HEALTHCARE PROFESSIONALS' PERCEPTIONS OF INTERPROFESSIONAL COLLABORATION (IPC) IN THE INTENSIVE CARE SETTING: FACILITATORS AND BARRIERS.

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CONTENTS

BACKGROUND TO THE STUDY

Interprofessional Collaboration (IPC) – healthcare professionals (HCPs) from various disciplines collaborate with patients or clients, families, caregivers, and communities to deliver the utmost level of care (WHO, 2010).

Benefits of good IPC, enhanced quality of care, improved patient safety, shorter hospital stay, reduced costs, higher job satisfaction, and lower staff burnout and turnover (Feldman et al., 2012; Hanum & Findyartini, 2020; Kaiser et al., 2018; Zwarenstein et al., 2009, Chung et al., 2011; Piers et al., 2011; Rice et al., 2014).

STATEMENT OF THE PROBLEM

- HCPs coming together for a common goal ensures patient-centred care in ICU (Bridges et al., 2011).
- HCPs operate in silos and expect IPC to occur organically (Bonello, 2018).
- Interactions between HCPs in the ICU still sub-optimal (Ervin et al., 2018)
- Different HCPs perceive and grade collaboration differently (Pawłowicz-Szlarska et al., 2022)
- To establish a shared model of effective IPC in the ICU, the perceptions of these HCPs need to be explored.

AIM AND OBJECTIVES

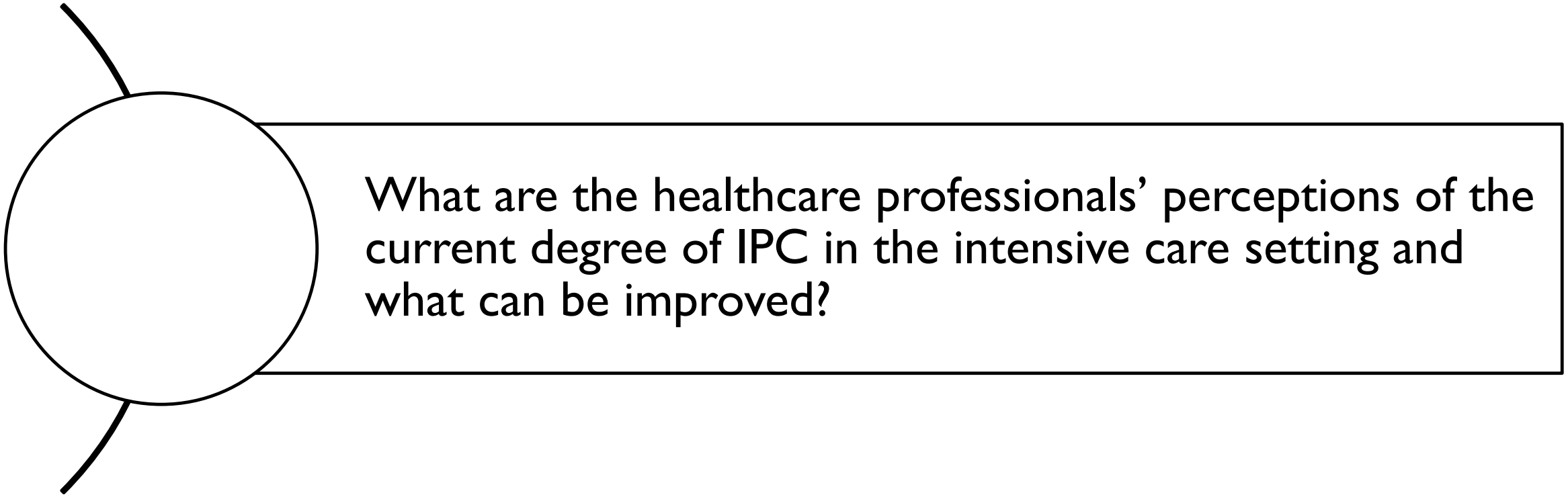
AIM

To explore HCPs' perceptions of the degree of interprofessional collaboration (IPC) within the intensive care setting.

OBJECTIVES

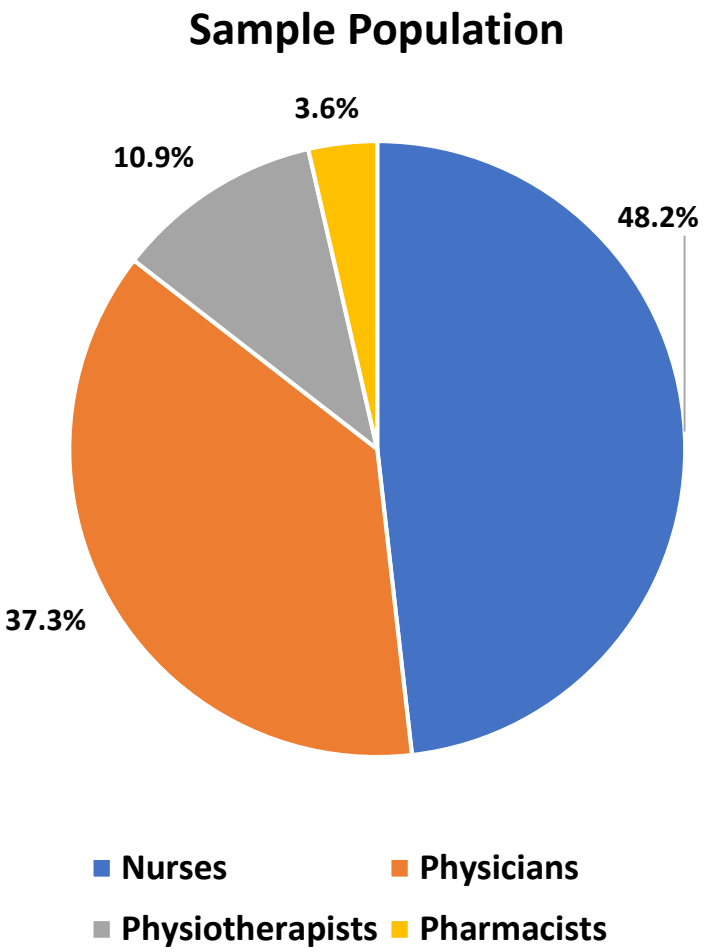
1. To identify the facilitators and barriers to effective IPC
2. To develop recommendations for improving IPC in the ICU

