

INTERPROFESSIONAL COLLABORATION

Interprofessional collaborative practice is a process that occurs when professionals from different areas of expertise — along with patients, families and communities — combine elements of respect, mutual understanding and shared decision-making to develop working relationships to maximize health-care delivery and outcomes (Canadian Interprofessional Health Collaborative [CIHC], 2010; World Health Organization [WHO], 2010).

CNA POSITION

- ▶ The patient and family should be the focus of efforts to implement or expand interprofessional collaboration; they should also be partners throughout the collaborative care that is delivered (Supper et al. 2014; Careau, 2015).
- ▶ Interprofessional collaboration needs to be integrated throughout the educational journey of the nurse, starting at the undergraduate level through to the professional level (Pfaff, Baxter, Jack, & Ploeg, 2014).
- ▶ Planning and evaluation frameworks and assessment tools to measure the performance of interprofessional collaborative practices must continue to be implemented at all levels of care (Bookey-Bassett, Markle-Reid, McKey, & Akthar-Danesh, 2016b; Supper et al, 2014).
- ▶ Hierarchies that have been established between disciplines over time are not conducive to interprofessional collaboration (Bell, Michaelc, & Arenson, 2014).

CNA BELIEFS

CNA believes that interprofessional collaboration is consistent with the primary values in its *Code of Ethics for Registered Nurses*, particularly the nurse's responsibility to acknowledge, respect, and integrate other health-care providers' knowledge for the betterment of the patient (Canadian Nurses Association [CNA] 2017).

Health professionals come together from a wide array of backgrounds with distinct professional cultures. Role awareness, conflict resolution, collaborative leadership, trust between team members, and a belief in the effectiveness of interprofessional collaboration are necessary components to further facilitate the collaborative effort

(Bookey-Basset, Markle-Reid, McKey, & Akhtar-Danesh, 2016a; Canadian Health Services Research Foundation [CHSRF], 2012; Saskatchewan Registered Nurses' Association, 2017; Association of Registered Nurses of Newfoundland and Labrador, 2013; CIHC, 2010).

CNA believes that adhering to the following principles will facilitate interprofessional collaboration.

- ▶ *Client-centred care* — Interprofessional client-centred care requires collaboration among clients, nurses and other health professionals who work together at the individual, organizational and health-care system levels. Clients are actively engaged in the prevention, promotion and management of their health and well-being (Registered Nurses' Association of Ontario [RNAO], 2014; CIHC, 2010).
- ▶ *Evidence-informed decision-making for quality care* — Evidence-informed decision-making through the use of best practice guidelines, protocols and resources will support interprofessional collaboration. Health professionals work together to identify and assess research evidence as a basis for identifying treatment and management of health problems. Health outcomes are continuously evaluated to track the effectiveness and appropriateness of services (Goldman, Meuser, Lawrie, Rogers, & Reeves, 2010; Newhouse & Spring, 2010).
- ▶ *Access* — Teams of health-care professionals working in collaboration will ensure that patients can access the most appropriate health-care provider at the right time and in the right place. Effective continuity of care requires high-quality, client-centred interprofessional collaboration (College of Family Physicians of Canada, 2017; RNAO, 2013).
- ▶ *Epidemiology* — Information about demographics and population health can help ensure health-care staff and services are deployed effectively. Tracking population health trends ensures health services have the desired impact (Hjalmarson, Ahgren, & Kjolsrud, 2013).
- ▶ *Ethics* — Nurses are guided by CNA's *Code of Ethics*, which supports nurses in dealing with questions of right and wrong in their interactions (CNA, 2018). Health-care professionals working in interprofessional collaborative teams bring their own set of competencies, and have an opportunity to learn from each other in ways that can enhance the effectiveness of their collaborative efforts (Myron et al., 2017).
- ▶ *Communication* — Active listening and effective communication skills facilitate information sharing and decision-making (CIHC, 2010; Keller, Eggenberger, Belkowitz, Sareskeyeva, & Zita, 2013).
- ▶ *Social justice and equity* — Interprofessional collaboration is one of the best approaches available for ensuring the health system functions optimally and this, in turn, helps Canada achieve the goals of social justice and equity (CNA, 2013; Hines-Martin & Nash, 2017).
- ▶ *Cultural safety* — Interprofessional collaboration should aim to achieve cultural safety for the patient and all members of the team as they strive to "address

power imbalances inherent in the healthcare system” (First Nations Health Authority, n.d.; Banfield & Lackie, 2009; Oelke, Thurston & Arthur, 2013)

CNA believes that the spirit of interprofessional collaboration is undermined when learning occurs in “silos,” which often begins at the undergraduate level (Vanderbilt, Dail, & Jaber, 2015).

CNA believes interprofessional collaboration must move beyond rhetoric to practical and systematic implementation at all levels of care (Ewashen, McInnis-Perry, & Murphy, 2013).

CNA believes that successful interprofessional collaboration needs appropriate supports at the institutional level, including a conducive working culture and an appropriate physical environment that allows for easy face-to-face interactions with team members (WHO, 2010; WHO, 2013). We further believe that interprofessional collaboration requires long-term funding that supports infrastructure and information technology improvements, as well as governance and management structures that promote systems that foster it (Chung, Ma, & Griffiths, 2012).

Interprofessional training needs to be integrated into curriculum and professional development at the undergraduate and post-graduate levels (Supper et al., 2014), as well as developing concrete ways to measure it (Bookey-Bassett, Markle-Reid, McKey, & Akthar-Danesh, 2016b; Supper et al., 2014).

BACKGROUND

At the practice level, interprofessional collaboration forms a dynamic system of relationships that is directly influenced by each individual’s personality, education, values and ethics; it’s also influenced by the institutional environments and logistical factors such as heavy clinical workloads and competing priorities (Bookey-Basset et al., 2016a; Tang, Zhou, Chan, & Liaw, 2018). To be most effective, interprofessional collaboration relies on information sharing from all those involved and encourages alternative ideas to be acknowledged and seriously considered. In an ideal collaborative environment, each health-care professional would exercise autonomy over their work, but balance it with the expertise of others on the team (Ewashen, McInnis-Perry, & Murphy, 2013).

At the institutional level, a favourable structure that provides opportunities for health professionals to meet formally and informally is critical for interprofessional collaboration (Pullon et al. 2016). Such support can take the form of providing health-care professionals with the time they need to understand each other’s roles, the language they use and the viewpoints they have (CHSRF, 2012). Collaboration can be negatively influenced if there are conflicting organizational expectations, resource requirements and time constraints (Dahl & Crawford, 2018).

Health-care delivery has become increasingly complex, in part due to our aging population, chronic diseases, noncommunicable diseases and other factors (Green & Johnson, 2015; WHO, 2010). Interprofessional collaboration can help meet these pending challenging and complex health-care needs (Green & Johnson, 2015; WHO, 2010), as well as contribute to better health outcomes for patients (WHO, 2010). Benefits can include reduced wait times; increased healthy workplaces, patient safety, rural and remote accessibility; and better health human resource planning, primary health care, chronic disease management, and population health and wellness (Liu, Ponzer, & Farrokhina, 2018; Franklin, Bernhardt, Lopez, Long-Middleton, & Davis, 2015; Donato, 2015).

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Replaces: Interprofessional Collaboration (November 2011)

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