

Perceived Value of Socialization in Enhancing Interprofessional Communication and Collaboration among Healthcare Professionals at Liaquat University Hospital, Hyderabad

Original Article

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Conflict of Interest: None

Grant Support & Financial Support: None

Abstract

Background: Interprofessional collaboration (IPC) is essential in healthcare settings for improving patient care. IPC fosters holistic and integrated care by combining the diverse skills of healthcare professionals, including physicians, nurses, and pharmacists. This cooperative strategy ensures effective resource management, reduces errors, and optimizes patient outcomes, ultimately addressing complex health needs and enhancing overall patient well-being.

Objective: The study aimed to analyze the perceived value of socialization in enhancing interprofessional communication and collaboration among healthcare professionals at Liaquat University Hospital, Hyderabad.

Methods: A cross sectional study was conducted from July to September 2024, using a validated research questionnaire. The study included a sample of 100 healthcare professionals working in the morning shift, selected through a non-probability convenience sampling technique. Data were analyzed using IBM SPSS version 23, with descriptive statistics employed to compile demographic information and key study variables.

Results: The findings of the study identified that the integrated healthcare system significantly improved collaboration among healthcare workers, with a balanced gender distribution (51% male, 49% female) fostering positive interprofessional interactions. Participants reported high comfort levels in discussing client care responsibilities and valued multidisciplinary teamwork. The emphasis on client and family involvement in care decisions reflects the trend toward patient-centered care.

Conclusion: It was concluded that socialization significantly enhances interprofessional communication and collaboration among healthcare professionals. The study highlights that social interactions improve teamwork and effective communication, which are essential for high-quality care. The diverse workforce, with balanced gender representation and a youthful demographic, fosters an inclusive environment.

Keywords: Interprofessional collaboration, healthcare professionals, multidisciplinary teamwork, communication, healthcare outcomes.

INTRODUCTION

Interprofessional Practice (IPP) refers to a collaborative and coordinated approach to healthcare delivery in which professionals from various fields work together in order to offer patients or consumers with comprehensive and holistic care.(1) It emphasizes the importance of collaboration, rapport, and respect among healthcare workers in improving patient outcomes and raising the standard of care.(2) Healthcare professionals from numerous areas of expertise, including physicians, nurses, pharmacists, social workers, psychologists, and other healthcare providers, collaborate in an IPP setting to exchange their specific knowledge and perspectives. They coordinate their efforts, share information, and make decisions collaboratively to satisfy different needs of patients.(3)

The ultimate objective of contemporary healthcare is to provide patient-centered, comprehensive care of the highest quality. Interprofessional collaborative practice (IPCP) emerged as the most effective technique for achieving this aim. In its 2003 study, the Institute of Medicine (IOM) emphasized the significance of IPCP in improving patient safety and healthcare quality. (4) Each team member contributes specialized knowledge, resulting in a broader approach to patient care and management. Efficient collaboration reduces risk of errors.

When healthcare professionals collaborate, they may double-check one other's judgments, prescriptions, and procedures, reducing the likelihood of errors that could damage patients. Teamwork fosters creativity and diverse perspectives.(5, 6) When confronted with complex medical cases or complicated scenarios, a team of professionals can look at the problem together, resulting in novel approaches and improved outcomes for patients. Healthcare professionals who collaborate and work in teams generally express higher job satisfaction. A positive team atmosphere fosters a sense of unity, mutual respect, and shared goals, which may ultimately result in higher job satisfaction and motivation.(7)

Interprofessional collaboration (IPC) is the process by which members of the social and medical fields get together on a regular basis to discuss and decide how best to approach challenging care issues or provide services(8). Strong team identities and close networking, and interdependence are characteristics of Interprofessional teamwork. Defined shared goals, an integrated team identity, group dedication, and a clear role distribution are some of the components of IPC. (9) Collaboration among professionals ensures that safe and effective health care is provided at all levels of the health care delivery system, leading to better health care outcomes,, positive patient experiences, provider satisfaction, and efficient use of organizational resources.(10) Both team dynamics and patient care experiences are improved by effective interprofessional collaboration(11). IPC entails a variety of healthcare professionals with diverse experiences collaborating with communities, families, and patients to provide high-quality treatment in a range of various settings.(12) Research suggests that IPC produces favorable outcomes, including improved continuity, greater patient satisfaction, and more satisfied healthcare professionals. To enhance the IPC conceptual framework, relevant actions were grouped under the following headings: "working together," "collaboration" (consultative and collaborative partnership), and "coordination" (coordinated cooperation, delegative coordination, consultative coordination).(13)

