
**INTERDISCIPLINARY HEALTH CARE TEAMS:
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**THE TURMOIL OF TURF:
INTERPROFESSIONAL COLLABORATION IN THE WAR ZONE**

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Abstract

This paper provides a review of the concept of "turf" as it relates to the establishment and functioning of interprofessional teams. The paper is based on eighteen years of experience of the Commission of Interprofessional Education and Practice at the Ohio State University. In this paper a number of factors are identified which contribute to turf problems including available resources such as money and space, professional education programs, and socialization into the helping professions. Suggestions are made for overcoming each of these factors as administrators and professionals establish and develop interprofessional teams.

Introduction

There is no question that "turf" problems are among the most commonly cited reasons for avoiding or discouraging interprofessional collaboration, whether in education or in practice. Those with no experience in a collaborative model look at professional in-fighting as described by the media or friends and relatives in the professions and cast disparaging comments in the direction of narrow-minded professionals who cannot get beyond the boundaries of their own discipline. Professionals who work on teams often throw up their hands in despair at the limited views of their colleagues expressed in their reluctance to understand the wisdom of the suggestions they have made. And institutional administrators use "turf" as an excuse to withhold funds from any project in which the perceived inefficiency of collaboration might begin to rear its ugly head. Indeed, "turf" has become the excuse for a variety of problems in professional practice from lack of funds to a lack of adequate responses to the complex problems with which professionals are confronted on a daily basis.

What exactly is it that contributes to the problems we describe as "turf" issues? How can we begin to overcome or at least "short circuit" the "turf" issues that stifle our collaborative efforts to provide effective, comprehensive care for our clients? Based on the experience of the Commission on Interprofessional Education and Practice at The Ohio State University over nearly two decades, this paper will begin to explore these questions as they relate to both interprofessional education and interprofessional practice.

The Meaning of "Turf" in Common Use Among Professionals

"Turf" is usually used in a negative and disparaging sense to refer to the boundaries of practice or knowledge established by a particular profession or discipline. It connotes authority and control. Indeed, it is such a negative concept that professionals will only rarely use it in reference to their own profession. Rather, the term has become a way of describing the attitude of another professional or group of professionals toward one's own profession. We usually only talk about treading on the "turf" of others.

It is interesting and perhaps significant that a quick review of the index to the Proceedings of the previous twelve Interdisciplinary Health Care Team Conferences demonstrates that the term "turf" is not used even once in the title of a presentation. It appears occasionally in the body of the presentations, but more usually a euphemism such as "conflict", "role stress", "autonomy versus bureaucracy", or "obstacle" is substituted. Granted, these euphemisms may in some instances be more precise and descriptive. On the other hand, "turf" is used frequently in conversation about problems related to collaborative practice and education. Hardly a day goes by as I work in the administration of our interprofessional education program that someone does not refer to the protective, narrow or authoritarian attitudes of another as a "turf" issue or problem.

I am always suspicious when our careful academic and research language is so far out of step with the words we use to describe our on-going activities and relationships. I wonder what nuance of truth I may be missing in my attempts to be conscientious, precise and acceptable in presentations and print. Are the factors which contribute to "turf" problems so personally or professionally and institutionally threatening that we dare not investigate or discuss them? In the discussion of those factors which follows I invite you to draw your own conclusions.

Factors that Contribute to Turf Problems - and Some Solutions

I. Financial Concerns

The first factor I would like to identify is money. Money has been and remains the single most often cited excuse for resistance to establishing, expanding, or even continuing interprofessional education and practice on our campus. I suspect that the same is true in other arenas as well, whether they involve education or practice, health care or other human service activities. The expense of paying for the services of several professionals whether on a health care team or a teaching team (and both are "practice" arenas) is a stumbling block for administrators and providers. Supporting a teaching team or a treatment team is, on the surface, more expensive than supporting one teacher or one professional to deliver the same service. Why would a university want to support a teaching team of seven faculty for a course with 80 students when one faculty member could do all the lectures? Why would a hospital want to support a team of twelve professionals when a doctor could prescribe treatment and other professionals follow his or her orders?

None of us needs to be convinced that in some circumstances a team will provide not only better service, but service that an individual simply cannot provide, whether on the treatment team or in the classroom. But the question of financial support goes much deeper than simply paying for the work of the team. What is really at stake is competition for resources. The choice may be between supporting the traditional activities of one profession, department or discipline or supporting a collaborative effort to address a complex problem. Our experience at Ohio State suggests that decisions of this sort generally favor the single discipline or department.

