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How medical social workers manage interdisciplinary team conflict

Debra Leigh Billings

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HOW MEDICAL SOCIAL WORKERS MANAGE INTERDISCIPLINARY TEAM CONFLICT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master
of
Social Work

by
Debra Leigh Billings
June 1994
HOW MEDICAL SOCIAL WORKERS MANAGE INTERDISCIPLINARY TEAM CONFLICT

A Project
Presented to the Faculty of California State University, San Bernardino

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ABSTRACT

Interdisciplinary teams are common in medical settings. This study looks at how social workers who are members of these teams manage the inevitable conflict that arises. In addition, the study looks at the type of team, egalitarian or authoritative, that the respondents are members of to determine if this has any relation to the style of conflict management that is most frequently utilized. A questionnaire was used to collect the data from twenty-two respondents in two hospitals in the Inland Empire. The data indicated that all respondents were members of egalitarian teams and that confrontation was the style of conflict management that was most frequently chosen.
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INTRODUCTION/LITERATURE REVIEW

Problem Statement

The focus of this study was methods of conflict resolution used by medical social workers in interdisciplinary teams. Rubin, Fry and Plovnick's (1975), four styles of conflict management were used to assess which conflict management styles were used most frequently by medical social workers. The study determined how a sample of medical social workers manage conflict and how conflictual situations are typically resolved in hospital interdisciplinary teams. The hypothesis for this study suggested that there was a correlation between the nature of the social worker's interdisciplinary team and the methods of conflict resolution which were exercised.

Methods of conflict resolution among hospital interdisciplinary teams need to be studied because there has been an increasing emphasis on interdisciplinary teams in health care (Henk, 1989; Fiorelli, 1988). A team approach to treatment promotes a more holistic type of treatment, as professionals from all areas are included in the treatment process. This type of treatment is necessary in primary care hospitals today because it has been increasingly accepted that overall wellness is not achieved solely with medical treatment. However, as in any situation, when several people are working together to achieve a particular goal, conflict at one time or another is inevitable (Bisno, 1988; Jandt & Gillette, 1985). Conflict can arise for many different reasons when several different
professionals are collaborating regarding a patient's treatment. Germain (1984), states that unclear goals, dysfunctional decision-making and interpersonal issues are all barriers to effective teamwork. Other possible sources for conflict found in the literature are: role blurring, extreme role specialization, professional expansionism and the wish for indispensability and social enhancement (Carlton, 1984; Ducanis & Golin, 1979; Olsen & Olsen, 1967; Mizrahi & Abramson, 1985; Roberts, 1989).

Conflict can arise between a social worker and any member of the interdisciplinary team, however, the literature frequently focuses on conflicts which occur between the social worker and the physician (Germain, 1984; Roberts, 1989; Mizrahi & Abramson, 1985; Fiorelli, 1988). Interpersonal issues are the biggest source of conflict between a social worker and a physician (Bisno, 1988; Lowe & Herranen, 1978; Germain, 1984; Carlton, 1984). Germain (1984), mentions numerous interpersonal barriers to successful collaboration, however, they all seem to stem from the difference in the biophysical orientation of physicians and the psychosocial orientation of social workers. Social workers and physicians are socialized with their own value orientations, ideologies and language (Germain, 1984). Therefore, a physician and a social worker collaborating for the treatment of a patient could easily find themselves in professional conflict regarding saving a life versus quality of life. Many times the physician expects to be the ultimate
authority, making all the major decisions, with the social worker and other professionals as assistants to the process (Carlton, 1984; Lecca & McNeil, 1985; Fiorelli, 1988).

Due to the many possible reasons for conflict among interdisciplinary team members, knowing how these conflicts are managed would only benefit team effectiveness. From an administrative point of view it would be most beneficial to obtain an understanding of the team dynamics, for instance, whether the team operates democratically or authoritatively, and how willing is the team to discuss issues and listen to the perspective of others. In addition, if the dynamics of the team relate to the methods of conflict resolution chosen by the social worker, as is hypothesized in this study, policy planners and administrators would be better able to educate the different professionals as to how they can best utilize the team experience.

