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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Alesia Michelle Noce-Owen

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2020

Abstract

Role of Social Workers in Psychiatric Patient-Centered Care with U.S. Veterans

by

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MS, West Virginia University, 2009

BS, Fairmont State University, 2004

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

February 2020

Abstract

Social workers play an important role in the implementation of patient-centered care (PCC) within an interdisciplinary treatment team in an inpatient psychiatric unit. The PCC approach can become overwhelming and stressful for interdisciplinary team members because the definition of PCC varies across disciplines. The purpose of this qualitative action research study was to explore social workers' perceptions of their role within an interdisciplinary team, including barriers to social work inclusion and PCC. Ecological systems theory provided the framework for the study. Interview data were collected from 2 focus groups containing a total of 10 purposively selected social workers. A grounded theory approach was used to analyze the data. Findings indicated the need for better communication among and education for interdisciplinary psychiatric team members regarding the scope of social work practice. Participants reported being devalued as members of the interdisciplinary team and confirmed that the definition of PCC varies across disciplines, which creates barriers for social work facilitation of PCC within the interdisciplinary team. Findings may be used to mitigate gaps that inhibit interdisciplinary team practice of PCC, which may improve social work practice with veterans.

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Dedication

I want to acknowledge my savior, Jesus Christ. This journey was not only educational but spiritual. I have found myself more anchored to the cross, grounded in my spirituality, a happier and much better person for it. I John 4:4 “You, dear children, are from God and have overcome them because the one who is in you is greater than the one who is in the world.”

To Christopher, my loving husband, you have always been my biggest cheerleader, encouraged me when I felt that I couldn’t go on, and supported me emotionally through every avenue of my career and educational endeavors. You are truly my best friend and my soulmate, and I could not imagine walking this life with anyone but you by my side. You are amazing, and I love you with every fiber of my being.

To my parents who have demonstrated nothing but unconditional love and support for me, I love you. You taught me the true meaning of love and the importance of family. To my sister, Paige, you are the strongest and most amazing woman I know, and I love you. David, you left us too soon, but I am thankful to you for being a wonderful husband to my sister and phenomenal father to my nephew. You will be forever loved and missed. Our tremendous loss is heaven’s great gain. Julian, I love you more than you will ever know, and I am so proud of the young man you are becoming.

To my friends, thank you for always loving and believing in me when I didn’t believe in myself. I am blessed beyond measure to have you in my life.

Freedom . . . Sweet, sweet freedom! I look forward to picking up a book to read for pleasure and not feel the need to highlight and take notes!

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I want to acknowledge Pastor Luke Luzier, Samantha Luzier, Pastor Pam Gross, and the late Pastor Philip Gross for always lifting me in prayer. Thank you to Randy Landes for being a phenomenal task manager, clinical supervisor, colleague, and friend. I appreciate you so very much!

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Section 1: Foundation for the Study and Literature Review

In recent years, mental health treatment has shifted from a medical model to one that is patient centered and recovery oriented (Zuehlke, Kotecki, Kern, Sholty, & Hauser, 2016). Historically, the medical model represented a hierarchical structure that provided physicians more authority than the patients and family regarding treatment planning (Zimmerman & Dabelko, 2007). The Veterans Health Administration (VHA) introduced a paradigm shift toward patient-centered care (PCC) that focuses on personalized veteran care; PCC is proactive in nature, as opposed to reactive, and puts veterans in charge of the decisions made by their treatment team (U.S. Department of Veterans Affairs [VA], 2016). The National Association of Social Workers (NASW) supports PCC as it aligns with and embraces the principles of the social work profession (Whitaker, 2014) in the context of the right to client self-determination, dignity, self-worth, and social justice (NASW, 2008). This action research study was conducted to investigate the role that social workers play in PCC with an interdisciplinary team on an inpatient psychiatric unit. The paradigm shift in treatment from a medical model to PCC may afford clinical social work practitioners an increased role on psychiatric interdisciplinary treatment teams and an opportunity to introduce other professions to the values and practices of professional social work consistent with this new and emerging treatment model.

The current literature indicated the failure to provide a full range of holistic services as the biggest gap in inpatient psychiatric programs and services. The gap reflects the need for comprehensive PCC to meet the physical,7 psychological, social, and spiritual needs of veterans (Enguidanos, Coulourides Kogan, Schreibeis-Baum,

Lendon, & Lorenz, 2015). The role that social work plays in PCC can facilitate policy change in the functional statements of the interdisciplinary team members. The role can also permit social workers to provide PCC resources to the veteran and steer team treatment and discharge planning based on what is identified as most important by the veteran (Craig & Muskat, 2013). The most significant social change implication of this study was social workers providing education and training to inpatient psychiatric employees regarding the importance of PCC to foster an environment focused on the veterans' perceptions of their needs. Asking the veteran "what matters to you?" instead of "what is the matter with you?" may influence the mind-set of clinical staff and create change.

The NASW (2008) emphasized the value of a patient's right to self-determination, which is the assistance provided to clients in identifying personal goals and objectives. Social workers are well-suited to facilitate PCC. The tenants of PCC correlate with social work values and principles by supporting a holistic approach to treatment. This comprehensive approach makes social workers a beneficial element within an interdisciplinary team in the instruction and promotion of PCC. The social worker will act as an educator with the interdisciplinary team, the veteran, and the family regarding the veterans' right to self-determination. The social worker will serve as a mediator in PCC in treatment team meetings and dialogue regarding the various treatment options to ensure the veteran has a voice in decisions. Without compromising the integrity and dignity of the veteran, social workers can advocate for the veterans' right to oversee their treatment and promote a willingness to consider professional perspectives. his doctoral

project addressed the barriers that prevent social workers from facilitating PCC on an inpatient psychiatric unit with an interdisciplinary team.

The first section of the doctoral project includes the problem statement, purpose statement, and background of the problem in the work setting. The first section also includes the research questions, including the variables addressed in the study, and definition of key terms, concepts, and constraints. The nature of the doctoral project is explained and includes information about participants and methods of data collection. The theoretical framework is identified, as well as the applicability of the framework to the social work problem. The first section concludes with a comprehensive literature review and the methods used to obtain supportive and relevant documentation.

Problem Statement

The literature indicated that inpatient psychiatric treatment teams experience significant struggles. There are limited administrative leadership involvement and guidance, staffing issues and time constraints, and collateral duties for many of the team members (Barry, Abraham, Weaver, & Bowersox, 2016). There is a lack of clearly defined roles among interdisciplinary team members, which creates a disconnect and poorly designed treatment collaboration with the veteran clients (Barry et al., 2016). An inpatient psychiatric unit interdisciplinary team may consist of a psychiatrist, physician assistant, clinical pharmacist, social worker/therapist, and nurse. Social workers often attempt to understand the problem from the veteran's perspective and are not always in agreement with the attending psychiatrist's or the interdisciplinary team member's interpretation of the presenting problem (Kerson & McCoyd, 2013). One of the

implications associated with this treatment model is how PCC varies in meaning across disciplines. The first approach in communication between an interdisciplinary team and the veteran should be a PCC approach, which allows the veteran to participate actively in the development of treatment goals and objectives. The application of a social work framework and methodology suggests fostering better communication between the provider and the veteran while also providing effective treatment (Lind, Powell-Cope, Chavez, Frazer, & Harrow, 2013). Social workers are good candidates in the facilitation of PCC with an interdisciplinary team. Social workers possess the skills to advocate for the veteran's rights to self-determination (NASW, 2008), to identify communication barriers within the treatment team, and to guide treatment that is patient centered (Müller et al., 2015).

Relevance of the Problem

Social workers and interdisciplinary team members may benefit from information gained through this action research study by building better relationships and care within the team and with the veteran clients. The PCC philosophy focuses not only on what is important to veterans in their treatment, but also on learning to listen and respond with validation and respect and on using these same practice tools when interacting with colleagues, peers, and team members. In this action research project, I situated social workers in a position of leadership that will encourage critical thinking by team members regarding old, unproductive, and dated practice (see Humphries & Howard, 2014). An integrated and efficient structure that includes social work, psychiatry, nursing, and

pharmacy will aid in the management of resources, maximize productivity, and decrease stress in the workplace.

Previous Contributions

On the national level, veterans have a higher rating in recovery-oriented and patient-centered responses and relate positive outcomes to consumer involvement in program development (Leddy-Stacy, Stefanovics, & Rosenheck, 2016). However, on the local level, researchers recommended increasing PCC through veteran engagement, participation in leadership, and program development (Leddy-Stacy et al., 2016). Research indicated there are minimal studies available to describe the impact of PCC on an inpatient psychiatric unit or the role that social work plays in the facilitation of PCC (Zuehlke et al., 2016). The implementation of PCC means a shift in practice paradigms for members from different disciplines. Jormfeld, Brunt, Rask, Bengtsson, and Svedberg (2016) suggested that research focused on PCC, social work, and interdisciplinary teams is needed. Social workers are trained in holistic practice and take a different approach to the delivery of services than other team members (Jormfeld et al., 2016). Although PCC is part of the training for social workers, that does not ensure that training will result in a change in the system for the veteran clients. Craig and Muskat (2013) stated that social workers are trained within an ecological perspective and encouraged to examine an individual concerning a more extensive social system; social work training also emphasizes a focus on understanding a person within the context of their environment. Despite the multitude of services that social workers provide, there remains limited

research about social workers' perception of their role within the hospital or when participating in an interdisciplinary team (Craig & Muskat, 2013).

The basic tenets of PCC align with many of the social work principles identified in the NASW Code of Ethics (NASW, 2008). There are a wealth of benefits for social work practice, such as increased leadership opportunities, in the facilitation of PCC with interdisciplinary teams. Interdisciplinary team members' role definitions are critical to effective treatment. The differences in the values, education, work experiences, and professional status among interdisciplinary team members have implications for social work practice and the implementation of PCC on an inpatient psychiatric unit (Grace, Rich, Chin, & Rodriguez, 2014). Researchers also support veterans reporting good care from providers in an integrated or interdisciplinary approach but strongly feel there is poor communication among providers regarding the veterans mental health, physical health, and social needs Vijayalakshmy, Hebert, Green, & Ingram, 2011).

Problem in the Work Setting

The recently introduced approach to PCC by the VHA focuses on what is most important to the veteran in treatment planning. In military-based social work, the VHA is transforming care to align with evidence-based practice and recovery-oriented treatment (McGuire, White, White, & Salyers, 2013). Although the mental health recovery model that rolled out in 2003 suggests a focus on life goals, involvement, and treatment options, it does not consider what matters to the veteran and how the promise of recovery and hope for the future can be achieved (Kymalainen et al., 2010).

Shared decision-making in mental health has emerged as an indicator of treatment satisfaction, and satisfaction is evaluated by how well the veteran's emotional and physical needs are met (Klingaman et al., 2015). There is a rich body of literature available on the application of the recovery model in veteran treatment. Kidd, McKenzie, and Virdee (2014) found that a recovery approach on an inpatient psychiatric unit demonstrated efficacy in patient engagement, increased hope for the future, and increased awareness of illness and medication. Additionally, Rabenschlag, Konrad, Rueegg, and Jaeger (2014) demonstrated that a recovery model approach to treatment on an inpatient psychiatric unit was successfully implemented and suggested a cohesiveness of an interdisciplinary team in the implementation of treatment goals and therapeutic attitudes.

The recovery model embraces a holistic approach to treatment and aims to maximize the client's autonomy through empowerment and to provide hope for the future (Hebblethwaite, 2013). Research indicated the use of the recovery approach in a variety of treatment environments, including long-term care, end-of-life care, rehabilitation, and HIV/AIDS (Hebblethwaite, 2013). Frese, Stanley, Kress, and Vogel-Scibilia (2001), suggested that mental health treatment is calling for more evidence-based treatment modalities. The recovery model of treatment emphasizes the veteran clients guide their recovery process that focuses on healing, empowerment, and a sense of hope for the future (Frese et al., 2001). Mental health treatment with veterans continues to focus on strength-based and recovery-oriented approaches (Thompson, Bennett, Sable, & Gravink, 2016). Perkins and Slade (2012) posited that there is no single definitive approach to recovery, and everyone must find what works best for them. According to Frost et al.

(2017), recovery is not only an approach to treatment but also a result. There is a strong presence of the recovery approach in evidence-based practice; those treatment frameworks have demonstrated efficacy in practice application (Frost et al., 2017). Giannitrapani et al. (2016) suggested that interdisciplinary team membership brings about professional role ambiguity. Patients who need specialty services may question how specialty services align with the recovery concept (Fix et al., 2014). Some mental health care providers express concern for patient-directed care and posit that patients are not well educated on their diagnoses and available treatment options (Berghout, Exel, Leensvaart, & Cramm, 2015). The core values found in the NASW Code of Ethics emphasize the importance of human relationships, respecting the dignity and worth of the client, and the right to self-determination (NASW, 2008). The NASW Code of Ethics complements the foundation of PCC as it focuses on what is most important to the veteran in their recovery journey.

The focus of the role that social workers play in PCC will provide for the development of leadership and offer the opportunity to train other social workers and team members in the practice of PCC on inpatient psychiatric units. There is evidence in the current study for the expansion and development of personal and clinical knowledge that is grounded in mindfulness and permits improved practice with evidence-based models of treatment. According to Peres (2016), social work's specialized training in assessment and person-in-environment approach allows for the identification of barriers to treatment that may relate to culture, communication, and perception of the presenting issues.

Purpose Statement and Research Questions

In this action research study, I explored the role that social work plays in PCC through improved communication with other disciplines on the veteran's treatment team, defining disciplinary functions and responsibilities, and focusing on PCC collaboratively. At the time of the study, there was a disconnect between disciplines involved in the veteran's treatment, and social work may be able to close that gap. Buettgen et al. (2012) recommended examining four principles of participatory research and how they impact or enable an interdisciplinary team's ability to work together:

1. Allow the individual to verbalize their perception of the problem.
2. Individual or group involvement provides a holistic and accurate picture of the presenting issues.
3. Facilitate increased awareness of personal or group strengths and the ability to identify access to helpful resources.
4. Positive outcomes and improved quality of life for the individual or group.

The current study may facilitate change by unifying the interdisciplinary team members in the development of goals that are relevant to, and identified by, the veteran. According to Norton, Russell, Wisner, and Uriarte (2011), reflective teaching, which will develop an understanding of self and others, is recommended for the training of professional social workers. The desired outcome is for the interdisciplinary treatment team to practice PCC focused on what is important to the veteran and allowing that to steer practice and optimize team communication. Lind et al. (2013) suggested that an

increase in provider-patient discussion regarding treatment demonstrates positive outcomes.

