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Exploration of Students Experience in Inter-Professional Collaborative Practice in Community Setting

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Abstract

Background: Interprofessional collaboration in health care is the mechanism by which multiple health workers from different professional backgrounds work together to maximize care delivery and patient health outcomes. This study aims to explore health students' experiences of IPC practice in the community setting.

Subjects & Method: A qualitative phenomenological approach was carried out. Data were collected utilizing a focus group discussion of 13 health students of different majors and analyzed using the modified Van Kaam method of phenomenological data analysis. Triangulation of data source and method were used to ensure the validity of the findings.

Results: Four themes that illustrate participants' perspectives on the nature, benefits, and challenges of interprofessional collaborative practice were identified: interprofessional collaborative practice, differing viewpoints, benefits for a future career, and gaining practical knowledge. Collaboration, communication, and mutual respect were found to be the main components of IPC. The differences in viewpoints and values among health disciplines, role overlaps, and community's negative perceptions, and lack of health awareness constituted challenges to students' interprofessional collaborative practice in community settings.

Conclusion: This study underlines the importance of incorporating interprofessional education in professional health care education. Limited interprofessional knowledge and skills could result in negative implications. Conversely, a successful interprofessional collaborative approach has many substantial benefits for health care providers, patient outcomes, and the community at large.

Keywords: Inter-Professional Collaborative Practice; Health Education; Qualitative

Introduction

Seeing the intricacies and multifaceted nature of patients' health and care needs and the health system, it is nearly impossible for an individual health care professional from any discipline to provide adequate and comprehensive care that addresses all of the issues to improve the client's health. Thus, numerous health policymakers around the world have consistently called for the use of interprofessional collaboration (IPC) as a critical solution to improving patient care quality and safety [1,2]. Collaboration and teamwork in health care have been revealed to improve patient outcomes and to have beneficial effects for health care providers, including increasing efficiency and job satisfaction [3-5]. Furthermore, IPC practice plays an essential role in mitigating the challenges that the health systems worldwide encounter,

such as the worldwide shortage of human resources for health, as it can ensure the appropriate supply, mix, and distribution of the health workforce [2].

IPC is the mechanism by which multiple professional organizations in health and social care work together to affect care positively [6]. As defined by The World Health Organization, the interprofessional collaborative practice provides comprehensive health services by multiple health workers from different professional backgrounds who strive to provide the highest quality of care across settings for patients, families, caregivers, and communities [2]. Healthcare practitioners who follow this model are engaged with each other and with patients and their stakeholders in a process-oriented and outcome-driven fashion that is holistic, reflective, integrative, and cohesive [7].

IPC requires frequent professional negotiation and engagement, which values the skills and contributions brought to patient care by different healthcare practitioners [6]. IPC, however, can be impacted by issues associated with power imbalances, insufficient knowledge of the roles and responsibilities of others, and professional boundary tension when providing patient care [8,9]. Previous studies reported the effect of partnership issues on work processes and patient safety [10]. Collaboration deficiencies, for instance, are at the core of a variety of treatment failures worldwide [11,12].

The relevance of IPC has been established. However, the current health programs in universities lack an emphasis on interprofessional education in their curriculum. Students of health professions need to learn about and engage in IPC, foster the skills and competencies needed for successful interprofessional teamwork, and increase knowledge and understanding of other disciplines and IPC itself [13-15]. Thus, the purpose of this study is to explore students' experience of IPC practice in the community setting and to advocate for the incorporation of interprofessional education in university curricula for healthcare professionals.

Methods

Research Design

This study used qualitative phenomenological inquiry to explore and to illustrate the experience of health professional students engaging in IPC practice in the community setting, more importantly, to identify the advantages and challenges of participating in IPC practice in the community setting. Qualitative research is the most suitable approach for the issues being studied because it seeks to explore and understand how individuals or groups give meanings to a particular problem in their lives [16]. Furthermore, phenomenology can obtain a detailed description of students' lived experiences during participation in IPC practice in the community setting [16].

Participants

The research was conducted in Surakarta, Central Java, Indonesia. Participants in this study were students of the Health School Institution who participated in interprofessional collaborative practice in villages. The sampling method used was non-probability sampling with a purposive sampling strategy. Finally, 13 students (aged 20-22) who met the inclusion criteria gave their informed consent to participate in the study. Participants' characteristics are summarized in Table 1 below.

