

A Scoping Review on Patient Roles on Interprofessional Teams



K. Metersky¹ & C. Orchard²
¹Toronto Metropolitan University, Toronto, Ontario, Canada
²University of Western University, London, Ontario, Canada

Daphne Cockwell
 School of Nursing
 Faculty of Community Services



BACKGROUND

- National growing emphasis on the provision of care through **interprofessional collaborative client-centred teams (IPCCTs)** as there is evidence that these teams enhance patient health outcomes
- However, limited understanding of roles patients can enact in their care through IPCCTs exists.

PURPOSE

- A scoping review was undertaken to answer the following question: **‘What is known about patient inclusion in IPCCTs and roles patients can enact in these teams from health care providers and patients’ perspectives?’**

METHODS

- Design:** Scoping Review Method (Arksey & O’Malley, 2005)
- Data Sources:** Electronic databases, reference lists and government and health organization documents
- Article inclusion:** 808 articles reduced to 59 articles for final inclusion.

METHODS

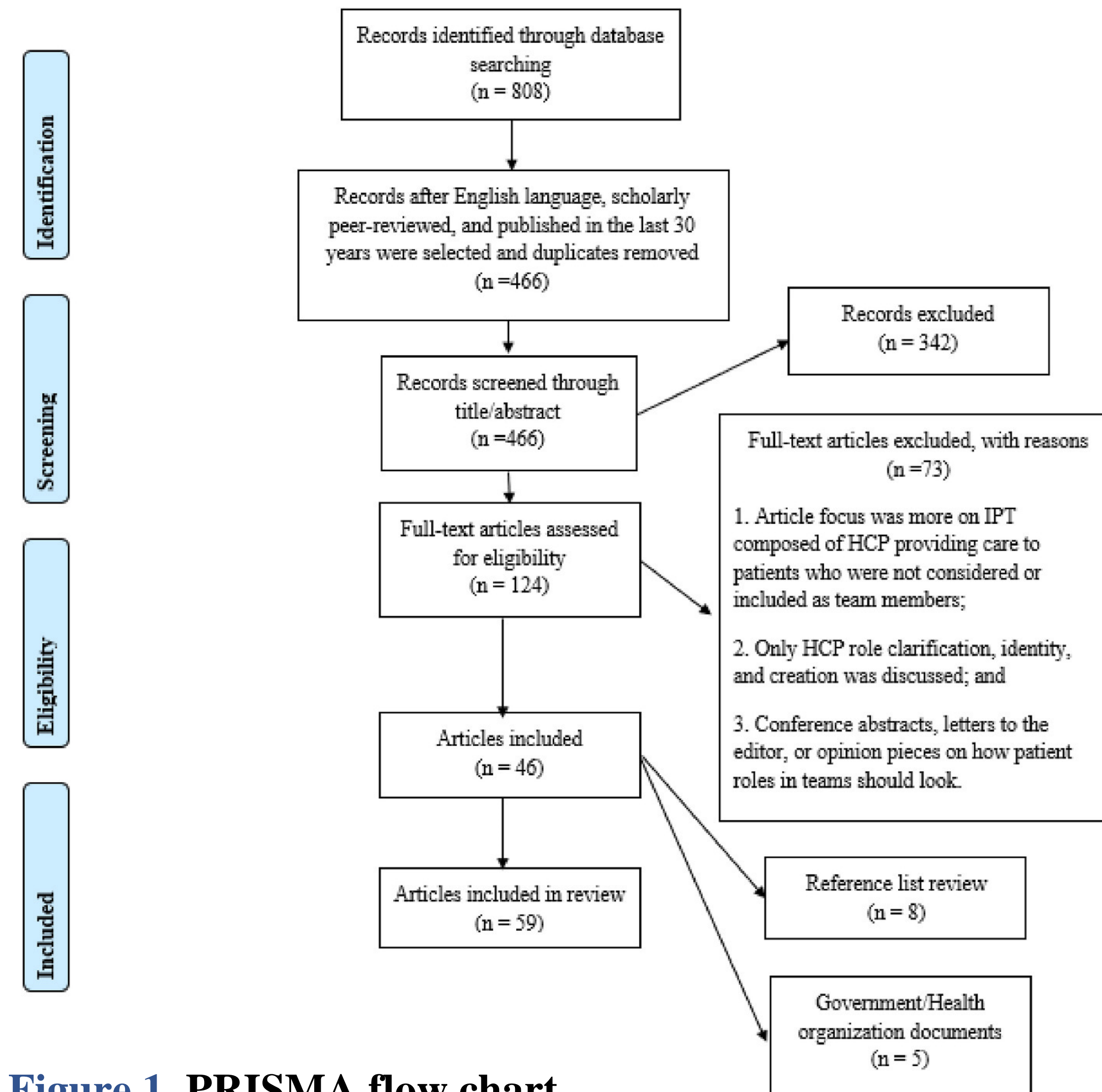


Figure 1. PRISMA flow chart.

