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"They have no idea of what we do or what we know": Australian graduates' perceptions of working in a health care team

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ABSTRACT

Globally it has been suggested that interprofessional education can lead to improvements in patient safety as well as increased job satisfaction and understanding of professional roles and responsibilities. In many health care facilities staff report being committed to working collaboratively, however their practice does not always reflect their voiced ideologies. The inability to work effectively together can, in some measure, be attributed to a lack of knowledge and respect for others' professional roles, status and boundaries. In this paper, we will report on the findings of an interpretative study undertaken in Australia, focussing specifically on the experiences of new graduate nurses, doctors and pharmacists in relation to 'knowing about' and 'working with' other health care professionals. Findings indicated there was little understanding of the roles of other health professionals and this impacted negatively on communication and collaboration between and within disciplines. Furthermore, most new graduates recall interprofessional education as intermittent, largely optional, non-assessable, and of little value in relation to their roles, responsibilities and practice as graduate health professionals. Interprofessional education needs to be integrated into undergraduate health programs with an underlying philosophy of reciprocity, respect and role valuing, in order to achieve the proposed benefits for staff and patients.

Introduction

Ideally members of health care teams should work collaboratively to ensure patient-centred and safe care. Collaborative practice, however, is more often the exception than the rule with ineffective teamwork and poor communication between health professionals frequently leading to adverse patient outcomes (Wilson et al., 2005; Sirota, 2007). Added to the complex issues influencing communication within health care teams is the notion of professional tribalism which exists when disciplines act in isolation or even in competition with each other (Frenk et al., 2010). What is needed is a shared vision and a common strategy for education; an interprofessional approach that prepares all health professionals to work together towards a positive impact on patient outcomes (Frenk et al., 2010). Interprofessional education (IPE) has been put forward as a way to achieve this by preparing students who 'know about' the roles of other professionals and enabling graduates who are able to 'work with' others (Engum and Jeffries, 2012). This paper explores nursing, pharmacy and medical graduates' understandings of 'working with' and 'knowing about' other professional groups within the Australian health care context and their preparedness for collaborative practice.

Background

Globally, it has been suggested that IPE can lead to improvements in patient safety and job satisfaction, as well as an increased understanding of professional roles and responsibilities (Angelini, 2011; Engum and Jeffries, 2012). Research indicates however, that despite a large body of literature, it remains impossible to draw generalisable inferences about the effectiveness of IPE, or the importance of particular elements or approaches. This indicates many studies lack methodological rigour and that there is heterogeneity in methodological designs and outcome measures (Zwarenstein, 2001; Reeves et al., 2008; Lapkin et al., 2011).

IPE initiatives and curricula are commonly informed by the underlying principles of either Contact Theory (Allport, 1954, cited

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in Pettigrew, 1998) or Social Identity Theory (Hind et al., 2003). Both of these theories emphasise how individuals may derive a concept of self from group membership and that this may then lead to stereotyping of and discrimination towards other groups. Stereotyping and discrimination can be counteracted when different groups have equal status, common goals, intergroup co-operation and the support of authorities (Pettigrew, 1998). Further, informal as well as formal contact between members of different groups may encourage group cohesion as well as counteracting of stereotyping and intergroup conflict (Hind et al., 2003). Hammick, Freeth, Koppel, Reeves and Barr (2007) report that although IPE is generally well received and facilitates collaborative working from a theoretical perspective, it does not always have a positive influence on attitudes towards and perceptions of other team members in the clinical environment. Both professional tribalism and individual philosophies may negatively influence collaborative team practice (Freeman et al., 2000; Baxter and Brumfitt, 2008).

Professional tribalism, whereby different health professions may hold differing values and attitudes, has developed as professions have evolved separately from each other. This has led to differing constructions of knowledge between professions as well as different attitudes and as stated by Hall (2005), has led to clinicians "looking at the same thing and not seeing the same thing". Individual philosophies of members of health care teams has also been shown by Freeman et al. (2000) to impact on teamwork in health care. For example, Freeman et al. (2000) found that those clinicians who hold a directive approach based on an assumption of hierarchy in teamwork, more often see their role as a team leader as opposed to those who hold an integrative approach, where teamwork is seen as collaborative care and therapy. Medical practitioners in the Freeman et al. (2000) study more often had a directive approach than other professions and this could impact on effective teamwork.

