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FACTORS AFFECTING INTERDISCIPLINARY APPROACH TO PATIENT CARE AT VIHIGA COUNTY REFERRAL HOSPITAL
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FACTORS AFFECTING INTERDISCIPLINARY APPROACH TO PATIENT CARE AT VIHIGA COUNTY REFERRAL HOSPITAL

M. Dagala, C. Nyamwange, H. Muroki, Z. Rop and A. Wawire

ABSTRACT

Background: **Interdisciplinary collaboration is a vital phenomenon to healthcare providers and patients. The level of collaboration that takes place among providers can directly impact patient outcomes. Increase in teamwork among the healthcare workers across all cadres can lead to a better patient care as compared to only one cadre depending on itself.**
Objective: **To identify factors affecting interdisciplinary approach in patient care at Vihiga County Referral Hospital.**
Study Design: **A descriptive cross-sectional study**
Study Setting: **The study was carried out at Vihiga County Referral Hospital (VCRH).**
Study Subjects: **All healthcare givers from 13 disciplines that is, nursing, medicine and surgery, clinical medicine, dentistry, pharmacy, laboratory, nutrition, physiotherapy, occupational therapy, psychiatry, public health social work and imaging department.**
Results: **Majority (96.43%) of the respondents were aware that interdisciplinary approach in patient care is important and necessary for better patient care. The remaining 3.57% were not aware of the interdisciplinary approach in patient care since they do not practice it. About 14.26% agreed to cooperate with each other while working as a team, 21.43% reported to cooperate occasionally, 32.14% reported to cooperating most of the time and 35 % reported cooperating always while working as a team. 42.86% reported to be comfortable working with each other while 7.14 reported to be rarely comfortable. 42.86% agreed to have excellent communication always with their team members, patients and their families**

while 3.6% reported to rarely have excellent communication with their team members, patients and families. 53.6% reported to negotiate differences of opinions most of the time 46.4% agreed to negotiate differences of opinions among the team members when they arise while 7.14% reported to rarely negotiate differences of opinions. 46.4% reported to encourage each other, patients and their families to use the knowledge and skills that each of them can bring in developing plans of care.

Half (50%) of the respondents reported to always encourage and support open communication, including the patients during team meetings while 28.6% reported to occasionally do so. 53.6% of the respondents reported to always understand that they shared knowledge and skills between health professions as 25% reported that most of the time they do so.

Conclusion: **Majority of the VCRH healthcare givers are aware of the interdisciplinary approach in patient care and its importance. The challenge is how to in-cooperate it into the system. From the study, it was evident that the facility has the potential of achieving IDA in patient care if the barriers are addressed. These can be achieved if all the stake holders are brought on board regardless of the cadre. This will improve the standard of patient care in line with the WHO guidelines.**

INTRODUCTION

Interdisciplinary refers to a group of people with different educational backgrounds bringing their complementary skills together to bear on a problem or task (Kelly L, 2005). The IDA occurs when different healthcare providers bring their complementary skills to bear on a health problem with the focus being the patient (Lori F, &Barbara F, 2017). The interdisciplinary approach is needed in patient care since care requires different knowledge and resources for it to be effective. This involves different disciplines coming together with the focus put on the patient's problem. The interdisciplinary approach affects both the healthcare providers and the patients positively. For instance, the health care providers share their skills which lead to improvement of the skills and knowledge among each other hence better outcomes to the patient (Lori F, &Barbara F, 2017).

Interdisciplinary collaboration is a vital phenomenon to healthcare providers and patients (1). The level of collaboration among healthcare providers can directly impact patient care and outcomes (2). Joint Commission reported that almost 70% of patient adverse events cite lack of collaboration and communication between health care providers (3). Patient care can be improved through partnership, cooperation, coordination and shared decision making among all medical cadres. A breakage in this rationally determined subscales leads to poor services offered to patients (4).

Other studies report that the inter-professional team cooperation can lead to healthy workplace, reduce time spent on waiting for services by patients, misdiagnosis and even mismanagement of patients (5). When all teams come together with the focus put in patient care rather than the different cadres and who can do better than the other

that is when the good healthcare standards will be met in our institutions (6). This may strengthen collaboration, however, when challenges are managed in an unproductive manner, it negatively impacts work.

The purpose of this article is to explore the factors that affect the interdisciplinary approach in patient care. The focus is put on the healthcare providers who are most of the time in contact with the patients.

MATERIALS AND METHODS

Study Design: A descriptive cross-sectional study design was employed in this study.

Study Setting: This study was done in Vihiga County Referral Hospital. VCRH is located in Vihiga County in western part of Kenya. It is one of the four counties in the former Western province of Kenya. The county has five constituencies namely Luanda, Emuhaya, Hamisi, Sabatia and Vihiga. The county's population stands at 612,000 with an annual population growth of rate of 2.51%.

Target population: The study targeted all the healthcare givers from 13 disciplines which included Medical and Surgical wards, Laboratory, Physiotherapy, Pharmacy, Dentistry, Occupational therapy, Public Health, Social work, Nutritional, Paediatrics, MCH, Radiology and Obstetrics and Gynaecology

Study population: Forty (40) healthcare givers from different cadres and departments.

