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To Evaluate the Perception, Readiness and Attitude of Healthcare Professionals Working in Community Towards Collaborative Practice

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ABSTRACT

Background: Interprofessional Collaboration [IPC] in healthcare is defined as an active and ongoing process in which professionals of various backgrounds collaborate to provide services to healthcare users. It is essential to improve patient outcomes and to enhance job satisfaction as there is increased complexity of healthcare needs and the majority of the Indian population lives in rural areas. This study aims to evaluate the perception, readiness and attitude of healthcare professionals working in community healthcare settings toward collaborative practice among qualified healthcare professionals and trained healthcare workers.

Method: A Cross-sectional observational study was conducted in which total 202 healthcare professionals working in primary healthcare settings were recruited through snowball sampling. The Perception of INterprofessional COllaboration Model Questionnaire (PINCOM-Q), Readiness for Interprofessional Learning Scale (RIPLS) and Interprofessional Attitudes Scale (IPAS) was used for data collection. The study used STATA to analyze patient data. Descriptive statistics were used to depict the baseline characteristics as well as overall perception, readiness and attitude of all the healthcare professionals and for between group comparison independent t-test was done.

Result: Trained healthcare workers showed significantly more favourable perception in all aspects of PINCOM-Q compared to qualified professionals ($p<0.05$). No significant differences were found between trained and qualified professionals in readiness and attitude toward interprofessional collaboration.

Conclusion: The healthcare professionals in community settings have a favourable perception, readiness, and attitude toward collaborative practice. Trained healthcare workers show a more favourable perception, while both groups display similar readiness and attitude.

Keywords: Community Settings, Healthcare professionals, Interprofessional collaboration, Primary health care, Teamwork.

INTRODUCTION

Interprofessional collaboration [IPC] is defined within healthcare as "An active and ongoing association of professionals with varied backgrounds and professional cultures, maybe representing various sectors or organizations, who collaborate to provide

services for the benefit of healthcare users." [1] Healthcare prior to 1960 was fragmented, leading to issues like depersonalization and inefficiencies, [2] to address these issues integrated healthcare systems were established over time [3] which is supported by various international bodies, including the World Health Organization [WHO]. [4] As the large portion of the Indian population residing in rural areas, [5] it is essential for improving patient outcomes and enhancing job satisfaction, especially with the increasing complexity of healthcare needs [6]. Effective IPC can lead to better access to health interventions, improved coordination across sectors, increased involvement in decision-making for individuals and families, comprehensive and coordinated care, efficient resource use, and greater job satisfaction among healthcare professionals. [7] Despite the recognized benefits of IPC, its effectiveness is affected by factors such as unclear roles, poor communication, and resistance to teamwork. There is a need to understand the attitudes, perceptions, and readiness of all healthcare professionals working in the community towards collaborative practice in order to deliver quality patient care. By gaining a basic understanding of perception, readiness, and attitude, potential barriers to effective collaborative practice can be identified, and better collaboration techniques can be created, ultimately improving patient care in community settings. The study aims to understand healthcare workers' perspectives on collaboration, their willingness to participate, and their attitudes toward inter-professional teamwork. The main objective of the study is to investigate how healthcare professionals perceive the value and effectiveness of collaborative practice. Also to assess the level of readiness among healthcare professionals to engage in interprofessional collaboration. And to examine the attitude of healthcare professionals towards working in interdisciplinary teams.

MATERIALS & METHODS

Ethical approval was obtained from the Institutional Ethics Committee (IEC approval no. IEC/BU/151/Faculty/33/193/2024).

This cross-sectional study assesses the perception, readiness, and attitude of healthcare professionals towards collaborative practice in community settings. The study population comprised qualified healthcare professionals (e.g., medical officers, nurses, physiotherapists, dentists, pharmacists) and trained healthcare workers (e.g., village health workers, Accredited Social Health Activist [ASHA] workers, special educators).

A sample size of 246 participants was calculated assuming 80% readiness for collaborative practice, a 5% level of significance, and a 5% allowable error.

Participants were recruited based on the inclusion and exclusion criteria.

Inclusion Criteria:

1) HealthCare professionals currently practicing in community settings,
2) Minimum experience of 2 years in community healthcare.

Exclusion Criteria:

1) Lack of direct involvement in community healthcare services,
2) Qualified healthcare professionals without a recognized license of registering agencies [such as 'Medical council of India', 'Indian Nursing Council', 'Pharmacy Council of India', 'Gujarat State Council for Physiotherapy' and others].

