Interprofessional collaboration among helping professions: Experiences with holistic client care

Chaniece Winfield, ACS LPC MAC RPT HS-BCP Dr. *, Narketta M. Sparkman-Key, HS-BCP Dr., Anthony Vajda Mr.

Old Dominion University, USA

Abstract

This study explores interprofessional collaboration for holistic client care within the helping disciplines. Specifically, the experiences of behavioral health, nursing, dental hygiene, social work, psychology, medicine, and human services professionals were examined using an exploratory design. Their attitudes and experiences are presented to help shape the definition, understanding, and parameters of interprofessionalism among helping professions. Challenges to the interprofessional relationship are also identified which lend insight toward enhancing service delivery. The role of the community in interprofessional collaborations was examined and supported the need for interprofessional collaboration in holistic client care.

According to the U.S Bureau of Labor Statistics,1 the helping field is expected to grow by 19% percent by the year 2024. This expansion is fueled by the implementation of healthcare legislation, which has been occurring at a consistent rate over the last 10 years. Since 2008, healthcare legislation such as the Mental Health Parity and Addiction Act (MHPEA) Affordable Care Act (ACA) and Comprehensive Addiction and Recovery Act (CARA), suggest a nationwide focus on improving and expanding behavioral health outcomes through quality health care services.2,3 The implementation of recent healthcare legislation expands the accessibility of insurance, service options, and ultimately treatment demand, specifically from Medicaid, which is the largest insurance provider for low-income citizens.4-6

Recent legislations (i.e. MHPEA and ACA) have promised to reduce disparities in health care by making services more efficient and access to treatment more equitable.7 However, there continues to be a great disparity in access, quality, and outcomes of health care services. Adepoju et al.7 reported that utilization of preventative health services remains low and that differential access to health insurance continues to exist. It is argued that to achieve the aspired changes, knowledge must be increased among patients and healthcare providers in order eliminate disparities and increase the competency of healthcare workers.7 Providers who aim to meet the increase in demand for quality healthcare have to consider organizational factors such as cost containment, quality of care, and how they will be able to produce affordable client solutions within the context of expanding holistic care.

In response to the rise in treatment demands, helping professionals often engage in interprofessional collaboration with individual providers or outside agencies to address diverse and holistic client needs.8,9 These collaborations have noted benefits such as reduction in the cost of services, increased competence in delivery of services, and service accessibility for clients.10 However, the parameters of these relationships could benefit from further exploration, specifically into the perceptions and experiences of individuals who engage in these collaborations. The present study explores the perceptions of helping professionals in their experiences of interprofessional collaboration. Professionals in this study were from various fields such as mental health, substance use and addiction, nursing, dental hygiene, social work, psychology, medicine, and human services. While the phenomenon under inquiry was explored using a mixed-method approach, this article will only present the qualitative findings of this study due to its ability to contribute to interprofessional research independent from the quantitative data.

* Corresponding author. 4301 Hampton Blvd, Education Bldg # 2, Room 2121, Norfolk, VA, 23529, USA.
E-mail address: cwinfiel@odu.edu (C. Winfield).

http://dx.doi.org/10.1016/j.xjep.2017.08.004
2405-4526/Published by Elsevier Inc.
1. Current state of interprofessional collaboration

Interprofessionalism is the idea that skills and knowledge are to be shared across professions rather than to be protected and maintained as symbols of status, authority, and identity within one particular vocation. Advances in technology increase the ease of access to interprofessional supports with interprofessional collaborations occurring in clinical practice, research, education, and a variety of healthcare disciplines. As educators and professionals across disciplines continue to adjust to the needs of our global society, it becomes progressively more apparent that the ability to collaborate and work with professionals outside of one’s discipline is a defining characteristic of professionalism and an ethical obligation for effective client care. Ethical codes among helping professions declare a commitment to collaborative efforts with other professionals. Despite the fact that ethical codes encourage and require interprofessional collaboration (IPC), literature indicates that difficulties continue to exist in the movement toward a more collaborative and cooperative model of practice in helping professions. Generally, studies have shown that education has focused on uniprofessional models of training where emphasis has been placed on differentiation of roles generating uniprofessional specialization and identity. This emphasis often results in power differentials, lack of communication, and reluctance to collaborate. 