Problem Focus

Much of the literature discusses problems which can occur in interdisciplinary work. However, only one source discusses how social workers resolve these conflicts. Rubin et al. (1975), suggest four typical styles of conflict management and for the purposes of this study they are defined as:

1) avoidance or smoothing over - the respondent seemed to be aware that there was some sort of problem, but chose to address the content rather than the conflict;
2) forcing a solution/exertion of power - pushing one's
opinion on others and/or not being tolerant of any disagreements with one's point of view;

3) compromise/closing out more innovative options - the respondent was aware of the conflict but addressed in a round about way, and was willing to give up something in resolving the conflict in order to come to an agreement;

4) confrontation/open discussion of the conflict - open discussion of the problem with the person(s) involved and problem solving.

An additional category which the researcher added to Rubin, Fry and Plovnick's (1975), four strategies of conflict management was, to do nothing when faced with a conflict.

This positivist study was a description of how medical social workers manage conflict within their interdisciplinary teams. The intention of this study was to determine the most common methods of conflict management. In addition, interdisciplinary teams were categorized into those teams which welcome discussion and debate regarding any issues which are discussed during team meetings and those teams where one person makes all the decisions and open discussion is not tolerated. The study hypothesized that the more egalitarian the team, the more likely the social worker would be to openly discuss problems with the team members.

RESEARCH DESIGN AND METHOD

Purpose

The purpose of this study was to describe how social
workers, who are members of medical interdisciplinary teams, manage intra-staff conflict in a hospital setting, and to discover whether responses correlated with the nature of the interdisciplinary team.

Question and Hypothesis

This study was conducted with a positivist orientation which collected quantitative and qualitative data to describe one aspect of the relationship between medical social workers and the rest of the medical staff. The study examined the relationship between the types of conflict management used and the level of acceptance of discussing problems or conflicts which arise in the team.

The research question for this study was: How do social workers, who are members of medical interdisciplinary teams, respond to conflict in a hospital setting?

The hypothesis for this study was that social workers respond by using either: 1) doing nothing; 2) avoidance/smoothing over; 3) forcing a solution/exertion of power; 4) compromise/closing out more innovative options or; 5) confrontation/open discussion of the conflict, analysis of causes and problem solving. In addition, the researcher hypothesized that social workers who are members of egalitarian teams which are open to discussions will typically use confrontation as their usual method of conflict management. Teams which are somewhat democratic and egalitarian, but not completely, will have social workers that tend to use compromise
to resolve conflicts. Also, it was hypothesized that social workers who force a solution to a conflict are on teams which are intolerant of debate and are generally made up of people who do not contribute to the team process. Finally, it was hypothesized that avoidance is used by social workers in authoritative teams, particularly if the physician is the one that assumes the role of the expert and leader.

Sample

The population in this study was medical social workers, the population of interest was medical social workers at two hospitals in the Inland Empire. The entire population of interest, thirty-seven medical social workers, was included in the study.

Instrument

A questionnaire (see Appendix A) was developed to gather the data for this study. The questionnaire was pretested with three social work students who had worked in medical settings. The questionnaire included both closed and open ended questions which asked for information about the type of team that they belonged to and the methods of conflict management they would use in the vignettes provided.

Strengths in using this questionnaire to collect data were that it created a greater feeling of anonymity for the respondent as opposed to other methods of data collection, there was less pressure without the researcher present and therefore avoids potential bias, it is also a fast and inexpensive method
Weaknesses that were specific to the questionnaire in this study pertained mostly to the vignettes. Judging from the responses on the questionnaires it seems that it was unclear to some that they were supposed to address the conflict being presented rather than the content. In other words their responses were offering support to the family, making a children's protective services referral or giving out resource information, rather than talking to the physician about his/her actions, stating his/her point of view during a team meeting or questioning decisions that were being made. It was difficult to determine if this was a weakness of the questionnaire or if not addressing the conflict is how the social worker typically resolves conflictual situations.

Another weakness would be question twenty on the questionnaire. This particular vignette was about an infant with numerous problems that were being handled by several different physicians. This was a long term case and likewise did not point to one particular conflict, thus making it more difficult to respond to the conflict rather than the content.

Procedure
The questionnaire was sent to medical social workers in two hospitals in the Inland Empire. At one hospital the questionnaires were put directly into the social workers' mailboxes. At the second hospital the questionnaires were given to the department head who in turn passed them out to all the
social workers in that department. The deadline for the questionnaire was two weeks from the day the researcher distributed them.

