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Interprofessional Team Collaboration in Health Care

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Introduction- Health care is a multifaceted activity which requires health care professionals to work together for the patient or service users in a collaborative way to deliver the desired outcome. Hospitals are complex organisations humming with activities of heterogeneous groups of people such as doctors, nurses, paramedical and administrative staff, all working with a common goal of providing health care to service users (Kaini 2005, p.1). Health care professionals work together in a collaborative manner in various forms. It involves complex interactions between two or more members of different professional disciplines (Reel and Hutchings, 2007, pp.137). In a basic form, health care professionals consult their patients or service users and, each other as required, about the services needed by their service users. In more complex form of care, health care professionals work more closely, identifying together with service users what care services are required, who provides them and what adjustments need to be made to the health care plan and management. WHO (2010) asserts that 'it is no longer enough for health workers to be professional, in the current global climate, health workers also need to be interprofessional (WHO, 2010, pp.36).

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I. INTRODUCTION

Health care is a multifaceted activity which requires health care professionals to work together for the patient or service users in a collaborative way to deliver the desired outcome. Hospitals are complex organisations humming with activities of heterogeneous groups of people such as doctors, nurses, paramedical and administrative staff, all working with a common goal of providing health care to service users (Kaini 2005, p.1). Health care professionals work together in a collaborative manner in various forms. It involves complex interactions between two or more members of different professional disciplines (Reel and Hutchings, 2007, pp.137). In a basic form, health care professionals consult their patients or service users and, each other as required, about the services needed by their service users. In more complex form of care, health care professionals work more closely, identifying together with service users what care services are required, who provides them and what adjustments need to be made to the health care plan and management. WHO (2010) asserts that 'it is no longer enough for health workers to be professional, in the current global climate, health workers also need to be interprofessional (WHO, 2010, pp.36).

WHO (2010) further states that the world is facing a shortage of health workforce and policy makers are looking for new and innovative ways that can help them develop policies and programmes to bolster the global health workforce. Interprofessional team collaboration in health care is essential for the development of a collaborative practice friendly health work force, one in which all health care professionals work together to provide all kinds of services in a hospital. Different health care professionals have their own background, defined roles and responsibilities, code of practice and expertise. The objective of their presence in health care set up is only to offer the best possible service to alleviate or improve service users' health problem.

It was felt that the interactions between health care professionals in the past have been limited. Concepts of specialities and sub-specialities are emerging in health care. Most of the service users are

aware of their treatment and care plans due to easy access of clinical and health care information. Different health care professionals such as nurses, doctors, bio-medical scientists, radiographers, pathology technicians etc are interdependent or associated to each other. Therefore, patient care in isolation is impossible. According to Parsell and Bligh (1999), the borders clarifying the rules, roles and responsibilities of different health care professionals are now less distinct due to the increasing similarity of knowledge and skill.

The range and complexity of factors that influence health and well-being, diseases and illnesses require health care professionals from all specialties and groups to work together in a comprehensive and collaborative manner (Canadian Nursing Association, 2005). For example, health service users need information about various health issues for prevention and treatment of diseases and illness, immunisation, screening for disease prevention, diagnosis of their health problems, continuous support for behavioural change and monitoring of management plans for long term health issues. Working together and collaboratively in an interprofessional care team and the combined knowledge, skills and expertise of health care professionals become a very strong tool to enhance the health of the entire population served (Canadian Nursing Association, 2005).

II. INTERPROFESSIONAL TEAM

Interprofessional involves joint working and interactions between health care professionals. It is a collaborative working (Leathard, 2003) in which health care professionals share a common purpose of developing mutually negotiated goals (Payne, 2000) which are achieved through agreed care plans, management and procedures (Colyer, 2012). For interprofessional care to happen in practice, health care professionals pool their knowledge, skills and expertise (WHO, 2010) and make joint decisions based upon the shared professional view points (Canadian Interprofessional Health Collaborative, 2010). Kane (1983) defines the term 'interprofessional team' as having a common objective, differential professional contributions and a system of communication.

