ‘us and them’-mentality can be based upon imagined differences or the exaggeration of differences. Moreover, the author explains that the ‘us and them’-mentality often is created even though the groups have similar values.

Identity and organizational culture are interlinked (Alvesson, 2004). If members of an organization tend to identify more with the organization, the possibility to develop a more definite organizational culture is created (Alvesson, Blom & Sveningsson, 2017). In contrast, a

reverse relationship is also described by Alvesson (2004), where culture is identified as a factor that can form an identity. Culture is described to be a toolkit for identity creation whereas culture can both enable and limit various identity creations (Swidler, 1986). In this sense, culture provides a way to interpret certain situations, simultaneously, as the influence of culture also limits the ability to understand others' interpretations of the world. Moreover, Kärreman and Alvesson (2004) explain that organizational culture provides a belief system that can be illustrated as “an iron cage” (p. 151), where identity develops.

## 2.5 Job Rotation



In the creation of team dynamics, we found job rotations to have a significant impact. Thus, it is important for this study to understand this way of organizing. Job rotation is one form of job design, which is used in various organizations (Järvi & Uusitalo, 2004). Job rotation is explained as “temporary rotations of work assignments and work units” (p. 339). The reason for engaging in job rotation is in most cases to increase knowledge (Iluk & Iluk, 2017) and employee commitment (Martin, Kolomitro & Lam, 2014). These two aspects will both benefit the organization, yet likewise the employees. For the organization, it is beneficial to enhance the knowledge of the personnel to be able to increase performance (Järvi & Uusitalo, 2004). In terms of the employees, job rotation will increase knowledge which also will lead to development, career opportunities, motivation, and satisfaction (Martin, Kolomitro & Lam, 2014). Järvi and Uusitalo (2004) further stress that the job rotation needs to be an agreement between the employee and the employer/manager in order to work well, consequently the opposite if the rotation is determined by one party. The purpose of job rotation is to create a job environment that is more dynamic and flexible.

Halberg, Assafi, Kammersgård and Jensen (2020) have investigated the use of job rotation in a health-care context with a focus on nurses. The findings from this study show a number of implications toward job rotations. First, the expectations and common understandings of the

job rotation were identified as a crucial factor for the success of the rotation. The non-rotating personnel were evident to play a key role in terms of expectations as they were not a part of the planning process and consequently did not understand the purpose of the job rotation. Therefore, they had different expectations of the rotating personnel than what was planned highlighting the importance of also involving the non-rotating personnel. Second, the non-rotating personnel perceived the rotating personnel as students even though they were experienced independent nurses, creating a hierarchical asymmetry. On top of struggling with being new at the wards, the rotating nurses described that they felt like guests, which made the work even more challenging. Third, the rotating nurses had problems with belongingness. Issues were created around where they felt at 'home', and in most cases the home ward was where they felt the most sense of belongingness. Furthermore, culture was described as important to create a home-feeling and to create that feeling you needed to become a part of the culture. From the authors perspective, culture concerned social aspects, work aspects, communication, expectations, and work relations. In conclusion, the research shows that the positive effects of job rotation were that it expanded the nurses' knowledge and job satisfaction, however the challenges above remained (Halberg, Assafi, Kammergård & Jensen 2020).

## 2.6 Chapter Summary

In this chapter the theoretical background has been outlined. In the first section, a short introduction of the concept of teams was explained. The development of the concept was presented, originating from the famous Hawthorne experiments, followed by a definition of teams. Secondly, the concept of team dynamics was introduced to give an understanding of how people behave within a team. In this section, different perspectives of team dynamics were outlined, including authors such as Tuckman and Jensen (1977), Hackman (2002) and Einola and Alvesson (2019). Thirdly, the concept of interprofessional teams was explained and defined where the terms; team, team dynamics and interprofessional teams was described as interlinked. Furthermore, four concepts that are of importance for this research of interprofessional teams and team dynamics were defined and described; interpersonal relationships, organizational culture, identity, and job rotations.



# 3. Methodology

In the following chapter, the methodology of the research will be presented. Firstly, the philosophical grounding will be introduced, including interpretivism, symbolic interactionism, and social constructionism. Moreover, a presentation of the research approach will follow by an introduction to the qualitative and inductive approach. The research background and research context will further be outlined. Subsequently, the process of data collection and data analysis will be presented in detail. Additionally, credibility and trustworthiness will be discussed. At last, the consideration of the limitations and the reflexivity of the study will be presented.

## 3.1 Philosophical Grounding



To get a better understanding of the study we will start this chapter by describing the adopted philosophical grounding. There are two main contrasting philosophies of science; the interpretive tradition and the positivist tradition (Prasad, 2018). The positivist tradition is mainly applied within natural science with a particular focus on gathering and systemizing empirical data and performing statistical analysis (Alvesson & Sköldbberg, 2018). As this study emphasized the social construction of an interprofessional team, the positivist tradition was not aligned with this research. This research was instead conforming to the interpretive tradition. The interpretive tradition highlights “human interpretation as the starting point for developing knowledge about the social world” (Prasad, 2018, p.13). In this study, we explored the interprofessional team as a social phenomenon through interviews that gave us insight into individuals’ interpretations. Given this, our aim was to understand the meaning of the interviewees’ subjective and socially constructed reality. By doing this, we developed an understanding of this phenomenon and expanded theory through their reality.

Aligning with the interpretive tradition is symbolic interactionism. Martindale (1981, in Prasad, 2018) explains this perspective as “the creation of meaning in social situations with the point of gravity being located in the self” (p. 19). The method of this research was in-depth semi-structured interviews. Prasad (2018) describes this as the method of collecting data in symbolic interactionism. The study also adopted an inductive approach, which entails the phenomenon with limited theoretical background (Bell, Bryman & Harley, 2019). Aligning with this approach we conducted the interviews with an open mind, which enabled the interviewees to lead the interviews in their direction. This is also in line with what Prasad (2018) explains as an often-used method within symbolic interactionism.

In addition to symbolic interactionism, social constructionism could also be identified in this study. Alvesson and Sköldbberg (2018) define social constructionism as “reality is precisely socially constructed” (p. 20). Therefore, the authors state the essentials of unfolding these socially constructed phenomena by exploring how they are created. The phenomenon of our research was interprofessional teams and their team dynamics. As the team consisted of various people from different professions the phenomenon and its reality were socially constructed. The different people within the team had their perception of the situation and therefore the phenomenon cannot be studied without taking the social actions into account. Hence, we have investigated how the phenomenon of interprofessional teams is socially constructed.

## 3.2 Research Approach



As presented in the previous chapter this research examined the phenomenon of interprofessional teams and how its reality is socially constructed, therefore, a qualitative research strategy was chosen. Bell, Bryman and Harley (2019) describe that the qualitative approach creates meaning and understanding of social reality and how individuals interpret their social world, which supports that we chose a qualitative research method for our study.

Furthermore, aligning with the symbolic interactionism interviews were conducted and therefore words were analyzed, not numbers.

The qualitative research strategy emphasized an inductive approach rather than a deductive approach (Bell, Bryman & Harley, 2019). The authors explain that the deductive approach has an aim to confirm or prove theory. Hence, the deductive approach does not align with the aim of this research that seeks to explore and understand the social phenomenon of interprofessional teams. Instead, the inductive approach has its starting point in data collection and from that, we try to create a theoretical understanding of how the participants describe their reality. In contrast to the deductive approach, the outcome of the inductive approach is instead to form theory with a limited theoretical background. This research adopted the inductive approach since it aligns with a qualitative research strategy and the research's aim to create an understanding of the social world through the participants' interpretations of it. Consequently, we began the study with a limited theoretical background and then formed a research question and theory.

To get an in-depth understanding of the phenomenon of interprofessional teams one organization was studied, which conforms to a case study (Bell, Bryman & Harley, 2019). Case studies are widely used in business research and they favor qualitative research to generate detailed information. The research was formed as a case study to fulfill the aim of getting an understanding of the social world through the inductive approach. The chosen case organization, a hospital, was relevant and suitable to enable the study of interprofessional teams since the phenomenon is commonly used in health care (WHO, 2010).

### 3.3 Research Background



During the autumn of 2019, we began to have a dialogue about the possibility to execute our research at a Swedish hospital. In January 2020, we had an explorative meeting with our two contact persons at the hospital. At this meeting, we discussed the organization and possible

interesting areas of research. The following month included investigating potential research areas and further dialogue with our contact persons within the organization. The meetings resulted in that we chose to study interprofessional collaboration and we agreed that a qualitative case study was most suitable to investigate this. As we had an inductive approach the specific research question was not set from the beginning.

On the 26th of February, an email was sent out to the organization about our study by one of our contact persons. The email included an information sheet summarizing our aims and interests together with an interest-request. The chosen recipients of this email were key persons within the organization that our contact person thought would be interested in contributing to the study. What all these persons had in common was their interest in interprofessional collaboration. After two days, four people had responded and expressed a willingness to continue a discussion. The following weeks included further contact with interested people within the organization and a meeting at one of the departments at the hospital. This resulted in many contacts and scheduled interviews. The initial thought was also to execute observations and therefore we were also in contact with the manager of the Department of Internal Medicine and Emergency Care. We got approval for both interviews and observations within the department.

Unfortunately, the emerging Covid-19 pandemic created some obstacles for us. At first, we got the information that it would no longer be possible to proceed with our study. However, we solved the situation by rescheduling the face-to-face interview to phone interviews and decided to continue without doing observations. Furthermore, the situation with Covid-19 affected the case organization in particular and some of the intended and scheduled interviews were canceled. Despite the obstacles emerging from Covid-19, we managed to conduct twelve interviews with representatives from all professions included in an interprofessional team.

### 3.4 Research Context



The hospital consists of eighteen departments and the research has been conducted at one of them, namely the Department of Internal Medicine and Emergency Care. The respondents in this study are working across seven different wards within the department and where the respondents are employed differ among the professions. Both the physicians and the rehabilitation personnel are employed at the department, which means that they work across the department at different wards. In contrast, the nurses and the assistant nurses are employed at one of the wards within the departments. Additionally, many of the respondents have worked at different wards throughout their careers. This distribution has enabled this research to get an insight into different wards within the department. The section below will include a description of the different wards and the interviewees.

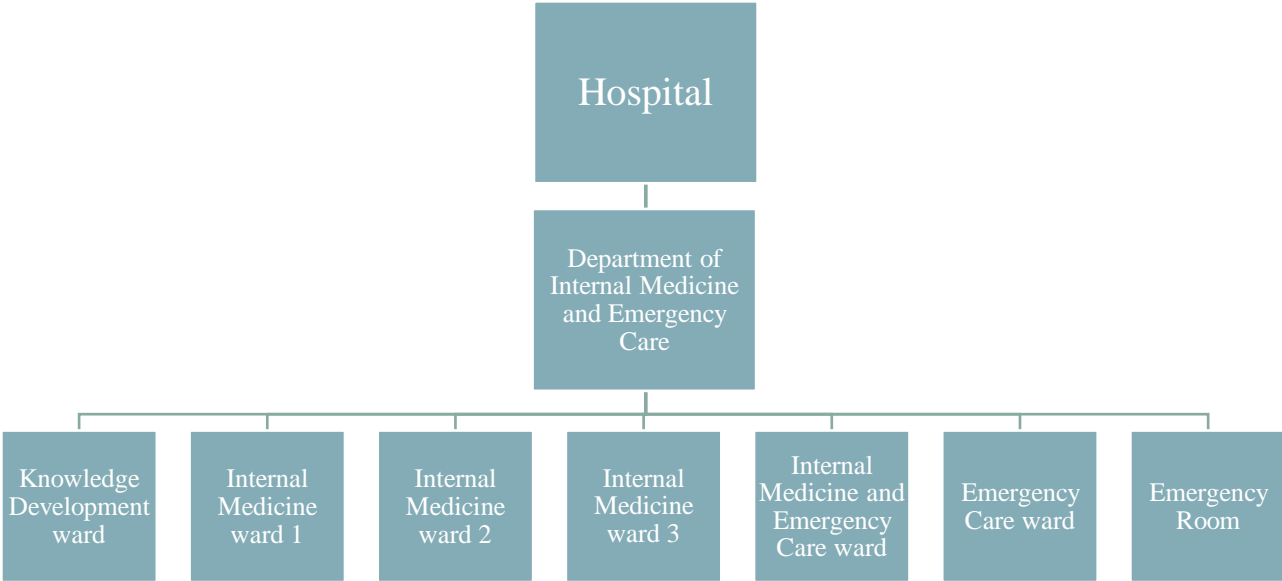


Figure 2. Organizational Chart

### 3.4.1 Description of the Wards

Five out of twelve respondents are working at one of the wards within the Department of Internal Medicine and Emergency Care, which further will be referred to as the Knowledge Development ward. This ward has a purpose to increase knowledge sharing and competence development. It was founded in September 2019, consequently the employees have not worked there for a long time and the routines is still under development. In order to facilitate the purpose of knowledge development at the ward, the employees engage in a special job design, namely job rotation. Therefore, the personnel at the Knowledge Development ward consist of permanent personnel and rotational personnel. The rotational personnel originally work at another ward, as we will refer to as home wards, within the Department of Internal Medicine and Emergency Care. The rotating personnel have accepted to engage in an eight-week rotation at the Knowledge Development ward, and will return to the home ward after these weeks. We have both interviewed permanent and rotational personnel. Moreover, the ward consists of fourteen hospital beds divided into two interprofessional teams.