Participant	Age, year	Sex	University Education	Department
1	20	Female	Final Year Student	Nursing
2	21	Female	Final Year Student	Nursing
3	21	Female	Final Year Student	Nursing
4	21	Female	Final Year Student	Acupuncture
5	20	Male	Final Year Student	Acupuncture
6	20	Female	Final Year Student	Speech Therapy
7	20	Female	Final Year Student	Occupational Therapy
8	21	Female	Final Year Student	Physiotherapy
9	20	Female	Final Year Student	Physiotherapy
10	21	Male	Final Year Student	Physiotherapy
11	20	Female	Final Year Student	Midwifery
12	20	Female	Final Year Student	Midwifery
13	21	Female	Final Year Student	Herbal

Table 1: Participant Characteristics.

Data Collection

The data in this study were collected through focus group discussion with the participants as well as observation. The researcher facilitated the discussion and asked questions related to participants' experience engaging in IPC practice in the community setting, including their perspectives on the advantages and challenges during the activity. To effectively gather the data, the session was documented using recording devices and a field note written by the researcher. The focus group was conducted two times, with the duration of each focus group approximately 90 to 120 minutes to achieve data saturation.

Ethics

Informed consent was acquired from all participants who were recruited in this study. All individual information was removed from the transcript to ensure participants' confidentiality and privacy. All participants were coded using a specific code (P) to refer to quotations in the finding section. Ethical approval of this study was obtained from the institutional ethics committee.

Validation

This study utilized triangulation strategies to assess the validity of the findings, acquire a thorough understanding, and enrich data [17]. This study used data source triangulation, in which data were collected and compared from different sources, at different times and places, and from different types of people [18]. Additionally, method triangulation was used, which involved using more than one method of data collection for the same phenomenon [19].

Data Analysis

Seven steps modified Van Kaam's phenomenological data analysis to analyze the data [20]. Moustakas [20] summarized this method consists of steps as follows: 1) Listing and preliminary grouping of participant responses. 2) Reduction and elimination of the responses to form invariant constituents (significant participants' responses to the research topic). 3) Grouping and thematizing of the invariant constituents. 4) The validation of the relevant invariant constituents and themes. 5) Construction of individual textural. 6) Creation of individual structural descriptions. 7) Establishing textual-structural description that representing the perspectives and experiences of the group as a whole [20]. Member checking was conducted, in which the researcher went back to the participants to determine if the description/interpretation accurately portrayed their perspectives.

Results

After analyzing the participants' stories regarding their experiences of engaging in IPC practice in the community setting, four general themes were generated. These themes illustrate participants' perspectives on the nature, benefits, and challenges of interprofessional collaborative practice. The themes and subthemes are presented in Table 2 below.

Theme	Subtheme
Interprofessional collaborative practice	1. Collaboration 2. Respecting other professions 3. Communication
Differing viewpoints	1. Negative community's perception 2. Differing viewpoints among professions
Benefits for future career	1. Increased knowledge 2. Promote good relationship
Gaining practical knowledge	1. Synchronizing perceptions to achieve the goal 2. Serving for the community

Table 2: Theme and subtheme.

Interprofessional Collaborative Practice

As told by the participants regarding their experiences engaging in IPC, the practice involves collaborating with different health professions to more efficiently achieve shared goals, which are successful intervention and client's health. Participants acknowledged that a client's health problem might need to be addressed by more than one health professional, and collaboration can lessen the team members' workload.

"Theoretically, OT cannot work alone, so when treating a patient, we need to collaborate with other professions; for example, we can work together with physiotherapist, or acupuncturist, or nurse." [Participant 7]

"...lightens the burden in terms of interventions... so if

for example there are certain patients who need speech therapist, they do not just need speech therapy but also need (intervention) from other majors… so by inviting other majors, it helps so we do not do everything by ourselves." [Participants 6]

Communication and respect are essential aspects of IPC. According to participants, working together in a community setting promotes better communication and mutual respect between different disciplines. Additionally, the activity provided an opportunity for students to work jointly, guided by ethical considerations, to overcome conflict within the interprofessional team, which is, for instance, a result of different viewpoints and overlaps of roles.

