The Darkside of Collaboration: Part 2

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Darkside of Collaboration 2

ABSTRACT

Interprofessional collaboration is prevalent in the healthcare field. Both students and practitioners are expected to take part in interprofessional collaboration. Most research focuses on the positive aspects of interprofessional collaboration, which includes better patient care, lower healthcare costs, and increased job satisfaction of healthcare workers. This study focused on students' perceptions of interprofessional collaboration, and why they might not want to collaborate. The categories that emerged from the study were as follows: professional issues, communication difficulties, logistics and interpersonal issues. These categories are supported in the literature as barriers to collaboration.

INTRODUCTION

A preliminary review of the literature indicates strong support for collaboration, with most authors touting interprofessional collaboration as a necessity within the health care system. This strong support for collaboration is coupled with the expectation that students and professionals in healthcare settings be involved in interprofessional collaboration. "Interprofessional team-based practice is well recognized and accepted as a core area of competency and indeed a central value of health professional practice" (Ho, 2008, p.1). Since the 1990s Health Canada has put forth a number of initiatives to increase collaborative care (Oandasan & Reeves, 2005). Collaborative patient-centered practice involves two or more professionals actively

working together towards improving patient outcomes (Herbert, 2005). Health Canada defines interprofessional collaboration as

> …working together with one or more members of the health care team who each make a unique contribution to achieving a common goal, enhancing the benefit for patients. Each individual contributes from within the limits of their scope of practice. It is a process for communication and decision making that enables the separate and shared knowledge and skills of different care providers to synergistically influence the care provided through changed attitudes and behaviours, all the while emphasizing patient–centred goals and values (2010)

Terminology

Many researchers draw distinctions between the various labels applied to collaboration; multidisciplinary, interdisciplinary and transdisciplinary, while others use the terms interchangeably (D'Amour, et.al. 2005). Oandasan and Reeves prefer the prefix 'inter' since it signifies collaboration between members working in partnership towards a common goal (2005). Health Canada also uses the prefix 'inter', therefore this is the term used for this study.

Although interdisciplinary collaboration is not a new concept, there continues to be wide variation in the qualities that are believed to constitute interdisciplinary collaboration. This variation has impeded its comprehensive implementation in health care. A thorough understanding of the meaning is necessary before the concept can be successfully integrated into practice (Petri, 2010). Adding to this difficulty is the fact that many different titles are used in various countries to denote the same concept, such as; interprofessional collaborative practice (IPCP), interprofessional practice (IPP), interprofessional working (IPW), and interprofessional collaboration or care (IPC). IPC is

the term favoured in Canada (Stone, 2010). All of the titles listed above denote the idea of health care team members working together and relying on one another's knowledge and specialization to accomplish common goals and improve the quality of the patient's experience (Stone, 2010).

A model developed by Bronstein (2003) and extensively cited in social work literature is a helpful aid to understanding interdisciplinary collaboration and the components that help and/or hinder collaboration. Bronstein bases the model on five components that are necessary for successful interprofessional collaboration. The five components of the model are; interdependence, newly created professional activities, flexibility, collective ownership of goals, and reflection on process. 'Interdependence' denotes the interaction and reliance among team members to depend on each other to accomplish goals. 'Newly created professional activities' denotes the new structures, programs or acts that are possible due to interprofessional collaboration that would not be possible if each professional were acting on their own. Bronstein uses the term 'flexibility' to indicate the blurring of roles within the team. 'Collective ownership of goals' means that each professional shares responsibility throughout the process, from development of goals through to the achievement of goals. 'Reflection on the process' is a necessity both during the act of collaboration and once the goal(s) are met. Reflection on the process serves to strengthen relationships between group members and increase effectiveness.