Eligibility criteria: Inclusion criteria for participation in the study were willingness to participate and have worked in the same department not less than two months. Exclusion criteria were those on locums and students.

Sample technique: Purposive sampling technique was used to include participants from the relevant disciplines who were on duty at the time of study. Questionnaires were administered to the representative healthcare givers across the 12 disciplines.

Sampled population: Twenty-eight respondents returned completed questionnaires, representative of all the disciplines in the target population apart from pharmacy.

Data collection tool and technique: Data were collected using self-administered questionnaires. The questionnaire was adapted from the Orchard and Curran "a partnership between a team of health professional and a client in a participatory, collaborative and coordinated approach to shared decision-making around health issues" (2003).

Data analysis: The data were systematically analyzed based on the four major subscales outline in the questionnaire that is Partnership which has 14 items, Cooperation with 15 items, Coordination with 7 items and Shared decision making with 12 items. It was thereafter analyzed using the Microsoft excel software to calculate percentages and frequencies. The information was presented both in prose, tables, graphs and pie charts.

Ethical consideration: Permission to carry out research was obtained from the county chief medical officer for health Vihiga County, medical superintendent, hospital administrator and Moi University College of Health Sciences. The research consent form was filled and signed by all those who participated in the study and counter signed by the researcher. Confidentiality of the respondents was assured, and they were not allowed to write their names in the questionnaires rather a serial number was used.

RESULTS

Twenty-eight respondents returned completed questionnaires, representative of all the disciplines in the target population apart from pharmacy. This was equal to 80% of the target population. Of the 28 respondents, 17 were men representing 60.71% while women were 11, representing 39.29%.

