

# Effects of Team Work Among Health Care Providers (Hcps) On Improving the Quality of Life of Cancer Patients

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## Abstract:

Cancer and its treatment result in a number of consequences that have a negative impact on quality of life and have a substantial impact on quality of life in general. The quality of life can be summed up as this. A person's baseline for what constitutes a happy and fulfilled life. Cancer and its treatment result in a number of consequences that have a negative impact on quality of life and have a substantial impact on quality of life in general. Care for patients is best when all members of the team, including the patients themselves, are in constant contact with one another and share their observations, knowledge, and decision-making duties. To provide health services to individuals, families, and communities in a coordinated, high-quality manner, team-based care necessitates the participation of at least two health care professionals who, to the extent preferred by each patient, work collaboratively to achieve common goals amongst various care settings. Given the number of cancer patients and the evidence that coordinated care enhances care quality, the need for integrated and coordinated cancer treatment has emerged as a national priority.

**Keywords:** Cancer, Health Care Providers, Patients, Quality of Life, Team Work,

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## Introduction

In terms of both prevalence and impact, cancer has become a major public health issue. The incidence of cancer has increased dramatically, making it the second biggest cause of death overall. Quality medical treatment, as defined by grounded theory, entails catering to each individual patient's requirements. One third or more of people will have cancer at some point in their lives. Half of all cancer patients now survive for at least 10 years following diagnosis thanks to major advancements in treatment and survival. The survival of cancer patients and their prognoses depend critically on factors such as early detection and excellent care, which includes competent oncology nursing (Ferlay et al 2017; Misganaw et al 2015).

Since it has been shown that quality of life is a significant prognostic factor of cancer progression and mortality, comparable to medical and treatment-related factors, assessing distress and quality of life variables in cancer patients is just as important as revealing the bio-psycho-social aetiology and cancer risk. There has been significant progress in pain relief, alleviation of adverse reactions to oncologic treatments, and the significant development of psycho-oncology, which refers to an increased awareness of the fact that psychosocial factors influence physiological processes that stimulate carcinogenic growth and invasion, but the high proportion of unmet, untreated psycho-social needs in cancer patients has not changed in the past 20 years.

## Overview of Cancer

Cancers are a collection of diseases characterised by uncontrolled cell development, and their metastasis (spread to other areas of the body) is the defining feature of this group. Cancerous tumours spread, whereas benign tumours do not (Jayasekara et al., 2016). Cancers come in a wide variety of forms, but they always have the same root cause: the unchecked multiplication of aberrant cells. When cells in a certain organ or area of the body begin to multiply uncontrollably, cancer is suspected to have developed. Compared to normal cell growth, cancer cell growth is distinct. Cancer cells, unlike normal cells, do not die but rather multiply and produce new tumours. Cancer cells typically develop tumours. Cancer cells can also invade (grow into) other tissues, which is not possible for regular cells to accomplish. When a cancer cell develops out of control and invades other tissues, it damages the DNA. DNA is present in every cell and controls how the cell behaves. Cancer cells, in contrast to normal cells, do not properly deal with DNA damage by either repairing the damage or letting the cell die. This cell, however, continues to produce surplus cells for the body. All of these young cells will share the original abnormal cell's damaged DNA (Tapera, et al., 2019). Although DNA damage can be inherited, it is typically the result of replication errors in otherwise healthy cells or environmental factors.

Cells that are cancerous proliferate. However, this multiplication seems to be going on forever. It's possible for them to invade neighbouring tissue or even travel to other organs. Lumps (also known as masses or tumours) are formed when a collection of cancer cells grows large enough to be palpable. Not all tumours, however, are cancerous (DerSarkissian, 2021). Benign tumours are the most common type, while malignant tumours are the exception. There are general categories of cancer based on the type of cell the cancer starts in. Carcinomas and, more specifically, adenocarcinomas are the most common type:



The malignant cells known as carcinomas originate in the epithelial lining of organs and tissues. The cells that make up the outside surface of the body and line or cover its organs, cavities, tubes, and passages are called epithelium. Solid tumours can develop from these malignancies. Adenocarcinomas are a type of cancer that begin in glandular tissues that produce mucus or fluid, such as the lungs, breast, prostate, or colon. The adenocarcinoma subtype of carcinomas is a distinct entity. Sarcomas are malignant tumours that begin in the cells that make up skeleton and muscle and cartilage and fat and fibrous connective tissue. Tumors of this solid kind are typical of these malignancies. Blood cell malignancies, known as leukaemias, begin in the white blood cells. These malignancies don't result in tumour growth since they start in the blood cells. Lymphomas are malignancies that originate in lymph node cells. Lymph tissue cancers are a possible result of exposure to them.