Research Questions

In this action research study, I sought to understand the role of social workers in the facilitation and implementation of PCC with an interdisciplinary team on an inpatient psychiatric unit focused on veteran treatment. The research questions (RQs) for the study were the following:

RQ1: What are the challenges facing clinical social work practitioners participating on interdisciplinary psychiatric treatment teams?

RQ2: What do clinical social work practitioners perceive would help them deliver more effective PCC to veterans with mental health disorders?

A few identified variables for the study included the composition of an interdisciplinary team, including who, how many, and from which disciplines members are represented. Variables also included whether members of the team are full-time, licensed, and credentialed employees. An example of a common situation that affects the composition of the team is the following: If the attending psychiatrist is on vacation, the coverage is provided by an on-call psychiatrist who may have a different view of the role that social work plays on an interdisciplinary team and the practice of PCC. The differing professional philosophies (e.g., medical model versus the biopsychosocial model; paternalism versus self-determination) between team members is an identified variable. The length of service and years of experience were also considered to be important variables for some clinical social work practitioners and their interaction with

interdisciplinary treatment teams. Additional influential variables included the interactions among treatment team members, the needs and services provided to each veteran, and the severity of a client's mental illness.

Key Terms

Inpatient psychiatric unit: A locked unit with 12 beds that is considered short-term (7-10 days) treatment. Veterans on the inpatient unit have experienced suicidal ideations or have made an active attempt at suicide.

Interdisciplinary team: A diverse group of professionals (psychiatrists, physician's assistant, pharmacists, social workers, nurses) who work on a common goal in treatment planning for a veteran.

Medical model: An approach that assumes that behaviors are the result of physical or psychological problems and best treated through medication.

Military culture: A unique tradition and experience by individuals who served in the armed forces and shared in the structure and leadership. Some subcultures exist such as branches of the military (i.e., Army, Navy, Marines, Air Force, Coast Guard). Each branch or subculture has unwritten rules, procedures, and perspectives.

National Association of Social Workers: A professional organization of social workers in the United States. The NASW subscribed and developed the code of ethics that guides social work practice.

Patient-centered care: A whole health approach to help veterans guide their treatment and maintain good overall health (VA, 2013).

Recovery model: A holistic approach to treatment that is person centered. This model focuses on how individuals remain in control of their lives and focus on goals that are important to them.

Veteran: A person who has served in a branch of the U.S. military.

Nature of the Doctoral Project

Action research is a systematic approach to inquiry that allows for the discovery of an effective solution to problems (Stringer, 2010). The ability for action research to focus on specific issues provided an opportunity for enhanced and improved engagement in a shared problem and implementation of a well-developed solution. According to Kristiansen et al. (2015), patients with severe mental illness have the highest risk of death due to a comorbid physical health problem such as diabetes or heart disease as they are related to smoking and alcohol use. The social workers on an inpatient psychiatric unit play a pivotal role in focusing on PCC and taking a leadership role in a holistic approach with the treatment team. According to Peres (2016), social workers are skilled in the assessment and identification of biological, psychological, sociological, and spiritual needs of clients. The PCC paradigm places veterans in charge of their treatment and empowers them by concentrating on what matters most to them.

In the current study, a qualitative approach was used that included focus groups for data collection. The quantitative component included demographic information for study participants and their perceptions of the implementation and inclusion of PCC within an interdisciplinary team. The collection of qualitative data came from two focus groups that were composed of 10 social workers who had experience with the treatment

and discharge planning for the veteran clients on an inpatient psychiatric unit. The focus groups allowed the participating social workers to report their perceptions of practice issues (e.g., exclusion) and avenues to allow PCC to guide individual practice and interdisciplinary team treatment planning.

On inpatient psychiatric units, the average length of stay is 7-10 days; therefore, optimizing brief therapy and evidenced-based interventions is critical in the successful treatment of veterans. The first approach is solution-focused therapy, which is goal oriented. The PCC approach aligns with the solution-focused approach and the miracle question. The new PCC approach introduced by the VHA stops asking "what's the matter with you?" and focuses on "what matters to you?"

The selected design aligned with the purpose statement and research questions because of the theoretical framework for this study. Systems theory explains how social workers are part of a system and the impact on the components by the communication within the interdisciplinary team in the facilitation of PCC. An inpatient psychiatric unit operates from a multi-theoretical perspective; however, systems theory was a good fit for this action research study because it is concerned with the composition of complex systems and how they relate to one another and the whole system (see Walsh, 2013).

Participants and Source of Data

The participants in this action research study were social workers who had been involved in the treatment and discharge planning for veterans on an inpatient psychiatric unit. These social workers interact within an interdisciplinary treatment team and other program coordinators from other disciplines. The social workers who participated in this

study perform several social work tasks including treatment and discharge planning with the veteran, as well as addressing suicidality, homelessness, legal issues, affordable housing, employment, residential treatment programs, transitional care management, mental health case management, and home-based primary care. All participants had interdisciplinary team experience on an inpatient psychiatric unit and were licensed at the generalist or clinical level.

I used a qualitative approach including focus groups. The focus group discussions captured the perceptions of the difficulty in the implementation of PCC within an interdisciplinary team. The focus group meetings were valuable because they allowed the social workers to hear and respond to each other's thoughts regarding the tenets of PCC and an interdisciplinary team.

The data collected from the focus groups were audio-recorded and transcribed by me. The data were viewed and coded to identify themes. The audio recordings were used to capture the participants' experiences, perceptions, and suggestions for change, and were transcribed verbatim. According to Onwuegbuzie, Dickinson, Leech, and Zoran (2009), transcript analysis is rigorous and involves comparison with the notes taken by the moderator and assistant moderators of the focus groups.

Following the collection of the data, the content analysis of the qualitative data is a thematic approach (Braun & Clark, 2006). This method was flexible and twofold in the examination of the themes directly related to the role that social work plays in PCC with an interdisciplinary team and the view that was independent of any theoretical and epistemological influences (see Braun & Clark, 2006). I identified common themes that

social workers share in the facilitation of PCC on an inpatient psychiatric unit within an interdisciplinary team. Findings may be used to influence strategies that are more efficient or aid in the continuing process of action research on the topic. The findings from this study may also drive instructional content and provide support for social workers who are not clear on the basic tenets of PCC and improved communication within the team. An inductive analysis allowed for the unexpected and encouraged responses from participants related to the topic, but also included additional influences such as culture in relationship to PCC, contact with members of an interdisciplinary team, and personal concept of influence toward change (see Gale, Heath, Cameron, Rashid, & Redwood, 2013).

Significance of the Doctoral Project

The purpose of this action research project was to understand better the role that social workers play in PCC within an interdisciplinary team on an inpatient psychiatric unit. The benefits of this doctoral project may be manifest in the increased communication between social workers and other team members. This research may also encourage social workers to become certified instructors of the PCC approach and provide clinical instruction to peers and colleagues. Findings from the action research study may promote additional education for staff and social workers in the expansion of policy practice and a new focus on what is important to veteran clients.

The action research project permitted collaborative work with social workers who are involved in the veteran's treatment while they are on the inpatient psychiatric unit. Social workers from a variety of programs, including homelessness, suicide prevention,

outpatient mental health case management, transitional care, and outpatient primary care, play pivotal roles in the discharge planning and the ability for veteran clients to sustain good mental health after discharge. McNiff (2016) suggested that if a person believes that practice can be improved, then action can be taken in the direction of therapeutic and social change. Providing more efficient services to veterans suffering from mental illness may positively impact the veterans, their families, and society as a whole.

Theoretical Framework

The theoretical framework used for this action research study was systems theory. According to Frerichs, Lich, Dave, and Corbie-Smith (2016), systems theory addresses the relationships between parts of a system and how those relationships impact the operation of the system. Systems theory is concerned with the composition of complex systems and how they relate to one another and the entire system (Walsh, 2013). The foundation of general systems theory was created by von Bertalanffy. In his early twenties, von Bertanlanffy wrote on systems and began formulation his theory but it was not until after World War II that he was able to publish his work (Whitechurch & Contstantine, 2009).

Bronfenbrenner's ecological systems theory was developed from general systems theory (Oliver, 2013). Bronfenbrenner's (1977) ecological systems theory focuses on how the environment influences the development of an individual. Bronfenbrenner posited that systems influence development, including the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The microsystem focuses on an individual's immediate environment, relationships, and interaction with organizations

(Bronfenbrenner, 1977). The mesosystem focuses on how different parts of the system work together for the good of the individual (Bronfenbrenner, 1977). The people in the work environment, extended family members, and neighbors are considered in the exosystem (Bronfenbrenner, 1977). The macrosystem refers to the external systems that affect an individual, such as government, war, or culture (Bronfenbrenner, 1977). Events throughout life constitute the chronosystem. Bronfenbrenner's ecological systems theory focuses on the patterns and interrelatedness of many systems (Darling, 2007). Bronfenbrenner looked beyond the interpersonal influences, as suggested by Bandura, and considered the cultural, environmental, and overall health as it relates to behavior (Snyder, 2014). The multifaceted approach suggested by Bronfenbrenner correlates with the PCC approach, which focuses on the mind, body, and soul. The method considers the goals that are most important to the veteran client and allows for empowerment in treatment goals.

The relationship that a social worker has with the client is pivotal when examining the success and accomplishment of goals. The ecological systems theory encourages social workers to practice excellent communication skills, mindfulness, being aware of self, and empowerment (Oliver, 2013). These are some of the tenets used in the development of a trusting relationship with the clients but are also the catalyst that helps in the attainment of goals, providing the client with motivation for the future and access to other needed systems (Oliver, 2013). These are also the same relationship skills a social worker needs in team building, working in a stressful relationship, and advocating for services (Oliver, 2013).

For this action research study, the ecological systems theory was appropriate because social workers can infuse their identity into an interdisciplinary team and facilitate the practice of PCC. The social workers can assume a role of leadership and allow team members to maintain their professional status through collaborative work to decrease the perceived threat to team members' professional integrity. With the ecological systems approach, the social worker can examine the tensions and relationships between team members and act as the conduit between the team members regarding the practice of PCC.

In consideration of the recovery model and a PCC approach in treatment, a systems framework provides a comprehensive and holistic view of the veteran's care. This approach in treatment aligns with the goals of PCC. Research indicated that multiple paradigms exist in PCC and become complex in research (Martin & Félix-Bortolotti, 2014). The explanation of the complexity in the study of PCC was evidenced in the study by Rabenschlag et al. (2014) who posited that PCC calls for a change in the roles, values, and attitudes of the professionals on a team. The literature also indicated that PCC demonstrates more efficacy with outpatient services than inpatient mental health services (Rabenschlag et al., 2014).

The focus of this action research study was on the PCC paradigm that emphasizes a greater understanding and expanded knowledge of the veteran's mental health care journey through self-rated personal health, personal stories, and goals to improve their physical, psychological, and spiritual health. An additional focus was on creating a

collaborative application within the interdisciplinary team regarding the PCC approach in treatment planning on an inpatient psychiatric unit.

Process for Literature Review

The literature reviewed for this action research study came from the Walden University and West Virginia University libraries. The primary empirical and theoretical literature also came from the Walden University library. The databases used included military and government collection, PsycArticles, SocIndex, PsycINFO, ProQuest, and Medline. Google Scholar provided forward and backward searches of related articles and information. The parameters of the information gathered included publication within 5 years of the completion of this action research study. Literature was reviewed electronically, saved digitally, and printed.

Review of the Professional and Academic Literature

Recovery Model

Medicine has its roots in a paternalistic concept in practice (Jacob, 2015). A patient would present to their provider with concerns, an examination would be completed, tests would be ordered, a diagnosis would be given, medication would be prescribed, and a plan for treatment would be outlined. The physicians would be expected to acknowledge the patient’s questions and concerns; physicians would also maintain a high expectation that the patient will follow their recommendations for treatment.

For individuals with mental illness, the interpretation of recovery is the maintenance and control of their life opposed to the return to the providers’ perception of the person’s baseline of functioning within the diagnosed mental illness (Jacob, 2015).

The recovery model does not focus on symptoms but rather on the strengths of an individual, and capitalizes on those areas that allow for the achievement of excellence (VA, 2016). According to Getty (2015), the underlying concept in the recovery model is the fostering of hope for clients; regardless how effective treatment goals appear, they will be challenging to obtain if the client and staff are not present, engaged, and hopeful. Formerly, physicians had perceived symptoms and diagnosis as a limitation to the success and sustainability of self-discovery and personal growth (Jacob, 2015). A recovery model does not focus on symptoms but instead recognizes that specific topics will require more time in treatment (Getty, 2015). The tenets of the recovery model, interventions geared toward recovery, staff development in recovery, patient and staff involvement in treatment planning, unit programming, and collaborative recovery-oriented interdisciplinary team meetings yield positive outcomes (Zuehlke et al., 2016). Zuehlke et al. (2016) also noted that the practice of the recovery model on an inpatient psychiatric unit has positive outcomes as patients and staff are more engaged, the language becomes recovery focused, communication is more respectful, and the interdisciplinary team functions more efficiently.

On the heels of an executive order, the New Freedom Commission on Mental Health signed by President George W. Bush, the VA adopted a veteran-driven model of recovery (Drapalski et al., 2012). The executive order was intended to elicit a comprehensive evaluation of the delivery of mental health services and to eradicate inequality in the provision of services to those persons with severe mental illness. Traditionally, the term *recovery* is associated with the elimination or reduction of

behaviors or symptoms. However, the veteran-driven model of recovery posits that a person can overcome mental illness through empowerment and hope for the future (Drapalski et al., 2012). According to Zuehlke et al. (2016), the recovery model provides the opportunity for the veteran clients to engage in their treatment with staff and experience empowerment.

The Substance Abuse and Mental Health Services Administration (2012) developed a working definition of recovery, which identifies recovery as a process of change that provides individuals the opportunity to improve personal health and well-being oversee their treatment, and live life to the fullest. The tenets of recovery are self-determination and self-directed as indicated by veterans selecting the goals and the pathway to achieving their self-prescribed goals. The recovery model allows veterans to feel empowered and build on individual strengths in their endeavor to achieve autonomy (Chiu, Ho, Lo, & Yiu, 2010).

