Interprofessional Collaboration
Differences by Profession

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Project Objectives
• Assess current state
  – Interprofessional Collaboration
  – Burnout
  – Adaptive Reserve

• Examine possible determinants and relationships
What We Know . . .

Interprofessional Collaboration (IPC)
Disciplines working together towards common outcome

Impact
- Patient
- Clinician
- Organizational

Effective RN-MD Interprofessional Collaboration Outcomes

- Increased Quality of Care
- Decreased Number and Severity of Safety Events
- Decreased Work-Related Stress
- Decreased Burnout
- Increased Job Satisfaction
- Secondary Benefits Related to Patient and Clinician Outcomes
- Decreased Cost of Care Delivery

Interprofessional Collaboration (IPC) Characteristics

- Mutually Respectful Communication
- Shared Responsibility and Decision Making
- Constructive Goal-Driven Patient Outcomes
- Trusting Relationship
What We Know . . .

Context-Specific IPC

- Higher on general care units
- Lower with MD dispersion
- Higher with IP education
- Organizational structure and characteristics
- Leadership characteristics
- Maladaptive behaviors are fairly equal across contexts and professions

What We Know . . .

Profession-Specific IPC

- Nurses view it as more important than do MDs
- MDs perceive their level of collaboration to be higher than may be demonstrated
- Lack of shared mental model
- Socialization differences

IPC Study Objectives

To evaluate for a difference in the perceptions of and attitudes towards IPC between physicians and nurses specific to the academic medical center

To identify potential contributing factors and barriers specific to the academic medical center setting
Participants

- Direct care nurses working on medicine nursing units
- Medicine housestaff physicians
- Medicine hospitalist physicians

Methods

Comparative and correlational elements

Well-validated ICP measure

- 25 items
- Designed for multiple groups
- Works well with smaller sample sizes

Other data gathered

- Burnout
- Adaptive Reserve
- Workload (number of patients)
- Workload (mental work)
- Demographics

Results

Descriptive Statistics by Profession and Role for Interprofessional Collaboration Scale

<table>
<thead>
<tr>
<th>Role</th>
<th>Suma</th>
<th>Median</th>
<th>25th P</th>
<th>75th P</th>
<th>Range (Min.-Max.)</th>
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</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>43.2</td>
<td>43</td>
<td>36</td>
<td>50</td>
<td>21-63</td>
</tr>
<tr>
<td>Resident Phys</td>
<td>53.4</td>
<td>54</td>
<td>49</td>
<td>57</td>
<td>39-69</td>
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<tr>
<td>Attending Phys</td>
<td>52.3</td>
<td>53</td>
<td>50</td>
<td>56</td>
<td>31-64</td>
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<tr>
<td>Total</td>
<td>48.6</td>
<td>50</td>
<td>42</td>
<td>55</td>
<td>21-69</td>
</tr>
</tbody>
</table>

a. IPC sum scores were different among professions. $F_{2,116} = 24.1, p < .0001$
b. The average sum score for nurses is significantly lower than for resident physicians and attending physicians (Nurses vs. Resident physicians: $p < .0001$. Nurses vs. Attending physician: $p = .0001$. Adjustment for multiple comparisons: Tukey’s HSD.)
c. One nurse’s outlining score omitted.
Barriers to Effective RN-MD Collaboration

Systemic

- Higher Acuity and Need to Decrease LOS
- Culture and Socialization to Profession
- Reduced use of Distant Patient

Organizational

- Leadership Characteristics
- Resource Allocation

Individual

- Lack of a Shared Mental Model of RN-MD IPC
- Geographic Dispersion of Patients

Geographic Dispersion of MDs
- Medicine patients are placed on 27 different nursing units
- Possible for one MD to have patients on 15 units within one day

Next Steps

- Study further
  - Multistudy Synthesis
  - Qualitative and Additional Quantitative Studies