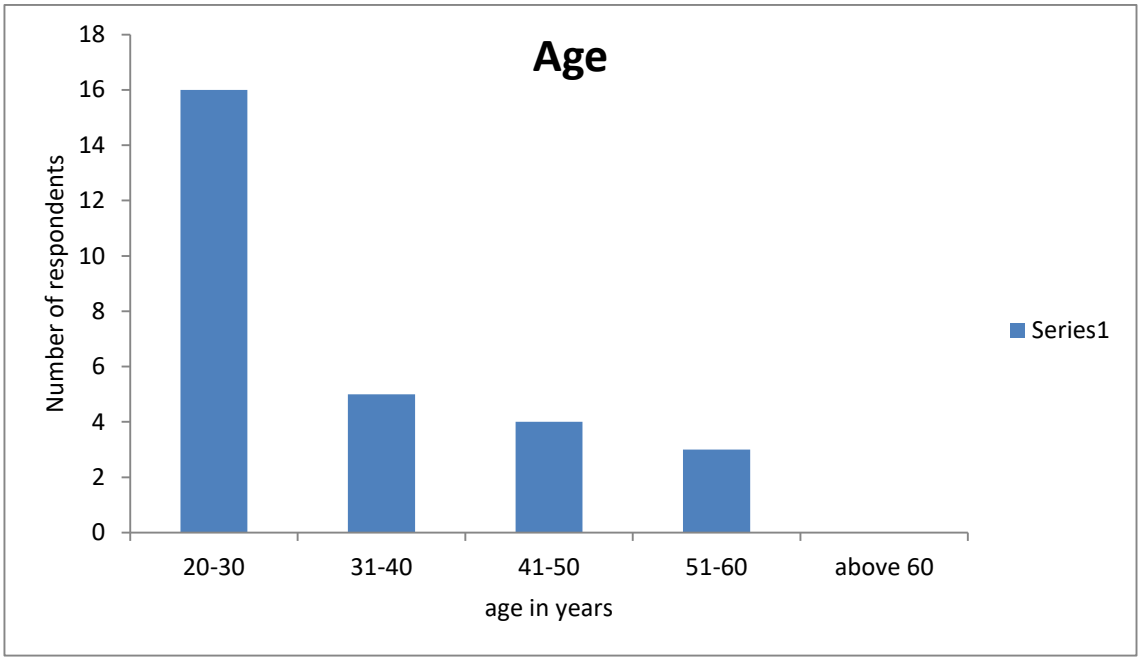

Figure 1: Age

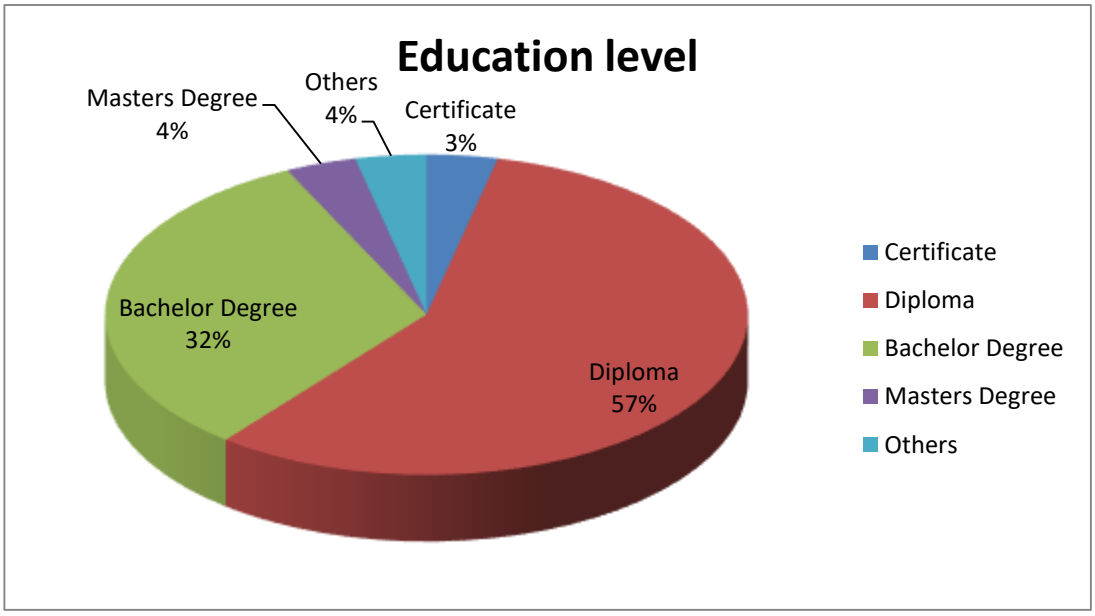

Fig 2: Educational level

Table 1

Distribution of respondents as per disciplines

Disciplines categories	Number of respondents
Physicians	4
Nurses	6
Physiotherapy	3
Occupational therapy	2
Laboratory	1
Dental	1
Pharmacy	0
Nutrition	2
Social worker	2
Public health	2
Clinical medicine	4
Psychiatry	1

