

Introduction

- The World Health Organization stated that the elderly population and the number of people living with chronic disease(s) is rising(1,2). Many will need interprofessional aid due to the pathologies being progressive, complex and chronic(3).
- Interprofessional collaboration(IPC) is the gold standard in healthcare for the elderly(4), making it an optimum solution for treating the increasing elderly population in geriatric care(5). IPC leads to improved quality of care and patient satisfaction, whereas poor IPC leads to low quality of life and high societal costs (currently 75% of US healthcare’s costs)(6).
- Research is required because the problem is that current IPC lacks collaboration, communication, co-ordination, and is fragmented(7). However, with the results of this review Geriatric Care Teams(GCTs) will be able to sustain the growing number of elderly. Focus is on barriers and facilitators that influence IPC in GCTs.

The Research Question is:
What is the state-of-the-art knowledge about the barriers to, and facilitators of, interprofessional collaboration within geriatric care teams?

Method

- **Study Design:** A systematic literature review
- **Databases:** Searching PubMed & MEDLINE with the search strings (table 1)

Table 1 – Search Strings and their appropriate Database

PubMed	(barriers and facilitators OR barriers and enablers) AND (interprofessional collaboration OR interprofessional OR multidisciplinary OR teamwork) AND (geriatric OR nursing home OR elderly care)
MEDLINE	("barriers and facilitators") AND ("interprofessional collaboration" OR "team" OR "interdisciplinary") AND ("geriatric unit" OR "geriatric team")

- **Selection Criteria**

Table 2 – Inclusion & Exclusion Criteria for Article Eligibility

Inclusion	Exclusion
<ul style="list-style-type: none">• Articles written in English Language• Articles with IPC in GCT as a main focus• Articles which convey barriers and facilitators to IPC in GCT• Only qualitative study designs• Articles from all geographic locations	<ul style="list-style-type: none">• Articles published before 2008• Articles which require fee/registration• Articles which focus on domains other than healthcare• Articles which do not focus on GCT• Articles which focus predominantly on IPE• Articles including less than 3 HCPs

- **Data Collection:** Duplicates are removed. Articles are screened via title, abstract and full text. Articles are excluded if they do not meet selection criteria. Finally, the snowball effect is conducted with the remaining articles.
- **Quality Assessment:** Critical Appraisal Skills Programme (CASP) for qualitative studies
- **Best Evidence Synthesis (BES):** A BES is conducted to rate the evidence (table 4a+4b) of the included studies adapted from Kennedy et al(8).

