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Is interprofessional collaborative practice functioning key to improving care?

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EDITORIAL ARTICLE

IS INTERPROFESSIONAL COLLABORATIVE PRACTICE FUNCTIONING KEY TO IMPROVING CARE?

In developed nations, patients present a range of complex healthcare needs associated with chronic diseases, multimorbidity, and an ageing population.^{1,2} Timely and effective coordination of their care necessitates collaboration between health professionals and care departments.³ Successfully implementing quality care is a multidimensional concept subject to varying interpretations by health professionals.⁴ Patient-centered care is paramount for ensuring effective healthcare, encompassing the dynamics and complexity of patients' needs and aiming to comprehend the biological and non-biological aspects of their health to provide essential services.⁵⁻⁷ Limited understanding is manifested in clinical practice when health professionals exclusively focus on disease and medical treatment, disregarding other health determinants and resulting in a lack of collaboration.⁸

Interprofessional collaborative practice has been defined by the WHO⁹ as follows: "Collaborative practice in health care occurs when multiple health workers from different professional backgrounds provide integrated services by working with patients, families, providers and communities to deliver the highest quality care in all environments".

Interprofessional collaborative practice has been integrated into daily healthcare practice as a pivotal means of enhancing care, particularly over the past 15 years. It has emerged as an appealing model for providing optimal care, particularly in regions characterized by significant health disparities.¹⁰⁻¹² Interprofessional collaborative practice involves multiple healthcare providers applying their distinct skills and knowledge to patient management. Collaboration arises when individuals respect each other's professions and actively participate in a collaborative environment.¹³ It is founded on the willingness to incorporate individuals with diverse expertise, including those not directly affiliated with healthcare but capable of enhancing healthcare as valuable team members. Within a collaborative setting, the contributions of economists, logisticians, mathematicians, technology experts, and others can serve as pivotal components for success. This perspective represents a novel approach to healthcare delivery. Collaborating at this level necessitates participants working together seamlessly, unimpeded by barriers.¹³⁻¹⁶

Diverging from interdisciplinary practice, interprofessional collaborative practice focuses on enhancing the health outcomes of larger patient populations. It is essential for addressing the growing necessity to combine healthcare specialties and serve populations with substantial disparities. Interprofessional collaborative practice is distinct from interdisciplinary practice, both of which have been previously employed to describe care delivered by multiple providers for the benefit of a patient. While these practices are commendable for their role in the care of individual patients, interprofessional collaborative practice also encompasses the well-being of larger patient populations and emphasizes enhancing their health outcomes. Therefore, when discussing interprofessional collaborative practice, it is imperative to consider the promotion of population health. In the present day, with the prevalence of chronic and complex illnesses necessitating the involvement of multiple provider specialties and the evolving role of primary care in catering to populations with significant dis-

parities, there exists a pressing demand for team-based care as opposed to individualized health care. In numerous countries, healthcare systems are fragmented and struggle to address the healthcare requirements of their populations.¹⁴⁻¹⁶

A recent study underscored the imperative for a shared understanding of care and a corresponding approach to care to implement optimal patient care. Participants emphasized the escalating complexity of patients and the challenges associated with communication and information flow among healthcare professionals.¹⁷

To enhance interprofessional collaborative practice, focus should be directed towards empowering patients, fostering a culture of collaborative practice, improving professional communication, restructuring healthcare environments, establishing user-friendly and interoperable health technology, offering fee options for collaborative practice, and providing interprofessional education and training.

References

1. Schaink, A.K.; Kuluski, K.; Lyons, R.F.; Fortin, M.; Jadad, A.R.; Upshur, R.; Wodchis, W.P. A scoping review and thematic classification of patient complexity: Offering a unifying framework. *J. Comorb.* 2012, 2, 1–9.
2. World Health Organization. *The European Health Report 2012—Charting the Way to Well-Being*; World Health Organization: Geneva, Switzerland, 2012. Available online: <https://apps.who.int/iris/handle/10665/326381> (accessed on 5 December 2022).
3. Loeb, D.F.; Binswanger, I.A.; Candrian, C.; Bayliss, E.A. Primary Care Physician Insights into a Typology of the Complex Patient in Primary Care. *Ann. Fam. Med.* 2015, 13, 451–455.
4. Manning, E., Gagnon, M. The complex patient: A concept clarification. *Nurs. Health Sci.* 2017, 19, 13–21. Manning, E.; Gagnon, M. The complex patient: A concept clarification. *Nurs. Health Sci.* 2017, 19, 13–21.
5. Eton, D.T.; Ramalho de Oliveira, D.; Egginton, J.S.; Ridgeway, J.L.; Odell, L.; May, C.R.; Montori, V.M. Building a measurement framework of burden of treatment in complex patients with chronic conditions: A qualitative study. *Patient Relat. Outcome Meas.* 2012, 3, 39–49.
6. Zullig, L.L.; Whitson, H.E.; Hastings, S.N.; Beadles, C.A.; Kravchenko, J.; Akushevich, I.; Maciejewski, M.L. A Systematic Review of Conceptual Frameworks of Medical Complexity and New Model Development. *J. Gen. Intern. Med.* 2016, 31, 329–337.
7. Nardi, R.; Scanelli, G.; Corrao, S.; Iori, I.; Mathieu, G.; Amatrian, R.C. Co-morbidity does not reflect complexity in internal medicine patients. *Eur. J. Intern. Med.* 2007, 18, 359–368.
8. World Health Organization. *Framework for Action on Interprofessional Education and Collaborative Practice*. Geneva: World Health Organization; 2010.
9. Interprofessional Education Collaborative Expert Panel. *Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel*. Washington, DC: Interprofessional Education Collaborative; 2011.
10. WHO Study Group on Multiprofessional Education of Health Personnel. *Learning Together to Work Together for Health: Report of a WHO Study Group on Multiprofessional Education of Health Personnel: The Team Approach*.

Geneva: World Health Organization; 1988:72.

11. Institute of Medicine (US). Global Forum on Innovation in Health Professional Education. Workshop. (2012: Washington DC). Cuff PA, Institute of Medicine (US), Board on Global Health, National Research Council (US); 2013.
12. Bridges DR, Davidson RA, Odegard PS, Maki IV, Tomkowiak J. Interprofessional collaboration: three best practice models of interprofessional education. *Med Educ Online*. 2011;16.
13. Boon H, Verhoef M, O'Hara D, Findlay B. From parallel practice to integrative health care: a conceptual framework. *BMC Health Serv Res*. 2004;4(1):15.
14. Johnson C. Health care transitions: a review of integrated, integrative, and integration concepts. *J Manipulative Physiol Ther*. 2009;32(9):703–713.
15. Stone J. *Interprofessional Collaborative Practice: Definitions and Terminology*. Canberra: Australian Capital Territory Health; 2009.
16. Geese, Franziska, and Kai-Uwe Schmitt. "Interprofessional collaboration in complex patient care transition: A qualitative multi-perspective analysis." *Healthcare*. Vol. 11. No. 3. MDPI, 2023.

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