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## Interprofessional Communication and Interprofessional Collaboration (IPC) among Health Care Professionals

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### Abstract

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Communication is inseparably knotted in health care groups. However, not all group communications are effective. The main objective of this paper is to examine the relationship between interprofessional communication and interprofessional collaboration (IPC) through a review of literature. It highlights the importance of IPC and focuses on how crucial interprofessional communication is among professionals to achieve positive IPC. A literature review of health care management, interprofessional care and health sciences related to interprofessional communication and IPC practice among health care professionals are performed. The electronic database for the Health Sciences and Health Administration (MEDLINE) was searched. The selection criteria of this paper include studies that examine the effectiveness of interprofessional communication towards IPC among health care professionals. Health care professionals include nurses, physicians, and a variety of clinical specialists. The review of nearly 200 manuscripts identified that only 24 are applicable for this review. Among all, only one evaluates managers as respondents, others, focus on physicians, therapists, surgeons, graduate students, oncologists, and so on. The key finding suggested that all selected literature provide conclusive findings on the relationship between interprofessional communication and IPC. Physicians and medical graduates appeared to have less attitude towards interprofessional communication and IPC. On top of that, none of the literature evaluates non-verbal aspects of communication in the study. Future research is needed to close the research gaps identified in this review.

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**Keywords:** Interprofessional communication, Interprofessional collaboration (IPC), health care professionals.

## **1. Introduction**

Interprofessional Collaboration (IPC) is defined as "multiple health workers from different professional backgrounds work together with patients, families, caregivers and communities to deliver the highest quality of care" (World Health Organization (WHO), 2010). Recently, it is a vital concern among hospital leaders in order to improve the quality of patient care while at the same time reducing the health care costs (Samadi-niya, 2014). This hospital relationship imposed a great effect on the quality of patient care and known as a critical determinant of the success of health care organizations. This is because, it is one of the best strategies to be implemented and practiced when working towards improving health care outcomes (Chan & Wood, 2010). However, only little efforts made by management to support and enrich the development of the relationship (Chesluk, et al., 2015). A growing number of evidence indicated numerous determinants of IPC and one of them is interprofessional communication. It is viewed by Interprofessional Education Collaborative Expert Panel (2011) as a crucial element in order to improve IPC among professionals (MacNulty & Kennedy, 2008; Woods, Jackson, Ziglar, & Alston, 2011) because it is central to a quality patient care (Chesluk, et al., 2015). While no specific definition for interprofessional communication, most of the literature referred it as a situation when professionals and the community communicate together in an open, collaborative and responsive manner (O'Daniel & Rosenstein, 2008). This human factor based competency could be an essential solution to the increasing number of medical errors happen recently (Safran, Miller, & Beckman, 2006).

## **2. Problem Statement**

Despite professionals are aware of the importance of communicating in a team, the process becomes increasingly difficult due to different professional features (MacNulty & Kennedy, 2008). Physicians are more autonomous, solution oriented, professional identification and patient advocate while hospital administrators more towards working collaboratively, planning, organizational identification and organization advocate. The differences have caused both professions at communication risk that may affect the quality of the patient's health. Therefore, this paper aims to review the relationship between the two elements in the effort to determine the significant hidden obstacles in the relationship.

## **3. Methodology**

Published literature of the electronic database for health sciences and health administration (MEDLINE) was scanned for a detailed search. Prior researchers used the key words in this review interchangeably with few others established words. Therefore, this paper included a range of terms in the search strategy to describe the review objective and capture relevant literature. The terms searched include interprofessional collaboration, interdisciplinary collaboration, multidisciplinary collaboration, inter-professional communication, interdisciplinary communication, multidisciplinary communication, teamwork, healthcare workers, healthcare members and healthcare professionals.

The literature screening process was done primarily through literature topics and abstracts. Relevant studies that meet the predetermined inclusion criteria were retrieved. The followings are the inclusion criteria of this review paper:

- Only paper of original empirical studies were included and published between the year 2005 and 2016.
- Studies related to communication, inter-professional communication, inter-professional collaboration practice, inter-professional collaboration, multidisciplinary collaboration, interdisciplinary collaboration, and teamwork.
- Health care professionals include those working in hospital facilities and medical science students.

Besides, three exclusion criteria also determined to assist this review. They include:

- The respondents of reviewed literature are from other industries than health care.
- The abstracts are available, but did not specify the objective, methodology and findings of the studies.
- The studies done before year 2005.
- Title relevant, but abstract or full paper is not available.

## **4. Discussion**

### *4.1 Analysis of the Methodology*

The selection of literature was based on the evaluation of empirical studies related to the relationship between interprofessional communication and inter-professional collaboration practice among healthcare professionals in any health care setting. Nearly 200 manuscripts were reviewed, but only twenty-four are included in this paper. None of the reviewed studies originated from Asian countries. Study designs include five cross-sectional surveys, fifteen qualitative studies involving observations, video recording, focus group and interviews and four mixed method studies involving survey and interviews and focus groups.