Without synergy, staff misconduct is common, burnout is high, job satisfaction decreases, and many professionals leave the field, which adversely impacting patient outcomes in the therapeutic settings.(14) As a result, team research often aims to measure and evaluate team performance and perceptions of team members' performance(15). Therefore, this study aims to evaluate how collaboration among various healthcare professionals impacts the overall quality of care, identifies potential areas for improvement in team dynamics, and measures the extent to which IPP and IPCP contribute to better health outcomes and patient experiences.

This study emphasizes the role of socialization in improving interprofessional collaboration (IPC) within hospital settings. IPC is essential for enhancing patient care by integrating the diverse skills of healthcare professionals. By exploring how socialization fosters better communication and collaboration, this research aims to demonstrate its impact on cooperation and patient outcomes at Liaquat University Hospital, Hyderabad.

MATERIALS AND METHODS

The study employed a cross-sectional design, conducted from July to September 2024, at Liaquat University Hospital, Hyderabad, a tertiary care center serving diverse patient demographics from across Sindh. The hospital provides a wide range of medical services, addressing both routine and specialized healthcare needs. The target population included healthcare professionals working in the hospital, such as doctors, nurses, physiotherapists, and technicians, with a total number of approximately 135 healthcare professionals.

The sample size was calculated using Raosoft software, based on the total population of healthcare professionals (N = 135). A margin of error of 5% and a confidence level of 95% were applied, resulting in a final sample size of 100 participants. Healthcare professionals were included if they were working in the morning shift, willing to participate, and available during data collection. Those working in evening or night shifts, or those unwilling or unavailable to participate, were excluded. A non-probability convenience sampling technique was employed to select participants.

Data collection was conducted using a validated questionnaire adapted from a previous study (1). The questionnaire comprised several sections: Section A gathered socio-demographic information, such as gender, age, profession, department, and years of experience; Section B included four questions assessing participants' comfort in working with others; Section C contained eight questions evaluating

the value of collaboration; Section D analyzed self-esteem related to collaboration with four questions; Section E addressed self-awareness of team responsibility with two questions; and Section F included three questions assessing the value of patient-centered care.

Before the data collection process, approval was obtained from the Medical Superintendent of Liaquat University Hospital, Hyderabad. Participants were informed about the study's objectives and their cooperation was requested. Written and verbal consent was obtained from those who agreed to participate. Questionnaires were distributed to 100 healthcare professionals across various units, including Emergency, ICU, Gynecology & Obstetrics, Burns, Stroke, and others. Data were analyzed using IBM SPSS version 23. Descriptive statistics were applied to characterize the study population based on relevant variables, including demographic information, factors, and their representation in frequencies and percentages.

The ethical considerations of the study were rigorously maintained. Participant autonomy and confidentiality were ensured, and approval was obtained from the Medical Superintendent. Participation was voluntary, with participants free to withdraw at any time without providing a reason. Written informed consent was obtained, and participants were provided with detailed information regarding the study's objectives, methodologies, potential risks, and benefits before participation.

RESULTS

Table 1: Classification Based on Gender

Categories	Frequency	Percentage
Male	51	51.0
Female	49	49.0
Total	100	100.0

The table 1 shows the gender disparity of the study's participants, with about equal representation of men and women. Males account for 51% of all responders, while females account for 49%. This fair distribution guarantees that both genders are accurately represented in the findings.

Table 2: Classification Based on Age

Categories	Frequency	Percentage
18-25	31	31.0
26-30	22	22.0
31-35	21	21.0
36-40	19	19.0
Above 40	7	7.0
Total	100	100.0

Table 2 represents the statistical allocation of participants, and with the vast majority (31%) being within the 18-25 age range. The age ranges 26-30 and 31-35 are closely represented (22% and 21%, respectively), with only 7% above the age of 40. This suggests a younger demographic, as the majority of participants are under the age of 40.

