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MULTI-SECTOR PERSPECTIVES ON LEARNING FOR INTERPROFESSIONAL PRACTICE: LESSONS FOR HIGHER EDUCATION AND ORGANISATIONAL CULTURE

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ABSTRACT

In order to build the evidence base for interprofessional education and practice, it is important to establish how the concepts and theories are understood by higher education providers, policy makers, managers and practitioners. Using an interdisciplinary research approach, and facilitated by the use of visual images, we undertook a discourse analysis of interviews and discussions around definitions, competencies and cultures of learning for interprofessional practice in the context of child health and social care in Scotland. Challenges to interprofessional practice were seen as generated within professional hierarchies and the complicatedness of working with chronic or multisystem disease. In order to work collaboratively, individual practitioners should understand the boundaries of their own knowledge and skills and demonstrate capacity for interpersonal communication (within and between professions), as well as problem solving and dealing with uncertainty. While there was agreement on these as key learning needs for collaborative working, the term *interprofessional education* was rarely used in practice by the interviewees and there was perception of a gap between university and workplace settings in supporting learning for interprofessional practice. It is recommended that educational frameworks acknowledge that the interprofessional learning journey is influenced by context and organisational culture.

INTRODUCTION

Recent public inquiries into failures in health care systems highlight the need for collaborative approaches and a consistent set of competencies for interprofessional practice across health and social care. While it is clear that collaboration improves health care, the evidence that interprofessional education (IPE) changes health care outcomes is more limited, but growing (Reeves, Fletcher, Barr, Birch, Boet, Davies, McFadyen, Rivera & Kitto, 2016). Child health is a Scottish Government priority with the programme, Getting it Right for Every Child (GIRFEC; www.gov.scot/gettingitright), setting a framework that requires working across discipline boundaries. It is not clear, however, whether there are common requirements and definitions of interprofessional education and competencies across disciplines. The aim was to identify themes that could inform approaches to learning for interprofessional practice in child health and social care, with the research following question: *What are the views of educators, practice managers and policy-makers in relation to interprofessional definitions, competencies and cultures?*

METHODS

Inductive approaches were incorporated throughout the work. To avoid the discourse being dominated by the insights of one or two professions, and to further explore divergences in understanding, interdisciplinarity was used as a theoretical framework, informing the research process and including the interdisciplinary methodology. Research design, data collection and analysis therefore progressed in iterative cycles (Figure 1). The University of the West of Scotland Ethics Committee approved the work.

Four researchers with backgrounds in nursing, midwifery, medicine, speech therapy, health services, community education and higher education each reviewed the literature, using strategies informed by their own disciplines, to identify key terms, meanings and derivations. The group then met to compare interpretations, to identify similarities and differences and challenge each other's assumptions and biases. These interdisciplinary research conversations were recorded, transcribed and analysed, and used to explore the literature further and negotiate a coding framework for discourse analysis.

The researchers held one-to-one interviews with fourteen policy makers, managers and educators in areas related to child health and social care, identified through the researchers' networks and purposively selected to obtain a broad range of perspectives. Interviews were audio-recorded and conducted in two rounds of seven interviews to allow testing of emerging hypotheses about areas of congruence and discord. Each researcher contributed a range of visual images and together they selected twenty with schematic, symbolic and metaphoric content, open to a range of interpretations. Interview guidelines, including a five-step sequence, were created from initial interdisciplinary conversations.

1. Associations: do the images suggest experience/understanding of IPE/interprofessional working
2. Examples: when and how does IPE lead to good interprofessional working
3. Concepts: what are key concepts in IPE, and what would a model of IPE look like
4. Contribution of higher education: what does/should it look like
5. Culture: what does it have to do with IPE and the role of higher education

The images were consistently used at the start of the interviews. Otherwise, interviews did not always follow the prescribed sequence, however the framework was consistently used to check coverage of the key areas. The images were also used in the researcher interdisciplinary conversations and a networking event, that was held towards the end of the research. A total of nine people (interviewees and researchers) participated in wider interdisciplinary conversations about emerging themes, that were recorded and analysed.

Each researcher undertook a discourse analysis of their own interviews and the transcripts of other interviews and the interdisciplinary research conversations. The coding framework was continually compared and revised in interdisciplinary meetings. Researchers also coded each other's transcripts to test the reliability of the coding framework (Garrison, Cleveland-Innes, Koole, & Kappelman, 2006).

RESULTS

The importance of interprofessional working was fully acknowledged by all participants, not only in relation to children, but to health and social care practice more broadly. Interviewees who are closer to health policy and practice, rather than higher education, often stated that they use the words interdisciplinary and interprofessional interchangeably in practice. Some interviewees suggested that the terms are overused.

