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Summary

This paper is a discussion of the factors contributing to problems in health care and the need for inter-professional collaboration among physicians and nurses to improve quality and safety in health care. The effectiveness of leadership approaches is discussing and determining the role of leaders in implementing collaborative health care improvement projects. Lastly is a discussion about the scholar-practitioner models in resolving healthcare issues.

Development of an Inter-professional Team

Leadership refers to the behavior of a person when directing a group of people towards a set achievement (Kershaw, 2013). The main aspect of leadership is influencing a group of people doing certain activities and also coping with change. A healthcare system is a large organization and has numerous groups (Kershaw, 2013). The groups might conflict or be in support of each other. To utilize resources efficiently and adequately, leadership must use the diversity present in the healthcare organization during the management process design (Kershaw, 2013). Leadership must also encourage and guide the personnel towards a common goal. People are looking for quality services and products always because quality is increasingly becoming dominant in life. Quality improvement results in structural improvement and improvement in the general process. According to Biharlal srivasthav (2016), good health care refers to providing patients with the appropriate services in a competent manner, with excellent communication, shared decision

making, and cultural sensitivity. Providing patients with efficient and effective services following the provided clinical guidelines constitutes good health care.

Patient-related, provider related, and environmental factors all contribute to problematic healthcare. Patient-related factors such as the patient cooperation, type of illness the patient has and their socio-demographic variables influence how the patient and the service provider interact affecting the quality of service the patients receive (Sudirman, 2016). Health care workers must understand and be aware of their patient's socio-demography to provide quality services.

Patient cooperation and involvement affect the delivery of services, ultimately the quality of health services. Information provided by a patient to health care workers determines the clinical outcomes. Patients trust in physicians is a crucial factor in achieving an excellent medical outcome; without trust, the patients do not provide complete information on the disease. The treatment process is then flawed because the physician does not have complete information on the condition affecting the patient. Having good relations with patients and previous good experience improves the quality of healthcare service delivery.

The skills and knowledge of the service provider is a significant influence on healthcare (Burke, 2011). High-quality health care majorly depends on the technical skills and understanding of the physician. Lack of knowledge and skills in healthcare professionals can lead to a problem in service delivery. The motivation and job satisfaction of physicians and nurses are essential in the delivery of high-quality services to patients. When the working environment and leadership are not right, the motivation to do the job is low, resulting in poor service delivery leading to a problem in health care.

Inter professional collaboration refers to working together in teams and relying on other individuals to reinforce and improve their work while working towards a common more

significant goal (Summerskill & Horton, 2013). Lack of inter professional cooperation among health workers leads to poor performance and poor service delivery to patients. Poor communication in the field of health care is often the leading cause of medical errors. Teamwork and functional relationships in the workplace can help reduce medical errors and ultimately improve the outcomes. Inter professional collaboration promotes and enhances care coordination across all settings in health care. Because of teamwork, the care condition of patients improves. Inter professional collaboration encourages knowledge sharing and working towards the improvement of the patient's health. The healthcare physicians learn about responsibilities and roles from each other. Inter-professional collaboration results in better communication with little or no error during patient transfer, for example, from surgery to the ICU.

If physicians and professionals in health care do not collaborate and communicate, performance in health care suffers (Summerskill & Horton, 2013). Teamwork and good relationships reduce errors. Excellent communication leads to quality services and higher safety in the working environment. Inter professional collaboration is, therefore, essential in improving the quality and safety in health care.

Trait leadership theory states that effective leaders have commonly integrated characteristics that support their ability to lead other people effectively towards a shared vision (Nichols & Cottrell, 2014). Getting health care workers to come and work together despite the communication problems and their duties is a leadership challenge. Proper team management provides an opportunity for growth. Trait leadership comes naturally, and team leaders can use information from trait leadership theory in health care systems to assess how the strength and weaknesses are getting an understanding of how to improve and maintain inter professional collaboration relationships in health care. It also depends on the qualities of the leader, not the

team. Selecting the right leader will be, therefore, crucial in maintaining inter professional collaboration.

Communication is a critical factor in the management of health care organizations. Team collaboration and communication is an essential factor in ensuring that patients receive excellent services in health care (Zyblock, 2010). For inter professional collaboration to be effective communication, barriers must not be an issue with health workers. Due to differences in training, nurses and doctors have different styles of communication. Nurses are descriptive, while doctors are concise compared to nurses. Having useful standard communication tools can be critical in bridging the difference in communication (Zyblock, 2010). Opportunities for physicians and nurses to meet in groups are an excellent and very effective strategy. They are encouraging and provide dialogue, team briefings, and creating committees that discuss problem areas; this provides a solution that reduces interruptions. It is, therefore, essential for communication to be effective between the nurse and practitioners and also the management. Excellent communication among them important and encourages collaboration, which in turn helps prevent errors. It is essential for leaders in healthcare to offer programs to improve communication and team collaboration. It enhances clinical outcomes in health organizations.

Maintenance of a safe environment shows vigilance and compassion for the welfare of patients (Henney, 2006). Improving patient safety requires learning about the causes of error and use the acquired knowledge to design reliable systems. Practitioner behavior is related to the work environment. Attitudes, motivations among nurses are dependent on the work environment. Collaboration teams provide a supporting environment to practitioners and nurses and often satisfied when empowered by leadership. Improving the healthcare climate improves patient safety and cause a general decrease in operational cost in an organization.

Leadership exists in relationships present throughout an organization. Leaders encourage a collaborative environment and promoting interdependency and integration of new ideas among practitioners and nurses in the organization. The leaders provide a model for collaborative communication, and an academic study is conducted by the leader to determine the most effective mode of communication that will be by the practitioners and nurses (Kershaw, 2013). The leaders also monitor the practitioner's and nurses to ensure inter professional collaboration is working, and all members of the groups are contributing. Leaders in healthcare are, therefore, responsible for implementing collaborative healthcare improvements.

Scholar-practitioner models refer to an advanced operational and educational model focused mainly on the application of scholarly knowledge (van de Water, 2013). Leadership is not natural in practice. Scholar-practitioner manages the complexity in leadership by creating a common purpose and objective to solve a problem in a healthcare organization (van de Water, 2013). Scholar-practitioner embraces consistency and practice, which result in the success of resolving a specific issue in an organization. The leader uses practical knowledge and research for planning and problem-solving. It includes assessing the workplace for problem definition and assessing the workplace to check readiness to apply practical analysis chosen as a solution and work environment to monitor the impact of made decision after implementation, including unexpected results. Scholar-practitioner approach decreases cases of leaders are successful, and when recruited from another position, the same practices used before are not applied correctly in the new environment. From the above discussion, it is evident that scholar-practitioner can be applied effectively to resolve health care issues.

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