INTERPROFESSIONAL COLLABORATION: AN INTRODUCTION

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Abstract

This article explores the concept of working in an interprofessional manner. The authors recognize there are both benefits and challenges to integrating a work force to learn and value the cultures of other professions. There are several skills that are recognized as essential for individuals to attain an interprofessional perspective, and these skills are transferable to many areas where people work closely with other professions to attain a common goal.

Keywords: Interprofessional, collaborative work practice, interprofessional teams, interdisciplinary

There are many reasons to prioritize the infusion of ways to train team members to work collaboratively with colleagues.

Collaboration between and among team members has many benefits for both team members and the patient or client being served. The formation and sustainment of a collaborative work team in not a new concept, however, over the past decade there has been an explosion of professional literature, particularly in the area of health care, with the publication of many articles and books on the topic of collaborative work teams. In the arena of health care, the literature specifically targets teaching students from a variety of health related professions in the frameworks of interprofessional education (Borst, 2010; Finn, 2008; Hall, 2005; McNair, 2005; Mitchell, Parker, Giles, & White, 2010; Pecukonis, Doyle, & Bliss, 2008) .

Universities educating health professionals are increasingly developing and involved in research regarding the concept of working within interprofessional teams. The literature suggests that interprofessional teams, united in attaining a common goal for a patient or client offers improved services. Many universities are promoting interprofessional education as an educational requirement for their health profession students. Health care professionals capable of working with other disciplines on integrated work teams, including nursing, occupational and physical therapy, physicians and physician assistants, social workers, therapeutic recreation specialists, clinical laboratory scientists and others, are viewed as essential (Pecukonis, et al., 2008).

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When teams fail to work together in a collaborative fashion, it is often the result of difficult encounters between differing professions. Difficulties in collaborative teaming is traced to the conflicts that arise due to a lack of knowledge regarding the differing roles professions have in patient care, a lack of skills in participating in positive teamwork and varying levels of respect for other professions. Health care curriculums are evolving to require students be trained in in interprofessional training to assess and train students in ways that mediate these challenges (McNair, 2005).

The research regarding interprofessional teaming in health care is consistent with the articulation of the specific and overlapping skills necessary to work effectively with other disciplines. Although working with other disciplines and professions happens in many ways (e.g., multidisciplinary or interdisciplinary teams), interprofessional teamwork is unique. Curriculum for interprofessional work groups is based in theories from the social sciences regarding social identity theory and the notion of self-concept within group dynamics (Pecukonis, et al., 2008). The Social Identity Theory (Tajfel, 1981) is central to explaining how the concept of professional cultures can negatively influence interprofessional work. Pecukonis et al., suggest that the Social Identity Theory offers insight into how self-concept and identity are derived from our affiliations with unique groups, such as professions (2008). During the process of professional acculturation that frequently takes place during professional education, we develop an understanding of how to act within our profession. The Social Identity Theory was developed by Tajfel and Turner in 1970s and 1980s. The development of this theory advanced the psychological basis of intergroup discrimination. Tajfel et al. (1971) attempted to identify the minimal conditions that would lead members of one group to discriminate in favor of the „in-group" to which they belonged and against another „out-group". Tajfel suggested that social identity is constructed from experiences with members of various groups that are prominent in the individual's life. Tajfel's work fits well with the theory of Mead (1934), who suggested self-concept is derived through social interaction (Pecukonis, et al., 2008). A persons' self-esteem is intimately tied to the group process. Members of a group culture will attempt to maintain their self-esteem by defending and preserving their ascribed values (Abrams & Hogg, 1990) and refusing group membership to those who are „outside" the ascribed values.

In attempts at preserving the culture of the group, as with a profession, individuals see their professional relationship in an esteemed manner and at the same time apply stereotypes to members of „other" groups to distinguish their strengths while bringing attention to the „out-groups" weaknesses. This form of distinguishing between „us" and „them" is common in all social interactions. Stereotypes are affectively used to preserve the group identity and cohesion by providing members with „an interpretive frame for evaluating information, and formulating impressions and courses of action that preserve the preferred status quo" (Pecokonis, et al., p. 420). Although stereotypes assist in distinguishing differences between groups, they quickly become overly simplistic and bias interpretation of the judgment and action of others.