In all 24 abstracts, the full-text were obtained. The selected manuscripts provided the discussions about the connection between interprofessional communication and IPC practice among health care professionals and medical science graduates. The scope was further refined to include barriers and challenges of the relationship between the variables. Any abstract or full-text that did not include the above elements were excluded from this review paper.

### *4.2 Analysis of Findings: The Relationship between Interprofessional Communication and Interprofessional Collaboration (IPC) Practice*

Collaboration is a major concern in the health care industry, and it has been a key discussion in improving health care quality (Iraqpour & Alavi, 2015; Gannon-Leary, Baines, & Wilson, 2006). Collaboration among health care professionals regardless of clinical or non-clinical members will be

able to develop a professional network, enhance knowledge and skills and contribute to the improvement of the decision-making process (Fagin, 1992). Physicians, radiologist, nutritionists, psychologist, nurses or in fact, hospital administrators are all professionals included in the industry. Their collaboration is critical in determining the considerable patient outcomes, especially physicians.

One issue of IPC is inter-professional communication. The Interprofessional Education Collaborative Expert Panel (2011) has identified interprofessional communication as the core competency of IPC. The absent of effective communication has been long recognized to affect healthcare service delivery and patient outcomes (Schaefer, Helmreich, & Scheidegger, 1995). It is the main contributor of almost 70 percent medical errors in United State accredited healthcare organizations (JCAHO, 2005). This is also happening in Australia where communication failure has resulted in poor quality of patient outcomes and will negatively impact patient care. Although communication may lead to unwanted events, however, it is widely accepted that good communication among health care professionals can improve the interprofessional collaboration and in the end, will enhance the patient health outcomes (JCAHO, 2005). Communications also affected through non-verbal elements; body language, attitude and tone rather than the message itself (Allensandra, 1966). However, this review realized, most studies done emphasized on verbal communication aspects. Only a study by Farhadi, et al. (2014), noted the significance of non-verbal communication to foster collaboration efforts.

This review paper revealed, all 24 reviewed paper support the significant relationship between the two elements. In other words, it can be best described that interprofessional communication predicted the professionals' IPC level (Morris & Matthews, 2014) and it has a positive impact on teamwork (Wittenberg-Lyles, Oliver, Demiris, Burt, & Regehr, 2010). In few studies, interprofessional communication has been recommended as a crucial element of IPC by researchers (MacNulty & Kennedy, 2008; Woods, Jackson, Ziglar, & Alston, 2011). Effective and active communication is extremely required by all professionals, especially while working as a team because, the component is crucial for conflict resolution (Verhovsek, Byington, & Deshkulkarni, 2009). Professionals with good interprofessional communication therefore tend to enhance the competence, and confident to respond to conflict arise (Keller, Eggenberger, Belkowitz, Sarsekeyeva, & Zito, 2013).

However, not everybody committed. Among all professions, physicians have less interprofessional communication skill and not surprisingly, they also have less positive attitudes towards IPC compared to other professions (Delunas & Rouse, 2014; Farhadi, Nik Pey, Shafiee, Farhadi, & Nik Pey, 2014; Grant, Donaldson, & Larsen, 2006; Veerapen & Purkis, 2014; Weaver, Callaghan, Cooper, Brandman, & O'Leary, 2014; Yildirim, et al., 2005; Zwarenstein, Rice, Gotlib-Conn, Kenaszchuk, & Reeves, 2013). Studies also reported that physicians' interaction is mainly focused on formal structure and with other physicians (Zwarenstein, Rice, Gotlib-Conn, Kenaszchuk, & Reeves, 2013). Physicians did not recognize other professionals' role around them (Matziou, et al., 2014). This is against the IPC practice because in developing good collaboration, effective communication and physical presence are

essentials for every professional involved in the process (Broadbent & Moxham, 2014). Furthermore, the elements identified to become as barriers to this problem include conflict resolution strategies (Sommerfeldt, Barton, Stayko, Patterson, & Pimlott, 2011), professional roles (Matziou, et al., 2014), culture (Veerapen & Purkis, 2014; Broadbent & Moxham, 2014) and hierarchy (Tubbesing & Chen, 2015; Matziou, et al., 2014; Hooper, Thomas, & Clarke, 2007).

## 5. Conclusion and Limitations

Although this issue has been a focus of researchers in recent years, however, there are still knowledge gaps remained. First, this paper identified that most of the findings are based on the relationship between physicians and nurses or other clinical professionals. Only one study provided finding based on the relationship between physicians and hospital administrators or managers. The nature of the relationship between two different professionals could differ from another. This expressed the needs to conduct comprehensive studies to measure the relationship between these two professionals because their collaboration is vital to provide quality care at effective and affordable cost. Second, this review revealed numerous barriers in strengthening the collaboration that involves professionals from different backgrounds and cultures. Thus, the factors that improve professionals' attitude toward effective inter-professional communication and IPC, such as non-verbal communication should be further explored (Matziou, Vlahioti, Perdikaris, Matziou, Megapanau & Petsios, 2014). Third, from the contextual aspect, more comprehensive research should be conducted especially in Asian countries since this literature review interest is the entire world concern. Increasing understanding of these limitation aspects may assist in close the knowledge and research gaps in the future.

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