Importance of inter-professional working in nursing practice

Inter-professional working is constantly promoted to professionals within the health and social care sector. Various terms such as interdisciplinary, multidisciplinary and interagency collaboration working have been used to promote professionals to work together with the patient, carers, relations, services and other professionals (SCIE, 2009). This Paper will explore the importance of inter-professional working in nursing practice, due to nurses supporting and treating a variety of patients. This paper will discuss the general importance of inter-professionalism as part of good nursing practice, it will use examples of adult stroke patients and children who have cerebral palsy. These two conditions have been chosen because they allow the paper to explore two different age groups and the needs of patients who tend to have complex social and healthcare needs. There is also a wealth of literature available on these conditions which helps highlight the need for nurses to work effectively with other health and social care professionals, service providers and carers.

Patients' initially tend to see nurses either alone on arrival at accident and emergency departments, or in conjunction with a medical practitioner. Therefore, the duration of time that a nurse spends with a patient tends to be longer than most other health/medical professionals (Godfrey, 2012). Ward nurses who work on hospital wards, provide care and support to admitted patients throughout their whole stay. This length of time spent with the patients allow them to be familiar with the patient, hence allowing them to recognise changes in a patient's health and also to identify any new needs. Often, patients need to see more than one health/medical professional in their stay at the hospital, due to their health needs. Despite

these professionals possessing specialist skills to support or treat specific health concerns that the patient may have, often the health recommendations that are given to the patient need to be performed routinely even when the patient is not in the presence of this specialist. Therefore, allied health professionals tend to advise, seek the support of, or hand specific recommendations over to nurses. This is often seen between nurses and physiotherapists in mobility recommendations, this is because nurses often have to mobilise a patient out of hours as recommended by the physiotherapist (Godfrey, 2012). This avoids the patient having to wait for a physiotherapist on weekends, or to become frustrated due to being in one position for long periods of time and it also supports the overall hospital service aim of better patient outcomes.

Similarly patients with complex physical issues, minimal mobility or neurological complications, such as stroke patients, need to be regularly moved to avoid pressure ulcers developing. In addition to this, regaining mobility gradually is often part of a patient’s stroke rehabilitation programme. Clear guidelines and training are given, as recommended by NICE, to nurses to perform safe moving and handling techniques on patients. These guidelines advise 2-3 trained professionals to move a patient who is bed bound, depending on the patient’s movement ability and weight (Jacob et al, 2007). If this is a stroke patient this needs to be done on recommendation of a physiotherapist (RCP, 2012). Therefore, it is important for nurses to communicate effectively with other health and social care professionals when moving and handling a patient who may have complex needs, as nurses may need specialist recommendations by the

physiotherapist, or the patient may have medical equipment attached to them which needs to be handled carefully or removed temporarily. Safe moving and handling techniques as part of a team effort not only promotes good health and social care practice, it also decreases the risk of injury to a nurse. This is particularly important as moving and handling injuries have been the most common causes of staff absence for a period of 3 days and longer between the years of 2007 and 2013 (Anderson, 2014).

A key feature of hospital care is information sharing through ‘ ward rounds’ done by doctors and other health professionals. The aim of this is to provide patient care which can be delivered in a timely manner, but it also allows the multidisciplinary team involved with the patient to plan their future care and treatments. Nurses input via reporting to colleagues their judgement and observations on the patient’s current health state is not only vital for better care planning in the future, but it is also important because nurses can often voice the preferences that patients have expressed to them, hence promoting the principle of patient centred care (RCP and RCN, 2012). Furthermore, due to the direct care ward nurses give on their shift throughout the day to allocated patients, they often recognise the general deterioration of a patient’s health and wellbeing before other health professionals and doctors. Therefore, it is extremely important for the safety and well-being of patients’ for nurses to liaise with doctors regularly to manage the change of symptoms as soon as possible.

