Role boundaries on interprofessional primary health care teams

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Introduction

- Role construction: creation and negotiation of task work

- Placing health care providers of different professions or backgrounds on a team does not mean that they will have the knowledge or skills necessary to work together and collaborate (Byrnes et al., 2012; Grumbach & Bodenheimer 2004)

- One of the major challenges facing interprofessional practice is how professional territories are carved out and distributed within a complex system (D'Amour et al., 2005; HPRAC 2008; Nancarrow 2004)

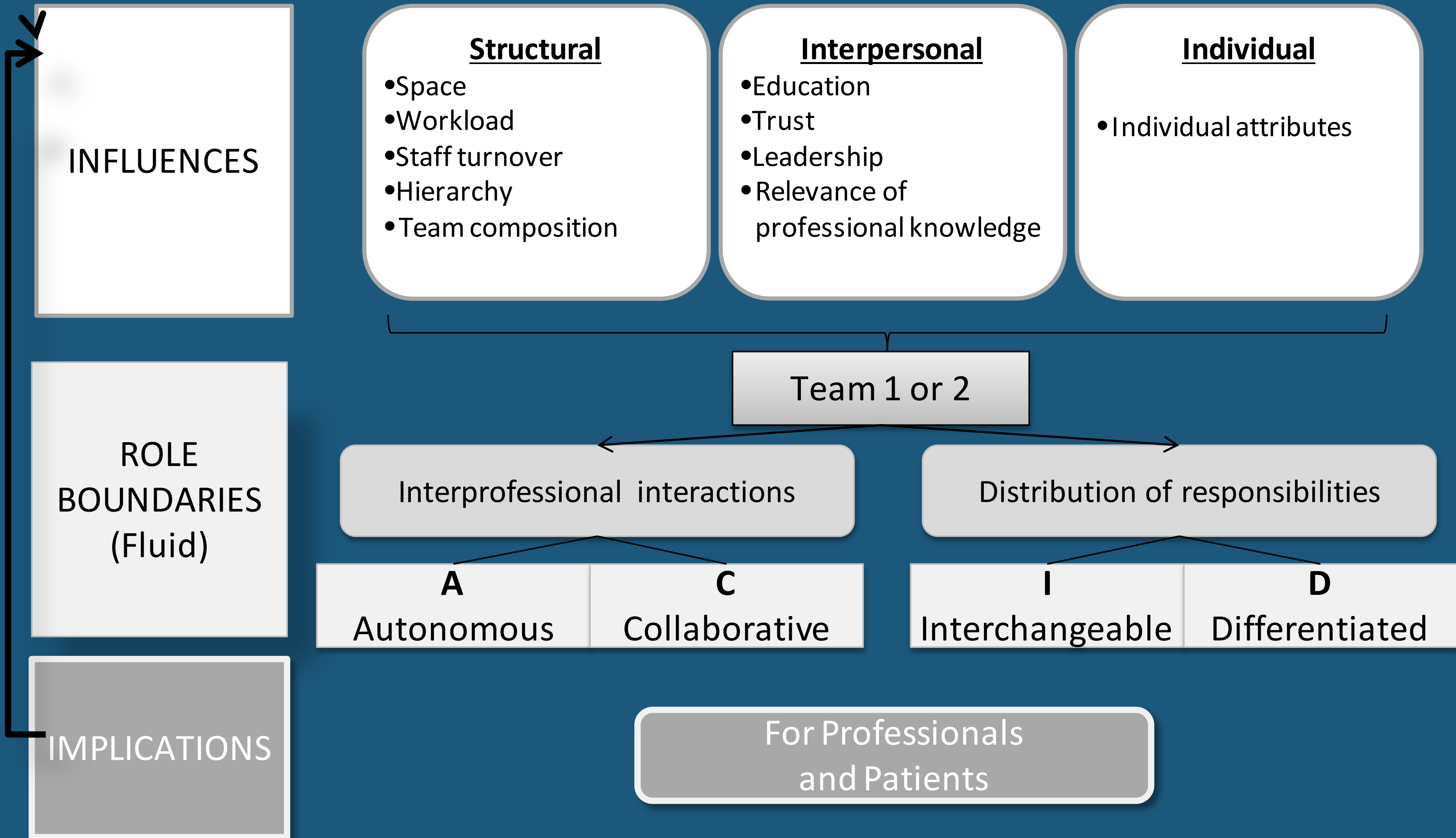
Research questions

- How are roles constructed on interprofessional primary health care teams?
  - What types of role boundaries are present?
  - What are the influences on these boundaries?

Methods

- Qualitative, multiple-case study to explore the dynamics of role construction
- Data: interviews with 26 participants from two primary health care teams and non-participant observations (2 team meetings at each site)
- Analysis: coding and thematic content analysis; intra-case and cross-case analyses
- Conceptual model to summarize recurrent themes

Findings: Model of role construction



Findings - Influences

- **Hierarchy**

  "For some physicians, I'm really exclusively a drug information pharmacist. For other physicians, I'm much more involved in a collaborative care approach."

- **Leadership**

  "Allowing the providers the flexibility and respect of their profession and their knowledge...they do know that they have some power to negotiate their role and provide feedback and input into what their role will be in the team."

Findings - Influences

- **Relevance of professional knowledge**

  "If I send somebody to see a mental health counselor, there's got to be a bit more of sharing of information over there...The care that the chiropodist provides is more straightforward. I don't need to get involved in the care of the feet."

- **Individual attributes**

  "If you have someone who is very timid and is intimidated by having to talk to a physician then the integration of that role might be a lot slower because the person is uncomfortable going out and initiating that relationship with the different physicians."

Findings - Implications of role boundaries for professionals and patients

Role boundary	Collaborative	Autonomous	Interchangeable	Differentiated
Implications	•Support network •Holistic care •Coordination of health services and information • Professional satisfaction	•Professional satisfaction	•Ease workload •Lower wait times •Familiarity with care team •Length of appointment •Confusion around roles	•Maximization of professional skill sets •Reduction of power struggles

Implications for research and practice

- Autonomy – necessary for collaboration

- Distribution of responsibilities – advantages to differentiation and interchangeability

Implications for research and practice

- Individual attributes – implications for recruitment

- Leadership – facilitate distributed leadership, opportunities for interaction and education

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Additional slides – Limitations

- Not generalizable although contextual descriptions facilitate transferability
- One interview-point in time
- Level of arbitrariness in categorizing the different influences
- Study of influences and implications are not exhaustive (salient themes from data)
- Limited consideration of patient

Additional slides – Future Research

- This exploration of the dynamics of role construction raises further questions with regards to managing role boundaries including:

  - What additional influences and implications may be salient for other teams?

  - How does role construction shift and change over time?

  - What patterns of role boundaries are relevant to different contexts and different types of teams?

Additional slide – Comparison of two cases (context and influences)

- **Similarities**
  - Similar services and,
  - Range of professions found on both teams
- **Differences**
  - Organized around different models of care
  - Size of teams

❑ Relevance of professional knowledge

"I really rely on the pharmacist to ensure I'm using the optimal medication for an individual patient. I do interact with the dietician and social worker but it's more informal rather than really relying on skill sets of another professional to help me in my role."