

Inter-professional Collaboration between Physicians and Nurses to Improve Patient Outcome

Prof. Dr. Brigitte Liebig, Univ. of Applied Sciences Northwestern Switzerland; PhD, RN Maya Shaha, Univ. Lausanne; Prof. Dr. med Jean-Pierre Pfammatter, University Hospital Bern

Inter-professional collaboration (IPC) between physicians and nurses plays an intrinsic part in achieving patient safety and patient outcome, as well as maintaining cost awareness and a competitive edge for hospitals. However, IPC demands a specific set of competences, and is influenced by several factors such as group dynamics, technologies, objectives, values - and also by management. Numerous studies describe the challenges of IPC, resulting from the *different professional traditions, training paradigms, and different impetus* of doctors and nurses. Research also illustrates strongly divergent opinions and individual agency dominating the handling and management of IPC in institutions of health care. While the management of inter-professional teams and interfaces count as a pillar of 'excellent' management, conceptual guidelines and strategies or institutionalized corridors of IPC are rare.

Aim of this study is to provide a detailed and systematic analysis of **IPC between physicians and nurses in the hospital context**, which will serve to support and instruct collaborative processes in the course of care delivery, and enable the development of education and management concepts and respective tools in hospitals. The findings will be used to elaborate recommendations and measures, which allow clinic management and professionals to optimize the quality of IPC and patient-centred care.

Theoretically the project is framed by **approaches of work and organizational psychology**, especially by perspectives of psychological collaboration research and its developments. These allow for analyzing **IPC embedded into the analysis of task-related processes and organizational conditions**. The model allows to provide a particularly systematic and detailed reconstruction of systems of action – on which knowledge about 'good practices', about barriers and facilitators and insight for the development and management of inter-professionalism in the organization can be built.

The study will be conducted in **3 selected clinics of the University Hospital Bern**, Switzerland. The project is based on a **qualitative-inductive approach**, which offers a deeper understanding of the work-related conditions and processes associated with IPC. Besides using **expert interviews** (12), the study is based on **30 case studies**, which include a **variety of research methods**, and are following the patient trajectories during their stay in the hospital. A minimum total of **10 courses of treatment of varying lengths in each of the 3 clinics**, i.e., a total of at least **30 courses of treatment** will be included in the study. Further, 30 patients will be interviewed. Most importantly, the approach of '**grounded theory**' (Glaser/Strauss 1998) will be chosen for an in-depth interpretation of IPC between doctors and nurses, as well as of patient's perspectives. Validation of data, as well as practical knowledge and recommendations in the research process will be assured by means of **workshops** with the **sounding board**.

The findings of this project are highly relevant for **initiatives**, which address IPC in education and training in order to improve medical services in Switzerland (see **FHOP 2012**). The results of the project provide significant knowledge for increasing the effectiveness of inter-professional work, and will contribute to higher patient security and better cost control within the **health sector/healthcare**. The study will provide valuable indications for the **quality management** of a hospital, and for assessing, securing and optimizing IPC between physicians, nurses and adjacent/associated areas of practice. To **healthcare professionals**, to **managers and executives of hospitals**, this study will provide a relevant knowledge guide and recommendations for the optimization of IPC, and the leadership and management of inter-professional teams.

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