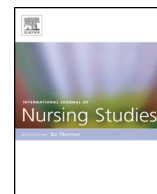




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Review

Observation of interprofessional collaborative practice in primary care teams: An integrative literature review

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ABSTRACT

Background: Interprofessional collaboration improves patient care, especially for those patients with complex and/or chronic conditions. Many studies examining collaborative practice in primary care settings have been undertaken, yet identification of essential elements of effective interprofessional collaboration in primary care settings remains obscure.

Objective: To examine the nature of interprofessional collaboration (including interprofessional collaborative practice) and the key influences that lead to successful models of interprofessional practice in primary care teams, as reported in studies using direct observation methods.

Design: Integrative review using Whittemore and Knaf's (2005) five stage framework: problem identification, literature search, data evaluation, data analysis and presentation.

Data sources and review method: Primary research studies meeting the search criteria were accessed from MEDLINE, PsycINFO, Scopus, King's Fund and Informit Health Collection databases, and by hand-searching reference lists. From 2005 to 2013, 105 studies closely examining elements of interprofessional collaboration were identified. Of these, 11 studies were identified which incorporated a range of 'real time' direct observation methods where the collaborative practice of health professionals was closely observed.

Results: Constant opportunity for effective, frequent, informal shared communication emerged as the overarching theme and most critical factor in achieving and sustaining effective interprofessional collaboration and interprofessional collaborative practice in this review. Multiple channels for repeated (often brief) informal shared communication were necessary for shared knowledge creation, development of shared goals, and shared clinical decision making. Favourable physical space configuration and 'having frequent brief time in common' were key facilitators.

Conclusion: This review highlights the need to look critically at the body of research purported to investigate interprofessional collaboration in primary care settings and suggests the value of using direct observational methods to elucidate this. Direct observation of collaborative practice in everyday work settings holds promise as a method to better understand and articulate the complex phenomena of interprofessional collaboration, yet only a small number of studies to date have attempted to directly observe such practice. Despite methodological challenges, findings suggest that observation data may contribute in a unique way to the teamwork discourse, by identifying elements of interprofessional collaborative practice that are not so obvious to individuals when asked to self-report.

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What is already known about the topic?

- Interprofessional collaboration improves patient care, especially for those patients with complex and/or chronic conditions, but interprofessional collaboration is far from integral to everyday primary care practice.
- A range of individual and contextual factors influencing collaborative practice in primary care settings have now been documented, yet identification of the essential elements of effective interprofessional collaboration in this setting remains obscure.

What this paper adds

- When studies employing direct observation methods of enquiry are examined, the most critical and tangible element of successful interprofessional collaboration that emerges is the importance of constant opportunity for frequent, shared informal communication, achieved by a multi-level approach including ‘top down organisation’ and ‘bottom up intrinsic factors’.
- Direct observation of collaborative practice in everyday work settings has the potential to identify elements of interprofessional collaboration that are not so obvious to individuals when asked to self-report, and holds promise as an additional method to better understand and articulate the complex phenomena of interprofessional collaboration and teamwork in primary care.

1. Introduction

Interprofessional collaboration has long been considered an essential principle underpinning effective primary health care (World Health Organisation, 1978), but translation into everyday primary care practice continues to be challenging. Care for those with multiple chronic conditions is fast becoming a dominant health burden for primary care (Grumbach and Bodenheimer, 2004); interprofessional collaboration is essential to best care for such patients and makes best use of finite health professional time and expertise (Wagner, 2000).

Despite growing evidence that interprofessional collaboration can improve patient safety (Proudfoot et al., 2007; Velji et al., 2008), patient satisfaction (Proudfoot et al., 2007), improve health care quality and health outcomes (Strasser et al., 2008), increase job satisfaction (Proudfoot et al., 2007) and result in better staff recruitment and retention (Borrill et al., 2000), interprofessional collaboration has been variably adopted in primary care settings (Xyrichis and Lowton, 2008).

There is also a lack of common understanding about what interprofessional collaboration means in relation to patient care, and whether or not it is the same as teamwork (Nancarrow et al., 2013; Øvretveit, 1996; Way et al., 2000; Xyrichis and Lowton, 2008). Ødegard (2006) acknowledges this lack of understanding and suggests Biggs (1997) and Barr et al. (2005), respectively, provide useful terminology for the terms *interprofessional* and *collaboration* which, if taken together provide a definition for interprofessional collaboration. Thus the following definition of interprofessional collaboration is used in this paper: *An active and*

ongoing partnership often between people from diverse backgrounds with distinctive professional cultures and possibly representing different organisations or sectors, who work together to solve problems or provide services. We suggest interprofessional collaboration is the umbrella hierarchy term for two further terms: *Interprofessional collaborative practice*, a term used to describe the elements of interprofessional collaboration implemented in the practice setting and *Teamwork*, a term which denotes a deeper level of working together in an interdependent way (Fig. 1).

To date the research literature variously and interchangeably uses the following terms when discussing interprofessional collaboration, interprofessional collaborative practice and teamwork: multidisciplinary; interdisciplinary; multiprofessional; interprofessional; transdisciplinary; teams, and teamwork (Xyrichis and Lowton, 2008), although the spectrum of interprofessional collaboration has been well described (Oandasan et al., 2006). This spectrum ranges from independent patient assessment and treatment with minimal information sharing being necessary (multidisciplinary/professional), through to interdisciplinary/professional working (denoting a deeper level of collaboration), with the term ‘transdisciplinary collaboration’ reserved for the most intense health professional engagement necessary in particularly complex situations (Vyt, 2008).

In talking about interprofessional collaboration some writers distinguish between interdisciplinary teams (professional and non-professional team members) and interprofessional teams (professionals only) (Thylefors et al., 2005), but others do not. The term ‘teamwork’ is sometimes applied to ‘deeper’ (Ravet, 2011) or more ‘focused’ (Reeves et al., 2010) levels of collaboration (Ravet, 2011) which seem to be describing interprofessional collaborative practice. Others (Nancarrow et al., 2013) use the term more broadly. Cohen and Bailey (1997) include the role of social systems by defining a team as:

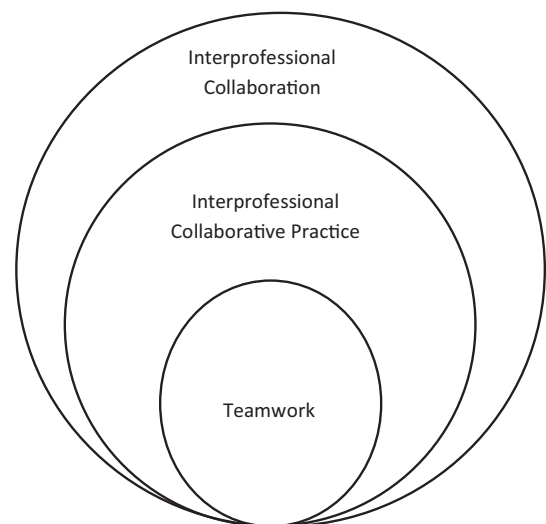


Fig. 1. Relationship between Interprofessional Collaboration, Interprofessional Collaborative Practice and Teamwork in the Primary Care context.

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