Three out of the seven wards where the respondents work are wards with the main focus on internal medicine. One of these three wards is a larger department and has twenty-eight beds. One interprofessional team is responsible for eight patients, which results in four teams working simultaneously. Out of these four interprofessional teams, one has a specific focus on teaching and training. The team is constructed as an interprofessional team, but the uniqueness is that it consists of students from all different professions. The students are practicing their skills at this ward for two weeks and during this time, they are fully responsible for the patients. Around this interprofessional team consisting of students, there are supervisors from each profession to support the students if needed. Furthermore, the other two internal medicine wards are similar to the described ward, however without the student team.

The remaining three wards where our respondents work are connected to emergency care; one is the emergency room, one is a ward mainly focusing on emergency care and the third is also a ward focusing on internal medicine in relation to emergency care. In the emergency room, patients do not stay for a long time, therefore, the work is recognized as hectic. Due to the climate, personnel are not working long shifts consequently changing interprofessional teams

often. The wards focusing on emergency care is likewise to the emergency room also recognized by a hectic climate. The patients are barely staying there for a day and they are often more demanding and therefore one interprofessional team is responsible for four patients instead of eight as in the other described internal medicine wards. This department does not have many beds since the patients do not stay long and the goal is to move them to other wards.

### 3.4.2 Description of the Interviewees

We have interviewed a total number of twelve people employed at the hospital. To get a deeper understanding of the interprofessional team, we chose to have respondents representing all the various professions included in an interprofessional team; physicians, nurses, assistant nurses, occupational therapist and physiotherapist. All the interviewees have in common that they work at the Department of Internal Medicine and Emergency Care. Three physicians were interviewed and as they are employed at the department, they work at all different wards within the Department of Internal Medicine and Emergency Care. Four nurses were interviewed, and they are employed at different wards within the department. A majority of the nurses are employed at the Knowledge Development ward. Furthermore, two assistant nurses, employed at different wards (one at an internal medicine ward and one at the Knowledge Development ward), were interviewed. Additionally, two occupational therapists and one physiotherapist participated in the study, representing the rehabilitation personnel. They are organized in a different way than the other professions. They are included in the interprofessional team and work together with the other professions at the ward/emergency room; however, they have their work desks separate from the interprofessional team and are placed together with the other rehabilitation employees.

Interviewees	Ward
Physician 1	Knowledge Development ward
Physician 2	Working across all wards within the department
Physician 3	Working across all wards within the department
Nurse 1	Knowledge Development Ward
Nurse 2	Knowledge Development Ward
Nurse 3	Knowledge Development Ward
Nurse 4	Emergency Room
Assistant Nurse 1	Knowledge Development Ward
Assistant Nurse 2	Internal Medicine Ward
Occupational Therapist 1	Knowledge Development Ward
Occupational Therapist 2	Emergency Room
Physiotherapist 1	Emergency Room

Figure 3. Chart of Interviewees

### 3.5 Data Collection



#### 3.5.1 Semi-structured Interviews

We collected the empirical material through individual interviews of in-depth and semi-structured character. Aligning with this, Bell, Bryman and Harley (2019) describe interviews as the most commonly used method to collect data in qualitative research. The use of interviews helped us get a picture of the respondents' view of their social world, aligning with the interpretive tradition (Prasad, 2018). Due to the inductive style of this study we wanted to



approach the interviews with an open mind, however, we had decided in beforehand to study the phenomenon of interprofessional teams. Therefore, the interviews were semi-structured which means that we had an interview guide with open questions connected to interprofessional teams. This method enabled us to collect relevant data connected to the subject while allowing us to ask other questions on subjects that emerged during the interviews. The semi-structured interview guide was developed and revised several times to make it understandable for the respondents hence leading to a more casual conversation rather than a formal with the use of academic and difficult words.

As presented in the research design we received help from one of the contact persons to reach out to a number of key persons in the organization that could help us further. Some of these key persons were themselves interested to participate in the study or they helped us with suggesting other people that matched with the research criteria. This sampling method is called snowball sampling and can be used when doing qualitative research (Bell, Bryman & Harley, 2019). The sampling criteria for the study was that the participants had been working in an interprofessional team and that they were a part of the Department of Internal Medicine and Emergency Care. Another criteria was that there had to be respondents from all professions that an interprofessional team consists of, otherwise the sampling would not be representative, and unbalance could occur. The aim was to conduct between ten to fifteen interviews or until the data was saturated (Bell, Bryman & Harley, 2019). The sample ended up in twelve interviews and more precisely, three physicians, four nurses, two assistant nurses and three from the rehabilitation personnel were interviewed. All of these were working interprofessional or had been working interprofessional at the Department of Internal Medicine and Emergency Care. The interviews lasted from thirty-five to seventy-five minutes each.

The setting of the interviews is further an important part of the data collection (Bell, Bryman & Harley, 2019). Initially, the interviews were scheduled to take place physically at the hospital, however, as Covid-19 entered Sweden, interventions were made at the hospital. One of them was prohibiting unauthorized people to visit the hospital and consequently, all interviews had to be conducted over phone. Physical interviews have some benefits such as seeing the respondents face expressions and body language. However, phone interviews also have certain

benefits such as creating a distance between the interviewers and the interviewees which can make it easier to talk about sensitive subjects since distraction is reduced (Bell, Bryman & Harley, 2019). Therefore, conducting phone interviews might have benefitted the research in a sense that we received answers that we would not have gotten face-to-face.

When conducting the interviews both of us were present but we had different tasks to reduce the risk of confusion. One of us was responsible for leading the interview, asking the questions and keeping the discussion going. We tried to talk as little as possible in order to not interrupt the interviewee and avoid leading the interviewee to certain answers. The person not leading the interview was responsible for recording, taking notes, and listening. Being the leading or listening interviewer was equally divided between us. The interviews were held in Swedish as all participants were most comfortable in speaking Swedish. This benefitted the data collection since it is easier to express your thoughts when being completely comfortable language-wise (Bell, Bryman & Harley, 2019). Consequently, all interviews were translated from Swedish into English.

At the beginning of every interview, we obtained approval of recording the interview. This enabled us to fully listen to the conversation instead of focusing on remembering and taking notes during the interviews, which is pointed out as important by Bell, Bryman and Harley (2019). The interviews were further transcribed shortly after the interview. As the transcription and interviews were made alternately it enabled us to revise the themes in the semi-structured interview guide to the next interview if interesting topics emerged. Furthermore, we could also discuss how some questions should be asked and how certain concepts should be explained if we recognized that the interviewees had difficulties understanding them, and thereby revise them for the next interview.

## 3.6 Data Analysis



After conducting the interviews, the analysis of the data started with transcribing the interviews. This was done manually, word by word, without any digital assisting tool, which helped us to process the material in depth. The transcribing became our first action to familiarize with the data in detail. The process of analyzing continued with *Sorting*, *Reducing*, and *Arguing* which is a strategy developed by Rennstam and Wästerfors (2018). The first step is the sorting process which aims to create a structure and an order of the data. Rennstam and Wästerfors (2018) describe this phase as “[i]dentifying, highlighting, differentiating and listing different kinds of data leads to order and an overview” (p. 105). As we had an inductive approach and semi-structured interviews the sorting processes became important for us to get a grip of the unstructured data. This process was first done separately by the authors to be able to think independently and not be affected by the other person. We went through the interviews profession by profession and simultaneously kept a dialog in between us. This strategy created a more nuanced analysis where we thought differently in some aspects. Moreover, mind maps were used to structure the discovered themes. By adopting this approach, we put a lot of effort into the data and really got to know the material. The sorting-process confirms to a thematic analysis where we identified topics that recurred or pictured interesting similarities and differences (Bell, Bryman & Harley 2019). When analyzing the data, we had two aspects in mind; *what* the interviewees stress but also *how* they stress something, which also is something that Rennstam and Wästerfors (2018) emphasize as important. The *how*-aspect was kept in mind when transcribing the interviews but also when reading the transcripts. By analyzing *how* we got a broader view of sensitive aspects within the material. However, with our limitation with not having face-to-face interviews, the *how*-aspect could solely be analyzed in terms of voice and words.

The sorting-process gave us an overview of the collected data; however, this included many themes and categories and therefore, we needed to choose the most relevant material. In line with Rennstam and Wästerfors (2018) suggestion, we further engaged in the reducing part of

the data as a step in the analyzing process. The reduction of data included a dialogue between us where we agreed on ten relevant themes. Having decided on the themes we left the material for a few days to possibly identify new relevant aspects. In this process, we continued the reducing part and ended up with six topics to concentrate on. The open data analysis process was in line with our inductive approach and our content was not influenced by any specific theoretical framework.

When the reduction was completed, we started forming the analysis and thereby engaged in the last step, *arguing*. To execute the analysis, we adopted a strategy presented by Rennstam and Wästerfors (2018), namely ‘excerpt-commentary unit’ developed by Emerson, Fretz and Shaw (1995). This method includes four stages to structure an analysis. In the first step we present an *analytical point* including an introduction to the topic presented in the empirical material. The second stage is the *orientation*, where we presented a short introduction to the following empirical material. Furthermore, we present the *empirical excerpt*, and lastly, we provide an *analytical comment* about the presented data.

As outlined, we engaged in the *reducing* and *arguing* steps, however, we moved between these two steps several times. During the first time of the reducing-step we agreed on six themes and then did the arguing according to ‘the excerpt-commentary unit’. Then, we paused the empirical analysis for a couple of days. We came back to the produced material and did the reducing step once again, trying to tie the six themes together. This time, the reducing part ended up in five themes and the arguing step was made once again. This process was repeated a third time and lastly the empirical analysis ended up in three main themes; interpersonal relationships, organizational culture and identity.

### 3.7 Credibility and Trustworthiness



Credibility and trustworthiness are important in research to ensure quality (Bell, Bryman & Harley, 2019). The common terms describing these are reliability and validity, hence these may be more relevant for describing quantitative studies (Guba & Lincoln 1994, in Bell, Bryman & Harley, 2019). Guba and Lincoln (1994, in Bell, Bryman & Harley, 2019) argue against the idea that the social scientists' main purpose is to reveal the complete accuracy of the social world. Therefore, their idea is that there could be several truths about the social world. To be able to assess the quality of our research we will focus on two dimensions within the above-mentioned approach, namely trustworthiness, and authenticity.

Trustworthiness could further be divided into four elements (Bell, Bryman & Harley, 2019). The first one is credibility and has similarities to internal validity. This criterion is about the degree of truth and how believable the empirical material and results are. Because of the various perceptions of the social world the credibility becomes increasingly important for researchers to get people to accept the specific findings (Bell, Bryman & Harley, 2019). We have worked actively with the credibility aspect to ensure that our findings are accurate and true. When working with the material and performing the analysis we had a strategy of reading independently, thinking independently, and then sharing our thoughts with each other. This made us think of our material from different aspects and enabled a more reflexive understanding of our material.

The second criterion used to discuss the trustworthiness of our study is transferability, which has parallels to the external validity (Bell, Bryman & Harley, 2019). This criterion is about the applicability of the findings to other contexts. The problem with the transferability within qualitative research lies in the method of often studying a limited number of people. Bell, Bryman and Harley (2019) describe this as having a 'contextual uniqueness' which can create problems to apply qualitative research to other contexts. Nevertheless, in this study, a *thick description* was outlined about the circumstances, which are described as one relevant action to

enhance the possibility of transferability (Guba & Lincoln, 1985 in Bell, Bryman & Harley, 2019). The thick description is included in the entire methodology section, yet more in detail in the *research context* section. This description makes it easier to understand the context of our research in detail, which enables the transferability of the study.

Moreover, it is beneficial to consider dependability when discussing the trustworthiness of a qualitative study (Bell, Bryman & Harley, 2019). The dependability has links to reliability and is about the possibility to replicate the study. To enable the dependability, it is of importance to be transparent with the research process. In our study, we have been transparent and given a detailed description of the methodology and the chosen concepts described in the literature review. Additionally, the reader can find the interview guide attached along with a description of the site of the study.

Furthermore, Bell, Bryman and Harley (2019) use the term confirmability as a criterion for ensuring quality and trustworthiness of the study. This criterion is about objectivity, which is beyond the possibilities within qualitative business research. To ensure this criterion to a great extent in our study we were open-minded and did not intend to lead our respondents in any direction. The inductive approach also enabled us to be more objective in terms of that we could not possibly lead the respondents' answers as we did not have a preset question to study. At last, is the criteria of authenticity which refers to the importance and obligation for researchers to present various aspects of the social phenomenon being studied. Bell, Bryman and Harley (2019) describe a linkage between authenticity and critical theory, which emphasizes the importance of adopting a reflective and critical view. Alvesson and Sköldbberg (2018) discuss the importance of reflection and reflexivity in methodology which will be further discussed in the next section.

