

## **Interdisciplinary collaboration: The need to revisit**

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### **Abstract:**

Given the complexity of the health care system and the prevalence of acute and chronic mental illnesses, multi-system interventions from an interdisciplinary team of health care providers are necessary to address the needs of individuals in psychiatric and mental health treatment venues. Despite claims that interdisciplinary practice is the norm, in reality it is difficult to accomplish (). Students must be taught the principles and elements of this way of providing care in order to succeed. This paper describes strategies for educating undergraduate nursing students to engage in interdisciplinary collaborative practice. Two case studies are used to illustrate how teaching collaborative skills can be integrated into a psychiatric undergraduate nursing course.

**Keywords:** nursing | psychiatric and mental health (PMH) nursing | nurse training | collaborative skills

### **Article:**

There is national concern that the health care needs of persons with severe emotional disturbances (SED) and other patients with social, educational, health, and mental health care concerns and their families are not being adequately addressed by mental health care professionals (Annie E. Casey Foundation, 1999; Institute of Medicine, 2002; U.S. Department of Health and Human Services 1999, 2003). There also is growing awareness among health care professionals that no one intervention, no one discipline, and no single approach can provide the comprehensive services needed to promote the recovery of persons with mental health problems. These individuals often need services from many different agencies, including social services, special education, vocational training, rehabilitation services, and health and mental health care. In fact, in a review of the literature from 1985 to 2004, Lemieux-Charles and McGuire (2006) found evidence that interdisciplinary team-based care was superior to uncoordinated care, both in terms of clinical outcomes and patient satisfaction. One aspect of this improved effectiveness was related to the diversity of clinical expertise that an interdisciplinary team provided. Interdependent professionals function collectively in collaborative health care teams to structure actions towards patients' care needs. Furthermore, interdisciplinary health care teams that practice collaboratively have been described in the literature as an effectual, creative, and

satisfying method to deliver health care services (Martin-Rodriguez, Beaulieu, D'Amour, & Ferrada-Videla, 2005).

Martin-Rodriguez et al.'s (2005) review of studies that examined the determinants of interprofessional collaboration was guided by the Interprofessional Education for Collaborative Patient-Centered Practice (D'Amour & Oandasan, 2005). This framework identified three elements of collaboration in the health care team: interactional, organizational, and systemic elements. Interactional elements are described as interpersonal bonds among team members, like trust and willingness to engage in collaboration. Conditions within an organization are organizational elements; they include organizational climate, resources, and structure. Finally, systemic elements are issues outside of the organization that affect interprofessional collaboration, such as social, cultural, and professional systems.

The multidisciplinary team approach has served as a model for providing psychiatric care in acute care settings, but this care has often failed to involve families or professionals from other agencies (Chenven & Brady, 2003). Today, because of the shortened length of stay (LOS) in hospitals, facilitating holistic care across the health care continuum is imperative, especially for patients with chronic conditions such as severe emotional disturbance (SED) and bipolar disorder (BD).

In interdisciplinary collaborative models, people come from different disciplines to share information about a client and their work with him or her, to meet a common goal. It requires a deep commitment of time and energy for problem assessment and development of new plans of care. Members of interdisciplinary teams function interdependently so that decisions are made jointly, sharing knowledge and resources (Herrick, 2006; Sorrells-Jones, 1997). Solutions to problems are made synergistically and, as a consequence, the solutions tend to be of higher quality than those made independently (Gage, 1998).

Team members and leaders must have interactional skills to ensure that all participants function effectively (Martin-Rodriguez et al., 2005). Good interpersonal skills are vital, including good communication skills to convey clear messages and good listening skills to understand different perspectives. Team members also must have negotiation skills, as well as a willingness to compromise. Team members should value diversity and accept individual differences, including talents and limitations. To be effective team members, participants must also be aware of their own talents and limitations, as well as their biases (Bope & Jost, 1994; Bronstein, 2003; Finkelman, 2006; Herrick, 2006).

