Are primary health care professionals ready for interprofessional learning?

Background

Interprofessional collaboration fosters interprofessional learning. In Belgium, palliative care is delivered by general practitioners (GPs) in collaboration with community nurses and specialized palliative home care teams. The attitudes of these health care professionals towards interprofessional learning is unknown. Exploring this could optimize collaboration to enhance learning.

Research Question

What are the attitudes of general practitioners, community nurses and nurses from palliative home care teams towards interprofessional learning?

Methods

This research is part of a larger study on interprofessional collaboration in primary palliative care.

Participants completed the ‘Readiness for Interprofessional Learning Scale’ with dimensions: teamwork and collaboration, patient centredness and sense of professional identity.

Linear regression analysis was used to evaluate psychometrics.

The respondents’ scores on the scale were compared with the learning that took place during collaboration and the perception of interaction style between professionals.

Results

The respondents were 133 GPs, 165 community nurses and 67 palliative care nurses.

Linear regression analysis revealed significant effect on ‘Teamwork and collaboration’ of profession (GPs and community nurses lower scores) and of practice organisation (solo workers lower scores than group practices).

Significant effect was seen on ‘patient centredness’ of practice organisation (solo workers lower scores) and of years in practice for palliative care nurses (lower scores when more years in practice).

Significant effect was seen on ‘sense of professional identity’ of profession (GPs and community nurses higher scores), of practice organisation (solo workers higher scores) and of age for palliative care nurses (lower scores for older nurses).

Comparison with the learning effect of collaboration and perception of the interaction style will be calculated after complete data collection of the larger study (august 2012).

Conclusions

Some results sound logic (solo versus non-solo, professional differences). The negative effect of working more years in palliative care on the patient centredness requires further investigation.

Points for discussion
The overall effect (though significant) is low: Adjusted $R^2$ ranging from 2% to 6.2%. Is this indicative for a basic attitude of all health care professionals?

The surprising effect of losing patient centredness while working in palliative care (for palliative care nurses) is stronger (Adj $R^2$ 14%). What could be the reason?