

# **Definition of the term ‘interprofessionality’ in healthcare in the Swiss context**

## **Summary of the final report**

On behalf of the Federal Office of Public Health

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## Summary

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### Subject, goal and questions addressed

Interprofessionality is regarded as an important way of ensuring effective, patient-centred, efficient and high-quality healthcare. It has two complementary elements: interprofessional education on the one hand and interprofessional collaborative practice (IPC) on the other. There are various indications that the term 'interprofessionality' is interpreted and used differently in science and in practice. The concept is also related to other health policy concepts (e.g. integrated or coordinated care, task shifting) and professional theoretical aspects (inter- and transdisciplinarity; multi-professionalism, etc.), although the boundaries are not always clear. Various interpretations of the same term can be a hurdle for concrete interprofessional collaboration and for the use of existing instruments, but also make technical and political discussions about the further development of the organisation of health care more difficult, because the stakeholders involved may associate it with diverging attitudes, claims, goals or demands.

Against this background, the present study should help to clarify and analyse the various interpretations of the terms interprofessional education and professional practice among those involved in education and professional practice in the Swiss health care system. The results should help the FOPH to take a clear position on understanding the term and to initiate health and education policy discussions with the relevant partners in order to promote effective, patient-centred and high-quality interprofessional health care.

### Methods

In this study three empirical building blocks build on each other. Based on a *literature analysis*, various interpretations, usages and defining elements of the term 'interprofessionality' were identified and the term was differentiated from other similar concepts. This analysis mainly included concept reports and baseline studies in the Swiss context. Telephone *expert interviews* were carried out with seven selected specialists from the fields of professional practice and education. These revealed further aspects of interprofessionality, discovered potential problems arising from different interpretations, and helped to clarify the boundaries of interprofessionality. In order to obtain a comprehensive picture of how the concept of stakeholders in education and professional practice is understood in the Swiss healthcare system, a third step was followed with a broad and open *online survey* of stakeholders in education and professional practice in the Swiss healthcare system. A total of 496 individuals and organisations were invited to take part in the survey. 350 people completed the survey in full, and their contributions were included in the analysis.

## Results

### Definition of terms

**How are the terms 'interprofessional education' and interprofessional collaborative practice' interpreted by involved stakeholders in Switzerland?**

**To what extent are there differences in the interpretation of interprofessionality between the stakeholders who were surveyed and the WHO definition? For example, can the WHO definition be supplemented or made more specific?**

**Are there majority opinions, and if so, what are they?**

The WHO definition of interprofessionality has been influential in Switzerland. According to this definition, interprofessionality comprises two complementary elements: *interprofessional education* of health professionals creates the basis for successful *interprofessional collaborative practice*. A large majority of the survey participants supports this complementarity.

According to our survey, the prevailing understanding of interprofessional practice in Switzerland is characterised by the following characteristics, which must be seen as a whole:

- Members of different professional groups collaborate with one another with regard to patient care; they do not work independently of one another.
- The participants interpret information and make decisions together.
- Collaboration leads to results that no single professional group could achieve on its own.
- The various professions work together on an equal footing, and the roles of those involved are clarified together.
- Patients are involved.

This means that the form and content of the collaboration are important defining features of interprofessionality. The features that have been mentioned also help to highlight the distinction between interprofessionality and other terms and concepts.

A large majority of the respondents felt that education is only interprofessional if people from various professional groups are taught together *and* content is oriented towards enabling interprofessional collaboration.

**To what extent do the relevant stakeholders differentiate the concept of interprofessionality from other concepts?**

The expert interviews and the online survey both show that some of the professionals who were questioned find it difficult to distinguish interprofessionality from other related concepts. There are also different distinctions between the concepts in the specialist literature, showing that the concept is not uniformly understood. Two basic ways of understanding were identified. One is a narrow interpretation in which interprofessionality is regarded as one of several degrees of intensity of cooperation and distinguished from other degrees, whereby different designations for these degrees of cooperation can be found in the literature. The other is a broad interpretation, in which

these different degrees of cooperation are simply regarded as different degrees of interprofessionality.

Most respondents differentiated between interprofessionality and interdisciplinarity. However, it seems more difficult to distinguish between interprofessionality and task shifting (transferring tasks from one professional group to another). The literature does not clearly distinguish these two concepts as well.

### *Detailed analysis*

#### **What patterns can be observed in these various interpretations?**

##### *Differences between professions*

Both the literature analysis and the expert interviews indicated that differences in understanding of the term 'interprofessionality' could be expected among various professional groups. Analysis of the online survey confirmed this expectation. For example, doctors, nurses, lecturers and researchers attribute different importance to aspects such as joint decision-making or clarifying roles for characterising interprofessionality.

##### *Differences between language regions*

No differences in understanding of terms were found between the language regions of Switzerland in the expert interviews or the online survey.