Even though patient care planning is revisited and documented regularly by health and medical professionals when changes are needed for the patient, formal multidisciplinary meetings allow improved outcomes for the patient,

an example of an improved outcome is when Stroke Early Discharge Support Teams can discharge patients earlier, allowing them to more likely be independent sooner in their daily tasks (Clarke, 2013). The multi-disciplinary team who has contributed to this evidence has consisted of specialist medical practitioners, various speciality therapists, dietitian, a care manager, nurses and sometimes a social worker. Nurses, due to possessing ‘ past history’ medical notes and the knowledge of relations who visit the patient, can usually provide the occupational therapist and the allocated social worker with information on key relations of the patient that maybe useful to contact prior to discharge. Also, nurses through conversation can gather information on the patient’s living situation at home. This is paramount in discharge planning for stroke patients as sometimes they are unable to communicate fully and clearly their living environment at home, as stroke can impact an individual’s ability to communicate verbally and physically. Also, if patients have few or no relations living with them, they may need home care via nursing staff or telecare equipment which can support risks of injury or allow individuals to alert emergency care services via sensory equipment when they have a fall or another stroke which results them to fall. Even though occupational therapists will do assessments of the environment which the patient resides in (EKUHFT, 2015), nurses can often give the therapist insight on any issue the patient has had in their stay at the hospital, an example of this may be that the patient has difficulty lowering themselves to sit on the toilet, the occupational therapist would usually request for a ‘ grab/hand rail’ to be fitted in the patients home to support them to do this action.

Patient care planning via inter-professional working is also fundamental to children who have been born with Cerebral Palsy. Nurses with specialist roles such as ‘ Health visitors’, provide a community based service to cerebral palsy patients and their families. This differs to the role of nurses on the ward as Health visitors review the health of the patient in reference to their living environment and public health needs, hence allowing them to identify the wider health needs of the family too (Alexander, 2014).. Due to cerebral palsy being a non-curable condition the child and the family/carers of the child will regularly receive treatments and support from an extended network of health and social care professionals and also educational specialists and support staff (NHS, 2014). Therefore, health visitors need to be able to create successful inter-professional relations with professionals who are external to the health and social care industry such as educational psychologists, by understanding the role and service that the professional is providing to the patient. It is also vital to understand roles due to the referral systems we have in the United Kingdom, both within hospital and community care. Furthermore, policies can differ between the local authority, the NHS and private healthcare providers and the child and his/her family may have chosen to have a specific care package which the health visitor may not be aware of (Know your rights, 2015; NHS, 2013). Also, Health visitors often need to liaise with professionals who are not employed by the NHS or another private healthcare provider but by a local authority instead. This can mean the caseload is allocated differently, waiting times may differ and methods of referral may differ too.

Therefore, to ensure that the patient’s transition is efficient and positive from immediate hospital care to accessing community based services, nurses need to be aware of the basic structure and logistics of other services. This awareness needs to be raised more specifically in the working environment for younger student nurses or graduate nurses who may not know the difference between certain professional roles, as despite accredited nursing programmes having modules or lessons in multidisciplinary practice covering the importance of knowing the roles of other health and social care professionals, sometimes there is confusion between specialists who support patients or service users with the same condition(s). A classic misunderstanding is a student nurse struggling to understand the difference between a mental health social worker and a mental health nurse, who can both work for community based teams and may be employed by the local authority (The Masked AMHP, 2012).

The administration of medication is another role that nurses carry out in health and social care settings. The administration or preparation of medication is usually done by using the skills learnt from their training, instructions from the pharmacist or manufacturer guidelines. However, human error in the administration or preparation or omission of the medication can put the patient at risk of poor health or even death (NICE, 2014). Hospital pharmacists and dispensing staff function in a fast paced environment, hence processing prescriptions for medications that are needed for patients on the ward who vary in conditions. Some medications are needed urgently and human error can occur on the behalf of pharmacist or dispensing staff. Despite pharmacy staff recording clinical errors as part of

their good clinical practise, nurses also need to be aware of these errors for the patient's safety and awareness also needs to be raised to other nursing colleagues of the issue because the patient's health may need to be checked regularly. . Furthermore, as doctors complete prescriptions for the request of medications, nursing staff only follow the patients drug chart in administrating the medication, hence it is vital for the nurse to understand what the doctor is prescribing the medication for (UHS, 2015). This is important to know as the nurse may observe patient changes after the patient has had the medication, which need to be recorded. To avoid error and to justify their clinical actions in medical administration of drugs, nurses need to be able to follow the advice and instructions of both the doctor and pharmacist, therefore effective and open communication allows questions to be asked and concerns to be raised, hence creating a strong working relationship. This protects not only the patient but it also improves working relationships between medical and nursing staff. Also, nursing staff and doctors caring and treating patients with cerebral palsy have to work using a comprehensive rehabilitation approach, which includes working alongside physiatrists who manage anti-spasticity medication and review medical complications associated with cerebral palsy. Hence, nursing staff need to have a broad understanding of the specialisms of the medical practitioners that they are liaising with, as often nursing staff liaise with several different specialists.