Tumor-based malignancies are often classified into one of five stages. Most of the time, Roman numerals are used to refer to these. Blood malignancies, lymphoma, and brain cancer all use different staging systems than solid tumours. The cancer's stage, however, is revealed by all of them.

There are only abnormal cells that have the potential to develop into cancer at stage 0, which indicates there is no cancer. The medical term for this is "carcinoma." Stage I cancer refers to a localised, tiny tumour. Early-stage cancer is another name for this. Stages II and III cancers are more advanced because they have spread to neighbouring tissues or lymph nodes. Cancer has progressed to other sections of the body, or Stage IV. Advanced or metastatic cancer are other names for it (DerSarkissian, 2021)

### Dimensions of Quality of Life

The World Health Organization defines quality of life as an individual's appraisal of their situation in light of their values, priorities, and aspirations. This concept emphasises the view that one's quality of life is multidimensional, subjective, and covers both the positive and negative aspects of living.

The term "quality of life" (QOL) refers to an individual's subjective evaluation of his or her own life in light of his or her own objectives, expectations, standards, and concerns (Nazarpour, et al., 2018). The quality of life can be summed up as this. A person's baseline for what constitutes a happy and fulfilled life. It's an abstract, multi-dimensional term that establishes a benchmark for psychological, physiological, economic, and social well-being. It's a standard by which one can evaluate oneself in several aspects of life. One's life satisfaction, or their quality of life, is a measure of how much these factors contribute to their subjective sense of well-being.

Tsitsis et al. (2014) and Shor et al. (2015) define quality of life as "an individual's view of their position in life within the context of the culture and value systems in which they live and in connection to their objectives, expectations, standards, and worries." Both 'quality of life' and 'health of life' refer to a person's overall well-being in terms of their body, mind, and social interactions (Johansson et al 2008). Cancer and its treatment result in a number of consequences that have a negative impact on quality of life and have a substantial impact on quality of life in general (Baczewska et al 2014). Evident from the reviewed literature is the fact that many scientists have delved into the question of quality of life, including those who



have done so during invasive procedures such bone marrow transplants, as well as those who have studied chemotherapy (Andrykowski et al., 2005). ( Lavdaniti et al 2014).

Many people understand "quality of life" to mean the capacity to have pleasure in engaging in routine activities like grocery shopping, driving, working, and hosting social gatherings. It is important to keep in mind, from a nursing perspective, that there are therapies that can have unintended negative consequences on patients' capacity to live a "normal" life. According to one writer, the word "quality of life" encompasses not only the impact of therapy and side effects, but also the acknowledgement of the patient as an individual and as a whole human being consisting of body, mind, and spirit (Calman, 2012). Multidisciplinary care providers must work together to manage cancer patients. The coordination of resources and care providers is extremely important in the treatment and management of cancer. The number of people diagnosed with cancer and the amount of money spent on cancer care have both increased dramatically in recent years (Ferlay et al 2017) Across the board, cancer treatment facilities must ensure that their patients receive high-quality nursing and interdisciplinary care. Despite the fact that cancer is becoming more common and prevalent in Ethiopia, nurses and other concerned organisations still have a lot of work to do to reduce cancer mortality and morbidity (Haileselassie et al 2019).

Physical, social, psychological, and functional wellness are the four pillars of a person's quality of life (Maddigan, et al., 2015). Since quality of life has become such a vexing problem, it has been extensively studied and discussed in a wide variety of literatures. Multiple sectors, such as politics, healthcare, and international development, contribute to the definition and measurement of quality of life (Onyinuka & Enkator, 2017). Since it is a comprehensive notion that encompasses all facets of life, it has been described in many ways by various fields due to its wide breadth.

The word "quality of life" is often used in the medical sciences, but it has broader applications in politics, sociology, economics, and religion (Yousefi et al., 2019). The World Health Organization Quality of Life (WHOQOL) group defines QOL as an individual's perspective of their place in life in relation to their objectives, expectations, standards, and worries, as well as the culture and value system in which they live. The term "quality of life" refers to a wide range of human experiences, from the basics of survival like food and shelter to the pursuit of personal growth and contentment (Vahedi, 2019).