Using the model can help one to discover areas that influence interprofessional collaboration. Bronstein identifies four potential influences that can aid

interprofessional collaboration by being present or acting as barriers to interprofessional collaboration if absent. The four influences include professional role, structural characteristics, personal characteristics, and a history of collaboration (Bronstein, 2003, p. 302). 'Professional role' is a balance between allegiance to one's profession and allegiance towards the interdisciplinary team. 'Structural characteristics' include the physical characteristics such as caseload size, the workplace culture, administrative support, professional autonomy and the time and space available for collaborative activities. 'Personal characteristics' signify the way that team members view each other as people outside of their professional roles. 'History of collaboration' refers to personal experience with collaboration (Bronstein, 2003). According to the model, the presence or absence of these four components affects the success of interprofessional collaboration.

The advantages of interprofessional collaboration can be grouped into three categories based on who is advantaged when health care professionals collaborate: the patient, the organization and the healthcare professional (Mitchell, et al., 2010). The patient benefits because it is generally believed that collaboration helps meet the demands of complex care and leads to improved patient safety (Rice, et al., 2010). The organization benefits from interprofessional collaboration due to the reduced health care costs which arise from the increased efficiency and productivity of professional health care providers (Mitchell, et al., 2010). Lastly the health care providers involved in interdisciplinary collaboration reportedly have increased job satisfaction (Petri, 2010).

The literature that examines barriers to collaboration primarily focuses on barriers that are extrinsic to the individual, such as the professional culture (Hall, 2005). There is a paucity of literature that examines the reasons why people would not want to collaborate. To this author's knowledge there has been no published examination regarding personal reasons for not wishing to collaborate. This study was intended to fill the gap in the literature by examining students' negative opinions regarding IPC. This is an important component to consider since the students will be entering the workforce and becoming professionals who are expected to take part in interprofessional collaboration.

PURPOSE

The purpose of this study was to fill a gap in the current literature by examining negative opinions regarding IPC. The success of IPC relies on the support and interaction of the team members involved, but what factors contribute to individuals being uninterested or unwilling in taking part in IPC? It is important to identify these factors that may become barriers to IPC. This study was designed to elicit the reasons why people may not wish to participate in IPC. This is a critical component to examine since there is an expectation in the field of rehabilitation medicine that professionals and students will be required to participate in IPC within the healthcare and/or educational setting.

METHOD

Participants

The participants were second year students in a department in the Faculty of Rehabilitation Medicine at the University of Alberta. Participation in the survey was voluntary. There were 100 students registered in the class and 96 surveys were returned. Students in attendance that day were eligible to participate in the survey.

Materials

The survey administered was in paper form and could be filled out using either a pencil or pen. The survey contained demographic information including age range, gender and their specific rehabilitation discipline (See Appendix A). Following the demographic information was a set of six questions that required a short written response. The first two questions were designed to determine respondents' background knowledge and experience in IPC. The next three questions asked participants to identify and share what they viewed as barriers to collaboration. The questions posed were designed to focus on negative aspects of IPC. The questions included asking participants what they dislike about IPC, potential problems regarding IPC, and factors that may discourage or prevent IPC involvement.

Procedure

The survey was administered at the beginning of class, before a lecture. Students were not given advance notice that a survey was to be administered that day. Forms were given out in collated packages that included an explanation of the research project, the survey and an entry for a prize draw ($25 grocery gift card). Each student was given one collated package of materials. It was disclosed to the students at the

beginning that taking part in the survey and prize draw was optional. After handing out the collated packages and giving a brief overview, the survey administrator left the room. The survey administrator stayed outside the room while the students who chose to participate completed the forms and placed the forms into boxes provided at the front of the lecture hall. The survey administrator returned to the room after 10 minutes to collect the boxes.

Analysis

Demographic information obtained from the survey was analyzed separately. The demographic information aided the researcher in ascertaining the participants' overall appreciation and knowledge of IPC. The survey questions regarding training and experience were also analyzed independently; these questions were used as a basis for understanding the participants' previous experience and knowledge of IPC. The survey questions that probed the participants' feelings and opinions regarding barriers to collaboration were analyzed collectively, as these questions were designed to focus on the negative aspects of IPC. Every answer provided by each participant was coded and categorized. If more than one answer was provided each answer was coded separately.