Protection of Human Subjects

The study was anonymous and confidential, this was assured by no one putting their name on their questionnaire. Each informed consent form had an identification number on it and when the researcher got the questionnaires back the informed consent was separated from the questionnaire so as not to identify the respondent. Within the informed consent it was made clear that filling out the questionnaire was completely voluntary and that the respondent could stop filling it out at any time if s/he was uncomfortable with the content. The returned informed consents simply acted as a list of questionnaires that had been returned, to make it possible to send follow up letters to those who needed them.

RESULTS

The questionnaire used in this study contained both open and closed ended questions, likewise, both qualitative and quantitative procedures were used to analyze the data. Four different areas are covered in this section, demographics, the type of teams that the respondents stated they were members of, the styles of conflict management the social workers utilized, and the type of team and the conflict management styles combined. Frequencies were run for each variable, and this data has provided all the information below, unless otherwise stated.
Demographics

There were twenty-two respondents in the study's sample, nine were males and thirteen were female. The ages of the respondents ranged from thirty-two to sixty-nine, with the mean age being 45. The levels of education of the respondents were either master's level, master's level with license or doctoral level. Of the respondents, one was at the doctoral level, eight had master's degrees and the majority of the sample, 59%, had their master's degree and their license. The years in which each respondent graduated with their highest degree ranged from 1949 to 1992. The sample of twenty-two was divided evenly with half the respondents working at each of the two hospitals included. The number of years participants had been employed at these hospitals went from one to forty years. Client populations included numerous groups, from Vietnam veterans to the newborns in intensive care units. One hundred percent of the respondents stated they were members of interdisciplinary teams.

Type of Team

Seven questions asked participants whether their team was democratic and egalitarian or authoritative. Questions nine through thirteen were matrix questions in which the respondent could choose strongly agree, agree, disagree, strongly disagree, or undecided in reference to a statement about the type of team they were a part of. The following univariate table summarizes the results of questions nine through thirteen.
Table 1
Characteristics of the Team
n = 22

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY disagree</th>
<th>UNDECIDED</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Works as a team</td>
<td>11 (50%)</td>
<td>11 (50%)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>22 (100%)</td>
</tr>
<tr>
<td>Issue more important than others</td>
<td>5 (23%)</td>
<td>10 (46%)</td>
<td>2 (9%)</td>
<td>4 (18%)</td>
<td>1 (5%)</td>
<td>22 (100%)</td>
</tr>
<tr>
<td>Open to disagreements</td>
<td>4 (18%)</td>
<td>14 (64%)</td>
<td>3 (14%)</td>
<td>1 (5%)</td>
<td>0</td>
<td>22 (100%)</td>
</tr>
<tr>
<td>Open discussions re: conflicts</td>
<td>4 (18%)</td>
<td>15 (68%)</td>
<td>2 (9%)</td>
<td>1 (5%)</td>
<td>0</td>
<td>22 (100%)</td>
</tr>
<tr>
<td>Consensus a must</td>
<td>4 (18%)</td>
<td>13 (59%)</td>
<td>4 (18%)</td>
<td>0</td>
<td>1 (5%)</td>
<td>22 (100%)</td>
</tr>
</tbody>
</table>

Two questions asked respondents to rate specific types of team professionals on two characteristics. First, they rated how accepting these professionals are of questions regarding the meeting's topics. The second characteristic rated was how likely the listed professionals are to insist on making final decisions alone rather than as a team.

Table 2
First Characteristic
n = 22

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>SELDOM</th>
<th>OFTEN</th>
<th>ALWAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>0</td>
<td>2 (9%)</td>
<td>10 (46%)</td>
<td>9 (41%)</td>
</tr>
<tr>
<td>Nurses</td>
<td>0</td>
<td>0</td>
<td>12 (55%)</td>
<td>9 (41%)</td>
</tr>
<tr>
<td>Social Workers</td>
<td>0</td>
<td>0</td>
<td>10 (46%)</td>
<td>11 (50%)</td>
</tr>
</tbody>
</table>
Table 3
Second Characteristic
n = 22

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>Seldom</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>2 (9%)</td>
<td>10 (46%)</td>
<td>7 (32%)</td>
<td>2 (9%)</td>
</tr>
<tr>
<td>Nurses</td>
<td>5 (23%)</td>
<td>10 (46%)</td>
<td>5 (23%)</td>
<td>0</td>
</tr>
<tr>
<td>Social Workers</td>
<td>6 (27%)</td>
<td>14 (64%)</td>
<td>1 (5%)</td>
<td>0</td>
</tr>
</tbody>
</table>

Respondents were given the option of mentioning other professionals who were part of their interdisciplinary teams for these two questions. Occupational, physical, speech and respiratory therapists along with neuropsychologists, pharmacists, child life specialists and dietitians were all professionals that were added under "other". All these additional professionals scored as often or always being accepting of discussion and as never or seldom insisting on making decisions on their own rather than as a team.