Interprofessional care is the processes for providing the best health services to service users and helped to achieve the optimal desired outcomes and service users' satisfaction. The Health Force Ontario

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(2007) defines interprofessional care in its report '*Interprofessional Care: A Blueprint for Action in Ontario*' and states that it is 'the provision of comprehensive health services to patients by multiple health caregivers, who work collaboratively to deliver quality care within and across settings'. The Health Force Ontario (2010) further states that interprofessional care is 'a collaborative, team-based approach to providing optimal patient care and it benefits and empowers patients, and significantly improves health care provider satisfaction'.

III. HEALTH CARE PROFESSIONALS

The health care team is composed of a number of professionals of different backgrounds, education, training, experiences and theoretical viewpoints. They differ not only in the resources they bring to the team, but also in role expectations, status, and the extent of their legal responsibility for the service users (Duncanis and Golin, 1979). Among the professions often represented on the team are medicine, nursing, allied health professions (AHPs) and health care management professionals. Duncanis and Golin further assert that each health care team is a unique blend of professional and personal characteristics of its members, its effectiveness determined largely by the dynamics of that configuration.

Moreover, different disciplines in health care have different philosophies and different problem solving styles. For the benefits of service users and health care professionals, they have to work on the team structure. Each health care team develops certain rules of operation, certain ways of proceedings to accomplish its task. These may range from unwritten or informal group norms of behaviour to formal written procedural manuals (Duncanis and Golin, 1979). Drinka and Clark (2000) assert that there are various specialties in health care and different types of technical skills to be learnt and knowledge to be acquired in health care. However, there are overlaps in some of the main bodies of knowledge and skills that underline different health professions. Collaboration is one of the characteristics of the team and team members' relationship depends on how they collaborate and who they work with.

a) Roles and Responsibilities of Health Care Professionals

Roles are associated with assigned tasks or behaviour that is expected to be performed by an individual or a team. Sullivan (1998) asserts that responsibilities refer to accepting accountability for views expressed, and ultimately for the decisions made. Without defined roles and responsibilities, health care professionals cannot perform effectively and that may create chaos in the complex work environment in health care organisations. Duncanis and Golin (1979) state that roles of team members are generally defined in terms of

the particular professional competencies of each team member and the nature of the task to be done. In health care professionals' team, the roles that each member plays may be clinical and may serve a group dynamic function in the team. Each team member is assigned specific roles and responsibilities in the interprofessional care team.

Hornby and Atkins (2000) define role as a part to be fulfilled or carried by a health care professional or group to achieve shared goal and desired outcome which is essential for interprofessional care and collaboration between health care professionals. Roles and responsibilities of health care professionals are defined in their terms of contract and job description. They are bound to follow their professional norms, clinical practices, standards, organisational policies, procedures, protocols and guidelines. The Interprofessional Education Collaborative (2011) states that understanding of how professional roles and responsibilities complement each other in health care organisations are important part of their professional life.

Julia and Thompson (1994) describe two kinds of team roles – task and maintenance roles. They further mention that these two roles assumed by the members are characterised to assess the degree to which individual participation either facilitates or hinders team process; and the concept of role applied to team process provides a way for team members to symbolise the active participation of every other member in a team. Lister (1982) describes roles in the interprofessional team into personal roles and professional roles. Personal roles are based on the personality, socio-economic and cultural factors whereas professional roles derived from occupational status. Lister further states that professionals may assume other team function roles based on either professional or personal roles, further complicating the analysis of team role function typically seen in team behaviour.

It is expected that health care professionals are well informed of their roles, responsibilities and professional boundaries, but in reality, this may not always be the case (Barrett and Keeping 2005). Overlapping roles and expertise, extended roles and cross-professional working practice are the factors that may shadow the clear definition of their roles. For example, roles of podiatry team and tissue viability nurse may be conflicting while offering services to a patient with heel pressure ulcers. Bliss *et al* (2000) state that lack of clarity and misunderstanding regarding the boundaries of professional roles may be a factor in restricting the utilisation of relevant professionals within interprofessional practice. Overlapping and blurring professional roles in interprofessional care team can result in feelings of insecurity and anxiety and can weaken professional confidence (Barrett and Keeping 2005; Loxley 1997 and Booth and Hewison, 2002). Farrell *et al* (2001) study informal roles in team

development stages as described by Tuckman (1965) in his team development model and conclude that informal role differentiation is observed at the beginning stages of team development and begins to diminish in the later stage.

