


Chapter 7

Implementing Team– Based Healthcare: Facilitators and Barriers

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ABSTRACT

This study aims to identify factors that influence inter-professional collaboration (IPC) through text mining. While initial analysis using Co-occurrence networks captured the relevance of many words, it proved too complex to interpret. To address this issue, the researchers introduced coding rules to simplify the visualization of textual data and identified key concepts that support effective collaboration. In addition, correspondence analysis revealed significant differences in perceptions of collaboration based on professional roles and years of clinical experience. The finding underscores the importance of diverse perspectives within the healthcare team. While recognizing the limitations of text mining, our study recommends its use as a valuable complement to traditional quantitative approaches to understanding complex IPC structures.

INTRODUCTION

Many research reports on inter-professional collaboration (IPC) have shown positive results for healthcare in general. For example, in a systematic review, Reeves et al. (2008) reported the impact of interprofessional collaboration on healthcare processes and patient outcomes. Similarly, in a systematic review of IPC, Tsakitzidis et al. (2016) reported on the effects of interprofessional collaboration in elderly care.

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Esperat and colleagues (2023) reported on the effect of IPC in chronic disease and showed that when different professionals work together to care for patients, improved health outcomes and follow-up rates are seen, indicating that ongoing IPC allows for patient oversight, patient education, and implementation of treatment plans. These studies show that IPC is essential in improving the quality and effectiveness of health care.

It has been reported that when various professionals work together to provide integrated care, they can improve patient health outcomes and treatment effectiveness, decrease hospitalization rates, and reduce health care costs. For example, according to Tsakitidis et al. (2016), interprofessional collaboration (IPC) has generally had a positive impact on elderly care. In particular, significant improvements were reported in areas such as communication within the team, satisfaction among professionals and patients, and the quality of care. At the patient level, outcomes included reduced pain, fewer falls, improved quality of life, increased independence, shorter hospital stays, and lower mortality rates. However, the impact on costs was not consistently reported. However, these systematic reviews (Esperat et al., 2023; Reeves et al., 2008; Tsakitidis et al., 2016) state that it takes time and effort to obtain significant results on the effectiveness of IPC and that it is difficult to conduct uniform research on the effects of IPC. Therefore, it is essential to understand the behaviors and attitudes of individual team members in order to implement IPC. Zwarenstein et al. (2009) report that it is difficult to generalize how IPC affects healthcare and to what extent improved collaboration contributes to patient outcomes and suggests the need for qualitative research. It is difficult to generalize because the organizational climate and culture of health care institutions are diverse. Therefore, causes need to be investigated individually to guide them in a more positive direction. Lindqvist et al. (2005) studied the attitudes of team members when healthcare professionals from different professions collaborate to provide care and found that the team members' attitudes toward mutual respect, mutual understanding, and participation in joint decision-making were significantly higher than those of the team members who were not involved in the collaboration. Mutual understanding and participation in joint decision-making indicate positive team member attitudes are associated with effective IPC.

There are various ways to investigate an organization's attitudes toward IPC. For example, the Assessment of Inter-professional Team Collaboration Scale (AITCS) (Orchard et al., 2012) which serves as an evaluation index for IPC, can be used to investigate the actual state of IPC. However, most IPC survey methods are based on Likert scales or two-choice questionnaires. Rosenman et al. (2015) studied tools used to assess team leadership in healthcare activity teams and reported that most were global rating scales. Since these methods are in the form of responses to questions prepared by the researcher, the findings are within the framework assumed by

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