Conflict Management Styles

The last section of the questionnaire consisted of six different vignettes which were designed to determine how social workers handle conflict. Each vignette presented a problem or conflict and the respondent was asked to list three specific actions they would take in these situations. The methods of conflict management utilized by 48% of this sample was confrontation. Thirty-two percent of the respondents used compromise. One percent forced others to see things their way. Avoidance was used by 16% of the participants and 3% did nothing in response to the conflict presented.
Type of Team and Conflict Management Styles

The Chi square computed between the style of conflict management and the type of team the respondents were members of was not significant due to there being numerous empty cells, and having less than five in many others. The following bivariate table illustrates the results of this computation.

Table 4
Conflict Management Styles Based on Type of Team
n = 22

<table>
<thead>
<tr>
<th></th>
<th>NOTHING</th>
<th>AVOID</th>
<th>COMPROMISE</th>
<th>CONFRONT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Agree</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
</tbody>
</table>

Chi-square = .785
P-Value = 1.067

The respondents in this sample all agreed, or strongly agreed, that they were members of interdisciplinary teams that were open to discussing conflicts. Of the respondents that chose strongly disagree eight chose confrontation as their method of conflict resolution, two chose compromise and one chose avoidance. Of those who chose agree, seven selected confrontation, two selected compromise, one avoidance and one chose to do nothing.

DISCUSSION

The results demonstrate that the participants of this study are more inclined to use confrontation as their usual conflict management style. Forty-eight percent of the respondents chose to confront the person they were in conflict with and to discuss and problem solve around the issue. All of
the respondents strongly agreed or agreed they were on teams that were open to discussion of conflicts and decisions were made democratically. According to the results, no particular professional group was more inclined than any other to resist open discussion about conflict or to insist on making solitary decisions as opposed to team decisions.

The fact that one hundred percent of the respondents indicated they were members of interdisciplinary teams supports Henk (1989) and Fiorelli's (1988) statement, regarding the increasing emphasis on interdisciplinary teams in the health care arena. Also supported from this is the inevitability of conflict arising when any group of peoples come together for a common purpose as stated by Bisno (1988) and Jandt and Gillette (1985). Though the researcher came across no literature regarding social workers methods of dealing with conflict, it is reassuring to find that even in this small sample of medical social workers confrontation was the style of conflict resolution utilized most often.

All the participants stated they were members of egalitarian teams and the majority used confrontation to handle conflict. This supports the researcher's hypothesis that those social workers who are members of egalitarian interdisciplinary teams would chose confrontation as their style of conflict management. However, because this sample did not represent a range of types of teams, it is not possible to test the hypothesis that the teams that are not egalitarian would result
in social workers using alternative methods of conflict management.

Some limitations of this study are the small sample size and the small geographic area in which respondents were located. It would be most interesting to conduct this study on a larger scale, increasing the likelihood of reaching social workers who are members of all types of teams and therefore, determining whether or not this effects their style of handling conflicts.

The implications of the results of this study are that administrators and policy planners are aware that conflict is inevitable, and that the members of the interdisciplinary teams that are coming together for the treatment of patients are able to deal with and handle these conflicts effectively. The fact that conflicts are being addressed rather than ignored is important. Ignoring a problem would inhibit the effectiveness of the team process, it would likely create animosity among team members which would interfere with the team's ability to work as a team. Once the ability to work as a team is gone or even strained, communication breaks down and it is the patient who suffers. This is all very important to administrators and policy planners as the programs they have established need to be as efficient and effective as possible.
Appendix A

CONFLICT MANAGEMENT QUESTIONNAIRE

The purpose of this questionnaire is to find out how medical social workers deal with interdisciplinary team conflict.

GENERAL INSTRUCTIONS: Please read each question and check the most appropriate box; other questions ask for written-in answers. Feel free to make additional comments whenever you wish to do so.