Health care professionals and service users define their roles for themselves and other team members based on their experience, learning and the need of the services. Furthermore, they act within the defined and agreed roles in health care organisations and the society. Leiba (1994) states that health care professionals and service users must ensure flexibility and willingness to modify or even exchange their roles according to the needs of individual cases for effective interprofessional care and collaborative practice. The roles that a health care professional plays and the way people evaluate them in the society are important to maintaining a good self image. Hornby and Atkins (2000) assert that the self image of health care professionals and the image created by the society have a very strong impact on interprofessional care and collaboration.

Miller *et al* (2001) state that if health care professionals have detailed and accurate knowledge of other health care professionals' roles and boundaries, they are able to assess service users need when it is appropriate to refer to another member of the team for further treatment or assessment. It is argued that health care professionals should remain flexible at the professional boundaries of their roles in order to develop team knowledge and skills. Therefore, the requirement for health care professionals to be role flexible is fundamental to health service delivery.

Hidden roles create misunderstanding of professionals' roles and responsibilities. It may be due to lack of clarity of roles or unseen tasks that a health care professional is assigned to carry out. If health care professionals from two different teams or organisations work together, there may be different policies, protocols and practices in place. Such practices also create confusion in clarifying health care professionals' roles. Miller *et al* (2001) state that the differentiation of roles and the way in which non task based roles can develop are two factors to consider when examining the nature of other health care professionals' role contribution. Health care professionals get an opportunity to understand the roles of other professionals by working together in the close vicinity. Moreover, it makes interprofessional care more collaborative as everyone can easily engage in interaction and in-depth communication about specific issues and close observation of practices.

Health care professionals have to play non clinical roles in their day-to-day jobs. Non clinical roles include business planning, administrative and managerial, service development and improvement, commissioning, customer services, leadership,

academic writings, teaching, tutorials, clinical governance and risk management, policy formulation and reviews, evaluation, monitoring etc. Understanding of non clinical roles helps to overcome divisions between health care professionals or different groups (Miller *et al*, 2001). Leathard (2003) asserts that health care professionals no longer enjoy the security of structured and defined traditional roles and changes have been noted from 'practice based training' to 'university based education' in nursing, therapy and social work.

The nature and complexity of the health issue of service users define the roles and tasks in which a group of health care professionals interacts and engages. A task for health care professionals can be an assessment, review, clinical judgement, intervention, clinical decision, referral, diagnosis, treatment or any other health services performed by them in relation to a service users' health issue. The Canadian Health Services Research Foundation (2006) states that the greater the interdependency of health care professionals, the higher the level of collaboration required to perform their tasks and to achieve the optimal desired outcomes. Miller *et al* (2001) assert that the role understanding is a complex issue as it consists of understanding others' roles, defining on how roles are achieved in daily job and understanding of the rationale behind a professionals' contribution.

Health care professionals have a shared goal of providing good care to all service users. However, in the practical scenario; the different roles, responsibilities and core values between health care professionals means the issues arising in day-to-day practice may vary (Reel and Hutchings, 2007, pp.144). Therefore, it is important to recognise and respect each other's roles, responsibilities, opinions, expertise and work stresses. This is required to play an effective role of a member of interprofessional care team.

Orchard *et al* (2005) suggest that members of a health care professional team should be aware of their role and expertise and they should be confident in their own capabilities, recognise the professional boundaries of their scope of clinical practice, be committed to the values and ethics of their own profession and be knowledgeable of their own practice standards. The Health Professions Regulatory Networks (2008) asserts that health care professionals must also be accountable for and committed to maintaining effective communications with other members of the interprofessional health care team, and promote team problem solving, decision making and collaboration by applying principles of group dynamics and conflict resolution.

Interprofessional Education Collaborative (2011) asserts that health care team member's roles and responsibilities vary within legal boundaries and actual roles and responsibilities change depending on

the specific care situation and sometimes as specified in the terms of references of the job. Many times health care professionals cannot communicate their own role and responsibilities to other colleagues properly. In such a condition, they cannot communicate others what they do, cannot understand what other professionals do and how others can help them to deliver an effective health services.

