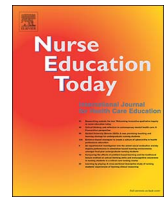


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Contemporary Issues

Advanced practice nurses leading the way: Interprofessional collaboration



A B S T R A C T

Healthcare delivery has become increasingly complex and fragmented. Leading healthcare organizations, such as the Institute of Medicine and the World Health Organization, have recognized that interprofessional collaboration is essential to improve healthcare delivery. The process of integrating interprofessional collaboration is complex and involves overcoming historical hierarchical factors and professional boundaries. The integration of interprofessional education in healthcare professions can help to alleviate these barriers. Furthermore, the inclusion of transformational leadership competencies in nursing education will help to prepare future nurses for leadership roles in collaborative practice. Nursing leaders must be prepared with foundational transformational leadership competencies in order to meet the challenges of leading collaboratively with other professions. The purpose of this manuscript is to explore the concept of interprofessional collaboration, its benefits, historical challenges, and barriers. In addition, interprofessional education and the role of nursing leadership in the implementation of interprofessional collaboration in healthcare practice are explored.

Healthcare delivery has become increasingly complex and fragmented. Issues of healthcare reform, specialization of healthcare providers, fragmentation of care, and shortages of care providers contribute to the current complex state of healthcare delivery in the United States (Marshall, 2011). The Institute of Medicine (IOM) and the World Health Organization (WHO) have called healthcare professionals to work together through interprofessional collaboration (IPC) in improving the delivery of healthcare (IOM, 2000; IOM, 2001; IOM, 2010; WHO, 2010). The profession of nursing, as the largest healthcare workforce, is in a pivotal position to lead the healthcare system in developing a collaborative approach to care (Strech and Wyatt, 2013). Therefore, nurse leaders must equip themselves with the skills necessary to provide interprofessional team leadership. The purpose of this manuscript is to explore the concept of IPC, its benefits, historical challenges, and barriers to implementation. In addition, the author explores interprofessional education (IPE) and the role of nursing leadership in the implementation of IPC in healthcare practice.

1. Background Information

IPC has been defined as a “partnership between people from diverse backgrounds with distinctive professional cultures and possibly representing different organizations or sectors, who work together to solve problems or provide services” (Morgan et al., 2015, p. 1218). WHO posits that IPC occurs when a variety of health care providers work together with patients, families and communities to provide comprehensive services and the highest quality of care across settings (WHO, 2010). IPC is meant to aid in achieving common goals and provide mutual benefits for all involved. This requires the sharing of resources and authority (Green and Johnson, 2015). Therefore, the very nature of IPC calls for shared leadership.

1.1. Benefits of Interprofessional Collaboration

Much of the literature reflects the benefits of IPC. Collaboration has been shown to lead to improved efficiency, decreased costs, and a more holistic approach to care (Green and Johnson, 2015). WHO has produced mounting evidence that IPC improves health outcomes and decreases healthcare costs by decreasing duplication of services, error rates, length of hospital stay, and staff turnover (WHO, 2010). Furthermore, higher levels of both provider and patient satisfaction have been achieved with IPC (WHO, 2010). The focus of healthcare has turned from a volume-focused mindset to one that is value-focused. IPC has been identified as a key strategy to improve the value and quality of healthcare (WHO, 2010). When reviewing the literature for specific studies regarding improved patient outcomes as a result of IPC, only two systematic reviews were found. A review conducted by Martin et al. (2010) involved 14 randomized controlled trials that involved IPC and patient outcomes. This review revealed significant improvements in at least one patient outcome for every study conducted. However, the authors recognize that measuring patient outcomes as a result of IPC is a difficult task and better-designed research is needed. Similarly, the WHO Reproductive Health Library (2013) conducted

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a review of five studies and found limited evidence of improved patient outcomes as a result of IPC. They also recognize the need for more, well-designed, evidence-based research studies in this area. The healthcare professions must work together to provide increased evidence-based research to support IPC.

1.2. Barriers to Interprofessional Collaboration

Perhaps the slow integration of IPC in practice is due in part to the innate hierarchical factors associated among healthcare professions. Historically, nursing has been a female profession and was initially subordinate to the male-dominated medical profession. In fact, the education of nurses was originally developed and controlled by physicians (Bell et al., 2014). Certainly, nursing has evolved as a profession and is recognized separately from medicine today. However, the gender and professional inequalities are still present (Bell et al., 2014). According to the American Nurses Association (ANA) (2014), the current nursing workforce is made up of 11% males, while the American Medical Association (AMA) (2012) reports 67.6% males in the profession of medicine. The historical subordinate relationship between nursing and medicine and the continued gender gap may contribute to behaviors that are not conducive to collaboration (Bankston and Glazer, 2013; Green and Johnson, 2015). Historically, nursing has been viewed as inferior to medicine and though nursing has established itself as an independent profession, physicians continue to regard nurses as subservient (Price et al., 2014).