Social Identity Theory also suggests that group membership is dynamic and dependent on the context (McNair, 2005). Group membership is capable of shifting and interprofessional education suggests that when professional curriculum includes teaching skills to challenge stereotypes and widen cultural competence, work teams designed to include multiple professions are capable of flourishing.

What does working in an interprofessional manner look like and what are the skills necessary to be interprofessional?

Hall (2005) suggests an interprofessional team must foster „equal status" between team members. Teams must work together towards goals that are mutually designed and developed and must be compatible with the priorities and values of each team member. McNair suggests that interprofessional education occurs „when 2 or more professions learn with, from and about one another to facilitate collaboration in practice" (p. 460). This form of education is intended to teach depth of understanding and respect for the „other" professions within health and social care professions. Norsen et al. (1995), finds the following skills to be essential to successful interprofessional collaboration: cooperation, assertiveness, responsibility, communication, autonomy, and coordination.

In the United Kingdom, the Combined Universities Interprofessional Learning Unit has adopted a focus on teaching and learning interprofessional „capabilities", in place of „competencies", for working in health care teams (Suter, Arndt, Arthur, Parboosingh, Taylor & Deutschlander, 2009). The capabilities the universities now recognize as necessary for collaborative practice include: „ethical practice (e.g., respect for other cultures, values and beliefs, patient and user participation, attention to legal and ethical boundaries), knowledge in practice (e.g., integrated of legal frameworks, team structures and processes), interprofessional working (e.g., integrated assessment plan, collaboration and communication, sharing of professional knowledge and mentoring), and reflection (e.g. feedback, problem solving, lifelong learning, reciprocal supervision." (Suter, et al., p. 42).

What are the challenges of working as part of an interprofessional work team?

One of the challenges of interprofessional teaming is the insulation of students in their own unique professional culture. Hall (2005) suggests that during the educational process, profession culture is taught as unique, central and superior. As with all social groups, i.e. families, ethnic groups, societies, nations, cultural members teach the values, beliefs, attitudes, customs and behaviors that are considered primary to the culture. Pecukonis, et al., support this idea and state, „Prejudice directed toward different professional cultures "is no different from the stereotypes we observe between ethnic, racial or cultural groups within our communities" (2008, p. 421). In professional cultures, the intricacies of the culture are taught within the academic systems, but also taught through the orientation process of new professionals by experienced work force members.

Suspicion and distrust can occur when professionals from one culture work with other professionals from outside their area of expertise (McNair, 2005). Professionals may promote their expertise and knowledge regarding distinct bodies of knowledge, skill and work to protect these proficiencies as exclusive to their profession. This exclusivity can create significant boundaries between working relationships which ultimately effects achievement of the common goals and positive patient care (McNair, 2005). Hall suggests that this form of protecting professional territory occurs during the educational process but it also occurs during the professional socialization period, „At the completion of their professional education, each student will have mastered not only the skills and values of his/ her profession, but will also be able to assume the occupational identity" (2005, p. 190).

Many professions work to define their boundaries. Boundaries are often useful to restrict others from performing certain tasks or duties and to promote those specialized skills in their own profession. Boundaries are ways to clearly define separation (Hall, 2005). For example, historically health care systems have nourished distinct boundaries between the knowledge and skill sets of various health care disciplines. In addition, in health care and in other areas of commerce or social services, specialization has grown in importance and in prestige. For example, universities are commonly divided by colleges, departments and offer diplomas, certifications and specific licensures designed to enhance employment in unique segments of society (Hall, 2005). The boundaries between the professions can lead to territorialism can occur and professionals can quickly feel „threatened by others who are seen to be encroaching upon their territory" (McNair, 2005, p. 457).

Interprofessional education promotes the idea that the challenges professionals encounter when working with professionals from different disciplines are due to a lack of knowledge about the contributions made by other disciplines. Respect for other professions is necessary in collaborative teamwork, appreciation for differing opinions and other professions' roles. If boundaries between professions are not challenged, team members may sabotage collaboration through a variety of means, including, „abuse of power, arrogance, greed, misrepresentation, impairment, lack of conscientiousness and conflicts of interest" (Pecukonis, et al., 2008, p. 458). Interprofessional education challenges the personal, value-based beliefs of the student and emphasizes the need for health care professionals to be reflective and aware of their own behavior and its impact on others (Hall, 2005).