## 3.8 Limitations and Reflexivity



### 3.8.1 Limitations

One limitation to our study concerns the sampling method. A snowball sample was used which is not a systematic sampling procedure that can be fully described in detail. This is something that weakens the possibility to replicate the study, which is a critique against qualitative research (Bell, Bryman & Harley, 2019). Another aspect that can be a limitation in this research is that the collected sample might not represent the entire population. The participants are working at one of eighteen departments at the researched hospital, which will reduce the possibility of generalizing the results (Bell, Bryman & Harley, 2019).

As discussed, generalization is a common problem within qualitative studies (Bell, Bryman & Harley, 2019). However, Yin (2009) explains that there are two types of generalization, namely statistical generalization, and analytical generalization. This research confirms to the latter since we studied a phenomenon that has been researched before but in other situations and contexts which enables analytical generalization. The findings were compared to already existing theory and from that the purpose was to expand theory, rather than proving frequencies as statistical generalization (Yin, 2009). Therefore, the goal was not to generalize the findings for each and every situation, instead, we wanted to contribute with insights about interprofessional collaboration in this particular organization.

As explained in previous sections, Covid-19 limited us in various ways and one of them refers to the interviews. Since we were not allowed into the hospital, we could not have any physical interviews and instead all interviews were conducted over the phone. Performing phone interviews hindered us to observe the respondents' body language and face expressions which limited us in analyzing the *how*-aspect (Bell, Bryman & Harley, 2019; Rennstam & Wästerfors, 2018). Furthermore, due to the interventions of Covid-19, observations were excluded as a way of collecting data. Due to this, our research does not include triangulation, which is a method to secure the credibility of the study (Bell, Bryman & Harley, 2019). However, even though

this limited the research we found the qualitative research method as most suitable to gain in-depth understanding about interprofessional collaboration. To minimize this limitation, we emphasized the importance of being reflexive during data-collection (Alvesson & Sköldbberg, 2018), for instance we did all interviews together which limited the risk of only getting one person's interpretation of the data.

Lastly, we did not know the organization or were familiar with health care in general before we started the study, which could be a limitation. This presented a challenge as the organization is based upon specialized knowledge, which makes the organization complex. However, simultaneously as this can be a limitation it enabled us to study the organization without any preconceived ideas about the situation, which reduced subjectivity (Bell, Bryman & Harley, 2019). Moreover, this might made us interpret the situation and organization differently than someone that knows it well.

### 3.8.2 Reflexivity

Subjectivity is another aspect that presents a limitation to qualitative studies (Bell, Bryman & Harley, 2019). To reduce subjectivity and minimize the limitations we engaged in reflexivity as suggested by Alvesson and Sköldbberg (2018). Reflexivity is described as “the interpretation of interpretation” (Alvesson & Sköldbberg, 2018, p. 11) and emphasizes that we as researchers need to be critical towards ourselves and careful about how we interpret data to avoid biases. We as authors tried to be reflexive both during the collection of data and when data was interpreted as a part of the analysis. When it comes to the data collection both of us were present, limiting the possibility of allowing only one person's interpretation of the situation. Further, the respondents only got information about that we were investigating interprofessional teams, therefore, also limiting them to have preconceived ideas about the research. When it comes to data analysis, we spent time on first thematizing individually to reduce the possibility to be biased by the other researcher's interpretation of the data and then comparing our ideas. Spending significant time on the analysis enabled us to critically discuss, move back and question our interpretations and also to read the data carefully to recognize what was really being said, in order to find underlying meanings and assumptions. Overall, we did not know



the organization and respondents before which enabled reflexivity since we were limited in our own preconceived interpretation of the situation.

### 3.9 Chapter Summary

In this chapter the methodology of the research has been described. First, the philosophical grounding was introduced, aligning with the interpretive tradition, symbolic interactionism, and social constructionism. Following, the chosen research approach, a qualitative, inductive case study was motivated. Subsequently, a description of our case organization, a hospital in Sweden, was presented together with the research background and context. In these two sections it was outlined how the interest of the subject and organization arose, furthermore, illustrating the studied site and the interviewees. Moreover, the data collection was explained in detail including a description of the semi-structured interviews. The data analysis was further outlined adopting the process of Sorting, Reducing, and Arguing. Lastly, the chapter covered credibility and trustworthiness followed by limitations and reflexivity of the study.

## 4. Empirical Analysis

This chapter consists of the empirical material from the data collection at the hospital. In the first section, interprofessional teams and its purpose in health care is presented. This section, further, introduces the importance of team dynamics and the use of job rotations in health care. Moreover, the following section describes the three main aspects that were found to influence team dynamics, namely interpersonal relationships, organizational culture, and identity. In the last section, it is described how job rotation undermine the creation of team dynamics with regard to interpersonal relationships, organizational culture and identity.

### 4.1 Team Dynamics in Interprofessional Teams



*“We are creating the best conditions for this to be good together. Sort of like a soccer team [...] All of us are needed, and that is very important.” (Nurse 2)*


This research study teams within the health care sector. Health care is using a way of organizing teams where various professions work together, this kind of team composition is called interprofessional teams. The interprofessional teams that this study has investigated consist of physicians, nurses, assistant nurses, physiotherapists, and occupational therapists. Working in interprofessional teams is motivated as health care has particular requirements and goals that must be achieved. First, health care is supposed to deliver high-quality health care. Second, knowledge sharing, and competence development is essential to be able to deliver this high-quality health care as work methods constantly develop. Interprofessional teamwork is perceived to enhance these two needs, therefore health care has strong trust to the use of interprofessional teams.

The empirical material from this study discovered that team dynamics were important to fulfil the above-mentioned reasons of high-quality health care and knowledge sharing of working in interprofessional teams. How the team dynamics are described by the respondents varied, yet three main aspects were identified as important to create team dynamics in an interprofessional team, namely: interpersonal relationships, organizational culture, and identity. Furthermore, the investigated hospital believes in the use of job rotation in combination with interprofessional teamwork. There are several reasons to use job rotation, for instance to fulfil the need of knowledge sharing and to utilize personnel in the best way. However, the results of the study indicated that the use of job rotation might undermine the aspects of team dynamics, which is identified as crucial for collaboration. This becomes problematic since health care must achieve efficient collaboration and engage in knowledge sharing to deliver high-quality health care. The following two sections will outline the importance of team dynamics in interprofessional collaboration and further discuss how the use of job rotation affects the aspects of team dynamics.

#### 4.1.1 Aspects of Team Dynamics

As described in the previous section, team dynamics are of importance for interprofessional collaboration to work effectively and smoothly. In this section, three aspects have been identified as particularly evident for creating team dynamics: interpersonal relationships, organizational culture and identity.

##### **Interpersonal Relationships**



Interpersonal relationships were the first aspect identified to create team dynamics. The majority of the interviewees described that the collaboration within the interprofessional team becomes better and easier when some sort of relationship is established between the professions and team members. One of the physicians described this in the quote below.

*“I think it [the collaboration] works well. Especially when I am at my home ward, I know the people I work with from before and we, since we have worked together*

*for a long time and have **established a relationship**, the collaboration becomes very easy.”* (Physician 3)

This quote describes the importance of continuity and to establish a relationship with your team members. When the relationship is established the collaboration will become more efficient and easier. An interesting aspect of this quote is that the respondent differentiates the teamwork at the home ward with the teamwork at other wards. The differentiation can be understood as the collaboration is negatively affected when not being at the home ward nor having a relationship with your co-worker. The same physician further stressed:

*“It feels like we, it is hard to describe, but **we have worked together for a long time and it obviously makes it easier** when you know everyone’s competence and their knowledge area.”* (Physician 3)

The benefits of having an established relationship with your co-workers make it easier because you know your team members strengths and weaknesses. Interpersonal relationships build trust between people, which makes it easier to collaborate. In an interprofessional team with different competencies, trust seems to be especially important and essential for the collaboration to work since each profession has its area of responsibility. Moreover, the relationship and trust do not need to involve a close personal relationship, which is described in the quotation below.

*“Because I think that collaboration will be better if you have some kind of [relationship], it is not about being friends at a personal level, but actually to have a nice time together [at work].”* (Occupational Therapist 2)

This statement describes that a relationship is beneficial for the collaboration, however, it does not need to be a close friendship. The important element within the relationship is that you feel comfortable with each other and that you can have a pleasant time at work within the team. If these two are fulfilled the collaboration will become easier. An assistant nurse commented on this further below.

*“You do **not** have to spend time together outside of work, but it is necessary that you have a hum about the people you work with and what mindset and way of thinking you want to achieve at your ward. It does not help that your manager says that this sounds good and this is how we should reach [the goal] if we do not even know who we are or how we should strive for it.”* (Assistant Nurse 1)

The statement further indicates how important it is to have some kind of relationship. Building a relationship is essential for a team to work regardless of what a manager says or wants. If you are not familiar with your colleagues, you might never reach the goal of the team that is high-quality patient care. The following quote elaborates on the importance of a relationship for patient safety.

*“I think, what we have troubles regarding relationships, or what I can feel that I miss from my previous workplace, is to get to know each other as more than just; you are my nurse today, and without the feeling **that you become my friend** a little as well. And I think that you are a bit **more forgiving if you are friends**, that everyone actually makes mistakes and it [the work] is not that easy. You get a little more understanding and you also dare to say; I do actually not know this, or I do not feel comfortable with this or how did you think now. **I think for patient safety, it is good if you are a little more friends.**”* (Nurse 1)

This nurse describes that she wants her team members to be a little bit more friendly, not just engage in a professional relationship. This in contrast to the previous quotes which emphasize the importance of just having some kind of relationship. An interesting part of the statement also explains that you become more forgiving if you have a more personal relationship with your team members. This can develop a more open-minded team atmosphere, which will be beneficial not only for the team members, but also for patient safety. When highlighting the willingness of becoming friends at work it can be assumed that the work is more than just a necessity. The same nurse elaborates on this further in the quote below.

*“Sometimes you are very work-oriented. I still think communication and the collaboration works okay but, sometimes I think; **you come here [to the workplace] and then you just do a job.** Just like that. And it might be really normal for some people but I'm used to something else and then sometimes I wonder, **is nobody going to laugh today?**” (Nurse 1)*

This quote illustrates that people view the workplace in different ways. Some go to work just as a necessity, and some want more out of it. To become motivated at work you need to enjoy being at work, and a way to do that is to establish relationships to your co-workers. Again, it shows that having a personal bond with your colleagues might be beneficial. Simultaneously, another nurse explained the problem with having more of a friendship bond, but also indicated that a relationship is necessary to be able to collaborate.

*“At the ward, there are some groups that meet outside of work on a friendship level. This result in that **you are among your friends even when you are at work,** and it contributes to a good atmosphere, which unfortunately sometimes also becomes a little leisure time, however, more in the emergency room than at the ward. **The relationships take over a lot of the time at work,** which I think is quite unprofessional, but that happens sometimes. But it [friendships] also **makes you happy at work** and I think that is a prerequisite when it is tough and hard. **I think you will leave your ward if you do not feel at home** [...] So the sense of community, I think there must be something; that we have fun together at work.” (Nurse 1)*

This statement indicates that a personal relationship is necessary for the collaboration, yet a friendship can hinder the professional work. It is a fine line between the personal and the professional relationship when being at work and it can be difficult to keep a good balance between them. We can, however, draw the conclusion that a relationship is necessary to have a positive experience at work. In an organizational environment signified as stressful and tough, to enjoy work could be an important factor to perform well. In a health care context, performing well is to deliver high-quality patient care, which is crucial. Furthermore, interpersonal

relationships and having fun at work may create a feeling of belongingness or community. The statement below by an assistant nurse explains this further:

*“If you have someone that you **feel more comfortable with**, it will be more fun at **work**. You can laugh, you know about each other's humor. You **relieve** each other in another way.”* (Assistant Nurse 1)

The assistant nurse stresses the fact that being comfortable generates more joy at work. The comfort arises when you can trust each other and feel more confident in your role in the team, by establishing a relationship with your co-workers. The interviewee describes this link resulting in a relief and help that could be necessary when working in this tough and stressful organizational environment. Therefore, this further indicates that the relationships could be related to the enabling of having fun at work. The same assistant nurse continues:

*“The work with the patient is not different but personally, to go to work and know that: with this person, we always have fun together. We can go down and buy sweets and then **we share with the whole team**, it is more chemistry. The **job becomes easier** because you have more fun at work.”* (Assistant Nurse 1)

Once again, this statement illustrates that a relationship could be necessary to have more fun at work. Furthermore, the work-task is not affected if you work with a person that you have fun with, rather it affects you personally. It is described that the relationship between two persons can contribute to the entire team as the two persons in the relationship share the candy that they bought. Therefore, having a relationship is not solely contributing to these two persons, also the entire team. The quote further shows that if something feels easy and fun you may be more likely to perform better. Moreover, it is shown that if the people and different professions within the team are physically present at the ward as much as possible it will facilitate the creation of relationships. This is exemplified by one physician in the quote below.