202 participants willing to participate were recruited from sub-centers, primary health centers, and community health centers through snowball sampling. Data collection involved three validated self-administered questionnaires: 1) Perception of Interprofessional Collaboration Model Questionnaire (PINCOM-Q), [8] 2) Readiness for Interprofessional Learning Scale (RIPLS), [9] and 3) Interprofessional Attitudes Scale (IPAS). [10]

Statistical Analysis

Descriptive statistics [frequency (%), mean (SD)] were calculated to describe the baseline characteristics of the participants. Descriptive analysis [mean (SD)] was used to assess the perception, readiness, and attitude of all participants. Independent sample t-tests were performed to compare the scores on the PINCOM-Q, RIPLS, and IPAS between the two groups of healthcare professionals (qualified and trained). A p-value of less than 0.05 was considered statistically significant. Data analysis was performed using STATA 14.2.

RESULT

The study included 202 participants; the most represented age group was 35-44 years (43.56%) with a mean age of 38.28. The majority were female (68.32%). Most participants (58.91%) had less than 10 years of work experience, with a mean of 10.36 years. The sample included various healthcare professionals, with significant representation from special educators (24.75%), ASHA workers (20.3%), and staff nurses (14.34%). Nearly equal proportions of "Qualified" (48.51%) and "Trained" (51.49%) healthcare professionals were included.

Table 1: Baseline characteristics

Characteristics	Frequency (n = 202)	Percentage (%)	Mean (SD)
Age:			
25-34	66	32.67	38.28
35-44	88	43.56	(8.37)
45-54	39	19.31	
55-60	9	4.46	
Gender:			
Male	64	31.68	
Female	138	68.32	
Work Experience:			
< 10 years	119	58.91	10.36
11 to 20 years	72	35.64	(6.61)
>21 years	11	5.45	
Occupation:			
Physiotherapist	11	5.44	
Dental surgeon	4	1.98	
Medical Officer	12	5.94	
Staff Nurse	29	14.34	
Senior Resident (Community medicine)	1	0.5	
Professor (Community medicine)	9	4.46	
Resident (Community medicine)	5	2.48	
Social worker	3	1.49	
CHO	5	2.48	
Lab Technician	7	3.47	
Pharmacist	5	2.48	
ASHA worker	41	20.3	
FHW/MHW	13	6.43	
MPHW	6	2.97	
Special educator	50	24.75	
Superintendent	1	0.5	
Healthcare:			
Qualified	98	48.51	
Trained	104	51.49	

SD: Standard Deviation, CHO: Community Health Officer, ASHA worker: Accredited Social Health Activist, FHW/MHW: Female Health Worker / Male Health Worker, MPHW: Multipurpose Health Worker.

Overall, healthcare professionals demonstrated a favorable perception of interprofessional collaboration. While comparing both the groups, trained healthcare workers showed a significantly more favorable perception in all aspects of the PINCOM-Q compared to qualified professionals ($p<0.05$).

Table 2: Difference in the perception in different domain based on professional background (PINCOM-Q)

Domains	Qualified (n=98)	Trained (n=104)	Mean diff.	t value	p value
	Mean (SD)	Mean (SD)			
Mean Individual Aspect Score	2.54(0.85)	2.15(1.16)	0.39	2.71	0.007*
Mean Group Aspect Score	2.68(0.98)	2.19(1.21)	0.49	3.15	0.002*
Mean Organizational Aspect Score	2.68(0.92)	2.08(1.17)	0.60	4.07	0.000*

*** Statistically significant (p value < 0.05)**
SD: standard deviation.

- Answers are reported on a 7-degree Likert scale in which lower score indicated more favorable perception.

Participants overall showed a moderate to high level of readiness for interprofessional learning. There were no significant differences found between trained workers and qualified professionals in overall RIPLS score.

Table 3: Difference in the readiness in different domain based on professional background (RIPLS)

Domains	Qualified (n=98)	Trained (n=104)	Mean diff.	t value	p value
	Mean (SD)	Mean (SD)			
Average score of Teamwork and collaboration	4.37(0.45)	4.58(0.46)	0.21	3.20	0.002*
Average score of negative professional identity	2.94(1.32)	2.15(1.11)	0.78	4.57	0.00*
Average score of positive professional identity	4.30(0.54)	4.46(0.71)	0.17	1.87	0.063
Average score of roles and responsibilities	2.19(0.79)	1.89(0.79)	0.30	2.71	0.01*
Total RIPLS Score	71.90(8.50)	71.17(7.97)	0.72	0.63	0.53

*** Statistically significant (p value < 0.05)**
SD: standard deviation.

- The total score of this scale ranges from 19 to 95 with higher scores indicating greater readiness for IPE.
- For the domains of teamwork and collaboration and positive professional identity, 5-point Likert scales (1 = strongly disagree and 5 = strongly agree) is used with higher scores indicating readiness for IPE.
- The answers for domain negative professional identity and role and responsibilities were given on 5-point Likert scales too and reverse scoring is done (1 = Strongly agree and 5 = Strongly disagree).