Health professionals may believe that through examination and observations, they can characterise patients' condition and/or quality of life, but this is not necessarily the case, as the patient is best able to articulate what is for him or her. There are two definitions of quality of life in the medical sciences. There's one that looks at broad factors—quality of life. The second is the study of how various diseases impact people's emotional, physical, and social well-being, known as health-related quality of life (Yousefi et al., 2019). There is no universally accepted definition of what constitutes a high quality of life. As a result, it refers to how positively or poorly a person views their own life. As a result, it is important to use a method of measuring quality of life that can capture the individual's subjective opinion of their quality of life rather than the perceptions of others or the health care provider.

### **Concept of Teamwork in Health Care System**



Recent declarations defining teams, their functions, and the characteristics of a successful team have been issued by a number of approved health professional bodies around the world (Mitchel et al., 2012; WHO, 2014). In order to find some common ground on this contentious issue, they elaborated on the core ideals and principles of team-based health care. A team's composition might be somewhat intricate. Patients may assume that a diverse team is best, but in reality, teams can be formed from members of a single profession.

A team consists of a few individuals who share a common aim, method of operation, and level of dedication to the achievement of that goal. The World Health Organization defines a team as "a distinct grouping of two or more individuals who interact dynamically, interdependently, and adaptively toward a common and valued goal or objective/mission, who have been assigned specific roles or functions to perform, and who have a limited lifespan of membership" (WHO, 2014). To provide health services to individuals, families, and communities in a coordinated, high-quality manner, team-based care necessitates the participation of at least two health care professionals who, to the extent preferred by each patient, work collaboratively to achieve common goals amongst various care settings (Naylor et al., 2009). Incorporating team members' abilities to take on more responsibility while still being held accountable by their superiors has shown to be an effective strategy in healthcare delivery.

Care for patients is best when all members of the team, including the patients themselves, are in constant contact with one another and share their observations, knowledge, and decision-making duties (WHO, 2014). A competent team player is aware of how the company's culture affects the group's dynamics and performance.

These days, patients are typically treated by a team of medical experts. Effective teamwork is crucial for patient safety in the context of a complex healthcare system because it reduces the likelihood of adverse events stemming from a failure to effectively communicate with other members of the care team and from confusion over who is responsible for what in the care of the patient (WHO, 2014). Patients should be included in all stages of the communication process because they have a vested interest in their own care and because research shows that doing so reduces the likelihood of medical mistakes and other complications (WHO, 2014).

Now more than ever, the rate of transformation in healthcare systems is accelerating as both doctors and patients use cutting-edge tools for disease prevention and treatment. As of this writing, more than 2,700 clinical practise guidelines are indexed at the U.S. National Guideline Clearing house, and the findings of more than 25,000 clinical studies are reported each year (IOM, 2011). The requirement for specialist knowledge in specialised areas of care by multiple team members has become a need because no single practitioner can manage, absorb, and apply all this information. There is a greater need than ever before for researchers and clinicians to advance the state of the art in team-based, interdisciplinary health care (Mitchell et al., 2012). Each medical professional in the team depends on input and assistance from the others. However, systemic inefficiencies and errors cannot be remedied and prevented without express acknowledgement and deliberate cultivation of the team (Mitchell et al., 2012).



The concept of teamwork has arisen in recent years, and is currently altering the outward appearance of organisations and their methods of operation. A new healthcare paradigm is built on the concept of teams and teamwork. Daft (2003) defines a team as "two or more people who work together in an organised effort to achieve a common goal." When we talk about working as a team, we usually mean that we have a common goal and will tackle it together. Effective teams generally address issues of group process, such as role clarity, team cohesiveness, communication, decision-making, and leadership, in order to foster productive collaboration.

True teamwork can't begin unless members learn how to cooperate effectively. Teams are valuable because members can draw upon their individual strengths to aid in making decisions and addressing problems that will help the group reach its goals (Duthie, 1999).

### **Importance of Teamwork in Improving Quality of Life of Cancer Patients**

For the delivery of team-based care, cancer care offers many obstacles. Patients with cancer are often treated by a large team of doctors and nurses. In addition, most cancer patients receive treatment in community settings, where doctors and nurses are spread out over different regions. For coordinated, patient-centered care, it is essential to integrate the knowledge and experience of each clinician with the patient's own understanding of their condition, history, and preferences. Given the number of cancer patients and the evidence that coordinated care enhances care quality, the need for integrated and coordinated cancer treatment has emerged as a national priority (Park et al, 2020).