*“We sit together [interprofessional team] at this ward, which is not how it has been traditionally in many wards. Often the physicians sit at one expedition and the nurses at another, but we have a **joint expedition and it promotes and facilitates communication.**”* (Physician 3)

As physical closeness contributes to the creation of interpersonal relationships, it seems to be important for interprofessional collaboration to work. This seems to be a key strategy to enable relationships and collaboration. It is surprising that this setting is unusual when working in interprofessional teams. You also get to know each other at a different level if you have the physical closeness and hierarchies may be reduced. It might also create a sense of belonging in the team when you actually sit together, otherwise, you may perhaps identify more with the team members or professions that you have the desk next to. The physician further elaborates on that the physical closeness also enables communication. A nurse that works with education regarding interprofessional collaboration at the hospital describes the importance of communication further.

*“Medical knowledge is one thing, but being able to talk to each other and get the collaboration to work is also a great competence that team members must practice and think about. And that's where the mistakes often are. If we look at the statistics if something has gone wrong, it is because we have not been able to talk to each other. And it is a little embarrassing that so **many people die every year because we cannot get the communication to function.**”* (Nurse 4)


The nurse in this quote describes communication as a non-technical skill that needs to be improved. The ability to do the technical tasks functions well in the interprofessional team, but when it comes to non-technical skills such as communication it becomes more difficult. The nurse stresses that people are dying as a result of failure in communication. The non-technical skills are very important for teamwork and especially communication. This quote illustrates the importance of a well-functioning communication, but it also has effects on other elements described in the citation below.



*“You have to feel that you have control of the situation [...] It is better that you talk to each other and it is better for **cohesion** and also that you develop and learn together.”* (Nurse 1)

Another important factor for a team to collaborate well is cohesion; to feel a sense of belonging, which is linked to confidence and trust. Having a relationship enables the creation of cohesion, confidence, and trust. The existence of these three feelings in a team reduces the risk of insufficient communication, enabling enhanced collaboration. When you feel more confident and have more knowledge about the technical skills that the work includes, you may also be better in your non-technical skills such as communication.

### **Organizational Culture**



Additionally, organizational culture was identified as an aspect that affects team dynamics. When trying to get an understanding of the organizational culture, the interviewees were asked to describe the atmosphere at the ward. Across the seven wards that have been investigated, the atmosphere is described in a rather similar way and the respondents use terms that have a positive ring to it such as; curiosity, open-mindedness, and easy-going. The quotes below are from a physician and an assistant nurse that describe the atmosphere at the wards.

*“Oh, **curious, positive, entrepreneurial spirit**. Yes, but it is never, you should never say never, but it is almost never that you get no for an answer. [...] Instead, if I ask something, I will immediately get the answer: ‘Oh, I do not know that, I will have to find out’. It is **always a feeling that we will solve this together**.”* (Physician 1)


*“**Open-minded, easy-going**, but at the same time professional [...] It is like that for everyone, even the secretaries, they are with us and they decorate the entire ward when it is Christmas. There are many that are very involved, that **want you to be happy**.”* (Assistant Nurse 1)

The first quote, from the physician, describes an atmosphere with a positive feeling and the mindset that nothing is impossible. The physician further describes how they solve things together which indicates that team spirit exists. From this, it can be assumed that organizational culture helps facilitate team dynamics. In the second quote, the assistant nurse is describing a team spirit when she says ‘it is like that for everyone, even the secretaries’ further describing that many are involved and that everyone wants each other to feel good. That you want other team members to feel good indicates that creating good team dynamics is important for the personnel. The two respondents above work within the same ward, yet the atmosphere is described in a similar way by personnel at other wards as well. That is exemplified in the quote below from a physician that is working at the other wards within the department.

*“I think that the atmosphere in our ward is great. As I said before, that it is an **open climate** and that you can say whatever you feel and think without being challenged. There is an **openness and mutual respect** for each other. I think that even in the Emergency Room, which it is a tougher workplace, even there it is this way. I never really experienced anything else.” (Physician 3)*

The quote above further shows that the atmosphere is described as open, which seems to be similar across the wards within the clinic. The physician also stresses how they have mutual respect, which could create reciprocity. When reciprocity exists, it means that you care for each other within the ward, which is a prerequisite for team spirit. The organizational culture seems to affect the team dynamics in the sense that it is open-minded and that the members within the interprofessional team care about each other. Therefore, this open-minded culture is helping to create reciprocity and team spirit, which appears to be essential for team dynamics.

## **Identity**



In the previous section, the organizational culture was identified as important for creating team dynamics. When trying to understand the culture, a strong identity work was discovered which will be explained in the following paragraphs. The aspects of organizational culture and identity

are interlinked and seem to affect each other in creating team dynamics. This will be explained in the following paragraphs.

The culture was described in a rather similar way across the different wards within the department. However, some of the respondents claim that the atmosphere is unique for their ward. There seems to be an idea that the other wards have a completely different culture although they are described rather similarly, which is a case of identity work. One physician described the open-minded culture and finished the description with the quote below.

*“I might think that it [the culture] is **a bit unusual**, but this is how it is at our ward.”*

(Physician 1)

The quote above describes how the physician thinks that their culture is ‘unusual’, exemplifying how there seems to be an idea of having a unique culture. The employees’ idea that their ward is unique might create an ‘us and them’-mentality at the department. This is exemplified by one of the nurses when asking about norms at their ward.

*“Some things are divided even though you do not think about it often. The same thing is in the lunch-room. **We share the lunch-room with another ward and it is very clear which ward that is supposed to sit where in this lunch-room.** But there is nobody that says it out loud, it is just how it is. I think it is more physical stuff that is implied. [...] So it's probably more physical than, collegial.”* (Nurse 1)

The quote above indicates that there also is physical sectioning between the different wards. The ‘us and them’-mentality indicates that the employees tend to identify strongly with their home ward. Furthermore, this strong identity could create both physical and social distance between the wards at the department. Simultaneously, it could create a stronger team spirit within the particular ward, which might facilitate the collaboration and the reciprocity for each other. Having this strong culture that the personnel strongly identify with generates team spirit. The generated team spirit is described in the quote below by a more experienced nurse that has worked at many different wards throughout the years.

*“The atmosphere is pretty much the same in that you feel pride in what you do. It is usually a quite happy climate where you help each other. Both of the wards think they are a little **better there than the others**. And that's very cool, I think.”* (Nurse 4)

In the quote above it is described how employees feel pride in what they do which can be viewed as having a strong identity for their job. Furthermore, it shows how the wards perceive themselves as more important than others, once again implying that they mainly identify with their home ward. It is interesting how this sectioning is created between the wards even though they seem to be rather similar. The feeling of a strong identification to the ward might help within the particular ward in creating team spirit and reciprocity, but simultaneously identification creates distance and fractions between the wards. This is further described by one of the nurses that have experience from other hospitals located in other regions in Sweden.

*“You know, usually you say it [the culture] is in the walls. I have never experienced that you have yelled at each other as much as you do in this region. That you are, dominating, very, very unpleasant to other [colleagues], to other wards and other hospitals and other health care institutions, in a way that you are not in the rest of Sweden. It is worse here I would say. The attitude.”* (Nurse 3)

The nurse elaborates on what the possible reason is and states the following.

*“It is very hard to say what it might depend on. I just think that you have a tone and you have a norm that you are, kind of, ‘everyone is bad except us’, and **it is only the ones we work with that are good**.”* (Nurse 3)

The described ‘us and them’-mentality could both bring advantages and disadvantages regarding team dynamics. The nurse in the above-stated quotes describes the downsides of the strong identification with the ward that hampers the open atmosphere and the willingness to help others across the department and within the hospital. The ‘us and them’-mentality can,

therefore, inhibit the reciprocity on a department level. However, a strong identity is perceived to enable team dynamics within the interprofessional teams.

## 4.2 The Impact of Job Rotation on Team Dynamics



In the section above, three aspects have been identified as important in enabling team dynamics in interprofessional teams. The respondents expressed the benefits of having a relationship with your colleagues, a shared culture, and a shared identity. Despite this, the empirical material also revealed a tension between the aspects to enable team dynamics and the job rotation that the hospital engages in. It appears that these two, the aspects and the job rotations, stand in conflict with each other which will be presented and analyzed below.

### 4.2.1 Contradictions Between the Aspects of Team Dynamics and the Job Rotations

The hospital has adopted a system of job rotation with the aim of enhancing knowledge sharing and competence development. As the knowledge increases among the employees, the competences can be better utilized and the interprofessional collaboration will be more efficient. The idea with job rotation seems like a great initiative in theory, however, the empirical material indicated that the job rotations undermined the team dynamics rather than strengthened it. Consequently, a contradiction was identified between the aspects that enhance the team dynamics and different forms of rotations at the hospital.

Three main rotations were explored to have an impact on the interprofessional team dynamics. A few of our respondents worked at the earlier described department for competence development, namely the Knowledge Development ward. This ward is organized in a specific way and has both permanent personnel and rotating personnel that change every eight weeks.

Another rotation identified in the empirical material was the rotation of the physicians within the Department of Internal Medicine and Emergency Care. The physicians rotate across all wards within the department, which implies that they change work-environment, interprofessional teams, and colleagues often. The last discovered job rotation was the rehabilitation personnel who are rotating from time to time depending on staffing demands at the department. To summarize, there are three identified employee rotations namely *the personnel at the Knowledge Development ward, the physicians, and the rehabilitation personnel.*

These different forms of rotation were explored throughout the interviews as creating difficulties and limitations for the interprofessional collaboration. As the hospital has this system of employee rotation, they also have a tendency to understand team dynamics in a more technocratic and mechanical way, rather than dynamic and organic. To assume that people and team members can be swapped and perform equally well in a new team constellation can be an indication of underestimating team dynamics. One physician explained her view of the exchanges in the team.

*“You take a **step back** every time and the continuity affect the patient's care very much. For example, if you change physicians every day, and all physicians have their way of working, and want to do it their way, then it is easy that the routines change from day to day and that creates concerns. What should I say, you **lose momentum in the team.** And you need to start over again, and get everyone on board. The time for doing this would not be needed if everyone in the team always were the same.”* (Physician 3)

What could be understood from this statement is that the exchange of team members is affecting the team dynamics negatively. Hence, it also has a negative impact on the care of the patients. One of the main goals of an interprofessional team is to deliver high-quality patient care, and when this job design both hinders that goal and the team dynamics it could become problematic. The following section will include empirical evidence of the contradiction between the aspects

for enabling team dynamics and the employee rotations, beginning with the aspect of relationship.

## Interpersonal Relationships



Interpersonal relationships was one evident aspect that all respondents stressed as an important element to enable team dynamics and interprofessional collaboration. To establish a relationship with the co-workers, one prerequisite is to meet them on regular basis. The empirical material nevertheless reveals that the rotations appear to hinder the establishment of relationships that further have an impact on interprofessional collaboration.

One of the rotations that were discovered was the rotation of employees at the Knowledge Development ward. As explained previously, the ward has permanent personnel and simultaneously employees that work there for eight weeks and then return to their home ward. The purpose of this rotation is to increase knowledge sharing and competence development. This rotation setting creates various challenges regarding relationship building. One nurse describes:

*“The **most difficult thing** people have described here [at the ward] is **the rotating personnel**. When you finally have established a way of working with a person, he or she will return [to the home ward], and then a new person comes. Then you have to restart again. [...] You also have to be open and invite and think: aha, you do not have the knowledge of how we work here. So, with some things you need to **start over** from the beginning and explain and show again. Therefore, there can be **difficulties with the collaboration** before you get to know each other and before you even know how to work in a group” (Nurse 2)*

To always have the rotating personnel makes the collaboration challenging. This statement indicated that the rotation as a job design has a negative impact on the relationship establishment that further will affect the team dynamics in a negative way. The problem could both be related to the rotational staff and the permanent staff at the department. As the

permanent personnel know the ward and the routines, they become responsible for inviting and teaching the rotating personnel, which could become frustrating. At the same time, it could be difficult for the rotational employees to come to a new work setting and quickly adapt to the new routines and colleagues. The frustrations and insecurity can affect the team dynamics negatively as relationships are more difficult to establish. The continuous job rotations make it difficult to establish belongingness among the permanent personnel at the ward, when simultaneously inviting new people to get them on board. This is described by one of the nurses in the quote below.

*“So, it is a challenge for our staff [the permanent staff] to feel like their own team. I [as a permanent staff] need to feel some kind of sense of **belonging** and a **home-feeling**. At the same time, when you come to our ward you should not feel that you are left-out and as a guest, they [the rotational personnel] also need to feel as a part [of the team] and get a **sense of home** during the time they are here. And that's pretty **difficult**.”* (Nurse 1)

As the nurse indicates, this ward faces two challenges. On one hand, the permanent staff needs to be given the opportunity to feel a sense of belonging and team spirit. They need to feel like a team and establish a relationship to collaborate better in the interprofessional team. However, on the other hand, this becomes problematic when considering the rotating personnel. If the permanent staff has a too strong culture and too strong team spirit, it can be difficult to invite the rotating personnel. This can become frustrating for the permanent staff and result in a lower level of team spirit and relationship bonds. From this perspective, it can be challenging with a too strong culture when having rotating personnel, simultaneously a strong culture is identified as an aspect for creating team dynamics. Moreover, it is also important for the rotating employees to also feel a sense of belonging in the team in order to be able to collaborate. This system of rotation will therefore not only be problematic for the rotational personnel, it will also affect the permanent personnel.