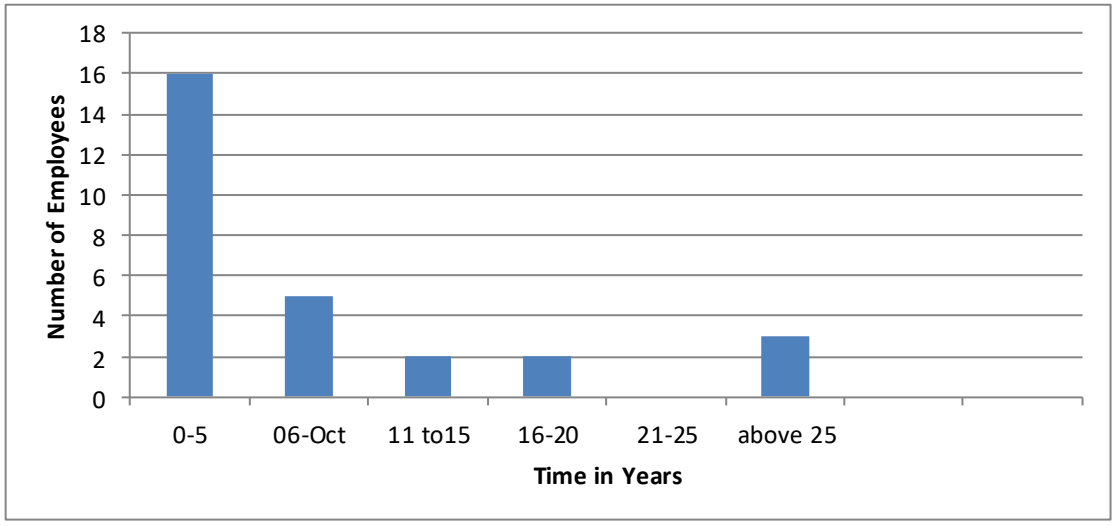

Figure 3: Work Experience

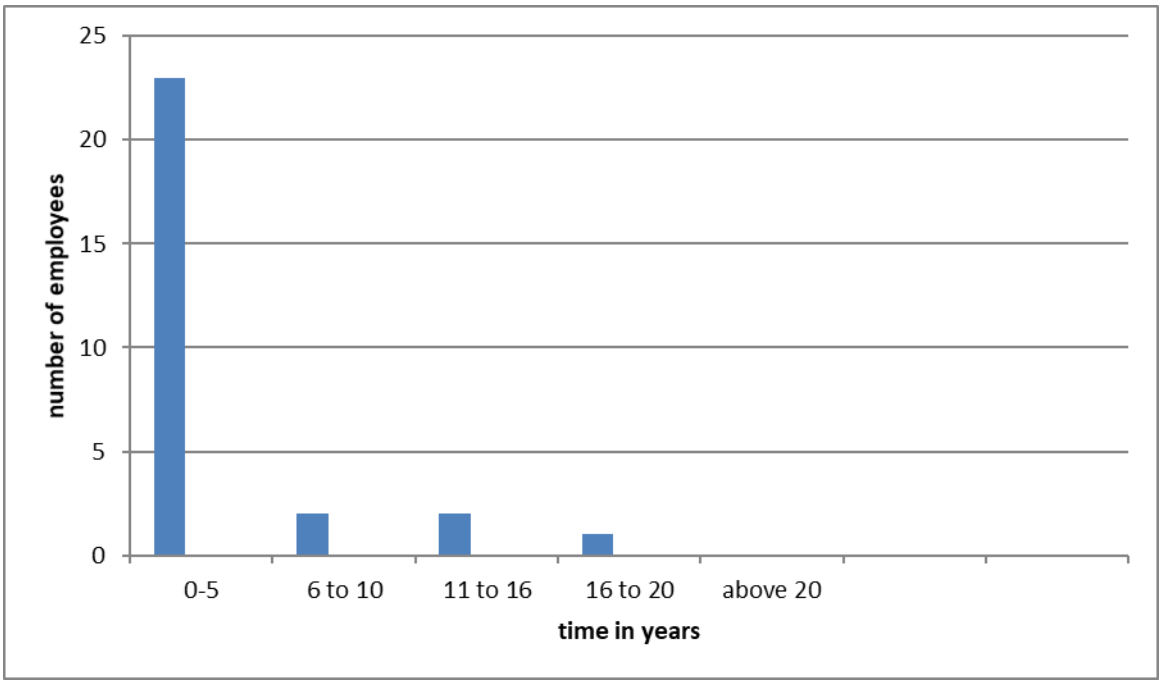

Figure 4: Years with your current team

Interdisciplinary Approach in Patient care

Awareness of interdisciplinary Approach: 96.43% of the respondents are aware that interdisciplinary approach in patient care is important and necessary for the better care of the patient. The remaining 3.57% are not aware of the interdisciplinary approach in patient since they don't practice it occasionally of the time.

Partnership

Co-operation: Partnership entailed various items while working as a team. This included the cohesiveness among team members, help and support each other, respect and trust each other among many others. From the results, 14.26% agreed to rarely share the power with each other while working as a team, 21.43% reported to share the powers occasionally, 32.14% reported to share powers most of the time and 35 % reported to be sharing powers with each other always while working as a team.

Comfortable working with each other: 42.86% reported to be comfortable working with each other while 7.14 reported to be rarely comfortable.

Communication within the team: 42.86% agreed to have excellent communication always with their team members, patients and their families while 3.6% reported to rarely have excellent communication with their team members, patients and families.

Resolving differences: 53.6% reported to negotiate differences of opinions most of the time 46.4% agreed to negotiate differences of opinions among the team members always when they arise while 7.14% reported to rarely negotiate differences of opinions.

Encouraging each other: 46.4% reported to encourage each other and patients and their families to use the knowledge and skills that each of them can bring in developing plans of care.

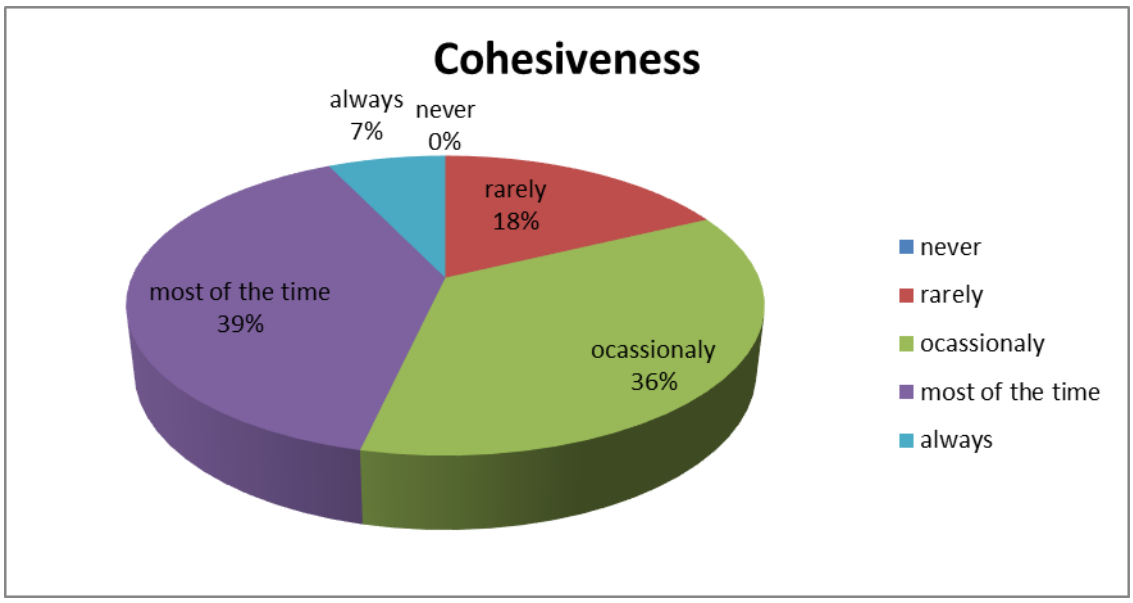

Figure 5: Cohesiveness

Agreement on goals: A third (39.3%)of the responders reported to always establish agreements on goals for each patient they care for while 7.14% reported to rarely establish agreements on goals with the patients.46.4% of the responders had a sense of belonging to the group whereas 14.26% reported to occasionally have a sense of belonging to the group.

