

Exploring Diversity in Perspectives on Complexity and Interprofessional Collaboration Among Pediatric Care Professionals

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INTRODUCTION

Interprofessional collaborative practice (IPCP) is seen as an opportunity to shape increasingly complex care by creating one integrated care plan together with patients, their families and healthcare professionals from the same and other professions. It effectively harnesses the diverse expertise of its team members.¹ Yet, it remains unclear when professionals from various disciplines define the threshold of 'complex' care, and how this definition impacts their inclinations toward IPCP. Gaining a deeper understanding of the diversity in perspectives and value systems among professionals can pave the way for enhanced collaboration and ultimately, better patient care. Hence, the primary objective of this study is to examine the relationship, similarities, and differences between the perceptions of complexity and the preferences for IPCP within pediatric healthcare teams.

METHODS

56 (subspecialized) pediatricians (34% in training) and 61 (specialized) pediatric nurses (10% in training) from the Emma Children's Hospital (Amsterdam UMC) assessed thirteen different patient cases. The complexity of the cases were modeled along the five ICF domains²: functions, activities, participation, personal and external factors.

For each case, healthcare professionals gave a score (scale 0-100) to the degree of perceived complexity and the estimated importance of an integrated care plan. Moreover, they chose whether an multidisciplinary team meeting (MDTM) was necessary and in case, selected the desirable IP team members.

Figure 1. Perceived complexity per case and profession

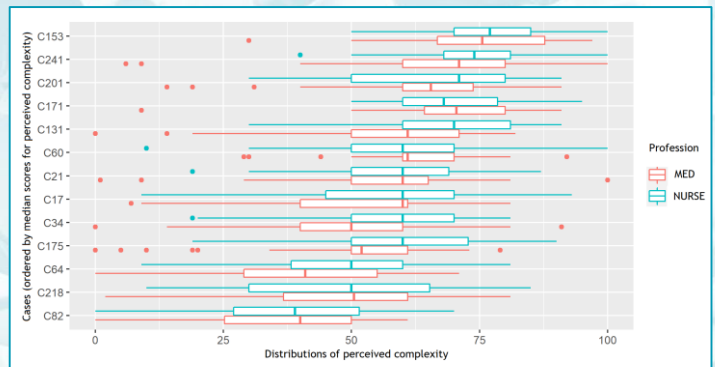
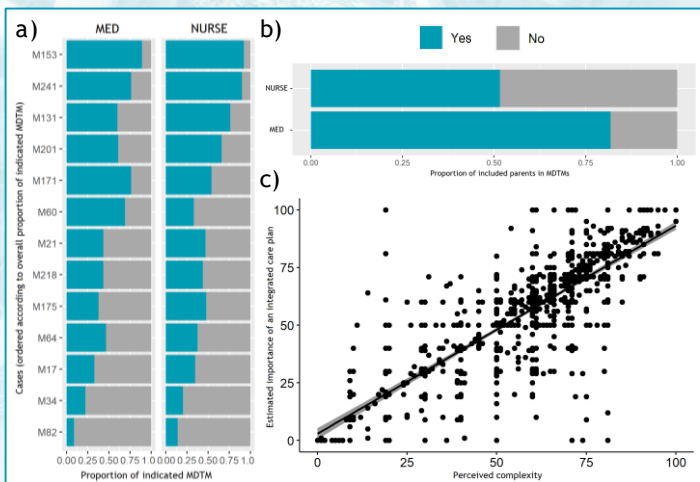


Figure 2. a) Indicated MDTM per case and profession, b) parent inclusion per profession, c) correlation perceived complexity and estimated importance



RESULTS

Repeated-measures two-ways ANOVAs and generalized linear mixed models revealed no differences between perceived case complexity (see figure 1) and IPCP preferences in terms of estimated importance for an integrated care plan and indicated MDTM (see figure 2a) by pediatricians and pediatric nurses. Within professional groups, there is great variation in their perceptions and preferences.

If a MDTM was desired, the selected team composition differed between professional groups. A generalized linear mixed model showed that pediatricians were more likely to include the patient's parent in the team than pediatric nurses ($OR = .238, p < .001$; see figure 2b).

A Pearson correlation revealed a strong relationship between perceived complexity and the estimated importance of an integrated care plan ($r = .79, p < .001$; see figure 2c).

CONCLUSION/DISCUSSION

A clear relationship exists between perceived complexity and preferences for IPCP. There are no differences in professionals' perceptions and preferences between groups, but a large diversity within professions. This insight helps shaping targeted interventions for both interprofessional education and IPCP. Understanding diversity in perspectives and value systems may enhance the perceived quality of care and elevate job satisfaction levels.

¹ World Health Organization (2010). Framework for action on interprofessional education and collaborative practice. Geneva, Switzerland: WHO.
² World Health Organization (2001). International Classification of Functioning, Disability, and Health: ICF. Geneva, Switzerland: WHO.