Interdisciplinary team members need to understand group dynamics, and attention must be paid to the group process to foster effective functioning. At times during the developmental process the team may experience rough periods. An understanding of the various stages of group development will support team members' commitment to the goals and purposes of the group, so that frustrations are overcome by a shared vision of improving care for patients and families (Bope & Jost, 1994).

Collaborative relationships across agencies (systems) and among human service professionals, including psychiatric mental health nurses, clients, and clients' families, form the basis of

interdisciplinary practice. While these relationships are critically important, there are both benefits and barriers to their successful development.

Participating on an interdisciplinary team of family members and mental health professionals fosters creativity and enhances everyone's self-esteem. Improved compliance with medical treatment regimens occurs through the establishment of good family/professional relationships, resulting in a decrease in costs and an improvement in client outcomes. Because the team is providing quality, holistic, and coordinated care, team members are more apt to be satisfied. Benefits also include shorter lengths of stay in the hospital, easier transitions from hospital to community care, increased learning because of the peer mentoring that occurs among team members, and improved communication among professionals and family members. Thus, quality of care improves (Finkelman, 2006).

Interagency collaboration makes boundaries more porous so that patients and families can move more easily from one agency to another and care is not fragmented. Costs are contained with less duplication of services. With a network of support, families become more hopeful that their quality of life will improve and their loved one will reach his or her maximum potential for wellness (Herrick, 2006).

Traditionally, each discipline has been educated within its own walls; interdisciplinary practice is discussed but not often practiced. Each discipline also has its own jargon, which can lead to misunderstandings and distrust (Herrick & Arbuckle, 2006). Further, American norms value competition rather than consensus, which means that collaboration may be uncomfortable for some team members. According to Martin-Rodriguez et al. (2005), those on interdisciplinary teams must forgo their traditional boundaries and develop a mutual regard for the roles of team members from other disciplines.

Thus the phrase "interdisciplinary practice" and the term "collaboration" are often used in psychiatric and mental health (PMH) nursing practice. It is widely held that nurses practicing in PMH treatment venues must be capable of working with a variety of disciplines if interdisciplinary teams are to effectively help clients struggling with mental illnesses and the myriad problems that often accompany them. According to an Institute of Medicine report (2002), patient safety and desired outcomes depend, at least in part, on the ability of health care workers from all disciplines to share their unique knowledge and skills with each other. Thus, there is a need for educators to help health care professionals develop collaborative skills. Clearly learning why and how to effectively collaborate is important for new nurses. National nursing organizations are calling for nurses to develop collaborative skills for interdisciplinary practice. The American Nurses Association's *Scope & Standards of Practice (2004)* lists collaboration as a standard. The National League for Nursing has suggested that nursing schools focus 25% of their course content on interdisciplinary practice and offer clinical courses in interdisciplinary settings (Ingle, 2000). Further, the National Council of State Boards of Nursing (2006) included in its recent test plan interdisciplinary practice as a content category for the NCLEX-RN licensing examination. However, it is not clear that student nurses are taught the tenets of effective collaboration. With the many competing topics that must be taught to undergraduate nursing students, important but less "testable" topics like collaboration often fall by the wayside. This paper describes the importance of good collaborative skills for nurses in

PMH practice and provides strategies for teaching collaboration to undergraduate nursing students. The benefits of engaging in interdisciplinary collaborative practice training while in health care education programs (nursing, physician, and public health) include more positive attitudes toward interdisciplinary collaboration and a belief by graduates that they can work effectively in interdisciplinary groups (Florence, Goodrow, Wachs, Grover, & Olive, 2007).

## **STRATEGIES TO ASSIST STUDENTS TO DEVELOP KNOWLEDGE AND VALUES ESSENTIAL FOR COLLABORATIVE PRACTICE**

Although there are expectations that health care providers will practice collaboratively, doing so continues to be a struggle. Consequently, it is imperative that interdisciplinary practice be emphasized during the education and training of health care professionals. Opportunities to teach interdisciplinary team work in actual clinical settings in schools of nursing are rare, even though the concept of interdisciplinary team work is a topic in most nursing courses and students have opportunities to observe the functioning of a multidisciplinary team on a variety of units during their clinical educational experiences. The following examples, one in a traditional psychiatric clinical setting and the other in a non-traditional interdisciplinary setting, illustrate two different methods to assist students to develop collaborative skills. The article concludes with other, more general strategies.