Past research has shown that teams with higher levels of psychological safety and more open communication do better overall in terms of teamwork. The development of shared goals, transactive memory (i.e., team-level memory system about formal roles within the team as well as team members' individual skills and experiences), and shared understanding (i.e., mental models) of situations are all benefits of safety, which enhances team performance. A key way in which psychological safety promotes teamwork is by encouraging a form of communication known as "speaking up" or "voice," which involves conveying ideas for better methods of doing things (i.e., "promotive communication") or warnings about current practises that may be counterproductive to the goals of teams or organisations (i.e., prohibitive communication) (Erkoc et al., 2018). Speak up if you want to raise awareness of problems and possibilities for improvement so that you may work together to solve them and achieve your goals. Psychological safety facilitates high-quality communication, which in turn improves team performance, as shown by other studies in a range of healthcare contexts (e.g., surgical, intensive care, primary care).

Therefore, it is crucial to maximise teamwork in healthcare settings, as this increases the system's adaptability to new circumstances. Cancer patients frequently get sophisticated and possibly dangerous interventions requiring a variety of healthcare experts, therefore teamwork is also crucial in the delivery of cancer care. Because no single professional can provide a comprehensive service of suitable cancer care, the division of labour among medical, nursing, and other health practitioners is vital. In the underdeveloped world, where resources are scarce, interdisciplinary team effort is crucial to providing high-quality cancer care. Better patient outcomes, reduced medical errors, enhanced patient safety, and less



burnout for medical staff are just some of the effects that can be achieved by maximising interdisciplinary teamwork (Johansson et al, 2008).

Because providing quality cancer care is so multifaceted, involving everyone from nurses to oncologists, it's alarming that doctors have reported having trouble working together. Improving patient outcomes is a foregone conclusion if physicians and other health care workers can't find a way to work together more effectively. Because of the scarcity of clinical professionals in developing countries, interdisciplinary medical meetings and tumour boards are becoming increasingly important in maintaining high-quality health care for patients of all backgrounds. It was found that nurses consistently expressed positive intra- and inter-professional teamwork (Park et al., 2020).

### Conclusion

When areas of practise overlap and different organisations are trying to lay claim to the same domain of competence, conflict is prevalent among the professions. In spite of this, it has been stated that there are professional disagreements in the Nigerian system, and that these disagreements are possibly induced by the impression that some professions are more superior than others. However, it is crucial to work together as a team, recognising that all professions provide real information and experience that is equally useful and essential to society in general as well as the health care system in particular. A high level of teamwork is required in order to provide adequate care for cancer patients. As a result, those working in the health and social care industries must be able to effectively communicate with one another and collaborate.

The goal of providing quality patient care in the context of cancer management is contingent on high performance by patient-focused teams. To be able to accomplish such a lofty goal, we will, however, have to bridge the gap between the established ways of doing things and the fresh perspectives that are necessary from an efficient team. As a result, organisations that provide health care services ought to strive to provide exceptional patient care by embracing a culture that is centred on large teams and in which particular values and principles are openly discussed among team members, including patients, who ought to be positioned in the centre of the care being provided. Everyone needs to have the sense that they are being encouraged to provide their very best to the delivery and improvement of patient services users. Productivity in health care can be increased through effective teamwork, which also has the potential to greatly alter the outcome for patients.

Therefore, efforts to transform cancer care need to focus on improving team work interventions, because this will build trust among health care providers. Without sufficient trust, team members will spend a significant amount of time and energy protecting, checking, and inspecting each other rather than collaborating to provide value-added outcomes. In addition, strengthening teamwork is crucial in low-resource settings, where there is a need to maximise the synergistic use of limited resources to improve patient outcomes. This can only be accomplished by working together.

### REFERENCE

Andrykowski M.A, Bishop M.M, Hahn E.A, Cella D.F. & Beaumont J.L, et al. (2005). Long-term health-related quality of life, growth, and spiritual well-being areas hematopoietic stem-cell transplantation. *J Clinical Oncology*, 23(1), 599-608.