Interdisciplinary Team Practice

To better understand the role of social work within the team structure, a person must understand the function of the team. An interdisciplinary team is defined as members from various disciplines coming together and building a plan for recovery (Schofield & Amodeo, 1999). An interdisciplinary team contrasts with a multidisciplinary team, which relies on each discipline creating their plans and participating in their way (Schofield & Amodeo, 1999).

Throughout the years, the team approaches to treatment have been challenged to demonstrate that they are effective in service delivery (Schofield & Amodeo, 1999).

However, according to Craig et al. (2016), the outcomes are better for individuals who have an interdisciplinary treatment team compared to individuals who have experienced a traditional medical model approach to treatment. The interdisciplinary team model is a holistic approach to treatment that promotes the tenets of PCC by concentrating on empowerment and patient autonomy (Craig et al., 2016). Research also indicated that patients will often share their social concerns with a social worker before sharing them with their doctor (Craig et al., 2016). The effectiveness of an interdisciplinary team is contingent on the team's awareness of the patient's perspective regarding the issues and problems (Craig et al., 2016). According to Craig et al. (2016), social work plays a pivotal role within an interdisciplinary team in the assessment of psychosocial needs and in identifying risks associated with less than favorable mental health outcomes. Lohmeier Law and Saunders (2016) credited social workers with bringing a person-in-environment perspective to the team and playing a significant role in broadening the understanding of the influence of culture, family dynamics, diversity, and other person-centered factors that facilitate cohesiveness within the interdisciplinary team.

Interdisciplinary teams are becoming widely accepted in mental health care. According to Ke et al. (2013), a team approach to treatment is responsible for the effective health care management and cost-effective treatment. Team-based models to treatment are recognized and endorsed by medical and mental health professionals in demonstrating efficacy in treatment compared with the "business as usual" approach (Bary et al., 2016, p. 148).

Veterans who returned from Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn with complex medical and mental health issues were best treated by an interdisciplinary team (Wooten, 2015). Post-traumatic stress disorder, traumatic brain injury, depression, long-term pain issues, burns, loss of limbs, and physical problems are the challenges in behavioral health (Wooten, 2015). The interdisciplinary team model permits a holistic approach to treatment and considers the body, mind, and spirit in treatment. The responsibility of an inpatient psychiatric social worker includes participation with an interdisciplinary team and skilled communication regarding discharge planning, which may consist of nursing home placement, homeless shelters, veteran domiciliary, and other avenues of institutional care and treatment (Slana, Dobrikova, Hromkova, & Letovancova, 2016).

The role of social work on an interdisciplinary team has traditionally been one of shared respect and cooperation. A skilled social worker can discover and often enrich the presenting issues (Craig et al., 2016). Conflict on the team presents when there are differences regarding power, the precise role of team members is not defined and understood, and disputes related to practice, approach, and communication are unresolved (Farley, 1994).

Historically, the treatment teams have experienced a hierarchical culture in which physicians appear to be more knowledgeable than team members, the patient, or family members, and therefore discount the strengths and preferred treatment approach for the veteran client and team members (Zimmerman & Dabelko, 2007). When members of the interdisciplinary team have the impression that they are not an equal to other members of

the team, dominant group will have authority to set the standards of treatment (Giles, 2016). This places team colleagues in a position in which they perceive that their voices are not valued, which compromises the effectiveness of the team approach (Giles, 2016).

Physicians find the paradigm shift from a medical model to PCC challenging, and the distinction of roles and responsibilities helps to aid in the successful implementation of PCC (Giannitrapani et al., 2016). Some physicians have trouble supporting PCC because they do not feel that their patients know enough about their disease or disorder to make sound medical or mental health decisions; therefore, physicians hesitate to allow patients to guide their treatment (Berghout et al., 2015). Social workers do not always accept the physician's perception of the veteran's problem or the physician's suggested solution. Instead, social workers strive to see the problem from the veteran's perspective, broaden the understanding of the issues, assist the veteran in the development of goals, and provide access to resources (Kerson & McCoyd, 2013). Clarity of roles is beneficial not only for the team members but also for the veterans served. Defining roles improves communication with the veteran and team members, and expectations are clear (Grace et al., 2014). The members of the team may vary according to education, experience, values, and professional status; however, the practice of structured communication and identifying roles engages team members to take on additional responsibilities and integrate new functions (Grace et al., 2014).

Team Communication

Communication is vital to an interdisciplinary team. Professionals on an interdisciplinary team should know what the other members are doing for the veteran

client (Berghout et al., 2015). Exemplary care is evident when team communication is optimized (Hack et al., 2016). When the practice of excellent communication exists between the veteran and provider, there will be efficacy in engagement and compliance with treatment over time (Hack et al., 2016). The PCC approach permits the social worker and interdisciplinary team to examine the problem in the words of the veteran. The value of having the perceived problem presented by the veteran demonstrates continuity and engages the veteran in treatment and encourages a partnership with the team on achievable goals (Hack et al., 2016).

According to Giles (2016), a team that is not functioning well can result in poor outcomes for the patients they serve. Lennon-Dearing, Florence, Halvorson, and Pollard (2012) noted that training experiences enhance the interdisciplinary team members' communication, problem-solving, and listening skills. With a high-functioning interdisciplinary team that maximizes communication, patients experience better outcomes, higher consumer satisfaction, and improved service delivery (Lennon-Dearing et al., 2012).

PCC drives interpersonal team relationships that promote the most efficient service coordination (Bunger, 2010). The practice of PCC by an interdisciplinary team that experiences strong interpersonal relationships will demonstrate efficacy. However, research indicated that the language used by different disciplines may create boundaries in the execution of engagement for the patient, and that a common language should be used in service delivery (Piña et al., 2015). Language can also create a barrier when attempting to operationalize the meaning of patient-centered by different

disciplines(Barry et al., 2016). Meeting daily and extending the length of time of team meetings is recommended to improve communication (Barry et al., 2016).

Research indicated that storytelling enhances communication with the interdisciplinary team. According to Bennett et al. (2015), storytelling provides a sense of team cohesiveness, increases understanding of the patient and where they are coming from, improves communication within the team regarding patient care, improves productivity, provides a clearer understanding of roles, and improves work morale. Storytelling is a central tenet of the PCC approach; it allows for authenticity and aids in building trust and rapport (VA, 2016). The PCC approach encourages providers to consider professional and personal mental models in storytelling. A mental model includes the thoughts, assumptions, and beliefs associated with the world that are based on personal experiences, culture, and other influences (VA, 2016). Storytelling is useful in the discovery of what is important to veterans and their values.

Patient-Centered Care

The transformation in behavioral health treatment for the veterans began after the attacks on September 11, 2001. Behavioral health treatment experienced a paradigm shift from the traditional medical model to a model that is more patient centered (Humphries & Howard, 2014). PCC involves more than treating someone with respect and dignity. Everyone deserves treatment that includes respect and dignity; however, PCC goes beyond the basics and includes engaging veterans in their treatment, finding out what is most important to them, and setting their treatment goals (Berghout et al., 2015).

In 2012, the Director of the VA's Office of Patient-Centered Care and Cultural Transformation suggested that the future of health care for veterans is in the inquiry of how providers can assist veterans in living their lives to the fullest (VA, 2016). The new PCC approach considers eight aspects of the veteran's life, such as physical (working the body), physical and emotional surroundings, personal and work life, nourishment and drink, recharging, relationships, spirit, and soul relaxing and healing (VA, 2013). This approach also considers the professional and community impact on the achievement of the veteran's personal goals. The patient-centered approach allows for the social worker (or provider) to partner with veterans to achieve what matters most to them. The paradigm shift from the question of "what is the matter with you?" to "what matters to you?" will help veterans clarify their goals, gain access to programs and services to achieve their goals, and identify barriers (VA, 2016).

A component of PCC is the introduction of complementary and alternative medicine (CAM). According to Taylor and Elwy (2014), there is a growing library of research that demonstrates efficacy in the use of CAM and the reduction of symptoms associated with anxiety, PTSD, depression, and chronic pain – all common disorders among U.S. veterans. The recommended CAM modalities include acupuncture, massage therapy, yoga. and chiropractor (Taylor & Elwy, 2014; VA, 2016).

The barriers to implementation of CAM is due to the lack of research to evidence the effectiveness of alternative treatment modalities (Taylor & Elwy, 2014). A social worker can bridge the gap between PCC, CAM, and providers that are skeptical. According to Craig and Muskat (2013), social workers are trained from an ecological

perspective and have an understanding that individuals' function within a much larger system.

Social workers can recognize complex issues and have a broader understanding of the person-in-environment concept that allows them to coordinate, communicate, and advocate more efficiently with an interdisciplinary team (Iannuzzi, Kopecky, Broader-Fingert & Connors, 2015). According to Iannuzzi et al. (2015), social workers have specialized training in the assessment of individual client needs and practicing from a person-in-environment approach; however, many social workers are underused by interdisciplinary teams and maximized only in discharge planning. Social workers, according to Hawk, Ricci, Huber, and Myers (2015), are noted with serving a critical role in the implementation of PCC due to their knowledge of expertise in the approach of person-in-environment.

The literature available for PCC is plentiful; however, the role that social work plays in the facilitation of PCC is limited. The research of Zuehlke et al. (2016) indicates the benefits of PCC and, therefore, the current study sought to focus on how social workers can facilitate PCC in personal practice and communication with an interdisciplinary team on an acute inpatient psychiatric unit. The practice of PCC on an inpatient psychiatric unit demonstrates patient and staff satisfaction, however, Zuehlke et al. (2016) suggests there is limited research available on the implementation of PCC on an inpatient psychiatric unit. Gachoud, Albert, Kuper, Stroud, and Reeves (2012) suggests that PCC, although widely promoted, the application creates challenges because of its vagueness. How PCC translates across disciplines and the lack of common

language contributes to the ambiguity of PCC between professional disciplines. The philosophy of Carl Rogers' patient-centeredness focused on a therapeutic relationship that emphasized empathy, genuineness, and unconditional positive regard for clients (Murphy, Duggan, & Joseph, 2013). While social workers align their practice with the philosophy of Carl Rogers, we could assume it that the foundation of social work is patient-centered (Murphy et al., 2013). The literature suggests that in an interdisciplinary team application of PCC, members' must know the physical and emotional work required for effective delivery (Elbourne & LeMay, 2012).

Role of Social Work Profession

The social work profession is a staple in working with the U.S. service members (Hoffler, Dekle, & Sheets, 2014). Social workers play a variety of different roles on an inpatient psychiatric unit, from case management, therapy, program management, and administrative positions; however, there are few social workers in positions of leadership, but rather, they maintain direct practice positions (Iannuzzi et al., 2015).

There is minimal research available on how social workers perceive their role in hospital social work (Craig & Muskat, 2013). However, with autonomy and empowerment being pivotal in the foundation of social work practice, this suggests that social workers are qualified candidates for leadership roles within the hospital (Zimmerman & Dabelko, 2007). Social workers in the role of educators for PCC can encourage team members to be mindful of their experiences when they were engaged in their treatment or experienced validation from their treatment team. Team members that

experience this mindfulness are more aware of this experience for the veteran client (Byrne, Happell, Welch, & Moxham, 2013).

Military Culture

In relationship to military culture, effective social work micro practice will provide education to an interdisciplinary team on the military culture and subcultures, military experiences, deployments, and comorbidities, as well as, knowledge of evidence-based treatments for combat-related disorders (Wooten, 2015). Cultural competency has focused on minorities and ethnicity. However, language, beliefs, and values distinguish the military and veteran culture (Strom et al., 2012). The military culture and dialogue are important to recognize and be mindful of in PCC. For example, when providing care to a veteran with 25 years of service and retired as an officer, the team may perceive that he/she is more directive and appears to be cranky or bossy. The veteran's military experience and rank of an officer mean that he/she is quite used to giving orders and expecting others to do as directed without reservation or question.

According to Burgo-Black, Brown, Boyce, and, Hunt (2016), providers practicing PCC should also be privy to the comorbidities associated with post-traumatic stress disorder, substance use disorder, persistent and chronic pain, and traumatic brain injury. It is also valuable to understand the impact that multiple deployments present, the risk factors associated with veteran suicide and consistent complaints of sleep disturbances. The stigma attached to mental health can be a barrier to a veteran's road to recovery (Smith, Hyman, Andres-Hyman, Ruiz, & Davidson, 2016). According to Smith et al.

(2016), to decrease the stigma attached to the veteran's mental health by providing empowerment, hope for the future, and finding purpose in life.

In 2012, the NASW developed practice standards for social workers that work with the veteran and military population (NASW, 2012). The NASW provides a structured framework for social workers as a guide to practice that includes having specialized training and education to matters relating to veterans, unique assessment skills, intervention and treatment planning techniques that complement the military culture and interdisciplinary leadership (Smith, 2016). Social workers with a personal military background or specialized training can educate the members of an interdisciplinary team on how culture impacts PCC.

Gaps in the Research

There is research indicating increased patient satisfaction when engaged in PCC (VA, 2016); however, on the local level, minimal research is available. The Affordable Care Act (ACA) encourages an integrated approach to healthcare (US Department of Health and Human Services, 2017); however, this approach has left primary care providers in the position of diagnosing, treating, and making treatment recommendations for individuals with mental illness (Jones et al., 2015). The research indicates that patients with a provider practicing PCC are more likely to receive referrals for individual therapy and pharmacological management than those without (Jones et al., 2015). Patient satisfaction and linkage to mental health services by way of outpatient services is well researched; however, there is little data discovered to support the outcomes of PCC with veteran clients on an inpatient psychiatric unit. The new initiative from the VHA's Office

of Patient-Centered Care and Cultural Transformation has defined some of the gaps in services as those that are complementary and alternative, such as acupuncture, massage therapy, yoga, and chiropractor services (VA, 2016). The new PCC approach puts the veteran in the driver's seat regarding the goals of treatment and to include those alternative modalities.

Summary

In this study, I explored the role that social work plays in PCC with an interdisciplinary team in an inpatient psychiatric unit. The participants are social workers that share in the treatment and discharge planning for the veteran clients, as well as communication with the treatment team on an inpatient psychiatric unit. The social workers participated by way of focus groups, sharing their perceptions of how social work can better facilitate PCC with an interdisciplinary treatment team. The focus groups considered communication gaps, and military and provider culture, in the treatment of mentally ill veterans. Data collected in the action research examined the influence of communication and culture on the interdisciplinary team approach to PCC. Data collected in this area, particularly specific to social work practice and the contribution of social work to a military-based interdisciplinary treatment team, will contribute to a relatively nascent body of practice knowledge.