1. Sex:
   a) male [ ]
   b) female [ ]

2. Age ___

3. Level of education:  Year graduated:
   a) bachelor's degree  [ ]
   b) master's degree  [ ]
   c) master's and license  [ ]
   d) Ph.D  [ ]

4. Please specify major ____________________________________________

5. Place of current employment: ______________________________________

6. Number of years employed at this agency: __________________________

7. Population you are currently working with: ____________________________

8. Are you part of an interdisciplinary team?
   a) yes  [ ]
   b) no  [ ]

If no, skip questions 9-15, go directly to number 16.
INSTRUCTIONS: Beside each of the statements below, please indicate with a check mark whether you Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD), or are Undecided (U).

9. The professionals on your interdisciplinary team work together as a team.

   SA   A   D   SD   U

10. Some professionals consider their issues/concerns to be more important than team issues.

   SA   A   D   SD   U

11. The team as a whole is open to disagreements.

   SA   A   D   SD   U

12. There are open discussions regarding areas of conflict during team meetings.

   SA   A   D   SD   U

13. The team as a whole is concerned with coming to a consensus on all decisions.

   SA   A   D   SD   U

INSTRUCTIONS: Please answer questions 14 and 15 by circling the appropriate number from 1 to 4 for each professional listed. Feel free to list and rate additional professionals where it says "other".

   1=never   2=seldom   3=often   4=always

14. Rate the professionals listed below on how accepting they are of questions regarding the topics of discussion during interdisciplinary meetings.

   N   S   O   A

   A. Physicians
   B. Nurses
   C. Social Workers
   D. Other 1
   E. Other 2
15. Rate the team member(s) below on how likely they are to insist on making final decisions alone rather than accepting a team decision.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>S</th>
<th>O</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Physicians</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B. Nurses</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C. Social Workers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>D. Other 1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>E. Other 2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

INSTRUCTIONS: The following items consist of vignettes. Please list no more than 3 specific actions you would take if you were in these situations.

16. You are called to come talk to a mother whose baby is displaying substance withdrawal symptoms, and you discover a drug test was never taken. You approach the doctor about this, and he says they looked like a nice couple to him, so it did not seem necessary.

In this situation you would:

1. 
2. 
3. 

17. A woman comes in to ER critically wounded from a car accident, a nurse on duty is aware that support for the family is necessary and does her own "psychosocial evaluation" on the family instead of paging a social worker.

In this situation you would:

1. 
2. 
3. 

17
18. You attend a meeting in which the agenda is to discuss treatment goals for a patient. You offer some suggestions as to how to aid the family but your suggestions are completely overlooked.

In this situation you would:
1. 
2. 
3. 

19. You and two discharge planning nurses are supposed to be cooperating on a special project, but you find yourselves in constant conflict due to frequent differences of opinion.

In this situation you would:
1. 
2. 
3. 

20. An infant with multiple anomalies is kept alive for over a month, while physicians decide who needs to do what surgery first. Finally it is determined that there is nothing they can do, so they start encouraging the parents to make a decision about what to do with the baby.

In this situation you would:
1. 
2. 
3. 
21. The family of a patient comes to you and says that Dr. A told them that social workers provide housing while their family member is in the hospital. Dr. A is unclear about what your role as a social worker entails, therefore..........................

In this situation you would:

1. _______________________________

2. _______________________________

3. _______________________________
Appendix B

INFORMED CONSENT

The study in which you are about to participate is designed to investigate the relationship between how accepting an interdisciplinary team is to discussion of problems and social workers' responses to conflicts. This study is being conducted by Debra Billings under the supervision of Dr. Teresa Morris, Assistant Professor in the Department of Social Work, California State University, San Bernardino.

In this study you will be asked to fill out a questionnaire pertaining to your experiences with teams and conflict. There will also be some personal background information asked of you. The questionnaire will take approximately 20 minutes to complete. Please be assured that any information you provide will be held in strict confidence by the researcher. At no time will your name be reported along with your responses. All data will be reported in group form only.

Please understand that your participation in this research is totally voluntary and you are free to withdraw at any time during this study without penalty, and to remove any data at any time during this study.

______________________________   ________________________
Participant's signature           Date
Appendix C

DEBRIEFING STATEMENT

The goal of this study is to determine what methods of conflict management medical social workers use to resolve problems with members of the interdisciplinary team to which they belong.

If you have any questions regarding the questionnaire, or the results of this research, feel free to contact, Debra Billings or Dr. Teresa Morris at (909)880-5501. Thank you for your participation.
REFERENCES


Rubin, I., Fry, & Plovnick (1975). Improving the Coordination of Care: A Program For Health Team Development.