##### *Differences between settings*

Various studies report different understanding of terms according to the setting. The configuration of interprofessional collaboration depends on the structure, processes and financial framework of the setting. The interviewed experts also noted such differences. In order to approach this aspect, in the analysis of the online survey the interpretation of terms was compared between three groups, namely persons working in the inpatient sector in hospitals, in medical practices and in educational institutions. Many statements revealed differences between the groups, but these were usually minor.

##### *Differences between top-down and bottom-up perspectives*

In one interview statement it was mentioned that umbrella associations sometimes use the term 'interprofessionality' in an instrumentalised form in order to give weight to certain requirements, and also to represent positions other than those of their members. Several people pointed out that there is hardly any meta-discussion about terms and their meanings in everyday professional practice, but that practical topics are of greater interest. Both of these points suggest that there are differences in the understanding of the term. The online survey showed that societies and associations tend to have a differentiated conception of interprofessional cooperation, and assess its usefulness more critically than professionals.

### *Further differences*

With regard to the importance of the role of patients in interprofessional collaborative practice (IPC), both the reviewed literature and the expert interviews revealed differences. While inclusion of patients is sometimes seen as a constitutive component of IPC, this aspect does not play a role in studies or considerations about the operating modes of interprofessional teams and collaboration within teams.

#### **Which problems arise from the different interpretations?**

In general, this study found no indications of problems due to different interpretations of the term 'interprofessionality'.

### *Prospects*

#### **Given the various interpretations, can be deduced in which settings or situations, and in relation to which services and professional groups, active promotion of interprofessionality would be most urgent (taking into account changes in vocational fields and in profiles of professions)?**

It is not clear from the various interpretations where active promotion of interprofessionality is required. There are settings and situations in which high-quality care can be guaranteed without interprofessional collaboration or where IPC is not the most suitable approach (e.g. in less complex, clearly defined therapeutic situations or in emergency settings where quick decisions are required). This is illustrated by the expert interviews as well as the online survey. In principle, there is a need for support in settings and activities in which IPC is of great benefit, but where important characteristics are not taken sufficiently into account, or in which the effects of IPC are negative.

## **Conclusion**

The aim of this study was to refine the definition of interprofessionality in order to provide a basis for further development of the topic of interprofessionality and its incorporation into a broader healthcare policy context. The following sections provide considerations for this purpose derived from the results of the study.

***Different perspectives of the term 'interprofessionality' explain differences in the understanding of the term.*** Our analysis shows that there are different understandings of terms, both in the literature and in practice, and that various aspects are referred to or emphasised for defining interprofessionality. Three perspectives of the concept of interprofessionality can be derived from our study and help to explain these differences.

- **Metaperspective:** From this perspective, an attempt is made to define or describe the concept of interprofessionality as generally as possible. This perspective is usually used in studies that deal with the concept as such.

- **Practical perspective:** This perspective is usually used by people working in professional practice. They use their everyday work to describe how they perceive interprofessionality and how it is experienced to define the term. Their perspectives vary greatly because their backgrounds (e.g. their professions or settings) may be very different.
- **Political perspective:** A more political perspective uses the term to express requirements or goals that are to be achieved by the (increased) use of interprofessionality.

Given these different perspectives, it is difficult to identify a definition that is shared equally by all stakeholders in the healthcare sector.

***Identification of core characteristics can drive further development of the topic of interprofessionality.*** In the literature and in practice, various core characteristics are often used to clarify the definition of interprofessionality used by the WHO and the FOPH. A distinction must be made between two different types of core features, from which two complementary approaches can be derived in order to advance development of the topic of interprofessionality.

- **Core features** of interprofessionality can serve to sharpen the concept and differentiate it from other forms of cooperation. The focus of this study was to identify these characteristics (see characteristics listed in the definition of terms).
- **Prerequisites** for interprofessional collaboration (e.g. questions of attitude in cooperation; personal characteristics of professionals; aspects of team organisation and group dynamics; institutional framework; legal framework, etc.) do not help to delimit interprofessional collaboration more clearly from other forms of collaboration. However, they do suggest possible starting points for promoting interprofessionality; support in realising these factors in teams, organisations or settings creates framework conditions that are conducive to interprofessional work.

***Interprofessional education lays a foundation for IPC:*** Interprofessional education plays an important role in promoting interprofessionality. IPC is widely recognised as the basis for successful interprofessional collaboration, as it provides the professionals involved with the necessary knowledge, qualifications and approaches.

***Promotion of interprofessionality must take into account differences that are specific to the setting:*** There is probably no universally valid recipe for advancing the further development of IPC. The literature clearly shows that the framework conditions for interprofessionality, their suitability and their specific characteristics differ according to the setting. The circumstances of these settings must therefore be taken into account in measures for advancing development.