- Baczewska B., Kamiska M., Ciszewski T., Kubiowski T, Makara-Studzi M, et al. (2014) Quality of life and occurrence of depression under chemotherapy in patients suffering from lung carcinoma. *Ann Agric Environ Med* 21, 783-789.
- Calman K.C. (2012). Quality of life in cancer patients an hypothesis. *J Med Ethics*, 10(3), 124–127.
- Daft, R. (2003). Teamwork in organizations. In R. Daft (ed.), *Management*, 6th ed. (pp. 614–636). Ohio, USA: South Western
- DerSarkissian, C. (2021). Stages of Cancer. Retrieved from <https://www.webmd.com/cancer/cancer-stages>
- Duthie, C. (1999). Practice based pharmacists: Do patients and primary healthcare teams benefit? *Primary Care Pharmacy*, 1(1), 20–21.
- Erkoc, M., Otunctemur, A., Besiroglu, H. & Altunrende, F. (2018). Evaluation of quality of life in patients undergoing surgery for Benign Prostatic Hyperplasia, *The Aging Male*, DOI: 10.1080/13685538.2018.1433654
- Ferlay J., Wild C.P. & Bray F. (2017). The burden of cancer worldwide: current and future perspectives. *Holland-Frei Cancer Med.* 1–15. doi:10.1002/9781119000822.hfcm034
- Haileselassie W, Mulugeta T, Tigeneh W, Kaba M, Labisso W.L. (2019) The situation of cancer treatment in Ethiopia: challenges and opportunities. *J Cancer Prev*, 24(1), 33–42. doi:10.15430/jcp.
- Jayasekara, H., MacInnis, R. J., Room, R., & English, D. R. (2016). Long-Term Alcohol Consumption and Breast, Upper Aero-Digestive Tract and Colorectal Cancer Risk: A Systematic Review and Meta-Analysis. *Alcohol and Alcoholism*, 51(3), 315–330.
- Johansson B., Brandberg Y., Hellbom M., Persson C., Petersson L.M, et al.(2008) Health-related quality of life and distress in cancer patients: results from a large randomised study. *Br J Cancer*, 99, 1975-1983
- Lavdaniti M., Tsitsis N. & Chrysomallis M (2014). Quality of life in lung cancer patients. Proceedings of 1st International Balkan Conference on Health Sciences. Edirne, Turkey
- Misganaw A., Haregu T.N., Deribe K., et al. (2017) National mortality burden due to communicable, non-communicable, and other diseases in Ethiopia, 1990–2015: findings from the global burden of disease study. *Popul Health Metr.*, 15(1), 1–17. doi:10.1186/s12963-017-0145-1
- Mitchell P, Wynia M, Golden R, McNellis B, Okun S, Webb CE, et al.(2012). *Core Principles and Values of Effective Team-Based Health Care Discussion Paper*. Washington, DC: Institute of Medicine.
- Naylor MD, Coburn KD, Kurtzman ET, Prvu Bettger JA, Buck H, Van Cleave J. et al. (2010) Inter-professional team-based primary care for chronically ill adults: State of the science. Unpublished white paper presented at the ABIM Foundation meeting to Advance Team-Based Care for the Chronically Ill in Ambulatory Settings Philadelphia, PA;
- Onyinuka, A. N. & Ehkator, C. N. (2017). Psychosocial Issues among Adolescents with Diabetes mellitus: Experience from two Nigerian Hospitals. *Journal of Community Medicine and Primary Health Care*, 25(1), 47-59.



- Park, S., Ryu, J. & Lee, M. (2020). Quality of life in older adults with Benign Prostatic Hyperplasia-MDPI. <https://www.mdpi.com>
- Shor V., Grinstein-Cohen O, Reinshtein J, Liberman O. & Delbar, V. (2015). Health-related quality of life and sense of coherence among partners of women with breast cancer in Israel. *Eur J Oncol Nurs*, 19(1), 18-22
- Tapera, O., Kadzatsa, W., Nyakabau, A. M., Mavhu, W., Dreyer, G., Stray-Pedersen, B., & Hendricks, J. H. (2019). Socio-demographic inequities in cancer screening, treatment and care amongst women aged at least 25 years: Evidence from surveys in Harare, Zimbabwe. *BMC Public Health*, 19(1), 428.
- Tsitsis N. & Lavdaniti M (2014) Quality of Life in Women with Breast Cancer. *Int J Caring Sc* 7(1), 38-424.
- Vahedi, S. (2019). World Health Organization Quality-of-Life Scale (WHOQOL-BREF): Analyses of Their Item Response Theory Properties Based on the Graded Responses Model. *International Journal of Novel Trends in Pharmaceutical Science*, 34(21), 1046-1055.
- World Health Organization(2014) Being an effective team player Available from: URL: <http://www.who.int/patientsafety/education/curriculum/who>.

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