Health care professionals' roles evolved over time and it may be difficult to some health care professionals when other colleagues are taking on some of their roles and it may be relief for others as their colleagues helping them to perform their tasks (Reel and Hutchings, 2007, pp. 147). Gorman (1998) states that roles in a high performing team can be fluid and roles of health care professionals in an interprofessional team get passed back and forth, for example, leadership will shift from person to person as the circumstances demand. Roles of health care professionals in hospitals are limited by legal requirements and they have to exercise their professional skills and expertise with due care and diligence.

b) *Skills and Competence for Interprofessional Collaboration*

Health care professionals exposed in theoretical and practical education, training and personal development during their education and career in their own field and gain strong discipline based knowledge, skills and capability that give access to professional jurisdictions. Therefore, other health care professional groups may have limited understanding of the complexity of relationships between them (D'Amour *et al.* 2005).

Hornby and Atkins (2000) assert that relational, organising and assessment skills are main three collaborative skills required for health care health care professionals. Relations skills are more about interaction and communication skills whereas organising skills are required for organising groups, meetings, setting up patient referral systems etc. Assessment skills are related to collecting, analysing and reflecting in evidence. Hammick *et al.* (2009) suggest the following three categories of basic competencies for being an interprofessional practitioner.

Knowledge

- Understand the role and working context of other practitioners.
- Recognise the range of knowledge and skills of all other colleagues.
- Understand the principles and practice of effective teamwork.

Skills

- Apply sound verbal and written communication methods.
- Identify situations where collaboration is helpful or essential.
- Work collaboratively with service users and carers.
- Use interprofessional learning in work settings.

Attitudes

- Appreciate the value of interprofessional collaboration.
- Acknowledge and respect others' views, values and ideas.

(Hammick *et al.*, 2009; pp. 23)

Hammick and colleagues state that combining the knowledge, skills and attitudes enables a health care professional to be a competent practitioner. As health care professionals' careers develop and they move forward to more senior positions, their role require them to have more advanced interprofessional competencies. However, values for the interprofessional competencies such as respect for everyone, willingness to engage, a caring disposition towards colleagues and an appropriate attitude remain the same for all levels of professionals (Hammick *et al.*, 2009, pp;23)

CHSRF (2006) asserts that integration of new health care professionals into clinical practice requires an orientation on the knowledge, skills, and attitudes needed for interprofessional care and teamwork, interactional factors and change management. A team development guidance or strategy that focuses on developing and sustaining capacity at the organisational and work or local level is also vital for the integration of health care teams into clinical practice.

Interprofessional Education Collaborative (IPEC, 2011) published an expert report - '*Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel*' in 2011 and highlights the following competencies for interprofessional collaboration:

- Values/Ethics for Interprofessional practice.
- Roles/responsibilities.
- Interprofessional communication.
- Teams and teamwork.

Canadian Interprofessional Health Collaborative (CIHC, 2010) published '*A National Interprofessional Competency Framework*' and mentions the following six competency domains for collaborative practice:

- Interprofessional communication.
- Patient/client/family/community centred care.
- Role clarification.
- Team functioning.
- Collaborative leadership.
- Interprofessional conflict resolution.

These competencies focuses on the ability to integrate knowledge, skills, attitudes and values in arriving clinical judgements rather than relying on the demonstrated behaviours to demonstrate competence (CIHC, 2010). Engel (1994) highlights the ability to use an understanding of group dynamics, adapting change and participating in change, communication, understanding of how the interaction and productivity of the team as a whole tends to change over time as important competencies for interprofessional collaboration. Furthermore, Engel discusses managing self, managing with others, communication, negotiation, seeking and giving advice as other competencies for the same.

Health care professionals competencies gained through academic qualifications, training or experience may be diminished unless these skills are used frequently or at least practised intermittently in simulated situations (Engel, 1994; pp.72). Therefore, it is the responsibility of health care professionals, managers and leaders to arrange continuing professional and personal development to practice these skills and knowledge in different health care set ups. Hammick *et al* (2009) argue that health care professional understand the values, knowledge and skills of others in the health care team so that everyone can contribute in a harmonised and better way.