There is an array of literature highlighting the importance of interprofessional collaboration (IPC) and the need for such efforts in various contexts. The literature is lacking the perceptions of professionals who engage in these experiences and how their perceptions might assist in gaining an understanding of the barriers to a more holistic approach to treatment in the helping professions. For example, studies have been conducted to develop frameworks for effective IPC but have neglected to provide illustrative examples of professionals’ experiences, which would serve to enhance the understanding of the foundation of these frameworks and challenges to their implementation in clinical settings. Specifically in at least one study, researchers describe an IPC framework for use with various stakeholders in healthcare. However, the researchers do not share illustrative examples of the perceptions of these professionals. Up until this point, the vast majority of the literature has consisted of narratives, which emphasize conceptual foundations of IPC or has focused on the problems caused due to the lack of IPC in healthcare settings. While education about IPC is certainly crucial, the understanding of the experiences of individuals who have worked successfully and unsuccessfully in such environments is lacking in the literature. A study conducted by Hesjedal, Hetland, and Iverson addressed this general gap by interviewing teachers and social workers regarding their collaborations which revealed the importance of equality, community, and commitment for successful interprofessional collaboration. Within helping professions, this gap in the literature has yet to be addressed. This current study aims to contribute to the literature and to specifically emphasize the perceptions of IPC among helping professions.

Achieving successful IPC requires professionals to be involved in a shared dialogue allowing for further understanding of each other’s varying roles, knowledge, and skills. Before a shift toward IPC can be made, barriers and assumptions must be broken down to facilitate a movement from multiprofessional and multidisciplinary work toward interprofessional and interdisciplinary efforts. The need for collaborative efforts across disciplines is supported by changes in our society with technological advances creating increased opportunities for IPC to occur. The demands of many professions have fostered IPC to occur more naturally rather than purposefully. Gaining understanding of these relationships is important in further supporting the field and moving towards more guided interprofessional collaborative efforts.

2. Methodology

2.1. Study design

This discussion reports specifically on the exploratory aspect of a larger semi-structured mixed-method study that sought to explore the attitudes and perceptions of helping professionals engaged in interprofessional collaboration in a variety of settings. The overarching study targeted a diverse group of helping professionals, which included the disciplines of mental health, substance use and addiction, nursing, dental hygiene, social work, psychology, medicine, and human services. Participants were selected based on their identification within targeted disciplines through educational institutions, licensing boards, and professional organizations. Between June and August 2015, researchers electronically surveyed helping professionals by sending three separate emails at 30-day increments requesting participation. Participants were solicited by listservs, which were obtained by the researchers via educational institutions, national professional organizations and state licensing boards within the United States. Participants were included in the study if they met the following inclusion criteria: were 18 years of age or older and identified as a helping professional through affiliation with licensing, professional membership, or educational programs. The survey instrument was voluntary and received human subjects committee approval from a large southeastern university prior to being administered to participants. While the study consisted of both quantitative and qualitative data collection methods, only the results of the qualitative data were reviewed for an exploratory analysis for to emphasize the perceptions of IPC among helping professionals.

2.2. Participants

A total of 423 professionals were solicited via a semi mixed-methods survey as a part of a much larger study that examined interprofessional collaboration. The one-question exploratory portion of this study sought to answer, “...how interprofessional collaboration impacts your clinical practice.” Although 423 professionals were surveyed, 27 identified as students with no interprofessional collaboration experience, 16 began the survey but exited the survey before its completion, and 181 did not respond to the exploratory research question resulting in a final sample of 199 participants for analysis. The final response rate for this study was 47% which is consistent with the 40% response rate of the interprofessionalism mixed-method study facilitated by Doucet et al.

Respondents (n = 199) were asked a series of demographic questions to identify their age, gender, ethnic identity, education, home location, professional identity and work experience. The ages of respondents were identified by range with no respondents indicating they were under the age of 20, 19.6% (n = 39) identified as age 21 to 39, 21.1% (n = 42) identified as age 40 to 49, 35.1% (n = 70) identified as age 50 to 59, 20.6% (n = 41) identified as age 60 to 69, and 3% (n = 6) identified as 70 or older. Gender of respondents was 85.4% female (n = 170), 13% (n = 26) male, and 1% (n = 2) transgender. Respondents identified their racial or ethnic identity as Hispanic or Latino 4.5% (n = 9), American Indian or Alaska Native/Islander 1.5% (n = 3), Asian 1% (n = 2), Black or African American 12% (n = 24), White or European American 77.3% (n = 154), and Biracial 3% (n = 6). Respondents identified their professional identity as dental hygiene 12% (n = 24), nursing 38% (n = 75, physical therapy 2.5% (n = 5), human services 23% (n = 45),...
دریافت فوری
متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات