

Interprofessionalism in the Literature: A Review of the American Journal of Health Research

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Abstract: The purpose of this research brief was to review the available research on collaborative efforts to delivering healthcare in a health research journal. Interprofessional collaboration involves an interdisciplinary working relationship between health care providers to provide multifaceted treatment approaches to better serve clients, better educate students, and more effectively engage professionals. Interprofessional collaborations have been found to provide clients with a higher level of care. Communication about health related information among family members has also been found to promote higher levels of patient care. A search was conducted in the American Journal of Health Research (AJHR) using search terms related to interprofessional collaboration and familial collaboration. Findings indicated that there were benefits to collaborations among professionals and among family members. Results, however, yielded limited publications ($n = 3$) that were related to interprofessional and familial collaborations in AJHR. Recommendations for future research on interprofessional and familial collaborations are discussed in this research brief.

Keywords: Interprofessional Education, Interprofessional Collaboration, Health Services

1. Introduction

Collaborative approaches to health care emphasize a strength-based approach that involves medical professionals, mental health professionals, and clients working together as a team to provide comprehensive patient care (Unutzer, Harbin, Schoenbaum, & Druss, 2013). Interprofessionalism, for example, is an emergent concept that focuses on the development of a cohesive and integrated approach to the delivery of health care. (D'Amour & Oandasan, 2005). Interprofessionalism is a paradigm shift, that emerged from translating theory into practice through joining professionals from a variety of different disciplines using a teamwork approach to providing services (DeMatteo & Reeves, 2013). Interprofessional care is replacing multi-disciplinary models

of health care delivery due to a need for efficiency, shared decision-making, and active client participation in service delivery (Orchard, Curran, & Kabene, 2005; Chong, Aslani, & Chen, 2013). Interprofessionalism is an emerging trend in health care due to the increased emphasis on measurable outcomes, best practices, and continuity of care (Irvine, Kerridge, McPhee, & Freeman, 2002; Hettinger & Gwozdek, 2015).

2. Interprofessional Collaboration (IPC)

Interprofessional Collaboration (IPC) refers to “a partnership between a team of health care professionals and a clients in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues” (Orchard, King, Khalili, & Bezzina, 2012, p. 58). The

core concept of interprofessional collaboration is the construction of a respectful and trusting atmosphere among a team of professionals that integrates the perspectives of each discipline into a collective action to address the complexity of clients' presenting concerns (D'Amour et al., 2005).

The World Health Organization has created a Framework to interprofessionalism (Gilbert, Yan, & Hoffman, 2010). This Framework guides policy-makers in understanding the context of adapting the current health workforce into a collaborative and practice-ready workforce to strengthen the overall health system, improve health outcomes, and provide optimal health services.

While the goals of IPC are broad, a primary objective is to provide patient-centered, cost effective care (Orchard, King, Khalili, & Bezzina, 2012). Another goal of IPC is to discourage a repeat of Garrett Hardin's tragedy of the commons, an economic theory in which individuals' actions are motivated by preserving self-interest and in turn, the common ground amongst others was destroyed in the process (Pfeifle & Earnest, 2014).

Communication between family members has also been found to increase individuals' well-being (Onyango-Ouma, Aagaard-Hansen, & Jensen, 2005). Similar to IPC, familial collaborations involve a working relationship based on respect and trust to promote shared decision making and the dissemination of information surrounding health and social issues.

3. Purpose and Aims

The aim of this research brief was to conduct a review in the American Journal of Health Research (AJHR) of publications that were related to collaborative approaches to healthcare. In particular, researchers aimed to (a) assess interprofessional education and (b) assess interprofessional and familial collaborations within clinical and academic settings. Researchers took a multidisciplinary approach to writing the current article. The authors of the current manuscript included faculty members, doctoral students, master's students, and undergraduate students from different disciplines. Authors worked collaboratively to review and synthesize the findings from the literature.

4. Methodology and Findings

A search was conducted in AHJR for publications that were related to interprofessional or familial collaborations. The search was conducted from July 2013 to May 2015. Results yielded 18 relevant publications, of which four were duplicates. The remaining ($n=14$) were reviewed to determine if they represented an interprofessional collaboration in the healthcare industry, educational initiative in a health related teaching program, or a collaborative effort among family members. Eleven articles were excluded for not meeting these criteria. Three articles were considered compatible with the search criteria (Bruning & Baghurst, 2013; Debela, et al. 2014; Teslim & Ayodele, 2014).

There were significant variations in the sample sizes and settings among the three studies included in this publication review. Bruning & Baghurst (2013) included 776 patients and staff members among 14 orthopedic centers in Ohio, Indiana, Michigan, Illinois, Wisconsin, Minnesota, Iowa, North Dakota, and South Dakota. Teslim & Ayodele (2014) included a sample size of 110 Nigerian pharmacists. Debela and colleagues (2014) enrolled 432 students in grades five through eight, attending school in the Jimma Zone.

Teslim & Ayodele (2014) investigated Nigerian pharmacists' views on whether or not physiotherapists should be granted supplementary prescription privileges (Teslim & Ayodele, 2014). Researchers conducted a cross-sectional study and recruited 110 practicing Nigerian pharmacists from two federal university teaching hospitals, two state hospitals, one private hospital, one academic institution and two drug companies in southwest Nigeria (Teslim & Ayodele, 2014). Results indicated that 70% of the Nigerian pharmacists favored making physiotherapists supplementary prescribers of medications. There was variation among pharmacists' views about the particular types of prescription drugs that physiotherapists should be granted supplementary prescription privileges for. Pharmacists were most comfortable with physiotherapists prescribing Nonsteroidal Anti-inflammatory Drugs (NSAIDs) 71.8% ($n=79$) and Analgesics 66.4% ($n=73$). Pharmacists were the least comfortable with physiotherapists prescribing anti-coagulants, 7.3% ($n=8$) and anti-depressants, 8.2%, ($n=9$). These findings suggest that pharmacists were open to interprofessional collaboration with physiotherapists. Researchers are optimistic that these findings will assist in promoting a legislative initiative that will provide guidelines for physiotherapists to prescribe medications.

