

# Impact of interprofessional working on service users



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The purpose of interprofessional education is to allow students from multiple health care disciplines learn together in the same learning environment, gaining a greater understanding of each disciplines roles and contributions. Barwell, Arnold and Berry (2013) points out that interprofessional learning has shown to create teams that work together more effective and improve patient's experience. This essay is aimed at discussing how service user's experiences are influenced by interprofessional working. Furthermore, it will critically analyse how increase knowledge of other professional roles, service-user centred care (SUCC) and hierarchy influences the care received by service users (SU).

An interprofessional working is defined as the relationship between two or more professionals working together, combining their skills and knowledge to provide quality, individualised care for patients (Nancarrow et al, 2013). In order to optimise the health care and well-being of the SU, health care professionals must work together to achieve the best possible outcomes. This is further supported by Department of health (2010) stating that, to optimise the care of the SU, successful interprofessional working is essential. According to Bridges et al (2011), elements of interprofessional working include; responsibility, coordination, accountability, communication, cooperation, assertiveness, autonomy and mutual trust and respect. This is the partnership that creates an interprofessional team designed to work on common goals to improve SU's outcomes and experience.

However, Robertson (2011) accentuated that, if there is no interprofessional working between health care professionals it can results in lack of coordination, poor communication with SU, increased lengths of stay in the

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hospital, increased service costs and death. As revealed in tragedy associated with the death of Victoria Climbié and Peter Connelly (Baby P), ineffective team work and poor communication among health care professionals contributed to the care experienced by SU. For this reason, the Lord Laming led inquiry (2003) emphasised the need for health care professionals to work together more effectively to improve service user's health and well-being.

SU are people who use health and social services, or who are potential user of health and social care services (Essen, 2010). SUCC is fundamental as it involves putting patients and their families at the heart of all decisions as suggested by De Silva (2014). Putting SU at the centre of their care will enhance emotional well-being and increase sense of SU empowerment and self-esteem. Similarly, Kelly, Vottero & Christie-McAuliffe (2014) highlighted that interprofessional teams establishes a partnership between SU and their families to ensure decisions respects SU needs and preferences. This has the potential to improve SU satisfaction with their care as well as their clinical outcomes. Hence, providing reassurance, making SU more informed, providing support, comfort, acceptance and confidence are the basic functions of SUCC (Longtin et al, 2010).

Although there is an agreement to Longtin et al (2010) and Kelly, Vottero & Christie-McAuliffe (2014) evidence, however it has been argued that overwork and staff shortages are the main barriers to SUCC observed in the practical setting (PelZang, 2010). Likewise, West, Barron and Reeves (2011) study found sample of nurses working in 20 acute London hospitals were asked to complete a postal questionnaire based on a prototype employee <https://assignbuster.com/impact-of-interprofessional-working-on-service-users/>

survey established in the United States and adapted by the authors for the use in the United Kingdom. According to their findings, nurses are aware that there are deficits in standards of care in areas that are mainly important to patients. Their result found that 64% feel overworked and report that they do not have enough time for SU and their relatives. The heavy workload also reduces the time spent by nurses collaborating and communicating with other professionals, which can have a direct effect on patient's safety.

Furthermore, Dunn (2003) identified that lack of time, wisdom and motivation acts as barriers to SUCC. Owing to time and staff constraints, health professionals do not often sit with their patients, and when they do, they often listen to their concerns hurriedly (Buerhaus et al, 2006). This can be seen as one of the leading causes of poor communication and information and was linked to poor care and ineffective treatment outcome. Effective and efficient communication in interprofessional working is critical for the provision of high quality care (Mitchell et al, 2012). Epstein and Street (2011) articulated that patient values good communication, want to share in decisions and be treated with empathy and compassion. Besides, a shortage of staff results to rituals and routines of practice which hinder the development of SUCC in the hospital. PelZang (2010) added that, even in health care practices where SUCC is valued, the need for caring for many patients at a time can undermine professional's ability to provide physical and emotional support and respect for their SU preferences.