### **A Clinical Rotation on a Psychiatric Unit: Junior Level Nursing Student**

Students in a pilot program that used collaborative learning techniques for the junior level psychiatric nursing clinical rotation were assigned to either a morning or afternoon clinical group on the same day in the same unit. Each morning student was paired with an afternoon student. The paired students (i.e., AM clinical and PM clinical) were assigned the same patient, collaboratively wrote a clinical care plan each week, and presented a topic together in clinical conference (post-conference for the morning student and pre-conference for the afternoon student). A major goal of the experience was for students to gain collaborative skills.

The content and skills that faculty taught included good interpersonal and communication skills, group dynamics, critical thinking, and the ability to clearly convey ideas, negotiation skills, self-appraisal of one's biases, and empathy for the plight of another person. When teaching nursing students interdisciplinary collaborative skills, providing opportunities to practice good interpersonal communications is key. Thus, student pairs planned, carried out, and evaluated a variety of clinical and group experiences.

Nursing students sometimes are heard to say, "I would rather do it myself than participate in a group project. This way I know it will be done right and on time." Learning to negotiate roles and responsibilities, as well as time lines and due dates is fundamental to team functioning and students' future ability to function in collaborative relationships. Because role conflicts may easily develop before responsibilities are clarified in collaborative relationships, faculty for each group met jointly each week with their combined students to both model a collaborative relationship and provide clinical conference experiences to support students' ongoing collaborative learning.

Faculty also used a variety of strategies to promote students' practice of collaborative skills, including providing opportunities for the paired students to jointly plan, individually provide, and jointly evaluate client care and write a weekly care plan based on their collaborative work. During each week's clinical conference, they shared and evaluated individual assessments of the client using clinical tools such as the Mini-Mental Status Exam, Abnormal Involuntary Movement Scale, and depression measures. Students also had opportunities to observe interdisciplinary collaborative practices in the clinical setting. For example, they all observed biweekly interdisciplinary care planning meetings for both in-patient and out-patient clients based on clients' needs and the resources available to meet those needs. These observations allowed students to see "real life" interdisciplinary collaborative work. Students were provided multiple examples of interdisciplinary collaborative practice and were given many opportunities to develop, practice, and evaluate themselves and others' collaborative skills.

To evaluate this pilot program, faculty asked students to respond to a revised version of the 19-item Nurse/Manager Collaborative Behavior Questionnaire (Almost & Laschinger, 2002; Stichler, 1990). Students were asked to respond to questions related to their relationship/behaviors with the student with whom they were paired. The response format was: 1 rarely; 2 sometimes; 3 often; and 4 nearly always. Specific items included were these: We meet face to face to plan; We feel free to share ideas with one another; We acknowledge one another; We support each other as team members; We work well together; We trust one another; There is sharing of expertise and talents between us; My opinions are listened to; I feel my input is truly valued; and We recognize the need to have a sense of "give and take" in the relationship.

Students' responses, although varied, were mostly number 4, "nearly always." In their comments, many suggested that sharing the assignments was very beneficial and it helped ease the burden of doing the work. Several students suggested that collaborating made it easier to gather all of the information for their clients. A number of students indicated that they felt it was a good way to learn to work together. Some students, however, said they did not fully use the opportunities for collaboration and continued doing their work solo. This requires faculty to develop creative methods for evaluation of students' efforts and practice of collaborative skills.

### **An Interdisciplinary Psychiatric Nursing Clinical Experience in a Homeless Shelter**

In this pilot program, undergraduate nursing students, psychology, and social work students, as well as students from therapeutic recreation, human development, family studies, and special education, plus a clinical instructor for each student, all worked together with the staff of a homeless shelter for alcoholic women and their children. The goals were for students to learn interdisciplinary skills while providing holistic care to mothers in recovery from substance abuse and to their children.