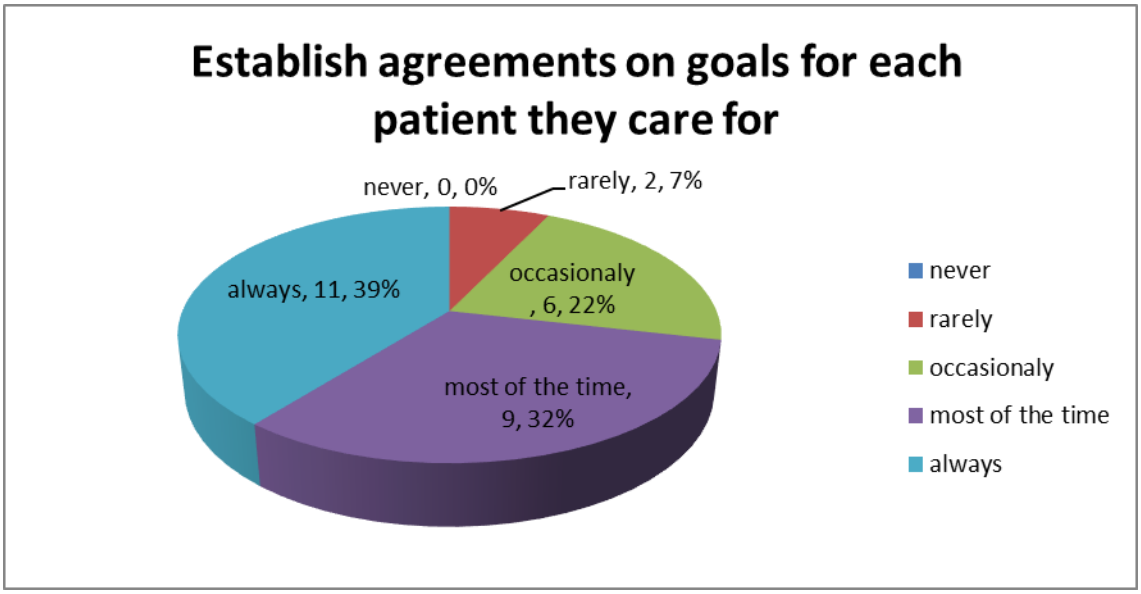

Figure 6: Establish agreements on goals for each patient they care for

Cooperation: Cooperation entailed 15 items of which some included, selecting the leader for the team, taking the responsibility for care within their scope of practice, listening to the wishes of the patients when determining the process of care chosen by the team, feel

satisfied with the outcome of conflict management among others.53.6% of the respondents agree to select a leader to their team always while dealing with the patient as 10.7% said they rarely select a leader. 39.3% reported to take responsibility for care of the patient within their scope always. 10.7% rarely do, as 42.8% do it most of the time though not always.

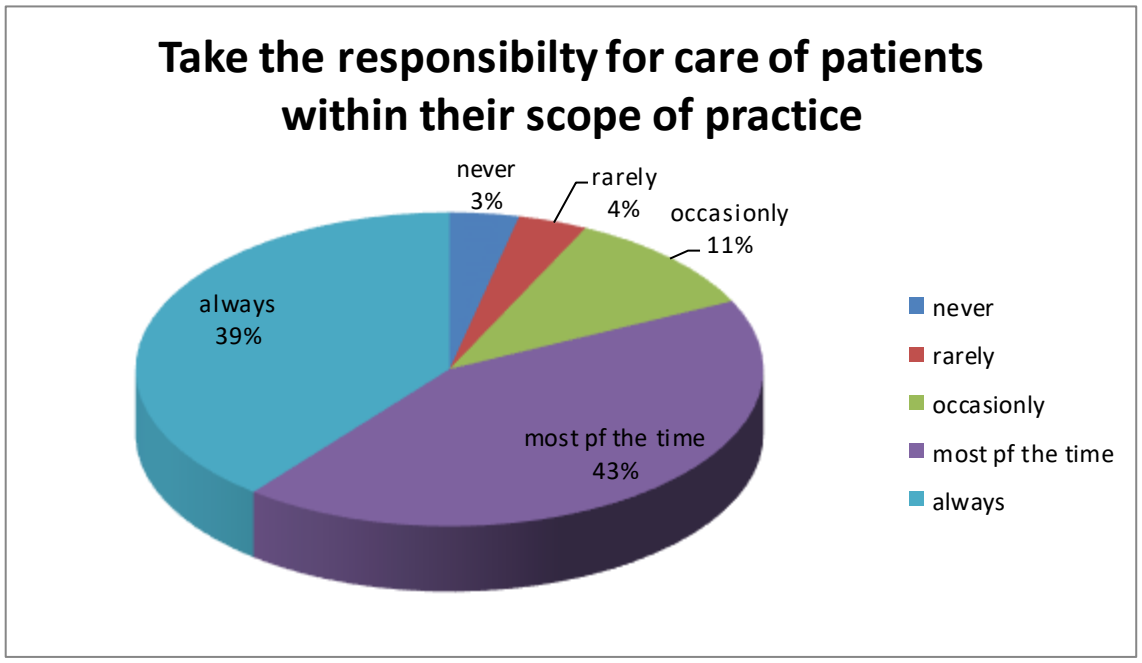

Figure 7: Take the responsibility for care of patients within their scope of practice

Communication: 50% of the respondents reported to always encourage and support open communication, including the patients during team meetings while 28.6% reported to occasionally do so. 53.6% of the responders reported to always understand that there are shared knowledge and skills between health professions as 25% reported that most of the time that do so. 67.8% reported to always put the focus of teamwork to consistently be the patient.