Various research has found that SUCC improve the experience SU have of care and help them feel more satisfied, reduce how often people use

services which will in turn reduce the overall cost of care, encourage people  
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to lead more healthy lifestyles, such as exercising and eating healthier, improve SU knowledge, confidence and understanding in dealing with their health problems, ultimately, improving how confident and satisfied professionals feel about care provided (Adams, Maben and Roberts, 2014, Tsianakas et al, 2012, Eaton and Roberts, 2015).

However, despite the significance of the positive outcomes of SUCC, Weinberg, Cooney-Miner, Perloff, Babington and Avgar (2011) noted that decision-making in interprofessional health-care teams is often hierarchical rather than collaborative. The authors recognised that those at the top have the greatest influence. This is in agreement with the views of Daniel and Rosenstein (2008) who mentioned that hierarchy differences can come into play and diminish the collaborative interactions needed to ensure that the proper treatment is delivered appropriately. Hence, this is detrimental to the delivery of SU care, consequently limiting SU from decision making regarding their care. Eisler and Potter (2014) emphasised on the need to avoid the negative influence of hierarchy on the quality of care delivered to SU as all members of the teams including the SU and relatives must participate in decision making and planning, so as to propel team work that will move the team forward for the best interest of the SU. It is essential that health-care professionals work together with SU and share knowledge, this way team members can contribute to a healthy work environment where all team members including SU feel empowered, engaged and respected (Fund, 2012).

Working with other professionals is part of day-day practice in health and social care (Day, 2013). Within a team collaboration is only truly gained <https://assignbuster.com/impact-of-interprofessional-working-on-service-users/>

when everyone is working towards common goals, with a shared understanding of the means to reach them (Sheehan, Robertson, and Ormond, 2007). This has to be based on mutual trust and respect between team members, understanding, recognising and valuing each other's skills and values endorsing what each member contributes to the team (Mitchell et al, 2012). Hence, in order to have a successful interprofessional practice, each team must agree to individual roles and responsibilities and have knowledge of other professional roles (Sutter et al, 2009).

Interprofessional teams are established to meet the needs of SU (McDonalds et al, 2010). In order to provide the most effective and comprehensive service users care, team member must develop and maintain readiness to utilize the knowledge and skill of the interprofessional team members (Brdiges et al, 2011). McDonalds et al (2010) further discussed that; all health team members must have an understanding of the knowledge and skills that each team member can contribute in a given situation. Spaholt (2012) agreed to this and stated when health care professionals understand each other's role and able to communicate and work together effectively, SU are more likely to receive safe quality care. Thus this will allow members of the team to be able determine who is best-suited to implement any given intervention that is required for effective SU's care. Although Spaholt (2012) evidence was important, however the limitation of this study is the size of the sample was small which affected the generalizability of the study to larger population.

Nevertheless, Kanaga & Prestridge (2011) argued that, when roles and responsibilities are not clearly understood by team members, there is <https://assignbuster.com/impact-of-interprofessional-working-on-service-users/>

potential for essential tasks to be overlooked or duplicated. They further recognized that role overlap has been noted to exist in interprofessional care. McDonalds et al (2010) supports the argument of Kanaga and Prestridge(2011) evidence and stated that, when team members belongs to professions that are similar in terms of analysis, implementation, planning and evaluation of SU's care, overlapping professional skills that lead to conflict and tension among member of the interprofessional team occur. Indeed Hartmann and Crume (2014) expressed that conflicts among member of the team can adversely have an impact on SU's care and experience. So, to avoid this tension and conflict, health care team members should develop competence in recognising the skills which they can contribute to the team, as well as the knowledge and skills that other members of the team possess (Caldwell and Atwal, 2008). Pellat (2007) emphasised that, when a team member see other team members as having similar or overlapping roles, team members should clearly designate the professional who will assume responsibility for that aspect of care on behalf of the team. This will save time and effort for the team members and avoid frustration for the SU as long as findings are communicated efficiently among members of the team (McDonalds et al, 2010).

In conclusion, SU's care and outcomes are improved by effective collaboration and joint working between professions. Conversely, it is important to note that poor interprofessional collaboration can greatly have a huge impact on the quality of SU's care. Thus skills in working as an interprofessional team, gained through interprofessional education are essential for high quality care. Undertaking this essay and participation in

the interprofessional learning has allowed student to gain a clearer understanding of the importance of interprofessional working in improving SU's clinical outcomes and experience.