Regular meetings were held among faculty, students, and staff to teach interdisciplinary practice and coordinate students' efforts to provide interventions based on their developing expertise. Students had opportunities to share how they saw each other's roles, what they had learned in the classroom, and how they might apply what they knew to the team effort. The instructors served as role models in the development of the collaborative team, and students developed a team spirit while working together to meet the needs of the mothers and children (Herrick et al., 2006).

Students had a chance to learn first-hand about other health care professions and about each discipline's knowledge and expertise, in order to facilitate their practice as effective members of an interdisciplinary team.

General strategies for teaching interdisciplinary collaboration include providing formal ongoing interdisciplinary educational experiences that increase awareness of specific disciplinary practice, roles, and skill sets. In these formal educational experiences, interdisciplinary faculty can encourage students to share their perspectives of the role of each of the other disciplines, the perspective of their own discipline, and then compare them. The students may also “play out” scenarios requiring good collaboration between team members from a variety of disciplines, interspersed with common pitfalls to good collaboration, with some nursing students taking on the roles of professionals from other disciplines, to help students not only learn the importance of good collaboration, but also how to overcome common barriers to collaboration and gain respect for other disciplines' work. These strategies can lead to increased knowledge of and value for the roles of other disciplines, the similarities and differences between disciplines, and the unique role that each member plays in the interdisciplinary team.

Yet another strategy is to have an interdisciplinary group share their assessment information about the same client(s) and plan interventions for the client(s) together, determining which discipline can best meet particular needs of the client(s). According to a recommendation of an Institute of Medicine report (2002), interdisciplinary collaboration among professionals can be fostered when health care organizations promote interdisciplinary rounds and offer education to all care providers in how to collaborate with those from other disciplines.

## **CONCLUSION**

Good communication is essential to adequately and effectively collaborate within an interdisciplinary team, and to make sure that a solid relationship exists between team members (Lewis-Fleming, Laing, & Lovelace, 2006). This includes not only good communication skills, but also timely and frequent contact with other team members. Successful interdisciplinary collaboration requires all team members to recognize, understand, and work to eliminate barriers to successful teamwork. These barriers include communication snags, time limitations, and resistance to change (Lewis-Fleming et al., 2006). Changing the way of thinking about the delivery of health care, educational, and social services will be difficult for some, who will resist the change. The challenge of building an effective interdisciplinary team and overcoming barriers will motivate others. Meeting the challenges will take patience, time, energy, and a commitment to providing quality care for patients and families (Herrick & Arbuckle, 2006).

Today, most care of those with a chronic illness takes place in the home and community. Providers of different kinds of care are no longer housed under one roof with easy access to clients. Thus, effective education of future health care professionals to function in collaborative health care teams is essential. It is vital to provide early educational opportunities for nursing students to observe, participate in, and evaluate interdisciplinary collaborative practice. Giving students opportunities to develop collaborative skills is an essential first step in building interdisciplinary practice. The strategies illustrated here may be a springboard for nursing faculty to provide opportunities for students to learn these essential skills.

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## REFERENCES

Almost J., Laschinger H. K. Workplace empowerment, collaborative work relationships, and job strain in nurse practitioners. *Journal of the American Academy of Nurse Practitioners* 2002; 14(9)408–420

American Nurses Association. *Nursing: Scope & Standards of Practice*. Author, Silver Spring, MD2004

Annie E. Casey Foundation. *Myths and opportunities: An examination of the impact of discipline-specific accreditation on interprofessional education*. Executive summary: A report from preparing human service workers for interprofessional practice. Accreditation strategies for effective interprofessional education project. Council on Social Work Education, Alexandria, VA 1999, Available: <http://www.cswe.org>

Bope E. T., Jost T. S. Interprofessional collaboration: Factors that affect form, function and structure. *Interprofessional care and collaborative practice*, R. M. Casto, M. C. Julie. Brooks Cole, Pacific Grove, CA 1994; 61–69