c) *Impact of Interprofessional Collaboration*

Health services are designed to provide the best possible care to service users and families, to improve the quality of life, to alleviate health issues and improve the health conditions. The main objective of IPC is to bring a broader scope of health care professionals' knowledge, skill and expertise to the efforts to improve the quality of care and clinical outcomes related to service users' health problems and issues. The main question of interprofessional collaboration is whether interprofessional care is benefiting patients, service users, their families, health care professionals and the health system. Interprofessional collaboration comes into practice to ensure that health care professionals can complete a care task or combination of tasks that they could not achieve effectively on their own (Reeves *et al*, 2010). According to Schmitt (2001), the impact of interprofessional collaboration should be assessed across the range of problems for which the health care team has been formed and operated. Effective health care cannot be achieved in isolation. The health care delivery system is based on a sequence of co-ordinated activities of professionals from various disciplines. According to Wanger (2004), it requires synchronised and rigorous efforts from all health care professionals and individuals and an appropriate care delivery system.

Some authors and researchers suggest that the advantages of effective interprofessional team collaboration can be significant. The outcome of

effective interpersonal team collaboration is improved and better patient care (Leathard, 2003; Payne, 2000; Overtveit *et al*, 1997; Miller *et al*, 2001; Hornby and Atkins, 2000). Some of the reasons for better patient outcomes mentioned by those scholars are that collaborative practices and team approaches help team function better and make appropriate decisions for service users, co-ordinated and integrated action, capabilities to cope up with stressful and multifaceted environment, combined skills, knowledge and expertise for dealing with complex health problems and team synergy.

Barrere and Ellis (2002) confirm that interprofessional collaboration between doctors and nurses was a fundamental factor in positive patient outcomes regardless of the severity of a patient's condition. Weschules *et al* (2006) carried out a research in primary care and hospital set up and confirmed that improved patient outcomes have been demonstrated in studies of collaboration between pharmacists and physicians, and when pharmacists are included as part of the health care team. O'Brien-Pallas *et al* (2005) have also gathered the evidence of the positive outcomes of nurse-doctor collaboration in Canada. A report by Oandasan *et al* (2006) '*Teamwork in health care: Promoting effective teamwork in health care in Canada: Policy Synthesis and Recommendations*' has also recommended interprofessional collaboration as an effective way to reduce stress, burnout among health care professionals, to improve the quality of care and enhance patient safety.

Various research findings have linked the outcomes of interprofessional collaboration with mainly service users, health care professionals and health care organisations or systems. The Health Professions Regulatory Network (2008) highlights the following outcomes associated with collaborative practice for service users, health care professionals and health care organisations:

Outcomes of collaborative practice for service users/ patients:

- Improved patient satisfaction.
- Improved patient transfer and discharge decisions.
- Improved patient care and outcomes.
- Decreased risk-adjusted length of stay for patients.
- Reduced medication errors.

Outcomes of collaborative practice for health care professionals:

- Improved job satisfaction.
- Decreased job associated stress.
- Lower nurse turnover rates.
- Improved communication among caregivers.
- Improved efficiency.
- Improved understanding of roles.

Outcomes of collaborative practice for health care organisations

- Decreased costs
- Improved efficiency of health care providers
(The Health Professions Regulatory Network, 2008; pp.3)

IV. CONCLUSION

The main objective of interprofessional care is to deliver the most optimal public health services, which requires looking at problems from various medical and nursing perspectives and, hence, to make compromises (Pecukonis, *et al*, 2008). In terms of employment health care is one of the biggest industries. There is a considerable pressure as high costs involved with an increasing demand in an ageing society. In order to fulfil the demands and to provide high-level public health services, the medical and nursing staff need to share their learning and optimise their collaborative efforts. As various professions have different norms and habits collaboration is extremely vital for the delivery of efficient health services. Through collaborative practices, health care professionals are also able to learn from each other and to discover more about themselves and other colleagues. Sullivan (1998) asserts that health service delivery is an interactive process and requires coherent and aligned efforts to continuously review roles and responsibilities of health care professionals.

As health care workers professionals dedicate their time and efforts to provide the best possible care to patients and families to improve the quality of life, to alleviate health issues and improve the health conditions. Both from the perspective of their interest as health service providers and from the perspective of hospitals as places of learning, efficient teamwork and high quality health service provision are needed. There is emerging evidence that service users are benefiting from new ways of joint working and interprofessional team collaboration.

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