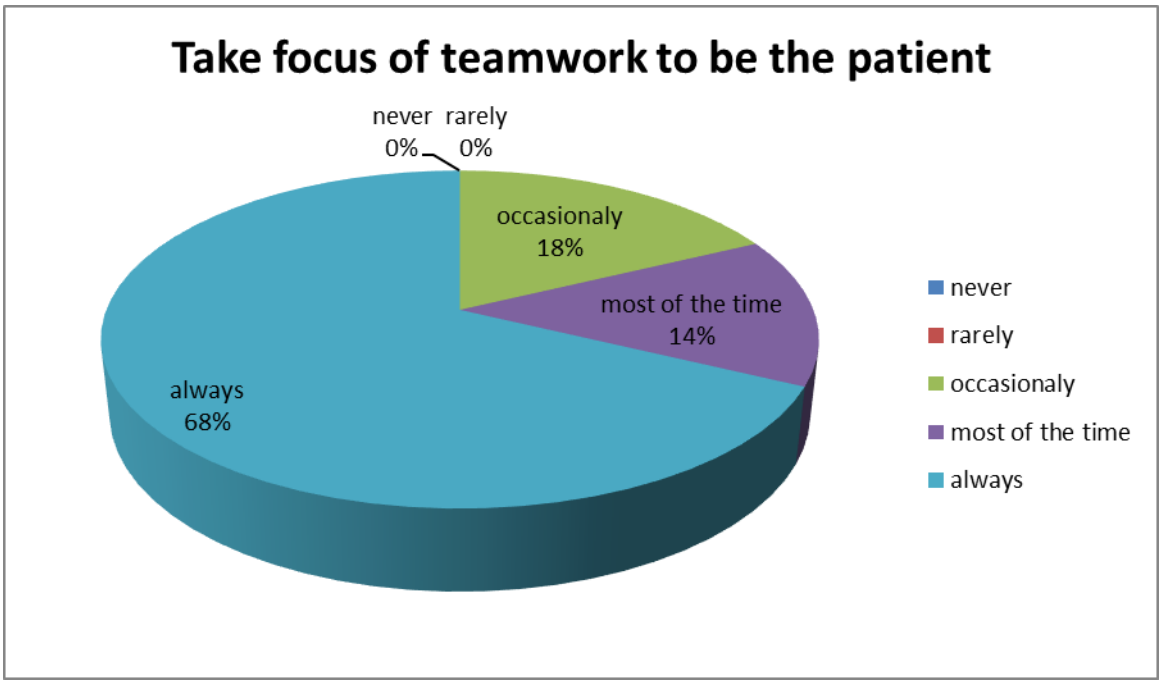

Figure 8: Take focus of teamwork to be the patient

32.1% said they rarely discuss each other professional roles while only 25% reported to always do so.

Coordination: Coordination involved various items which entailed coordination among the team members while taking care of the patient. 35.7% of the respondents reported to always meet and discuss patient care on regular basis whereas only 7.1% said they rarely do so.