The rotations of the physicians also indicate limitations in the relationship establishment. To feel comfortable in the team and with the team members, a relationship tie appears to be of



importance. When rotating, it becomes more difficult to build the necessary relationships, which will have an impact on the team dynamics. This is demonstrated in the quote below describing a physician's thoughts about working in a different team than the usual.

*“I feel most at home in the team at my home ward, but I can also work in teams in other wards. But there [at the other ward], I do not have the same **security** and **confidence** and even though I know what I can do, my new team may not. It is like that the other way around as well. I do not really know where I have the other team members and then I must put energy on finding out that, instead of putting all the energy on the work itself. If I do not feel that I can **trust** the nurse one hundred percent, then I must constantly make sure that she does what I think she should do. But if I can trust her one hundred percent, I can rely on her and trust her, and then I can completely let go of her and her profession because I know she takes responsibility for it and if she is worried about something then she comes to me. In the same way, it goes the other way around. If the other team members do not know who I am, they neither know my competence nor how I react in different situations, and then they also need to constantly check up on me.” (Physician 3)*

From the quote, it can be recognized that the physician does not seem to be completely comfortable while working with new colleagues. The feeling of being comfortable seems to be missing when having rotating personnel as they do not get a chance to establish a relationship. If the personnel know each other from before they would be more comfortable with each other both when it comes to their competencies and their relationship that will enable collaboration. The physician also mentioned the words security and trust. These important aspects within a team seem to be limited when not having a relationship tie with the team members. As the rotations limit the building of confidence, security, and trust, this could possibly have an impact on the team dynamics, therefore also the collaboration and performance.

Another notable aspect derived from the empirical material was that employee rotations make it more difficult to establish a relationship, which further had an impact on communication. This is exemplified in the quote below.

*“That also becomes a confirmation, when we work together and **get to know each other** on this professional level, it makes the communication better.”* (Occupational Therapist 2)

The quote describes that when you get to know each other the communication also becomes easier. It becomes a challenge to develop relationships when people are moving around and therefore rotating personnel complicates communication. When you know each other within the team you know how to express yourself and other team members also know your way of communicating. All people have different ways of expressing themselves, which must be understood to a greater extent to avoid misunderstandings. As earlier described, one respondent stressed how patients are dying because of the lack of communication. This raises the question: why having a system of rotational employees when the communication is so important and much more difficult when relationship bond is limited between the team members?

Furthermore, physical closeness has been identified as an important aspect for building interpersonal relationships. The rehabilitation personnel are organized in a way where they have their offices in another building and not at the wards. When lacking this physical closeness, the relationship establishment appears to be more difficult. The rehabilitation personnel do not have their primary workplace at the Knowledge Development ward, instead, they share an office with the other rehabilitation personnel within the department. The occupational therapist expresses her thoughts about this below.

*“No, but throughout the years you have become used to it. **We are there, but we are not really there so to speak.**”* (Occupational Therapist 1)

The occupational therapist describes how the rehabilitation personnel are both a part of the team and simultaneously not a part of the team. To not have the physical closeness with the interprofessional team may hamper their relationship building. It could be an advantage for the rehabilitation personnel to sit together with the same profession, but it may also affect their team identity. The rehabilitation personnel have described that they have very close

relationships with the other rehabilitation personnel that they sit together with. This could further be an indication of that physical closeness appears to enhance the likelihood of building stronger relationships.

## Organizational Culture



Organizational culture appears to be an aspect for creating team dynamics within the interprofessional teams. However, due to the system of rotating personnel there seems to be some difficulties related to culture. At the Knowledge Development ward, that is signified to change personnel often, the organizational culture is described as open-minded. However, some of the personnel at this ward indicates that there seems to be a tension between the intended culture and the existing culture. The intended culture is open-minded, but the existing culture is instead described as doubted and frustrated. This is explained in the quotes below from one of the nurses and the occupational therapist at the Knowledge Development ward.

*“I think it [the culture] is a bit **doubtful**, a bit like that, yes a bit doubted. [...] It is difficult to follow and instead you resist. I don't really know how to explain it but there is a little, yes there is **resistance**, opposing or something.”* (Nurse 1)

*“So more open-minded, and overall, the atmosphere is great but if you are supposed to be a bit critical then it [the culture] is also a little **frustrated**.”*  
(Occupational Therapist 1)

From this there seem to be difficulties in creating and maintaining the culture since it is not as open-minded as preferred. Previously, an open-minded culture was seen as crucial to create team dynamics and therefore this situation becomes problematic. The problems identified related to the tension of not achieving the intended culture seems to be related to the rotating personnel. One of the permanent nurses elaborated on this in the quote below.

*“Of course, it [the culture] is influenced a lot from the rotating personnel. It is usually them who set the tone for how the atmosphere is. [...] So it depends on those that are coming. We have noticed that when many from the same ward are here, it can be difficult. After all, it is the **group dynamics** that make them prefer to work as they do in their home ward.” (Nurse 3)*

The rotating personnel might be a factor when it comes to that the ward’s atmosphere is not clearly given. There is an idea about how the culture is supposed to be open-minded but when some of the personnel are constantly changing, the culture and atmosphere are affected. There seem to be difficulties to keep the intended atmosphere and communicate it to the rotating personnel. Therefore, it might be difficult to create a culture when staff are constantly changing. The rotating personnel is probably influenced by the culture at their home ward and they are likewise also identifying with it to a greater extent. However, having a strong culture and a strong identity is identified as crucial to create team dynamics and it can be questioned whether team dynamics will ever be achieved when having rotating personnel.


The situation with rotating employees and problems in communicating and keeping the intended culture to the new team members puts pressure on the permanent personnel. Not only when it comes to performing their tasks with the patients while teaching others, on top of that they are supposed to be culture carriers repeatedly. The personnel at other wards are also affected by this due to staff turnover but the Knowledge Development is highly influenced as many people change at the same time and it occurs every eight weeks. The importance of the permanent personnel and their role as culture carriers is described by one of the physicians in the quote below.

*“I think that it is good that we have employees that are permanent at the ward [...] they are **culture carriers** so to speak. We have nurses who do not work elsewhere. Out of these four nurses, someone is always on duty. And usually, we have our physiotherapist, occupational therapist and our secretary who is in the ward. And it is not the individual that is the most important thing, that was incorrectly expressed by me because they are of course important and they are people I like,*

*but what is even more important is what they stand for. And it does not matter if it is Kalle, Lisa or Stina who is working today, the important thing is that there is someone who knows a little about our spirit and can spread it in the group.”*  
(Physician 1)

The permanent personnel are operating as culture carriers. This means that they are responsible for inviting the rotating personnel. However, there seems to be a challenge related to being culture carriers. In order to be able to invite the rotating personnel, the permanent personnel cannot be too coherent nor have too strong a culture to be able to invite the rotating personnel. Simultaneously, a strong culture is important to create team dynamics. This makes this ward special and at the same time problematic. The question is then; how can you work with the permanent personnel to make them feel just enough coherent? To us, this appears to be somewhat impossible. The same principle could also be applied to the other identified rotations. As nurses and assistant nurses are employed at one ward, they also become culture carriers for that ward when having rotating physicians and rehabilitation personnel.

## **Identity**



Identity was another aspect that was discovered as linked to the team dynamics and interprofessional collaboration. In the above section covering identity, a description of a ‘us and them’-mentality and a strong identification to the home ward was observed. This strong identity that the employees express is beneficial for the team-spirit, team dynamic, and reciprocity within the ward. However, this strong identification contradicts the job design of employee rotation. The first quote describes the difficulties with rotational employees and some of their unwillingness to participate in the rotation at the Knowledge Development ward.

*“Yes, it was when we started [the Knowledge Development ward] that I said that we must have staff who want to be here, otherwise you cannot supervise these people. That would be really difficult. So, it has been a bit diverse. It is called **‘that you should want to be here’** but there is also a mission from all medicine wards to*

*send employees here. So, it may vary if you come here more or **less voluntarily**. But when you say you want to be here then it works superbly. When you are doubtful about the rotation or given some pressure to come here it will be much worse and it will take longer time to feel comfortable.” (Nurse 2)*

In this statement the nurse stressed the aim for the rotational employees; it should be voluntary to rotate. However, indications of the opposite appear to occur. The ward needs to be staffed and therefore the rotations are not always voluntary. When people are positioned at this ward against their will, difficulties arise. Leaving the safe and established identity at the home ward and being positioned at a different ward will affect the culture at the Knowledge Development ward and, in extension, the interprofessional collaboration. As the rotational employees identify more with their home ward, the rotation leads to the need for changing the identity to the new ward. This could be difficult as identity may not change as quick as within eight weeks. When the identity is elsewhere, the team dynamics can be affected in a negative way. This further contributes to the technocratic view and the undermining of how to develop team dynamics.

The obstacle regarding identity and collaboration is also significant in other rotations at the department. It is not only within the Knowledge Development ward that rotations occur, but at other wards as well. Within the other wards, there is a rotation of physicians, physiotherapists, and occupational therapists. The physicians are employed at the Department of Internal Medicine and Emergency Care which enables them to work at all of the different wards within the department. In the interviews, it was evident that the physicians identified with the department and with their colleagues within the same profession. An example of this is when we asked about lunches, coffee breaks, after works and parties. One physician described an interesting aspect of the choice of Christmas party.

*“I know that every ward has its own Christmas party and the physicians are also invited to that one, but we can also choose to attend the Christmas party for only the physicians.” (Physician 2)*

The physician further described that she would ‘unfortunately’ attend the physicians’ Christmas party to a greater extent than the wards. When we asked why the physician explained.

*“Yes, I believe that you feel **cohesion** [with the physicians], and you may feel that you have a different role at the ward, and then you might not feel that you can let go of that role when you go to a party with your colleagues.” (Physician 2)*

This statement indicates that the physicians can choose to be a part of the celebrations within the wards together with the nurses and assistant nurses, yet this physician chooses to attend the physicians’ celebration to a greater extent. The reason appears to be that she feels a stronger cohesion with the other physicians rather than the other professions. This indicates that the physician identifies more with the people in the same profession rather than with the team at the different wards including various professions. Another physician described their rotation as ambiguous in the quote beneath.

*“I think the variation that we get from the rotations is very stimulating and I would have a hard time choosing one ward where I would prefer to work. I think it's fun to work at various wards as they give me different things. But, from a patient perspective and an interprofessional team perspective, **it would have been much better if we [the physicians] were in the same place.**” (Physician 3)*

It could be understood from this quote that from a patient perspective, and a team perspective it would be beneficial for physicians to permanently work at one ward, and not rotating. This strengthens the argumentation for the importance of a strong identity to enable collaboration. Furthermore, it illustrates that the identification with the profession rather than the team in some way hinders the team dynamic. To not rotate and to be at one department would enhance the likelihood of identifying more with the team and the ward, rather than the own profession.

Likewise, the rehabilitation personnel appear to identify with their profession rather than the team or the ward. The rehabilitation personnel have a physical distance to the team at the ward and have their workplace in another building. This means that they split their workday between

the ward and their office. In the following quote, one occupational therapist explains a normal workday where her identity becomes evident.

*“I have lunch here in my office with **my colleagues**. Then, if we have patient work left at the ward, we go back and do it in the afternoon. If we don’t have any patient work left, then it might be necessary for me to help colleagues in the other wards if they have a lot to do. Otherwise, we have some other meetings here [the occupational therapist’s office] so to speak in the rehabilitation-group.”*  
(Occupational Therapist 1).

The interesting aspect of the quote regarding the identity is that the occupational therapist describes the rehabilitation personnel as colleagues. In the interview, she refers to the other employees by their professions, not as her colleagues. This indicates that her identity is within the same profession, not with the ward or the other professions within the interprofessional team. Furthermore, the occupational therapist stresses having lunch at the office rather than at the ward. This means that the opportunity for building a relationship with the remainder of the team might be reduced. The rotations described in this section have all been identified as a tendency to hamper the team dynamics within the interprofessional team.

### 4.3 Chapter Summary

In this chapter the empirical material was outlined. First, an introduction to the area of team dynamics within interprofessional teams was presented. Secondly, three main aspects were discovered to have an impact on team dynamics within an interprofessional team, namely interpersonal relationships, organizational culture, and identity. In the empirical material interpersonal relationship was described to enhance team dynamic as it increases valuable elements such as trust, cohesion, confidence, and communication. In contrast to this, job rotations were shown to hamper many of these valuable as it limited the relationships establishments. Moreover, organizational culture was also shown to have an effect on team dynamics. An open-minded and coherent organizational culture indicated higher levels of reciprocity, team spirit and home-feeling. On the contrary, job rotations hamper the creation



and maintaining of a coherent organizational culture. Lastly, identity was also found to have an impact on the team dynamics. Likewise to the other identified aspects, job rotations was also discovered to hamper the identity as obstacles arise around forming a shared identity. A summary of the findings is presented in the model below where the key elements within each aspect are outlined. The arrows illustrate how the factors within the aspects of interpersonal relationships, organizational culture and identity are hampered by the job rotations.