A study commissioned by the World Health Organisation in 2008 explored IPE on a global level and reported that internationally, IPE is not systematically or universally integrated into health care curricula (Rodger and Hoffman, 2008). IPE is often an 'extra-curricula' activity and not always founded on explicit learning outcomes. Furthermore, outcomes from IPE are rarely assessed or formally evaluated (Lapkin et al., 2011). Interprofessional undergraduate education initiatives have however, been introduced in some countries. For example, the Linkoping model in Sweden involves undergraduate training wards where students from different health professions work as teams. Educators, taking the role of team builder, help facilitate professional understanding, and breakdown barriers using a reflective approach to learning (Carlson et al., 2011). Students' preferred learning approach has also been shown to effect collaborative team work, with those students favouring a collaborative-constructivist approach to learning being more willing to work as a team (Hylin et al., 2011). Interestingly Hylin et al. (2011) found that male medical students were least interested in co-operation during IPE. The long term effect of mandatory IPE was examined and it would appear that most participants have lasting positive impressions of IPE and develop some understanding of each other's' roles (Hylin et al., 2007).

In Australia, IPE initiatives have been integrated into some health care programs since the 1970s. Similar to other countries, shifts in personnel, Government policies, health and academic agendas, and financial support have resulted in sporadic and inconsistent offerings of IPE (Learning and Teaching for Interprofessional Practice, Australia [L-TIPP] 2009). A 2005 report by the Australian Council for Safety and Quality in Health Care concluded that curricula based on exclusive professional learning objectives is not appropriate in the complex contemporary contexts in which health care is provided and that health care professionals need to be educated together to increase their capacity to work together (Australian Council for Safety and Quality in Health Care, 2005).

Some of the difficulties experienced in interprofessional relationships have been attributed to the complex social and psychological factors surrounding interprofessional teamwork, including both the individual's sense of professional identity as well as their perception of other professional groups (Whelan et al., 2005). Working together through collaborative partnerships involves knowing and understanding each other's professional role within the health care setting as well as developing and maintaining a positive attitude to working co-operatively in order to create a sense of collective responsibility and overcome professional tribalism (Carlisle et al., 2004). In many health care facilities staff report being committed to working collectively, however their practice does not always reflect their voiced ideologies (Carlisle et al., 2004).

The inability to work effectively together can in some measure be attributed to conflicting views on professional status as well as differing and at times overlapping role boundaries (Fournier, 2000). Individual beliefs and attitudes can also affect the way professionals work together. If individuals value their own professional group over other groups it can lead to poor intergroup relationships (Bartunek, 2011). Both professional and individual beliefs about roles in health care can effect interprofessional teamwork. IPE initiatives have been employed in various undergraduate health care professionals' education, often with the aim of improving teamwork and interprofessional communication. Exploring the experiences of newly graduated health care professionals can shed light on the effectiveness of such IPE initiatives.

The study

This study was part of a larger research project (Interprofessional Education for the Quality use of Medicines [IPE for QuM http://www.ipeforqum.com.au/] 2010–2012) in which a range of interdisciplinary, multimedia teaching and learning resources for nursing, medical and pharmacy students were developed and evaluated. The aim of this phase of the study was to explore the experiences of newly graduated health professionals and their understandings of 'knowing about' and 'working with' other health care professionals, as well as their preparedness for working as part of an interprofessional health care team.

Ethics approval was obtained from the university's Human Research Ethics Committee, and the ethics committees at each clinical site.

Methodology

This study used focus groups as part of an interpretive research design to examine newly graduated nurses', junior medical officers' and pharmacists' understandings of working interprofessionaly, particularly in relation to medication safety. An interpretive research approach was chosen for this study because multiple understandings of working in interprofessional teams, as interpreted by participants, were sought.

Focus group discussions were semi-structured, using a series of questions designed to explore participants' recollections of IPE in their undergraduate programs, their sense of preparedness for working as part of an interprofesional team and their recommendations for improving IPE. An interview schedule (see Appendix 1) was developed based on the aims of the larger project and the findings of a cross-sectional survey previously conducted (Lapkin et al., 2011). Each focus group was conducted by an experienced facilitator. Each focus group lasted approximately one hour and was audio-recorded and transcribed with the participants' permission.