Bronstein L. R. A model for interdisciplinary collaboration. *Social Work* 2003; 48(3)297–306

Chenven M., Brady B. Collaboration across disciplines and among agencies within system of care. *The handbook of child and adolescent systems of care. The new community psychiatry*, A. J. Pumariega, N. C. Winters. Jossey-Bass, San Francisco 2003; 66–81

D'Amour D., Oandasan I. Interprofessionality as the field of interprofessional practice and interprofessional education: An emerging concept. *Journal of Interprofessional Care* 2005; 19(suppl. 1)8–20

Finkelman A. W. *Keys to working with others: Collaboration, coordination and conflict resolution. Leadership and management in nursing*, A. W. Finkelman. Pearson Prentice Hall, Upper Saddle River, NJ 2006; 70–97

Florence J. A., Goodrow B., Wachs J., Grover S., Olive K. E. Rural health professions education at East Tennessee State University: Survey of graduates from the first decade of the community partnership program. *The Journal of Rural Health* 2007; 23(1)77–83

Gage M. From independence to interdependence. Creating synergistic health care teams. *Journal of Nursing Administration* 1998; 28(4)17–26

Herrick C. A. Building collaborative relationships: A paradigm shift to family-centered, interprofessional partnerships. *Child and adolescent mental health: Interdisciplinary systems of care*, M. B. Arbuckle, C. Herrick. Jones and Bartlett, Sudbury, MA 2006; 31–56

Herrick C., Arbuckle M. B. Where do we go from here? Creating a bow from the threads of systems of care: A philosophical framework. Keeping the vision alive. *Child and adolescent mental health: Interdisciplinary systems of care*, M. B. Arbuckle, C. Herrick. Jones & Bartlett, Sudbury, MA 2006; 367–393

Herrick C., Bartlett T. R., Pearson G. S., Schmidt C., Cherry J. System of care in nursing: Across the life span and across practice settings. *Child and adolescent mental health: Interdisciplinary systems of care*, M. B. Arbuckle, C. Herrick. Jones & Bartlett, Sudbury, MA 2006; 129–183

Ingle J. R. Interdisciplinary education and collaboration within the National League for Nursing Accrediting Commission (NLNAC) standards and criteria for accreditation. *The National League for Nursing Accrediting Commission Newsletter* 2000; 2(3)4

Institute of Medicine. *Crossing the quality chasm: A new health system for the 21st century*. National Academy Press, Washington, DC 2002

Lemieux-Charles L., McGuire W. L. What do we know about health care team effectiveness? A review of the literature. *Medical Care Research and Review* 2006; 63(3)263–300

Lewis-Fleming G., Laing D. G., Lovelace D. Bridging case management and primary care manager gaps in a military setting. *The Case Manager* 2006; 17(3)66–71

Martin-Rodriguez L. S., Beaulieu M. D., D'Amour D., Ferrada-Videla M. The determinants of successful collaboration: A review of theoretical and empirical studies. *Journal of Interprofessional Care* 2005; 19(Suppl. 1)121–147

National Council of State Boards of Nursing. *National Council of State Boards of Nursing test plan for the NCLEX-RN examination*. Author, Chicago 2006

Sorrells-Jones J. Challenge of making it real: Interdisciplinary practice in a “seamless” organization. *Nursing Administration Quarterly* 1997; 21(2)20–30

Stichler J. F. The effects of collaboration, organization climate, and job stress on job satisfaction and anticipated turnover in nursing. *Doctoral dissertation, University of San Diego*. 1990

U.S. Department of Health and Human Services. *Mental health: A report of the Surgeon General*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, Rockville, MD 1999

U.S. Department of Health and Human Services. *The President's New Freedom Commission on Mental Health Achieving the promise: Transforming mental health care in America*. The U.S. Department of Health and Human Services, Rockville, MD 2003,  
Available: <http://www.mentalhealthcommission.gov/reports/FinalReport/downloads/FinalReport.pdf>