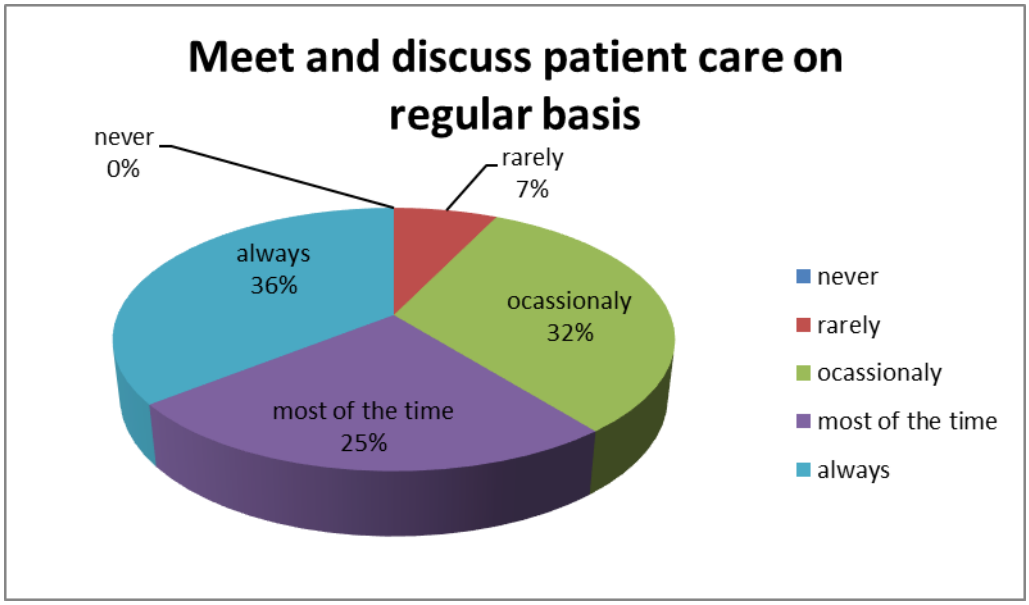

Figure 9: Meet and discuss patient care on regular basis

On the support from the organization for teamwork, 25% reported that there is always support, 35.7% most of the time, 14,1 rarely and 3.6% reported that there is never support from the organization. 42.8 reported that there is always a consistent communication with team members to discuss patient car, 28.57% reported to do so most of the time as 14.2% reported to rarely.

Shared Decision-Making: 42.8% of the respondents reported to involve all members of their team in goal setting for each patient while 3.6% said they never do so.

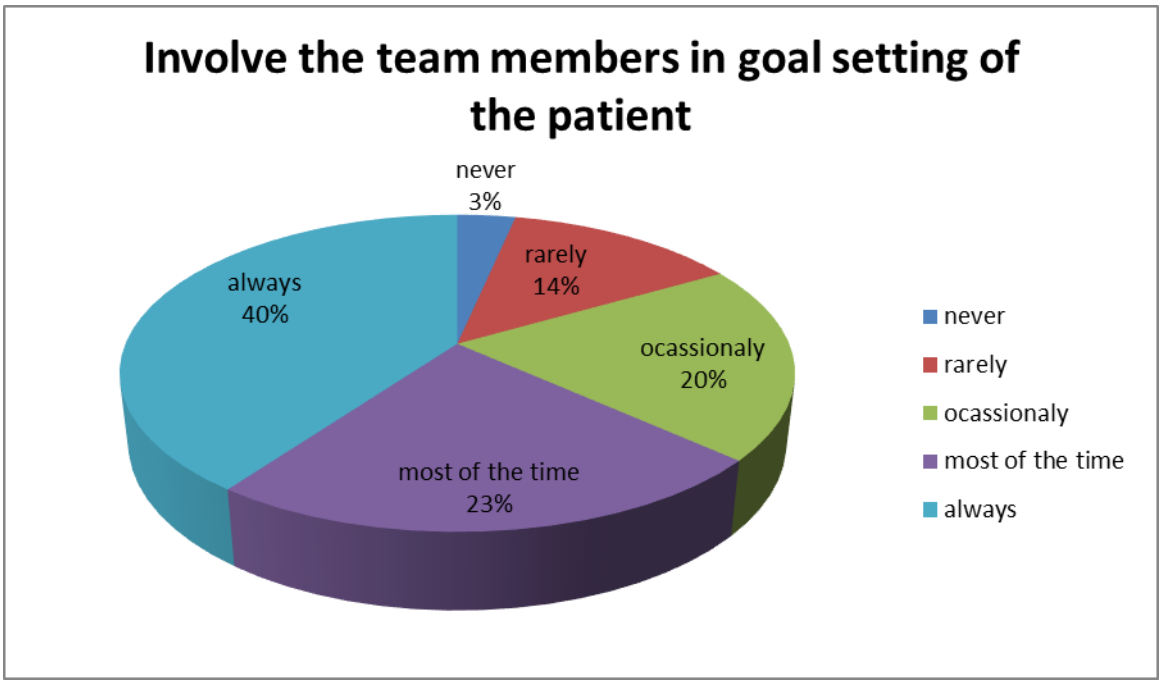

Figure 10: involve team members in goal setting of the patient

Half (50%) of the respondents are committed to the goals set out by the team, 28.5% do it most of the time, and 14.3% rarely are committed to the goals. 46.4% agree to jointly communicate plans for patient care, 21.4% most of the time do so, which was equally the same as those for occasionally as only 14.3% said they rarely do so. 28.5% of the respondents agreed to always divide the goals that team members have made equally among themselves as 7.1% rarely do so. 46.4%of respondents said the team members are held accountable for accepted tasks and responsibilities by each other with only 7.1% rarely doing so.

DISCUSSION

The total number of respondents was 28 representing 80% of the total respondents. Of this, 60.7% were male while the rest 39.29% represented the females. More than half (57.14%) of the respondents were within the 20-30 years of age while 50-60 being the least. This shows majority of the care givers in the clinic are youths. Majority (59%) of the care givers in the facility were of diploma level of

Education followed by the bachelor's degree holders at 33%. There were very few specialists in various cadres representing 3% of all the respondents. VCRH being a county referral hospital requires more specialists in various cadres for better service delivery as recommended by the World Health Organization. Under the different cadres, nursing was the leading at 21% followed by the clinical medicine and physicians as 14%. Physiotherapy and dental reported to have few staffs with only four physiotherapists and one dentist in the whole hospital. According to the requirement by the ministry of health this is a very low number compared to the number of patients at the facility (7).