Table 3: Classification Based on Profession

Categories	Frequency	Percentage
Doctors	24	24.0
Nurses	25	25.0
Physiotherapists	19	19.0
Technicians	32	32.0
Total	100	100.0

The table 3 summarizes the distribution of healthcare professionals in the study. It includes 24 doctors (24.0%), 25 nurses (25.0%), 19 physiotherapists (19.0%), and 32 technicians (32.0%). In total, 100 healthcare professionals participated, ensuring a diverse representation of roles within the healthcare system, which strengthens the reliability of the findings.

Table 4: Classification Based on Departments

Categories	Frequency	Percentage
Emergency	13	13.0
ICU	12	12.0
Gynecology & Obstetrics	11	11.0
Burns	6	6.0
Stroke	13	13.0
Dental	7	7.0
Surgery	11	11.0
Peads	1	1.0
Other	26	26.0
Total	100	100.0

Table 4 illustrates the categorization of participants depending on their expertise, with the "other" categories accounting for the largest group (26%). Emergency and stroke departments each account for 13%, with ICU, Gynecology & Obstetrics, and Surgery accounting for 11-12%. Smaller groupings include burns (6%), dentistry (7%), and pediatrics (1%).

Table 5: Classification of Experience

Categories	Frequency	Percentage
1 Year	23	23.0
2-5 years	31	31.0
5-10 years	32	32.0
Above 10 years	14	14.0
Total	100	100.0

The table 5 categorizes participants depending on their degree of experience, with the majority having 5-10 years (32%), followed by 2-5 years (31%). 23% of respondents have one year of experience, while 14% have more than ten years. This shows the diversity of experience among the participants.

Table 6: Comforts in Working with Others

STATEMENT		Agree	Neutral	Disagree	Mean	St. Devi.
I am at ease starting a conversation about sharing responsibilities for a client care.	Freq	48	43	9	1.61	.649
	%	48.0	43.0	9.0		
I feel at ease arguing problems in groups.	Freq	33	54	13	1.80	.651
	%	33.0	54.0	13.0		
I am comfortable taking on different positions in a team.	Freq	48	39	13	1.65	.701
	%	48.0	39.0	13.0		
In a group conversation, I can share and exchange ideas.	Freq	49	37	14	1.65	.715
	%	49.0	37.0	14.0		

Table 6 indicates that participants reported a mean score of comfort in starting conversations about sharing responsibilities for client care of 1.61 (SD = 0.649), indicating general ease with low variability. The second statement regarding comfort in arguing problems in groups had a mean of 1.80 (SD = 0.651), reflecting mixed feelings and moderate variation. For comfort in taking on different positions within a team, the mean score was 1.65 (SD = 0.701), showing a bit more variability. Lastly, participants expressed a similar comfort level in sharing and exchanging ideas in group conversations, with a mean of 1.65 (SD = 0.715).

Table 7: Value of Collaborating With Others

STATEMENT		Agree	Neutral	Disagree	Mean	St. Devi.
I prefer to work as part of multidisciplinary team.	Freq	36	49	15	1.79	.686
	%	36.0	49.0	15.0		
I've grown to appreciate the advantages of interprofessional collaboration	Freq	36	52	12	1.76	.653
	%	36.0	52.0	12.0		
I've gained a better understanding of the value of working as a team	Freq	48	42	10	1.62	.663
	%	48.0	42.0	10.0		
Inter-professional practice, in my opinion is not a waste of time	Freq	58	38	4	1.46	.575
	%	58.0	38.0	4.0		

Table 7 indicates that participants reported a mean score of 1.79 (SD = 0.686) for the preference to work as part of a multidisciplinary team, reflecting a positive inclination with moderate variability. The second statement regarding the appreciation of Interprofessional collaboration had a mean of 1.76 (SD = 0.653), indicating a favorable view with low variability. Participants also expressed a mean score of 1.62 (SD = 0.663) for gaining a better understanding of the value of teamwork, showing a similar trend. Notably, the statement that inter-professional practice is not a waste of time received a mean of 1.46 (SD = 0.575), suggesting strong agreement and the lowest variability among the responses.