The study showed that healthcare professionals generally have a positive attitude towards collaborative practice. There were no significant differences between trained and qualified professionals in their attitude toward interprofessional collaboration.

Table 4: Difference in the attitude in different domain based on professional background (IPAS)

Domains	Qualified (n=98)	Trained (n=104)	Mean diff.	t value	p value
	Mean (SD)	Mean (SD)			
Total Teamwork, roles and responsibilities	3.95(0.67)	4.03(0.82)	0.08	0.81	0.419
Total Patient-Centeredness	4.29(0.77)	4.19(1.01)	0.11	0.831	0.407
Total Interprofessional Biases	3.73(1.01)	3.70(1.19)	0.04	0.231	0.82
Total Diversity & Ethics	4.33(0.81)	4.22(1.00)	0.11	0.837	0.403
Total Community-Centeredness	4.23(0.76)	4.13(0.87)	0.10	0.892	0.374

- All the items assessed through 5-point Likert scale ["strongly disagree" (1) and "strongly agree" (5)], higher score indicating positive attitude.

DISCUSSION

This study investigated the perception, readiness, and attitude of community healthcare professionals towards interprofessional collaborative practice. Despite some minor differences between qualified and trained professionals, the results show an overall favorable mindset toward teamwork. The overall favorable perception of interprofessional collaboration aligns with existing literature emphasizing its benefits for patient care and staff well-being (Schwarzkopf et al.; Ali Mohammed et al.). [11], [12] However, the statistically significant difference in perception between qualified and trained professionals, with trained workers exhibiting more favorable views, warrants consideration. This difference could be attributed to several factors. Louwen et al. suggest that qualified professionals may possess personality traits, such as higher dominance, that can sometimes hinder collaborative practices.[13] Furthermore, traditional healthcare education, often focused on individual achievement and exam performance,[5] may provide limited exposure to interprofessional collaboration for qualified professionals, potentially contributing to less favorable perceptions (Soko et al.; Price et al.).[14] Conversely, trained healthcare workers, often integrated into community settings and working closely with other professionals from diverse backgrounds, might develop a greater view towards collaborative practice through practical experience.

The moderate to high readiness for interprofessional collaboration, as indicated by the RIPLS scores, reflects a growing recognition of the importance of collaborative skills (Saragih et al.).[15] The absence of a significant difference in overall RIPLS scores between qualified and trained professionals, despite differences in sub-scales, suggests that while their specific areas of readiness may vary, their overall willingness to engage in collaborative practice is comparable. As many qualified professionals likely had traditional methods of learning and education which could have promoted the growth of a highly individualistic work ethic and culture, thus making it more challenging for some people to adjust to an interprofessional collaboration. [16] Therefore, greater readiness for teamwork and collaboration is seen among trained healthcare workers. In contrast, the higher negative professional identity scores among trained workers might reflect their experiences with role ambiguity or perceived undervaluation within interprofessional teams, as strong identification to one's own professional group can cause biases and conflicts in interprofessional healthcare teams, particularly when roles are unclear or overlap.[17] The stronger sense of roles and responsibilities observed in qualified professionals suggests that qualification under particular discipline gives clear understanding of individuals' professional responsibilities.

The lack of significant differences in interprofessional attitudes between qualified and trained professionals may be a positive

sign, suggesting a shared commitment to collaborative values. This could be attributed to the frequent interprofessional interactions facilitated by regular team meetings and training within primary healthcare settings (Ansa et al.). [18] The consistent patient-centric approach across both groups indicates a shared understanding of patient needs, regardless of professional background. Similarly, the shared commitment to diversity, ethics, and community-centeredness suggests that both formal qualification and professional training instill these core values in healthcare practitioners.

CONCLUSION

This study concluded that all the healthcare professionals working in community settings have positive perception, readiness and attitude towards collaborative practice. When "Trained" and "Qualified" healthcare groups were compared, it reflected that trained healthcare workers had more favorable perception towards collaborative practice. Both the groups show equal amounts of readiness and attitude towards inter-professional collaboration in the community.

Declaration by Authors

Ethical Approval: Approved

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