Data analysis was carried out by, systematically reading and re-reading the surveys looking for recurring remarks. The survey forms were numbered from 1 to 96 in order to ensure that each form could be cross-referenced as it was transcribed and inputted into Atlas.ti (6.0.14, 1993-2011), a computer software program that allows for the analysis of qualitative data, for coding and categorization. The data was analyzed and grouped according to the recurring themes that had emerged when reading,

inputting the data, and performing key word searches. The themes were then coded into broader categories.

RESULTS

All of the participants in the survey were students completing Master's Degree(s), in a department in the Faculty of Rehabilitation Medicine. The response rate was 96 out of 100.

Demographic Information

Ninety-two of the participants were less than 29 years of age, and 4 participants were between 30-39 years of age. Eighty-seven of the participants were female, 8 were male and 1 was unidentified.

Out of the 96 participants 92 identified themselves as having had training in IPC. Four of the participants identified themselves as not have any training in IPC. One of the requirements of the program is that the students take an inter-disciplinary training course offered by the University of Alberta (InterD 410). The InterD 410 course involves students from other health care professions (i.e. nurses, doctors, social workers, physical therapists, occupational therapists) working together to complete assignments based on hypothetical patient cases. The majority of the participants, 88 out of 96, referred specifically to this inter-disciplinary course. Five participants stated they had received training in IPC through placements or fieldwork through the program, and 2 cited previous work experience, 1 cited other classes in their undergraduate degree, and 2 referred to professional conferences as evidence of their training in IPC.

Out of 96 participants, 91 reported having experience in IPC, 3 reported no experience, and 2 participants did not respond to this question. Out of the 91 participants who responded that they had experience in IPC, 17 participants considered the Inter Disciplinary course as experience, 67 participants stated they had experience due to fieldwork or placements through the program, 19 cited prior work experience, and 1 participant stated they had experience in IPC through volunteer work.

Analysis of the rest of the survey resulted in the emergence of the following categories, professional issues, communication difficulties, logistics and interpersonal issues. These categories were the reasons identified by the participants as to why people might not want to participate in interprofessional collaboration.

Professional Issues

The category of professional issues encompasses factors that are a by product of one's profession. These factors include; expectations due to one's title, standards that must be met in accordance with one's membership in a professional association or college. Allegiance to one's profession can hinder group dynamics in IPC. The total number of participants who expressed a sentiment that is included in the category of professional issues was 85. The factors included under the term professional issues influence how others view an entire profession rather than an individual person. This category is summarized well by one participant, "Seems like every different discipline has a distinct 'personality' (yes, like different stereotypes) and they can sometimes clash".

The category of professional issues included the following themes; lack of understanding of other's roles, professional hierarchy, professional boundaries, role blurring, team members lack of understanding and stereotypes. Lack of understanding of other's roles was mentioned by 10 of the participants in the survey. This barrier to collaboration is appreciated through the words of one participant who poignantly wrote, "I don't know what each profession does yet to go collaborate with them". Professional hierarchy was mentioned by 31 participants, and was the common denominator respondents indicated was that they felt that some professionals are held in higher esteem than others and are thus given the final say in IPC decision-making. This sentiment is exemplified in the following quote; "That (a specific profession) are usually outnumbered and that certain professions seem to hold more weight (ex. Physicians) no matter if it is someone else's area of expertise". Professional boundaries and role blurring was identified as potential barriers to IPC by 27 participants. This is best illustrated by the following quote from a participant in the study, "….Sometimes it is hard to tell what each professions separate roles are". Other team members lack of understanding was pointed out by 11 participants in the survey. The 11 participants who shared this point of view expressed frustration with the other professions, "People don't understand what (a specific profession) is!" and "Working with people who don't respect what I do". Stereotypes were cited by 6 of the participants as a factor that would prevent the participants from taking part in IPC. Professional issues were identified by the majority of the participants in the survey, as a reason why they would not like to participate in IPC.

