

Exploring The Benefits And Challenges Of Interprofessional Collaboration In Nursing

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Abstract

An efficient interprofessional cooperation among healthcare workers is necessary to guarantee the delivery of high-quality patient care. Interprofessional education (IPE) enhances collaboration and cooperation among healthcare professionals in their everyday practice, leading to improved teamwork. However, there are several obstacles to the successful application of IPE. The objective is to examine how IPE should be structured and integrated into medical and nursing education programs in order to maximize students' influence on IPC. The experts identify a greater number of factors that facilitate interprofessional education (IPE) among medical and nursing students, as opposed to those that hinder it. The four main justifications for IPE include: fostering interprofessional thinking and doing, gaining shared knowledge, facilitating useful information and knowledge interchange, and promoting mutual understanding. The primary obstacles to IPE are collaboration and synchronization of the courses across the two professions. Regarding the impacts of Interprofessional Education (IPE) on Interprofessional Collaboration (IPC), experts discussed potential enhancements at both the patient and professional levels. Anticipated is an enhanced kind of patient-centered care that is rooted on greater mutual comprehension and coordinated collaboration within interprofessional healthcare teams. In order to effectively establish Interprofessional Education (IPE) for healthcare and nursing students, it is necessary to get support and

approval from both the medical and nursing schools. To summarize, IPE facilitates collaboration among the medical and nursing professions. Proficiency in interprofessional interaction and an understanding of responsibilities will be essential prerequisites for enhancing cooperative patient-centered care. It is necessary to conduct prospective intervention research to analyze the unique effect of IPE on individuals, caregivers, and professionals alike.

Keywords: Interprofessional Education, Benefits And Challenges, Proficiency, Nursing, Interprofessional Collaboration.

1. Introduction

An evolving healthcare system, characterized by the growing complexity of patients' health demands, necessitates the development of new and efficient approaches to patient care. These notions need essential skills, such as proficient communication, collaboration, and interprofessional cooperation among healthcare practitioners [1,2]. Interprofessional education (IPE), which involves the collaboration and learning of students from several healthcare disciplines [3,4], has shown a beneficial influence on teamwork in everyday healthcare settings [5]. It is highly recommended for the training programs of healthcare professionals [6,7,8]. Various benefits of IPE have been documented, including: enhanced mutual respect and trust [9, 10], better comprehension of professional roles and responsibilities [10, 11, 12, 13], efficient communication [1, 7], heightened job satisfaction [11, 13, 14], and positive influence on patient outcomes (such as reduced hospital stays and fewer medical errors) [8, 15, 16].

Prior research has shown that students who get training in an Interprofessional Education (IPE) approach have superior abilities in interprofessional collaborative practice when compared to students who do not receive IPE training [8, 15, 17]. The reasons for this may be ascribed to the students' enhanced mutual respect, deeper comprehension of each other's abilities, the capacity to exchange information and skills, and the development of a stronger sense of team unity [10, 13, 17]. However, there are several obstacles to the successful implementation of IPE in a sustainable manner. These include the lack of coordination and distinct curricula for different healthcare professions, a shortage of adequately

qualified teaching staff, and limited financial resources of the institutions [9, 12, 18, 19]. Consequently, the majority of current IPE courses are elective, with just a small number being consistently included into the curriculum of healthcare professionals.

In Germany, the field of interprofessional education (IPE) and research on its influence on interprofessional cooperation (IPC) in regular care is still in its early stages. The first IPE activities focused on interprofessional communication in hospitals [20], interprofessional lectures in ethics [21], and interprofessional emergency management [22]. The GMA Committee, known as 'Interprofessional Education for the Health Care Professions', was established in 2011 to promote the sustainable implementation of IPE. The committee's position statement includes suggestions for incorporating interprofessional methods into health professions education and emphasizes the need for ongoing assessment of the results of interprofessional education (IPE) [23]. Furthermore, the 2007 report "Cooperation and Responsibility" by the Advisory Council on the Assessment of Developments in the Health Care System highlights the positive impacts of Interprofessional Education (IPE) on Interprofessional Collaboration (IPC). These include improved mutual understanding and the development of cooperative skills among all professions involved [24]. The GMA Committee highlighted that an improved collaboration among various healthcare professionals is an additional beneficial outcome [23].

2. The Cooperative Academic Regional Evidence-Based

Nursing Study in Mecklenburg-Western Pomerania (Care-N Study M-V) was done to determine the effects of Interprofessional Education (IPE) on medical and nursing students, as well as to identify the factors that facilitate or hinder its implementation. The research started with the establishment of an academic nursing program [25]. The study assessed the acceptance of Interprofessional Education (IPE) among medical and nursing students. It also examined four additional research dimensions: the advancement of academic nursing training, the identification of job fields for nursing graduates with bachelor's or master's degrees, the determination of learning contents for academic bachelor's and master's training programs, and the implications for health policies. The research aspects consisted of 25 research

questions. Comprehensive research methodology and first findings were already reported in another source [25, 26].

3. Barriers and Facilitators for IPE

Experts have identified a greater number of factors that facilitate interprofessional education (IPE) for medical and nursing students compared to those that hinder it. Four main justifications supporting the inclusion of Interprofessional Education (IPE) in medical and nursing training programs were identified: fostering interprofessional thinking and behavior, acquiring shared knowledge, promoting positive information and knowledge sharing, and enhancing mutual understanding.

