

# Having an inter professional team



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This essay is meant to throw light on the importance of having an inter-professional team that would make the service delivery to patients easier. In this essay I will discuss the roles played by nurses and other professionals in the team. The essay will reflect the efficiency of such a team and their work distribution and involvement. I will highlight the ways in which a team of professionals will work together to take proper decisions during emergency situations and tackle them effectively. The essay will also critically evaluate the various concepts of inter professional team work.

An inter-professional team is a group of people who have a certain common goals or objectives which drives them to work together by setting aside individual goals. Inter professional team can be defined as “ a dynamic process involving two or more health care professionals with complementary backgrounds and skills, sharing common health goals and exercising concerted physical and mental effort in assessing, planning, or evaluating patient care, accomplished through interdependent collaboration, open communication and shared decision-making, and generates value-added patient, organizational and staff outcomes” (Xyrichis and Ream 2007). Freeth et al (2005) defined inter professional team work as “ when two or more professional learn with, from and about each other to improve collaboration and the quality of care.

Thinking There are some ways to see interprofessional working. One way is to view it as one which involves thinking, feeling and taking action based upon that (Hammick et. al 2009). Thus the three important aspects of interprofessional working is illustrated below:

## Being Inter-professional

SSSSSS

Feeling

Doing/Acting

Practising

The healthcare sector started showing interest in the interprofessional working during the early 1990. (Institute of Medicine, 1998; O'Neil and Pew Health Professions Commission 1998)

An interprofessional team is working to provide service in a properly planned and systematic manner. In the health care sector inter professional teams are meant to develop groups that works towards efficiently rendering care to the patients. These teams include nurses, doctors, and other health care professionals. For a team to be efficient role clarity to inevitable and this will help them define their own duties and responsibilities avoiding conflicts (West and Markiowicz, 2004). A team essentially will have a team leader who will lead the team and motivate them to render good service working together (Martin and Rogers 2004). A health care team will work effectively if there is stability in the team, this will make the team member in the group work with shared trust and understanding (Gair and Hartery, (2001)).

Interprofessional teams are of various types, they include multidisciplinary, interdisciplinary etc. In case of multidisciplinary teams the members are from various teams. These members set their own discipline specific goals

and work towards achieving it. But ultimately the result is calculated as the total of all the disciplines (Dean and Geiringer 1990). The position of team members in the team hierarchy will affect the way in which the team functions and how it will render the service (Cott's, 1998). In case of a multidisciplinary team there exist subgroups of doctors, social workers, therapists and also subgroups which had nurses and other junior staff. Her study also unveiled the idea that the different subgroups had different perceptions about the inter professional teams.

According to McWilliam et al (2003), interprofessional working is a very difficult task for health care professionals. The patients didn't get the full benefit of interprofessional working due to the misunderstanding between the health care professionals regarding the policies and procedures in it.

Critics like Bion (1961) say that the interprofessional teams fail to focus on the real task they should be doing. The primary tasks for which they have come together is forgotten most of the by the interprofessional teams.

Whenever there is an issue the teams to fail to reach at a consensus and they do not take proper decisions on the issue (Strokes 1994). The meetings conducted in order to take decision on the matter are just a waste of time.

These assumptions are based on the work group mentality theory. Critics of interprofessional team have questioned the values of the team. It is said that the teams are not well managed and they do not work properly and responsibly.

Negotiation theory puts forward the perspective of negotiating the personal and professional goals. (Strauss, 1978) The negotiations by professionals in

the health care field have played a critical role in molding the characteristics of an interprofessional team. Loss and change theory reiterates that the health care professionals like doctors and nurses lose their professional identity as they are working in a team, this will lead to developing an improper relationship and improper behavior in the team (Atkins, 1998). Thus it critically points to the inter professional teams in that it wouldn't serve the purpose of forming a team and the unhappiness of the team members can lead to inefficient functioning. The increase of cost in hospitals will also result if there is lack of proper communication between the professionals like doctors, nurses and staff and also if they are not coordinated well.