Communication Difficulties

Communication difficulties include how people talk with one another and negotiate in a group environment. Communication problems affect the groups' ability to work harmoniously. This category includes people who don't want to listen to others opinions, being afraid to voice an opinion, and feeling misunderstood. A sentiment expressed by one participant in response to what they dislike about IPC was, "People who can't listen". Another shared this insight, " [It is] sometimes difficult to communicate to all team members".

Lack of respect is included in this category since it relates to how people communicate with each other. When people do not respect one another then communication is hampered. As one participant noted, "People don't value all opinions and don't want to listen." This quote shows how respect is closely linked to communication, when one feels that their opinion is not important, they are less likely to continue to communicate with those people who are perceived to be disrespecting them. Another example of how lack of respect, and communication difficulties are intertwined is exhibited through the following response, "It felt like I was talked down to".

Communication problems together with lack of respect were indicated by 62 of the 96 participants in the survey as a hindrance to IPC. Communication difficulties help to explain why people do not want to become involved in IPC.

Logistics

Logistics refers to factors that are part of the organization within which people work, these are variables that are external to the individual that hamper or impede interprofessional collaboration. Logistics includes time, varying schedules, lack of control, and inefficiency. Out of the 96 participants involved in the survey 43 identified some aspect of logistics as a reason why they either disliked IPC or viewed it as a problem or barrier to IPC. One participant wrote, "Difficult to find time to meet b/c of varying schedules". Other participants shared a different sentiment regarding time; they felt IPC took too much time, for meetings and coming to consensus within the group. "Taking too much time to arrive at a conclusion…takes too much time", wrote one participant. Another shared the following, "delay the time to develop health care plan" as a reason why they would be discouraged from taking part in IPC. Time was the most often cited variable in this category, some of the other participants wrote, "time constraint", "time consuming", "extra time", and "time" as perceived problems with IPC. Some participants focused more on the inefficient aspect of logistics, one participant wrote, "too much red tape", another simply wrote "inefficiency" in answer to perceived problems with IPC. In response to what was disliked regarding IPC, one participant wrote, "At times 'too many cooks spoil the broth' i.e. too many perspectives can complicate matters and lead to much much more work."

Some participants identified the concept of lack of control, "I like to have control over situations and carry a high expectation of what is expected from me and my team"; another wrote, "elements out of individual control".

Almost half of the participants involved in the survey identified some aspect of logistics as a reason why they would not like to be involved in IPC.

Interpersonal Issues

Interpersonal issues, refers to the innate characteristics of the individuals involved; strong or disagreeable personalities make IPC more difficult. This was the largest category identified by participants in the survey. Some aspect of interpersonal issues was indicated 128 times by the 96 participants. The category of interpersonal issues includes variables that are more innate characteristics of individual people, akin to the personality of the individuals. The interpersonal issues that were identified by the respondents involved in the survey included; difficult personalities, negative attitudes, egos, power struggles and conflict. One participant nicely summarized this category with the following statement, “Problems may result if interpersonal difficulties [are present] among team members”.

One viewpoint shared by a participant regarding difficult personalities was “Personality clashes, not getting along or seeing eye-to-eye”. Difficult personalities was a variable identified by many participants involved in the survey, as one participant noted that the reason why they might be reluctant to take part in IPC was due to “more the person, less the profession”. Other statements regarding difficult personalities were as follows: “dominant staff members”, “some people don’t collaborate well. They are very pushy.” Some respondents felt used in the process by the more dominant personalities as is evidenced by the following statements, “bullying by other professionals” and “working w/ someone who sees me as a tool to push their own

agenda". One view on difficult personalities was shared, "someone who does not know as much as someone else clearly telling the more knowledgeable person what to do". One other participant succinctly stated, "some people are tough to work with".