The value of the current study is evidenced in an increased awareness of PCC and have an interdisciplinary treatment team to operationalize PCC as it applies to the inpatient psychiatric unit and each professional discipline. This study can also be used to

examine policy and leadership development for social workers and other disciplines that participate with an interdisciplinary team on a routine basis.

Research has identified that the practice of PCC plays a role in inpatient satisfaction with services and employee job satisfaction. The practice of PCC plays a role in the decrease of recidivism of acute admissions. However, there is minimal literature available on the impact that PCC when practiced on an inpatient psychiatric unit with veteran clients. Additionally, there are identified gaps in research regarding the role that social work plays in the implementation of PCC with an interdisciplinary team.

The literature is clear that PCC was developed from the recovery model; however, the review of the academic and professional literature suggests there is a barrier for social workers with the implementation of PCC and the veteran client's inpatient psychiatric interdisciplinary team. There is minimal literature available within the parameters of this study to explain the role of social work in PCC with an interdisciplinary team. Section two will include additional discussion regarding the research that was needed to examine the phenomenon of barriers and perceived roles of the interdisciplinary team members in the application of PCC on an inpatient psychiatric unit with veteran clients.

Section 2: Research Design and Data Collection

In Section 1, I described the role that social work could play in the implementation of PCC on an inpatient psychiatric unit. I explained the hierarchical structure of an interdisciplinary team and the challenges that it brings. I identified the potential leadership role that social workers could assume in the facilitation of a patient-centered approach within an interdisciplinary team. The first section of the doctoral project also included a comprehensive literature review on the topic. The literature review indicated gaps in the application of PCC within an interdisciplinary team and a disconnect between team members with defining PCC. In the second section, I present the study's methodology, including the research design, recruitment and sampling strategy for selecting potential study participants, measurement tools, and the data collection protocol. Also presented are the ethical considerations for human subjects.

Research Design

Practice Problem

Membership on an interdisciplinary team on an inpatient psychiatric unit can be challenging. The definition of member roles is skewed and ambiguous, creating disconnection in the team, which results in difficulty in collaborative teamwork for the veteran clients (Barry et al., 2016). According to Farley (1994), there is team conflict when power distribution is not defined or understood by team members and when there are differences in professional opinions regarding practice approach and communication that remain unresolved.

One challenge for social work practice from a person-in-environment approach is that this is not always the attending psychiatrist's or additional team members' perspective on the veterans' presenting problem (Kerson & McCoyd, 2013). A further challenge is the interpretation of PCC across disciplines. However, there is an increase in team cohesiveness when a patient-centered approach is successfully implemented on an inpatient psychiatric unit (Rabenschlag et al., 2014).

Social workers are acknowledged for bringing the person-in-environment perspective to the interdisciplinary approach. The person-in-environment view can provide team members with an understanding of the influence of culture, family dynamics, diversity, and additional components of patient centeredness that will build cohesiveness with the team members (Lohmeier Law & Saunders, 2016). According to Peres (2016), social workers are trained to interact with individuals holistically from a strengths perspective and within the context of their environment.

Another identified challenge for social work practice is the communication between team members on an interdisciplinary team. Communication can improve when team members practice a patient-centered approach and focus on what is important to the veteran. Research indicated that improved treatment team communication is associated with positive treatment outcomes (Lind et al., 2013). The development of an interdisciplinary approach is an effort to provide a holistic approach to treatment and apply the basic tenets of PCC by supporting individual autonomy and empowerment (Craig et al., 2016). The paradigm shift from a medical model to a PCC approach will be difficult for team members who do not acknowledge that patients know enough about

their disease or disorder to make informed decisions to guide their treatment (Berghout et al., 2015). A clear definition of team roles and expectations improves communication with the veteran and team members (Grace et al., 2014). The interdisciplinary team represents various disciplines that have different experiences, values, and professional status, and improved communication will encourage team members to take on additional responsibilities and integrate new duties and build cohesiveness as a team and with the veteran (Grace et al., 2014).

Research Questions

In this action research study, I explored the role that social workers play in the implementation of PCC on an inpatient psychiatric unit. The research questions for this study were the following:

RQ1: What are the challenges facing clinical social work practitioners participating in interdisciplinary psychiatric treatment teams?

RQ2: What do clinical social work practitioners perceive would help them deliver more effective patient-centered care to veterans with mental health disorders?

Nature of the Study

According to Stringer (2007), action research is an approach to inquiry that allows for the systematic discovery of an efficient solution to the identified daily challenges experienced by individuals. The doctoral project was a participatory action research project as the participants and I worked together in the development of strategies to address identified issues. The social workers on an inpatient psychiatric unit with veterans can play an important leadership role in the facilitation of the holistic PCC

approach within an interdisciplinary team. The PCC approach places the veteran in the role of the decision-maker, and the focus of treatment is on what matters most to the veteran.

The climate on an inpatient psychiatric unit is hierarchical with the psychiatrist influencing much of the treatment planning. The social workers involved in discharge planning perceive exclusion from treatment planning. According to Craig and Muskat (2013), there is scarce research available on how social workers perceive their role in hospital social work. The literature showed that social workers have specialized training in client assessment and knowledge of practicing from a person-in-environment approach, but research also showed that within an interdisciplinary team social workers do not maximize their social work skills. Social work skills are often used only in discharge planning (Iannuzzi et al., 2015).

Study Rationale

Globally, there is growing support for patient participation in treatment, thereby creating a higher demand for participatory research in communities by capitalizing on patient involvement (Case et al., 2014). Etingen, Miskevics, and Lavela (2016) suggested that improved patient compliance is linked with the practice of PCC and improves patient-provider communication. Etingen et al. also supported the holistic shared decision-making of the patient and provider with fewer inpatient hospitalizations, fewer emergency room visits, and increased preventative health care compliance.

The tenets of PCC include asking about and using what means the most to the veteran means being able to provide effective linkage to services. Through focus on what

matters most to the veteran, PCC means that treatment is likely tied to or supported by the veteran's personal beliefs, environmental support, culture, and values (VA, 2013). The concepts of PCC mirror the core values of social work practice. The NASW Code of Ethics (2008) stated that social workers are committed to respecting individuality, differences in culture, and the individual's right to make informed decisions. The NASW Code of Ethics also charged social workers with recognizing the value of human relationships as they relate to treatment. Social workers are ethically responsible for engaging clients as partners in the development of their treatment planning. The NASW Code of Ethics stated that social workers are to support the individual's right to self-determination regarding the identification and clarification of treatment goals.

From a mental health recovery perspective, PCC concepts for independent practice may not be perceived as conducive for acute inpatient practice (Radohl, 2016). According to Mio et al. (2017), there is limited research to support PCC with individuals with severe mental illness. Mio et al. indicated that psychiatrists show great reservation in shared decision-making with severely mentally ill patients. Although research supported superior outcomes in shared decision-making, providers exercise caution due to concerns about patient safety.

Little is known about the role that social work plays in the facilitation of PCC within an interdisciplinary team on an inpatient psychiatric unit. Action research methodology allowed participants in the current study to describe their experiences and perspectives of working on an inpatient psychiatric unit, while simultaneously offering solutions to professional challenges within the context of an interdisciplinary team.

Key Terms

Facilitator: An individual who assists in bringing about an outcome such as learning, productivity, or communication. Facilitators provide indirect, unobtrusive, and unbiased guidance and supervision.

Focus group: A small group of people whose response to a study is examined to determine whether the response can be expected from a larger population.

Inpatient psychiatric unit: A locked unit with 12 beds that is considered short-term (7-10 days) treatment. Veterans on the unit have experienced suicidal ideations or have made an active attempt at suicide. During admission, the veterans participate in morning treatment team meetings, group therapy, individual therapy, targeted case management, and goal-oriented discharge planning.

Interdisciplinary team: A diverse group of professionals (psychiatrists, physician's assistant, pharmacists, social workers, nurses) who work on a common goal in treatment planning for a veteran.

Patient-centered care: A whole health approach to help veterans guide their treatment and maintain good overall health (VA, 2013).

Shared decision-making: One of the key components of patient-centered care. Shared decision-making is the process in which a provider and patient work together to make decisions regarding treatment (VA, 2013).

Social worker: An individual who performs professional activities and applies methods that are focused on providing services to people who are economically,

physically, emotionally, or socially disadvantaged. Social workers advocate for social and economic justice and equality.

Methodology

Data Sources

I used qualitative methods with the use of focus groups to collect data. I selected focus groups as the most effective method to gain information about the practice of PCC with veterans on an inpatient psychiatric unit and their interdisciplinary team. According to Kitzinger (1995), focus groups are thought to generate the ability for discussion on sensitive topics by individuals with the most valuable insight and information.

The focus groups served to broaden understanding of how social workers perceive their role in the facilitation of PCC. The focus groups helped me identify barriers to successful implementation by an interdisciplinary team in using PCC to guide treatment. This doctoral project contributed to professional consistency in the delivery of patient-centered services on an inpatient psychiatric unit. Social workers should understand their role in an interdisciplinary team and the facilitation of PCC. However, at the time of the study there was limited empirical data available on how psychiatric social workers perceive their role with an interdisciplinary team regarding treatment planning driven by PCC. The resources were scarce regarding the perceptions of barriers that prevent social workers from assuming a leadership role within an interdisciplinary team in the facilitation of PCC.

According to Dilshad and Latif (2013), a focus group is a small group of individuals brought together to discuss their thoughts, feelings, and perceptions on a

specific topic. According to Gibbs (1997), focus groups are an organized discussion with individuals selected based on their expertise and experience where their opinions can make a significant impact. An identified benefit to focus groups is their ability to provide insight on a specific topic within a social context (Ritchie, Lewis, Nicholls, & Ormston, 2013). Focus groups are one of the most significant aspects of qualitative research. Kitzinger (1995) noted that focus groups maximize the ability for individuals to communicate in a manner that generates information about a specific topic.

A qualitative approach with focus groups was selected because it permitted a more in-depth discussion of the social worker's role within an interdisciplinary team and PCC on an inpatient psychiatric unit. The qualitative approach with focus groups was cost-effective and provided essential data in a shorter period (see Ritchie et al., 2013). Focus groups also permitted the participants' voices to be heard regarding the perceived problem and stimulated collaboration between disciplines that will enhance the care of veterans with mental illness. The focus groups captured the participants' perceptions of social workers' roles within an interdisciplinary team and implementation of PCC.

The purpose of the doctoral project was to deepen the understanding of the challenges facing clinical social work practitioners participating in interdisciplinary psychiatric treatment teams. Findings may improve understanding of the role that clinical social work practitioners play in delivering more effective PCC to veterans with mental health disorders.

Participants

I recruited social workers from those who participate in treatment and discharge planning of veterans on an inpatient psychiatric unit. I sent an invitation in the form of a letter (see Appendix A) to the social workers' email accounts. In the letter, I requested voluntary participation in the doctoral project and provided a deadline to respond by telephone, email, or return mail. Nonprobability purposive sampling was used to recruit social workers for the focus groups. Purposive, or judgmental, sampling was selected because the members of the focus group needed to have specific experiences to provide a broader understanding of the topic, as well as their availability to participate in the study. Purposive sampling allowed me to identify patterns that are assumption free (see Palinkas et al., 2015).

Once I selected the study participants through purposive sampling, I mailed and emailed the demographic worksheet (Appendix B) and the informed consent form with a scheduled deadline for the return of the information through personal email or the U. S. Postal Service mail and included a self-addressed stamped envelope for convenience. I accepted up to the first 20 volunteers for inclusion in the study. The participants were provided with detailed information on the study's procedures, requirements, benefits, and risks. According to Morrow (2005), there are no parameters on the number of individuals for a focus group in a qualitative study, but data should continue to be collected until saturation is met or exceeded. I recommend that the ideal group size is between 8-10 members (Morrow, 2005). For this doctoral project, I used random assignment to place participants into two focus groups. A random assignment generator was used to make the

two focus groups as comparable as possible (Rubin & Babbie, 2016). If additional participants were needed, snowball sampling, a non-probability method, would have been utilized. Snowball sampling would require the engaged participants to identify other potential participants that may have been overlooked during the recruitment and meet inclusion criteria.

The inclusion criteria for participant selection is their clinical interaction with the treatment team in an inpatient psychiatric unit. Each participant is licensed through the state Board of Social Work Examiners as a licensed generalist social worker (LGSW), licensed certified social worker (LCSW), or licensed independent clinical social worker (LICSW). The areas of expertise that the sample bring is in Operation Enduring Freedom (OEF), Operation Iraqi Freedom(OIF), and Operation New Dawn (OND); housing urban and development (HUD) veteran assisted supportive housing (VASH); homelessness; residential treatment for mental health; PTSD; substance use; veteran's justice outreach (VJO); individual therapy, outpatient mental health case management, mental health intensive case management and suicide prevention. Additional inclusion criteria included interaction with an interdisciplinary team for a minimum of 1 year.

For convenience, a community based, I reserved a centrally located conference room. The centrally located conference room provided participants with privacy and allowed for an environment that was free from interruption and distractions. The focus groups were scheduled after the participants' scheduled work hours to ensure there was no disruption to the delivery of services to clients of participants. I allocated 2 hours for each focus group, and the time used was contingent upon the amount of dialogue, details

of responses, and reflection. According to Mason (2010), when no additional information is gained, we achieve saturation and can successfully identify a phenomenon of interest.

I asked the two groups the same questions (Appendix C); however, I asked additional questions to solicit or expand the dialogue to capture valuable data regarding the context of responses, thoughts, feelings, and emotions on the subject. An example of the questions asked includes, (1) How do you perceive your role providing PCC on an inpatient psychiatric unit? (2) To what extent do you feel your skills as a social worker are maximized on an inpatient psychiatric unit as it relates to the tenets of PCC? Before the first scheduled focus group meeting, two colleagues who did not participate in the action research focus groups examined the questions. The field inquiry was to determine if the questions were clear, understandable, and relate to the topic. Additionally, the inquiry assessed the need for any changes in the questions or proposals for additional questions. The field examination aided in supporting validity and reliability and the type of items needed to successfully obtain the data required for the action research project.

Instrumentation

Focus Groups

I scheduled the focus group sessions to meet in a local community-based conference room. I allocated 2 hours for each focus group discussion. I used the same interview schedule for both foci groups. I facilitated all focus groups; there was also a research assistant taking notes on group members' verbal and non-verbal interaction with one another, as well as my behaviors during the qualitative data gathering process (e.g., head nodding, positive/negative gestures, laughter). A semi-structured qualitative

interview schedule was used to examine the focus group members challenges and barriers to the successful implementation of PCC with severely mentally ill veterans on an inpatient psychiatric unit, as well as their roles and challenges working in an interdisciplinary treatment team.

