

# Mental health interprofessional working assignment



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Using appropriate literature this paper will examine intermediate care and critically analyses inter-professional working in the care of adults. An introduction Inter- professional care will then be examined using various sources of literature. This paper will conclude by looking at the implications raised and examine future implications for nursing practice. In recent years, there has been an increasing need for multidisciplinary and interdisciplinary as well as multiprocessing and interpersonally perspectives on professional work (Bleakly, Obeyed, Hobbs, Walsh, & Lard, 2006).

In health care, interpersonally practice meaner that patient care is a joint effort by professionals, whose tasks, interaction and collaboration need to be synchronized (Baker, Day, & Salsas, 2006). Interpersonally collaboration has also been characterized as shared aims, interdependence, a collegial and equal relationship between the participants and shared decision-making procedures (Dammar, Ferreira-Vidalia, San Martin-Rodriguez, & Bullied, 2005; San Martin- Rodriguez, Bullied, Dammar, & Ferreira-Vidalia, 2005).

The development of interpersonally practice involves examining work and the object of work as a whole, integrating competence and expertise from various areas in a work community or a team (Housefly, 2003). For this reason, internationalism's has also been called collegial or shared expertise. Owing to the increasing complexity of health care functions and practice, interpersonally collaboration may enhance quality of care and patient safety (Baker et al. , 2006) and patient-based and comprehensive care (McClain, 2001; Dammar et al. , 2005; Baker et al. 2006). The aim has also been to strengthen the effectiveness of care by developing interpersonally practices (Dammar et al. , 2005). Aside from having been offered as a remedy for

practical problems in health care, interpersonally collaboration and boundary crossing between professions have also had a theoretical focus (Housefly, 2003; Couturier, Agony, Carrier, ; Tethering, 2008). Interest in this kind of research and developmental work has arisen out of criticism leveled at the fragmentary nature of scientific and professional practices.

**Challenges of collaboration** The biggest obstacles to the implementation of interpersonally collaboration in health care have been found to stem from the hierarchic organization and administration of the health service (Rumanian ; Rousseau, 2006). The hierarchic structure of decommissioning prevents collaborative decision-making especially in stressful situations. Moreover, hierarchy impedes the flow of information and interaction between different professional groups and different levels of decision-making. (Membrane ; Edmondson, 2006; see also Passion, Boomer, ; Edmondson, 2001 ; Eriksson-Paella, 2003. Hallucinogenic interpersonally collaboration requires efficient management and coordination. In the hospital organization, the work of doctors is administered separately from that of nurses, and professional boundaries exist in the coordination of work as a whole, all of which set challenges for the smooth functioning of interpersonally collaboration. (Milliard ; Jiffies, 2001 . ) Of all the professional groups in health care, doctors and nurses in particular have been found to have a problematic relationship that occasionally even prevents collaboration.

Furthermore, experiences of inequality between professional groups have been found to hinder interpersonally collaboration. (Milliard ; Jiffies, 2001; Pullout, 2008. ) In addition, the differing ways of organizing nursing and  
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medical work impair the process of arranging collaboration. However, according to some studies, the division between nursing and medicine is slowly vanishing and the viewpoints of the two professional groups are gradually converging (Carmela, AAA; Bibb). How different professional groups view interpersonally collaboration and its necessity may differ substantially.

For example, doctors and nurses see collaboration differently: according to doctors, collaboration works well and nurses are taken into consideration, whereas nurses feel that consensus and mutual respect are not necessarily attained. Doctors and nurses share a vast amount of information, observations and goals, yet they have dissenting perceptions of their respective crafts and different tasks regarding patients. Therefore, in health care interpersonally collaboration takes place at a point where views and expectations diverge. (Copley et al. 2003; Sarasota, Hoof's, & Highroad, 2004. ) In their study, Sarasota et al. (2004) found that doctors viewed interpersonally collaboration as executing their medical decisions and reporting on the impact of those decisions. Nurses, on the other hand, conceived collaboration not only as administering medication and exchanging medical information, but also as appreciating the independent effort of nurses. According to nurses, the issue was not confined to single situations or tasks at work but involved re-formulating the relations of the entire workplace.

Owing to the hierarchic relationship between doctors and nurses, interpersonally collaboration is promoted if doctors initiate and support the process (Punctilio & Macadam, 2006). Also, problems of hierarchy can be <https://assignbuster.com/mental-health-interprofessional-working-assignment/>

alleviated by improving teamwork and interaction between different professional groups (Baker et al., 2006). In particular, an open workplace climate and improvement of mutual trust have been found to be crucial (San Martin-Rodriguez et al., 2005; Baker et al., 2006). From the standpoint of interpersonally collaboration, the way in which status issues are handled in interaction is of paramount importance.

