



## **Systematic review on perceptions of interprofessional collaboration in the Swiss healthcare context**

Oral Presentation (Scientific)

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With the widespread implementation of skill mix, interprofessional education and interprofessional collaboration (IPC) have become more important than ever before in healthcare settings. IPC is not only crucial for improving the quality of patients' outcome but, successful IPC is among other measures also seen as a way to reduce health workforce shortages. To tackle health workforce shortages, policies addressing skill mix composition and IPC are according to the global strategy for human resources for health by the World health organization (2016) needed. To design effective policies addressing these issues in Switzerland it is crucial to review experiences and perceptions with IPC. Therefore, the aims of this study are to review experiences, perceptions and attitudes of health professionals about IPC in different Swiss healthcare settings. Methods A systematic search using MeSH (medical subject headings) and text words related to IPC and skill mix within the Swiss healthcare system was conducted on MEDLINE (from 1946 onwards), CINAHL (from 1981 onwards) and Web of Science. Qualitative as well as quantitative and mixed-methods studies were eligible if they were conducted in Switzerland, the main research question focused on perceptions and attitudes towards IPC and primary outcomes were experiences, attitudes and perceptions of health professionals about IPC. Two researchers independently assessed papers for inclusion; studies were first screened by title and abstract and in a second step by reading the full texts. According to the PRISMA Statement by Moher et al. (2009) a flow chart was created. To assess the risk of bias the Mixed Methods Appraisal Tool (MMAT) was used. (Pluye et al.,2011) The search yielded six full-text articles. Results In total two quantitative, two qualitative and two mixed-methods studies could be included in this review. ALL studies were conducted in Swiss hospitals or outpatient settings. Participants were doctors, nurses, specialist nurses, clinical psychologists, occupational therapists and physiotherapists. Quantitative results have shown that IPC is generally perceived as moderate or good (3.6 on a 5-point Likert Scale or 53-58% agreement to good IPC). The narrative synthesis of the results showed that the professional group (specialists vs. non-specialists), the context in which IPC takes place as well as values, attitudes and culture influence IPC. Beneficial for good IPC are clearly defined responsibilities, respect, humanity and patience as well the continuity of the personnel in the team. On the contrary, a hierarchical structure as well as unequal values, missing respect and mistrust hinder an effective and good IPC. If IPC is successful, better patient outcomes, better care for relatives and increased patient security and patient satisfaction result. Discussion The evidence gained from this review is strong as methodologically sound studies were included.

However, this review is limited due to the small number of included studies. This systematic review is the first of its kind in the Swiss healthcare context and has shown that IPC is perceived as good by doctors and health professionals. Influencing factors and benefits of good IPC were identified and could inform research on IPC in the Swiss healthcare context.