RESEARCH QUESTION



RESEARCH METHODOLOGY

Research Design	• Cross-sectional, Predominantly quantitative approach
Ethical Approval	
Site	
Participants	
Tools	
Data Collection	
Data Analysis	



SAMPLE POPULATION CHARACTERISTICS:

- 63.6% (n=70) females, but there were no statistically significant differences in IPC
- 30 – 39 years (45.5%, n=50)
- 50% had less than 5 years of experience in the ICU
- 80.9% (n=89) responded to the 3 open-ended CPAT questions

RESULTS – CPAT & AITCS-II

Psychometric Test	Test	CPAT	AITCS-II
Reliability	Cronbach alpha coefficient	Overall Satisfactory (> .761)	Good (> .8)
Tests of Normality			

RESULTS – CPAT & AITCS-II

Psychometric Test	Test	CPAT	AITCS-II
Construct Validity • Correlational Analysis	Spearman's r_s Pearson's *r*	.764 ($p < .005$) Highly correlated (Mukaka, 2012) .796 ($p < .001$) Strong correlation (Evans, 1996)	
• Exploratory Factor Analysis • Confirmatory Factor Analysis			

Q1: "What does your team do well with regards to collaborative practice?"

- **Interprofessional Teamwork (n=39)**
- **Team Process (n=37)**
- Effective Communication
- Patient and Family centred care

THEME 1:

Facilitators to IPC

Q3: "What does your team need help with to improve collaborative practice?"

- **Communication (n=42)**
- **Psychological Safety (n=24)**
- Evidence-based Practice
- Team Process
- Shared Decision-making
- Recognition of Expertise
- Improved Resources
- Leadership

THEME 3:

Improvements for IPC

DISCUSSION – FACILITATORS TO IPC

Interprofessional Teamwork:

P103, BST: "Excellent collaboration with physician and nurse team; added advantage that usually nurse acts as ambassador for other healthcare/allied healthcare professionals"

Categories consistent with Fisher et al. (2017).

Effective and open communication - fundamental for successful IPC (Van den Blucke et al., 2016; Rawlinson et al., 2021).

Active involvement of patients and family members (Peltonen et al., 2020).

'Multidisciplinary' used interchangeably with 'interprofessional collaborative practices' (Golom & Schreck, 2018; Paradis & Reeves, 2013).

DISCUSSION – CHALLENGES OR BARRIERS TO IPC

Conflict - Interpersonal and Interprofessional - about patient management

Contrasts with Soemantri et al.'s (2019) findings

Low perceptions of psychological empowerment (Liu et al. 2022)

P41, SSN:"I think that our team just receives orders and executes them. … have a passive role in collaborative practice. Final decisions are taken by physicians even in nurse related decisions"

Improving collaboration – improves conflict management, & satisfaction with clinical decisions (Liu et al. 2022, Georgiou et al. 2015)

DISCUSSION – IMPROVEMENTS TO IPC

- Communication (47% of participants),

P89, SSN: "listening, understanding, better explanation of actions decided by physician towards staff with rationales would improve greatly care towards patients"

- Van den Blucke et al. (2016) suggests making sure the entire team is aware of the vision and feels safe to participate in decision-making.
- Fosters psychological safety, & shared decision-making.

STRENGTHS AND LIMITATIONS OF THE STUDY

STRENGTHS

- Utilising established instruments
- Comparability of findings with previous studies
- Contributes to existing literature and research gap
- Response rate of 65.1%

LIMITATIONS

- Generalisability issues
- Selection biases
- Sample size
- Instrument – Reverse Coded items in CPAT
- Researcher's inexperience with content analysis

IMPLICATIONS & RECOMMENDATIONS

1. **Health Systems Management and Leadership**
   - Implementation Strategies for regular auditing of IPC
   - Enhance organisational support and promotion of IPC

2. **Education**
   - Interprofessional Education on collaborative leadership styles
   - Regular Interprofessional Simulation-based learning and training

3. **Future Research**
   - Interventional study to investigate the effectiveness of targeted interventions aimed at improving IPC
   - Longitudinal study to explore the stability and sustainability of implemented initiatives or projects

KEY RECOMMENDATIONS FOR THE LOCAL CONTEXT

1. All HCPs should receive training in collaborative leadership styles
2. Organisational support for a cultural shift towards shared clinical decision making
3. Regular interprofessional simulation training
4. Perform post hoc analysis of the 80% of the sample population who answered the open-ended questions of the CPAT

THANK YOU FOR YOUR ATTENTION

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QUESTIONS

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