The benefits of interdisciplinary work units are numerous.

The benefits of collaborative teaming are many and benefit the individual, the customer, patient, or client and it profits the interprofessional team. Across disciplines, interprofessional work skills are linked to increased job satisfaction, innovation, and effective services, improved planning and policy development, improved communication, enhanced problem solving, and reduced duplication of services (Mitchell, M., et al., 2010; Mitchell, R., et al., 2010). Ethical codes of various health disciplines are very similar and professions may share many values in common. When team members demonstrate mutual respect, shared goals and integration of professional competencies, collaboration increases and shared goals for the client or customer care are effective in increasing positive patient outcomes (Banfield & Lackie, 2009). Interprofessional education improves communication, mutual respect, and collaboration between health professionals, increases an individual's sense of professionalism and competency and enhances teamwork resulting in the ultimate goal: enhanced patient, customer, or client outcomes (Banfield & Lackie, 2009).

Is interprofessional teamwork only for the health care professions?

Investing in the creation of a collaborative interprofessional team offers benefits to many areas of social and commercial enterprise. To achieve collaborative teaming, professionals must be educated about their own interprofessional barriers and offered support to learn the unfamiliar vocabulary, different approaches to problem-solving and the unique assessment

approaches of the „other" professions (Hall, 2005). Hall suggests that in a collaborative team, creative solutions increase and that while team members continue to assume professional roles, they act a group accepting joint responsibility to the outcomes of their teaming (2005).

Within a university based interprofessional curriculum, the faculty is in a position to challenge stereotypes and teach the values and skills of the variety of professions. In a social or commercial venture, the team leader must be enthusiastic and committed to the concept of collaboration. The team leader must act as a role model to encourage interest in mutual skills and respect for each others assessment (Banfield & Lackie, 2009). Interactions between facilitators that are relaxed and good humored provide a setting for team members to feel safe in which to share views and experiences. Team leaders, „must establish rapport, clarify expectations, demonstrate the value of seeking a diversity of perspectives, facilitate dialogue and request feedback, and role model collaboration" (Banfield & Lackie, 2009, p. 614).

Leadership skills are required to manage the creation and management of an interprofessional team including the ability to recognize the challenges of group dynamics, but also to value the goal of blending the different professional cultures represented in the team. Team leaders must recognize the challenges and strengths of individual personalities and characteristics and have the ability to blur the issues of professional conflict (Hall, 2005). Team leaders model the competencies that relate to an understanding of cultural sensitivity and create a safe environment for all health care professionals (Banfield & Lackie, 2009). Although health care education is currently producing and designing curriculum regarding this way of educating health teams, the skills necessary to be interprofessional are transferable to other work settings.

Summary

Working in an interprofessional manner is not a new concept. The professional literature, particularly in the health sciences is clear that there are both benefits and challenges to integrating a work force to learn and value the cultures of other professions. Taking the time to learn and teach the important skills necessary to recognize the skills of the profession one works with is essential for individuals to attain an interprofessional perspective and benefits the work team as well as the client. Once learned, these skills are transferable to many areas where people work closely with other professions to attain a common goal.

References

BANFIELD, V., & LACKIE, K. (2009). Performance-based competencies for culturally responsive interprofessional collaborative practice. Journal of Interprofessional Care, 23 (6), 611-620.
BORST, J. (2010). Social work and health care: Policy, practice and professionalism. Boston: Pearson.
FINN, R. (2008). The language of teamwork: Reproducing professional divisions in the operating theatre. Human Relations, 61 (1), 103-130.

HALL, P. (2005). Interprofessional teamwork: Professional cultures as barriers. Journal of Interprofessional Care, Supplement 1, 188-196.

MCNAIR, R. P. (2005). Interprofessional learning: The case for educating health care students in professionalism as the core content of interprofessional education. Medical Education, 39, 456-464.

MEAD, G. H. (1934). Mind, self and society. Chicago: Chicgao University Press.

MITCHELL, M., GROVES, M., MITCHELL, C., & BATKIN, J. (2010). Innovation in learning: An inter-professional approach to improving communication. Nurse Education in Practice, 10, 379-384.

MITCHELL, R., PARKER, V., GILES, M., & WHITE, N. (2010). Toward realizing the potential of diversity in composition of interprofessional health care teams: An examination of the cognitive and psychosocial dynamics of interprofessional collaboration. Medical Care Research and Review, 67 (1), 3-26.