"I don't really think anybody really knows what they mean when they talk about interprofessional (.) or they use it alongside multiprofessional or joint working or collaborative working. I think it's one of these buzzwords or buzz terms that people haven't actually pinned down." (2.4)

Use and meaning of the term interprofessional varied and, to avoid confusion and so as not to limit the discourse, we started using the phrase “*learning for interprofessional practice*” in our interdisciplinary researcher conversations. Analysis of the interviews and discussions revealed the following major themes.

Organisational culture

Organisational culture, particularly in relation to barriers created from within professions and by hierarchies, was perceived as presenting challenges to interprofessional practice. It was pointed out that in these hierarchies some voices predominate because “*its power-based, about who’s in charge (...)*” (3.1), and their agenda is prioritised. There was a view that professions “*create their own reality inside the profession*” (1.1), within silos that promote fragmentation rather than collaborative working. Participants highlighted the role of leadership in creating the right culture for collaborative practice, recognising the competencies of individuals and “*not expecting everyone just to do the exact same..(but) using individual practitioners more creatively*” (2.1).

Complexity

Interviewees highlighted the impact of the complicatedness of work and the uncertainty in healthcare as challenges to effective collaborative working. Indeed, a complexity metaphor was often used in discussions of the interdisciplinary perspectives and interprofessional competencies required to dealing with clinical decision-making and the support of managed risk within the organisation

“It you take really really complex bits of work or really busy areas... people will want to demarcate....that culture can create a sense of independence and not interdependence” (3.2)

Interprofessional competencies and capabilities

Participants identified key professional competencies that also aligned with the theme of complexity. Complex problem solving, dealing with uncertainty, interdisciplinarity and communication skills were highlighted as key competencies for interprofessional working. The recognition of personal professional abilities and limits, as well as awareness of the potential contributions of others, were also seen as important.

“interprofessionalism (is) being prepared to cross boundaries and to inhabit a different space.. to speak a different language” (2.6)

Leadership style was seen to be important in fostering environments in which the competencies necessary for working within the complex healthcare system can be learned. The importance of experience in practice was also highlighted, with professionals needing to get *“the opportunity to be exposed to different venues, different approaches, different parts of the system”* (3.2).

Role of Higher Education

There was a view that the development of interprofessional competence needs to start early in health professional education.

“I think it needs to start at undergraduate (level), from the very beginning....at postgraduate (level) it's more informal... face-to-face, talking to each other.... that leads on to joint working (.) opportunities for co-location” (3.1)

However, there was a perception of a gap between academia and practice and universities were often seen as lagging behind shifts in policy and the needs of contemporary practice.

DISCUSSION

This research suggests that use of language and the complexities of people bringing different understandings to negotiations about complex issues are major challenges in interprofessional working and may be important barriers to developing educational strategies. The importance of common language and equal respect for other disciplines and professionals is strongly emphasised in the literature. It is therefore surprising that there remains a lack of clarity and consensus around the use of the term interprofessional in practice settings. There remains today a previously identified need for greater conceptual clarity (Craddock, O'Halloran, Borthwick, & McPherson, 2006) before a unifying paradigm can emerge.

Although “learning together” was acknowledged by participants to play an important role, the interviews and interdisciplinary conversations focussed more strongly on the individual development of practitioners, including the need to encourage thinking and problem-solving in an interdisciplinary way. This supports the notion that relational learning approaches should sit alongside shared learning strategies (Konrad & Browning, 2012). Frameworks that draw on theoretical perspectives that bridge individual psychosocial factors including professional identity and social-structural practices would therefore be appropriate (Hutchings, Scammell, & Quinney, 2013). While this study was limited to interviewing leaders in the area of child health and social care and education in Scotland, the data suggested that a competency framework for the breadth of health and social care could form a basis from which to develop models in other contexts in higher education and practitioner development, locally and more widely. This is recommended as a focus for further research. The importance of fostering an organisational culture that supports interprofessional practice emerged as a key theme, supporting the findings of others (Vestergaard & Norgaard, 2018).

CONCLUSION

There is an emerging sense, in the context of this research, that the gap between health and social care practice and higher education is wide and should be added to the list of challenges in education for interprofessional working. Models or frameworks of competencies for interprofessional practice should fully consider the impact of organisational context and the importance of leadership skills and of individual reflection-on-practice on those capabilities.

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Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

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Figure legend

Figure 1: The interdisciplinary research process

Researchers from different professional backgrounds explored the literature and had interdisciplinary discussion that informed the methodology, including the approach to, and analysis of, two rounds of interviews with a range of stakeholders over a 12-month research period.