The roles played by nurses in the interprofessional teams are fast evolving. The importance of specialist skills for nurses is now recognized and new role have come up. Nurse Practitioner is an example of such a new role and they possess skill and knowledge in conducting therapy, and prescribing medications for patients who have psychiatric disorders or substance abuse problems. They are licensed to provide emergency psychiatric services, psychosocial and physical assessment of their patients, treatment plans, and manage patient care.

While working in an interprofessional team, there is an increased chance of conflict between the team members regarding the superiority in the team. The truth is everyone is equal while working in a team and nobody should themselves subordinate to anyone. But sometimes the nurses and their opinions are ignored in an interprofessional team. Such events makes them reluctant to be a part of such teams (Martin & Rogers, 2004).

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Task shifting is a common practice among the professionals now days (Reeves et. al, 2010). This would help the traditional professionals to relieve of their heavy workload. The nursing practitioners and physician assistants are such roles (Hooker & McCaig, 2001).

The multiplicative effects model of interprofessional working views it more than the sum of its parts. Here the synergy obtained from such work is described (Leathard, 1994). According to this model, interprofessional working improves the contributions of individual team members and thus will help in the overall development of team.

Decision making is an essential ingredient of all teams; it measures the efficiency of the group. Decision making in case of an interprofessional team also play key role deciding its service delivery process. The usual situation that happens in such teams is the unavailability of proper team leader and also reaching at a common consensus. The decision taken in team has the idea input all the members that needs to driven well in one direction for increasing effectiveness of the work the team does. Most of the important decisions concerning the activities of the team are taken mostly by the Doctors, or the medical staff in an inter professional team in hospitals. Solving important problems and resolving conflicts are the aims of making decisions (Neil, 1978).

There are a few hindrances for nurses to be part of interprofessional teams. The health care sector has shortages or less number of nurses, and those nurses who are available have increased amount of work. As a result of which there is a limitation in case of inter professional support and

collaboration (Mckay & Crippen, 2008). Another barrier that can be highlighted is the disinterest on the part of other departments to participate and actively involve in the team and work together. The culture and hierarchy of the organization also plays a role in the formation of teams in the organization.

According to Henneman. et. al (1995) “ Collaboration involves a partnership characterized by mutual goals and commitments in which participants willingly become involved in planning and decision making.” Henneman. et. al (1995) also proposed that collaboration “ is a process by which members of various disciplines (or agencies) share their expertise. Accomplishing this requires these individuals understand and appreciate what it is that they contribute to the whole.”

Many authors have suggested ways to make the intercollaboration more effective. According to Fullan (1993), “ effective collaborations operate in the world of ideas, examining existing practices critically, seeking better alternatives and working hard together at bringing about improvements and assessing their worth.” According to Garner (1995) and Hoeman (1996), it should be by means of collaborative communication rather than shared communication that the interprofessional team approach evolves.

Efforts were made from the part of many authors for increasing the literature on interprofessional education for health professional students. But Cooper, Carlisle, Gibbs, and Watkins (2001) pointed out this literature “ to be diverse including a relatively small amount of research data and much larger amounts of evaluation literature.” There were almost thirty works done on

interprofessional education and all of them aimed to increase the level of co-operation and understanding between the members in interprofessional teams as well as to encourage a high quality care for the patients.

In olden times, the physical space for planning, decision making or joint activities in collaboration were all the same. It is because there were no medium for communicating from long distances. This kind of format was explained by Laungani in 1999 and Molyneux in 2001. The boom in information technology resulted in new approaches in this field. The use of email, video-conferencing, internet etc. have given a new look to interprofessional collaboration. Technology has resulted in an enhanced learning process as well increased the effectiveness of intercollaboration (Leathard 2003).