The community-based conference room had tables and chairs arranged in a horseshoe so that participants could easily see and communicate with one another. Upon arrival, I supplied each member with a numbered paddle; I also encouraged each member to announce their paddle number before their group participation. I also recorded the number on the top of the demographic and information worksheet (Appendix B). The paddle number allowed the primary investigator to connect information shared with the participant during the translation process. The focus group meetings were audio recorded; therefore, the recorder was placed on a table in the center of the horseshoe to ensure that all dialogue was recorded. The participants were provided with light refreshments and drinks at the focus group meetings to create a relaxed atmosphere for discussion. The focus group meeting included foundational group guidelines, as well as the interview process. The initial focus group process included:

1. An introduction of group members and a brief explanation of their association with an inpatient psychiatric unit and interdisciplinary team.
2. Explanation of the action research process.
3. Presentation of basic rules for the group.
4. Discussion of meeting dates, times, frequency, schedule flexibility of members and commitment to the doctoral project would require.

The focus of some of the questions (Appendix C) to facilitate discussion included:

1. How can social workers improve the application of PCC?
2. What role do social workers play in leadership with an interdisciplinary team?
3. What barriers do you encounter in the facilitation of PCC with an interdisciplinary team?

I designed the open-ended questions to allow the social workers in the focus groups to explore how they perceive their role and possible barriers in the use of PCC when working with an interdisciplinary team. The basic tenets of the ecological systems theory were used to guide the development of the focus group questions. The set of 10 questions (Appendix C) were designed in such a manner as to address the social workers perception of their role as individual clinicians, as a member of an interdisciplinary team and as a social worker on an inpatient psychiatric unit with veterans. I asked the participants to provide recommendations on how to improve social work practice with a veteran-based interdisciplinary treatment team and improve PCC with an interdisciplinary team.

Data Analysis

Hutchison, Johnson, and Breckon (2010) suggest that grounded theory can take the descriptive data from qualitative research and create an explanatory theoretical framework. According to Onwuegbuzie, Dickinson, Leech, and Zoran (2009), there is no specific framework that describes the types of qualitative analysis techniques that are used by researchers to examine the data collected from focus groups. Although, social science qualitative researchers are known to depend on the information collected in focus

groups because significant information can be received concurrently (Onwuegbuzie et al., 2009). According to Evans (2013), qualitative researchers have used a variety of grounding theory models but support the classic grounded theory in the analysis of data from focus groups.

I analyzed the data from the doctoral action research project using the tenets of the grounded theory. The first stage of grounded theory is open coding. The coding process began with a line-by-line comparison. This process helped in the identification of primary themes. Traditionally, researchers using focus groups will use the group as the unit of analysis, coding the data and identifying emergent themes that will increase the knowledge base and understanding of the examined phenomenon (Onwuegbuzie et al., 2009). Coding is a key component of the grounding theory and considered to be the first step in taking data from concrete to analytical stage (McLendon, 2014).

Onwuegbuzie et al. (2009) suggest analytical techniques that are more conducive to the analysis of focus group data include the techniques of constant comparison analysis, content analysis, or keywords. According to Onwuegbuzie et al. (2009), the continual comparison was first used in grounded theory and is the best suited for the analysis of the data from focus groups. The responses from the focus groups were compared within the group, by the level of interaction with an interdisciplinary team and perceived perception of social work's role in the facilitation of PCC. The constant comparison allows the assessment of emerging themes reflected in the data (Evans, 2013) and considers the phenomenon from many dimensions (Onwuegbuzie et al., 2009).

I compared anonymous samples of the verbatim transcriptions to the audio recordings for accuracy. The reading and re-reading of the transcripts of the collected data allowed for coding to emerge that was related to the core concerns and explained related behaviors regarding social workers perception of PCC with an interdisciplinary team. The frequency of phrases, sentences, and intensity across datasets was relevant to the doctoral project and provided information that is specific to the project questions and offer a description of the phenomenon. The frequency of phrases, sentences, and intensity were analyzed and coded. The research assistant and I transcribed all audio recorded focus group sessions, notes, and logs and identified any recurrent themes and patterns.

I coded and organized the data using the most recent version of computer-assisted qualitative data analysis software. Qualitative synthesis (grounding theory) is beneficial when there are large amounts of data, and the qualitative data analysis software can identify themes and subthemes (Houghton et al., 2017). The coding allowed the organization of a significant amount of text and identification of patterns in the data.

Methods to Address Rigor

Experimental research has established processes for examining the reliability and validity of the study. According to Stringer (2007), action research is predominately qualitative, and the criteria for examining reliability and validity are much different. Hays, Wood, Dahl, and Kirk-Jenkins (2016) state that rigor is simply the trustworthiness of a study. According to McLendon (2014), trustworthiness in a qualitative study lends to a respected level of credibility. In qualitative research, trustworthiness is operationalized by establishing credibility, dependability, transferability, and confirmability (McLendon,

2014; Stringer, 2007). The research of Amankwaa (2016) suggests that reliability and validity are not terms that can successfully explain the benefits of qualitative research. However, to establish the integrity of a qualitative study, the trustworthiness must be strengthened through credibility, transferability, dependability, and confirmability (Amankwaa, 2016).

For this doctoral action research project, I facilitated credibility through discussion with a neutral peer to help identify any fixed ideas or biases that I am conscious of and identify those that are unconscious. I also used the member-check technique to establish credibility by returning the collected data to participants to review for accuracy of the information and a clarify the meaning attached to their experiences (Birt, Scott, Cavers, Campbell, & Walter, 2016; Stringer, 2007), and revisiting information frequently (Connelly, 2016). According to Amankwaa (2016), member checking is considered a method of establishing validity and is viewed by many qualitative researchers as the most important and crucial step in establishing credibility. The doctoral project used member checking with the focus groups through the confirmation of the transcription of the interviews to check for accuracy and a true reflection of experiences with PCC with an interdisciplinary team.

I maintained a reflexive journal to secure dependability in the doctoral project. The journal is a narrative to explain the development of focus group questions, the selection of sampling, and identification of coding and establishment of group rules. At the end of the study, I completed an audit to review the final doctoral project and the reflexive journal.

Another aspect of trustworthiness is transferability, described as the extent to which the findings of the doctoral project can be useful to other individuals in similar settings and environments (Connelly, 2016). In other words, the information of the final project has the potential to share the lessons learned from one group with another (McLendon 2014). The results from the doctoral project may apply to other inpatient psychiatric units and residential treatment programs interdisciplinary teams in the application of PCC.

According to McLendon (2014), confirmability determines if I interpret the final doctoral project findings with logical goals and purpose and secure trustworthiness. Confirmability is the degree to which the doctoral study information is consistent and demonstrates the ability to be replicated (McLendon, 2014).

Finally, authenticity contributes to the trustworthiness of the doctoral project. I find the authenticity of a project is the primary investigator's ability to portray with accuracy the range of different realities that represent the specific topic (Connelly, 2016). The advantage of authenticity in a qualitative approach is that it allows readers to ascribe a broader understanding and richer meaning to a phenomenon.

Ethical Procedures

I obtained approval for this doctoral project from the Institutional Review Board at Walden University (approval# 05-11-18-0538848). This doctoral study follows the NASW code of ethics and social work standards.

I used informed consent forms containing information about procedures, benefits, and risks of participating, an explanation how to obtain the results of the research,

availability of counseling services, voluntary participation, and my contact information. I included the goals of the doctoral project in the informed consent form. The signed informed consent forms were received by personal email or through postal mail before the start of the study. Study participants received a copy of the informed consent form. Those participating in the doctoral project have an understanding and signed an agreement that assures confidentiality and an understanding of situations where mandated reporting is necessary. I do not have any supervisory relationship with any of the participants. The relationship that I have with the participants did not influence their participation.

Before the discussion within the focus groups, the participants received information about the ethical principles of anonymity and confidentiality. Each member received a reminder that the discussion within the focus group is to stay within the group and discouraged sharing information discussed with anyone outside of the group. The participants received a reminder that they could leave the group at any time without fear of repercussion. I discouraged the group participants from discussing specific cases where PCC was used effectively or ineffectively with an interdisciplinary team. All veteran client information was kept confidential.

The focus of the discussions was on how PCC impacts social work practice and an inpatient psychiatric interdisciplinary team. Engagement in a discussion on the personal practice of interdisciplinary team members was discouraged. The discussion climate did not create an uncomfortable environment and demonstrated respect for all disciplines represented on an interdisciplinary team. From the beginning of the doctoral

project, participants understood that the focus is on perceptions of the role that social work plays with an interdisciplinary team in the application of PCC and is not an evaluation of skill or knowledge in the treatment of the veteran clients admitted to an inpatient psychiatric unit.

I may experience bias regarding the role that social work plays in the implementation of PCC with the veteran clients on an inpatient psychiatric unit. The PCC paradigm to treatment places the veteran in charge of their care. Often the veteran's choice for treatment is influenced by cultural, religious, or the environment. The role of an advocate by the social worker can provide a guide for the interdisciplinary team regarding PCC and in providing care that is sensitive to the veterans cultural, religious, and environmental needs.

For security purposes, all audio recordings, transcripts, and logs are in a locked cabinet at the primary investigators home and password-protected personal computer that is in the primary investigator's home office. The recorded information from this study was destroyed to protect the confidentiality of the participants.

Summary

For this doctoral project, I applied a qualitative approach using focus groups to gather data. The focus groups were comprised of 20 social workers with a history of interaction with an interdisciplinary team and employed in mental health for a minimum of 1 year. I collected data through audio recordings of the focus group meetings and logs maintained by the research assistant.

I asked all the focus group participants the self-designed open-ended questions. The data were analyzed using the tenets of grounded theory and coded to identify common themes and categories. I compared the codes for similarities in themes and subthemes, agreement and disagreement, and an assessment made of the social worker's perception of their role in PCC on an inpatient psychiatric unit with an interdisciplinary team. I use the most recent version of NVivo to organize and manage the emerging codes. In section two of the doctoral project, I explored the perception that social work has in the facilitation of PCC on an inpatient psychiatric unit with an interdisciplinary team. I also explored the social worker's perception of inclusion in an interdisciplinary team, provided an explanation of the research design and how it applied to the approach selected for this project. In this section, I also provided the rationale for how the doctoral project aligns with the tenets of the ecological systems theory. We discuss the methodology for data collection and operationally define key terms. In section two of the doctoral proposal, I described the recruitment of participants, sampling strategy, and sample size. I explained the techniques used to collect the data and the rationale of the selection of focus groups for the doctoral project. The second section included discussion regarding the method of analyzing the collected data. The discussion on basic tenets of grounded theory in data analysis and the rationale of how it aids in answering the doctoral project question. In this section, I also discussed the methods and strategies that were used to ensure that the doctoral project is ethical. The NASW Code of Ethics guided the procedures and analysis of the project. The most recent version of NVivo software for data analysis, organization and management are identified and discussed. I described the

analysis of data and the order that I will complete it. I also discussed the methods that were employed to address rigor to ensure the trustworthiness of the doctoral project.

In section three, I bridge the information from section two and provide an explanation and summary of the techniques used to analyze the data collected. The data collected provides insight into identified barriers and perceived roles of social work in PCC on an inpatient psychiatric unit. The goal of the doctoral project is to enrich interdisciplinary team cohesiveness, the practice of PCC, and to ensure that treatment is patient driven.

Section 3: Presentation of the Findings

In this action research study, I sought to understand the role of social workers in the facilitation and implementation of PCC within an interdisciplinary team on an inpatient psychiatric unit focused on veteran treatment. The tenets of PCC focus on what matters most to the veteran as opposed to what the treatment providers perceive to be wrong. I hoped to gain a better understanding of the definition of PCC across disciplines and the perceived barriers that social workers face in the implementation of PCC within an interdisciplinary team. The research questions for this study were the following:

RQ1: What are the challenges facing clinical social work practitioners participating on interdisciplinary psychiatric treatment teams?

RQ2: What do clinical social work practitioners perceive would help them deliver more effective PCC to veterans with mental health disorders?

I collected the data for this study through the use of a demographic worksheet and the recorded dialogue and nonverbal cues of participants from two focus groups. The focus group interview questions focused on social workers' perceptions of their role in the facilitation of PCC within an interdisciplinary team, with a focus on veterans with mental illness. I identified prospective social workers public records from the state board of social work examiners. I then selected study participants based on their professional experience with PCC and working within an interdisciplinary team. The focus of this section is to describe how and when the data were collected, the recruitment process, and response rates during recruitment. In this section, I also explain the data analysis, validation, limitations, and barriers identified during the study.

Data Analysis Techniques

An action research design was selected including focus group interviews to gather information related to the research questions. The data collection came from two focus groups that included a total of 10 purposively selected social workers. I used purposive sampling in recruitment because of the importance of participants having experience with the veteran population, inpatient psychiatric treatment, and interaction within an interdisciplinary team. According to Palinkas et al. (2015), purposive sampling is useful in the identification of individuals who are knowledgeable or have specific experience with the phenomenon of interest. The state board of social work examiners was used to access the contact information of social workers who met the selection criteria. I obtained the social workers' contact information through an Freedom of Information Act submitted to the state board of social work examiners. The Freedom of Information Act allowed me to obtain the contact information for social workers who have experience with the veteran population in inpatient psychiatric treatment and knowledge of working within an interdisciplinary team. I mailed letters of invitation to 30 prospective social work participants through the U.S. Postal Service. I mailed the invitations to prospective study participants with a request for a response regarding participation within 2 weeks and a request for their email address for future correspondence.

I mailed participants who responded with interest in participation the demographic worksheet and informed consent form that included an assigned focus group number. The data on the demographic worksheet provided information on the participants' experience to ensure equal distribution and representativeness among the

study sample group. The demographic sheet provided information regarding the number of years the participant had worked in mental health, level of licensure, area of specialization, and length of employment as a social worker. In the informed consent form, I provided the participants with information about the purpose, procedures, potential risks and benefits, and length of time the participants would be asked to commit. A self-addressed stamped envelope was included for the participants to return the informed consent form with a deadline of 1 week before the date of their assigned group.