The very definition of a profession implies boundaries (Bell et al., 2014). For example, each healthcare profession has its own specialized language, theories, and values that make it distinct from other healthcare professions. These boundaries can create territorial behaviors causing conflict and further division between professions (Axelsson and Axelsson, 2009; Green and Johnson, 2015). Territorialism and its associated behaviors may impede the collaborative process.

Hierarchical and territorial concerns were voiced by physicians and advanced practice nurses (APNs) following the release of the groundbreaking report *The Future of Nursing: Leading Change, Advancing Health*, published by the IOM in 2010. In this report, it is recommended that nurses be given authority to practice to the full extent of their education and training and become full partners with physicians in redesigning healthcare. APNs voiced concerns that the hierarchical nature of healthcare delivery may prevent them from attaining their full scope of practice, while physicians were concerned that nurses were attempting to acquire roles in healthcare for which they were not fully prepared (Apold and Pohl, 2014). These concerns regarding roles of physicians and APNs are deep-rooted in the historical context of healthcare delivery. Solutions are needed in order to promote overcoming the variety of barriers to IPC.

2. The Role of Interprofessional Education

Incorporating IPC into the education of various health care professionals is a viable solution to facilitate overcoming the professional boundaries and historical barriers to IPC. The IOM report, *Health Professions Education: A Bridge to Quality* (2003), states “all health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics” (p.45). Barwell et al. (2013) evaluated students' feedback after participation in an interprofessional education program at the University of East Anglia. The students reported that the normal hierarchy and professional boundaries did not exist at the student level and they were able to comfortably share knowledge and learn together as a team (Barwell et al., 2013). According to WHO (2010) interprofessional education (IPE) “occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes” (p.8). The goal of IPE is for students to learn how to function as a collaborative member of a healthcare team and carry this knowledge and skill into their future practice (Buring et al., 2009).

Recent advances have been made to move the future of health professionals' education toward interprofessionalism. In 2009, six national associations of schools representing medicine, nursing, pharmacy, dentistry, and public health, came together and formed the Interprofessional Education Collaborative (IPEC). This collaborative promotes and encourages efforts to advance interprofessional learning in future health professionals. IPEC has developed core competencies of IPC to incorporate into education of health professionals and to guide the development of interprofessional curricula (IPEC, n.d.). This is an excellent resource for schools of health professions to utilize in planning and implementing IPE at their institution.

Compelling evidence exists of successful IPE programs that can serve as models for developing IPE curricula. Bridges et al. (2011) examined three exemplary models of interprofessional education incorporated at three American universities. This examination revealed four key factors that are essential for successful implementation of IPE: administrative support, interprofessional programmatic infrastructure, committed and experienced faculty, and acknowledgement of student efforts (Bridges et al., 2011). Incorporating IPE curricula may be challenging, but strong leadership, persistence, and commitment can serve to overcome these challenges. Nursing leadership skills are needed as core competencies in nursing education to prepare future nurses for leadership roles in collaborative teams.

3. Nursing Leadership

The nursing profession has been called upon by the IOM (2010) to lead the efforts in reforming healthcare. In regards to IPC, nursing must embrace the role of partner in the healthcare team. Nursing leaders must be prepared with foundational transformational leadership competencies in order to meet the challenges of leading collaboratively with other professions. In a healthcare team, leadership must be shared and collaborative with a focus on building trust and sharing power (Wilson, 2013). Common goals must be identified and mutual trust established. Communication among team members must be effective and respectful. Wilson (2013) recognizes that collaborative leaders must examine their own personal beliefs, values, and behaviors to ensure their ability to encourage team efforts instead of relying solely on themselves. This ability to work for the greater good of the team as opposed to fulfilling one's own interests is a core competency of the transformational leader (Doody and Doody, 2012). Furthermore, the transformational leader works to create a supportive environment of shared responsibility (Doody & Doody, 2012).

There are many challenges to shared leadership including disagreement over establishing common goals, poor communication, and organizational politics (Wilson, 2013). As mentioned previously, shared leadership and IPC can often lead to conflict. The collaborative leader must have competency in dealing effectively with conflict so that resolution is quick and the team does not suffer. Marshall (2011) suggests that understanding, embracing, and dealing with conflict effectively are fundamental roles of any leader. These fundamental leadership skills must be integrated into nursing education to prepare future nurses for leadership roles in a collaborative team.

4. Conclusion

Leading national and international healthcare organizations have identified IPC as a method to improve healthcare delivery and outcomes. However, IPC has been slow to evolve in the healthcare setting due to multiple barriers such as hierarchical factors and professional territorialism. Incorporation of interprofessional education among healthcare professionals has been proven to alleviate these barriers. Furthermore, integrating transformational leadership competencies into current nursing education will ensure that future leaders of nursing are equipped to lead in a collaborative partnership with other healthcare professionals.

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