To conclude, inter-professional working is clearly important for all health and social care staff, however it is extremely important for nursing staff because their varied role requires them to liaise with different professionals, settings

and patients. Also, as nurses can now undertake CPD to specialise in areas such as such as stroke, diabetes, palliative care and disability, their role has changed from providing traditional nursing through practical care to now being able to provide specialist advice to the patient and relations on the management of the condition. (Niece & McEwen, 2015). For nurses to be successful in their specialist roles they need to create positive working relationships with other health/medical staff, non-clinical professionals, carers/families and most importantly the patient. Furthermore, due to the demand of nurses in non-clinical settings such as homes and schools, for nurses to practice effectively they need to be able to understand the roles of professionals practicing in community settings as often these professionals can provide the nurse with how the patient functions in their daily life. Due to ward nurses providing care throughout their shift, usually to the same patients, the greater length of time with the patient allows them to have a better insight to the patient and their health whilst in care of that ward. This allows them to feed back to fellow nurses and other health/medical professionals any changes that need to be made to the patients care plans. It seems not only is patient care improved by inter-professional working but also the skills and knowledge of nursing staff is also developed by learning from other professionals, it is likely that in the future, guidelines will further advise nurses to work more inter-professionally with other professionals.

Bibliography

Alexander, C. (2014) Growing into the role. Nursing Standard. 28 (20). p. 63.

Anderson, M. P, Carlisle, S, Thomson, C, Ross, C, Reid, H. J, Hart, N. D, Clarkle, A. (2014) Safe moving and handling of patients: an interprofessional approach. Nursing Standard. 28 (46). p. 37-41.

Clarke, D. J. (2013) The role of multidisciplinary team care in stroke rehabilitation. Progress in Neurology and Psychiatry. 17 (4). p. 5-8.

East Kent Hospitals University. (2015) The Stroke multidisciplinary team. [Online] Available from: http://www. ekhuft. nhs. uk/patients-and-visitors/services/elderly-services/stroke-services/stroke-care/the-stroke-multidisciplinary-team

Godfrey, K. (2012) Is interdisciplinary the new multidisciplinary? [Online] Available from: http://www. nursingtimes. net/opinion/nt-blog/is-interdisciplinary-the-new-multidisciplinary/5052155. blog

Jacob, A, Rekha, R, Tarachand, J. S. (2007) Clinical Nursing Procedures: The Art of Nursing Practice. Jaypee Brothers Medical Publishers Limited: New Delhi.

Know your rights. (2015) 02. Your right to Health and Social Care. [Online] Available from: http://www. know-your-rights. org. uk/02. html

National Health Service. (2013) Who Pays? Determining responsibility for payments to providers. [Online] Available from: https://www. england. nhs. uk/wp-content/uploads/2014/05/who-pays. pdf

National Health Service. (2014) Cerebral palsy – treatment. [Online] Available from: http://www. nhs. uk/Conditions/Cerebral-palsy/Pages/Treatment. aspx

National Institute for Health and Care Excellence. (2014) Safe staffing for nursing in adult inpatient wards in acute hospitals. [Online] Available from: https://www. nice. org. uk/guidance/sg1/chapter/9-safe-nursing-indicators#safe-nursing-indicator-medication-administration-errors

Nies, M. A, McEwen, M. (2015) Community/Public Health nursing: Promoting the Health of Populations. Elsevier Saunders: Missouri.

Royal College of Physicians and Royal College of Nursing. (2012) Ward Rounds in medicine: principles for best practice. [Online] Available from: https://www. rcn. org. uk/__data/assets/pdf_file/0007/479329/004342. pdf

Royal College of Physicians. (2012) National Clinical guideline for stroke. [Online] Available from: https://www. rcplondon. ac. uk/sites/default/files/national-clinical-guidelines-for-stroke-fourth-edition. pdf/

Social Care Institute for Excellence. (2009) Interprofessional and inter-agency collobration. [Online] Available from: http://www. communitycare. co. uk/2009/08/03/interprofessional-and-inter-agency-collaboration/

The Masked, AMHP. (2012) Maintaining identity as a social worker in a multidisciplinary team. [Online] Available from: http://www. theguardian. com/social-care-network/social-life-blog/2012/jul/20/social-work-in-multidisciplinary-teams

University Hospital Southampton. (2015) Section 1 – Prescription Writing. [Online] Available from: http://www. uhs. nhs. uk/Media/suhtideal/Doctors/SaferPrescribingWorkbook/Section1-Prescriptionwriting. pdf