Disciplinary perspectives are deeply ingrained in each of us as we progress through our professional training and life. They are powerful motivating forces when we compete for resources. They are known quantities for administrators when they consider the allocation of resources. It is in defense of the financial resources of a discipline that many "turf" problems arise. There are good reasons to defend the allocations made to our department or on behalf of our discipline. Whatever the judgement of a team in a given situation, specific services will still need to be delivered to clients, or if we are educators, basic courses leading to licensure will still need to be taught.

The allocation of financial resources, then, becomes a question of what we believe to be essential or basic to our profession. Interdisciplinary education or the interdisciplinary treatment team must be seen as essential if it is to compete for resources, and if "turf" problems are to be overcome. This poses a difficulty for most of us trying to make the case for interprofessional collaboration. There is very little research that demonstrates the essential nature of our collaborative efforts. This is a particular problem for interprofessional practice. Do we in fact know that a collaborative approach is more effective for the client? Is it more cost effective in the short and/or long run? Studies in this area need to be completed before we can effectively make the case for interprofessional practice.

However, once a commitment is made to the importance of interprofessional collaboration, the problem still arises whether or not we in fact can afford it. Here the concept of shared resources needs to be taken seriously. If one department supports or "owns" the program, resources may soon be expended. If not, serious "turf" problems will arise. One department will receive or claim all the credit for the successes of the program. Every participating department needs to make a financial contribution to the program in order to insure fiscal stability as well as minimize "turf" issues.

On the other hand, there is no reason that every department needs to make equal contributions, and there is every reason to expect the area with the most resources to provide the greatest subsidy. The important issue is that every partner in the enterprise provide financial support at a level consistent with their resources. It is equally important that the level of contribution of any given unit remain confidential information so that no one is able to use a disparity between levels of support to enhance or diminish the role or stake of any partner in the work. Indeed, at Ohio State, this principle has been so important, that at a recent meeting of our Executive Committee the members refused to look at a budget sheet which contained this

information. They believe that it is very important for the life of the program that this information not be widely known.

II. Space

A second factor which gives rise to "turf" problems is the allocation of another resource, space. It is interesting that the dictionary definition of "turf" refers to the struggle between gangs for authority to control a given neighborhood or area. (It is a "slang" usage.) One of the first questions our new president asked us when we were introducing our program to him was about our space: Where are you housed? Do you pay for your space or is it provided by the university? Do you need more space?

Space, like money, is a precious and usually diminishing quantity. Indeed, often it is easier to be successful in securing external funding for a program or project than it is to get the extra space to house the project once the funds are awarded. In some ways, space is money.

Like money, space is the source of significant struggles between departments and programs. Almost every treatment team I have observed or participated on at our university hospital meets in space that is inadequate for their task. The rooms were intended as an examining room, a storage area, an office, or a patient consultation room. One team is forced to meet in an "L" shaped room with a table that follows the contour of the room. The team meetings are a comedy of contortions as people stretch to see each other around the bend of the table. Only in our newest buildings, a geriatric research center and a cancer research hospital, are there rooms that were actually designed for team meetings.

Not only are most teams forced to use inadequate space for their meetings, they are also without any point of identify for their clients. In our hospital it is usually possible to identify the location of the PT or OT department, but the interdisciplinary treatment team location is not listed on the directories, in the phone books or even known by the receptionists.

Again, departments protect and publicize their space for good reasons. There are essential services that each department must provide and adequate space is necessary. And again, that is just the point. The services of the team may not be viewed as essential, at least by those who design and distribute space. Departments will usually argue over the importance of space for their program, but no one advocates for space for the team until after decisions are made for the departments.

The problems created by inadequate or ill-conceived space will only be overcome when the services of the interprofessional team are viewed as essential and permanent by planners, administrators, and departments. One key to overcoming these problems is to acknowledge the necessity of neutral space for interprofessional activities. Collaborative programs need to be housed in neutral administrative units in order that they not become too closely identified with any single department. This may be less important when dealing with treatment teams than with educational programs. However, the

perceived identification of a program with a particular discipline is a crucial issue in difficult financial times. And the location and associations of space communicate something about ownership and responsibility for interdisciplinary activities.

Whether or not it is possible for an interprofessional program to have its own distinct space, it is essential that its space be identified. In many situations it may be more cost effective or necessary for other reasons to share space with a department. But even then, it is important that the interprofessional program have as much independent visibility as possible.