4. Prospects For Future IPC In Regular Care

Assessing the impact of Interprofessional Education (IPE) on medical and nursing students for future Interprofessional Collaboration (IPC) included distinguishing between the impacts at the patient level and the professional level, according to experts. Experts identified potential areas for improvement at the patients' level, including collaborative treatment planning, coordinated treatment, and the implementation of individualized health care interventions. They also highlighted the importance of collaborative development of innovative treatment measures, improved communication, enhanced cooperation during the care process, and continuous interprofessional information and knowledge exchange to facilitate the quick adaptation of a care plan when needed.

5. Consequences For Long-Term IPE Adoption In Nursing And Medical Curricula

In order to attain potential beneficial outcomes on interprofessional collaboration (IPC), it is necessary to establish a long-lasting integration of interprofessional education (IPE) within the curriculum of medical and nursing students. Experts identified four key factors that should be taken into account: the dedication of medical and nursing faculties to interprofessional education (IPE), the need to align existing medical and nursing curricula in terms of depth of learning content and learning objectives, the qualification of instructors to effectively teach in an IPE approach, and the prioritization of IPE learning content based on its value for patients and their caregivers in interprofessional collaborative practice.

Prior research has documented comparable findings and highlighted the fact that students' enhanced disposition towards collaboration led to an improvement in mutual regard and comprehension across diverse cohorts of healthcare practitioners [10, 32]. In addition, IPE offers chances to enhance interprofessional communication skills [33, 34], and to practice collaborating in an interprofessional team [7]. The acquisition of profession-specific responsibilities in patient care is a key factor in enabling Interprofessional Education (IPE) in the Care-N Study. This results is consistent with prior research that demonstrates how Interprofessional Education (IPE) enhances students' comprehension of their professional identity, as well as their understanding of their responsibilities and viewpoints towards patients and their caregivers [19, 35, 36].

Moreover, IPE allows students to acquire and practice interprofessional communication skills. An enhancement in interprofessional team functioning may be anticipated by enhancing understanding of one's own tasks and responsibilities, as well as the roles of other professions [36, 37]. According to Finch, students may also enhance their readiness to take on responsibilities often fulfilled by professionals from different fields [38]. As a result, the activities and obligations of medical and nursing professionals are increasingly overlapping [39], and both healthcare professions have extended their responsibilities [40]. The use of IPE may provide the chance to more effectively equip students to assume future expanded roles and responsibilities, even throughout their training programs.

The experts of the Care-N Study M-V have identified many obstacles that hinder the long-term integration of Interprofessional Education (IPE) into medical and nursing curricula. These include challenges in synchronizing the two programs. This conclusion aligns with prior research, which demonstrated notable disparities in the program structures and timelines of both curricula. This has been corroborated by many legislation governing professional training programs, as well as the diverse range of providers offering these programs, including universities, universities of applied science, vocational schools, and both public and private sectors [8, 12, 18, 23].

However, according to experts, there are some beneficial effects of IPC on patients in the future, such as

enhanced patient-centered care and increased collaboration across interprofessional healthcare teams. Prior research has shown that a successful collaboration between nursing and medical professionals enhances the effectiveness and quality of patient care, as well as promoting patient safety and satisfaction. The University of Colorado included patient safety principles into the curriculum of its medical and nursing schools and conducted experiments to explore ways in which students from different healthcare professions might collaborate in clinical improvement efforts [41]. Medical and nursing students successfully enhanced the effectiveness of discharge procedures, the security of patient transfers from critical care, and the management of bedsores [41]. Lawrence et al. demonstrated that patients expressed significant satisfaction with both the patient care team and the quality of the facility in their assessment of an interprofessional student clinical program [42]. Specifically, the study found that students who actively listened, spent sufficient time, provided clear explanations, and answered questions had high ratings of patient satisfaction [42].

In order to get these favorable outcomes for IPC, it is imperative that IPE be extensively included into the curriculum of both professions. An essential need is the need to open and update current curriculum to accommodate this learning style. The experts from the Care-N Study emphasized that Interprofessional Education (IPE) should prioritize collaborative care in order to optimize the benefits for both patients and caregivers. Liang et al. conducted a study on the results of area Health Screening (NHS), which is a service given by undergraduate medical and nursing students. The study focused on 355 patients residing in a low-income area [43]. A total of 240 medical students and 34 nursing students participated in the treatment of chronic disorders, specifically focusing on hypertension. The NHS had a beneficial effect on the treatment of hypertension. It is evident that the rates of blood pressure therapy (63 to 93%) and blood pressure management (27 to 73%) may be enhanced within a year [43].

The Care-N Study M-V has many constraints. Utilizing purposive sampling may greatly increase the risk of selection bias. The precise establishment of explicit inclusion criteria should counteract this possible prejudice. Secondly, purposive sampling is a method that specifically targets certain qualities of a group of experts in order to get the most accurate

responses to the study questions. Therefore, the ability to make generalizations to the whole population is restricted.

6. Conclusion

The Care-N Study M-V examines the facilitators, obstacles, and effects of Interprofessional Education (IPE) on medical and nursing students. IPE fosters interprofessional collaboration between the two professions and cultivates mutual respect and comprehension. In order to enhance collaborative patient-centered care in regular care settings, it is anticipated that proficiency in interprofessional communication and a comprehensive grasp of responsibilities would be crucial prerequisites for future IPC. The successful implementation of IPE programs encounters several obstacles, such as the integration of IPE with the fundamental curriculum of medicine and nursing. Therefore, it is essential to define the areas of overlapping responsibilities in order to fully determine the topics of IPE for both professions. In addition, it is necessary to conduct controlled prospective studies in the future to examine the precise effects on patients' health, caregiver burden, and the advancement of both professions.

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