Bruning & Baghurst (2013) investigated the relationship between employees' perceptions of team work and patient satisfaction ratings in an orthopedic setting. Specifically, researchers correlated patient satisfaction ratings with employees' perceptions of teamwork and collaborative approaches to health care. Findings indicated that there were benefits of collaborations among staff members. In particular, employees' perceptions of collaborative team work was correlated with higher levels of patient satisfaction. Linear regression analyses identified two subsets of empowerment that were statistically significant when compared to patient satisfaction. Those subsets included Support ($p = .006$) and Job Activity Scale ($p = .029$). Findings from Bruning & Baghurst (2013) suggested that promoting collaboration and teamwork among staff members led to increases patient satisfaction.

A search was also conducted in AJHR to identify previous research about familial collaborations. Debela et al. (2014) assessed students' knowledge of Malaria and communication between child and parent regarding control and prevention among 432 participants. Results indicated that students were knowledgeable about Malaria and open to communicating with their families. Findings from the study suggested that students were knowledgeable about

Malaria as approximately 50% were willing to communicate their knowledge of preventive methods for malaria with their parents. Researchers recommend that interprofessional education should be incorporated to strengthen Malaria education efforts. In particular, it is recommended that health care professionals collaborate with teachers to include a more thorough Malaria education curriculum to further educate students about the prevention and control of Malaria (Debela *et al.*, 2014). Students can then communicate what they have learned with their parents and other family members.

5. Discussion

The aim of this research brief was to conduct a review in AJHR to identify research that has investigated collaborative approaches to delivering healthcare. Findings suggest that interprofessional and familial collaborations might have the following benefits: higher levels of patient satisfaction, positive communication between family members about risk factors for malaria, and there seems to be a willingness among Nigerian pharmacists to collaborate with physiotherapists (Bruning & Baghurst, 2013; Debela, *et al.* 2014; Teslim & Ayodele, 2014). However, results also revealed that there are currently limited publications on interprofessional collaborations ($n = 2$) and familial collaborations ($n = 1$) in AJHR. The findings from the current research brief are consistent with the results of previously conducted empirical research studies on IPC and communication among family members (Hammick *et al.*, 2007; Hitch, 2012 Onyango-Ouma *et al.*, 2005), including the enhanced development of practice and higher quality of healthcare services.

Interprofessional collaboration provides an opportunity for professionals from multiple disciplines to syndicate their knowledge and skillsets to provide a more all-inclusive and diverse approach to patient care (D'Amour & Oandasan, 2005). Interprofessionalism promotes an integrated effort of engaging practitioners with a diversity expertise which allows for more effective decision-making, cost effectiveness, and resource allocation (D'Amour & Oandasan, 2005). The current researchers hypothesize that patients, particularly those in underserved areas, would be likely to benefit from improved quality health care if familial and interprofessional collaboration are utilized as strategic approaches to addressing barriers to health care. Future research is needed to further investigate the benefits of implementing familial and interprofessional collaborations in health care settings.

Practitioners, researchers, and educators in the fields of health science, human development, and mental health professions are both producers and consumers of information presented in the AJHR. Researchers play a key role in the extending the knowledge base on interprofessional and familial collaborations in health care settings (D'Amour & Oandasan, 2005). Findings from this research brief indicate that there is a need for future research on interprofessional and familial collaborations,

particularly in AJHR. Specifically, future research should focus on designing and implementing practical strategies for incorporating interprofessional and familial collaborations into clinical and educational settings. Future research should also investigate the effectiveness of interprofessional and familial collaborations in mental health care settings. It is, therefore, recommended that future research in AJHR and in other journals incorporate the following aims and scopes:

1. Service-Learning Education Models for Interprofessional Education Collaboratives.
2. Teaching Health Equity as a Component of Interprofessional Education.
3. Telehealth and Interprofessional Collaborations.
4. Infusing Familial and IPC into Counseling and Human Services Settings.
5. Ethics, and Values Studies on Interprofessional and Familial Collaborations.
6. Principles of Team Dynamics in Interprofessional Collaborations.
7. Multidisciplinary Approaches to Achieving Health Care Goals.
8. The Development of Effective Interprofessional and Familial Teams in International Settings.
9. The Growing Trends of Interprofessional Collaboration in Health Sciences Education.
10. Interprofessional Education and Collaboratives in Rural settings.

6. Conclusion

Collaborative approaches to healthcare provides patients with a team of experts who work cohesively to best identify, conceptualize, and treat maladies. Interprofessionalism involves the collaboration of two or more professionals of different disciplines as the method of healthcare delivery. Interprofessionalism has been found to enhance the overall quality of healthcare services, outcomes, and patient satisfaction. Interprofessional education, coursework and experiential training involving students of different programs and majors is the catalyst to instilling collaborative approaches into the field. Familial collaboration involves the exchange of wellness related information between family members. The purpose of this research brief was to conduct a review in AJHR to identify publications that were related to collaborative approaches to healthcare. Preliminary findings from the existing publications in AJHR suggest that collaborations between professionals and families might be an effective approach for providing clients with higher levels of health care. Future research on collaborative approaches to healthcare in AJHR and in other journals is needed to extend the knowledgebase. However, preliminary findings suggests that practitioners, researchers, and educators can become leaders in providing their clients with higher levels of care by supporting collaborative approaches to healthcare initiatives.

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