Edmondson (2003) found that differences in status were handled the best in a work group whose leaders actively worked towards getting all the group members involved. An inclusive, participatory style of leadership has been found to increase sense of security in a work community and, through this, improve collaboration (Edmondson & Membrane, 2006) whereas lack of teamwork skills and leadership skills (Cooper, Carroll, Jenkins, & Badger, 2007) may constrain it. Moreover, interpersonally collaboration in treatment situations is promoted by the informal interaction of employees outside of patient care (Reeves et al. 2009). Ergo, differences in status must somehow be dealt with in interpersonally collaboration. The highest ranking employee's style of interaction is central in giving encouragement and support to subordinates in diminishing status differences. With the help of a good interaction atmosphere, hierarchic structures and barriers caused by status differences can be reduced or removed. Interpersonal working in Ward rounds Ward rounds are a key part of care planning, education and collaboration between different professional groups in hospitals (Creamer, Dahl, Perusal, Tan, ; Kea, 2010; Fiddler et al. 2010). Depending on the context, the execution of rounds has been found to vary from a meeting between staff members in a conference room to traditional bedside rounds

(Walton ; Steiner, 2010). Although ward rounds are, essentially, an arena for interpersonally collaboration, in practice their implementation varies, with rounds often largely dominated by the (attending) physician (Weber, SST?? coli, Njblind, ; Languages, 2007; Walton ; Steiner, 2010; Manias ; Street, 2001).

On the one hand, the traditional, physician-led round has been seen to bring sense of security and structure to the work of patient care, and on the other hand to be stiff and prevent efficient collaboration (Fiddler et al. , 2010). For instance, in several studies, nurses have reported dissatisfaction with ward rounds due to the minimal role they play in the rounds (e. . Manias ; Street, 2001). The traditional inequality that exists between the professional groups in ward rounds hinders collaboration. A cultural change reaching all the way to the administration would, therefore, be warranted.

The physicians leading the rounds have a pivotal role in such a change; if they are committed to the change, Junior doctors will most likely follow. (Fairfield, 2010. ) Typically, rounds have been viewed as forums for informing patients, but at their most ideal, rounds could function as fruitful opportunities for interaction between patients and staff as well as between efferent professional groups of staff; rounds are the only occasions when doctors, nurses and patients can discuss mutual goals regarding treatment or discharge (Weber et al. 2007). Genuinely interpersonally rounds have, in fact, shown positive research results (e. G. O'Leary et al. , 2010). Despite their long traditions, ward rounds have not been well studied (Creamer et al. , 2010). Previous research has investigated rounds from the viewpoint of, for example, medical training (Chaperon et al. , 2009) or communication in <https://assignbuster.com/mental-health-interprofessional-working-assignment/>

the rounds of a university affiliated hospital (Walton & Steiner, 2010), because rounds usually include residents or medical students.

Using statistical methods, rounds have also been studied with respect to the interaction between doctors, nurses and patients (Weber et al. , 2007) and, in surgical rounds, the allocation of time (Creamer et al. , 2010). In a few studies, trials of interventions have been implemented, and participants' experiences studied with questionnaires (O'Leary et al. , 2010) or interviews (Fiddler et al. , 2010). According to the results, interpersonally rounds were largely regarded as positive. The studies on rounds have been implemented in different kinds of wards, including critical care (e. G. Manias & Street, 2001).

However, the focus in studies of ward rounds has typically been on one or two medical specialties at a time, such as internal medicine (Weber et al. , 2007) or pediatrics (Walton & Steiner, 2010). Ward rounds play a key part in implementing this aim; however, it was found in this study that collaboration during rounds is not seamless. Despite the consensus among doctors and nurses on the main goals of rounds and on the demand for smooth interaction, their respective perceptions on the implementation of these goals and on the benefiting of ' smooth interaction' as well as on the challenges presented by rounds varied.

It would thus appear that individuals or even entire professional groups can understand interprofessionalism's quite differently (Copley et al. , 2003; Sarasota et al. , 2004), which complicates the task of improving the efficiency of rounds. Consequently, from the point of view of interpersonally collaboration

and learning, the existing practices during ward rounds appear neither simple nor unambiguous. Many practical issues, organizational structures and professional hierarchies (see Baker et al. 2006; Edmondson, 2003; San Martin-Rodriguez et al. 2005) can still hamper the smooth running of a ward.

As has been shown in studies related to collaboration and learning in the workplace, and in organizations in general, many constraints on learning are social in nature (Collins, Palpatation, Variance, ; Tell?? pelt, 2008; Rumanian ; Rousseau, 2006). Again, such factors as trust, a good atmosphere, collegial support and shared responsibility, recognition of professional roles and boundary crossing between professions need to be enhanced if interpersonally collaboration and learning in health care are to be fully realized (Collins, Palpatation, ; Neckline, 2010).

However, the fact that the problems and challenges related to collaboration are recognized and that resolving them is seen by all the professional groups concerned as an important goal in improving ward practice can be interpreted as a positive sign for future of interpersonally development in the case of the present emergency and infection ward. In addition to filling a research gap concerning ward rounds in general, this study also has practical value in developing ward rounds in the present instance. The staff of the ward are already in the process of establishing mutual guidelines for the implementation of rounds.