NORSEN, L., OPLADEN, J., & QUINN, J. (1995). Practice model: Collaborative practice. Critical Care Nursing Clinics North America, 7, 43-52.

PECUKONIS, E., DOYLE, O., & BLISS, D. L., (2008). Reducing barriers to interprofessional training: Promoting interprofessional cultural competence. Journal of Interprofessional Care, 22 (4), 417-428.

SUTER, E., ARNDT, J., ARTHUR, N., PARBOOSINGH, J., TAYLOR, E., & DEUTSCHLANDER, S. (2009). Role understanding and effective communication as core competency for collaborative practice. Journal of Interdisciplinary Care, 23 (1), 41-51.

TAJFEL, H. (1984). The social dimension. London: Cambridge University Press.

TAJFEL, H. (1981). Human groups and social categories. Cambridge: Cambridge University Press.

INTERPROFESSZIONÁLIS EGYÜTTMŰKÖDÉS: BEVEZETÉS

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Összefoglaló

A tanulmány az interprofesszionális, azaz szakmaközi együttműködés fogalmát, az ezzel kapcsolatos nehézségeket és előnyöket tárja fel.

A munkacsoporton belül működő szakmaközi együttműködés számos előnnyel jár mind a csoport tagjai, mind pedig a betegek, illetve ügyfelek számára. Ugyanakkor kihívást jelent a dolgozók körében elérni azt, hogy megtanulják és értékeljék a másik tag szakmai kultúráját. Az azonos csoportkultúrát, azaz szakmát képviselők a saját kultúrájukat azáltal próbálják másokkal szemben előtérbe helyezni, hogy a maguk erősségeiket hangsúlyozzák, egyúttal a más szakmák sztereotípiákon alapuló gyengeségeit hozzák fel. Az interprofesszionális csapatmunka legnagyobb kihívásai az egyes szakmák elszigeteltsége, az egyes szakterületek közötti egyértelmű határvonalak kijelölése, a másik szakterülettel szembeni gyanakvás és bizalmatlanság, valamint a szakterületen belüli specializáció fontosságának az együttműködés rovására történő hangsúlyozása.

Az interprofesszionális oktatás a sztereotípiák eloszlatásával és a kulturális kompetencia bővítésével elérheti, hogy a több szakma képviselőit egyesítő munkacsoportok eredményesen együttműködhetnek. A másik szakma iránti tisztelet szükséges a közös munkavégzéshez, az eltérő vélemények elfogadásához, valamint a más szakmák fontos szerepének elismeréséhez.

Mitchell szerint a szakmaközi együttműködések legnagyobb előnyei a munkával való nagyobb elégedettség és magasabb szintű innováció, hatékonyabb szolgáltatások, fejlettebb tervezés, stratégiaalkotás, kommunikáció és problémamegoldó képesség, valamint kevesebb kettős ellátás. (Mitchell, M., et al., 2010; Mitchell, R., et al., 2010).

Különböző készségek meglétére van szükség ahhoz, hogy az egyénben kialakuljon az interprofesszionális szemlélet: Norsen (1995) szerint a legfontosabbak az együttműködés, magabiztosság, felelősségvállalás, kommunikáció, önállóság és koordináció.

Az egészségügyi oktatásban jelenleg is léteznek interprofesszionális tantervek, amelyeknek alapján szakmaközi együttműködésre képes szakembereket képeznek. A szakmaközi együttműködés azonban nemcsak az egészségügyben kívánatos: a szükséges képességek megléte esetén alkalmazható mindazon területeken, ahol különböző szakmák képviselői szorosan együttműködnek egy közös cél érdekében. A sikeresen együttműködő interprofesszionális team létrehozása jövedelmező befektetés a szociális és kereskedelmi vállalkozások számos területén.

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Mind a szociális, mind pedig a kereskedelmi vállalkozások esetén kiváló vezetői képességekre van szükség az interprofesszionális team létrehozásához és vezetéséhez, a csoport vezetője minden esetben legyen lelkes és a szakmaközi együttműködés ügyének elkötelezett.

Kulcsszavak: interprofesszionális együttműködésen alapuló munkavégzés, interprofesszionális munkacsoportok, interdiszciplináris