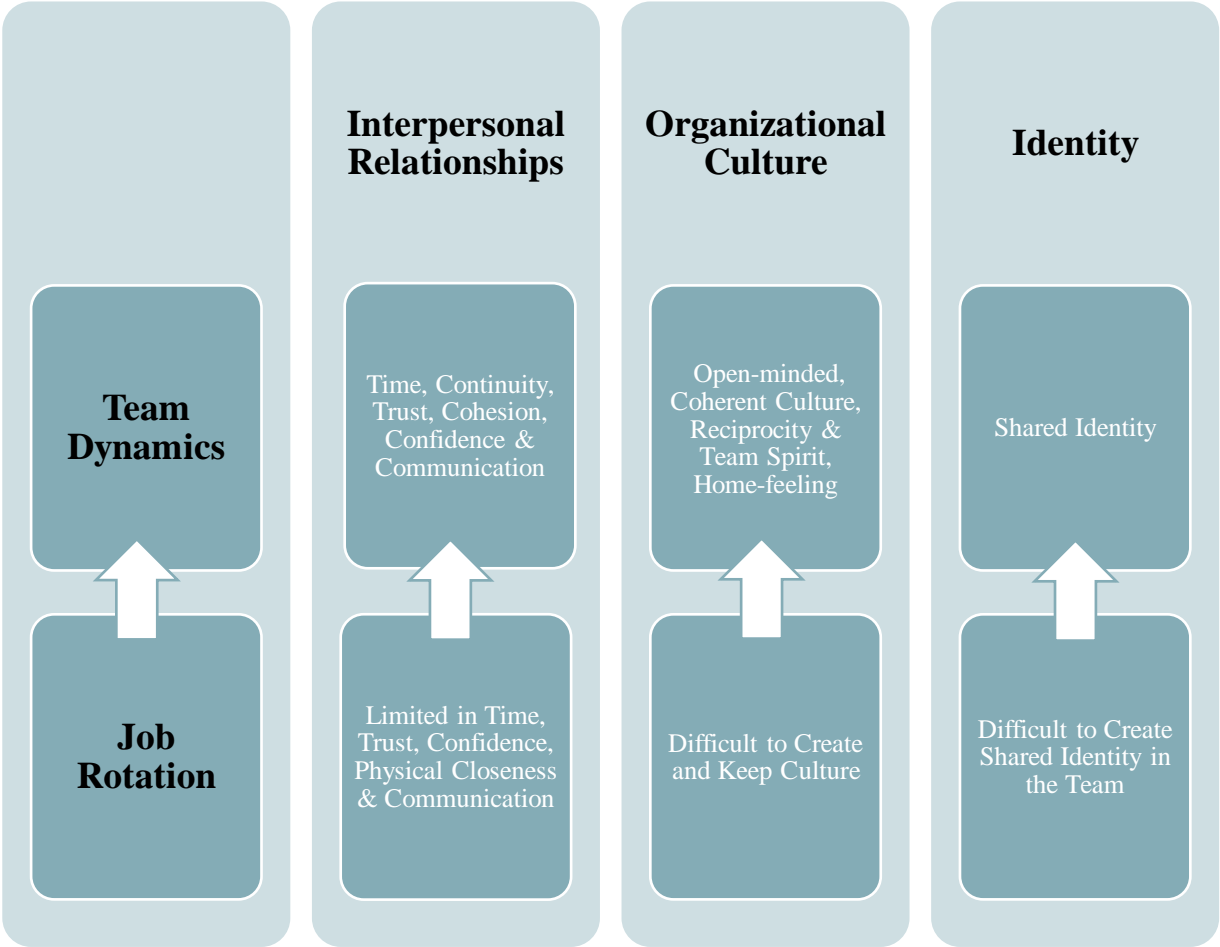


Figure 4. Empirical model of Team Dynamics and Job Rotation

# 5. Discussion

In the previous chapter, the empirical material of the research has been presented and empirically analyzed. To explore the phenomenon of interprofessional teams, this chapter will put the empirical analysis into a theoretical context.

## 5.1 The Underestimation of Team Dynamics



This study had the purpose to explore the phenomenon of interprofessional teams. As this research began, three main aspects were found to enable team dynamics; relationships, organizational culture and identity. Simultaneously as these aspects were found, a tension was also discovered between these aspects and different job rotations. The job rotations have been identified in previous academic studies as both beneficial for the employees (Martin, Kolomitro & Lam, 2014) yet also the organization (Järvi & Uusitalo, 2004). In theory, it therefore seems like a great idea to implement this kind of system within any organization. It both helps the employees as they develop new knowledge and the organization as the organization will benefit from a highly competent workforce. Job rotations have been studied within health care (Halberg et al. 2020), however, not together with the concept of team dynamics in interprofessional teams. The results from our study reveal that health care in some aspects has a more static and technocratic way of understanding team dynamics. This can become a problem as a health care organization is characterized to handle more organic competences. As interprofessional teams have the important goal of saving lives, well-functioning team dynamics becomes even more essential. Problematic issues emerge when engaging in job design that hampers the achievement of this important goal. Considering this, we wanted to contribute to the research with our explored knowledge on team dynamics and job rotations

The view of team dynamics has evolved during the last seventy years and many approaches have been presented. The earlier research (Tuckman, 1965; Tuckman & Jensen, 1977) focused on different stages that a team develops through. On the contrary, Einola and Alvesson (2019) argued the need to understand team dynamics as a process rather than separate stages. The authors stress that the essence for understanding teamwork is the “shared, diverse and multiple sensemaking” (p. 1916). The empirical material from our study reveals that the sensemaking aspect is important to understand team dynamic. In contrast, the empirical material also shows how the stage-view of a team can contribute with knowledge about the importance of time as a team develops. However, the sensemaking of different aspects within a team has been evident in this research as interpersonal relationships, organizational culture and identity enabled us to understand the team dynamics in interprofessional teams. The next sections within this chapter will discuss the aspects of team dynamics and how job rotations hamper these aspects.

## 5.2 Interpersonal Relationships



In the empirical analysis, the interpersonal relationships were identified as an important aspect in enabling team dynamic in an interprofessional team. In addition, it was discovered that the job rotations hamper the creation of the interpersonal relationships. As interpersonal relationships are hampered, this results in negative outcomes for the team dynamic in the interprofessional team. Previous academic literature has exposed the importance of establishing relationships among team members to create a positive team dynamic, in line with the results from this study (Bales, 1953; Bion, 1961; Schutz, 1958; Wheelan, 2013). As the findings in this study together with the previous research agree on the importance of relationship ties for a team to perform, it becomes problematic when the job design of rotations undermine the relationship building.

Wheelan (2013) has further found aspects within a team dynamic that strengthens as relationships between team members are established. Three of these aspects were likewise

identified in this study as important regarding relationship, namely, trust, confidence, and cohesion. According to Wheelan (2013), all three aspects increase as the relationship strengthens within a team, and as trust, confidence, and cohesion do not establish immediately the time-aspect is therefore essential to consider when optimizing team dynamics. Within the teams characterized by rotations in the Knowledge Development ward as an example, sufficient time to establish a relationship is one element that is absent. The rotational employees are at the ward for eight weeks, which is a limited time to get to know your new colleagues and build trust, confidence, and cohesion. This usually evolves over a longer period of time. To build a team based on trust is especially important, as Hackman (2006) has identified the absence of trust as one of the most evident factors that inhibit collaboration. In addition, Schuzt (1958) further expresses the view that trust is a crucial element for a team to function well.

This dilemma becomes a problem for both the permanent employees and the rotational employees. The rotational employees will in the beginning, as in the creation of any new team, lack trust, confidence, and coherence. This makes new teams more vulnerable as the absence of trust have been identified to hamper team collaboration (Hackman, 2006). Thus, this aspect will evolve day by day and it is described by Wheelan (2013) as developing as team members get to know each other and form relationships. The rotation will become a challenge for the rotational personnel; however, they will also benefit from it. They will develop new knowledge regarding the technical skills, and probably also develop on a personal level as they need to adjust and quickly adapt to the new context. As they gain these benefits, it will likely be an advantage for them when returning to their home ward at the end of the rotation period. Returning to their home ward, they have developed new competences and at the same time benefited from personal development. This indicates that the employees and the organization still gain advantage from the rotation in a way; however, the team dynamic will still be affected negatively.

Similar to these conclusions are the findings of Martin, Kolomitro and Lam (2014) that found a link between job rotations and employee benefits. Employees will benefit from the rotation as they gain new knowledge. However, the authors have not investigated how the rotations affect the permanent personnel. After eight weeks, the permanent personnel will not return to a

home ward. For them, the need to adapt to the new rotations every time remains, which has been identified as frustrating. The permanent personnel will always be in a team dynamic that is characterized by being at the starting point. Teams need time to be able to establish interpersonal relationships that will take the team dynamic to the next level. Moreover, the permanent personnel describe the frustrations when the rotational personnel return to the home wards, as they finally have established a relationship.

Since the time aspect is vital in the teams at the Knowledge Development ward, it could be analyzed through the stage model of team dynamics developed by Tuckman and Jensen (1977). The authors describe how a team needs to develop through five steps evolving over time. Applying the empirical findings from this study to the stage model, we argue that the teams at the Knowledge Development ward skip the fourth step; performing. This stage is characterized by effective work and where the teamwork works smoothly. As the team members leave the team at this stage, they will never work effectively together. This indicates that the permanent employees never will be rewarded for the hard work of establishing interpersonal relationships and inviting the new team members. As they never will feel coherence, the frustration of always working in an unbalanced team may affect the employees' motivation, that in the long run could lead to high turnover among the permanent personnel. High turnover rates will likely affect the culture at the ward, something that will further be discussed in section 5.3 *Organizational Culture*.

The same principle could further be applied to the other wards with other forms of rotations. At the wards, the physicians rotate which they appear to benefit from as they get variation with different patients and therefore also a variety of work tasks. However, this still affects the teams at the wards as relationships are more difficult to form as they lack continuity with all professions included in the interprofessional team. The teams need to start over every time a new team member joins the team. The researchers Granovetter (1973) and Ensley, Pearson and Amason (2002) have put emphasis on the aspect of time when creating a social relationship in line with the results in this study. One of the physicians described how the team lost momentum every time team members were exchanged and how the collaboration worked more smoothly at her home ward where she knew the people within the team. Granovetter (1973) stresses that

weak relationships are characterized by less frequent continuity and being developed over a shorter period of time. As also discovered throughout the interviews, the rehabilitation personnel described themselves to be a part of the team but simultaneously not, mainly because of the physical distance to the other team members. This feeling of not really being a part of a team may be explained by the lack of time to establish relationships. As they sit in another building, they spend less time with the other professions included in the team, which can lead to a barrier to building relationships. The time-aspect for building relationships, again is shown to be integral.

In addition, a few of the respondents stressed their opinion about how strong the working relationships needed to be. Previous studies have shown that an established relationship is crucial for the team dynamics, however they do not specify exactly how strong these relationships need to be (Bales, 1953; Bion, 1961). Diverse opinions about this were expressed in the empirical material of this study, as some mentioned the importance of having a work relationship and some highlighted that they rather wanted a relationship characterized as friendship. Several of the respondents indicated that to enhance the teamwork, some form of relationship to the team members is important; however, it is not necessary to spend time together out of working hours. Other respondents expressed that it is an advantage to have a relationship of a friendlier nature as you become more forgiving and that you have the confidence to express your opinions. This was expressed as important for the safety of the patients. Moreover, it will also have an impact on motivation as stronger relationships, such as friendships, enable employees to enjoy work to a greater extent. To enjoy work with your team members appears to be important, especially in this type of organization. The employees work with difficult, complex, and sometimes also emotional situations. This may develop a need for relief to continue the difficult work and this relief can come from the team members. Hackman's (2002) findings are in line with the findings from this study as he also argued that feeling joy within the team was a factor of a successful team.

The interpersonal relationships are also shown in our results to have an impact on the communication, that is an essential aspect of a team dynamic. Wheelan (2013) has stressed that relationships are shown to enhance communication, which also was evident in this study. The

empirical material showed that as you get to know a person, you also get to know their communication style. This can reduce the risk of misunderstandings, and it will also facilitate open communication as the team members feel a higher level of confidence (Wheelan, 2013). In the empirical material one respondent expressed that hospital patients are dying as the communication is hampered as a result of the absence of interpersonal relationships. This is a strong indication that relationships are important as the main goal of the interprofessional team heavily relies on communication. Communication is further identified as a key aspect for productivity within the team (Wheelan, 2013) that likewise is essential for interprofessional teams. Therefore, the relevance in using a job design that hampers the relationships creation could be questioned as it has a negative impact on the communication and the main goal of the interprofessional team.