From the 30 invitations mailed, 17 participants responded positively to participation in the action research study. However, only 10 participants responded to the mailed informed consent forms. Seven recruits responded regarding their inability to participate due to unexpected conflicts in availability and time commitment, which did not permit involvement. The recruitment resulted in 10 participants placed into two groups based on their experience and time availability. The participants worked as hospital social workers in veteran care, and all had work experience within an inpatient psychiatric interdisciplinary team. Based on experience, availability, and information collected from the demographic worksheet, each of the participants was assigned a number ranging from 1 to 10 and was assigned to a focus group. The dates were selected based on the convenience for group members. The second group had to be rescheduled two times to accommodate group members' schedules.

I conducted this action research study between October and December 2018. The first focus group consisted of six members, and the interview lasted 90 minutes. The second focus group consisted of four members, and the interview lasted 105 minutes. I

read a script at the start of each focus group that included information regarding the study, the purpose of the study, confidentiality, and the right to withdraw. The participants were asked to respond to the focus group questions using their assigned number to assist in confidentiality. The participants in both groups shared their perceptions of PCC, the role social work plays within an interdisciplinary team, and perceived barriers as related to the research questions.

I recorded the two group sessions using audio cassette and digital recording with an Apple voice memo application. I recorded all personal thoughts regarding the research process and the focus groups' nonverbal reactions in a reflexive journal. Each focus group was asked the same 10 questions (see Appendix C). Before the scheduling of the focus groups, I reviewed the research questions with two professional social workers who were familiar with the topic. The purpose of the field inquiry was to determine whether the questions were clear, understandable, and relevant to the topic. The inquiry was used to evaluate the need for changes in the questions or consideration of additional questions. During the focus group process, I recorded the initial responses to the 10 core questions. Also recorded were the responses to follow-up questions for clarification and to expand on information related to the core questions. The data analysis procedure used for this action research study included coding data and identifying themes according to the frequency of words and phrases. A grounded theory approach was used to examine and analyze empirical data. The information was also entered into NVivo 12 Pro qualitative data analysis software to assist in managing the collected data. Castleberry and Nolan (2018) recommended the following questions when identifying themes:

1. Is it a theme, or could it just be a code?
2. What is the quality of the theme? Does it provide useful information that is relative to the research questions?
3. What are the boundaries of the theme? What does it include and exclude?
4. Is there enough information to support the theme?
5. Is the data to broad or diverse? (p. 810)

The transcripts were uploaded to NVivo and coded based on the responses of the focus group participants to the interview questions. Once I coded the data, I extracted excerpts from the data to identify themes and subthemes. The identification of the themes and subthemes permitted me to capture and interpret the phenomenon across experiences, beliefs, and relationships of the focus group participants. To better understand qualitative coding, I placed specific information from the data into nodes in the NVivo software. The nodes were then analyzed and put into a larger group based on their similarities. Finally, I identified themes that addressed the research questions. I used thematic analysis to examine the view of each focus group participant by identifying similarities, differences, and creative vision related to the perceived problem. According to Castleberry and Nolen (2018), thematic analysis allows for flexibility in the translation of data while being mindful of transparency in this method to ensure the integrity of the findings. I analyzed the data for relationships between identified themes that described the phenomenon. An inductive approach was employed by taking specific data collected from the focus groups and moving the data into a general focus. The inductive thematic analysis demonstrated

how the raw data from the focus groups could be organized and developed into a means of identifying central themes to describe the phenomenon.

I used a Microsoft Excel spreadsheet to record the information collected from the demographic worksheets, including gender, race, licensure, length of employment, length of time working within an interdisciplinary team, area of specialization, and percentage of time working within the inpatient psychiatric unit. This information provided a reference point in the identification of commonalities and differences within the focus group participants.

Validation Procedures

Purposive recruitment yielded a small sample size accentuating the potential for personal values and influence. A small sample size requires the maintenance of credibility and rigor (Anney, 2015). The methods that I chose to ensure the credibility and rigor of this action research study included an audit trail, field testing, and member checking.

The intention of the face-to-face focus groups was to generate open dialogue regarding shared experiences; to make comparisons about participants' views, opinions, and experiences; and to explore resolutions to the perceived phenomenon. The focus groups were a platform for social workers to respond to the interview questions without influence and in their own words. Although I was professionally familiar with the participants, I did not feel that my presence skewed the responses.

Audit Trail

I used a validation procedure of an audit trail to keepf a chronological record from the beginning of this study through the results. The audit trail enables readers to assess and determine whether the results of the study provide a platform for future inquiry (Carcary, 2009; Lauman, 2018). An audit trail encouraged me to keep meticulous research notes, examine my critical thinking, and reflect on decisions made, which created an increased level of research transparency (see Carcary, 2009; Lauman, 2018). The audit trail assisted me in reflecting on how my thoughts regarding the research evolved throughout the study (see Carcary, 2009; Lauman, 2018).

Field Testing

Before the first scheduled focus groups, I asked two social workers with previous experience within interdisciplinary teams to review the focus group questions (see Appendix C). The purpose of the field testing was to ensure that the questions were clearly written, easily understood, and related to the research questions. The field testing also permitted changes to be made before the first scheduled focus group. The field testing resulted in no indicated changes in the wording of any of the questions for the focus group data collection (see Sofaer, 1999).

Member Checking

Member checking was used to ensure the accuracy and validity of the focus group data (see Anney, 2015). I transcribed the audio recordings and listened to the recordings while reading along and making changes for accuracy. Member checking is considered to be the heart of qualitative research and ensures any biases of the researcher are removed

(Anney, 2015). The transcript of each focus group was emailed to the respective participants to review for accuracy. Six of the participants responded to the request to review the transcription. There were four from Focus Group 1 and two from Focus Group 2. They did not have any revision recommendations. Four of the study participants did not respond to the review/revision email. After 7 days, with no response regarding any revision or changes, I emailed the final transcript to the 10 focus group participants.

Limitations

The primary limitation of this action research study was the sample size. I recruited from one hospital with an interdisciplinary psychiatric team that focuses on veteran care. The sample size may have been more expansive had recruitment included additional hospitals with veteran inpatient psychiatric interdisciplinary teams. Another identified limitation was the participants' articulation in the responsive dialogue to the interview questions. Some of the participants were difficult to understand on both recordings. There were only three men who participated, so male social workers' perceptions of the phenomenon were underrepresented in the sample.

Another limitation noted was in the amount of planning and preparation of the focus groups. I discovered that the initial date for the focus groups would not accommodate most of the participants. Finding an accommodating date for most to participate slowed the pace of the research and was a limitation. It was challenging to identify specific dates and times that participants could attend. This challenge is primarily due to collateral duties at the candidates' workplace and after-hour obligations with family or organizational commitments.

Another identified limitation in the trustworthiness and rigor of this study included the possibility of me having preconceived ideas regarding the phenomenon based on personal experience and literature review. However, the reflexive journal proved beneficial in mitigating researcher biases. These identified limitations may impact the generalizability and transferability of the findings.

Findings

The purpose of this action research study was to identify the role that social workers play in psychiatric PCC with veterans and identify any barriers they perceive in the implementation of PCC with an interdisciplinary team. The emerging themes and subthemes from the participant's responses included education, advocacy, devalued, teamwork, communication, and time.

Descriptive Characteristics

All of the participants completed the demographic worksheet for this action research. The sample consisted of 3 men and seven women, seven women are Caucasian, two males are Caucasian, and one male is African American. The full sample reported having a masters degree in social work; two participants reported having an MSW for 1-5 years; two participants completed their MSW 6-10 years ago; three reported completion of their MSW 11-15 years ago, and three obtained their MSW 20 or more years ago. The full sample is licensed, and four are licensed generalist social workers (LGSW), five are licensed independent clinical social workers (LICSW); one is a licensed, certified social worker (LCSW). The median age of the sample is 43.45 years. The sample spends an average of 10.1 years in hospital social work and 14.2 years, specifically working with

mental health patients. They also have 11.9 years of experience working with an interdisciplinary team. The sample spends an average of 14% of their time working with patients on an inpatient psychiatric unit. The area's of specialization noted by the participants include residential treatment, substance abuse, homelessness, transitional care, and suicide prevention.

Common Themes

The purpose of this action research is to contribute to the change in the perceived barriers in PCC treatment, discharge, and safety planning as identified by social workers on an interdisciplinary psychiatric treatment team working with veterans. Through the analysis of the focus group data, some results emerged concerning the two research questions. I asked the 10 participants the same ten open-ended questions, and I used probing questions to solicit additional information on the questions when needed. The questions were developed to be answered by social workers based on their thoughts and perceptions as a member of the interdisciplinary psychiatric treatment team and also with consideration of the impact on social work practice. The focus group dialogue revealed themes related to the research questions and perceived phenomenon.

Challenges for Social Workers on Psychiatric Interdisciplinary Teams

Theme 1: Perception of Being a Devalued Member of the Team

The focus group members discussed the challenges they face working with an interdisciplinary psychiatric treatment team (research question 1) as not being a valued member of the team and their clinical skills not being maximized. When considering the challenges that clinical social work practitioners face in participating in the

interdisciplinary psychiatric treatment team, the emerging themes included the perception that social workers are not valued members of the interdisciplinary treatment team. The focus group member P8 comments: "I often feel that some of the members on the interdisciplinary team do not value the perspective of the social worker, and do not fully understand the breadth of our role."

In the discussion, focus group member P5 shared that often in the interdisciplinary team meetings, it is "their way or no way," which is a barrier in the implementation of PCC. This idea was supported by group member P1 who shared that when working on the inpatient psychiatric unit:

> I didn't feel that same sense of respect there. I felt like the focus was on transportation and discharge planning, and my perspective of the whole veteran biopsychosocial, that's not at all what they looked at me for . . . they just wanted me to coordinate transportation for that veteran and schedule follow up appointments with providers, which I'm sorry, but a clerk could do that. It doesn't take somebody with an independent clinical license to do that. I don't know if it's because they're coming from the medical aspect versus social work, the medical model versus the whole person, the biopsychosocial person makes a difference in how I interacted with people on that team.

Other members of the focus group concur that often they're excluded in the dialogue regarding the veterans treatment, safety, or discharge planning but perceive their role as the social worker is to receive instruction on what needs doing from the members

of the psychiatric interdisciplinary team members. P2 expressed this concern during the focus group discussion:

> I would appreciate being able to speak with the veterans and come up with a plan versus being advised by the PA "you need to do this" and the doctor going "you need to do that" and then the nurse saying, "we need you to do that." I think that we're all professionals and can formulate a plan without the medical professionals telling us (social workers) how to formulate it, and that opens up patient-centered care itself if you get to sit down with the person and discuss the plan and create it.

The members of the focus group agreed that social work was a "catch-all" and not viewed as a valid contributor to the team or possessing an area of expertise. P7 shared feeling disjointed from the team:

> I am a member of all these smaller treatment teams, but I do not have a larger team, nor do I have a team of my own. I feel disjointed . . . I feel like I am providing support for others, but I am a one-man show for the most part.

A sub-theme of the social worker's perception of their skills, not being maximized with the interdisciplinary team also emerged. Focus group member P6 shared:

> The doctor may be the team leader and making the formal diagnosis, but I consider myself kind of like the ringmaster in terms of bringing it all together, explaining programs, making referrals, group facilitation, working with the patients one on one …providing counseling, linkage, and referral. I find the team does not maximize my clinical skills and will ask me to contact a mental health provider with the same credentials to provide services that I can provide.

Much of the focus of the social work profession is in making connections between people. The focus group members shared the need and desire for inclusion with the interdisciplinary team. I associate the research of Slana et al. with the differences in the values and theoretical perspectives of the different team disciplines. Focus group member P9 shares:

> I do not feel like a team member at all. I just feel like I'm there to catch whatever they throw at me. They ask me to set up travel, make appointments, or find the patient some clothes. They want me to do it quickly, without any push back or questions and on their time schedule. I do not feel important to patient care.

The focus group members agreed that having a strong network of social workers in the work environment helps to deflect feelings of non-inclusion and interdisciplinary team tension. P1 states:

> It helps that we have one another to lean on, ask questions, and get support. There have been times that my social work team has been there for me to process what is going on with the interdisciplinary team and the communication …helped me to think outside of the box and maintain PCC and respond ethically to my interdisciplinary team.

A second theme emerged around communication within and between members of the interdisciplinary team.

Theme 2: Communication

The focus group members contributed to the discussion regarding the need for improved communication. Focus group member P2 shared concerns of not feeling heard

when sharing collateral information that could impact treatment, safety, and discharge planning:

> I not only work with the interdisciplinary team but the families. I may gain information that I feel is relevant to the case but find it difficult to express that information in the treatment team rounds. I feel like I need to change my approach to PCC based on whether I am working with a medical, mental health, or residential team.

P1 shared, “There are times when I have what I consider to be valuable information or alternative options that may be non-traditional. I feel they are not heard by the team and are rejected without input from the veteran.”

The focus group members discussed the tone of the communication that is in an interdisciplinary team meeting and how it impacts PCC. Focus group member P5 discussed:

> When the input from social work is devalued, and it causes a lot of unnecessary… a lot of arguments, a lot of frustration, a lot of tension which diverts the attention away from what is most important to the veteran . . . communication breaks down. The team should be focused on the veteran . . . the team meetings are not about over-inflated egos; they are about what is most important to the veteran and their treatment.

The group members shared concern for better communication for safety for veterans preparing to discharge. Focus group member P2 shared:

> I may have collateral information and history with the veteran and know that he is not at baseline. Although the team has oriented the veteran and feel they are discharge ready, I do not feel as though social work has communicated well with the team or the information validated by the team. While I support the veteran has the right to self-determination, they also have the right to stabilization as well, and that needs to be better communicated within the team and the veteran.

Communication is pivotal in treatment, safety, and discharge planning. Focus group participant P9 shares:

> It is so important that team members communicate with one another to avoid miscommunication. A veteran may be speaking one thing to the homeless team members and something different to other team members. This triangulation and cross talk can impact the delivery of PCC. Without good communication, team members can get in the way of one another, and this will impact PCC delivery as well.

P7 points out the value of communication in the implementation of PCC:

> The role of social work is to act as a guide and helping the veteran get to where they want to be. Social workers are responsible for communicating their specific responsibilities within the team. If the social worker is working harder than the veteran, there is a problem with the treatment.

Perceptions of being devalued and issues of communication emerged as themes in direct relation to the study’s first research question: Challenges to social workers on a

psychiatric interdisciplinary treatment team. The following section will reveal the themes that emerged and are related to the second research question.