III. Education and Socialization

Another factor which contributes to the development of "turf" problems resides in the personnel preparation programs which educate, train and socialize students for professional practice. Most curricula are highly focused on providing the essential training necessary for competent practice of a profession, and rightly so. Indeed, a common theme among administrators and faculty alike over the past few years has been that there is not enough time in the curriculum to provide the basic elements necessary for licensure.

The "knowledge explosion" of recent decades has exacerbated this problem. In every professional training program of which I am aware, there is a constant struggle between the classic disciplines and emerging areas of knowledge. Faculties and administrators are not the only ones engaged in this struggle. Accrediting bodies for most professional education programs are absorbed with the on-going discussion of how to integrate new knowledge into the curricula of the institutions which depend upon them for approval.

This curricular turmoil provides fodder for the development of "turf" problems both within and between disciplines. Faculty members in traditional disciplines dig in and become defensive on behalf of the essential knowledge which they control. Champions of new perspectives and information struggle to find a place in the curriculum for the knowledge that they believe is no less essential for the competent professional in their field. It seems futile at best to add to this turmoil within a discipline the suggestion that training in skills for interprofessional practice is also necessary to the development of effective professionals.

Students are not immune from this turmoil. Indeed, it is the "stuff" of which professional socialization is made. Students learn from their teachers the pride, as well as the prejudice, of their profession. They see their teachers defending a particular perspective and they develop their own sense of that perspective. They become engaged in the "turf" struggles of their mentors and adopt not only their knowledge, language and technique, but also their boundaries, values and beliefs.

Once again, the discussion is about what is essential for professional practice. What do students need to know and need to be able to do to enter

their practice as competent professionals? One solution to this problem is to identify those elements of knowledge or skill in which there is overlap between disciplines. For example, many of the helping professions (social work, nursing, education, theology) provide basic education in counseling to a large number of their students. An interprofessional and interdepartmental approach to teaching these basic skills could be more efficient and cost effective than each department providing the introductory courses independently. The same may also be true for a number of overlapping knowledge areas in the health related disciplines.

At Ohio State we discovered that there was an interest among a number of the professional colleges in offering courses in substance abuse. We were able to design a course that meets some of this need for all the academic units. A similar need was identified in the area of policy analysis, and a course was established. And of course, the classic example in this area is ethics. It was an interest in teaching about emerging ethical issues that are common to the helping professions that gave rise to our program over 20 years ago.

The point is, whenever a common interest and benefit can be identified, the perspectives of "turf" can be overcome in education programs. Most of us would like to think that a mutual interest in knowledge would be enough to solidify interprofessional education. As one who held that belief for a number of years, I can say with complete candor, that is naive. There must be identified benefits, and usually this translates into dollars, before educational institutions will value interprofessional education and see it as essential in professional training programs.

At another level, however, professional education and training programs provide the ideal setting for eliminating the "turf" perspectives of students before they enter professional practice. If students see their teachers acting, teaching and practicing interprofessionally, then they are much more likely to adopt a similar understanding for their professional life.

In 1981 and 1982 a group of Ohio State University professional school graduates who had been in interprofessional education courses was matched with a group who had not been in interprofessional courses. (M. H. Spencer, Assessing the Impact of Interprofessional Education on the Attitudes and Behaviors of Practicing Professionals. Unpublished Ph.D. Dissertation, The Ohio State University, 1983.) Those who had completed at least one course in the interprofessional curriculum were able to be more articulate and specific about the interprofessional dimensions of their professional practice. They placed a higher value on it and indicated that it was a more important part of their professional life. They were less likely to see their profession as isolated and self-sufficient.

Interprofessional education provides the opportunity to identify interprofessional practice as an essential dimension of a profession. It helps to overcome the tendency to emphasize the boundaries and authority of a profession at the expense of interaction and collaboration.

CONCLUSION

There are no simple solutions to the difficulties and conflicts posed by the realities of "turf". As long as we maintain distinct disciplinary perspectives on the problems which we must address as educators and professionals, these problems will be with us. However, changes can be made in our educational programs and our approaches to funding and housing the services we offer which will minimize the impact of "turf" issues. The most important changes are those which affect the attitudes of practitioners, administrators, educators and clients. All of us need to understand that collaborative endeavors are essential elements in professional education and practice which should be valued and supported for the important contributions they make to the well being of our society. We need to continue to create the structures and environments which will support our collaborative work as well as the preparation of future professionals who will be called upon with increasing frequency to provide collaborative services for their clients.