"…here, I also think that several professions can work together in treating a patient, but there were boundaries (of roles/tasks), so we became aware of the boundaries of each profession in dealing with a case. Like, maybe, one particular area is within the competency of this discipline, but not the others'". [Participant 10].

Differing Viewpoints

This theme represents one major challenge encountered during the participation in IPC practice according to participants' experience, in which each individual on the team tends to have different viewpoints in terms of how they identify problems and goals, as well as what steps to take to solve the problems. Such thing has the potential to cause tension or conflict within the interprofessional team.

"…we need to synchronize our perceptions...especially, for instance, I already have this plan, but sometimes other professions have their different plans, so we have to, together, find a middle ground, that is why synchronizing perceptions is needed" [Participant 1].

Concerning that, to account for the limited understanding of each other's discipline, participants expressed difficulties in explaining to one another knowledge regarding their respective discipline due to different terminology. Furthermore, participants had to deal with the community's lack of health awareness and cooperativeness and negative perceptions about healthcare workers

"So basically, people here lack health awareness, and they kept on making excuses when we (health students) wanted to meet them or conduct the assessment, and they thought we were just selling medicines." [Participant 11].

Benefits for Future Career

Participants revealed that collaboration in solving health problems in the community could increase their knowledge of the other health disciplines in the team. Participating in the activity provoked curiosity to understand more about the competencies and scope of each other's discipline.

"Increasing our knowledge, also we complement each other among different professions when treating a patient. So we gain knowledge about other professions, and each of us synergizes so that we can bring more benefits for the patient from the knowledge that we have." [Participant 2] Moreover, participants agreed that participating in IPC practice in a community setting can benefit their future careers because it allowed them to develop positive relationships with interprofessional team members. The activity managed to build strong bonds between these health students as they experienced ups and downs and exciting experiences together.

"Build relationships… yes, so in the future, if encountering an unfamiliar case we can ask friends (from other disciplines), exchanging ideas." [Participant 4].

Gaining Practical Knowledge/Skills

The exposure to the challenges of practicing IPC in the rural and resource-limited community in which barriers to essential healthcare are significant elicited clinical and interprofessional skills acquisition and personal growth. Students learned how to work collaboratively in solving those challenges and educating the people in the community to improve their health and quality of life. The activity created an opportunity for these students to serve and gain deeper insight into the community.

"Here, we directly involve with the community, carrying out activities, interacting with the people, and that is such a valuable experience. We will eventually work with the community, and we already know how to deal with different kinds of conditions in a community. Moreover, there is teamwork of different backgrounds; it just feels different, when different backgrounds working together it must feel different." [Participant 11]

"It deepens our understanding about what the people in villages tend to complain about, which usually is different from people in cities… Furthermore, here we practice giving the community health education and counseling… Most people here still lack health awareness." [Participant 5]

Students felt that real-world experience of IPC strengthened their knowledge of interprofessional collaboration and communication. The activity taught them about the roles and scope of other disciplines on the team and how to communicate effectively and find a middle ground concerning different viewpoints, perspectives, and values within the interprofessional team.

Discussion

The insufficiency of medical resources and medical care services in remote areas in Indonesia is a significant concern and shows the inequity in healthcare provision. With the lack of health personnel and resources in rural communities, many people have not sufficiently fulfilled their health needs. If such an issue is not addressed immediately, it can aggravate the disparities in health outcomes and quality of life of the general public. The World Health Organization [2] suggested interprofessional collaborative practice as one of the most promising solutions to the problems of uneven distribution of health care provision. Vanderbilt, Dail & Jaberi [21] asserted that a collaborative, interprofessional, and team-based approach to patient care could help minimize health inequalities in rural communities with high needs and vulnerable populations because it can bring extensive expertise to the local community that would otherwise not be available. Thus, providing the community with additional resources, health care facilities, and the possibilities for unpredictable positive results. As derived from students' experiences in this study, and cited in the current literature, IPC in healthcare is characterized by the teamwork and collaboration of several different healthcare professionals to improve care delivery for patients [6,22,23]. Collaboration itself involves valuing different individual contributions without letting the differences get in the way of accomplishing a common goal, which is the patient's health [24,25]. In line with students' perspectives on IPC, Reeves, et al. [6] found in their literature review that an interprofessional collaborative approach to patient care can enhance clinical process/efficiency and patient health outcomes compared to usual care or an alternative intervention.