Another variable in the category of interpersonal issues has to do with negative attitudes of the individuals involved in IPC. Participants in the survey identified the following; "negative shallow attitudes", "non cooperative attitudes", "poor attitudes of the team involved", and "specific individual attitudes".

Ego was an identifiable variable within the category of interpersonal issues. Some participants in the survey identified this as an issue in IPC. "Working with other's egos" was a view shared by one participant. Other respondents shared the following viewpoints regarding egos, "If one persona feels their way is the only 'right' way", and "If an individual was really overbearing and it was always their way".

Power struggles and conflicts were an aspect of interpersonal issues identified by participants involved in the study. One participant noted, "power struggle-dominant individuals over take the team". When this happens then IPC ceases to exist, it is really about one person's agenda. Other participants shared the following sentiments; "power struggles","conflicts (different points of view)" and "unnecessary conflict" as things that might discourage them from becoming involved in IPC.

DISCUSSION

This survey provided a preliminary understanding of the factors that influence students' perceptions of IPC. The largest category mentioned by participants in the

survey was interpersonal issues. Interpersonal issues are cited in the literature as barriers to collaboration. Parker Oliver and Peck identify personality and team conflict as challenges to IPC (2006). Bronstein (2003) also stated that personal characteristics may act as barriers to collaboration. The category of interpersonal issues, was mentioned by the majority of respondents in the survey it is not a category that is unique to the health care setting. Personality conflicts and difficulty getting along with co-workers is a prevalent denominator in many workplaces. A logical question to follow up on this finding is 'Can we learn to deal with difficult personalities?' Is it possible for all people to become good team members working together with others, or is it better to let some people work on their own rather than risk putting the whole team at a disadvantage? Although these questions are out of the scope of this particular study, they are important questions that may guide future research into interprofessional collaboration.

Professional issues, was a category identified by the majority of the participants. 'Professional issues' encompasses factors that are the result of one's profession, and influences how others view an entire profession rather than an individual person. One's professional identity is what sets each profession apart, yet this can hamper interprofessional collaboration. Hall noted;

> Different health care professions have evolved under their own and society's historic forces and ongoing sociological processes. Each profession has struggled to define its identity, values, sphere of practice and role in patient care. This has led to each health care profession working within its own silo to ensure its members (its professionals) have common experiences, values, approaches to problem-solving and language for professional tools. It is not only the educational

> experiences, but also the socialization process which occurs simultaneously during the training period that serves to solidify the professional's unique world view. At the completion of their professional education, each student will have mastered not only the skills and values of his/her profession, but will also be able to assume the occupational identity. (2005, p. 190)

Professional identity is the end product of training, this identity which makes each profession unique yet was also a factor that participants in the study stated makes interprofessional collaboration difficult because of the lack of shared understanding, views, and practices. If one hopes to make a difference in how other professionals are viewed within the realm of interprofessional collaboration, then change needs to occur prior to professionals going out into the workplace, while they are in the process of training. Although students are trained in IPC during their studies, they are not asked for their opinion regarding IPC.

Logistics was reported by the participants in the study as a reason why they would not want to collaborate and this is supported by the literature as a barrier to collaboration. Within the category of logistics time was the most often cited barrier, this is supported by E. Hall (2005) "…our research indicates, one of the greatest barriers to inter-professional working is the organisation of time…" (2005, p. 20).

Perhaps the most encompassing category to examine regarding negative opinions about IPC is communication difficulties. Communication difficulties were not a mutually exclusive category but rather communication difficulties affect many of the other categories, including: interpersonal issues, logistics, and professional issues.

Communication impacts the category of interpersonal issues, which were the innate characteristics of the individuals involved in IPC. When discussing difficult personalities within the category of interpersonal issues, it is virtually impossible to separate personality from communication. Personality affects the way in which we communicate with others. Atwal and Caldwell affirm this notion of the individuals that make up the team, "if members of a team are not communicating within teams this can influence quality of care for patients" (2005, p.272).