### 5.3 Organizational Culture



From the empirical material, one of the identified aspects to create team dynamics was organizational culture. The culture was described by the respondents as open-minded and including which helped to facilitate team spirit at the wards. The role of organizational culture in an interprofessional context is present in existing literature and identified to play a significant part in the creation of collaboration and teamwork (Halberg et al. 2020; Hall, 2005; Sinclair, Lindgard & Mohaber, 2009). However, simultaneously as the culture was described in a positive way and that it helped to facilitate team dynamics, it was perceived to have certain challenges. The wards that were highly affected by the job rotations perceived the culture in a more unfavorable way in contrast to the open-minded and inclusive atmosphere. As the positive culture was identified to create team dynamics, the problematic parts of the culture affected team dynamics as well. Therefore, instead of facilitating team dynamics, the problematic parts of the culture hampered the creation of team dynamics. Consequently, team dynamics might not be present at all.

Since organizational culture is found to affect team dynamics, the technocratic view of rotating personnel brings obstacles. In the Knowledge Development ward, the permanent personnel are operating as culture carriers. This situation can be related to what Schein (1990) describes as socialization, when more experienced members help new team members to adopt the organizational culture. Being culture carriers to the rotating personnel, the permanent personnel express that they cannot have a 'too' strong culture to be able to invite the new personnel to the culture. Therefore, in this case, the socialization process demands the organizational culture to be less coherent. When changing personnel often, which is the case when engaging in job rotation, the socialization process is constantly ongoing. As the culture cannot be 'too' strong when being in this process, the permanent personnel must balance between a strong and not 'too' strong culture all the time.

In a team where all personnel are permanent, the socialization process is only needed when a new person is hired. Therefore, teams with only permanent personnel has a strong culture most of the time and the culture only needs to be less coherent occasionally when a new team member enters. However, when engaging in job rotation the socialization process is ongoing all the time and the culture constantly moves between strong and less strong. This movement is seen to affect team dynamics since a strong organizational culture is identified to be crucial for teamwork. As the culture at the Knowledge Development ward is seen to be fragmented it can be assumed that the socialization process might not be successful. This process can be assumed to occur at the other wards as well since they likewise have rotating personnel. At the other wards it is the nurses and assistant nurses that are permanent and therefore operating as culture carriers.

In the previous section, *5.2 Interpersonal Relationships*, it was outlined that the permanent personnel at the Knowledge Development ward might lose their motivation due to the challenges of job rotation. High turnover rates could have an effect on the culture, as the persons supposed to be culture carriers leave the workplace. As the culture carriers were revealed to be of importance for the rotations at the Knowledge Development ward, this becomes an obstacle. This will affect the socialization process and the culture might be even more divided. This becomes problematic since a coherent culture is important for team dynamics.



From this, it can be concluded that permanent personnel play an important part when it comes to culture and the creation of team dynamics. Halberg et al. (2020) describe how the non-rotating personnel plays an important part in creating collaboration. In their study the rotating personnel described that they often felt like guests in relation to the non-rotating personnel, which made work more challenging. Taking the socialization process into this, it can be assumed that if the socialization process is not successful, the rotating personnel will not be able to adopt the culture. Consequently, different cultures will exist within the team, which could increase the work complexity. As the culture at the Knowledge Development ward is described as rather fragmented this is likely to be the case. Halberg et al. (2020) further identified the importance of becoming a part of the culture to gain a home-feeling and belongingness, once again showing the importance of a successful socialization process and the importance of the permanent personnel. In their research, culture included social aspects, communication, and work relations. This study also found those aspects to be important to create belongingness and consequently team dynamics. If the rotating personnel never adopt the culture because of an unsuccessful socialization process, they will never gain a home-feeling and belongingness. Culture and belongingness are seen to be important for the creation of team dynamics and if these are missing the creation of team dynamics is affected negatively.

Furthermore, the empirical material in its completeness illustrated a unified organizational culture. However, Alvesson and Sveningsson (2016) highlight that it is of importance to be critical towards a coherent organizational culture and explain that subcultures often take form. Subcultures often form around people that share the same profession, work in the same function, or have the same organizational background (Schein, 2010). The creation of subcultures is visible when engaging in job rotation at the Knowledge Development ward. The ward is seen to have cultural challenges, and these become substantially visible if many from the same home ward rotates to the Knowledge Development ward at the same time. The permanent personnel stress that they bring their 'home culture'. As the personnel are already influenced by their own culture it is leading to the formation of subcultures within the ward. Wheelan (2013) stresses that subcultures have negative consequences that can be assumed to hamper collaboration. This is also visible in this research as the fragmented culture creates fractions. Further, the fact that

the job rotation creates subcultures within a team becomes a problem since it obstructs a coherent organizational culture which is important for team dynamics.

Regarding the other two rotations of physicians and rehabilitation personnel, the professions might have their own subcultures. Schein (2010) stresses that subcultures are often formed around a profession. This is also the case in Hall's (2005) study about interprofessional teams, which identified cultural differences between the professions, consequently affecting teamwork in a negative way. The physicians and rehabilitation personnel, who are rotating, are seen to identify more with the colleagues within their profession rather than the interprofessional team. One of the reasons for this seems to be the job rotations, but also the fact that the rehabilitation personnel have a physical distance to the rest of the team. The environmental context was also identified by Sinclair, Lingard and Mohabeer (2009) to affect interprofessional collaboration. In the empirical material, the physical distance and the fact that they share offices with the same professions make the rehabilitation personnel to identify more with their own profession. The authors further found relationships to be a part of organizational culture. Within their study there was a division between the nursing team and the other professions, which was found in this study as well. The identification with the profession instead of the team might therefore also contribute to the building of relationships between the same profession and inhibit it between different professions.

Alvesson, Blom and Sveningsson (2017) stress that collective sensemaking is important in organizational culture. Schein (2010) explains that the main goal is a shared identity. When engaging in these types of job rotations the collective sensemaking occurs within a profession rather than in the interprofessional team, which makes a unified culture difficult. Furthermore, a shared identity within the team is absent. Keyton (2005) states that a shared identity facilitates collaboration and creates collective understanding. From this, the job rotations, and the way of organizing seem to contribute to an identification to the profession. Moreover, this creates subcultures which hamper the creation of a unified organizational culture. Since a coherent organizational culture is identified as important for team dynamics in interprofessional teams, job rotation makes it problematic as it obstructs the ideal state for the creation of team dynamics.

## 5.4 Identity



In the empirical material, the team members' identity was found to be an aspect affecting team dynamics. The respondents in this study either identify with their occupation or their ward. The ones that identified with their occupation are the rotating personnel of physicians, physiotherapists, and occupational therapists. The nurses and assistant nurses are mainly identifying with the ward. These types of identities refer to social identity, where the identity conforms to a company, division, or occupation (Ashforth & Mael 1989; Turner, 1982). The empirical material also found that the teams engage in identity work when they think that their culture is unique which created the 'us and them'-mentality. The belief in a unique culture compared to the other wards, helped to create a shared identity within the ward.

The shared identity further helped to create team spirit and reciprocity, therefore, facilitating team dynamics. Brewer and Miller (1996 in Hinds & Mortensen, 2005) state that a shared identity within the team creates loyalty, trust, and care among the team members. In the empirical material it was seen that interpersonal relationships also helped the creation of trust which helped teamwork. Alvesson (2004) explains that a coherent identity may help the creation of social relationships which can facilitate teamwork. The shared identity at the wards, and the shared identity within the employees of the same profession, might therefore help the creation of interpersonal relationships within the ward or within the same profession. This means that the interpersonal relationships are not built between the team members of an interprofessional team as it consists of people from different professions that do not have a shared identity. The empirical material found that the interpersonal relationships between the team members was important to facilitate team dynamics. Therefore, the divided identity becomes a hindrance because a shared identity is crucial for team dynamics.

In this study, a shared identity was identified between some professions within the ward, which created an 'us and them'-mentality between the wards. Alvesson (2000) stresses that the strong identification that this mentality bring creates more loyalty. However, despite the strong 'us

and them'-mentality between the wards, it was found that the identity varied and was divided. The two rotations of physicians and rehabilitation personnel showed a tendency to identify more with their own profession, perhaps creating an 'us and them'-mentality between the professions and the team. This was exemplified through the choice of Christmas party for the physicians and that the rehabilitation personnel referred to their own profession when talking about colleagues. Therefore, the loyalty that the 'us and them'-mentality brings creates loyalty towards the own profession when engaging in job rotations. However, the desired state is that loyalty should be created towards the team instead as it could be assumed to create better teamwork and team dynamics.

The empirical material shows that due to the rotations, there is not a shared identity among all the team members. Instead, some team members identified more with their profession which according to Hall (2005) can hamper teamwork. Jehn, Northcraft and Neale (1999) state that the absence of a shared identity can make the creation of relationships more difficult. Furthermore, Cain, Frazer and Kilaberia (2019) found that when team members identified with the team instead of the profession it was easier to form relationships. As the empirical material has shown, relationships are important for team dynamics and the delivery of high-quality health care. Therefore, the rotational personnel's identification with their own profession becomes problematic as it can hinder the creation of relationships within the team. The shared identity is now between the employees within a profession and not within the team, and consequently the relationships are formed between the professions instead of between the members within the team. The fact that a shared identity is missing within the team, makes the creation of relationships difficult. Since relationships are important for the creation of team dynamics, this becomes problematic. The identification with a profession seems to create a bad circle as collaboration and the creation of relationships is hampered when there is not a shared identity in the team.

In addition, Cain, Frazer and Kilaberia (2019) concluded that team members found it difficult to identify with the team instead of the profession as it makes them lose their professional identity and therefore their status. Since our empirical material indicates that the rotating personnel identify more with their profession, this aligns with Cain, Frazer and Kilaberia's

(2019) findings. Furthermore, when employees identify more with the profession rather than the team, this might benefit themselves in terms of keeping their status. However, it will not benefit the interprofessional teams as boundaries can occur between the team member from different professions. Cain, Frazer and Kilaberia (2019) further stressed that people might lose their status when changing their identity, which could create unwillingness to change. Since a shared identity within a team is crucial for the creation of interpersonal relationships and team dynamics, the unwillingness to change becomes problematic.

The two discussed rotations of physicians and rehabilitation personnel mainly identified with their own profession. In contrast, the other respondents showed a strong identification with the ward. The positive sides of the strong identification to the ward, are that a strong identification facilitates the possibility to create a definite organizational culture (Alvesson, Blom & Sveningsson, 2017). As the empirical material illustrates there was sometimes an unwillingness to engage in the job rotations at the Knowledge Development ward as the employees needed to leave their safe environment where they also have their identity. As a result of this, the Knowledge Development ward consequently had teams without a shared identity since the team members identify more with their home ward rather than with the new temporary ward. In line with Alvesson, Blom and Sveningsson (2017) it becomes difficult to create a definite culture within the team with rotating personnel since they do not have a shared identity. Additionally, Alvesson (2001) mentions that identity is a process and might change over time. Thus, the job rotations at the Knowledge Development ward are only for eight weeks and it can be questioned whether identity can change in such a short period of time. Moreover, the rotating personnel also might be unwilling to change their identity when having a temporary mindset to the team.

Regarding identity and culture, a reversed relationship is also outlined, where culture also can form identity (Alvesson, 2004). At the Knowledge Development ward, highly affected by the rotational personnel, the culture was described as frustrated and doubted. The culture at this ward was seen to be divided because it consisted of the permanent personnel's culture and the culture from the rotating personnel. Since culture forms identity, (Alvesson, 2014) the divided culture that the Knowledge Development ward seems to have, can be discussed to hamper the possibility to form a shared identity. If there is not a shared identity within the team a split will

occur that will inhibit team dynamics. Swidler (1986) states that culture can be a toolkit for identity creation, and can both enable and limit identity creation. Culture provides a way to understand situations, thus, the culture can also limit the ability to understand how others interpret certain situations. If the culture at the Knowledge Development ward is recognized as two parted because of the rotating personnel, it can limit how the team members understand each other in certain situations. Consequently, teamwork can be inhibited if the team members do not interpret job situations alike or understand how the others think.

## 5.5 Chapter Summary

In this chapter the empirical findings have been discussed together with previous theoretical research. The empirical findings have been applied to the existing theories and concepts within the field of team dynamics. The contradiction between the benefits of job rotations and the disadvantages that the rotations simultaneously bring regarding team dynamics have been discussed. In this chapter we have improved the model presented in the empirical analysis and combined the knowledge from our empirical material with the theoretical aspects of previous research. The same logic is applied in this model with key elements within each aspect and the arrows as an illustration of the hampering process of job rotations on the main identified aspects of team dynamics.