How to Deliver Patient-Centered Care More Effectively

Theme 1: Education

The second research question focused on how to deliver PCC more effectively. The group's members were able to identify the need for social workers to provide better education to the interdisciplinary team on social work scope of practice and PCC. While other members of the focus groups echoed the sentiment of feeling devalued and the need for better communication, they also identified the need for social workers to be better educators to the team members regarding the role that social work plays. Two of the social workers in the group expressed feeling devalued by the interdisciplinary team; however, they also share that the team maximized social work skills after providing education focused on social work practice.

One member of the focus group (P5) shared that social work must educate the interdisciplinary team on tenets of PCC and "bring the focus back to the patient as a person and as a human." The focus group members collectively agreed that social workers could improve on providing education on the scope of social work practice, as well as, acting as the conduit for the team to focus on what is important to the veteran.

Members of the focus groups agreed that there is minimal academically to prepare social workers in the ways of interdisciplinary teamwork and delivery of effective PCC. The research of Jones and Phillips (2016) suggests that training in the skills and values needed for true interdisciplinary collaboration begin at the academic level and would

pave the path for professionals to learn the values and skills needed by various disciplines for effective teamwork.

The group members identified an educational aspect that social workers are the education gateway for alternative options for treatment. During the discussion, P1 shared that alternative treatment modalities such as acupuncture, yoga, and tai chi are areas that social work can provide education on PCC to the patient and also the interdisciplinary team. The members of the focus groups supported that improved education would bridge the gap regarding their perception of being devalued, not working to their potential, and enhanced communication.

Theme 2: Advocacy

The focus group members' responses indicated a theme of advocacy such as needing to intervene for social workers, assessing the need for social workers to intervene with the team regarding PCC, upholding the social worker's ethical standards, the need for improved communication, and the ability to practice from an eclectic framework. Focus group member P1 responded about practicing from an eclectic framework stating the social workers can "give a deeper and richer perspective of what is going on in the patient's life." Group member P3 makes this point:

> Social workers should be the first line of defense with the interdisciplinary team. Social workers have the ability to draw from so many resources and have diverse training, we are so eclectic, and we're supposed to be like that, and that is what makes our field so unique.

Focus group member P2 emphasized the benefits of social work, keeping the interdisciplinary team focused on what matters most to the veteran and viewing social workers as pivotal in advocacy of PCC with the team. Focus group member P6 states that "it is important that we (i.e., social workers) provide education to the patients on how to properly advocate for themselves as well and watching them grow from that." This discussion was following by a statement by P1: "social workers need to educate not only the interdisciplinary team but the patients on what they can expect from patient-centered care and what it means to them and that they are a pivotal member of the team." P8 shares that all members on the treatment team have the same responsibility in the delivery of PCC and states:

> It is the ethical responsibility of the social worker on the treatment team to bringing the team attention back to the veteran and what is important to him. It is easy to maintain professional respect and simply suggest that the ideas shared are good but ask what the veterans' thoughts are on them and ask for his contribution. This pulls the team focus back onto the veteran and empowers the veteran to take back control of his treatment.

The focus group participants supported the need to advocate for the basic tenets of PCC in treatment, safety, and discharge planning. The participants discussed the diversity of the interdisciplinary psychiatric treatment team in the context of medical model versus the recovery model and how each discipline defines PCC.

Unexpected Findings

This action research study had some unexpected findings. One of the unexpected findings is related to the differences in the views of perceived value to the interdisciplinary team reported between the LGSW's versus the LICSW's that participated in the focus groups. The LICSW's perceived the higher value to the team than the perceptions of the LGSW's in the focus groups. All members of the focus groups expressed challenges related to communication and education that focused on time management. The group members shared the possible difficulty in finding time in their schedules and collateral duties to provide education to the interdisciplinary team; however, they agreed that improved communication is an avenue for delivering education.

Summary

The two research questions for this qualitative action research project asked what challenges clinical social workers face working with a psychiatric interdisciplinary team and what would help social workers to deliver PCC more effectively? I used social workers with experience working with a psychiatric interdisciplinary team for this study. They were able to share their experiences as it relates to the challenges faced and the facilitation of PCC with the interdisciplinary team. The findings from the study identified problems such as perceived devalued roles for social work and inability to work to their potential within the scope of their licensure and practice. The study findings resulted in the identification of communication barriers that prevent social workers from participating as active members on the interdisciplinary team. The findings also indicate

the need for education and advocacy for more effective delivery of PCC and social work inclusion in interdisciplinary team meetings.

An improved insight of social workers perception of PCC with an interdisciplinary psychiatric treatment team resulted from the findings of this action research study. The data analysis, which included word frequency and coding, was organized in a qualitative data analysis software to identify emerging themes as they relate to the research questions. Validation procedures such as the use of audit trail, field testing, and member checking were used to add validity to the study. There were identified limitations in the study, including small sample size, the use of only one hospital, and difficulty with transcription due to technical challenges. The limitations may impact the generalizability and transferability of the findings of this action research study. The focus group participants' dialogue gave insight into social workers' perception of PCC with an interdisciplinary psychiatric treatment team and valuable insight on avenues to close the gaps. The focus group members worked collaboratively in the discovery of beliefs, values, and attitudes that have shaped their perceptions related to the research questions.

The data for the action research was collected from two focus group meetings and included demographic information, the verbal and non-verbal cues from the participants. The participants were strategically recruited based on their experience working with an interdisciplinary team in an inpatient psychiatric unit. Contributing factors to the validity of this action research include participant selection, data collection, and analysis with the use of NVivo, data storage, confidentiality, and dissemination of the results. I applied the

NASW standards for ethical practice to this action research. I remained cognizant throughout the study in the maintenance of participant confidentiality and took the necessary steps to avoid harm.

There are positive outcomes from this action research study that will impact the field of social work and PCC with interdisciplinary teams. The group members were engaged in the focus group dialogue and generated valid ideas for change and improvement regarding education, communication, and advocacy. The participants in the focus groups identified that the information from their participation could be positively used in professional practice, as well as, providing the groundwork for social change regarding the practice of PCC with an interdisciplinary psychiatric treatment team.

Section 4: Application to Professional Practice and Implications for Social Change

This qualitative action research study was conducted to examine perceptions of the role that social workers play in the implementation of PCC within an interdisciplinary team working with veterans with severe mental illness. I conducted the study to gain an increased understanding of the perceived barriers to the practice of PCC by the interdisciplinary team and how social workers can create change in the current practice. The Veterans Healthcare Administration (VHA) launched a new PCC paradigm that focuses on personalized care for veterans that is more proactive than reactive and puts the veteran in charge of the decisions made by their treatment team. The VHA focused the new approach to PCC on what matters most to the veteran as opposed to what is the matter with the veteran. This qualitative action research study addressed the paradigm shift in treatment from a medical model to PCC and the perceived role that social workers play in the introduction to the values and practices of professional social work that are consistent with this new and emerging treatment model.

This section presents recommendations for change and action steps for social workers who work within interdisciplinary teams. I also share how the findings of this study impact my practice, as well as limitations and implications for transferability. Last, I present recommendations for future studies.

Key Findings

The key findings in this study included the augmentation of communication and education for interdisciplinary psychiatric team members. The participants in the focus groups identified gaps in communication regarding other interdisciplinary team members

not being fully aware of the scope of social work practice. In focus group dialogue, social workers reported being devalued members of the team. The themes that emerged from this qualitative study reflected the experiences that social workers have with PCC and interdisciplinary teams. Many of the group members confirmed that the definition of PCC across disciplines varies and creates a barrier for social work facilitation of PCC within the interdisciplinary team. Each member of the interdisciplinary team is focused on and practicing PCC from their area of expertise. The focus group members reported that this creates a disconnect between the team members, creating an approach that is not patient centered or holistic. The findings provide a unique and valuable perspective based on social work practitioners experiences and recommendations for changes that can inform the work of other social work professionals. The participants from the focus groups were hopeful that the data collected would be used to create an environment for change for social work practitioners working within an interdisciplinary team.

The focus group participants described their experiences on the inpatient psychiatric unit as less than clinical and leaning more toward clerical; at times, social workers did not find their role as collaborative and the team not as focused on what matters most to the veterans. The participants shared their perceptions of not being valued members of the interdisciplinary team and gaps in communication between team members. The group members reported that social work practitioners' need to advocate for themselves and provide education to other team members regarding the scope of social work practice and the tenets of PCC. The focus group discussions revealed the challenges related to social workers' perceptions of not being valued members of the

team. The focus group members shared their desire to be more included among the interdisciplinary team and stronger advocates for PCC and the social work discipline. The group members were successful in identifying solutions to the perceived problem.

Contribution to Knowledge

The findings of this study contribute to the body of knowledge regarding the role of social workers in PCC within an interdisciplinary team, the perceived barriers to social workers' inclusion, and maximizing social workers' skills. The focus group participants shared their perceptions of social work participation on the interdisciplinary team, obstacles that prevent them from being actively included in PCC, and development of solutions to the phenomenon. The participants in the groups reported feeling devalued as members of the team, not working to the optimal scope of their practice, challenges with communication, and the need for education for team members regarding social work practice. Also, participants reported the need for social workers to advocate for their profession within the interdisciplinary team. The consensus of the participants was that social workers play a pivotal leadership role in guiding the interdisciplinary team in PCC and have ownership in increasing communication and advocacy for their profession.

Application for Professional Ethics in Social Work Practice

The NASW (2008) supported PCC as it aligns with the principles of the social work profession (Whitaker, 2014) in the context of the right to client self-determination, dignity, self-worth, and social justice. A principle from the NASW Code of Ethics related to this social work problem is the value of understanding the importance of human relationships (NASW, 2017). This principle applies to this study as it is important for the

interdisciplinary team to be cohesive; social workers are also accountable for fostering a healthy work environment and treatment team experience through the understanding of human relationships. The NASW Code of Ethics 2.01 is applicable in this study as it is concerned with ethical responsibilities to colleagues (NASW, 2017). Social workers are responsible for maintaining respect for colleagues and presenting the needs of their clients to other professions respectfully and professionally. Although social workers may perceive that they are not valued members of the interdisciplinary team, social workers have an ethical responsibility to continue to foster respectful communication with all members of the team. The NASW Code of Ethics 2.03 is clear regarding the role of the social worker in interdisciplinary collaboration. The social worker is responsible for participation in the interdisciplinary collaboration regarding any decisions that will impact the well-being of a client and maintenance of ethical standards for the team. The NASW Code of Ethics 3.09 states that social workers should adhere to the policies of their employers; however, the code is clear that social workers are also obligated to assist in the improvement of policies and procedures that impact the efficacy of services at the agency. The NASW Code of Ethics 3.09 tasks social workers with taking the necessary steps to make employers aware of social workers' obligations as outlined by the NASW and consequences for violation of ethical responsibilities. The NASW Code of Ethics 4.01 addresses competency in practice. The social worker on the interdisciplinary team should be well versed and able to recognize the tenets of PCC and facilitate those tenets within the team. According to the NASW (2017), social workers should strive for proficiency in personal practice and performance of professional duties. The NASW

Code of Ethics 5.01 states that social workers have a responsibility to provide professional expertise to activities that promote integrity and competence for the social work profession (NASW, 2017). Social workers on an interdisciplinary team have an ethical responsibility to provide education to the team members regarding the scope of social work practice, including how the tenets of PCC align with the NASW Code of Ethics.

The NASW ethical principles reflect the unpinning of PCC. A social worker's primary goal is assisting people who are in need and address social problems. In PCC, the focus is on what matters most to the veteran and assisting the veteran in reaching that goal. PCC demonstrates the ethical principle of respecting the dignity and worth of the individual. The purpose of PCC is to concentrate on what the veteran's perception of the problem is and on their ideas regarding solutions. The practice of PCC includes respecting the veteran's right to self-determination by allowing them to guide their treatment and play an active role with their treatment team. Also, the NASW ethical principle of the value of human relationships is evident in the practice of PCC. The partnership between the veteran and the treatment team is an important vehicle in setting achievable goals and the veteran being actively engaged in the treatment plan.

Recommended Solutions

Action Step 1

The recommendations provided by the focus group members included a process of checking in at the start of the day and checking out at the end of the day with team members. Focus group members felt this would improve communication between team

members. This process is in the form of a working email to the interdisciplinary team to allow each member to add to the daily report. The members of the focus group thought this would not only increase communication but also would provide an educational tool for interdisciplinary team members regarding the scope of social work practice.

Action Step 2

The focus group members also recommended a change in the process of interdisciplinary team meetings. Focus group members described the interdisciplinary team meeting consisting of a report given to the team by nurses with no contribution from any of the other disciplines represented in the meeting. The focus group members recommend that interdisciplinary team meetings include each discipline in the contribution of information regarding the veteran's treatment, safety, and discharge planning. The treatment plan should also be discussed with the veteran present and focused on what matters most to the veteran. This recommendation suggests a more inclusive approach for social workers and the ability to advocate for and provide education on PCC as it relates to the veteran's treatment.

Action Step 3

Focus group members supported continued advocacy for social workers and the need to continually assess the need for education or gaps in communication. Finally, the group members suggested dissemination of PCC tenets to the interdisciplinary psychiatric treatment team and a guideline for treatment, discharge, and safety planning. The focus group members concurred that all disciplines involved in the veteran's care should practice PCC; however, the definition of PCC varies across disciplines. Members of the

focus groups shared that some disciplines define PCC from a medical model and others from a recovery model; therefore, differences in defining PCC create a barrier for social workers to provide effective PCC education.

Impact on Personal Practice

The results from this study validate the concerns of social workers related to the hierarchical structure of interdisciplinary teams resulting in social workers feeling devalued as members of the team. This study also validated the need for better team communication, education, and social workers' advocacy for their profession. The results may empower social workers to be better communicators, provide education on the scope of social work practice, and advocate for the profession. The study facilitated recommendations for solutions to the perceived problem. The recommendations may improve the ability of social workers to be valued members of the interdisciplinary team and may enhance the practice of PCC across disciplines. Additionally, this qualitative action research study may provide social workers with the confidence needed to maximize their clinical skills in interdisciplinary team meetings.

The suggested recommendations apply to my daily routine within an interdisciplinary team. As a social worker, I am trained and skilled in the area of diversity and human behavior in the social environment and can apply these skills when serving the veteran population. One of the recommended action steps highlights the need for improved communication. The recommendation of communication is something that I can facilitate within my team, and I can see how this action would aid in increasing communication within the team. The facilitation of the action step would allow social

workers to take a leadership role in the communication facilitation and aid in building cohesiveness within the team. This study allowed me to reflect on my practice and the actions that I can take regarding communication, education, and advocacy to be a better team member.