RESULTS

Three themes with sub themes emerged:

- Patient roles in IPCCTs**—(1.1) evolution of teamwork; (1.2) evolution of patients’ care involvement; and (1.3) patient participation to patient roles on IPCCTs (**Table 1**)
- Processes for role enactment**— (2.1) healthcare providers (HCPs) supporting patient involvement; (2.2) enhancing knowledge about patient inclusion; (2.3) sharing power in relationships; and (2.4) developing trust (**Table 3**)
- Conditions for role enactment**— did not comprise subthemes as discussed as a whole. (**Table 3**)

RESULTS CONTINUED

- Active participation by contributing skills, knowledge, and motivation to the IPT
- Communicating experiential knowledge, expertise related to own experience of illness, social circumstances, preferences, and values
- Participating in the coordination of care (e.g., monitoring and recording symptoms and test results, arranging follow-up appointments with multiple clinicians)
- Discussing, negotiating, and sharing in collective decision-making related to own condition
- Sharing in planning, goal setting, and problem-solving
- Questioning clinicians, assessing the healthcare received, and engaging as advocates in care
- Engaging in a continuous learning process to acquire experiential, scientific, and organizational knowledge about own condition and treatments

Table 1: Components of patients’ roles that patients can enact on IPCCCT.

| Process | Description |
|--|---|
| HCPs Supporting Patient Participation | <ul style="list-style-type: none"> Shift in culture required, as HCPs must learn to embrace decision-making with patients in their care Absence of interprofessional education opportunities identified as a barrier to IPC care Lack of studies examining interprofessional education and PCC teaching strategies; how to make IPC care more patient-centred and how to partner with patients in IPTs |
| Enhancing Knowledge about Enacting Patient Participation | <ul style="list-style-type: none"> Both HCPs and patients lack knowledge about how best to achieve patient participation in IPTs Lack of understanding of patients’ roles on IPTs among both HCPs and patients HCPs often adopt an expert model of helping, one of “doing for” patients as oppose to recognizing them as partners in care |
| Sharing Power in Relationships | <ul style="list-style-type: none"> Inherent power imbalances between nurses and patients Lack of willingness among HCPs in sharing power with patients |
| Developing Trust in IPTs | <ul style="list-style-type: none"> Trust required in the IPT between all members involved, including the patients and HCPs Power differentials serve as a barrier to the development of trust HCPs must appreciate the value of experiential knowledge, gaining trust in their patient’s ability to assist in shaping their care |

Table 3: Processes for patient successful role enacts on IPCCCT.

- Surrendering of power or control by HCPs
 - Partnership; shared responsibility and decision-making approach
 - Established relationship and mutual respect between HCPs and patients
 - HCPs taking patients’ opinions into consideration and treating patients as individuals
 - Respect, trust, and negotiation between HCPs and patients
 - HCPs show authentic concern, seek understanding of patient’s history, illness, and opportunities for change
 - Emotional work by HCPs, connecting with patients to understand them
 - Effective communication between HCPs and patients, active listening
- Conditions that pose barriers to patient role enactment for both HCPs and patients
- Hierarchy and power in relationships between HCPs and patients
 - Time constraints and external pressures faced by HCPs
 - Differences in culture, norms, and socialization between and among HCPs, and between HCPs and patients
 - Attitudinal barriers, including professional defensiveness by HCPs (enacted through emotional distancing, negative attitudes, and professional resistance)
 - Illness, vulnerability, or pain in patients

Table 2: Conditions that need to be in place for patient successful role enacts on IPCCCT.

CONCLUSION

- If patients are to become partners in care, the need for a theoretical understanding of what patient roles entail is needed
- This scoping review informed a **Constructivist Grounded Theory** study on patient roles (Metersky et al., 2021).