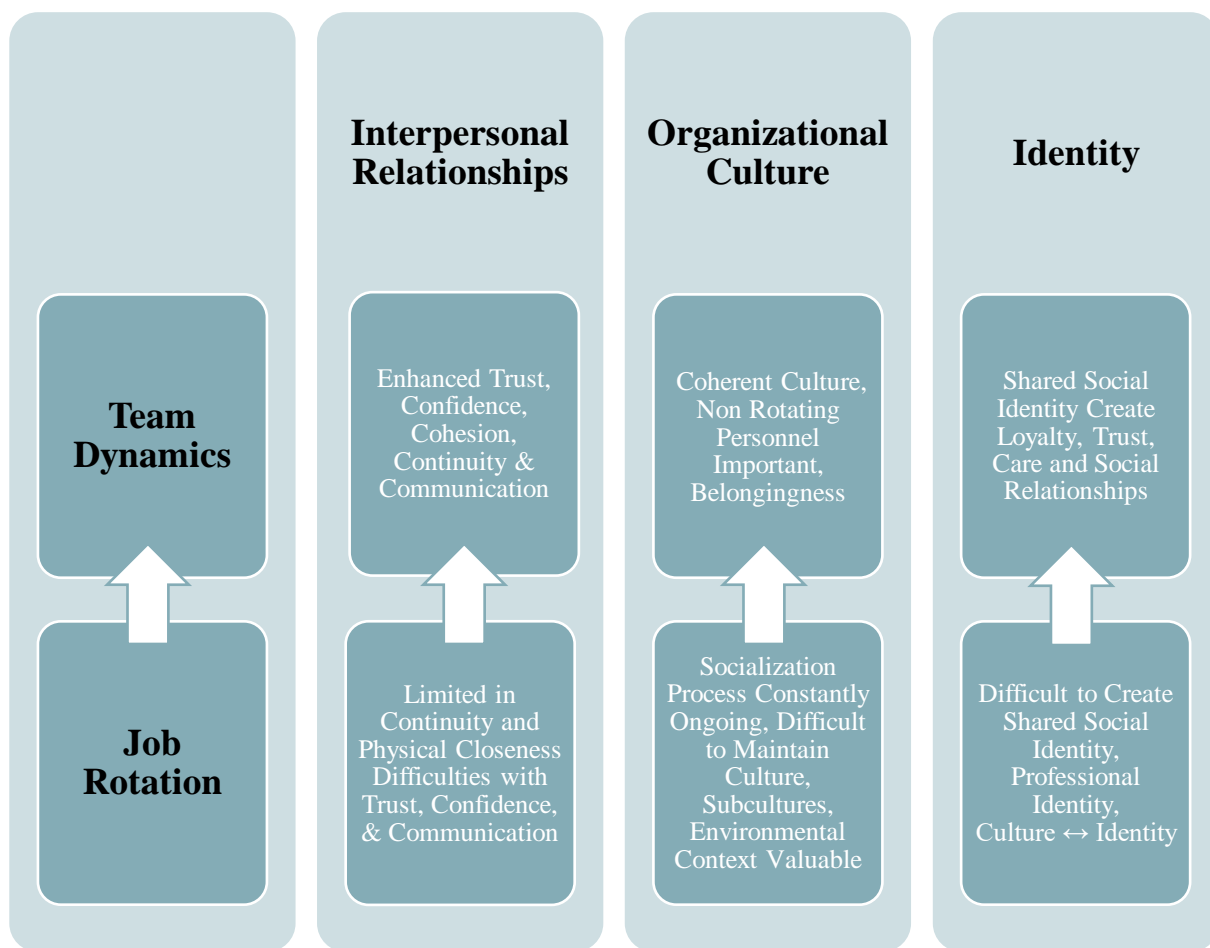


Figure 5. Theoretical Model of Team Dynamics and Job Rotation

# 6. Conclusion

This study has explored the phenomenon of interprofessional team dynamics. Three aspects were discovered as important aspects for the team dynamics in interprofessional health care teams. In addition to these findings, we have interconnected these three aspects with different job rotations within the hospital. This has not been researched before, consequently we have developed a model to show how the job rotations undermine the value of team dynamics. This chapter will present the empirical findings followed by our theoretical contributions. Limitations of the study will also be presented and further be related to the section with implications for further research. Lastly, a concluding comment will be outlined.

## 6.1 Empirical Findings



The empirical findings from this study have given insights into the team dynamics of interprofessional teams. Three aspects were identified to affect the team dynamics, simultaneously we also found a contradiction between these aspects and the hospital's job rotations. *Interpersonal Relationships* was the first aspect to be discovered of importance for team dynamics within interprofessional teams. To establish these important relationships, time was shown to be an essential factor. Time with your team members strengthen relationships, consequently trust, confidence, cohesion and joy at work will enhance within the team. As the time together with team members was limited within the different rotations, we highlight that the aspect of time together as a team could be taken into account to a greater extent. The wards could as a suggestion put more emphasize on the relationship aspect when engaging in job rotations. Specially at the Knowledge Development ward management need to initiate activities for both the rotational and the permanent personnel to strengthen the relationships within the



team. As the time spent together is of importance to build interpersonal relationships, we also suggest that the rotations should occur over a longer period of time.

Secondly, *organizational culture* was discovered to have an impact on the team dynamics. The respondents describe how an open organizational culture enabled reciprocity and team spirit. When a culture is characterized to be open-minded this appears to have a great impact on the team dynamics. The rotations were found to hamper a coherent and open-minded culture. If the organization should have the job design of rotations, they need to work against subcultures and try to achieve a coherent culture within the teams. At present, the employees still form subcultures, which will inhibit interprofessional collaboration.

At last, *identity* was explored as an aspect for creating team dynamics. Identity makes the employees feel pride in what they do and also feel reciprocity with the ones that they identify with. The problem that occurred regarding identity and rotations was that rotations of different kinds make the team members identify with their home ward, their profession, or their ward. To overcome the obstacle of hampering the team dynamics, the organization need to work with enhancing the shared identity within the teams. One practical implication could be to organize the teams to have their offices together. It becomes more difficult to both identify and work with people that you are not physically close to. Therefore, interprofessional collaboration will become improved as the physical distances are minimized.

Concluding from the empirical findings is that job rotations is seen to undermine the creation of team dynamics. We therefore challenge whether job rotations should be evident in interprofessional teams. If so, the organization need to engage in activities that could facilitate the three aspects, interpersonal relationships, organizational culture, and identity. To summarize, our five key empirical implications are outlined below.

- Time was shown to be an essential aspect to build interpersonal relationships and, therefore, the job rotation should be longer than eight weeks.
- Organizations engaging in job rotation need to put emphasis on both the rotating and the permanent personnel.

- Organizations engaging in job rotation need to work even more with activities to build interpersonal relationships between the team members.
- Organizations engaging in job rotation need to work with the team to develop a strong culture within the team.
- A shared identity is not likely to develop if an organization work with job rotation and consequently reciprocity will be absent.

## 6.2 Theoretical Contribution



In the background to this research we outlined the importance of working in teams. Nearly every organization nowadays is organized in teams to solve complex tasks (Hackman, 2002). Teamwork has been proven to increase organizational outcomes (Humphrey, Morgeson, & Mannor, 2009; Klein, DiazGranados, Salas, Le, Burke, Lyons & Goodwin, 2009). Furthermore, within existing literature there is a large amount of research on the concept of teams (Brown, 2000; Wheelan, 2013; Tuckman & Jensen, 1977; Hackman, 2002). Teams can be organized in various ways, where one is interprofessional teams, typically used in health care (Paradis & Reeves, 2013; Comeau-Vallée & Langley, 2019). Interprofessional teams have been researched to a wide extent in health care literature, however, during the 2000s the concept entered management literature (Paradis & Reeves, 2013; Hall, 2005; Lokatt et al. 2019).

To understand teams, it is essential to consider the team dynamic (Sjøvold, 2018). Team dynamics has been outlined to evolve through several steps (Tuckman & Jensen, 1977). However, we have found that team dynamics must be understood in a more nuanced way, taking the steps and the process into account. In addition, Einola and Alvesson (2019) stress that previous research on team dynamics with stage models is too static. Instead, teams need to be studied as ongoing processes which take the team member's sensemaking into account (Einola & Alvesson, 2019). In our study we contribute with the sensemaking ground to understand team dynamics, as we studied it through the concepts of interpersonal relationships, organizational

culture, and identity. Within academic literature, research shows that interpersonal relationships (Schutz, 1958; Wheelan, 2013; Aldrich, et al. 1997; Ensley, Pearson & Amason, 2002; Hackman, 2006), organizational culture (Sjøvold, 2018; Keyton, 2005; Sinclair, Lingard and Mohabeer, 2009; Wheelan, 2013; Hall, 2005) and identity (Alvesson, 2004; Hall, 2005; Jehn, Northcraft & Neale, 1999; Cain, Frazer & Kilaberia, 2019) have an effect on team dynamics. However, we found that job rotations hampered the creation of team dynamics in all these three aspects.

Previous research on job rotation has a favourable view of the concept since it is shown to increase knowledge sharing (Iluk & Iluk, 2017) and employee commitment (Martin, Kolomitro & Lam, 2014). In contrast, our study highlights the critical aspects of job rotations in terms of team dynamics in interprofessional teams. The three aspects; interpersonal relationships, organizational culture, and identity, has not been studied before concerning team dynamics in interprofessional teams, thus this is our theoretical contribution to academic literature. Therefore, our thesis contribute to the academic literature with a more critical approach towards job rotations as the teams just can achieve a bounded team dynamics when engaging in job rotations. To summarize, our five key theoretical contributions are outlined below.

- Team dynamics must be understood in a more nuanced way and thus organizations must consider the sensemaking aspects, such as interpersonal relationships, organizational culture and identity.
- The three aspects; interpersonal relationships, organizational culture, and identity, are important for the creation of a well-functioning team dynamics.
- Job rotations is identified to bring benefits to both the employees and the organization. However, this appears to be a too optimistic view of job rotations, where aspects within the team dynamics simultaneously are affected negatively.
- Job rotations is seen to hamper interpersonal relationships, organizational culture, and identity, consequently the team dynamics.
- Teams engaging in job rotations can only achieve a bounded team dynamics and not the full potential of a team collaboration.

## 6.3 Limitations and Further Research



The organization studied in this research is a hospital organized in interprofessional teams. This way of organizing is used in other organization within other industries. Hence, our finding may not apply to other organizations in different industries. Therefore, a generalization of our findings could not be utilized, yet our case study enabled a deeper understanding of the organization studied. We encourage further research about the phenomenon of interprofessional teams, team dynamics and job rotations in other hospitals, and organizations within different industries. Further research could provide a broader understanding and give valuable insights to interprofessional team.

A second limitation of this study refers to the time aspect. The interviews were conducted over a period of three weeks; therefore, we were only able to conduct twelve interviews. Consequently, the results could have been improved if further interviews had been conducted. Furthermore, as this study investigated job rotations that occur over a period of eight weeks it would have been interesting to follow these rotations from the beginning to the end. By doing this we could have gotten insights in the sensemaking over time. Hence, we believe it would be interesting to get a perspective that takes a longer period of time into consideration. The last limitation concerns the restrictions at the hospital due to Covid-19. To get a better understanding of our phenomenon we intended to do observations as it could give us other valuable dimensions. However, due to the restrictions at the hospital, this was not possible. We therefore see a need for include observations of this phenomenon in further research.

## 6.4 Concluding Comment



To conclude, the purpose of this study was to provide new perspectives on the phenomenon of interprofessional teams, team dynamics and job rotations by answering the research questions:

- *How can team dynamics be understood in interprofessional health care teams?*
- *How is team dynamics affected by job rotations in interprofessional health care teams?*

Our findings reveal that the team dynamics can be understood through the three aspects; interpersonal relationships, organizational culture and identity. These three aspects were further found to be hampered by the job rotations. In previous research job rotations are proven to bring positive outcomes; however, we have problematized this assumption. Within a health care organization, the main goal is that the employees should deliver high-quality health care to the patients. Thus, the job design must align with this. As we can indicate with our results, the organization appears to encourage the knowledge sharing and the efficiency aspect, rather than the team dynamics. With our knowledge and contributions about interprofessional teams, organizations must put more emphasis on the human and tacit aspects of team dynamics to achieve the goals of high-quality care and employee satisfaction.

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# Appendix 1

## Interview Guide

- Would you like to tell us a little bit about yourself
  - Personally
  - Profession
  - Your role today
- Would you like to tell us about your ward and how you work at it?
- Tell us about what you do on an ordinary working day?
  
- Would you like to tell us about the people you work with and their professions?
  - How does the work function between the different professions?
  - What work tasks are you doing individually and together at the ward?
- How are the relationships between the team members?
  - Are you working more together with someone, or is everyone equally involved?
- What do you think about the collaboration?
  - What makes it function/not function?
  
- How do you view your development as a physician/nurse/occupational therapist/physiotherapist?
  - What makes you develop?
  - In which situations do you learn new things?
  - What are important prerequisites to make you develop and learn new things?
- How do you think that the mix of professions in your team influence your development?
  - (Do you learn more know or not?)
  - (How does the change of knowledge work?)
  - (During what time in your career do you feel that you learnt and developed the most?)
  
- How would you describe the atmosphere at the ward?
- If you think about the people that work at the ward, would you say that you know each other personally or is it more of a professional relationship?
  - Do you meet outside of work?
  - (Is everyone a part of those activities or is it just some people?)
- Do you have any unwritten rules or norms in the team and at the ward?
- How does the collaboration function then the team varies from day to day?
  
- Do you feel that you always can ask everything that you want to ask about in your team?
- How is the communication between you and your colleagues?
- What makes you set up for others?

- What do you think is important about your work?
- Why did you choose this job/work/role and this ward/department?
- What do you think about your ward?
- What do you think about the hospital?
  
- During these times of Covid-19 health care is challenged, how would you describe the role of the interprofessional team in this situation?
- Do you have anything else to add?