Recommendations for Additional Research

Team Communication

There is transferability in the findings of this qualitative action research study to the field of clinical social work. If social workers can provide education on the breadth of social work practice and be the facilitators of communication and PCC across disciplines, they will gain improved competence and feel more valued as members of their team. The social worker participants in the current study identified perceived barriers for their profession; improving communication within the team and creating team cohesiveness may lead to improved PCC across the disciplines represented in the team. Social workers taking the role of leadership in the area of communication can benefit the field of social work as a whole. Social workers can provide training for other social workers regarding communication and education when working on an interdisciplinary team.

Civilian Interdisciplinary Teams

Future researchers may benefit from this action research study. Researchers may focus on additional inpatient psychiatric units beyond this demographic group. Additionally, researchers may explore social workers and interdisciplinary teams that do not focus exclusively on the veteran population. Continued research on this topic may

provide more generalized information and a greater understanding of the role of social workers on an interdisciplinary team.

Recruitment

A recommendation for future study would be to broaden recruitment and obtain a more extensive and more diverse study sample. Future studies should focus on an online option for participation, such as Adobe Connect or Skype. Recruitment for this action research study was limited. However, future study recommendations include broader recruitment and include advertising through social media outlets and professional organizations such as the state social work board or local NASW chapter.

Policy Change and Research

Additionally, there is the potential for additional change in policy and research. Social workers can advocate for policy changes in how interdisciplinary teams' function. Through applying personal experiences to barriers, social work can play a pivotal role in the development of standard operating procedures for interdisciplinary teams and ensure the policy aligns with the basic tenets of PCC. The topic of this study would benefit from additional research to include interdisciplinary teams on inpatient psychiatric units not specific to the veteran population.

Limitations

External Validity

There are limitations to this qualitative action research study. The first is the small sample size. The male population of social workers is under-represented. Additionally,

the social workers recruited worked exclusively with a veteran population. The sample did not include social workers in civilian inpatient units with civilian patients.

Trustworthiness and Rigor

According to Krefting (1991), one concern with the trustworthiness in qualitative studies is the risk of the researcher becoming enmeshed with the participants, therefore, making it difficult to separate personal experience and interpret the study findings. For this reason, I utilized peer discussion with colleagues who participate with the interdisciplinary team but were not members of the focus groups. The peer discussion assisted in the identification of biases and any preconceived ideologies. This discussion also helped identify any fixed ideas that I am conscious of and identify those that are unconscious. According to McLendon (2014), trustworthiness in a qualitative study lends to a respected level of credibility. In qualitative research, trustworthiness is operationalized by establishing credibility, dependability, transferability, and confirmability (McLendon, 2014; Stringer, 2007). The study of Amankwaa (2016) suggests that reliability and validity are not terms that can successfully explain the benefits of qualitative research. However, to establish the integrity of a qualitative study, the trustworthiness must be strengthened through credibility, transferability, and confirmability (Amankwaa, 2016).

Credibility. Member checking was used to ensure the credibility of this qualitative action research project. Focus group participants provided feedback on the focus group transcripts to ensure that it effectively represents their thoughts on the perceived problem.

Transferability. To promote transferability, the digital recordings from the focus groups were secured, as well as all documentation and journal entries about this qualitative action research. The journal provides step-by-step procedures and a detailed description of this qualitative action research the purpose of ease in replication. Transferability, or the extent to which research findings can be useful to other individuals in similar setting and environments, is questionable. The focus group members drew answers to the focus group questions based on their experience with the veteran population and working with an interdisciplinary team that focuses on veteran care.

Confirmability. Confirmability within this qualitative action research is to examine the degree to which the doctoral study information is consistent and demonstrates the ability to be replicated (McLendon, 2014). The findings of this study echo the information gathered in the literature review on this topic. Therefore, there is an easy replication of the study with an interdisciplinary team with a focus on veteran care. I find the authenticity of this study in the broader understanding and richer meaning to the phenomenon. To safeguard confirmability, I used an audit trail and documented the step-by-step process of this qualitative action research project. The journal entries include information regarding research approval, recruitment, focus group dates, and locations.

Strengths of the Study

An identified strength of the study is in the engagement of the focus group participants. All of the participants were actively engaged and participated fully in answering the focus group questions. The focus group was scheduled away from the workplace, and participants felt comfortable to voice their opinions and empowered by

the shared concerns of others in the group. The group's members felt at ease to recommend avenues for change to improve their perceives barriers. Finally, the participants were appreciative to be invited to participate and found the focus group platform was beneficial and would like to participate in similar discussions in the future.

Recommendations for future research related to this study's strengths and limitations would include using a larger and more diverse sample size. Also, employing researchers who may not have any professional connection or experience with the study participants may mitigate issues of researcher bias and expectancies. This qualitative action research suggests that interdisciplinary teams can experience efficacy in treatment planning and delivery of PCC with improved communication between team members. There remains the question in defining PCC across disciplines. However, future studies can focus on how team leadership influences the delivery of PCC and the importance of a universal definition for reference.

Dissemination

An avenue for dissemination of the results from this qualitative action research study is through the NASW. The information collected through the study can be presented at the NASW conferences locally and nationally. I can share the results of this study with the state board of social work examiners. Their state government appoints many of the social work boards, and this provides a beneficial outlet for change in policies that affect social work practice. Additionally, this information can be published in a social work journal, professional publication, and submitted to entities that publish information related to veteran care.

I mailed the results of this qualitative action research project to each focus group participant. The information shared with the study participants will provide the opportunity for them to share the emerging themes with their department supervisors and assist in the development of methods of understanding that focus on social workers role in PCC facilitation with the interdisciplinary team.

Implications for Social Change

This qualitative action research captured, described, and explained the very essence of a perceived phenomenon experienced by social workers interacting with an interdisciplinary team. The outcomes of this action research can impact social change at the micro, mezzo, and macro levels.

Micro-Level Change

At the micro-level, social workers are aware of the barriers encountered when working with an interdisciplinary team. At this level, the social workers will be working directly with the interdisciplinary team on improved communication, providing education on the scope of social work practice, advocating for the profession of social work, and advocating for PCC delivery across disciplines represented in the interdisciplinary team.

The information from this qualitative action research will impact positive social change at the personal practice level for interdisciplinary team members. The data gathered will allow interdisciplinary team members to examine roles, leadership, and a mutually agreed-upon definition of PCC. Additionally, it will encourage team cohesiveness regarding inclusiveness and allowing the veteran to play a leadership role in their treatment. There is potential for impacts of social change in personal practice. Social

workers that are members of an interdisciplinary team are aware of barriers to PCC with the team; however, know about breaking down barriers through improved communication.

The literature shows positive outcomes with the practice of PCC with an interdisciplinary team; However, there remains a gap in the facilitation of PCC for an interdisciplinary team and social work inclusion. The implication for social work practice and to facilitate positive change for the interdisciplinary team is defining PCC across disciplines and closing the gap between social workers and other disciplines represented in the interdisciplinary team.

The focus group members of this qualitative action research study can serve as educators and maximize communication for the interdisciplinary team. The focus group members can share the findings from this study with members of the interdisciplinary team and facilitate meetings to increase communication between team members, develop an agreed-upon definition of PCC to accommodate the translation across disciplines and a protocol in the implementation of the interdisciplinary team PCC approach with the veteran. This communication will assist the interdisciplinary team in the discovery of the most effective.

Mezzo-Level Change

At the mezzo level, social workers can work with their agency or hospital in defining the scope of social work practice and PCC. With this knowledge, social workers can begin to work to remove barriers by providing agency leadership with education on the extent of social work practice and their role in the application of PCC. The mezzo

level of social change will allow the agency leadership to examine the structure of the interdisciplinary teams and the best approach to implement the basic tenets of PCC to best benefit the needs identified by the veteran.

Macro-Level Change

At the macro level, the information gathered from this study can be presented at conferences and training for social workers across the state. The presentation can include perceived barriers and recommendations to create social change. The results from this qualitative action research can be useful in the development of a universal and all-inclusive definition of PCC that eliminates perceived barriers across disciplines with the practice of PCC with veterans and civilian populations. Social workers will take a leadership role and advocate for the profession at all levels for changes at the local, state, and national levels.

Summary

The goal of the action research study was to gain a better understanding of the role that social work plays with an interdisciplinary team on an inpatient psychiatric unit. Social workers that have experience working with an inpatient psychiatric unit exclusively with veterans were invited to participate. The participating social workers shared perceived barriers to participating in interdisciplinary psychiatric treatment teams and thoughts on what would help them deliver more effective PCC to veterans with mental health disorders. It is my professional goal that the results from this study will inspire and empower other social workers to become stronger advocates for the profession and take roles of leadership to facilitate change. The participants in the study

concur that change needs to occur for social workers on an interdisciplinary team and the need for more respect for the profession. Some key findings influenced me as a professional. I was remarkably surprised to find that many of those participating shared in my experiences and the agreement in the augmentation of communication and education for team members. There were identified gaps in communication and the other interdisciplinary team members not being fully aware of the scope of social work practice. My personal experiences were validated, but I am also empowered to take a leadership role in the facilitation of better communication with the interdisciplinary team.

The group members agreed the definition of PCC across disciplines varies and creates a barrier for social work facilitation of PCC with the interdisciplinary team. Each member of the interdisciplinary team is focused on and practicing, PCC from their area of expertise. The results of this study have empowered me to begin a dialogue on what PCC means to each discipline on the team in hopes to establish a definition that guides the trajectory of the interdisciplinary teamwork and PCC in the future.

Through the active facilitation of this qualitative action research study, my knowledge has grown. I hope that the finding in this study will empower other social workers and interdisciplinary team members to deliver PCC to all patients, build the team cohesiveness, practice communication and have a respectful understanding of each disciplines practice and individual roles on the team.

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Appendix A: Invitation

Dear ***Participant (Insert name here),***

I want to invite you to take part in a focus group (small discussion group) on a date and time to later be announced. The focus is on the role that social workers play with an interdisciplinary team in the practice of patient-centered care on an inpatient psychiatric unit. The focus group discussion should last approximately two hours. The focus group will provide an opportunity for you to provide knowledge about the social worker's role and identify barriers to patient-centered care on an inpatient psychiatric unit. This focus group will explore how you perceive your role as a social worker with an interdisciplinary team setting and identify potential barriers to social workers in a leadership role in discussion regarding patient-centered care in the same setting.

If you accept this invitation to participate, your views and opinions will be used to help educate members of an interdisciplinary team on the role of social workers in the implementation of patient-centered care on the inpatient psychiatric unit. If you would like to participate in this focus group or have any questions, please respond by contacting Michelle Noce-Owen, LGSW at Alesia.Noce-Owen@waldenu.edu. After the participants for the focus group are selected, you will be contacted by email. The email will include information on the times and dates of the scheduled focus groups.

Respectfully,

Michelle Noce-Owen

Appendix B: Demographics and Information Worksheet

Name: ____ Interview Number: ______________

Contact number:

Home: ( ) ______________________ Cell: ( ) _______________________

Contact email: ____

Date: ______________________

Time: ______________________

1. What is your date of birth? _______________

2. What is your gender?

- ○ Male
- ○ Female

3. With which racial or ethnic category do you identify?

- ○ African American
- ○ Asian/Pacific Islander
- ○ Caucasian
- ○ Hispanic/Latino
- ○ Other

Other (please, specify): ___________________________________

4. How long have you had your master's degree?

- ○ 1 - 5 years
- ○ 6 - 10 years
- ○ 11 - 15 years
- ○ 16 - 20 years
- ○ *More than 20 years*

5. What is your licensure or degree level? (Check all that apply)

- ○ Licensed Generalist Social Worker
- ○ Licensed Certified Social Worker
- ○ Licensed Independent Clinical Social Worker

○ PhD

○ DSW

○ MSW

6. How long have you worked as a hospital social worker? _______ years _______ months

7. How long have you worked with mental health patients? _______ years _______ months

8. How long have you been working with an interdisciplinary team?
______ years _______ months

9. What is your area of social work specialization?
○ Homeless

○ Residential Treatment

○ Inpatient Hospital Social Work

○ Outpatient Hospital Social Work

○ Suicide Prevention

○ Home Based Primary Care

○ *Legal Assistance*
○ Other (please, specify): _______________________

10. What percentage of your work involves working with an inpatient psychiatric unit?
○ Less than 5%

○ 5 - 10%
○ 11 - 15%
○ 16 - 20%
○ 21 - 30%
○ 31 - 40%
○ 41 - 50%
○ More than 50%

Appendix C: Focus Group Questions

Focus Group Interview Questions

Introduction of Focus of the Study

The purpose of this study is to explore your role as a social worker in the facilitation of patient-centered care on an inpatient psychiatric unit. An additional purpose of this study is to explore the perception you have of your role as the social worker participating with an interdisciplinary team. You were recruited for this action research study because of your role in hospital social work and your affiliation with an inpatient psychiatric unit and experience with an interdisciplinary team. The focus of the questions will be on perceived barriers to social work implementation of patient-centered care on an inpatient psychiatric unit, factors that aid or impede your role and your experience regarding patient-centered care in treatment, discharge and safety planning. Everything you say during the focus group is confidential, and participants will be asked to sign a confidentiality agreement.

Social Work Role, Perceptions, and Barriers on an Inpatient Psychiatric Unit

1. How do you perceive your role in providing PCC on an inpatient psychiatric unit?

2. What are your feelings regarding social work involvement in implementation or discussions regarding PCC on an inpatient psychiatric unit?

3. What, if anything, would you change about your role in PCC with an interdisciplinary team for you to be more effective?

4. How does your role fit with your understanding of standard social work practice regarding PCC on an inpatient psychiatric unit?
    a. Probe: If it does not, how is it different?

5. Describe a time where you, as a social worker, felt your role positively or negatively affected a PCC discussion in a complex care situation.

6. Describe your feelings about the interaction between the different medical providers when and if you are included, and is the discussion patient-centered?

7. What benefits or consequences have you experienced or witnessed when social workers are involved in patient-centered treatment, discharge, and safety planning?

8. What barriers prevent you from participating in PCC in treatment, discharge, and safety planning? What makes you feel supported or unsupported by an inpatient psychiatric team in initiating PCC discussions?

9. To what extent do you feel your skills as a social worker are maximized on an inpatient psychiatric unit or with an interdisciplinary team as it relates to the tenets of PCC?

10. How do you think the field of social work could be improved regarding PCC?