Table 8: Self Esteemed Capability to Collaborate With Others

STATEMENT		Agree	Neutral	Disagree	Mean	St. Devi.
Within an Interprofessional team, I have gotten a greater grasp of my own approach to treatment.	Freq	55	40	5	1.50	.594
	%	55.0	40.0	5.0		
I am at ease explaining misconceptions about the function of someone in my field with other team members.	Freq	42	53	5	1.63	.580
	%	42.0	53.0	5.0		
I now have more realistic expectations of other team members	Freq	34	55	11	1.77	.633
	%	34.0	55.0	11.0		
I now have better understanding of the duties of other professionals in a team	Freq	46	37	17	1.71	.742
	%	46.0	37.0	17.0		

Table 8 represents that participants reported a mean score of 1.50 (SD = 0.594) for gaining a greater understanding of their treatment approach within an Interprofessional team. The comfort in explaining misconceptions about one's role received a mean of 1.63 (SD = 0.580). Participants also indicated a mean of 1.77 (SD = 0.633) for having more realistic expectations of team members, and a mean score of 1.71 (SD = 0.742) for a better understanding of the duties of other professionals in a team.

Table 9: Self Awareness of Team Responsibility

STATEMENT		Agree	Neutral	Disagree	Mean	St. Devi.
I'm confident in my ability to contribute completely to the team.	Freq	37	53	10	1.73	.633
	%	37.0	53.0	10.0		
I am at ease with being held accountable for the duties I have accepted.	Freq	33	51	16	1.83	.682
	%	33.0	51.0	16.0		

Table 9 shows that participants reported a mean score of 1.73 (SD = 0.633) for confidence in their ability to fully contribute to the team. The statement regarding comfort with being held accountable for accepted duties received a mean of 1.83 (SD = 0.682).

Table 10: The Value of Patient Centered Care

STATEMENT		Agree	Neutral	Disagree	Mean	St. Devi.
I'm comfortable making joint decisions with clients	Freq	41	44	15	1.74	.705
	%	41.0	44.0	15.0		
I now have greater knowledge of the client's engagement in care decision making	Freq	32	55	13	1.81	.646
	%	32.0	55.0	13.0		
I've realized how important it is to have the client and family as members of a team.	Freq	32	49	19	1.87	.705
	%	32.0	49.0	19.0		

Table 10 illustrates that participants reported a mean score of 1.74 (SD = 0.705) for comfort in making joint decisions with clients. The statement regarding greater knowledge of client engagement in care decision-making received a mean of 1.81 (SD = 0.646). Additionally, participants indicated a mean score of 1.87 (SD = 0.705) for the importance of including clients and their families as members of the care-team.

DISCUSSION

The findings of this study showed that the integrated health care system greatly enhanced healthcare workers' ability to work together and as a team, and that varied representations of gender, age, and professional responsibilities helped to foster positive views of Interprofessional interactions. The approximately equal representation of male (51%) and female (49%) participants ensures that both genders are suitably represented, in line with current research showing gender balance in healthcare settings promotes collaborative practices.(16, 17) Positive communication settings were suggested by the participants' high comfort levels in initiating up discussions regarding client care responsibilities. The results of the study showed that participants really valued Interprofessional collaboration and strongly preferred multidisciplinary teamwork. This is corroborated by current research highlighting the benefits of diverse perspectives from professionals in enhancing patient care outcomes.(18) A growing understanding of the importance of Interprofessional relationships was reflected in the emphasis on specifying team members' roles.(19) Participants expressed confidence in their abilities to contribute to the team, which is consistent with research finding that team effectiveness and collaboration are positively impacted by healthcare professionals' confidence.(20) Participants highlighted the value of client and family involvement in care decisions, which illustrates the current trend toward patient-centered care, which is essential for maintaining confidence along with improving health outcomes.(21) This study emphasizes that Interprofessional collaboration in hospital settings requires a positive and encouraging environment. As the positive outcomes associated with teamwork and communication among diverse healthcare personnel demonstrate, continuous education and training are necessary to improve collaborative abilities and, ultimately, providing care for patients.

CONCLUSION

It was concluded that socialization plays a crucial role in enhancing Interprofessional communication and collaboration among healthcare professionals at Liaquat University Hospital, Hyderabad. The analysis revealed that participants perceive significant value in social interactions, recognizing their impact on fostering teamwork and effective communication in delivering high quality care. The diverse workforce, characterized by a youthful demographic and balanced gender representation, contributes to an inclusive environment that encourages collaboration. While many professionals expressed comfort in working together, some reported challenges in communication, highlighting the ongoing need for development and education in this area. Overall, the findings emphasize that enhancing interpersonal relationships is essential for improving patient-centered care and raising the standard of healthcare delivery.

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