The recent trends in inter-professionalism have acknowledged the need for marshalling the teams so that the members can work together sharing their thoughts in decision making, a mutual exchange of knowledge through teaching and learning, communication incorporated among the professionals and a finely tuned focus on involving the family of the patients into the process. Also there is an increasing identification of the necessity for interprofesional education for potential health care professionals.

Another advancement that has happened in the interprofessional working groups is application of Lewin's theory. This theory emphasize on the areas related to an individual's behavior and states that any change in rules would have an effect over the individual behavior (Ephross & Vassil, 2005). This way the common issue of stereotyping that occurs in interprofessional



working can be lessened. The development theory that was popular until now considered individual behavior as consistent. Both these theories are essential.

I will be working for the betterment of the service provided to a patient using the things I learned. Working in an interprofessional team has made me get involved with the Doctors and other professional in the field and has helped to build a strategy that elevates the level of service rendering process. As a nurse am able to act in the right way a right direction in case of any emergency and otherwise. From now I will be able to put into practise the concept I learned.

I am using the Gibbs Reflective Cycle for the case analysis. Reflective learning can be defined as “ an intentional process, where social context and experience are acknowledged, in which clients are active individuals, wholly present, engaging with others, and open to challenge, and the outcome involves transformation as well as improvement for both individuals and their organization” (Brockbank, McGill and Beech, 2002: 6). In the Gibb’s Reflective Cycle, there are six components that help to gain knowledge from previous experiences. Gibbs (1988) have proposed about reflective learning that “ To reflect is not enough, you then have to put into practice the learning and new understanding you have gained therefore allowing the reflective process to inform your practice.”

The six components of Gibbs Reflective Cycle are:

Description of the event- In this stage, one has to write down an abridged version of event that needs to be reflected upon. Hence it is important to get

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the maximum details about the event and in as objective way as u can in this stage. The answers to the following questions would help you here:

Where were you?

Who else was there?

Why were you there?

What were you doing there?

What were other people doing?

What had actually happened?

What was the end result?

The above questions would help in acquiring the relevant details about the event and summarize them.

Feelings- Here you try to recall and explore the issues related to the event. These issues may be either ones that caused happiness or those which created dissatisfaction or grief in the mind of individual. Hence this is mainly concerned with the feelings of the person. Some relevant questions for this stage are:

What was your feeling when the event started?

What were your thoughts at that time?

What do you feel about other people's reactions?

How did you feel about the result of the event?

Enlist your emotions during this event.

Hence all these questions are related to the feelings of the individual.

Evaluation- In this stage, the event is evaluated based upon a pre-determined standard. After the evaluation, the event is given some value.

Hence the following questions would be useful at this stage:

What was it that made the experience a good one?

What was bad about the experience?

Analysis- In this stage, the event is broken down into small parts thus making it easier for exploration and judgment. The questions that may be useful here are:

What made the event a success?

What was it that you did well?

What was it that other members did well?

What went wrong?

What you did that was wrong?

What was the contribution of other members into this failure?

Conclusion- This is the stage where you make the final judgment. After the evaluation and analysis, the individual would be quite aware about his own

as well as other members' contribution to the outcome of event. Thus the individual gains the ability to reflect upon his work from the past experiences. And this is what is called reflective learning. Hence the individual will become aware of his strengths and weak points and also learn about the abilities of other people.

Action Plan- In this stage, the individual will think about his actions in the recurrence of similar event. He will decide about what he will be doing in such a case- Will his actions change? Will it be similar to before?

## **Conclusion**

Finally the study focused through the Gibbs Reflective Cycle and it stated that in any sector especially the health care there is an elementary requirement of having an inter professional team. The study discussed about the importance of the reflection in the nursing practices as well as its application in daily routine. The team all ways will help in providing superior service since the decisions are taken as a team and under common grounds. Moreover, the inter-professional practices could vary more positive attitudes towards the team as well as within the social and health care.