From these professional features, the facility is doing well and utilizing the resources that it has. However, there is a need to increase the specialists and also to try increase the level of qualifications for various cadres .There is a need to increase the number of the care givers in some departments like dental and physiotherapy for better service delivery and to meet the required standards by the ministry of health (Supper, Irene & Catala., Oliver & Lustman, M & Chemla., C & Bourgueil & Yann & Letrilliart, Laurent, 2014)

To assess this, four different subscales were used which included the partnership, cooperation, coordination and shared decision making. Each of these subscales had different items to be assessed as shown in the results. From awareness of IDA, 96.43% of the respondents reported to be aware of the IDA and teamwork in patient care while the other 3.57 were not aware of it. From the results, there was a big gap when it came to practice the IDA. This can be related to other studies done in different places (Collins, 2005(9). This is clear in the results collected in various subscales.

Under partnership the results were, 14.26% agreed to rarely share the power with each other while working as a team, 21.43 reported to share the powers occasionally, 32.14 reported to share powers most of the time and 35 % reported to be sharing powers with each other always while working as a team. 42.86% reported to be comfortable working with each other while 7.14 reported to be rarely comfortable. This shows there is moderate partnership among the care givers when dealing with the patients. This raises a concern since teamwork is very key when it comes to patient care (10). IDA starts with the ability to partner with others. Having good help and support from each other, respect and trust each other as they work, establish agreements on goals for each patient we care for among others. When this is enhanced it becomes easy to work within a team (11).

Cooperation on the other hand entailed items like including patient in setting goals for their care, select the leader for the team, encourage and support open communication including the patient, cooperate with the clients and relatives in adjusting care plans and openly discussing each other professional roles. .53.6% of the respondents agree to select a leader to their team always while dealing with the patient as 10.7% said they rarely select a leader. 39.3% reported to take responsibility for care of the patient within their scope always.10.7% rarely do, as 42.8% do it most of the time though not always. From these results there is a need to increase cooperation among the patients, other professions and relatives in order to enable IDA to work well. The level of cooperation is still low in VCRH and this can be attributed to low communication among different departments (9).

Coordination involved various items which entailed coordination among the team

members while taking care of the patient. 35.7% of the respondents reported to always meet and discuss patient care on regular basis whereas only 7.1% said they rarely do so. Most of the care givers reported that there is poor coordination between different departments hence hindering service delivery in IDA. This being a county referral hospital it is expected to have good coordination for the better results. This is hindered by different departments slowing down the process, hence affecting the whole chain. From studies done by other scholars, teamwork requires a lot of coordination for it to work effectively (JG Baggs, MH Schmitt, AI Mushlin, DH Eldredge, D Oakes, and AD Hutson, 1997)

42.8% of the respondents reported to involve all members of their team in goal setting for each patient while 3.6% said they never do so. Shared decision making is key in IDA .this involves team members re-evaluating the effectiveness of their collaborative practices, involving everyone in goal setting, involving the patient in decision making of the care, team members agreeing to communicate plans for patient care (EICP, 2005). From the results this was slightly low with most of them reporting to occasionally doing so.

These results show that different factors affect the IDA in patient care. These include the coordination among the staffs, partnership in various areas, cooperation, decision making and even support from various departments (Ijeoma, Okoronkwo L; John, Anieche E; Anthonia, Chinweuba U; Afam, Ndu C, 2013). It is evident that most of these subscales are not achieved fully

CONCLUSION

Majority of the respondents were of the young age that is between 20 to 3o years with little experience in their teams. Male gender constituted most of the respondents. It was also evident that most of the respondents were of the diploma category with only 3% representing the specialists. Majority of the VCRH healthcare givers were aware of the interdisciplinary approach in patient care and its importance. The challenge is how to in-cooperate it into the system. From the study, it was evident that the facility had the potential of achieving IDA in patient care if these barriers were addressed.

From the results and findings, it was evident that lack of proper communication, respect, trust, negotiated differences, establish agreement on goals for each patient, include patient in decision making of his/her care, understand the boundaries of what each other can do, openly discussing each other's professional roles and sharing ideas to be the factors limiting the application of the IDA in VCRH. This shows that there is a need to in-cooperate IDA for the better service provision to the patients at VCRH and the whole country at large. These results represent what happens in many hospitals in Kenya hence raising the alarm for change.

It was evident from the results that people holding on to their cadres and the past way of patient care limited the IDA in VCRH. This was also boosted by poor coordination and communication among the staffs. This calls for bringing everyone on board and looking for the future of patient care rather than the past ways of care for VCRH and Kenya at large to achieve competent IDA.

RECOMMENDATIONS

Ensure proper communication and coordination among the health care workers in order to achieve the competent IDA in patient care. Create awareness and understanding of the IDA among all health

care providers and patients in order to encourage IDA. Encourage the continuous medical education and seminars on the effectiveness and importance of the IDA in patient care.

Ensure common and clear understanding of healthcare delivery structures and processes within the hospital to enhance cooperation among health workers. Build a proper way of solving differences among health care givers to avoid competition among the different professionals that may

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