This study supports the findings of preceding studies that indicate that IPC engagement helped develop interprofessional communication skills and mutual respect among different health disciplines (25, 26). Communication is a crucial aspect of collaboration and a primary asset to patient care [26-28]. Students in this study learned to communicate with each other about the patient's condition or the community environment to provide comprehensive treatment and appropriate solutions to problems. Positive and effective communication between interprofessional team members was found to improve patient outcomes and job satisfaction [29]. In addition to that, mutual respect is needed when working together to function effectively [30].

Understanding and respecting the roles, competencies, and values of other health disciplines on the team and developing good attitudes and behaviors are essential for the sustainability of the interprofessional team and the attainment of shared goals [30,31]. However, students have limited understanding regarding other health disciplines due to the lack of emphasis on interprofessional education and practices in the curricula. Students were primarily taught about communication and interaction with patients and their families instead of communication with other health professions. The insufficiency of knowledge and understanding is likely to lead to the persistence of negative perceptions or stereotypes of other health professions, hindering effective teamwork [30]. It was also suggested that a lack of understanding of team members' roles could hamper the development of respect [32]. Findings of this study add support to previous literature that interprofessional practice or experience could instigate the learning of interprofessional communication and cooperation and an understanding of roles and functions of other health professions, which are essential prerequisites to improve collaborative patient-centered care [22].

Differing viewpoints and role overlap also posed challenges in carrying out the interprofessional collaborative practice. Croker, et al. [25] found that interpersonal awareness, flexibility, and reciprocity in communication are critical among team members when negotiating role overlaps. A successful team requires every single participant to execute their unique role and put aside personal egos, creating a collective synergy so that patient needs can be most effectively met [24,28]. Conversely, failure to communicate tasks and roles, along with unclear goals and a lack of team commitment, could lead to inefficient teamwork [28].

Different viewpoints, values, and beliefs between individuals, guided by disciplinary knowledge and perspectives, can create tension and conflict within the interprofessional team [31]. The key to overcoming such challenges is for every team member to prioritize patient care and shared goals, getting over personal differences [24]. Moreover, when team diversity is seen as a strength, it could encourage innovation and problem solving and has the potential to bring about excellent outcomes [33].

Following what had been suggested by prior literature, students in this study felt that the experience of IPC practice could benefit their future career by promoting a better understanding of other health disciplines and establishing positive relationships with other health professions [13,22]. The cultural component of working on an interprofessional team in the unfamiliar and challenging context of rural community prompted students to overcome the language barrier, limited resources, and the community's lack of health awareness and cooperation while concurrently learning about the roles and scope of other health disciplines and how to communicate efficaciously. Johnson & Howell [26] argued that subjecting health students to constructs of cultural competence and interprofessional collaboration in a real-world setting could have significant implications for

students' careers. Providing students with interprofessional practice experience could ameliorate their skills and knowledge of processes involved in IPC, establishing the foundations for collaborative practice [15,22,27].

Limitations

This study provides an essential insight into the practice of interprofessional collaboration in the education of human health resources. An interprofessional collaborative approach can be implemented early as possible when students are in school. Thus, it will prepare students to work collaboratively in all health facilities to equip collaborative practice skills after they graduate. However, this study has limitations in that the participants of this study were using purposive sampling, so that it did not represent the population of all health workers involved in interprofessional collaboration in the community. Thus, we recommend the future study involving all health professionals involved in interprofessional collaborative practice in community settings so that the study results will contribute additional insight into the area of interprofessional collaborative practice.

Conclusion

This study illustrates health students' perspectives on interprofessional collaborative practice and the challenges and benefits of their interprofessional collaborative experience in the community setting. Collaboration, communication, and mutual respect were found to be the main features of IPC. The diversity of viewpoints and values among health disciplines, role overlaps, and the community's negative perceptions and lack of health awareness constituted challenges to interprofessional collaborative practice in the community setting. This study highlights the importance of interprofessional education and experiences for health students, looking at the negative implications of limited interprofessional knowledge and skills. Finally, the study emphasizes the essential benefits of a successful interprofessional collaborative approach for health care providers and the community.

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