Collaborating for a Better Future

A systematic Literature Review by Gregory Matthew Allen

Results

Data Collection: Conducted between the 17th–20th of March 2019

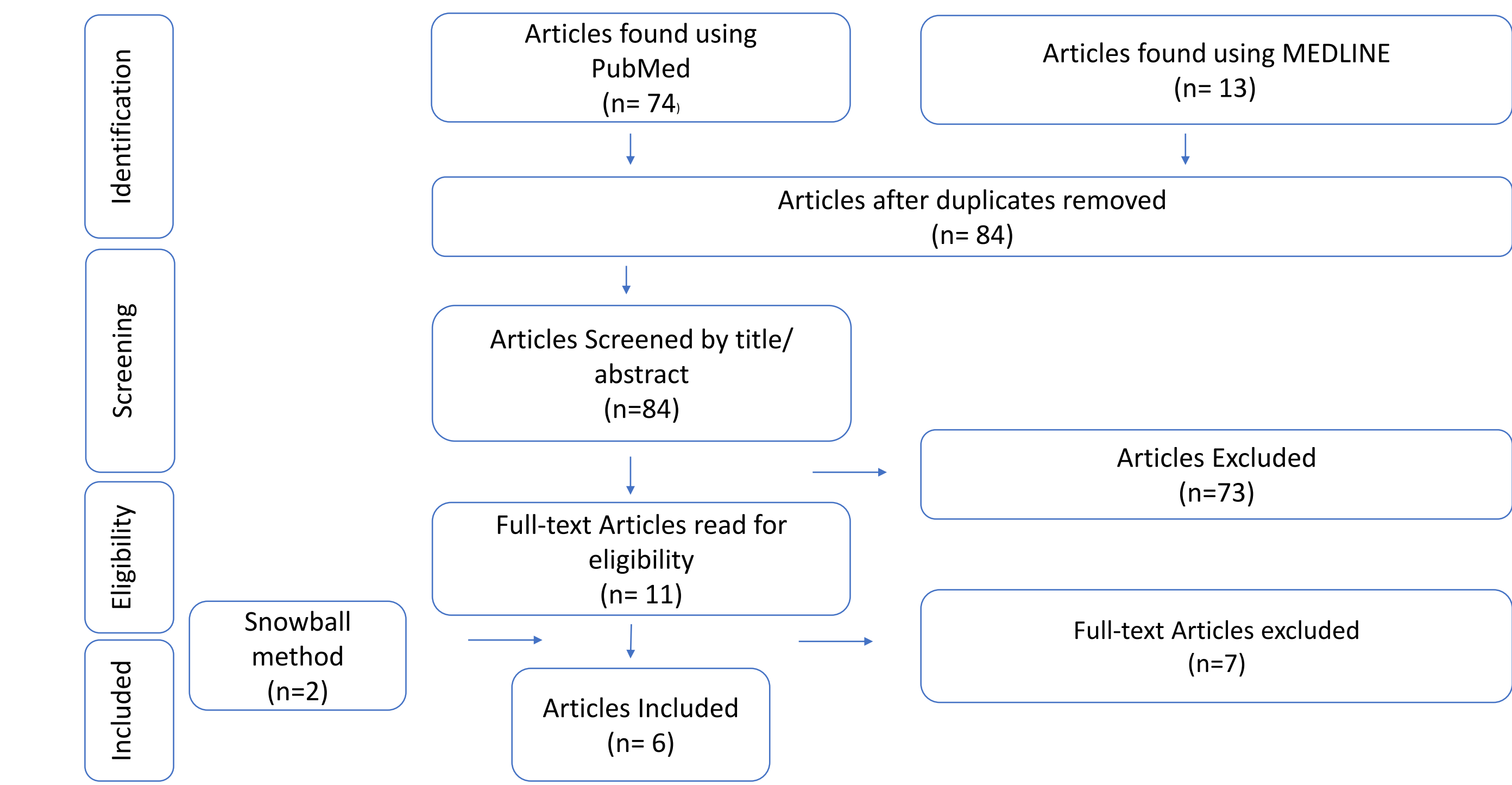


Figure 1 – Flowchart displaying the Data Collection Process

Data Extraction: Below are the results displaying the barriers and facilitators of IPC in GCTs:

Table 4a – Barriers to IPC in GCTs

Article	Barriers to IPC in Geriatric Care Teams						Evidence Level
Stephan A.(2015) (9)	Poor Information Relay		Lack of Financial Compensation	Time Restricted	Healthcare System/ Organisation		Good
Dahlke S.(2018) (10)	Team Hierarchy	Language	Poor communication	High Workload	Poor Personal Relationships	Not feeling Valued/Respected	Good
Baxter P.(2009) (11)	Poor Information Relay		Poor communication	High Workload	Time Restricted		Fair
Busetto L.(2017) (12)	Poor documentation system			High Workload	Large Amounts of Admin Work		Good
Holm A. (2013) (13)	Poor Information Relay		Lack of Effective leadership	Lack of Trust	Poor Systems	Lack of domain specific knowledge	Good
Jones A. (2011) (14)	Blurred Lines Between Professionals						Good

Table 4b – Facilitators to IPC in GCTs

Article	Facilitators to IPC in Geriatric Care Teams							Evidence Level
Stephan A.(2015) (9)	Good Leadership		Shared Aims		Personal Relationship	Clear Roles & Responsibilities	Regular Meetings	Good
Dahlke S.(2018) (10)	Good Leadership		Shared Aims		Open Communication	Positive Relationships	Trust	Good
Baxter P. (2009) (11)	Personal Relationships		Shared Aims		Communication Face to Face	Knowledge of Roles	Regular Meetings	Fair
Busetto L. (2017) (12)	Flat hierarchy structure		Family member involvement		Informal Cooperation Structures	Knowledge of roles & Responsibilities	Formal Meetings	Good
Holm A. (2013) (13)	Open Attitude					Participation of Family Members		Good
Jones A. (2011) (14)	Personal Relationship	Trust	Shared Aims	Good Conflict Management	Good Communication	Knowledge of Roles	Team meetings	Good

Discussion & Limitations

Table 6 – The Strength & Weaknesses associated to the study

Strengths	Weaknesses
<ul style="list-style-type: none">• External validity: numerous clinical settings, 4 countries.• Generalisable to GCTs of varying compositions• 95 participants in total• Results found in a 9-year margin	<ul style="list-style-type: none">• One inexperienced researcher• Limited scope: few databases• Qualitative nature• One article of ‘Fair Evidence’• Exclusion of fee/registration articles• Generalisability to other care domains
<ul style="list-style-type: none">• Certain results identified are consistent with recent studies on IPC(15-17), reinforcing the weight of these results presented in this review.• Multiple interlinking results across different articles suggests that these results could be found frequently within GCTs. This suggests that the more linked facilitating aspects in a team, the better the collaboration and vice versa.• Therefore, focus should be applied to the more prominent results when seeking a solution for treating the growing number of elderly.	

Recommendations

For Clinical Practice/Policy/Patient

- Implement the facilitators across GCTs and put in place countermeasures for barriers, aiding GCTs in treating the increasing elderly population
- Online course about barriers and facilitators to IPC in GCTs to spread evidence-based knowledge to apply internationally.
- National healthcare policies to provide education to HCPs in GCTs

For Future Research:

- Quantitative research to find out whether barriers and facilitators are common in other healthcare teams
- Research conducted by more than one experienced researcher
- A prospective study comparing a GCT using the knowledge of these results and a GCT without these results
- Further quantitative research on the less frequent and ‘in-between’ results found to gauge their importance within GCTs

Conclusion

This review shows the importance of leadership, communication, relationships and trust within IPC teams, and the importance of these facilitators when diminishing barriers to IPC. The results highlight the current flaws in today’s IPC and contributes to the understanding of more effective collaboration to benefit GCTs. Future research will be able to carry these notions forward and broaden the knowledge to better our future of interprofessional collaboration.

Abbreviations

IPC – Interprofessional Collaboration
GCT – Geriatric Care Teams
HCP- Healthcare Professionals

Acknowledgements

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