Communication difficulties also impact the category of logistics. Many respondents stated that time was the biggest factor within the category of logistics. The respondents indicated that it takes too long to reach a consensus within the group. This leads one to ponder whether it is really communication difficulties within the group that make the process of IPC lengthy.

The category of professional issues is also affected by communication difficulties since the lack of understanding of other's roles, professional hierarchy, professional boundaries, role blurring, team members lack of understanding and stereotypes affect the manner in which one communicates. This relationship between communication and professional issues is referred to in Rice et al., "…interprofessional hierarchies had considerable bearing on communication and collaboration. Physicians in our study stated that they were accustomed to having their orders carried out with little or no discussion or negotiation." (2010, p. 358). In fact, whenever and wherever there is interaction with others, communication difficulties can become an issue. Zwarenstein's et al. (2009) supports the importance of communication;

> The extend to which different healthcare professionals work well together can affect the quality of the health care that they provide. If there are problems in how healthcare professionals communicate and interact with each other, then problems in patient care can occur (2009, p.2)

Communication difficulties have a huge impact on IPC, and is not an issue that is easily addressed as Gaboury, Bujold, Boon and Moher point out, "Dual education and/or training was found to be an input of teamwork that facilitated interprofessional collaboration…It is important to stress that although this is a key factor, it is not sufficient to resolve fully communication issues…" (2009, p.272).

LIMITATIONS AND DIRECTIONS FOR FURTHER RESEARCH

This study was performed at the University of Alberta in the Rehabilitation Medicine Faculty with a group of Master's students from a single discipline. It is suggested that it be repeated in other health care environments with individuals who possess different levels of training and experience with IPC.

The participants involved in the study had a limited amount of time to respond (10 minutes). Perhaps other responses would have been elicited if the participants had more time to reflect on each question.

Some methodology concerns worth noting are as follows; the answers provided by the participants were analyzed and sorted solely by this author. The author was unable to go back to the participants and ask for clarification. The questions posed to the participants were not rigorously assessed beforehand. Interviews or group

interviews may be a useful method of gaining information for future research into this area.

This study was a good starting point enabling the participants to share their perceptions of why they may not want to participate in interprofessional collaboration, it is not enough to merely identify the perceptions of the participants. Atwal and Caldwell affirm this view when they pose the question "Why do problems still persist, once they have been identified?" (2003, p.1217). Atwal and Caldwell (2003) suggest that merely identifying problems does not eradicate them. In order to find solutions to problems one must keep digging, this indicates there is a need for further research in order to rectify the problems brought to light in the study. Before attention is focused on finding solutions it is important to confirm that the issues identified in this study are in fact issues that prevent people from wanting to partake in IPC. It is recommended that this can be accomplished by expanding the scope of the study to include more people with different levels of experience in IPC.

The problems identified in this study reflected concerns that have been documented in the literature as barriers to interprofessional collaboration. The survey highlighted recurring themes that participants identified as factors that discouraged them from taking part in interprofessional collaboration. More research is needed to confirm whether the factors identified by this group of students are also factors that prevent healthcare professionals from taking part in IPC in the workplace. Interprofessional collaboration as stated previously is an expectation of all healthcare professionals. The best way to summarize this study is through the words of one of the

participants, “It’s a great concept and definitely has been shown to work. However, when it doesn’t work…it really doesn’t work.”

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Appendix A

Dark Side of Collaboration Survey

Age: O< 29 O30-39 O40-49 O50-59 O60+
O Male O Female
O OT O PT O SLP O Other

Have you had training in interprofessional collaboration? O Yes O No
Explain briefly.

Have you had experience in interprofessional collaboration? O Yes O No
Explain briefly.

What do you dislike about interprofessional collaboration?

If different from above, what do you see as problems with interprofessional collaboration?

What would discourage you from becoming involved in interprofessional collaboration?

Is there anything else you'd like to share with us about interprofessional collaboration?

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